Glasgow Council for Voluntary Sector (GCVS) and
Greater Glasgow and Clyde NHS Board/Glasgow City
Council

Guidance for

Community Involvement in Community Health and Care
Partnerships (CHCP’s)

April, 2006
1 The Context

1.1 In Glasgow, the City Council and the Health Board have agreed to join up their work and set up Community Health and Care Partnerships (CHCP’s). There will be five in Glasgow City – North, East, West, South East and South West. Each will cover populations of between 110,000 – 130,000 residents. CHCP’s will be developed as ‘organisations resourced and responsible for making a difference to the care and well being of their population and reducing inequalities and as partners working with other organisations to improve health and well-being’. CHCPs formally started their work on 1 April 2006.

1.2 The scheme of establishment agreed by the Health Minister states that the integration of community involvement will be core to the CHCP and that the Public Partnership Forum will be a main structural way of making this happen. It also commits the CHCP’s to working to the National Standards for Community Engagement launched in May 2005 by Communities Scotland.

1.3 Involving voluntary and community organisations is also key. Setting up CHCP’s ‘provides a unique opportunity for closer working with the voluntary sector to reflect the multi agency approach required for improving services for local communities’. In Glasgow City there is a commitment to develop a local voluntary sector compact that will outline joint roles and responsibilities between the voluntary and community sector and public partners.

1.4 The 2004 National Health Service Reform (Scotland) Act places specific duties on public bodies to promote equal opportunities. This builds on the commitment in the Health White Paper Partnership for Care to ensure ‘that our health services recognise and respond sensitively to the individual needs, background and circumstances of people’s lives’.

1.5 The NHS Equality and Diversity Impact Assessment Toolkit has been developed as a core element to ‘ensure that a commitment to equality of opportunity and anti-discriminatory policies and practices become part of our day to day’. This toolkit uses the following definitions:

Equality is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is mostly backed up by legislation designed to address unfair discrimination based on membership of a particular group.

Diversity is about recognising and valuing difference in its broadest sense. It is about creating a culture and practices that recognise, respect, value
and harness difference for the benefit of patients, carers, members of the public and members of staff.

The toolkit also states that equality and diversity are not interchangeable and that they need to be taken forward together. ‘There is no equality of opportunity if difference is not recognised and valued’.

1.7 The development of CHCP’s in the City is integral to the development of community planning in the city. As local structures and support arrangements are agreed for both citywide and local community planning structures, CHCPs are strongly encouraged to make practical use of these to meet the needs of the CHCP agenda, at least drawing neighbourhood representation for the PPF from the community planning engagement ‘hubs’ but over time working with Community Planning Partnerships to harmonise community engagement support structures.

1.8 To explore how we can develop community involvement in CHCP’s the Health Board commissioned GCVS (Glasgow Council for the Voluntary Sector) to talk to workers, local people and organisations across the city to find out their views and prepare guidance for community involvement in CHCP’s.

1.9 Over 40 interviews were conducted, 118 people participated in focused discussion sessions and a further 185 completed questionnaires. (Appendix 1). The draft guidance was presented to the community involvement sub group in August and this draft was presented to a wider consultation event bringing together people from PPF sub groups across the city. Issues raised at this event and via the 6 written submissions received have been taken into account in writing this final guidance.
2. **What do people want community involvement to achieve?**

We asked people what they thought the benefits of community involvement are likely to be. These included:

- Local people having a voice and being listened to;
- To improve how public services recognise equalities issues and respond to them;
- Local people being able to develop the services they need in their area;
- Individuals and communities will build their capacity to influence and create change in the spectrum of public services within CHCP’s;
- To see a real impact on the ‘big 2’ – health inequality and health improvement in the city.

**Key Messages from what people said about community involvement:**

- We want to be involved and are willing to put in our time and resources but only if we can see it making a difference and you are willing to put in the effort too.
- We want honesty – don’t ask for views when the decision has already been made.
- Be clear about what can be influenced at the start and don’t waste time and resources on involving us in things we can't actually change.
- Involvement is a long-term process and not just one off consultations on particular issues. We want to be involved in setting the agenda as well as day-to-day decisions.
- Disappointment that one community and voluntary sector representatives on the CHCP Board are not enough to be able to voice the issues and concerns from the wide range of people in a CHCP area.
- Existing involvement structures are too narrow –more people need to be involved and supported to make a difference.
- We need feedback. Too many times we have been asked for our views and never heard whether they have been taken into account or not.
- We need all the relevant information so that we can make our decisions based on the same information that others have. Information needs to be easy to understand and not full of jargon.
- You will need to be prepared to change the ways you work if you want us to really be involved.
- Our involvement will need to be supported. We will be reasonable in our requests, but will need real resources to support our work in the same way that you have them.

At the event in August two other main issues were raised:

- How we involve children and young people in the work of the CHCP
- How to make sure the range of voices from service users, community and voluntary organisations are fairly heard within the work of the PPF.
3. Principles

3.1 There was general agreement that the principles written in the scheme of establishment along with those that are in the National Standards for Community Engagement are about right, but that they are full of jargon. The principles are restated as;

- **Everyone can be involved.** This will be encouraged by making it easy to play your part, in your local area, on issues that are important to you and in ways which best meet your particular needs.
- **Everyone who is involved will be supported** so that all contributions are valued, given respect and priority, and barriers which might stop you from taking part are removed.
- **Everyone can know what is happening and will be kept informed** because we will plan our activities together, taking into account the resources that are available. We will keep the local community up to date on what is happening.
- **Everyone will work together** towards the same priorities, so that health inequalities are reduced and health improvement really happens. We will not re-invent the wheel but will build on existing work and networks.
- **Everyone will learn and grow** by being part of the process and we will help to train one another and share our learning together.
- **Everyone will reflect often** on what we are doing together and always try to change things that aren’t working.

3.2 Everyone was clear that these principles are about where we want to get to. We are starting in a very different place. It will take time, effort and commitment by everyone to get there. The timescale most often mentioned was 3 – 5 years. It will be important to have clear targets for the first five years, so we can measure progress.

