This report updates the Committee on the recent activities of the sector PPF Executive Groups. It details the main items of discussion at PPF meetings and also summarises the range of activity undertaken out with their regular meetings.

PPFs provide a vehicle for service user and carer involvement.

None

None

PPFs are the main vehicle for service user and carer involvement and this paper summarises their activities.

None

If not to be made public, exemption (Section/Regulation) to be relied on under FoI/EIR legislation must be inserted below.

S.38
1 Issues discussed at PPF meetings

1.1 North East
The June meeting of the PPF Executive Group received a presentation about the Homelessness Asylum Service Redesign from Ann Forsyth Homelessness and Asylum Service Manager and Eric Steel Head of Homelessness Service.

They began by explaining that a major policy change had taken place in the way homelessness services were now being provided in the city.

The aims of the review were to improve the provision of accommodation, and other support for people with complex support needs; and to make recommendations for action.

Members continue to receive regular updates on the Integration of Health and Social Care

Wednesday, 11th of June PPF members took part in a session to explore the possibilities of how they might incorporate Inequalities Sensitive Practice Inquiry (ISP) into their committee style and business structure.

23rd of July Cancer Journey Sandra McDermott from MacMillan Cancer Support Delivered a presentation explaining this groundbreaking new service provision. Following the presentation to the PPF local community groups have been in contact with MacMillan requesting similar presentations.

1.2 North West
• The main speaker at the July PPF meeting was Sandra McDermott, Macmillan Programme Manager from Improving Cancer Journey Project. Her presentation covered the aims, priorities and impact of the project to date. She illustrated and emphasised the need for ‘wrap around’ co-ordinated support services at as early a stage as possible – either at the point of diagnosis, end of treatment or as required.

• Members then visited the new Possilpark Health and Care Centre and were very impressed with the new accommodation. Kate Shaw, Community Gardener for the growing space, located behind the centre, gave a presentation on the planned Community Garden, Gym wall and Urban Meadow. She detailed the progress with recruitment of patients, local people and staff for the plots/tubs and training opportunities completed and planned. The work on the community growing space began in the middle of August and is expected to be finished by October 2014.

• Julie Gordon, Health Improvement Lead – Youth, attended the August meeting advising members of the Youth Health Service developments. This specialist weekly evening health service for young people is being extended, from 2 September, to provide a service in the west of the sector operating from Drumchapel Health Centre on a Tuesday evening. The youth health provides access to counselling services, health improvement activity, family planning advice and is has input and support from addiction services and local youth organisations/clubs. The innovative ‘Weigh to Go’ initiative which supports 16 – 18 year olds to manage or lose weight will also be provided by the Youth Health Services.

• Margaret Ann Prentice and Collette Mason, GP Link Worker, gave an informative presentation on the GP Link Program which stimulated a full discussion on GP services, social prescribing and support for patients. The PPF members were very pleased to see this program being piloted and welcomed this initiative.

1.3 South
• The last meeting of the PPF Executive Group was held on 16th July 2014.
• Members heard a presentation on integration proposals from Hamish Battye, Head of Planning and Performance (south) and Sheena Morrison, Social Work Services Manager...
Members raised several questions about the future role of PPFs and the level of public involvement in the governance of the new structures. Questions were also raised about the relationship of the new HSCP to other bodies such as Cordia. Locality planning arrangements were also discussed.

- Members were also updated on the meeting held between the CHP Committee reps and Alex MacKenzie on 9th June.
- Updates on both the new Shields Centre and New Gorbals Health and Care Centre were heard, as was a detailed update on local planning arrangements for the Commonwealth Games.

2. Other Activities

2.1 North West

- In July a service user survey was ‘repeated’ in Possilpark Health and Care Centre to capture the health and well being of patients using the new centre, note first impressions and identifying any issues. The information gathered was compared the findings of the initial survey carried out in May 2012 in the old health centre by members of the PPF. The impression and atmosphere in the new centre is very positive, contributing to the overall health and wellbeing of patients using the new health centre.

- A ‘neighbours’ meeting and public meeting was held in July in the Woodside area to seek views, comments and questions on the plans to replace Woodside Health Centre. A full day engagement with patients and staff was also conducted in the health centre focusing on the Arts and Environment Strategy for the new centre. This is part of the communication strategy for the replacement of Woodside Health Centre.

- PPF members continue to take part in a wide range of Sector, Glasgow City CHP and partner groups, forums and boards.

2.2 South

- Two members from south Glasgow PPF joined representatives from North East and North West at a series of short meetings to plan the Agenda for the citywide PPF session on 5th August.

- South Glasgow PPF had an information stand at an open day for older people in south Nitshill, organised by the 415 Project on 17th July. Around 200 older people attended and were invited to share their experience of using local health services with us. Specific pieces of feedback have been passed on to relevant managers.

