

# **Falkirk Health and Social Care Integration Partnership**

## **Participation and Engagement Strategy**

## 1. Introduction

Falkirk's Health and Social Care Integration (HSCI) Partnership will put people first and involve them in how services are redesigned to meet their individual needs and the need across communities. People who we will involve will include service users, staff, providers and partners such as the Third and Independent Sectors and Housing Services to deliver on the Strategic Plan and locality plans. We will combine our resources to provide person-centred and integrated support.

Falkirk's HSCI Partnership Participation and Engagement Strategy is intended to set out principles for participation and engagement, which will make sure that people are involved, consulted with and actively engaged with the integration of health and social care. The principles for participation and engagement are relevant to staff, individuals, communities and agencies.

The main purpose of the HSCI Partnership is to ensure that health and social care services are more joined-up and put people at the centre of decisions about their care and support. We will build on current good practice to change the way we deliver services that are high quality and joined up to meet individual need.

This will **“enable people to live full, independent and positive lives within supportive communities”** forming Falkirk's Strategic Plan vision.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires each Health and Social Care Partnership to produce a Participation and Engagement Strategy for the Integration Joint Board (IJB), which is the formal body with overall responsibility for the integration of health and social care. This Plan forms part of local Strategic Plan.

The Community Empowerment (Scotland) Act 2015 requires public bodies to engage with communities and community organisations. The 2015 Act requires the Integration Joint Board to put in place a participation process and to report on how engagement has shaped the delivery of local outcomes. There are many Acts that provide people with rights to participate, which are included within Appendix 1.

The Falkirk Integration Scheme, which establishes the legal governance arrangements for the Falkirk HSCI Partnership, committed to produce a strategy for engagement and participation in line with the principles and practice endorsed by the Scottish Health Council and those set out in the National Standards for Community Engagement. Both sets of standards have been developed through an extensive process of consultation to ensure that they are appropriate and fit for purpose.

Falkirk's HSCI Partnership Participation and Engagement Strategy draws on existing good practice established within NHS Forth Valley's Person Centred Health and Care Strategy 2015-2017 'What matters to you, matters to us' and Falkirk Council's Plan for Local Involvement 'Have your say'. A table showing details of the national and local standards is attached as Appendix 2.

To ensure that participation and engagement activities are accessible to a wide range of people, the Strategy draws on existing networks and fora that currently operate within the Falkirk Council area and within Forth Valley. Examples of these opportunities to participate are listed within Appendix 3.

It is recognised that this Plan is a component part of a range of documents that form the HSCI Partnership's Strategic Plan. The Participation and Engagement Strategy is relevant to our workforce, individuals, communities and partner agencies. There is a particularly close link to the Integrated Workforce Plan, approved by the Integration Joint Board, and to regular awareness raising communication such as staff newsletters regarding integration.

## 2. What Does Participation and Engagement Mean?

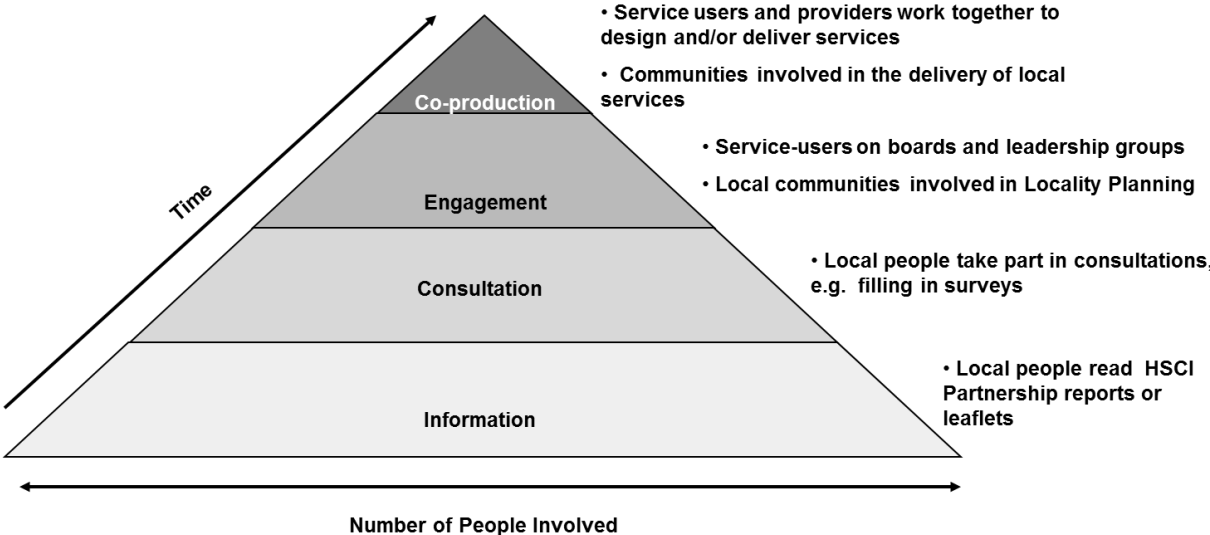
These words are often used to refer to the same thing; that people are actively and directly involved in doing something that will be of benefit to people, usually without being paid for their time. This is different from communications or providing information *to* communities, this is about having a conversation *with* communities.