3.3 As it will take time, and in each local area we are at a different starting point, interim arrangements will be needed while we develop new networks and structures and community planning arrangements are developed and put in place.
4. Starting Points

4.1.1 What we mean by ‘community’
We all have different understandings of community. The one most often talked about is the idea of community based on where we live – the community in Maryhill or Easterhouse. We all know that even these definitions are too large and that often a sense of community is based on the few streets around where we live – our patch or ‘natural neighbourhood’. This may even be difficult for people experiencing racism or harassment and in working at this level it is important to ensure neighbourhoods are working to be inclusive and build bridges.

| There is a mismatch between the size of the areas covered by CHCP’s and this sense of natural community that we need to bridge. |

We also often see ourselves as a member of a community based on something we share with other people that is not to do with where we live. It may be something important about our identity - as a woman, as a member of the Pakistani community in Glasgow, as a gay man. It may also be an interest that we share with others in a similar situation – as a carer, as a user of mental health services, as a patient, as someone who is seeking refuge or asylum in Glasgow. We need to recognise that some people enjoy more freedom than others to communicate their identity and interests to others.

| A Guidance for community involvement needs to have ways of including communities of identity or interest. |

4.2 What we mean by the ‘community and voluntary sector’
Glasgow has a rich and diverse voluntary and community sector. There are 850 organisations with paid workers and an unknown number of organisations that rely solely on the energy and effort of volunteers across the city. Organisations range from small-scale community organisations such as parent and toddler groups to large-scale organisations e.g. Joseph Rowntree Foundation.

In preparing this Guidance there has been a lot of discussion about whether it is possible to separate out the interests of community based organisations and voluntary organisations. It has been agreed that they have more in common than separates them and that we should aim for structures that allow the range of different voices to work together within the PPFs. To achieve this voluntary organisations with local management committee's/Boards, that are constituted as ‘not for profit’ and reflect the principals of equality and diversity are defined as organisations eligible for membership of PPF networks.

Community and voluntary sector organisations are providers of health and community care services in the city. They also have a key role to play in
developing health improvement, in advocacy and representation alongside their service users, in the development of self-help initiatives and community capacity and in supporting and developing volunteers. Liaison arrangements will be put in place to enable city-wide/national voluntary and community organisations to participate in service and strategic development for CHCP’s and will be developed separately from this Guidance.

4.3 What we mean by ‘Community Involvement’
Everyone has different ideas about community involvement. For some people to be involved is to get information about what is happening and that is enough. For some people it means being invited to give their views on particular ideas or developments that may affect them, often on a one-off basis. For others it is working together with other people who share a common interest to agree what they think needs to be changed and bringing this to the attention of those that can make that change happen. Yet for others it is about setting up their own independent organisations and/ or taking over the development and delivery of services that they think will make a difference. Appendix 2 gives an overview of engagement methods.

There are lots of different models of community involvement, what they share is the need to start where people are at, to provide the support they need to build their confidence and to develop their ideas. We need to build a range of ways that people can be involved to seriously address issues of power and empowerment and to ensure that attention is paid to involving those groups who have traditionally been excluded.

Given the importance, therefore, of helping people to feel that they are playing an important and autonomous part through their involvement, the CHCP’s will need to structure themselves in a way which not only respects individual contribution but which enables people of diverse background and motivations to become involved.

4.4 Role of the CHCP
It is the responsibility of the CHCP to build community involvement into all of its work. The Public Partnership Forum (see below) will be one of the mechanisms to achieve this, but not the only one.

At an early stage each CHCP needs to set out.

- A map of the different ways that it will set up for people to be involved in its work in processes, services and planning.
- The ways it will work to make involvement easier for people and what people can expect from all staff within the CHCP including senior managers.
- The resources it will make available in kind or financial to support the work of the PPF and wider community involvement.
- How it plans to keep people up to date on what it is doing.
This will need to be agreed in conjunction with the PPF structure.

5. **Public Partnership Forum (PPF)**

Each CHCP will have a Public Partnership Forum. The Scottish Executive guidance outlines three key functions for a PPF.

- Work with the CHCP to inform local people about what CHCP and other public services provided by the Council and NHS are available to them in their CHCP area. This will lead to better access to services for local communities.

- Engage local service users, carers and the public in discussion about how to improve CHCP services. This will help to inform the work plans of the CHCP and identify local priorities for service improvement.

- Support wider public involvement in planning and decision making about public services. This will lead to more responsive services that are accountable to citizens and local communities.

Within Glasgow City, the PPF will:

- be a strong independent voice for service users, communities and local voluntary organisations in the particular CHCP area.

- be a wide, open and inclusive network. This may take time to build, but needs to be a guiding principle.

- promote equality and diversity in its work.

- transparent and open in the ways that it works and base its ways of working on the National Standards for Community Engagement.

- become skilled at developing and supporting people to be involved across the whole spectrum of involvement activity.

- Work on strategic and cross cutting issues as they affect local areas.

The PPF is a formal component of the CHCP and will be a sub-committee of the CHCP Committee, to this end the PPF may benefit from becoming a constituted body in its own right. It will agree a set of rules to govern its day-to-day work and clarify expectations. These will also include how it will deal with members who do not adhere to these. Appendix 3 sets out a recommended set of rules.
Public Partnership Forum (PPF): Membership

Membership of the PPF will be open to anyone who:

- Receives CHCP services
- Cares for someone who receives services
- Lives within the geographical area covered by the CHCP and could therefore be a potential user of CHCP services

In addition it will also be open to all:

- Local Community planning ‘hubs’ within the CHCP boundary
- Community and voluntary sector organisations with local management committee’s/Boards (80% of members residing in CHCP area), operating on a ‘not for profit’ basis in line with equality and diversity principals
- Service User Groups – representing users of CHCP services
- Specific Interest Groups – representing areas of specific interest or development and able to relate to local components of these interests
- Local tenants’ groups, Community Councils and others

The guidance describes the PPF as ‘a network of existing local user and carer groups, voluntary organisations, interested individuals and others’. Our work has identified a large number of groups, individuals and networks to build upon.