3. Citywide activity

- South Glasgow PPF hosted the latest citywide PPF session held on 5th August 2014. The Agenda had been agreed via a series of meeting with members prior to the session. An invitation was extended to a number of other key service user and patient groups including Voices for Change, carers groups, mental health networks and the patient and carer forum. A total of 64 people attended. David Williams presented the latest position on integration plans for Glasgow, followed by a question and answer session with members. This was followed by a consultation on the Draft Regulations and Orders to Public Bodies (Joint Working) (Scotland) Act – Set Two. A copy of the full session report is attached for information.

- A number of representatives from the 3 Sector PPFs participated in a Focus Group on the 5 August 2014 examining and discussing the Learning Disability Change Programme: Strategy for the Future report. The comments, points and concerns noted have been fed into the consultation process (Appendix 2).
Glasgow City Public Partnership Forums (PPFs),

Citywide Engagement Session
Tuesday 5th August 2014, 10.00am – 1.00pm
Renfield Centre, 260 Bath St, Glasgow

SESSION REPORT
1. Introduction

The three Glasgow City Public Partnership Forums (PPFs) hold three joint meetings every year. This enables the combined membership of approximately 70 people to identify, discuss and address issues that are common across all three sectors in relation to health and social care. Over the past 12 months the key item for discussion at the joint meetings has been the Public Bodies (Joint Working) (Scotland) Act 2014 and subsequent arrangements for integration of services within Glasgow.

2. Glasgow City PPF Session, 5th August 2014

A representative group from all three PPFs met several times between May and July to discuss their key concerns on plans for integration in Glasgow. Further to a meeting with Alex MacKenzie, Director, Glasgow City Community Health Partnership (CHP) on 9th June the group proposed bringing forward the next joint meeting in order to respond to the Scottish Government consultation on the Draft Regulations (Set Two) for integration of health and social care.

The group also agreed that, in line with their responsibility to share information with the wider public about important health issues, changes and developments they would broaden the invite to include representatives from other patient, service user and carer groups.

The purpose of the session was two fold:

- To provide an opportunity for members to hear directly from David Williams, recently appointed as Chief Officer (Designate) for the new Health and Social Care Partnership (HSCP) and seek clarity on the question of future public involvement in the proposed new HSCP structures

- To collate a joint response to the Scottish Government consultation on Draft Regulations (Set Two)

The session was hosted by South Glasgow Public Partnership Forum and chaired by Peter Bole and Margaret Millmaker, Co-Chairpersons. 65 participants from a variety of patient, service user and carer groups attended (Appendix 1).

3. Welcome and Opening Remarks, Margaret Millmaker and Peter Bole, Co Chairs, South Glasgow PPF

Margaret Millmaker and Peter Bole welcomed the participants and outlined the responsibility that PPFs have to share information about changes to health and care services. They highlighted some of the key concerns raised about integration over the past 18 months at PPF meetings, including the need to engage patient, service user and carer groups as well as the third sector. They suggested that PPFs offer a unique opportunity to reach a wide range of local groups and projects and provided some examples of the type of contacts that exist in south Glasgow alone (Appendix 2).
4. **Key Points from David Williams**

David Williams, Chief Officer Designate for Glasgow City Health and Social Care Partnership (HSCP) addressed the meeting, outlining the latest position on integration in Glasgow. The key points made were:

- The Public Bodies (Joint Working) (Scotland) Act 2014 enshrines the concept of integration
- Lessons have been learned from the previous experience of integration – the structures weren’t as robust as they are now
- Partners are committed to making it work
- The nature of the partnership – body corporate model
- Includes children and families as well as adult services
- From a strategic point of view this makes sense – ‘cradle to grave’ care
- The HSCP doesn’t come into effect until 1\(^{st}\) April 2015 thus the Chief Officer Designate title
- The HSCP will have over 9000 staff and a budget of over £1 billion.
- David remains Executive Director of Social Care Services, Glasgow City Council in the interim
- A shadow HSCP Board has been established and held its’ first meeting at the end of June
- The shadow Board currently includes 16 voting members in the form of 8 councillors and 8 non executive NHS board members
- The shadow Board is advisory – no voting takes place
- The first meeting considered how the Board might extend membership to other relevant stakeholders
- The legislation sets out a statutory list of members and offers guidance on the inclusion of other non-voting members
- The legislation recommends a minimum of one carer, one third sector and one service user representative amongst the non voting members
- The shadow Board will adhere to this recommendation in the short term, pending wider discussions and consultation about extending this number
- There needs to be extensive discussion with carers, service users and the third sector to determine the structure – this could mean 3 service user representatives for example, one from each sector
- They are required to develop a strategic plan – will use existing planning structures on Glasgow
- May be more meaningful to develop specific plans around each care group; homelessness, older people, carers etc – there are existing structures to support this
- The financial challenge remains and it is inevitable that services will need to adapt and change to reflect this – need to view this as positively as possible – an opportunity to redesign services in partnership with other stakeholders, service users and carers
- Change is difficult and it is impossible to please everyone, patients and service users all have different needs and priorities
- Consensus approach to governing the new HSCP, especially when redesigning services
- The aim is to make people feel that their voice is being heard
5. Question and Answer Session

Participants were invited to discuss the information presented by David at their tables. The following questions were submitted for the question and answer session. Alex Mackenzie, Director, Glasgow City Community Health Partnership joined the session at this point.

