GREATER GLASGOW NHS BOARD

INVOLVING PEOPLE COMMITTEE

Minutes of the meeting of the Involving People Committee Nye Bevan House, India Street, At 1.00pm on Tuesday, 25 October 2005

PRESENT

Peter Hamilton (Chair)

John Bannon OBE	Jessica Murray
Pat Bryson	Elinor Smith
Ally McLaws	Ravinder Kaur Nijjar

IN ATTENDANCE

Danny Crawford	
Niall McGrogan	Head of Acute Hospitals Community Engagement
Fiona Moss	Assistant Director, Health Promotion
Jim Whyteside	Head of Public Affairs

ACTION BY

1. APOLOGIES

Apologies were received on behalf of Scott Bryson and Councillor Duncan.

2. MINUTE OF MEETING OF 26 JULY 2005

It was noted that Jessica Murray's name had been missed off the list of Members attending. Otherwise, the Minute was approved.

3. MATTERS ARISING

Peter Hamilton observed that Bill Goudie no longer attended the Committee as he had now vacated his positions of Employee Director and Chair of the Area Partnership Forum. The Committee agreed that Bill's successor, Donald Sime, be approached to take Bill's place. **JW**

Peter noted that John Crawford was due to come before the Committee to deliver a presentation on his role around race equality. He had been unable to attend the July Committee and had been invited to attend this meeting. Jim Whyteside said that John had only responded recently to the effect he could not attend. Peter asked Jim to ensure John attended the next Committee meeting. JW

4. CH(SC)PS – UPDATE ON PATIENT AND PUBLIC INVOLVEMENT

Fiona Moss informed the Committee that the Glasgow Council for Voluntary Services (GCVS) had been commissioned to produce a

draft framework for Public Partnership Fora (PPFs). The document had been out to consultation but would be finalised by the end of November.

In drawing up the Framework, GCVS had engaged with stakeholders and community groups culminating in a presentation of feedback on 15 August. The outcome had been very positive.

However, there were some areas of weakness that would need attention, notably agreeing a common definition of what constituted the 'community' and 'voluntary' sectors plus conflicting opinions on who should have a place on PPF Executive Groups.

Additionally, the Framework focused almost exclusively on people over 16 years and means of reflecting the views of children and young people would be necessary.

The central proposal was that PPFs would 'sit' on broad networks of service users, carers and providers. They would be open to organisations of all types – whether they have a 'disease-specific' remit or community focus. From the network, the PPF would be responsible for sourcing an Executive Group, as the network itself would be only expected to meet one or twice a year. The Executive Group would meet more frequently but would be consist of no more than 20 people. There would be a blend of different community interests with space for individual members of the public.

The point had been reached where community/voluntary definitions needed to be resolved. The voluntary sector had representation by default in the Executive Group and individuals needed to know if they were in place to represent the voluntary sector or the local community. Elinor Smith observed that the debate was an interesting one. Fiona replied that there was real issue in that representatives from organisations and agencies trended to represent communities of interest rather than *people* from communities.

Peter asked if the framework were applicable to all CH(SC)Ps. Fiona said that it only applied to those in Glasgow City – there would be different arrangements in other local authority areas. In Glasgow City, the aim was to ensure very strong links to community planning processes and groups.

John Bannon asked if there were linkages planned with the Mental Health Partnership around public and patient engagement. Fiona indicated that it had not been possible discuss any such links at this stage of the NHSGG. Peter mentioned that Tom Divers had been at pains to ensure that the wider Involving People Network and PFPI Framework should dovetail with Fiona's work. In this respect the engagement strictures for Mental Health, acute and community services must be complementary.

Ally McLaws observed there was big problem in recruiting people to the PPFs – he said that the existing database of Involving People contacts – in addition to fresh people being recruited via advertisements and DVD mailings– could be offered a formal opportunity to join the Involving People Network and select the 'level

of involvement' they would wish via a menu of options – this could include PPF membership.

Pat asked how involvement of under-16s might be taken forward. Fiona's view was it would not be possible to 'tag on' under-16s to the framework – a separate piece of work was needed built on the experience of people who specialise in young people's involvement.

Danny Crawford pointed out that CH(SC)Ps would be working to national standards for community engagement developed by Communities Scotland – there were implications for the Committee if one part of NHSGG applied the standards and others did not. Fiona said that the standards were fairly broad – the problem was *how* you do it, not *what* you do. NHSGG had to sign up to these standards anyway as a Community Planning partner.

Helen McNeil asked how implementation of the framework was to be taken forward. Fiona said there were a number of steps – the framework must first be finalised and then it had to be communicated around the CH(SC)Ps. There were then many practical issues to work through before PPFs would be up and running – how the PPF would be supported, the mix of NHS and Council staff involved and so on. Effectively, it would take one – two years to 'sort out'. Some CH(SC)Ps would move faster than others because they had more people in place, whereas others, like North Glasgow, would be slower.

