

INVOLVING PEOPLE COMMITTEE

**Minutes of the meeting of the Involving People Committee  
Conference Room, Dalian House,  
At 1.00pm on Tuesday, 10 January 2006**

**PRESENT**

Peter Hamilton (Chair)

John Bannon MBE

Pat Bryson

Ally McLaws

Helen MacNeil

Amanda Paul

Elinor Smith

Ravinder Kaur Nijjar

Scott Bryson

**IN ATTENDANCE**

Ann Jarvis

Gillian May

Kate Munro

Christine Caldwell

Bryan Bannerman

John Crawford

Jim Whyteside

Scottish Health Council

Scottish Health Council

Acute Hospitals Community Engagement Team

MATNET

Volunteering Manager, South Glasgow Hospitals

Race Lead, Inequalities Directorate

Head of Public Affairs

**ACTION BY**

**1. APOLOGIES**

Apologies were received on behalf of Jessica Murray.

**2. MEMBERSHIP OF COMMITTEE**

Peter Hamilton observed that Councillor Robert Duncan had withdrawn from the Committee and on behalf of Members offered him thanks for his help and support over the last year. Peter then welcomed Amanda Paul to her first-ever Involving People Committee Meeting.

Peter also welcomed Ann Jarvis and Gillian May of the Scottish Health Council to their first Committee Meeting as observers.

Peter confirmed that Donald Sime, NHSGG's Employee Director, had been unable to accept an invitation to join the Committee due to pressure of work. However, he had agreed to seek another nominee from the Area Partnership Forum to accept the invitation in his place.

**3. MINUTE OF MEETING OF 25 OCTOBER 2005**

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

#### 4. MATTERS ARISING

Web development focus groups – Jim Whyteside informed the Committee that four groups had been set up for the evenings of 20 and 21 February. The feedback obtained from patients/members of the public would be used to help redesign NHSGG's webpages, layout and navigation.

Staff/Stakeholder Seminar on PFPI – Jim said that recruitment of stakeholders and staff to take part in one to one and small groups discussions was imminent. The outcome of the discussions would inform the agenda of the planned major event in the late spring/early summer.

#### 5. PROPOSED REVIEW OF MATNET

Peter welcomed Kate Munro and Christine Caldwell and asked them to introduce Committee Paper 01/06.

Kate began by explaining that MATNET – the Maternity Services Users' Network – had been established two years ago. The Network was not restricted to giving a voice to mothers – fathers, new mothers, staff and others were all stakeholders. A proactive approach had been taken. Christine concurred and explained the Scottish Executive Health Department had identified MATNET as a 'useful model' that could be replicated elsewhere.

Kate and Christine said that it had been agreed that it was time now to review MATNET, not just because there was 2 years of activity to look back upon but because there were other pressing reasons. These included signs of confusion within the network about purpose and rationale and the reorganisation of NHSGG itself which will lead to community structures underpinned by CHPs and the new Women's and Children's Directorate.

Kate summarised: She and Christine had come before the Committee to seek funding with which to review MATNET (a time estimate of 10 days at a total cost of £4,000 had been obtained from an independent consultant willing to lead the review).

Peter explained that the Committee did not have a remit to directly fund PFPI-projects. However, it could evaluate projects and make recommendations to the 'system' as to those that were deserving of support.

Elinor Smith thought the paper was 'timely' given the impending reorganisation of NHSGG. She, Peter and Ally McLaws commented on the valuable input MATNET had made to the review of maternity services provision. Scott Bryson too was supportive of the need to review the network.

Ravinder recognised the problem of funding the review and wondered where money would come from to conduct the review. Kate said that no funding had made available directly.

Peter concluded that the best option would be for Ally, Kate and himself to meet and to subsequently discuss the matter with Terry Findlay and Ros Crockett.

