

## Rogues Gallery

### My Key areas of interest

Cancer – service available, engagement with CLAN, prevention of cancer

Learning Disability/Autism, community/citizenship, equality

Helping members of the community to achieve a better life, dealing with the issues raised, assisting my wife to have an independent life experience

Independent living for the elderly, mental health, care in the community, children and young people

People with diabetes and those who care for them, experience locally and nationally

Learning Disability, mental health, self-directed support

The improvement of care to all patients of Keith through the practice PPG, to support and lobby for a new Health and social care complex in Keith

LD, MH as a citizen of Moray all areas- drug and alcohol strategy, changes likely to affect service user users participating in our projects (training work and placements)

Mental Health, Community, Integration

Responding to individual needs, recovery focused

Primary Care

Dementia Care/provision, end of life care, care homes

Improvement of palliative care, care of ill/elderly in the home (particularly those without family, dementia and prevention

Primary care, patient services

Primary Care

Frailty, how OT and AHP's play a role in the health and wellbeing and prevention, person centred care and an enabling approach

Palliative, end of life care, dementia, care of elderly, care homes

Unpaid carers – all ages improve outcomes for carers and cared for

Person centred care, Equity of services throughout Moray, Community hospitals to meet locality planning needs – community hub approach

The views of staff and the staff-side organisations

Pharmacy and medicine management, self-care, interface issues

Third sector/co-production, participation, everyone working together, respecting differences, commitment to finding shared goals

Provision of care in rural areas, healthy eating, farm to plate, good cooking and eating habits, care in the home – elderly, care for those with dementia, PDS, health/wellbeing education in schools

## My Key areas of interest

Health, learning disabilities

Community Pharmacy secretary CPS Grampian, art and culture

Independent care homes, provision of care at home and in care homes

Community Hospitals, rural services, exercise opportunities, over treatment

Mental Health and wellbeing, support for children and young people

People living with dementia and carers

Services not provided by HSCM, third sector, private sector, voluntary sector but commissioned by HSCM

Health and wellbeing, peer support groups, self-management and co-production

Prevention, early intervention, health inequalities, community assets

Older people activity groups for health and wellbeing, community capacity building all ages and stages about health and wellbeing

Preventative work-self management – care of elderly, evaluation and long term conditions. Different models of care/support versus rapid response. Enablement activity – wellbeing

Alzheimer's /Lewy body dementia – early signs to look out for

Supporting people living with dementia and their family/carers

Health, age, housing adaptations, self directed support, isolation, living on benefits, PiP, DLA, mobility

Co-production of ideas and plans, participatory budgeting for HSCM, radical actions

Welfare and care gaps, added value resupplies 3<sup>rd</sup> age capital, welfare hubs, nutrition and lifestyle education

Developing peer support groups across Moray, challenging stigma on mental health, engaging with young adults on attitudes to mental health and wellbeing

Alcohol/drugs addiction, locality, treatment, support and enforcement- child neglect, whole family approach, funding, family, cooking

## My three strategic priorities

Ensure cancer care continues in Moray, Transport to ARI and Raigmore, NHS engagement

Maintain/enhance quality of care, equality of provision, more collaborative approach “all in it together”

To raise awareness of diabetes, its symptoms and complications, to improve understanding and care by all professionals in diabetes, to improve lifestyle of all with diabetes

LD strategy, Mental Health Strategy, Autism strategy

To work in harmony with IJB to progress the approval and funding of the Keith project

LD strategy, MH strategy, palliative and end of life strategy

Mental Health – self management, Community – neighbouring support

Recovery for all, flexible/responsive services to meet varied needs, no waiting lists, increased resilience/self-management, reduce stigma

Implementation of new GMS contract

Locality Planning with communities

Recruitment and retention of staff, care of elderly, diversity in the provision of care

Current services/users/patients, independent care, prevention of illness and loneliness with elderly

Sustainability, development of teams, service provision

Primary Care strategic direction – GP strategy, GMS contract – development of primary care, services, social care, performance management

Improving patient flow in the health system, prevention of hospital admission which are unnecessary, role for AHP's in primary care

Staff retention- ensure continued good service from care homes, attracting new people into care, broaden services that can be provided, be more community focussed

Improving outcomes for unpaid carers, deliver appropriate services/supports based on need, make best use of limited resources

Redesign of services across the whole system to reflect local needs, improved patient journey and communication between health and social care systems, right care, in the right place at the right time.

