



# Scotland Open Government National Action Plan - Health & Social Care

August 2021





# Content

<b>1. Introduction</b>	
1.1 Acknowledgments	p. 3
1.2 Context & Purpose	p. 3
1.3 Agenda and questions of the workshops	p. 4
<b>2. Outcomes</b>	
2.1 Description of Participants and Selection criteria	p. 5
2.2 Outcomes and notes	p. 7
<b>3. Feedback by participants</b>	p. 13
<b>4. Appendix</b>	p. 15



# 1. Introduction

## 1.1 Acknowledgments

We acknowledge the active presence of **23 participants** for bringing their insights, knowledge, experience and contribution for the Scottish Open Government National Action Plan in a fruitful, constructive and open exchange of perceptions, opinions and ideas about Health and Social Care.

We would like to acknowledge the organizing team, consisting of Doreen Grove, Amy Watson, Maddie Fleming, all working for Scotland Open Government, Anthony Zacharzewski, director of Democratic society. Thanks to Annie Cook, Jana Deschepper, Sophie Kiesouw and Ola Zietek of Democratic Society, as facilitators team that contributed along the organisation, implementation, selection of participants and carrying out of the workshops.

We would like to thank the contribution of the senior government officials, Linda Pollock and Alexandra Dunn.

We are thankful for all the help from every individual and organisations that supported us in preparing and reaching out to participants.

We would like to give a special thanks and gratitude to all participants of the workshops, for their time, contribution, ideas and inspiration.

## 1.2 Context & Purpose Scotland Open Government National Action Plan

The Scottish Government is working with civil society to write a new National Action Plan for Open Government. In five 'idea generation workshops' in July 2021, a broadly representative group of volunteers will help shape the new plan with their ideas and ambitions on open government. The input will lead to making Scottish Government more open, transparent and accountable to its citizens and communities.

The workshops are happening online via a Zoom video conference call and take about 2.5 hours. Part of the workshops have been organized in the morning, part











of them in the evening to ensure people have other commitments during daytime could make it to the evening sessions.

*Workshop dates*

- Health: 20 July, 9.30 - 12.00, all ages welcome
- Climate: 20 July, 18.30 - 21.00, all ages welcome
- Financial Transparency: 29 July, 9.30 - 12.00, all ages welcome
- Participation: 29 July, 18.30 - 21.00, all ages welcome
- Data: 30 July, 9.30 - 12.00, all ages welcome
- Special event for young people under 18, all themes: 2nd August, 18.00-19.30

**1.3 Agenda and questions of the workshops**

*Agenda for the workshop*

- 09:40 Scotland Open Government introduction 
- 09:50 Introduction in break out rooms 
- 10:00 Health & Social Care: what has happened & what could we do (Learning) 
- 10:15 Q&A - clarifying questions ?
- 10:25 Coffee break** 
- 10:40 Idea generation round one (30 min) 
- 11:15 Idea feedback/cross fertilisation (10 min) 
- 11:25 Idea generation second round (25 min) 
- 11.50 Next steps, how to stay involved 

*Framing questions*

1. How can Government decisions around **health & social care** be done more openly, ethically, transparently, participatively (i.e with people), and be held to account?
2. Considering what you've heard and discussed so far, what would be the most important ideas for you to take forward in Scotland's new Open Government National Action Plan?