- **How do we know it’s not a cost saving exercise that will eventually reduce the levels of service that people receive?**

Integration is not intended to be a cost saving exercise however it is true that the HSCP will have less money to spend in the future. We need to change the way we deliver services, reduce bureaucracy, and become more effective and better at working together and in partnership with others. The HSCP will have a budget of over £1 billion and we should be able to deliver quality services and improve peoples’ experience of health and social care.

- **With budget restrictions will new and innovative services be at risk – for example Telecare?**

The opposite is true; we need to develop this further. National and local reviews all highlight that we often use our resources inefficiently – we spend too much of our money managing crisis and not enough on prevention and support. An example might be an older person who has had several falls at home and ends up in hospital. We spend resources on treating them, assessing them and on discharge to nursing care when the situation could have been prevented with investment in aids and adaptations, accessible housing and telecare. Costs for residential and nursing care are increasing and people want to remain in their own homes. We need to ‘shift the balance of care’.

- **How will partners make it work this time and prevent a ‘bun fight’ between departments?**

Both health and the city council have been working closely for more than 18 months to prepare for integration, and learning from the previous CHCP structure has been taken on board. A lot of integrated working ‘on the ground’ was retained despite the split at the strategic level. Services are co-dependent and outcome focussed to deliver the best care.

- **How will the HSCP be monitored/scrutinised?**

We will produce an annual report on performance against the outcomes and targets that are set (national outcomes are part of the legislation). There will be a robust monitoring process. Patients, service users and carers will be involved. The joint partnership board will play a key role in scrutinising performance.

- **What services are NOT included in the new partnership and what proposals are in place to ensure joint working (e.g. acute services)?**

David clarified that the children and families services were included but that acute health services (most hospital services) were not. This is what was outlined in the statutory framework and it was not in the gift of the new Board to include more acute health services. The increasing importance of community health services in shifting the balance of care means that, regardless of the change in structures the relationships with acute hospital
services must continue to grow and strengthen. One service cannot achieve the necessary change on its’ own.

- **What is the purpose of having non voting members on the Board?**

  Involvement needs to be meaningful however the status of non voting members does not mean that it is tokenistic, they will have a valuable role to play in advising other Board members, sharing real experiences and scrutinising proposals and decisions being made. They also have a key role in reflecting the current issues and concerns of the wider public and as such, will require a level of support to do this effectively.

  The preferred approach will be to govern by consensus wherever possible.

- **How will the patient/service user/carer representative be supported?**

  No support arrangements have been identified as yet however there are examples of good practice from both organisations that can be shared e.g. within the Alcohol and Drugs Partnership there are people with ‘lived experience’ who are supported to participate in strategic groups by sharing that experience and commenting on policy and decision making. Practical measures are important, such as ensuring that information is available in accessible formats and using plain English. These members are not expected to represent the experience of everyone however they can be a point of reference and can offer valuable advice on how to engage more widely with relevant stakeholders.

- **Will Public Partnership Forums (PPFs) and Voices for Change (VFC) continue to exist after 1st April 2015?**

  Voices for Change are a constituted group and it is not for the new Board to make that decision. The Board will recognise PPFs and support their involvement as long as there is a mandate from the membership to continue.

- **Will the non voting members of the Board be able to nominate substitutes?**

  This has not been formally considered but in principle there is no reason why substitute members cannot be appointed.

- **Communication is a two way process – how will the new Board communicate with the wider public about decisions it makes?**

  The intention is to continue to engage with the structures that are already in place – there is no point in throwing away what is already working well. Early engagement is crucial, especially when reviewing services and undertaking redesign. On a practical level, information from the new Board will be publicly available, meetings will be open and minutes, papers and reports etc available to read. Other outlets such as traditional and social media could also be better used. Finally, the importance of face to face sessions such as this, where people who use services have the opportunity to discuss key issues with staff, were invaluable.
• Are there any proposals to bring together addiction and homelessness services?

In the past homelessness was a housing related responsibility but when Glasgow underwent the housing stock transfer the responsibility passed to social work services. Whilst there are many examples of good joint working across both services it would be wrong to bring them together as there are a variety of reasons why people become homeless and addiction is not a factor in many cases.

• How are all of the services going to be managed?