It is worth noting that there will be ongoing, regular communication with our workforce, individuals, communities and agencies about integration, which will inform and update people. This will be planned and will support some participation and engagement work.

When we talk about community engagement we mean that public bodies and communities are involved with each other and learn from each other to provide better services or make better communities that improve quality of lives.

Generally, we can say that we engage with communities and you participate in activities with communities or public services.

Other terms are often used alongside participation and engagement, such as consultation, co-production, community development, active citizenship and so on. The diagram below shows the difference between informing, consulting, engaging and co-producing with communities. This just shows that the more intensively that communities and services work together the longer it takes. Also, if we work intensively together to co-produce services then fewer people are involved, for practical reasons.



This diagram also shows that it is important to take a step-by-step approach to engaging with people. We need to inform, consult and engage before we can co-produce.

## **The HSCI Partnership Commitment**

For the Falkirk HSCI Partnership to work properly, we need to engage with local communities and, in particular, service-users and their carers. This means learning from your experiences, working with you to provide better services and listening when things do not meet your expectations. We will treat everyone equally, with dignity and respect. The HSCI Partnership will engage with service-users, carers, local communities, staff and partner agencies, in line with the National Standards of Community Engagement.

### **3. How Can you Participate and How Will We Engage With You?**

There are a number of ways service users, carers, communities and staff can participate, from volunteering on a regular basis to taking part in a one-off focus group. Participation and engagement takes time and comes in many shapes and forms; it is about finding the right way for people in the context of their lives.

To do this we will strive to always follow the National Standards of Community Engagement, as well as Scottish Health Council's (SHC) Participation Standards and Falkirk Council's Plan for Local Involvement.

We may engage with people in a number of ways. This could mean consulting service users, carers, communities and staff through surveys, focus groups, events or interviews. It could also mean setting up forums to deal with the needs of local communities or particular issues. For further information on tools of engagement, the SHC provides more details at [their website](#).

#### **National Standard: Method**

We will use methods of engagement that are fit for purpose. We will be clear about whether we are informing, consulting or engaging people. This could mean asking people to take part in a survey, encouraging volunteering or designing services in partnership with local communities.

We will always try to use the most appropriate method for each consultation or engagement exercise. In some situations face to face discussion is essential, whilst in other situations a survey may be the only practical way to get the views of a lot of people. Also, we won't rely entirely on only one method of engagement or focus on only one particular group of participants. We will go out into communities to engage with people as much as possible. We will involve communities at different levels and stages of the decision making process.

We will try to be clear about whether you will get individual feedback. We will provide regular updates on our progress towards achieving local outcomes.

### **National Standard: Communication and Feedback**

We will share information regularly during the engagement process and we will feed back the results of the engagement to the people and organisations affected. We will always explain how people will receive feedback before they participate. We will always try to show how people's views have influenced the outcome.

## **4. Where Can You Participate?**

There are lots of opportunities to participate, or be engaged with the HSCI Partnership and our partner organisations. Appendix 3 provides a list of potential opportunities to participate in lots of different settings: hospitals, community centres, GP practices and Third Sector Organisations (including charity shops).

