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Integration Authorities Engagement with Stakeholders

1. **Do you know how and when you can get involved with the Integration Authorities to influence decision making?**
   I am not aware of a reliable, straightforward way to be involved with the Integrated authority. There are structures such as locality improvement groups and Strategic planning groups which are supposed to have patient representatives - but they are just passive participants and are not representative of any community as they do not consult with the community. Those Patients who do consult and represent views do not receive any hearing at the LIGs. The Locality Improvement Groups appear to be predominantly professional groups who actually do not appear to want to have discussions or to make any decisions; there is no appetite for contrary opinions. Local Community Groups have actually taken the steps to identify locality needs (by consulting the public at several open meetings and specific processes to consult groups such as High School pupils, Probus group and Patients with English as a second language). Despite this valid robust data the IJB and Health board are not interested. The data from the public meetings is mixed, with some good stories and some bad but we are told we are “negative” and that despite the fact that we wanted to have a dialogue (about the locality needs and the services required to meet the needs) we are given “information meetings “ where we are subjected to 2 hrs of sequences of Powerpoint presentations. “If you don’t like it you can go through the normal channels” Medical director. But there are no normal channels.

2. **Were you consulted in the preparation of the strategic plans or involved with the work of the Strategic Planning Group?**
   No. The Strategic plan has been published without any significant community input. There was a Locality meeting in Sept 2015 which was not publicised – invitations were mainly to health and care professionals. 1 or 2 patients were asked but there was no public consultation. Information sessions held after publication of the plan appear to be designed to tell the public what is happening not to ask what the community might think or want. Critical views are suppressed as being unrepresentative or viewed as isolated examples and ignored. The Strategic planning group has no public involvement.

3. **Have you been involved with the work of the Integration Authority following the publication of the strategic plan?**
   No – The Strategic plan has been published but does not appear to be publicly available nevermind consulted on. As The Locality groups have yet to formulate their Locality priorities, which are supposed to lead to a locality plan and thence to the Strategic plan it would appear to be completely Cart before horse. Consultation after the event does not appear to be part of the plan. The Strategic plan and Locality plan have been produced by Health Board managers in a darkened room subject only to comment from other members of the IA and Health Board. In fact professionals who have offered to work to support areas short of staff have been excluded /discriminated against as they are perceived “been negative”. Professionals are not supposed to speak to the media or councillors or MSPs apparently. This means there is no equity of information.
Near misses and Significant events are being suppressed. Changes in patient pathways are being introduced without consultation. Facilities are being closed without consultation. Services are being reduced for communities without publicity and without thought about the implications for vulnerable groups. The professionals who are trying to devise workarounds which help patients are threatened with discipline because it is unequal because others cannot/will not offer the same services. Discipline may be metered out by discrimination against these professionals.

4. **Have you been involved with the work of the localities/ what involvement would you like to have?**
   No We have not been involved in the work of the locality in fact we are being specifically excluded; other patient groups who mention us are told they must be careful to choose their battles
   We are a Patient led community group who have medical professionals who are members and act as resources. We want to be involved in work to identify the locality needs and then to look at the Services needed to address those needs. We recognise that we need to know what the locality budget is and what our Fair share allocation is. Without this information we don’t think we can easily make any decisions about services. So we are not being rigid in our approach but actually think we are taking the approach which is required to take an overview of the situation. We did a Transformation fund proposal in 2016 which was designed to fund the work we anticipated would be necessary and to develop a new paradigm of health and care delivery. The proposal was owned by the community group although submitted on their behalf. The health board was asked whether they wanted to include our bid /support it but they have not answered that question. They have implemented some of the ideas such as primary care physio and psychiatric nurse input so that they can say they do not need our proposal.
   We would like to be involved in a full dialogue with the IA about the needs of the localities and the services that are required to address those needs. The community group wants to be accountable and responsible. The Group is looking to charitable status with a view to forming a social enterprise which would be able to help the agencies to provide those services . The Group is offering help and being rebuffed. The Group has thought about forming a new practice but is keen not to be seen as negative and it was thought a competitive practice might be seen in that light so they have done an Outline for an Extended hours clinic which through dint of being open when the Health centre is not would be complementary not competitive. These are the lengths that the group is going to try to be acceptable because the current engagement is a matter of talking to the hand.