Fiona went on to explain that Glasgow's Community Planning structure was currently out to consultation and it was important that this structure informed and connected with the PPF Executive Groups. The consultation would finish at the end of October and decisions made by the end of December. Existing Community Planning projects only had funding in place until the end of March, 2006.

Ravinder Kaur Nijjar observed that with so many organisations trying to engage with communities that burn-out or consultation fatigue was likely; only a small proportion of people either wanted to or were able to respond to engagement. Elinor felt that once people did 'cross the door' they did take part – there was a need to overcome barriers to engagement. NHSGG had not until recently been able or equipped to get its message across to communities.

Niall McGrogan said that of Glasgow City's 600,000 population, 12% had reading and writing difficulties and consequently it was a section of the population where engagement would be challenging. He also stated that 5% of the City population had mobility problems and 15% were over the age of 65. There was therefore a need to understand the complexities of the communities NHSGG dealt with.

Fiona agreed. Many people saw that the Glasgow Housing Association (GHA) had millions of pounds to 'redo' housing and work with communities; the NHS was competing for people's time on health issues were only 'top of the pile' if. 'something nasty happened'.

Jessica Murray asked if members of staff would be appointed to lead and support PPFs. Fiona said that existing NHS and Council staff would be redeployed into those roles. There was a question as to how these staff would be blended to together to support the process. Jessica responded that without support there was a danger the PPFs might 'wither'.

Peter thanked Fiona for her presentation and invited her to return to the Committee in the New Year to provide a further update.

DECIDED

FM

Fiona Moss to return to the Committee early in 2006 with a further update report.

5. COMMUNITY ENGAGEMENT SUMMER OUTREACH

Niall McGrogan provided an overview of the Acute Hospitals Community Engagement Team's work across Greater Glasgow in the summer months. The overall impression he had gained was that NHSGG should be far more confident in the messages it is giving to the public: the 'activist' point of view was certainly not representative of the general population.

The Team had embarked on a roadshow around local communities, in particular those linked to the Victoria Infirmary and Stobhill Hospital. It was notable in the latter case that 20% of patients had multiple conditions – just the kind of patient who stood to gain most from the new hospitals concept. The difference now from previous awareness campaigns was that NHSGG was in a position to *show* exactly which services *would* be going into the new hospitals.

Once people had this information, Niall observed that a very high proportion took a positive view of the changes being brought about by modernisation. Certainly, a large proportion of people, mainly in the 20 – 40 years age group, had scant interest in hospitals. However, interest was highest among older people, for obvious reasons.

In North Glasgow, the kind of issues being raised in communities included the Mental Health element of Stobhill Hospital – which was of concern to some - and generally there was confusion as people had been misled by activists into thinking that Stobhill Hospital was closing. It was notable that many staff claimed to be unaware of the modernisation plans or were raising concerns.

In South Glasgow, people were rather clearer about the Victoria's future as the site for the new hospital was in plain sight and signposted. People instead wanted to know more about the types of services the New Victoria would provide. The overall attitude was positive but people did want more information.

One interesting finding was that when the public understood the kinds of conditions that Minor Injuries Units would treat, they overwhelmingly felt the term 'minor injuries' was misleading; in their view the service would actually be taking on what they regard as a 'big deal' like a broken arm, for example.

Of the 5,700 people the team were able to speak to over the summer, only 43 declared themselves against NHSGG's modernisation strategy. In contrast, 1000 were sufficiently interested to ask for more information to be sent out to them. It was clear that the widely held presumption that the public were 'up in arms' about hospitals modernisation was simply out of date, if it had ever been accurate in the first place. The majority were benign or positive.

Peter expressed his view that this information be brought before the Board as part of a paper demonstrating wider progress on public and patient involvement.

Helen agreed that it was necessary to take this information and be much more proactive and challenging with the negative media stance.

Niall added that he felt NHSGG had to be more challenging of certain elected representatives, who had added to public confusion about hospitals modernisation.

Ally suggested that Niall's latest experiences matched closely earlier findings. 'Scoping' research sponsored by the former Involving People Group had identified that the public perception was that media coverage of NHSGG was always 'bad' – this was exaggerated as careful monitoring shows that it is certainly not. Even in case of the recent Maternity Services consultation, the majority of people and media outlets were either unconcerned or benign. A very small number of elected representatives and the *Evening Times* had a disproportionate effect on perception. When these partisan influences were filtered out, the statistics showed that overall perception and coverage was balanced and fair.

Peter concurred. The recent meeting of the 'Calder Group' had attracted only three members of the public, not the 'hundreds of protestors' reported.