We will follow the National Standards of Community Engagement whether we engage with people in hospitals, health centres, community centres or their own homes.

### **National Standard: Support**

We will identify and overcome any barriers to participation. We know that some groups, such as disabled people, may face particular barriers if they want to get involved. We will try to overcome these barriers wherever we can.

If a consultation only applies to a particular area or group of people, we will try to make sure that they are aware of it. We will also try to identify particular groups within the area who might be interested and encourage them to be involved.

The Community Empowerment (Scotland) Act 2015 places a duty on a range of public authorities including NHS Forth Valley, Falkirk Council and the HSCI Partnership to improve inequalities. This means improving the quality of lives of people who live in disadvantaged areas. This means we will focus on engaging with people who live in those areas.

## **5. Why Should You Participate and Why Do We Engage You?**

People choose to get involved for many reasons. For example, it may be because of a personal experience or because of a more general interest in services that are delivered within the local area.

Participation and engagement should always be about improving quality of lives, it should be about promoting a community's best interests and not at the expense of others.

As for us, engagement enables us to understand what is like to experience services from your point of view and you to understand what it is like to provide services from our point of

view. We see this as working with communities, staff and partners *for communities*. The best way to find out about the needs of service-users, carers, communities and staff is to simply ask them.

#### **National Standard: Understanding Community Needs**

We will clearly identify the needs and issues that the engagement is designed to address. We will involve and work openly with all participants to reach a shared understanding of these needs and issues.

We will ask community organisations who are representing the views of their community to tell us what they have done to work with their community. This might include keeping the community up to date with what the group are doing, as well as trying to find out what people in the local community think about issues.

We will engage with people as meaningfully as possible. We will not consult people when decisions have already been taken. However, we will ensure that where relevant, you are made aware of decisions taken.

## **6. Who Will We Engage With?**

The HSCI Partnership will engage with people in communities, staff and agencies. We recognise that engagement with people is a critical aspect to service planning, service delivery and improvement.

We are required to engage with particular individuals or groups of people at particular times, such as engaging with service-users and staff when making a significant change to a service we provide. Appendix 4 provides a list of people that we will engage with.

Also, we will try to identify groups or individuals who might be particularly interested in a possible change we are making and encourage them to be involved. This means involving service users, carers, families and where appropriate local communities.

#### **National Standard: Inclusion (and Participation)**

We will identify and involve the people and organisations affected by or interested in the needs and issues that the engagement will address.

We will engage with people directly affected by a particular issue or a possible change to a service. This means service users, carers, families and local communities, and the staff who deliver those services. We want to learn from the experiences of people who use and provide services.

### **National Standard: Working Together**

We will work together with all those who are affected by, or who have an interest in the engagement. Health and Social Care Services will be provided in partnership with service users and their carers.

## **7. When Will We Engage With You?**

Public authorities are required to engage with communities in certain circumstances and at certain times. Beyond this we look to engage with people on a range of issues as we try to make our services better and improve the quality of people's lives.

The HSCI Partnership is required by the Public Bodies (Joint Working) (Scotland) Act 2014 to consult service-users when considering a significant change to a service.

### **National Standard: Planning**

We will agree the purpose, scope, resources and timescale of the engagement and the actions to be taken.

One of the principles of the HSCI Partnership is that we must be engaged with communities, in particular people who use our services, those who look after our service-users and those staff who are involved in providing health and social care services.

When there is a significant change to a service then we are required to engage with people who are directly affected. This will include service users, carers and staff. We also need to consult with a range of people on any significant decisions in the Strategic Plan. We are also required to establish clear and open ways for you to engage with us within communities.

### **National Standard: Review**

We will agree what we are trying to achieve through the engagement process and will review what we have achieved and what we have learned. We will monitor and evaluate our engagement activities using appropriate tools/methods. We will engage with service users and their carers when monitoring and evaluating services.

At least six weeks notice will be given when we are asking community organisations to respond to a consultation or attend a consultation event. This is because we realise that community groups usually only meet once a month, so need six weeks notice to discuss things at their meetings.

At least three weeks notice will be given when we are asking individual community members to respond to a consultation or attend a consultation event.