The Chief Officer is unlikely to be the only joint post however the vast majority of staff will remain on their current terms and conditions employed either with the Health Board or City Council. A new management structure will be designed over the coming months.

• The level of service user representation on the new Board is not enough – how will the Board ensure meaningful engagement?

The challenge is to find the correct balance in the membership to ensure that the key views are represented whilst retaining some control over the size of the Board – it has to be manageable. However there is a commitment to work with third sector and community partners through locality planning for example, and to use existing structures such as area partnership groups, housing organisations, community councils, PPFs and Voices for Change – the HSCP isn’t the only structure and in order for integration to be successful there has to be strong links to other key stakeholders.

A number of points were then debated from the floor:

• The number of public representatives on the new Board reflects a drop from ten (on the CHCPs) to six (on the current CHP) to one. How can one person fulfil this role?

This presents a real challenge however there is an argument that having even six or ten people did not guarantee full representation from all patient and service user groups. There are examples within the city Council of service users and carers being involved at a strategic level in implementation groups etc. It is important not to get too hung up on the number of reps on the Board as engagement needs to take place at all levels and especially within locality planning structures where it is likely to be more meaningful. These discussions will be ongoing over the coming months.

• The point was made again that there should be more public representatives, elected by the community and that they should have voting powers

The legislation sets out who can and cannot have voting powers therefore the new Board does not have the authority to change that. The 8 elected members who will sit on the Board were democratically elected and therefore do fulfil that requirement. There is still scope to discuss the final numbers of non voting members however it has to be in the context of the Board being able to carry out its statutory duties – if it is too big it might not be able to do this.
• Community Reference Groups were cited as a poor example of involving people and concern was raised about the capacity of community councils to fulfil the responsibility to undertake public involvement. When will the new board start communicating and engaging with the wider public?

The equal balance of voting between non executive NHS board members and elected members should hopefully dispel some of the negative perceptions people might have, based on their previous experience of involvement. The Board plans to go beyond the minimum requirement set out in the legislation and involve people in the strategic planning and locality planning process, the detail of which has yet to be worked out.

• What relationship will there be with Community Planning?

Community planning is a key structure and there must be a positive relationship with the new HSCP in order to deliver improved outcomes for people. There is already a lot of crossover with Community Planning and good practice will be retained.

• A question was asked about the appearance of ‘spikes’ at various locations across the city centre, designed to deter people from loitering or rough sleeping, why has this been allowed?

The City Council does not have the powers to prevent commercial companies from using such measures, although they are aware that many people disagree with the concept.

• How and when will these changes be communicated to the people who use these services? Previous experience of engagement has been tokenistic with agencies just paying ‘lip service’ and ticking the box.

The aim is to reduce bureaucracy without damaging the principles of good public engagement. The HSCP will open channels of communication with people that will enable them to say if they don’t like how things are being done. It is not an overnight journey and there is a degree of learning from previous mistakes but the key thing is to build a momentum for change as this is what will ultimately improve the services that people receive.

• Consultation cannot be selective - there are many previous examples of people being ‘widely consulted’ when in fact the process was very narrow and involved small numbers or select groups.

People may have had poor experiences of being consulted in the past and therefore a degree of scepticism is understandable. However the new Board is committed to working in partnership with communities at all levels, from the Board through to localities and community level and there needs to be a degree of trust in moving forward together.
6. Consultation on Draft Regulations and Orders to Public Bodies (Joint Working) (Scotland) Act – Set Two

A key objective of the session was to ensure that a formal response was made to the Scottish Government consultation on the above regulations. Participants were invited to work in small groups to consider the consultation questions and all of the responses are summarised in the attached respondent information form (Appendix 3). The response has been submitted to the Scottish Government on behalf of the following:

North West, North East and South Glasgow Public Partnership Forums
Glasgow City Voices for Change
North West, North East and South East Glasgow Carers Forums
NHSGGC Patient and Carer Forum
15 individual patients, service users and carers (unattached)

Every participant will receive a copy of the formal consultation response and it will be published on the Scottish Government website in due course.

7. Summary and Next Steps

Alex thanked members for their contribution to the session and in particular to the Scottish government consultation response. He stressed the need to work in partnership and in particular with structures like Public Partnership Forums. He repeated the confirmation made earlier by David Williams that PPFs would continue to exist and urged members to focus less on the number of places on the Board and consider the scope for influencing engagement at the point services are being delivered.

The shadow Board will meet again in September and the report from the session will be shared with a view to identifying a solution to the issues raised that everyone will be comfortable with.

Several members highlighted that there needs to be wider engagement with the public and not just with ‘handpicked’ groups or forums. The Board needs to be transparent in its’ plans to consult with the public as there is a perception that previous consultations have been tokenistic.