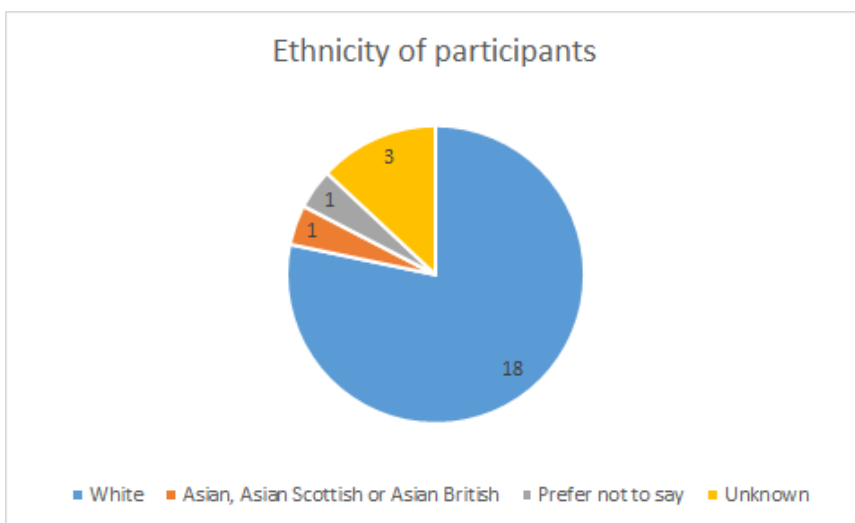
## 2. Outcomes

### 2.1 Description of Participants and Selection criteria

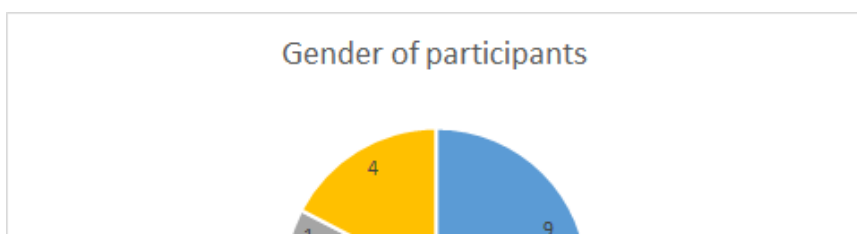
A total number of 38 participants have registered to the health & social care workshop, among the total number of participants, 19 participated in the event. In addition, 4 participants who had not previously registered, as well as two transcribers joined the event. In total we had **23** participants.

Participants were recruited through promoting the events on social media through Democratic Society’s channels, as well as through direct mailing done by Open Government Scotland and Democratic Society.

Participants were located in, amongst others, the following areas: Castlemilk, Lockerbie; Tweeddale, Scottish Borders; Renfrewshire; Motherwell; Glasgow (4 participants); Huntly Aberdeenshire; Stepps Kirriemuir, Angus; Fife; Aberdeen; Carluke; Bridge of Don, Aberdeen; Durness, Lairg; Falkirk, Stirlingshire; Edinburgh and Brechin, Angus.

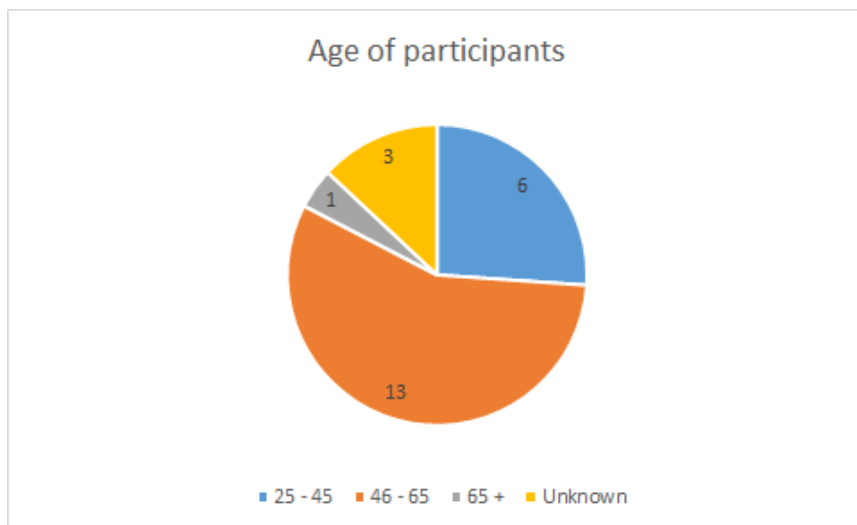


The vast majority of participants to this workshop were white, one participant was from Asian, Asian Scottish or Asian British descent. One further participant preferred not to say and the ethnicity of three participants is unknown.