#### **DECIDED**

- (i) That the Committee supported the need to conduct a review of MATNET in principle
- (ii) That Peter would arrange a meeting to discuss funding options with senior staff

**PH, AMcL, KM**

#### **6. PERFORMANCE ASSESSMENT FRAMEWORK SUBMISSION 2005/06**

Jim updated the Committee with progress in assembling the first submission to be made to the Scottish Health Council. With some exceptions, material had been received from all services concerned and the schedule to deliver the submission to the SHC by 27<sup>th</sup> January was intact.

#### **7. VOLUNTEERING**

Elinor Smith introduced the topic by explaining that she had made a special request for the Committee to consider the matter.

NHSGG Divisions had been unique in establishing a structure to support volunteering by members of the public which, underpinned by dedicated managers, had not been replicated elsewhere. By Elinor's estimation, volunteers delivered around £500,000 of work on behalf of South Glasgow Hospitals alone each year; she was 'humbled' by the many people who regularly gave up two or three days a week to serve meals, offer companionship to patients, drive patients from home to hospital and back again and a myriad of other tasks, freeing up staff to concentrate on other duties. Elinor's concern was that there was danger in the current re-organisation that the structure to support this activity would be lost.

Bryan Bannerman was invited to say more on the subject based on his experience on leading support for volunteers in South Glasgow. Bryan said that he counted on a 'hard core' of 500 plus volunteers but there were many others besides who did everything from knitting 'trauma teddies' (for children admitted to A & E – a 93-year-old woman in a nursing home was able to help the NHS by making these toys), to playing chess with long-stay inpatients, to schoolchildren from Govan High School singing Christmas carols. The point was that, because it was possible to organise and facilitate volunteering, tasks could be found for those who could spare a few days a week as well as those who could only spare a couple of hours.

Bryan went onto say that some of his most recent projects included encouraging people from Black and Minority Ethnic Communities to take up volunteering to assist with patients from their communities who may be feeling culturally isolated or in need of translation services or spiritual care. Another example was that of volunteers supported and trained to conduct patient surveys, which in turn

supported the Divisional PFPI agenda.

Bryan concluded by asking Committee Members to encourage all parts of NHSGG to look at the future of volunteering and to ensure that staff who would proactively support volunteers remained in place to do so. He also suggested that a common approach had to be taken across NHSGG to paying volunteers' expenses and that it would be appropriate to 'celebrate' the role of volunteers.

Peter thanked Bryan. In discussing the different approaches, 'patchy' funding and support levels for volunteers across Divisions, John Bannon, Elinor and Ally concurred that there was a strong argument now for a pan-NHSGG initiative. Helen MacNeil asked if there were an NHSGG Volunteering Policy – Bryan said there was but it was between five and eight years old. Helen thought it seemed appropriate to pull together an updated policy.

Helen further observed that other public bodies, notably local authorities, would be increasingly competing for volunteers and their time. In Glasgow City, a major effort would be made to recruit 14,000 volunteers to support the campaign for and eventual staging of the Commonwealth Games. If NHSGG did not consolidate what it was doing, it would soon find that its volunteers would be drifting away. If the services provided by volunteers were defined as a saving, the question was not 'how many volunteers you could afford' but 'how many you could *not* afford to lose'.

Peter drew discussion to a close. He felt that there needed to be a detailed picture as to what was happening across NHSGG now before any approach could be made to the Board or senior managers. It was agreed to commission Bryan to carry out an 'audit' of staffing support and activity and to draw this together in a report to the Committee.

It was also agreed that thought be given to a special edition of *Health News* or an event to recognise and 'celebrate' volunteers.

## **DECIDED**

Bryan Bannerman to review current staffing and practice around volunteering in existing NHSGG Divisions and to report back to the Committee

Ally McLaws to consider options for a celebration of volunteers and volunteering

## **8. OUR HEALTH FOUR**

Jim provided an update to the Committee. Our Health Four would take place on 23 March 2006 at Glasgow Royal Concert Hall. The subject matter was the 'Changing Face of GP and Pharmacy Services' and invitations would be issued via the Involving People Database in the following week. Professor Phil Hanlon had agreed to act as keynote speaker and a steering group which included Scott and Dr Richard Groden was engaged in recruiting other speakers and workshop panel members.