Alex responded by giving the example of the morning session as an example of good practice in engaging with stakeholders. He added that PPFs and other patient, service user and carer groups have a valuable contribution to make and that the partnership would rely on them sharing their experience of using frontline services. He recognised that there are often gaps in the consultation process and asked members to work with them to identify solutions to some of those issues.

The Chairs thanked both David and Alex for their input to the session and advised participants that a report would be available covering all of the points raised. Thanks were offered to the participants for their contribution and to staff for their support, including those at the Renfield Centre for hosting the session.

The session was brought to a close at 1pm with lunch afterwards.
Appendix 1
Participant List

Appendix 2
Example of PPF Network links in South Glasgow

Appendix 3
Scottish Government Consultation on Draft Regulations and Orders to Public Bodies (Joint Working) (Scotland) Act Set Two – Respondent Information Form.

Glasgow City PPF
05 August - Renfield Centre
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Active Seniors Forum
ASRA
Abbeyfield Care Home
Annexe Healthy Living Centre
Banner Residents Association
Better Access to Health Group
C.A.S.T.
Curam Centre Users Committee
Chinese Community Development Partnership
Castlemilk Stables Project
Castlemilk News
Community Councils (various)
Castlemilk Timebank
Cardonald Pensioners Club
Castlemilk Law Centre
Chest Heart and Stroke Scotland
Citizens Advice Bureau
Dougrie View Residents Assoc.
Dixon Halls
Domestic Abuse Project
Framework For Dialogue Groups
Equality Council
Greater Knightswood Elderly Forum
Glasgow Licensing Forum
GHA Board and Committees
GAMH
Geoff Shaw Community Centre
Glasgow Branch Parkinsons Support Group
Glasgow Disability Alliance
Grandparents Apart
GCVS
Govan Tenants Assoc.
Homestart
Integration Networks
IRISS
LINKES
LGBT Network
Maryhill Burgh Hall
Milton Resource Centre
Maryhill Community Central Halls
Nan MacKay Hall
Newlands/Auldburn Local Development Group
NHS Patients Panel
Pollokshaws Regeneration Group
Parkinsons Society
Pollokshaws Area Network
Police Scotland Crime Panel
Possilpark Community Council
Pollokshaws Community Garden Project
Queens Cross Housing Assoc.
Scottish Older Peoples’ Assembly
South Torgylen Tenants Assoc.
Scottish Ambulance Service PFPI Group
South East Vol Sector Network
Scottish Council for Parkinsons Seniors Forums (local)
Scottish Seniors Alliance
South West Carers Centre
WAVES Project
West Glasgow Kinship Carers
We Step Together Project
Victoria Infirmary Movement Disorder Clinic
Glasgow City Voices for Change
Area Voices for Change
APPENDIX 3

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISION INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM

Please Note this form must be returned with your response to ensure that we handle your response appropriately. If you are responding to more than one set of regulations at the same time, you only need to complete this form once.

1. Name/Organisation
   Organisation Name
   North West, North East and South Glasgow Public Partnership Forums

   Title  Mr  Ms  Mrs  Miss  Dr  Please tick as appropriate
   Surname
   Lisa
   Forename
   Martin

2. Postal Address
   c/o Glasgow City CHP South Sector
   Claremont Business Centre
   39 Durham St
   Glasgow

   Postcode G206SX  Phone c/o 01412764686  Email c/o lisa.martin@ggc.scot.nhs.uk

3. Permissions - I am responding as...

   Individual / Group/Organisation
   Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?
   Please tick as appropriate
   Yes  No

(c) The name and address of your organisation will be made available to the public (in the Scottish Government library and/or on the Scottish Government web site).
Where confidentiality is not requested, we will make your responses available to the public on the following basis:

**Please tick ONE of the following boxes**

- Yes, make my response, name and address all available
- Yes, make my response available, but not my name and address
- Yes, make my response and name available, but not my address

**Are you content for your response to be made available?**

**Please tick as appropriate**

- Yes
- No

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

**Please tick as appropriate**

- Yes
- No

4. Additional information – I am responding as:

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PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISIONING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do these draft Regulations include the right groups of people?
   - Yes [ ]
   - No [X]

2. If no, what other groups should be included within the draft Regulations?
   - Local residents and the general public
   - Patient and service users representative groups such as Public Partnership Forums and Carers groups
   - Community Councils
   - Community Planning Partners
   - Owner occupiers as well as social housing providers

