A submission of evidence by Harold Massie after 6 months as the Patient and Service User Representative on the Shetland Integration Joint Board.  

I stood down from the IJB in December 2016 and at the same time from the Public Partnership Forum, which I had been chairman of for 3 and a half years.

I am left with the thought that no one, at least in Shetland, had much idea of what it would mean to be the Patient and Service User Representative on the Integration Joint Board, least of all me. The PPF was asked to nominate someone to fulfil that role and I as the chairman took on the responsibility.

The project team responsible for setting up the IJB had realised that all those who were to serve on the IJB needed to know what the legislation meant and how the implementation had to be carried out. To their credit the training sessions and seminars they put together certainly covered these technical areas though to this day I still can’t get my head around the Strategic Commissioning Plan.

During the run-up to the handover of services to the IJB the Shetland Health and Social Care Partnership meetings were held concurrently with a meeting of the Shetland Islands Council’s Social Services Committee. These meetings were run using the same procedures as those used in formal Council meetings and this format came as a culture shock to those, notably from the NHS and the public, who had not been exposed to this kind of formal meeting structure. When the IJB took over the format continued, this stifles debate and having a senior law officer present to make sure the procedures are correct is intimidating.

As the IJB started to function the size and gravity of the task became apparent:

I. I was one person trying to represent 20,000 people on every aspect of community health and social care.

II. The task was about strategic planning and management, not having this kind of background made the task very difficult.

III. Meeting agendas were issued with 300 to 400 pages of documents and often less than a week to read, understand, research and formulate questions.

It was only as I came to realise that I was not coping with this workload did I sit down and try to define what I was expecting. In the 3 years leading up to the IJB I had been the chair of the PPF and sat on other associated committees. The workload could easily be managed within and average of 5 or 6 hours a week with the occasional peak. The IJB needed 8 to 10 hours just to read and understand the documents.

The PPF was not the kind of organisation that could support the representative, so it was a single handed duty.

When I started out with the PPF the Scottish Health Council local representative provided a huge amount of support and guidance. In parallel with the formation of the IJB the SHC took on the Our Voice campaign. Their local rep was instructed not
to continue with the admin support tasks that helped out many people in the NHS as well as public representatives.

End result, huge new task, no support. As a volunteer I wasn’t prepared to put in more time and without support I could not do the job to what I felt was a competent level.

I think that the job of Patient and Service User Representative has not been properly defined by either the Scottish Government or the local Health and Social Care management.

Recommendation
To do this job in Shetland I think this is how it should be structured:

I. Public representation should be set up in the localities;
II. Localities reps should come together at regular intervals to inform the IJB rep, who may or may not, come from their ranks. The IJB rep should have a minimum of 2 deputies.
III. The IJB rep must have knowledge of board level management and strategic planning.
IV. There should be a full time, paid, support person who should be employed by the Scottish Health Council as they are independent of NHS Shetland and Shetland Islands’ Council. The job would be to arrange meetings of locality representatives, produce agendas and take minutes, help with research and arrange proper training. This person would also be responsible for keeping up the level of public representation and supporting public consultations at locality and IJB area level.
Questions posed by the inquiry

- Do you know how and when you can get involved with the Integration Authorities to influence decision making?
  - In Shetland there is no mechanism for the public to get involved with the IJB other than through SIC councillors who are on the IJB.

- Were you consulted in the preparation of the strategic plans or involved with the work of the Strategic Planning Group?
  - The PPF were consulted and a member volunteered to sit on the Group but I don’t think that person ever attended a meeting.

- Have you been involved with the work of the Integration Authority following the publication of the strategic plan?
  - No

- Have you been involved with the work of the localities/ what involvement would you like to have?
  - No, there is no public involvement in localities in Shetland.

- Do you think that your involvement with the IAs has had an impact on decision making?
  - No, the Patient and Service User Representative has no vote.

- What could be done to improve the communication from the IAs?
- What could be done to ensure greater collaboration and engagement in the decision making process of Integration Authorities?
  - In answer to both of these final questions I would point you at my recommendations for public representation on the Shetland IJB.

Harold Massie