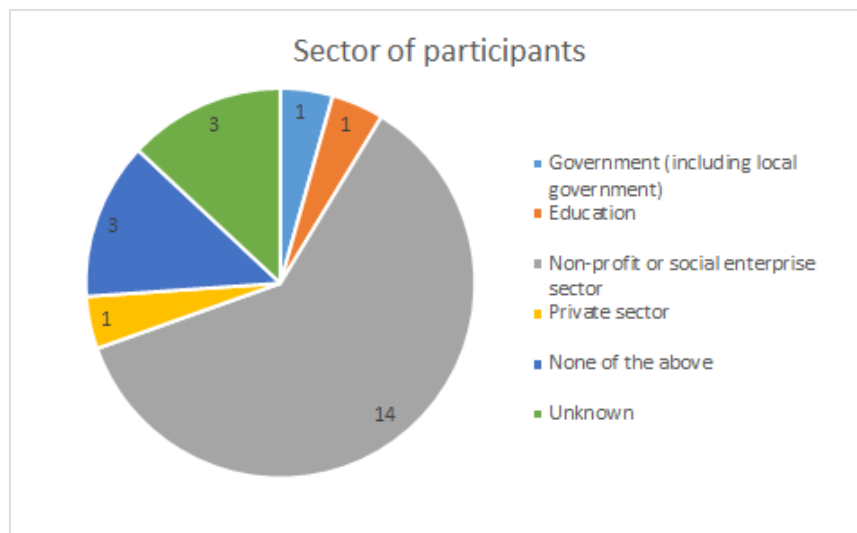




The gender split of participants was rather equal, with 9 women and 9 men participating. One additional person preferred not to say and the gender of four further participants was unknown.



The majority of participants (57%) was aged between 46 - 65 years old; 27% of participants were aged between 25 and 45; one participant was over the age of 65 and the age of three participants was unknown.



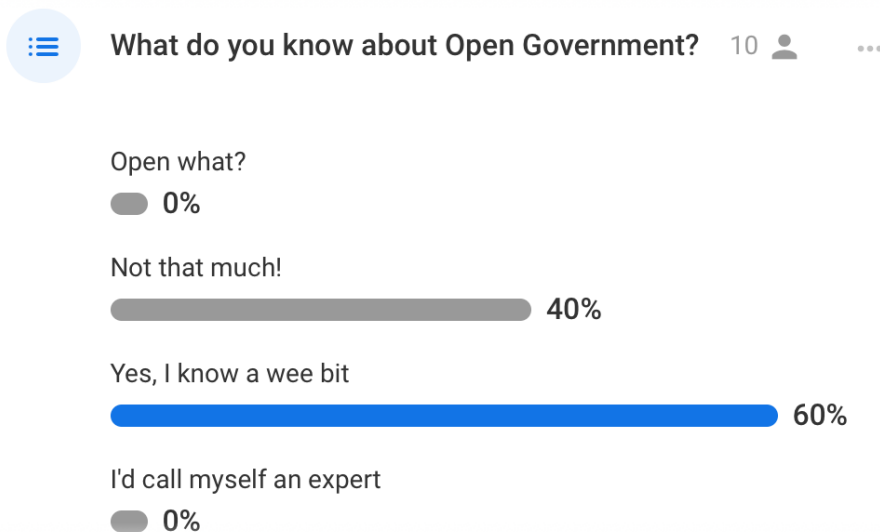
The majority of participants work in the non-profit or social enterprise sector. With one person respectively working in Government, Education and the Private sector. The

sector of other participants was either none of the above or unknown.

## What do health & social care participants know about Open Government?



We asked participants at the beginning of the workshop “*What do you know about Open Government?*” of 23 participants, 10 completed the sli-do activity with 60% saying they “*knew a wee bit*” and 40% “*not that much*”, see the image below.



## 2.2 Outcomes discussions and notes

### Health and Social Care, Overview summary

Participants had a variety of interesting questions and discussions. The next paragraphs will summarize these discussions and key themes that came out of the workshop, while the raw data of the break-out room discussions can be found on the jamboards (see Appendix).

Overall, participants felt the most important ideas to take forward in Scotland’s Open Government National Action Plan around **health and social care** were that there should be **better cross-service, organisational, local and national government joined-up-working** to prevent silos (*silo means avoid sharing information*) and improve health treatments. This involves a **huge culture change** shift to involve patients in decision-making through creating a **patient-led care service** where patients can be involved in policy making. Culture change in health and social care should involve more **diverse representation amongst decision-makers** through implementing and



**normalising regular, inclusive co-design and co-production methods** with patients, carers, people with disabilities, children, young people and people from rural areas.

Participants also felt that there is a need for **clearer communication** around advice and health issues to prevent assumptions as there is a lack of understanding around illnesses and disabilities. With clearer access to health and social care decisions and financial information this could be monitored and evaluated and therefore held to account in order for resources and finances to be used better in future. **Better communication in effect could improve accessibility design with people, including employers being better equipped** with more understanding and knowledge. Effective data should also be presented in different accessible ways and better links between research, education and government, for example through teaching in schools. Participants felt the Government should have more direct lines of communication and listen to professionals on the ground in health and social care, as **currently there is a top-down culture which is not working**. This relates to **building better accountability through collaboration and iterative ongoing engagement processes** where people can create recommendations and be involved at different stages even after the conclusion of a consultation process.