Safe and Quality prescribing, Efficiencies, pharmacy integrated into HSCM

Older people, mental health, drugs and alcohol and emerging priorities in strategic plan

Educating of youngsters re food, prep and health and wellbeing, provision of appropriate care provision for elderly rural areas, raising awareness of dementia care and support

## My three strategic priorities

Engagement with staff as stakeholders, identify the good work done, recognise the opportunity to improve services

Communication as a priority for all parties, lower waiting times in GP surgeries and hospitals, Attract new staff

Development of MAS, improved communication – e-mail records, immunisation in community pharmacy

Finance strategy for independent care homes, evolving service provision from care homes, economic stability and financial sustainability of care home sector

Role of community hospitals, self-care, review drug research

Making things clearer from the public perspective, identification of clearer pathways and processes, looking at the H&S system as a whole, putting the person at the centre always

Consistent post diagnostic support for everyone with a new diagnosis of dementia, ease of access to health and social care, increased awareness of dementia to help support all so no-one has to face dementia alone

Best value from commissioned services

Integrated care, person centred support, early intervention

Better health and wellbeing, early intervention and prevention, reducing health inequalities, early years - agenda parenting

Community health and wellbeing of older people, intergenerational work, self-care management, early intervention

Health Promotion, self-management, ongoing use of third sector

Post diagnostic support for all dementia, living outside the main centres in Moray

Running a club to provide opportunities for mutual support and enjoyment and something to look forward to

Care for the elderly, self-directed support, isolation and poverty

Mental health for everyone, fairness in all things, involve everyone in making decisions

Adequate funds, access to buildings, wider skills – encourage GP polyclinics, preventative health care, adult education

Creating/supporting development of peer support group, engaging with young adults to support grass roots, enabling free speech reducing offence culture

Promote engagement into services, promoting retention of services, provide alternatives to reduce harm and promote person centred recovery

## What I can bring to the group

Consultation and engagement with people affected by cancer

Commitment, sharing of information, adaptability

Being an elected member in Moray I can deliver the message of the strategic plan

Knowledge of the prevalence of diabetes in all ages of the population, experience of their needs and places where care is lacking

Experience of working with LD and profoundly disabled adults, HNC social services

An understanding of finance and committee work and knowledge of how to press for action by clear supportive benefits

Experience and feedback of self and MRO team in working with individuals with LD, those recovering from mental health, personal experience

Can represent minor ethnic group – Chinese, experience of mental health

Experience of working in recovery focussed environment that is personalised, open minded, non-judgemental, varied experience

Knowledge of primary care, local knowledge, smiles and biscuits

Knowledge of care of the elderly provision, experience working in care sector as carer and manager

Personal experience of palliative care, independent care, voluntary work with vulnerable groups. Experience of teaching primary age children

Primary care knowledge and experience of delivering patient care

Experience of GMS and primary care futures, national and local knowledge

Knowledge as an OT working in acute and the community and specialist roles, knowledge of a whole system approach to health and social care

Knowledge of staffing challenges within care home sector, awareness of some core legislation

Knowledge and understanding of H&S care sector – older people, LD , palliative, mental health. Experience working across different organisations and LA's. Gained insight into good and bad practice. Personal / lived experience of when process goes very wrong, the complaints process.