3. Are there any further comments you would like to offer on these draft Regulations?

Participants made the following points:
- Overall, the standard list includes the correct people
- Some definitions are too vague and there needs to be further clarification about terms used to describe some of the consultees; including a definition of ‘health professionals’, ‘commercial and non commercial’ providers and ‘third sector bodies’
- The third sector is very diverse and includes national charities as well as small neighbourhood projects – the regulations should have defined this more clearly and placed a duty on HSCPs to engage across the third sector at all levels
- Commercial providers have their own agenda - concerns about their inclusion
- Concerns were raised about how HSCPs would carry out the consultation given the timescales involved and the lack of resources available
- Suggested that the consultation should make use of existing structures such as housing associations, carers forums etc to engage the public
- Need to make better use of traditional and social media but also need to tailor engagement approaches to ensure vulnerable groups can have their say – one size doesn’t fit all
- Face to face engagement is still important – there is a lot of responsibility put on service users and carers to feed back from engagement events – they require support and resources
- Engagement needs to be followed up by sharing the outcomes – often this doesn’t happen
- Localities in Glasgow look likely to be aligned to the current three sector arrangement – these have between 175,000 and 220,000 people – NOT a workable size for a locality
- Regulations should have been more explicit – HSCPs might be tempted to do the minimum, especially on public engagement
- There are not enough service user/carer representatives on the joint Board for HSCPs
MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION
JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES
(JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form must be returned with your response to ensure that we handle your response appropriately. If you are responding to more than one set of regulations at the same time, you only need to complete this form once.

1. Name/Organisation
Organisation Name

Title  Mr  Ms  Mrs  Miss  Dr  Please tick as appropriate

Surname

Forename

2. Postal Address

Postcode  Phone  Email

3. Permissions - I am responding as…

Individual / Group/Organisation
Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate
Yes  ☐  No  ☐

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

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Are you content for your response to be made available?

Please tick as appropriate
Yes  ☐  No  ☐
Yes, make my response, name and address all available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate □ Yes □ No

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board
2. Other NHS Organisation
3. General Practitioner
4. Local Authority
5. Other statutory organisation
6. Third sector care provider organisation
7. Independent / private care provider organisation
8. Representative organisation for professional group
9. Representative organisation for staff group e.g. trade union
10. Education / academic group
11. Representative group for patients / care users
12. Representative group for carers
13. Patient / service user
14. Carer
15. Other – please specify
MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT
BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING)
(SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Are there any additional non-voting members who should be included in the Integration Joint Board?

- Yes [X]
- No

2. If you answered ‘yes’, please list those you feel should be included:

- Higher number of community members – three is absolutely not enough
- Homeless people and those with addiction issues
- Community Council representatives
- Housing sector representatives
- Staff side representative required from both organisations – terms and conditions, issues etc are distinct

3. Are there any other areas related to the operation of the Integration Joint Board that should also covered by this draft Order?

- Regulations should have given criteria for selecting the service user, carer and third sector rep
- This might have included making use of existing recognised patient, user and carer groups to select reps
- Anyone who expresses an interest should be considered – no role profile or person specification as this puts up barriers to participation
- Non voting reps should be able to nominate deputies – volunteers often have more time/commitment pressures that might prevent attendance on occasion

4. Are there any further comments you would like to offer on this draft Order?

- It was noted that attendance by certain groups at other formal structures is often problematic e.g. GPs, other health professionals and elected members in particular, therefore the joint Board will need to ensure that all voting and non voting members are aware of and able to fulfil their responsibility to participate
- What sanctions will be in place for non participation?
- Will voting members be paid/remunerated for their involvement in the joint Board?
- Both voting and non voting members need to be impartial and understand that their role is to reflect the issues and concerns of the public and not their own ‘agenda’. This is particularly important for elected members from different political parties
- The role of the public reps needs to be made explicit – their duty being to reflect public opinion and offer a degree of scrutiny on decision making. They will require support to enable them to effectively feed back to the public and also to feed in public issues, concerns etc
- The Board meetings should be open to the public, held in accessible venues
- Consideration needs to be given to the times of the meetings – if open to the public then evenings are better
- Notice of meetings, papers etc need to be available in advance within a reasonable timescale
- Support/training required for the public members, including an officer available for pre-meetings etc
- The term of office should be two years maximum – four years is too long
ANNEX 3(C)

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM

Please Note this form must be returned with your response to ensure that we handle your response appropriately. If you are responding to more than one set of regulations at the same time, you only need to complete this form once.

1. Name/Organisation

   Organisation Name

   Title  Mr □  Ms □  Mrs □  Miss □  Dr □  Please tick as appropriate

   Surname

   Forename

2. Postal Address

   Postcode

   Phone

   Email

3. Permissions - I am responding as…

   Individual / Group/Organisation

   (a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

      Please tick as appropriate

      □ Yes  □ No

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Yes, make my response, name and address all available

or

Yes, make my response available, but not my name and address

or

Yes, make my response and name available, but not my address

Please tick as appropriate

☐ Yes  ☐ No

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Please tick as appropriate

☐ Yes  ☐ No

4. Additional information – I am responding as:

Please tick as appropriate

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| 2. Other NHS Organisation |
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| 4. Local Authority |
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| 10. Education / academic group |
| 11. Representative group for patients / care users |
| 12. Representative group for carers |
| 13. Patient / service user |
| 14. Carer |
| 15. Other – please specify |
Consultation Questions

1. Do you agree with the proposed minimum membership of the integration joint monitoring committee, as set out in the draft Order?