**BB**

AMcL

## 9. RACE EQUALITY

Peter welcomed John Crawford back to the Committee to follow up on his previous appearance in May, 2005.

John explained that in his presentation he intended to focus on the last two years of work around race equality.

He went on to say that NHSGG was one of two NHS systems in Scotland that had chosen to take a devolved approach to its Race Equality Scheme (RES) – in effect, accountability lies with local services. To this end there was not one RES but five. In John's view this was the correct way to go: local ownership had been achieved and all had a part to play in the action plan.

John offered Board Members handout sheets which listed some of the initiatives forming the RESs. These had been based on feedback from the 'Listening to Communities' exercise carried out two years ago. These events had in themselves been shaped by the desire of particular ethnic groups to meet on their own terms and not 'en masse'. Subsequently, four events had been organised.

However, each group had a similar story to tell, albeit with minor differences: An 'equal voice' was demanded, not a 'multi-cultural approach to listening'; communities wanted to represent themselves, and not be represented by other communities, and; services like Health promotion should be delivered by people from within the different communities. John conceded that the latter point in particular was not realistic as there were 'too many communities as against a limited amount of available funding'.

John went on to describe the growing need for a full range of languages to serve an expanded set of communities whose first language was not English, in particular as a result of Asylum Seeker initiatives. He drew attention to a project that made use of 'real time' phone link that could be accessed from A & Es which connected the caller to a call centre in the USA which offered translation services in many more languages than was possible to access similarly in the UK.

Ravinder wondered if the most cost-effective option for the NHS was to directly employ translators. John explained that now '50-odd' languages were in use. Peter and Elinor observed that a decade before an attempt had been made in South Glasgow to seek out existing employees who spoke other languages and to create a 'bank' of such staff to be on call.

Ravinder also noted that many of the leaflets translated into other languages she had seen tended to be rendered in very formal or technical versions of the languages in question. Rarely was the colloquial language of the reader used. She wondered if audio or DVD recording might be a more flexible, appropriate option, especially as many people may be functionally illiterate.

John noted that the Health Rights Information Services project had made audio recordings of its leaflets available in different languages. He also explained that in course of a trip to Australia, he had met with staff from the Health Service in New South Wales who had developed a totally online information service, suitable for people who speak languages other than English – information was no longer produced on paper. It was planned to invite a representative to Glasgow to speak about this work.

Peter asked John how his role and the new Inequalities department linked in with CHPs. John said that this had ‘not been worked out yet’.

John concluded by drawing together some of the learning points from RESs. ‘Mainstreaming’ of services for black and minority ethnic communities had been a goal three years ago and this still had not been achieved. More needed to be done to build the ‘capacity’ of communities and individuals for ‘involvement’ and there needed to be co-ordination of involvement mechanisms, such as the Public Partnership Fora of CHPs, on race equality issues. Additionally, many from the communities pointed to the fact that there was far too much consultation going on – too much for the communities to be able to respond to.

John’s final comment was that ‘equality impact assessments are now here’ and now NHSGG was expected to identify finances and access. His question was how this fitted in with the funding of PFPI.

Peter thanked John for his presentation. Both he and Elinor observed that the question John raised had to be answered in the context of system-wide examination of the future delivery of PFPI. This very issue was to be put before the NHS Board and, as previously discussed would lead to a seminar event in the spring/early summer.

## **10. DATE OF NEXT MEETING**

The Committee will meet again at 1.00 pm (with lunch at 12.30) on Tuesday 14 March 2006 – the venue will be Nye Bevan House, House 1, Conference Room 5 (all rooms in Dalian House are taken up by a Public Health event).

Jim Whyteside  
15 February 2006