

**D&G Third Sector Forum and NHS D&G Workshop  
10-12, 10 February 2009 at Nithbank, Dumfries**

**ATTENDEES**

**NHS DUMFRIES & GALLOWAY**

Jeff Ace	Director for Health Services
Hazel Boreland	Director of Nursing & Patient Safety
John Burns	Chief Executive
Angus Cameron	Medical Director
Derek Cox	Director of Public Health
Mike Keggans	Chair NHS Dumfries & Galloway
Caroline Sharp	Director of Human Resources and Workforce Strategy
Alice Wilson	Associate Nurse Director

**THIRD SECTOR FORUM**

Ailsa Black	Alzheimer's Scotland
Peter Ross	Building Healthy Communities
Irene Mungall	Dumfries & Galloway Citizens Advice Service
Joyce Harkness	Dumfries & Galloway Federation of CVS
Michelle McCrindle	Food Train
Sharon Hepburn	Headway Dumfries & Galloway
Helen Turner	Hollywood Trust
Gail Rhins	National Schizophrenia Fellowship Scotland
Ruth Jackson	Parents Inclusion Network
Susan Nicoll	The Princess Royal Trust for Carers
Dave Bleasdale	Turning Point Scotland
Carolyn Little	User & Carer Involvement

**1. Welcome and Apologies**

Joyce welcomed everyone to the meeting and introductions were made. Apologies were noted from LGBT Youth Scotland and the Richmond Fellowship Scotland.

**2. Introduction & Presentation**

Joyce talked through a short PowerPoint presentation which covered the aims of the workshop, particularly to

- Increase knowledge & understanding of Third Sector activities in D&G
- Consider opportunities for collaboration and joint working, focussing on:
- Long Term Conditions Management
- Agree the way forward/next steps

*Note – the presentation will be circulated with this minute.*

No current regional information on the Third Sector is available, and national data was used to demonstrate the value of the Sector in its activities. It was noted that national figures stated 40% of Third Sector income came from public sector grants and

contracts; it was agreed to seek additional information on where the balance of funds (60%) is sourced.

**Action: DGFedCVS**

It was also noted that an information pack had been prepared for the workshop, which included:

- National Third Sector organisational Pyramid Chart
- Information on D&G Third Sector Forum (3SF):
  - 3SF Members Information Table - Activities & Links to Health
  - 3SF Distribution List
  - 3SF Partnership Protocol
- Public Social Partnerships – a report on Lessons Learned
- Dumfries & Galloway Compact

*Note – copies of this information are available from DGFedCVS.*

### **3. Third Sector Activity**

3SF members each discussed the activities of their respective organisations. It was noted that the groups present delivered a wide range of services, both in specialised health provision and support services. Joyce summarised the points by highlighting:

- The value of the diverse range of quality services being delivered;
- The flexibility and added value of Third Sector activities;
- The preventative nature of some services (e.g. silent monitoring by volunteers);
- The holistic approach to promotion of wellbeing demonstrated;
- The value of Third Sector support and advice services;
- The value of volunteers highlighted by a number of organisations present.

It was noted that Alzheimer's Scotland supported a number of people with dementia and that this figure differed from the information held by NHS D&G. It was agreed that Ailsa and Jeff would discuss this further to clarify.

**Action: Ailsa & Jeff**

A question was asked on how NHS D&G made decisions when funding Third Sector organisations/activities, including the transparency of the process. John commented that there was no agreed process for reviewing or resetting funds allocated to third sector. It was noted that NHS D&G had approximately £140,000 in funds allocated for voluntary sector grants which should be subject to review.

Derek suggested that part of the funds could be used to provide a post that would engage with the Third Sector. John stated that as NHS D&G was entering a new financial year it would be unreasonable to make changes without proper consideration and notification of any change to third sector bodies. John felt it would be a useful approach to consider third sector priorities for funding, which might influence the way that the existing money that is allocated for third sector grants.

In terms of service delivery, the following points were noted:

- 1) Public health is working with some Third Sector organisations (e.g. Womens Aid) to identify mild to moderate depression; this is not funded but has support In Kind for training;
- 2) Health practitioners are sometimes reluctant to give consent for people who don't have capacity to make their own decisions to access services like screening, Well Man and Well Women clinics;
- 3) People in hospital often need their support staff with them at the request of the NHS; conditions are not always conducive for staff and there is limited capacity for Third Sector organisations to pay staff extra hours for this;
- 4) GP's would sometimes prescribe anti-depressants rather than set goals with a patient and take a more holistic approach to wellbeing;
- 5) Third Sector organisations can be in competition with each other for contract/service delivery and sometimes have capacity issues;
- 6) Full Cost Recovery for service delivery needs to be addressed in the future.

#### **4. Long Term Conditions**

It was noted that a Long Term Conditions Management Board had been established, with Jeff as the Chair. There was discussion around how the Third Sector could feed into the Board, with a number of options including:

- Nominating Third Sector representatives to join the Board;
- Having a Third Sector sub committee of the Board or
- Setting up a Third Sector Long Term Conditions Reference Group

It was agreed that the options would be discussed at the next Third Sector Forum meeting of 25<sup>th</sup> February and the agreed option be fed back to NHS after this.

**Action: DGFedCVS**

#### **5. The Way Forward/Next Steps**

John commented that the workshop have been very worthwhile, and was the first step in creating better understanding between the Third Sector and NHS D&G. He was keen to consider future collaboration and partnership working to maximise opportunities on how NHS works with the Sector.

It was agreed that there should be further discussions on NHS funding Third Sector activities (including potential NHS support in writing funding applications) and that a more focussed meeting would be held to take this forward.

**Action: DGFedCVS**

It was further agreed that there was potential for further debate on future collaboration, including a Public Social Partnership pilot, and that this would be discussed at a future meeting.