Information about these is held in different places and there is a need to build a co-ordinated information point for each CHSCP.

Community planning structures will also need this and it should be developed jointly in each area where possible. GCVS has Infobase as a single information resource on voluntary and community organisations in the city that can provide detailed information on all community and voluntary organisations with staff in the city. This could be expanded to support this work at a local level.

It is important to have an agreed starting point for developing the PPF and we suggest that this should be involvement from the following:

- Community planning and local involvement structures
- Local equalities groups – women’s groups, BME groups, LGBT groups, disability groups.
- Childcare forum
- Community safety forum.
- Community and voluntary sector organisations.
- Local carer’s network.
- Service user networks.
- Local patients groups.
- General public.

This would expand over time as new networks are supported to develop their voice and input.

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There is a particular need to think about how best to involve children and young people in the work of the PPF and the Community Involvement sub group are currently looking at this in more detail.

The guidance asks PPFs to pay particular attention to ‘those who are more socially excluded and facing discrimination when accessing services’ In some parts of the city there are groups and individuals able to represent the interest of communities of interest/identity and PPFs will be expected to make links with these and support their involvement from the start. This is not the case in all areas and across all communities of interest/identity. Citywide networks have knowledge, expertise and networks that can support this work and all PPFs will be expected to make links and establish ways of working together to ensure issues are raised. A city-wide liaison forum will be developed.

Organisations, networks and individuals are likely to want to be involved in different areas of the work of the PPF. A database will be needed in each area for people to register the areas they want to be involved in and on what basis – as an individual, group or network. Groups and networks will also identify how they will gather ideas and views from their members. This will need to comply with data protection regulations and be regularly updated. Community planning is likely to have the same requirements and it may be possible for this information to be collected by the community planning hubs.

People we spoke to saw the PPF as having a proactive role in developing membership. It was suggested this will be particularly important, given the fact that many people find it difficult to get involved around issues of public services and it may take time to build involvement. Evidence suggests that people are most likely to engage if they are personally approached and the PPF will need to develop targets for achieving this and for developing groups and networks where these are required.

As a first stage, clear information about what the PPF will do and how it will operate needs to be shared with groups, networks and the general public in each CHCP area, together with easy to use details about how to register your interest. This is best shared where people are - their GP surgery, parent and toddler groups, different network meetings, formal meetings and structures.

The PPF will need to develop good links to the wider planning structures in its local area. This will include Joint Futures, Children’s Service Planning, Managed Care and Clinical Networks and local involvement structures.
Public Partnership Forum (PPF): The day to day operation

The PPF will be a ‘virtual network’ and we asked people about this. There was significant support for receiving information and providing input by e-mail and via an interactive website. Some people thought that this might encourage those who didn’t usually go to meetings to get involved and there was discussion about setting up blogs and discussion fora on the web to support the work of the PPF. It was also felt important that such a ‘virtual network’ should build upon and utilise existing e-networks and websites within the city. Most people however, thought that the PPF could not rely solely on this to carry out its work. There was overwhelming support for a human face, a known point of contact, someone that people could talk to about the work of the PPF. There was no great appetite for public meetings. These were often the least popular way to get involved and people tended to favour smaller and local working/focus groups that are less likely to be dominated by one or two individuals.

There is agreement that the PPF will need to bring all its members together at certain points. Given the logistics, the support requirements to make such an event fully accessible to all members and the need to make this meaningful, this will be at a minimum, an annual conference. This conference should be the culmination of work in different smaller groups to agree priorities for the work of the PPF in the year ahead, receive information on work to date and agree members of the PPF Executive Group. This group (see below) would take the work forward over the following year. The conference may also include a question time with members of the CHCP Board and senior management team. It is vital that the conference is planned and owned by the PPF and that its focus is the development of the local agenda.

Effective communication and feedback will be vital to the work of the PPF. People want regular, good quality information in a variety of formats including easy read. The CHCP and the PPF will need to develop skills in producing information in different formats. People indicated that they wanted to be alerted to developments in their particular areas of interest and opportunities to make their input. They also want regular feedback from the PPF Executive Group and members on the CHCP Board. People do not just want minutes.

The PPFs will need to be able to communicate with different organisations, networks and individuals on different issues, in different formats and be able to receive, interpret and present a range of views. A baseline requirement for this is:

- Regular newsletter and website which is regularly updated
- Database which can target material to who needs it.
- Regular e-mail bulletins.
- Communications budget to support the communication requirements of different community involvement methods.
6. The PPF Executive Group

There is agreement that given the fluid nature of the PPF and the fact that it will not meet regularly, there needs to be a Co-ordinating/Executive Group to progress the day-to-day work. The key functions of the Executive Group in conjunction with the CHCP, are to

- Monitor the performance of the CHCP against agreed targets for community involvement
- Broaden and deepen involvement in the PPF, overseeing the support to existing and development of new network
- Be responsible for bringing forward the community and voluntary sector representations onto the CHCP Committee, managing election processes for both community and voluntary representatives
- Carry forward the agenda of the PPF and ensure all relevant PPF members have a full opportunity to be involved in their areas of interest.
- Make sure that issues from the PPF are raised in the appropriate CHCP Forums including the Board.
- Monitor CHCP Forums including the board and to ensure relevant members of the PPF are alerted to developments and areas for involvement.
- Promote equality and diversity in all its work.
- Develop a range of ways that PPF members can become involved and document activity that takes place.
- Support PPF members on the CHCP Committee including stand-ins and observers, and identify relevant expert witnesses as required.
- Ensure that all members of the PPF receive frequent, useful and relevant information and feedback on work that is taking place in their area of interest.