   Yes   
   No

2. If you answered ‘no’, please list those you feel should be included:

    n/a

3. Are there any other areas related to the operation of the integration joint monitoring committee that should also covered by the draft Order?

    n/a

4. Are there any further comments you would like to offer on this draft Order?

    n/a
PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM

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   Forename

2. Postal Address

   Postcode  Phone  Email

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   Please tick as appropriate  ☐ Yes  ☐ No
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Yes, make my response available, but not my name and address

or

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Please tick as appropriate □ Yes □ No

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Please tick as appropriate

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PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS
ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. The draft Regulations prescribe the groups of people that should be represented on the strategic planning group. Do you think the groups of people listed are the right set of people that need to be represented on the strategic planning group?

   Yes  
   No  

2. If no, what changes would you propose?

   • There needs to be a higher level of patients, service users and carers on these groups
   • Housing representatives should be specifically mentioned given the recognised impact/links between health, housing and inequality

3. Are there any further comments you would like to offer on these draft Regulations?

   • Will the representative on the strategic planning groups be expected to be the same person elected to the joint Board – this could be a huge issue for the non voting patient, service user and carer representatives in terms of workload
   • A mechanism needs to be in place to nominate others (using a formal process) to these groups
   • Need to involve the right people at the right time – the wider public will not be interested in strategic planning unless it is presented in an accessible way and involves those actually affected by the process e.g. involve homelessness service users in decisions about housing and homelessness services – targeted engagement
   • Public reps need to be treated as equal partners in the planning process – their status as non voting members should not have an impact on their ability to participate fully in decision making
   • The role of the third sector is essential however it is distinct from the community sector – community bodies, forums and groups are made up of people using services – their voice is equally if not more important
   • Specific care needs to be given to engaging under represented groups such as younger people and people from a minority ethnic background
ANNEX 5(C)

PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM

Please Note this form must be returned with your response to ensure that we handle your response appropriately. If you are responding to more than one set of regulations at the same time, you only need to complete this form once.

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   Please tick as appropriate
   [ ] Yes  [ ] No

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

   Please tick ONE of the following boxes

(c) The name and address of your organisation will be made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

   Are you content for your response to be made available?

   Please tick as appropriate
   [ ] Yes  [ ] No
Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate ☐ Yes ☐ No

4. Additional information – I am responding as:

Please tick as appropriate

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<td>Carer</td>
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CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the performance report?

   Yes [x]  
   No [ ]

2. If no, please explain why:

   [ ]

3. Are there any additional matters you think should be prescribed in the performance report?

   Yes [ ]  
   No [x]

4. If yes, please tell us which additional matters should be prescribed and why:

   - Wherever both adult and children’s services are being integrated there should be specific outcomes identified and reported on
   - Performance reports should contain a high level of financial reporting however it must be written in an accessible format
   - A website should be created recording a variety of performance reporting measures that the public can easily understand and make comments on
   - There should be another level of scrutiny below the formal performance reporting requirements – people who use services should be invited to contribute to performance monitoring - this would need to be done in a more creative and inclusive way

5. Should Scottish Ministers prescribe the form that annual performance reports should take?

   Yes [ ]  
   No [x]
6. If you answered yes, what form should Scottish Ministers prescribe?

n/a

7. Are there any further comments you would like to offer on these draft Regulations?

- The regulations should have been more explicit about the duty placed on HSCPs to share performance reporting information with the public
  
-
Appendix 2


Rhoda MacLeod, (South Sector) and Jill Murray, (North West Sector) Service Managers with a responsibility for Learning Disability Teams provided the group with the background to the review and a summary of the draft recommendations. The recommendations report and Service Specification is available on the NHS GG&C Website. nhsggc/learningdisabilityhomepage

The vision is to ensure that the specialist NHS Learning Disability service appropriately supports people with learning disabilities to achieve:

• Equal and active citizenship within society
• Control over personal outcomes
• Good and improved health and wellbeing
• Being safe and feeling safe.