## Q&A

- Call for honesty and clear communication in health
- Lack of accessibility of reports by COVID-19 citizens panel
- In co-design importance of having representative group and evaluate way of working
- Human rights approach, engage people from the start and inclusive: create an OG handbook
- Lack of focus by NHS and funding for male victims of domestic and sexual abuse

## Discussion in Break-outs

Treatment not in silos:

- No focus on their broader health, how do we broaden to open up, make accountable
- Cross government importance and things are still very segmented. Need to go through different organizations to find the right people.





- Prevention and wellbeing aspects of health get lost when focusing on health as service
- If studies aren't there, it doesn't get considered - for example community aspects - we use narrow types of data

### Funding transparency:

- Resourcing - no real mechanisms for supporting people i.e. running
- Tension between citizens asking for funding and response - important role for panels
- Review of groups - many and confusing or duplicating - who is doing what?
- Financial process to be more scrutinised, monitored and evaluated. During covid funding wasted, duplicated and not used correctly.

### Clear communication / access to info:

- Occupational health - areas of employment you can't go into because of health reasons, where to find advice as key issue
- Lack of understanding on health issues and assumptions from health professionals people understand, need for clear communication
- Need for more effective data, different types of data are needed
- Stronger links between education and government (research and teaching)

### Accountability consultation:

- Consultation lacks follow up for many processes and lack of action
- Need to have iterative engagement processes, where people are taken along with the decisions being made and understand why, show stages consultation
- No further collaboration with people who made recommendations, creates apathy and distrust
- Expectation management for what consultations means, who the custodians of the actions are
- Little ongoing collaboration following consultation, focus on ongoing deliberation
- Validation of outcome at each step will keep it on track, involving people at each step



## Inclusive co-design processes:

- Lack of representation, reach wider audience, not just reaching out to key organizations:
  - Patient & carer representatives, i.e. National Advisory Group on Chronic Pain
  - People with hearing & sight loss, important to take into account
  - Include children - need for health and social needs being managed together
  - People from rural areas
- Need for normalization of co-design process, taking part as a part of civic life
- Different models of co-production and figuring out what's the best method for different scenarios?
- Modelling of successful co-production initiatives.
- Meetings on opportunities there are for sharing lived experiences very helpful
- Scottish Health Council selection was random, needing a background in health.
- Think about use of digital accessibility pro's and con's:
  - don't rely on tech too much, meetings in person are important
  - good thing certain people able to join digital meetings, who would otherwise not be included

## Culture change required:

- Need for a far reaching culture change cross-organisational, incl. boards and SG
- Need to involve patients prior to a pen being put on paper in health policy
- What is threshold for culture change in government
- Society needs space and time for dialogue
- Patient-led care from all parts of process/decision

## Meetings more open and transparent:

- More meetings should be public for transparency reasons- easy digitally
- Transparency needed on all health groups and councils: what do they do

## Lack of empathy in correspondence:

- Lack of responses if you write to health officials or MSPs
- Need for proactive communication on available treatment



### Cost efficiency & time constraints:

- Health professionals have time constraints, need for conversations about this, lose human touch by more use of technology
- This creates hidden disabilities, sensory loss, and a variety of disabilities - adding more costs later.

### Lack of coherence between policy and what happens in reality:

- Lack of understanding of disability/illness, need for accessibility design
- Managers can cause issues with employment for working with disabled staff, everyone will become disabled eventually
- Lack of accountability in policy making
- Listen to staff on the ground more, let go of top-down culture by boards
- Need for more education on virology, also for kids
- linkage of different issues, mental issues, general wellbeing, effects on one another
- More direct lines of communication between front-line staff and government decision-makers
- Early intervention and prevention

### Take regional differences into account:

- Access in rural areas different than in city, ppl living in rural areas often feel forgotten
- Lack of representation of needs in rural areas
- Joining-up working with national and local governments

### Cover costs fairly:

- Offer costs reimbursement for participating in gov groups: printing costs, caring costs, childcare or unpaid care, digital costs
- Give a token of thanks, or gift voucher.



### 3. Feedback by participants

To conclude the workshop we asked participants through sli-do "*Any learning or reflections from this workshop and thoughts on how you would like to stay involved?*"

10 participants completed the sli-do whilst a few left some feedback in the chat.