## **8. Conclusion**

Falkirk Health and Social Care Integration Partnership is committed to making sure that staff, service users, carers, communities and partner agencies can take part in the review, design and monitoring of health and social care services.

It is critical that we listen to the experience of people, but in order to be able to do this, people must be clear about their right to get involved and also how and why they can get involved.

The Participation and Engagement Strategy has been developed to describe the commitment of the HSCI Partnership, whilst also providing information and links to enable people to become involved. It is intended that the Strategy will be reviewed regularly and updated as the Partnership structure evolves.

## Appendix 1: Your Rights

**Community Empowerment (Scotland) Act 2015:** This Act gives communities a number of rights. This places a duty on a number of public authorities including the Council, NHS Health Board and HSCP to improve the quality of lives of people living in disadvantaged areas. Communities can make participation requests to public authorities to change the way a service is delivered. The public authority must agree unless there are reasonable grounds not to do so. Under the Act community bodies can make asset transfer requests to lease or take ownership of a publicly-owned building or piece of land. The Act also gives local communities the right to buy abandoned or neglected land. Communities must be engaged by the Community Planning Partnership when Local Outcome Improvement Plans (i.e. strategic plans) and Locality Plans (i.e. Community Action Plans) are being developed. The CPP must also publish annually how it has engaged with communities and responded to participation requests and asset transfer requests. The Act also says that communities should be given a direct say in allocation of public resources, for example through participatory budgeting.

**Equality Act 2010:** This Act aims to prevent discrimination of nine 'protected characteristics'. These are age, disability, gender, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and maternity, race and religion or belief.

**Human Rights Act 1998:** This Act gives people a number of rights: to life, liberty and security, to a fair trial, to marry and start a family, to education and to participation in free elections. It also gives a number of freedoms: from torture and inhuman or degrading treatment, slavery and forced labour, of thought, belief and religion, or assembly and association. Public authorities have to comply with the European Convention on Human Rights.

**NHS Reform (Scotland) Act 2004:** This Act placed duties of public involvement and equal opportunities on NHS Health Boards. This led to the establishment of the Scottish Health Council (SHC) in 2005 to ensure that NHS allow patients to participate as fully as possible.

**Patient Rights (Scotland) Act 2011:** The Act sets out a number health care principles and a Charter of Patients Rights. This includes allowing patients to participate as fully as possible in decisions relating to their health and wellbeing and have full access to the necessary information to do so. The Act also provides a right to give feedback (both positive and negative) or comments, or raise concerns or complaints about the health care they have received. The Act also requires that Health Boards encourage, monitor and learn from the feedback and complaints they receive. Good Practice Guidance has been issued to NHS Boards setting out what is required and giving advice on how to handle and learn from feedback and complaints. The Patient Advice and Support Service (PASS) promotes awareness of these rights and provides advice and support. PASS is delivered by Citizens Advice Bureaux (CABs).

**Housing (Scotland) Act 2001:** This legislation requires all local authorities to have a tenant participation strategy in place.

**Housing (Scotland) Act 2010:** The Act created an independent Scottish Housing Regulator to look after the interests of tenants, homeless people and other service users of social

landlords. Statutory duties on tenant communication and participation are both outcomes/standards within the Scottish Social Housing Charter.

**Planning etc. (Scotland) Act 2006:** This Act includes the provision for the Council to consult with and involve 'the public at large' in the development of the Local Development Plan. These have to be updated every five years. The Act also enables local people to object or support any planning application through a written representation. You can get more information on how communities can be engaged in the planning system at <http://www.scotland.gov.uk/Topics/Built-Environment/planning/publications>.

**The Children and Young People (Scotland) Act 2014:** places a duty on Councils to undertake a survey/consultation with service users/parents to gauge views on the existing service provision and to offer the chance to provide comments or suggestions as to how (if at all) the service could be improved.