There needs to be a consistent service model and practice across NHS Greater Glasgow and Clyde. The role of the specialist health service was two-fold:

• To support and enable mainstream services to adapt their approaches to meet the needs of people with learning disabilities
• To provide direct specialist interventions when support cannot be provided by mainstream services alone

Summary of Recommendations

• To support the redefinition of the core clinical interventions set out in the detailed service specification.
• To support the revised grade-mix and workforce profiles set out in the service specification.
• To develop a detailed workforce plan setting out the timescale for implementation following the workforce change policy.
• To integrate the functions of the Complex Needs Team and Learning Disability Liaison Team (LDLT) into local partnership learning disability teams, with system wide co-ordination of the LDLT.
• To devolve the resource associated with Out Of Hours to partnerships and the mental health out of hours service.
• To align the Epilepsy Team to the neurology dept of Southern General
• To create Practice Development Nursing capacity for the learning disability service.
• To support investment in Speech and Language Therapy.
• To embed specialist learning disability podiatry and dietetics into mainstream services.
• To review the role and function of unregistered staff
• To endorse the arrangements set out in the service specification for professional leadership and clinical supervision.
• To support the separation of general management and clinical leadership.
• To explore options which lead to whole system co-ordination of in-patient services and cross-system working.
• The NHS no longer delivers the Artform project and to seek alternatives for service users.
• To establish a resettlement programme to help people currently in long-stay services move to their own homes with the support they need to sustain them safely in the community.

The discussion covered the following:
Service users and carers have been involved throughout the review process by presentations at Taking Part in the North West meetings, carers groups etc. There was a presentation at a Board wide event in the Beardmore Hotel and on the 15 August 2014 at the Thomas Fortune Centre service users and carers will be able to discuss the recommendations. Jill advised that service users living in the community should get information through their support workers/service provider like Enable, Quarriers etc. Partners such as Glasgow City Council, GDA, GCIL have also been asked for comments.

Members were reassured if there was a person with a complex need or communication barriers – an advocate or carer was involved. A service user living in the community worried that sometimes the carer’s opinions dominated the service user’s opinion both in consultation and assessment.

Everyone felt the 18 August 2014 deadline for responses was too short a timescale for consultation on these changes. The timescale set is unrealistic and needs to be extended to accommodate the diversity and number of complex service users and communities in the Glasgow area.

Some members worried about the affordability and sustainability of the changes. There is a need to work with colleagues in the Council, in acute services and housing as we need to ensure packages of support are sustainable. The Learning Disability Partnership that previously existed worked very well. Members advised that as yet we don’t know what will happen with Integration the of Health and Social Work. It was felt that it is better for social work and health work in partnership for both service users and carer.

A carer worried that service users and carers will not be asked what they think about these proposed changes. She felt carers were not asked about how personalisation would impact on service users and carers - and now for many families their lives are ‘falling apart’. The carer hoped that the Joint Learning Disability Partnership with joint management will be re-instated as it worked – communication was much better previously.

There was concern that people with learning disabilities will ‘lose out‘ when specialist services move into mainstream as there is already a huge demand for podiatry and dietetics. Will this improve services for people with learning disabilities? This is a consideration but there are also benefits in ‘up skilling’ staff in mainstream services and this will increase capacity. The waiting time for OT services from the Learning Disability team was much shorter that the mainstream OT service. It was noted that people with learning disability do access many mainstream services such as GP’s, opticians, dentist etc

All agreed that people need to go to the right service and speak to people who understand you and your needs. Its a balance between a mainstream service and the worry of service user with learning disabilities ‘getting lost’ compared to a specialist service that could isolate workers and reduced capacity due to the size of the team to resource and accommodate staff developments or cover long term staff illness. Lorraine gave an example of the podiatry service and how the staff member knew and understood her fears and anxiety of cutting toe nails. Would this relationship and level of understanding be available from mainstream services?

Members of the focus group were reassured that there is ‘were no costs being saved ‘ through this process.

Members felt that the links with housing were crucial at a strategic level as in Glasgow we don’t have the numbers of appropriate safe affordable housing stock in order let people leave hospital – that’s one reason why people have to remain in hospital.
We need to get better at asking service users what they think about our services and what they want from a service. In NW Sector staff worked in partnership with We Step Together - a community group for people with learning disabilities to run a session for services users to find out what they thought of the NW Learning Disability Team and the service they provide. They used a variety of methods during the session - talking walls, role play, one to one – to get information and opinions with good results.

It is difficult to separate the health provision from social care services when evaluating services. It was felt that if we get social care right then other things ‘fall into place’. It was noted that local health teams don’t purchase social support services but will work with organisations that provide social support to people living in the community to improve their health and wellbeing.

There are representatives from People First involved in this review and members of the Disability Planning Implementation Group. Some people felt that People First don’t reflect the full range of views as they are more associated with people with less complex learning disabilities.

Rhoda advised that interviews with staff regarding relocation and service changes would begin before the end of 2014. It was noted that change can cause anxiety, especially for people affected by learning disabilities. Service user and carers would have to be kept up to date with changes.

There were also worries from the group that if there is a move to more reliance on ‘patient self manage’ that people affected by learning disabilities will not be able to cope - resulting in poorer health and wellbeing and small health issue/problems could develop into a complex health issue/problem..

Next Step

The points captured in the focus group would be forwarded to Tom Kelly, Learning Disability Change Programme Manager by Robert Smith NW PPF Chair) on behalf of the three Glasgow City CHP Sector PPFs