- Consultation results should not go into a black hole. Participants should be kept involved in the decision making process.
- Accessible information approach
- Great experience on the whole
- Need to inclusive communication approach
- Need for increased understanding of how Gov runs
- Community involvement
- Need for feedback
- Need to be clear about what can be changed
- More clear communications
- Importance of local context
- kind compassionate system needed
- Need for explanation and honesty, ongoing. Very happy to be involved in the future
- Don't want to go back to the 'old normal'
- Clearly there are similar frustrations across the country of poor communication, transparency and accountability
- Need to be open
- Opportunity for change
- Significant challenges exist
- Important to respond the things that need sorted now as well as having open - and so longer - discussion about the future
- Yes, I definitely learned new things!
- I've learned about the shared frustration of being suffocated by governance and seemingly lack of action and accountability. But great opportunities to change the culture and make a difference! Just need to have the willing collaboration and honesty
- More collaboration and openness



Have you learned anything new &/or do you have any reflections you would like to share from this workshop?

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Need to be clear about what can be changed

Significant challenges exist

great experience on the whole

Need for feedback

Need to be open

kind compassionate system needed

Yes, definitely learned new things!

Opportunity for change

Need to have communication approach

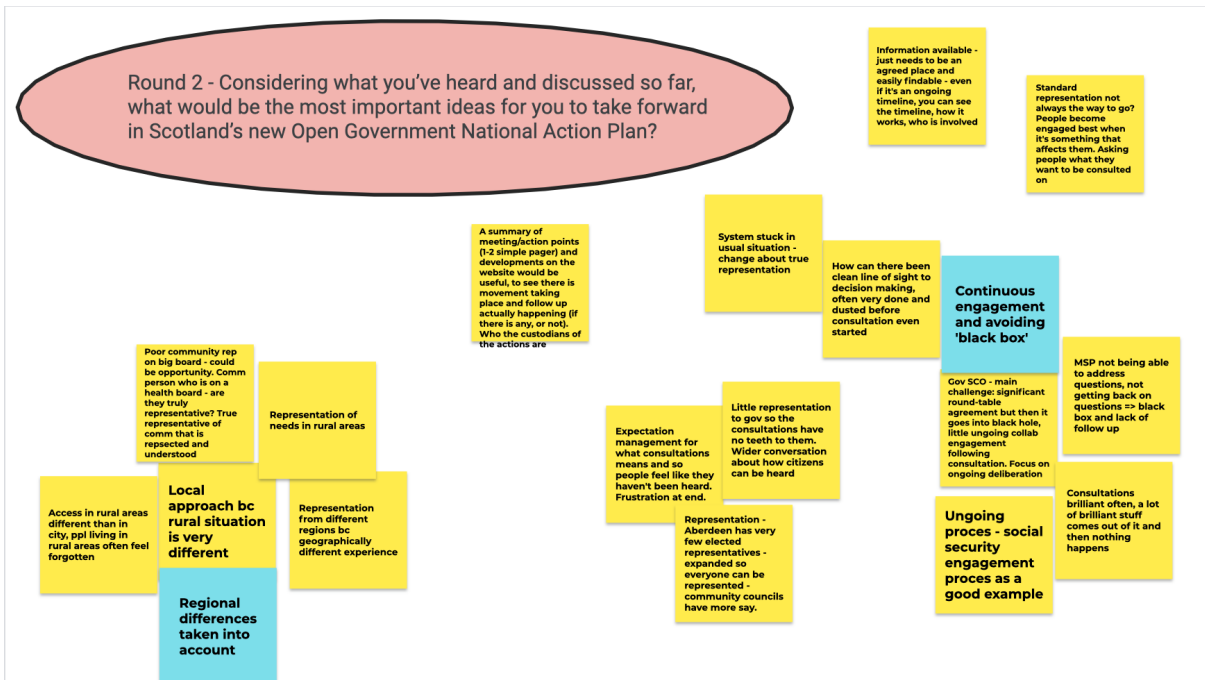
Need for increased understanding of how Gov runs

Participants gave further feedback through a feedback questionnaire. Participants appreciated the structure of the session, including the small break-out groups and the facilitation, and thought it was well organized and clear. They also appreciated the lived experience around the table, the opportunity to meet other interested individuals and hear different perspectives. Participants were also positive on the background info provided by government speakers and appreciated the opportunity to contribute to such an important topic as health is.

One participant remarked that it should be clearer that the event was aimed for information gathering on open government, as this was not entirely clear beforehand. Some participants also mentioned that it could be more publicised and that the timing, (after a holiday weekend and the evening sessions which go over dinner) was not ideal. There was also a request for the opportunity to follow up and read the report and potentially give additional feedback.

# 4. Appendix

## Group A Jamboard



Group B Jamboard