Appointment of Executive Group

The PPF will appoint members of the PPF Executive Group. The size of the group will be a matter for each local area, but most people agree that it is likely to be between 12 and 20 members. Within whatever number is agreed, there will need to be a balance of the different individuals, groups and networks in the local PPF. It will be important to ensure that the vast majority of seats (85%) are reserved for members from groups and networks who can draw on a wider range of their member’s views. This may not be possible in the early stages while support arrangements are developing. The PPF executive group should draw no more than 40% of its membership from local voluntary sector representatives and these representatives will be required to come from the management committee’s/boards of these voluntary sector organisations rather than staff members. Anyone occupying a group or network seat will be expected to give this up if they cease to be a member of their particular group or network. Communities of identity/interest must be able to be involved/influence the work of the Executive Group.
Executive Group members will need to be able to offer a range of skills and an amount of time to the work of the Executive Group. It is also important to rotate membership to ensure that knowledge, skills and experience are developed among different members of the PPF. We suggest that each PPF should agree an outline for what they want from their Executive Group members and that appointments will usually be for a period of two years. Local arrangements will be made for making appointments either by nomination from networks or election via the PPF.

A draft outline of tasks and skills for PPF Executive Group members is in Appendix 4.

**Day to Day Operation**

This will be agreed in each local area dependent on local circumstances and how best to carry out the functions outlined above. The Executive Group will be accountable to the wider PPF for its day-to-day operation and will meet regularly with a member of the senior management team of the CHCP to discuss and raise issues.
7. CHCP Committee Members

The Scottish Executive guidance says that the Health Board must ensure as far as practicable that at least one person from each of the following is appointed as a member of the CHCP committee.

- A member of the Public Partnership Forum
- A member of the voluntary sector carrying out services similar or related to the Health Board.

The Glasgow Scheme of Establishment proposes a balance between key stakeholders as follows:

- Elected Members (5)
- NHS Board (2)
- Professional Executive Group (3)
- Staff Partnership Forum (1)
- Public Partnership Forum (1)
- Voluntary Sector (1)
- CHCP Director (1)

The PPFs will want to consider how to address this. The above membership will apply, however CHCP’s committee’s are encouraged to enable observers or community witnesses to attend and support members on specific issues as required. The CHCP Committee will also need to consider how it can work to ensure that PPF and Voluntary sector members have a real role in decision-making.

The PPF Executive will require to determine the election processes for both the community and voluntary sector representatives.

The role of members

There is a need for a clear understanding of the role of members on the CHCP Board. The overwhelming message from our discussions is that it will not be possible for one person from the PPF to ‘represent’ the views of the whole population in their given area. Equally one person from the voluntary sector will not be able to ‘represent’ the views of the whole of the sector in that area.

We suggest that we move away from the idea of a ‘representative’ to that of a PPF or Voluntary Sector ‘member’. This avoids confusion with the role of elected members who are the democratically elected representatives for the area.

This does not mean that members will voice only their own views. Their role is one of facilitating the development of and communicating the views of the PPF and voluntary and community sector members to the Committee and feeding back areas for further work/discussion. They will then work with the PPF Executive Group to ensure this is followed up with the relevant members of the PPF.
Appointment of Committee Members
Committee members will be a member of the PPF Executive Group and each PPF will want to think about what they will need from their members and whether they should be appointed by the Executive Group or by the wider PPF. Given the range of skills required and the time commitment, we would again suggest the use of a job brief/ person specification for the role. The Community Health Partnerships (Scotland) Regulations 2004 also outline key criteria that members for CHCP Committees must meet and these need to be taken into account.

A draft job brief/ person specification for the PPF member and the voluntary and community sector members is attached – appendix 5.

To ensure the development of knowledge and skills among the members of the PPF and given that this will be a substantial time commitment appointments will be for a two-year period. Members can be reappointed for a further 2 years. An induction process will be agreed for members in conjunction with the CHCP Committee together with rules for members including how conflicts of interest will be dealt with.
8. Support Requirements

There is agreement that to develop real and meaningful community involvement will require support. There will be similar support requirements for community planning and this is an area for early joint discussions. Others already exist across the city and there is a need for greater co-ordination of resources between partners. It will however be challenging to meet all the requirements out of existing resources and there is an early requirement for costing of options and allocation of budgets, as well as creatively exploring the potential of alternative sources of funding.

CHCPs will include community development, public involvement and health improvement staff from GCC and NHS. How these staff will work together to support the PPF and wider engagement needs early consideration.

Support requirements fall into three main areas
- What we need to build involvement.
- What the PPF, the PPF Executive Group and the members on the CHSCP Committee need to carry out their work.
- What we need to support the learning and development agenda at a local, citywide and national level.

Building Involvement
Building involvement covers what individuals, groups and organisations, and networks will need to get involved. Support at this capacity building level will be crucial to developing involvement that is sustainable. It is also the level at which the work of the CHSCP is most likely to be meaningful to people.

Individual support needs may include:
- Travel and out of pocket expenses.
- Venues which are accessible – good physical access, acoustics, levels of comfort
- Translators, interpreters, signers.
- Childcare
- Respite care
- Support to attend and participate in meetings

Groups, organisations and networks support needs will include:
- Support to build networks in areas where these do not already exist.
- Small grants scheme to cover basic core operating costs
- Access to meeting spaces/ resources and hospitality.
- Support to consider issues, develop views and make these known.
- Support to develop and service networks.
- Resources to support the involvement of unfunded and small community and voluntary organisations.
- Additional resources to build involvement from communities of identity/interest.

What is needed at the level of building involvement is generic community development support that is there for the long term and aimed at building
sustainable groups, organisations and networks. It was clear from people’s views that this is seen as the most important level and key to building lasting and effective involvement.

PPF Support
The PPF will require resources to support its day-to-day work and is likely to need at least one dedicated post with admin support to service the PPF Executive group and the members on the CHCP Committee. In addition it will require a database, website, communications budget, conference/ events budget together with resources to support the development of particular involvement initiatives. The pre-requisite for this support is that it is impartial and that the PPF have a say in how and by whom this is provided.

These requirements need to be considered alongside those for the community hubs envisaged for community planning. Clearly a major source of support will be existing staff within the CHSCP and other partner organisations.