5. **Do you think that your involvement with the IAs has had an impact on decision making?**
   It is clear that the IJB and Health board react to what is said and some developments are reactive but there has been minimal involvement. Some of the Transformation proposal has been adopted behind closed doors; it appears designed to deflect the community and no credit is given –it appears it has happened as a result of the IA and HB not as a result of community engagement. It is used as a weapon.
6. **What could be done to improve the communication from the IAs?**

   There needs to be a serious change in the way that the IAs work. The structure of the IAs is not designed to involve communities. Even councillors do not appear able or willing to take forward views from the community.

   Members of Locality Improvement groups are asked to sign a confidentiality agreement prior to joining the group. Even public reps are told it is a sine qua non of membership.

   Minutes of the meetings are often not available until the agenda is issued for the next meeting which are 2 monthly. Minutes are not ratified until the next meeting. How can any public representative or professional on the group seek community views?

   Information meetings are held which appear to be designed to tell communities what is happening but they are held at 10 am -12md on a Thursday with minimal notice and thus with little community response or attendance. Reported in the media as a success 40 people attended of which at least half were from the agencies.

7. **What could be done to ensure greater collaboration and engagement in the decision making process of Integration Authorities?**

   There must be much more openness and trust. There needs to be a whole sale change of attitudes. This needs to be a functioning locality like the municipalities of finland or other Scandinavian countries. If the community has said they want to be accountable and responsible for the services in their community why are they excluded? There appears a fixed view about where health and care services are going, across the board never mind the area. There needs to be much more openness about what the pressures are and what the options are. There is a large degree of organisational groupthink which is the antithesis of community involvement. The interesting thing is that the attitude of the local organisations appears not to fit with the views of the Scottish Government or at least it is taking a very skewed view of those views and are totally closed to any other interpretation- despite there being good evidence in support of the other interpretation.

   We are told despite it “being best practice at the time we cannot have what we had” but there is no dialogue. We are being told what is good for us. We have a rural community and services appear to be being cut and centralised with no evidence base and a higher cost implication. Planned support for patients in the community is not happening and so patients are being admitted to consultant led beds which the community group knows are in the IA budget but there seems little understanding of this.

   Communities who seek to be involved need some support because at the moment people are becoming disheartened and feel they are being blackballed; there are concerns that if they should need health Care they may find they are 2nd class citizens. They are withdrawing from the process because they are not being listened to and worse they are being painted/demonised by publicly employed officials just for putting the views of the community. Patients who have suffered serious delays in diagnosis of cancer will not complain or allow community groups to raise the issue anonymously because they feel that although there are obvious learning points for the organisation the patient is concerned their health will suffer.
Reports of meetings are not representative of the process and contradict the views of those members of the public who were present. The HB and IA put reports into the press without consultation which support their position and do not reflect the truth at all. How can one counter this? Any attempt to engage the media afterwards is futile and whereas the Board and IA have professional communications departments the community has none. This is propaganda/ manipulation of the news/ frankly lying to the community who were trying to engage with them to undermine the very people who had the temerity to try to talk to them

The community group having been told they should use normal channels when they tried to engage in dialogue started to ask themselves what they were doing wrong and what do they need to do in order to be acceptable to the organisation? This is the wrong attitude but is the product of the bullying that we are being subjected to. It is characteristic of abusive relationships where the abused person suggests the abuse is their fault and that they need to behave differently so the abuse stops. “Women who love too much” This is an abusive relationship. This needs to change.

What possible point is there in any member of the public engaging in “engagement” when they are subjected to this abuse?

The public bodies are totally unaccountable bureaucracies which are riding roughshod over the communities; without serious and significant change none of the anticipated benefits from integration will occur.