The voice of staff and a commitment to sharing information and seeking views of others

Creative ideas/approaches – participatory budgeting, diverse range of views, perspectives from third sector. Positive constructive attitude, links with health and wellbeing forum

Common sense, constructive comment, constructive criticism, experience as service user and carer, improve provision for those with dementia, realistic approach to core community values and to finance and delivery of services

## What can I bring to the group

Experience from a clinical perspective as well as local knowledge of what the populations needs are

Health care experience, knowledge of USCM journey to date, questioning and influencing activities

Many years' experience working people with learning disabilities in a health care setting

Knowledge of pharmacy at national and local level(CPS Grampian), knowledge of local pharmacy, moray arts and culture

Financial strategy, knowledge of operational challenges facing care homes, ideas as to how care homes can provide a wider service than the traditional model

34 years GP experience in Dufftown, chair of friend of Stephen Hospital and Rinnes medical group

Ability to contribute and question as a critical friend. Creative thinking – thinking outside the box

He experience and stories of many living with dementia and their carers

Knowledge of commissioning and the process of procurement of services

Experience of peer support, groups, individual, mutual wellbeing, promotion of self-management

Enthusiasm, knowledge, opportunities, experience

Knowledge of community groups particularly older people, positivity, and commitment

NHS experience, holistic vision, work across primary and secondary car and knowledge of journey

Peronal experience of 24/7 care for person with dementia

Background of work in the voluntary sector – playgroups, youth clubs, dementia, personal experience of health issues

Knowledge of the benefits system, adaptations to housing owner/occupier, SDS and all its pitfalls, being elderly and independent, isolation, where things go wrong, carers

Live experience of mental health, positive thinking and new ideas and perspectives, ask awkward questions so we can all understand what is happening

Feedback – opinions from rafford and forres areas

Extensive experience of founding, facilitating and leading peer support groups, knowledge on levels of stigma self-stigma in young adults, desire of some young individuals who attend support groups towards mental wellbeing in Moray/nationally

Knowledge, expertise and experience of alcohol and drugs – prevention, education , treatment, strategic planning, policy development, task centred approach

## What would support me to be an effective member of the Group

Clear concise information, seeing positive change

Openness/transparency, being listened to, effective two way communication

Support and understanding of the priority required

The support of the practice and PPG that NHS Grampian understands the benefits of such a model

Plain English (as little jargon as possible, opportunity to network, easy access to info so I can be well informed prior to participating in next workshop

Expectations of input required being clear, specific aims and outcomes for activities/workshops – what this looks like

Effective feedback from workshops, good communication, positive interactive workshops

Communication – barriers – easily understood jargon

A dedicated phone number/e-mail of an individual who could help, inclusion in occasional meetings of agencies, clear and simple breakdown of health and social care plans – less steps before ideas are improved

Information and direction, understanding of other services and their pressures and challenges

Involvement of all stakeholders, good communication

Effective communication of what is expected from me and what I require to bring to the workshop

Plain English

Workshops, feedback and good communication give ample opportunity to share/express views, opinions, offer solutions

Dedicated time following workshops to discuss with staff and involve them in some of the decision making in relation to future planning

Materials and documents being shared in advance of workshops to allow time for informed discussion

Openness, honesty, sharing. Simple support progress reports of reference group

Electronic documents, background information

## What would support me to be an effective member of the Group

Detailed understanding of vision, principles and strategic outcomes for the reference group

Clarity of purpose, honesty, brevity

Clear concise summary information without too many acronyms or at least a key to the acronyms

Time to be able to attend meetings

Good communication at all levels and from all levels

Knowledge of other group, agenda and papers before workshops, over 18 involvements

Key tasks, knowledge, information

Coffee, clear task list, deadline reminders

Better awareness of population needs, an understanding of population priorities

Information, communication and a list of frequently used abbreviations

Being able to get to meetings – accessible buildings

Name tags for everyone, but not roles, just first name, break down the language to make it easier to understand. On line website and forum to share ideas between the workshops so knowledge is not lost

Multidisciplinary expedite NICE, emergency planning – training and experience, lobbying and briefing trained

Details of goals/plans of the strategic plan with mental health, where peer support groups fit with strategic planning of mental health in Moray

Listening to our public and recognising service users and service providers re drug and alcohol

Pre notes to read and digest before meetings/discussions, being invited to attend group, feel of value and know input was being listened to and noted

Timely info/invitation to distribute to Tsi moray members, third sector via forums/networks, opportunities for champions to take part in a range of roles, including as facilitators, chance to speak to/connect with everyone in SPRG