Examples of the support currently available

- Carers Centres have budgets for respite care which may be available to support carer’s involvement.
- Voluntary sector care providers have support workers who are there to support the involvement of the people they provide support to
- Healthy Living Centre and Community Health Projects have a role in building involvement in their local areas
- There are 20 workers with some kind of development brief across the statutory and voluntary sectors in Easterhouse.
- There are 40 community development workers employed by GCC across the city
- Glasgow Churches Social Action Alliance estimates there are over 450 churches in Glasgow that see their role as making a contribution to capacity building. Statistics show that people are 20% more likely to volunteer if they are involved in a church. An ecumenical Transformation Project is directing resources to 36 parishes in the city on the basis of objective measure of poverty
- The West of Scotland Seniors Forum has 28 networks covering the whole of the city and the capacity, with support, to build involvement at a local or city wide level
- The Glasgow LGBT Centre is able to work with the West Of Scotland Lesbian, Gay Bisexual and Transgender Forum to support involvement from their community
- Learning communities as they develop will be an important way of building involvement by parents and young people
- National intermediary bodies have a role in supporting the development of involvement
- Community Care Providers Scotland (CCPS) have produced information for their members on CHSCPs and there is a local care provider’s forum that can support involvement.
- Voluntary Health Scotland can provide support to community and voluntary organisations.
- CHEX have held information events across Scotland on the development of CHSCPs and have materials to support community involvement that can be used locally
- The Scottish Health Council and its local office will have a major role to play in supporting involvement, once they are up and running. They will also be able to provide linkages to what is happening at a national level
- GCVS has a membership of 600 organisations across the city. As a Council for Voluntary Service one of its core functions agreed with the Scottish Executive is to build involvement by the local community and voluntary sector in community planning and community health planning.
The learning and development agenda
Our discussions suggest that if we are serious about building community involvement, there is a large learning and development agenda. A starting point for this is to get information about what is happening and how they can involve to as wide an audience as possible.

Individual networks and PPFs will identify particular learning and development needs in their area. There is also support for networking between PPFs at a city wide and national level to share experience, ideas, and good practice. There is also support for networking between workers with a remit to support community involvement.

If community involvement is to become a reality there is a significant learning agenda for many staff within the CHCP to support fundamental culture change and support new and different ways of working. Some of this is underway and recommendations will be made by the training sub group on how this should happen. People we spoke to are looking for more opportunities to both attend and contribute to joint learning and development programmes and events. These are seen to have a significant part to play in breaking down barriers and developing understanding and mutual trust.

Individual learning and development programmes may be a useful way of building skills and commitment among PPF Executive members. These can be linked to the agreed job brief for PPF Executive Group members and CHCP development programmes.
9. Evaluation/ performance assessment

Everyone agreed that there is a need for clear annual targets to be set for community involvement as part of the overall CHCP performance assessment framework. These will form part of the annual work plan for the CHCP. From our discussions we suggest the following as targets for year one:

- Number and range of individuals, groups and networks registering for involvement in the PPF, levels of participation, and reported level of satisfaction
- Publication and distribution of information on services available in CHSCP area
- Interim PPF Executive group established
- Interim representatives established on CHCP Committee
- Initial development work completed on database to meet PPF requirements
- Held a PPF conference with input from CHCP Board and Senior Management
- Level of resources identified by CHCP to support community involvement
- Existence of clear targets on community involvement within job remits of senior CHCP managers
- How issues raised through community involvement activities are considered and responded to by the CHCP

10. Interim arrangements

Real community involvement will take time to develop and it is vital that this is connected to what is happening in community planning. There are numerous examples across the city of good practice and existing networks and structures that can be built upon. At this stage it is important to keep a level of fluidity while people have time to work out what will work best in particular local areas. At the same time, we need some structures to take this forward and to ensure community involvement is built into CHCP’s from the start.

In Appendix 6 we have laid out some first steps to establish interim arrangements, that we suggest should be in place for one year. At the end of year one, we would expect there to be a full PPF conference in each area to agree arrangements for future working.
Appendix 1

43 people were interviewed as part of this process
The following people were interviewed.

Cllr Jim Coleman  Depute Leader Glasgow City Council
Ann Marie Docherty  Director Fair Deal
Kirsty Collins/  
Margaret Daly  Community Planning Support Team
Suzanne Millar  Principal Officer Policy and Planning GCC SW
Jackie Irvine  Policy and Planning Officer
Agnes McGroarty  Chair West of Scotland Seniors Forum
Robert O Hare  Information Worker West of Scotland Seniors Forum
Sandra Martin  Director West of Scotland Seniors Forum
Meg Lindsay  Glasgow Churches Social Action Alliance.
Liz Lamb  Chair PPF sub group SW.
Elaine Darling  Operations Director, Enable
Niall McGrogan & team  Community Engagement Team
Phil Whyte  Health Promotion
Murray Dickie  Public Involvement Officer East LHCC
Janet Muir  CHEX
Ruth Clarke  Operations Manager Princess Royal Trust for Carers
Ruth Black  West of Scotland LGBT Forum
Tressa Burke  Glasgow Disability Alliance
lain McDonald  GCC DRS
Alison Eccles  Manager Drumchapel SIP
Duncan Booker  Glasgow Healthy City Partnership
Graham Johnstone  Senior Community Worker GCC SW
George Laird  Glasgow Healthy City Partnership
Pauline Craig  Centre for Population Health
Stewart Burns/  
Margaret Stirling  Community Council Resource Unit
Monica Pociani/  
Carol Harvey/  
Raymond Bell  PPF Sub group West
Stephanie Mok  Chinese HLC
Sheena McDonald  CDO North West
Anne McDougall  Service User
Robert Peat  LHCC Manager
Liz McDonald  Scottish Consumer Council
Ishbel White/  
Pamjit Kaur  Darnley Street Family Centre
Pat Gallagher  North West Carers Centre
Nicola Barnstaple  Breast Cancer Care

In addition we had conversations with
Bill Weir  Voluntary Health Scotland
Janet Muir  CHEX
Stuart Hashegan  SCDC
Adrian Rootes  Scottish Health Council

02/05/2006 20
Several local development events were held across the city
A total of 118 individuals participated in focus group discussions on the Guidance, beyond those already engaged through the work of local PPF development group activity, a further 185 completed questionnaires that covered aspects of the Guidance.