Ravinder commended Niall for his findings. She was concerned at the apparent lack of information that staff in North Glasgow claimed. Niall was not sure of the reason for this – possibly some 'historical' issues were proving to be a barrier to the free exchange of information. Ravinder felt that the issue must be investigated and action taken.

John, Pat Bryson and Danny returned to the issue of Minor Injuries Units as an example of jargon getting in the way of understanding. Peter considered that it might worthwhile for a paper to be brought to the Committee setting out the issues around public involvement and communications for the units.

It was agreed that a paper go to the NHS Board in December 2005 or January 2006 outlining the issues raised by Niall and the overall progress made with the PFPI agenda.
DECIDED

PH, AMcL, JW

That a Paper be prepared and submitted to the NHS Board outlining the latest issues and progress around PFPI

6. PERFORMANCE ASSESSMENT FRAMEWORK 2005/06

Jim tabled the new version of the PAF (Section 5) as circulated by the Scottish Health Council (SHC). An attempt had been made to simplify the assessment criteria and reduce the level of supporting evidence required for self-assessment. It was agreed that Jim would organise a meeting of key NHSGG contacts to meet and carry out the self-assessment and allow sufficient time for NHSGG's submission to reach the SHC by the end of January 2006.

DECIDED

JW

Jim Whyteside to arrange a meeting of NHSGG officers leading on PFPI to carry out the PAF self-assessment for 2005/06 to be Chaired by Peter Hamilton and John Bannon.

7. MEETING WITH SCOTTISH HEALTH COUNCIL, 28 OCTOBER

Peter asked Committee Members to note that the Glasgow and West Of Scotland Regional teams of the Scottish Health Council had arranged a meeting with himself, Ally, Jim and Niall on 28th October. The purpose of the meeting was to discuss the SHC's working relationship with NHSGG.

8. OUR HEALTH 4

Peter commented on the success of the *Our Health 3* event on 31 August 2005.

He felt that a number of lessons had been learned for the future. The workshop facilitators, particularly in the case of the 'Cancer Workshop' had allowed all members of the panel to respond to every question and consequently a number of questions were not asked because of time restrictions.

Peter recorded his thanks to all NHS staff who had contributed in many ways to the event.

Peter now asked the Committee to shift their attention to the next event. When and where should it be staged and what topics should it cover?

Ally noted that it was likely by the time of the next event that a decision would have been made as to which part of NHS Argyll and Clyde would be incorporated in an enlarged NHS Greater Glasgow. There was a need to scope out this new population can be included within the *Our Health* initiative. Possibly this might be done by replicating events in Paisley and/or Greenock on a slightly smaller scale. Consequently, an event topic which was not 'Glasgow-specific' would be helpful.

Peter thought that there were three options based on delegate feedback to previous events – Children's Services (although with the Calder Group still in progress, a later date for this topic would be

preferable), Mental Health and GP Services.

Pat thought that Clinical Governance was also an important topic worth considering.

Elinor observed that she though the format of the *Our Health 3* with three larger sized workshops was the right one.

Peter through it would be worthwhile making contact with Dr Richard Groden to determine if GP Services would make a suitable topic for the next event. He also asked Jim to consider of the Royal Concert Hall were the right venue to stay with or if alternatives, like the new City Halls, might be a useful alternative.

DECIDED

PH/JW

Peter to meet with Dr Richard Groden and GP/Primary Care contacts to discuss the concept of a GP-themed *Our Health 4*

JW

Jim to investigate venue options for the next event.

All

That the aim should be to stage *Our Health 4* late in March 2006.

9. INVOLVING PEOPLE SEMINAR

Peter asked the Committee to re-visit its decision at the July meeting to sponsor a seminar of key NHSGG officers with patient/public input to set out agreements for the future framework of PFPI delivery in NHSGG post-single-system reorganisation.

After some discussion it was agreed that it would be best to hold the seminar over until around March/April 2006 – as many 'second tier' managers and others would not formally take up their posts until then and the new organisational structure would not have bottomed out. It would therefore be difficult to have any meaningful discussion about PFPI policies, responsibilities and contact before that point.

It was agreed that the 'brainstorm' session of the Committee to follow the meeting would inform the approach and content of the seminar.

DECIDED

Following the 'brainstorm' session it was agreed that:

JW

A paper setting out issues and a proposed seminar structure be submitted to the Committee at its next meeting.

PH, AMcL, JW

A number of pre-meetings would be organised with contacts like Ian Reid to discuss some of the main management, structural, resource and training issues that would impinge on future PFPI delivery.

JW

One or two focus groups consisting of Involving People Network volunteers would be staged in order to help inform the agenda of the seminar.

10. DATE OF NEXT MEETING

The Committee will meet again at 1.00 pm (with lunch at 12.30) on Tuesday 10 January – the venue will be advised as Dalian House reception is not yet taking room bookings for the New Year.

Jim Whyteside
10 November 2005