- In the West Area 2 events were held supported by Drumchapel Life HLC.
- In total 34 people attended. 151 were mailed with information about the event.
- In the East Area 2 events were held. In total 20 people attended.
- In the South East one event was held supported by Gorbals Community Forum. 17 people attended. 124 were mailed with information about the event.
- In the South West 2 events were held supported by Keeping Well in Govan and Greater Pollok HLC. In total 33 people attended. 93 people were mailed about the event.
- In addition 18 questionnaires returned from mail out in SE and SW
- In the North, North Glasgow Healthy Living Community sub contracted to undertake local development work. This involved self-completion questionnaires, presentations and 3 local focus groups.
- 205 organisations received publicity for the focus groups with 14 attending. Information events were hosted by 12 local groups and 3 health centres with a total of 165 questionnaires returned.
- GVCS Voluntary Sector Health network held a special event to consider the issues attended by 40 people.
Appendix 2

Range of methods of involvement.

Despite the clear policy commitment to develop and deepen community involvement as a key way of improving public services, evidence collected by the Power Inquiry suggests that this may not be translated into actual good practice on the ground.

The development of Community Health and Social Care Partnerships in Glasgow provides an opportunity to learn to build on what we know works in the city, learn form best practice, innovate and create.

The following is a list of different methods for building community involvement. It is not exhaustive, but is designed to show the range available.

- **Sharing Information:**
  - Newsletters
  - Media/ newspapers/ radio
  - Exhibitions/ Open days/ Road shows
  - Website/ e-mail bulletins/ updates

- **Consultative methods.** These are methods that aim to inform decision makers about people’s views
  - Focus groups/ on line focus groups/ e panels
  - Surveys
  - Citizen’s panels
  - Public meetings

- **Deliberative methods.** These are methods that aim to bring people together to discuss and form views on policy issues with a view to influencing people who are making the decisions
  - Citizen’s Juries
  - Deliberative polling
  - Deliberative mapping
  - Consensus conferences
  - Appreciative Inquiry/ Imagine
  - Study Circles
  - Conversation cafes/events

- **Co – governance methods.** These are designed to give people significant influence during the process of decision-making and see more ‘power sharing’ between citizens and statutory authorities
  - Participatory budgeting
  - Participatory Appraisal
  - Youth Councils
Citizen’s Assemblies

There are a large number of resources now available on methods, tools and techniques. We looked at the following:

- The ‘How to Guide’ to Community Engagement. South Lanarkshire CPP Power Inquiry.
- Building Strong Foundations Involving People in the NHS. NHS Scotland
- Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services SEHD.
- Communities Scotland also have an information/learning resource at www.ce.communityscotland.gov.uk
Appendix 3

Draft Set of Rules for PPF

1. Meetings

1.1 These rules distinguish between MEMBERS MEETINGS, which all PPF members are entitled to attend, and EXECUTIVE COMMITTEE meetings, which are normally attended only by PPF Executive Committee members.

1.2 The PPF shall hold a minimum of four EXECUTIVE COMMITTEE meetings a year and may hold MEMBERS Meetings as required. Meetings will be timed to give the Executive Group enough time to gather the information they need to contribute to CHSCP meetings.

1.3 To be quorate, any meeting of the PPF must have at least four members present. If the total membership of the EXECUTIVE COMMITTEE is less than 10, the meeting shall be quorate if one third of the members, rounded up to a whole number, are present.

1.4 As far as possible, a timetable of EXECUTIVE COMMITTEE meetings for the year shall be agreed at the first meeting after the PPF’s AGM and shall be available to all members.

1.5 All members of the PPF shall be given at least seven days notice of all MEMBERS meetings, excluding General Meetings, as below, and EXECUTIVE COMMITTEE Meetings, where notice need only be given to committee members.

1.6 Any papers to be discussed at the MEMBERS meeting shall be sent to all members, usually by email, no less than 7 days before each meeting. Emergency items may be submitted within a shorter timescale at the discretion of the Convenor/s.

1.7 A paper will normally be sent by the member/s who are responsible for that paper.

1.8 EXECUTIVE GROUP meetings shall be arranged in consultation with the Committee members and shall adhere as far as possible to the requirements of PPF meetings. The meeting shall be quorate if one third of the Committee, rounded up to a whole number, are present.

1.9 An inquorate MEMBER or EXECUTIVE COMMITTEE meeting can decide on any action, providing that such decisions are take to the next quorate meeting of that group for ratification.
2. Conduct of MEMBERS Meetings

2.1 The Convenor/s are responsible for preparing an agenda and shall invite members to submit items for the agenda seven days prior to the next meeting.

2.2 The Convenor/s may take “chair’s action” on MEMBERS decisions outwith MEMBERS meetings. Each meeting shall include a report of any such decisions taken since the last meeting, including details of
   • Why the decision needed “chair’s action”
   • Who was consulted and how
   • Reasons for decision
   • Outcome of the decision

2.3 The Minutes shall include a record of attendance.

2.4 Convenor/s shall be responsible for ensuring that minutes are available to all PPF members who attended

2.5 The minutes shall be available to any PPF member from the Convenor/s, on request.

2.6 The Convenor/s shall chair PPF meetings unless this role has been delegated to another member.

2.7 Other PPF members may attend PPF meetings as observers.

2.8 The right of an observer to attend Members meetings may be suspended by the Chair at any time.

2.9 The Chair may close the meeting to all observers for one or more agenda items if s/he deems it to be in the best interests of the PPF.

2.10 No rule may be suspended except by a two-thirds majority of those members present and voting.

3. General Meetings

3.1 An AGM shall be held every year.

3.2 A minimum of 21 days notice of any AGM or EGM shall be sent to all members of the PPF.

3.3 If an AGM is not held within 14 months of the previous meeting, the PPF will be considered to have dissolved itself.

3.4 To be quorate, any General meeting of the PPF must have at least 10% of members present. If the total membership is less than 15, the meeting shall be quorate if half the members rounded up to a whole number, including the Convenor or Treasurer, are present.

3.5 The CHCP Head Office shall be given 21 days’ notice of any AGM or EGM.

3.6 Copies of the minutes of each AGM and EGM shall be circulated to all members who attended, as well as to the CHCP Head Office, within twenty-one days of the date of the meeting.

3.7 Minutes shall also be made available to PPF members not attending the AGM/EGM.

4. Office Bearers

4.1 At each Annual Conference, the PPF will elect a Convener or Co-Convener, and a Vice-Convener. The PPF shall inform the CHP Board of
all new post holders within two weeks of their election. This shall equally apply to any changes in office bearers throughout the year, for example resignations.

4.2 The responsibility of each post is as follows:

**Convenor or Co-Convenors**

4.2.1 The Convenor/s shall have responsibility for:
- ensuring that PPF meetings are properly organised, chaired, minuted and members notified
- ensuring that the PPF is kept informed of PPF Executive Committee’s activities
- keeping members informed as to decisions made by the CHSCP Board that are relevant and ensuring that copies of the minutes of each meeting are sent to Executive Committee

**Vice-Convenor**

4.2.2 The Vice-Convenor shall assist the Convenor/s and undertake some of all of the Convenor/s' tasks when requested to do so by the Convenor/s or, in the absence of the Convenor/s, the Executive Committee members.

**Membership**

4.2.3 The member of the PPF must be nominated to handle membership changes, updates and services.

**Other Posts**

4.2.4 The PPF may create other posts, as it requires.

**5 Sub-Groups**

5.1 The formation of a sub-group shall be agreed by a simple majority of those present and voting at a quorate and properly convened meeting of the PPF.
5.2 Sub groups will be open to the wider membership of the PPF.
5.3 Sub-groups shall be represented on the Executive of the PPF.
5.4 Sub-groups shall copy agenda and minutes of each meeting to the Convenor/s of the PPF.

**6 Voting at MEMBERS meetings**

6.1 Where possible decisions will be made by consensus. Where consensus cannot be achieved, and the Chair deems that a decision is necessary, a question at a meeting will be decided by a simple majority of the votes of the PPF members present and voting. In the case of a number of votes for and against being equal the Chair will have a second or casting vote.
6.2 Co-opted members do not have voting rights
6.3 Observers do not have voting rights
6.4 In no circumstances may a PPF member, who is absent at the time of the vote, vote by proxy.
Disciplinary procedures

7.1 The PPF has power to dismiss a member of the PPF or Executive Committee.

8.2 In the event of a PPF member wishing to make a complaint against another PPF member, it is expected that this would be addressed between the members concerned. Where the complainant has exhausted more consensual approaches and wishes to make a formal complaint this should be made in writing to the Convenor/s of PPF.

8.3 Any disciplinary procedure must take the form of the following steps:

8.4 The PPF Member is informed of the nature of the ground for concern in writing by the Convenor/s of the PPF. In this letter the member is invited to respond to the Convenor/s within 21 days of the date of the letter.

8.5 At the discretion of the PPF Executive Committee, the member may be suspended from the PPF or PPF post held while the alleged offence is being investigated by the PPF Executive Committees. Any such suspension must be notified to the PPF member in that first letter and notified to the next Members meeting where it must be ratified by a simple majority of members present.

8.6 Where the PPF member accepts that an offence has taken place, they will be invited to undertake not to repeat that behaviour. The invitation will be in writing from the PPF Convenor/s and the PPF member will be given 21 days from the date of the letter to provide the undertaking.

8.7 Where the PPF member does not accept that an offence has taken place or does not undertake to refrain from such behaviour on the future, a properly convened and quorate Members meeting of the PPF may dismiss that member from his/her PPF post.

8.8 In the event of any dismissal or expulsion being discussed at a Members meeting, all PPF members shall be given no less than 10 days notice that this discussion is on the agenda. The individual PPF member concerned shall be given the opportunity to attend any PPF meeting which considers his/her dismissal/expulsion.

8.9 Where the alleged offence has previously been the subject of disciplinary procedures and has been repeated in spite of assurances from the PPF member to the contrary, a properly convened and quorate members meeting of the PPF may dismiss that member from his/her PPF post.

8.10 The PPF member can appeal the decision of dismissal from the PPF within 21 days of the notice from the Executive Committee. They must clearly state the grounds through which they wish to appeal to Convenor/s. An independent appeals panel established by the CHSCP will hear the appeal within 21 days of the appeal being lodged by the member. The panel then balance the case presented by the PPF member. The decision of the appeal panel is binding on the PPF and on the member.

Amending rules

9.1 These rules may be changed by a two-thirds majority vote at a quorate MEMBERS meeting where notice of the proposed change/s has been sent out with the meeting agenda or papers. These amendments must be
confirmed the next CHSCP Board meeting, failing which any such change/s shall cease to apply.
Appendix 4

Tasks and Membership Criteria PPF Executive Group

The key tasks for the PPF Executive Group include the following, amongst others:

- To co-ordinate the day-to-day working and functioning of the PPF.
- To broaden and deepen involvement in the PPF, overseeing the support to existing and the development of new networks.
- To carry forward the agenda of the PPF and ensure all relevant PPF members have a full opportunity to be involved in their areas of interest.
- To make sure that issues from the PPF are raised in the appropriate CHSCP Forums including the Board.
- To monitor CHSCP Forums including the Board and to ensure relevant members of the PPF are alerted to developments and areas for involvement.
- To promote equality and diversity in all its work and work to break down cultural, language and other barriers that may exclude people from its processes.
- Take part in any citywide events, especially the annual meeting.
- Comment on and critique, from a local strategic perspective, any CHSCP reports and consultation documents.
- In conjunction with the CHSCP, develop a range of ways that PPF members can become involved and document activity that takes place.
- To provide support to PPF members on the CHSCP Committee including stand-ins and observers, and identify relevant expert witnesses as required.
- To ensure that all members of the PPF receive frequent, useful and relevant information and feedback on work that is taking place in their area of interest.
- To monitor performance of the CHSCP against agreed targets for community involvement.

Skills and Membership Criteria

The PPF Executive will require people with a range of skills and with time to commit to the work of the Executive Group.

Eligibility Requirements

It is essential that PPF Executive members:

- live or work in the area of the Public Partnership Forum
- are able to make a regular commitment of around 1-2 days a month
- are committed to equal opportunities
- are over 16 years of age
- have a strong personal commitment to public involvement in decisions about services
Required skills and abilities

Team working and communication skills will be particularly important in co-ordinating the work of the PPF at its Executive level. Individuals involved should be able to demonstrate in addition to the above, that they can:

- get on well with people
- present their own viewpoint clearly
- listen well to others and ask testing questions in a non threatening way
- be tactful and sensitive to others’ reactions and viewpoints especially where these differ from their own
- show an ability to marshal complex and conflicting arguments and opinions and arrive at a considered position
- build up good working relationships with a wide variety of people
- foster creative links with other PPF members and existing networks
- complete tasks you have agreed to carry out
- have a flexible attitude and are willing to learn new skills
- feel comfortable in representing the PPF to other local community groups
- be able to represent the PPF Executive and its views to the CHSCP
- be willing to be accountable for your actions to other team members and the wider PPF
- show that your actions and statements are as objective as possible, declaring any potential conflict of interest where necessary
- take decisions solely in the public interest and not out of any personal reward or gain
Appendix 5

Role and Person Specification PPF CHSCP Committee Member

The role of the CHSCP Committee member will in large part be developed in conjunction with colleagues on the CHSCP to enable and ensure coherent working and mutual support. However there are elements which are distinctive and important for an individual who serves with a PPF focus.

Role

The role of the CHSCP Committee member will include:

- To work with others to identify the priorities and needs of local communities in relation to health and social care in order to inform the work of the CHSCP
- To provide a link between the PPF Executive and the PPF, and the CHSCP.
- To ensure that the concerns, issues and priorities of the local community as expressed to the PPF and its Executive are properly heard and recognised by the CHSCP.
- To act as an ambassador by raising awareness and promoting a positive image of the CHSCP and the PPF in the local community, but equally recognising where there are limitations or conflicting views
- To continually highlight the experiences of those from excluded groupings and equality networks in the local area.
- To contribute to the development of the CHSCP policies and standards
- To comment, where applicable, on any CHSCP consultations or draft documents.
- To facilitate developments to improve communication between the Committee members and the local community.
- To work with others to ensure that CHSCP issues and decisions are communicated appropriately and timeously.
- To ensure that feedback to local parties is thorough, timely and full.

Person specification for CHSCP Committee Member

It is essential that the member:

- lives or works in the area of the Public Partnership Forum
- is a member of the local PPF Executive and plays a full part in its work
- is appointed by the local PPF Executive Group
- is able to make a regular commitment of around 3 days a month
- is committed to mainstreaming equalities
- is over 16 years of age
- has a strong personal commitment to public involvement in decisions about health and social care services
- can demonstrate an understanding of the role of the Public Partnership Forum and its relationship to the CHSCP.
Required skills and abilities

Considerable ability and experience in team working, negotiating, conflict management and communication skills will be particularly important in the individual who is the PPF member of the CHSCP. As a result the person should, amongst other attributes, evidence that they can:

- get on well with people
- present their own viewpoint clearly
- listen well to others and ask testing questions in a non threatening way
- be tactful and sensitive to others’ reactions and viewpoints especially where these differ from their own
- show an ability to marshal complex and conflicting arguments and opinions and arrive at a considered position
- be able to represent the PPF Executive and its views to the CHSCP
- foster creative links with other PPF members and existing networks
- complete tasks you have agreed to carry out
- Good written and verbal communication skills and competent level IT skills
- have a flexible attitude and are willing to learn new skills
- feel comfortable in representing the PPF to other local community groups
- be willing to be accountable for your actions to other team members
- show that your actions and statements are as objective as possible, declaring any potential conflict of interest where necessary
- take decisions solely in the public interest and not out of any personal reward or gain.

Role and Person Specification CHCP Voluntary Sector Representative

- As above with clear role in bringing local voluntary sector perspective to the work of the CHCP Committee.
- Awareness and commitment to social models of health and a firm understanding of ways to address health inequalities
- Understanding of the role and functions of Voluntary sector networks and a commitment to utilising their capacity.
Appendix 6

First Steps

- PPF sub groups to bring together as wide a local grouping as possible (this to include an agreed baseline for involvement) to consider the Guidance and work on
  
  List of local groups and networks to be approached for membership of PPF
  Remit, role and rules for PPF
  Job brief for PPF Executive Group/ CHCP Committee members
  Code of conduct
  Identify initial support requirements
  Appoint interim PPF Executive Group (one year)
  Appoint interim PPF members for CHCP Committee (one year)
  Local schemes to be produced for discussion with CHCP committee and Scottish Health Council

- It may be difficult, given that support structures in some areas still need to be built to appoint the community and voluntary sector members via the local PPF. There is a citywide support structure in the GCVS Voluntary Sector Health Network and we offer this mechanism to CHCP’s to support interim local appointments of voluntary sector members. The appointment will be from an organisation providing services in the particular PPF area.

- Meeting of equalities networks and groups to be set up to consider the Guidance and work on
  
  - Sharing information on the Guidance and considering how best to establish involvement
  - Identification of initial support requirements
  - Develop proposals on building city wide/ local networks to feed into the work of PPFs
  - Paper produced for discussion with implementation group.

- Implementation group/ CHCP Committees to produce statement of interim resources available to support community involvement/ work of PPF as basis for second stage development. This will be interim until such time as arrangements for community planning are agreed