## Appendix 2: Comparison of Relevant Principles/Standards of Community Engagement/Participation

| NATIONAL PRINCIPLES OF COMMUNITY ENGAGEMENT (SCDC 2005)   | STANDARDS OF COMMUNITY ENGAGEMENT (SCDC 2005)  | DRAFT REFRESHED NATIONAL STANDARDS OF COMMUNITY ENGAGEMENT (SCDC 2016)   | FALKIRK COUNCIL PRINCIPLES OF COMMUNITY INVOLVEMENT (Corporate and Neighbourhood Services 2011)   | FALKIRK COUNCIL SOCIAL WORK SERVICES PARTICIPATION AND ENGAGEMENT STRATEGY (SWS 2013)                          | NHS PARTICIPATION STANDARD (SHC 2010)   |
|---|--|--|---|--|---|
| 1. Fairness, equality and inclusion must underpin all aspects of community engagement, and should be reflected in both community engagement policies and the way that everyone involved participates. | 1. INVOLVEMENT: we will identify and involve the people and organisations who have an interest in the focus of the engagement. | 1. INCLUSION (AND PARTICIPATION): We will identify and involve the people and organisations affected by or interested in the needs and issues that the engagement will address.  | 1. PURPOSE: We will be clear whether we are informing, consulting or engaging with people. We will not consult when decisions have already been taken | 1. There must be a clear commitment at all levels to involve service users/carers in meaningful participation. | 1. Care and services are provided in partnership with patients, treating individuals with dignity and respect, and are responsive to age, disability, geographic location, gender, race, religion or belief, sexual orientation, socio-economic status. <i>(Equality Impact Assessments.)</i> |
| 2. Community engagement should have clear and agreed purposes, and methods that achieve these purposes.   | 2. SUPPORT: we will identify and overcome any barriers to involvement.   | 2. RESEARCH/UNDERSTANDING COMMUNITY NEEDS: We will clearly identify the needs and issues that the engagement is designed to address, and will involve and work openly with all participants to reach a shared understanding of these needs and issues. | 2. INVOLVEMENT: We will try to identify anyone who might be interested in any consultation or engagement and encourage them to be involved.           | 2. Service users/carers involvement is valued and respected.   | 2. There is supported and effective involvement of people in service planning and improvement. <i>(Action research: planning; informing; engaging; consulting; feedback; evaluation.)</i>   |

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| 3. Improving the quality of community engagement requires commitment to learning from experience.  | 3. PLANNING: we will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken. | 3. PLANNING: We will agree the purpose, scope, resources and timescale of the engagement and the actions to be taken. | 3. METHODS: We will use the right methods of engagement in each situation.   | 3. Ensure participation opportunities are inclusive of and accessible to service users/carers.                  | 3. Robust corporate governance arrangements are in place for involving people, founded on mutuality, equality, diversity and human rights principles. <i>(Public scrutiny and performance measurement.)</i> |
| 4. Skill must be exercised in order to build communities, to ensure practise of equalities principles, to share ownership of the agenda, and to enable all viewpoints to be reflected. | 4. METHODS: we will agree and use methods of engagement that are fit for purpose.  | 4. SUPPORT: We will identify and overcome any barriers to participation.  | 4. INFORMATION: We will share the information needed for people to participate and make it available in clear, accessible language.  | 4. The participation of service users/carers will be monitored, evaluated, reviewed and adapted as appropriate. |   |
| 5. As all parties to community engagement possess knowledge based on study, experience, observation and reflection, effective engagement processes will share and use that knowledge.  | 5. WORKING TOGETHER: We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently.   | 5. METHOD: We will use methods of engagement that are fit for purpose   | 4. WORKING TOGETHER: We will treat all participants with respect. We may require people and organisations that represent their communities to show us how they collected the views of their community. |   |   |
| 6. All participants should be given the opportunity to build on their knowledge and  | 6. SHARING INFORMATION: we will ensure that necessary information is   | 6. COMMUNICATION AND FEEDBACK: We will share information regularly during the engagement process and                  | 5. FEEDBACK: We will always explain how people will receive feedback before they   |   |   |

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| skills.  | communicated between the participants.  | we will feedback the results of the engagement to the people and organisations affected.   | participate. We will always try to show how people's views have influenced the outcome.                                  |
| 7. Accurate, timely information is crucial for effective engagement. | 7. WORKING WITH OTHERS: we will work effectively with others with an interest in the engagement.  | 7. WORKING TOGETHER: We will work together with all those who are affected by or who have an interest in the engagement.                                     | 6. IMPROVEMENT: We will monitor and evaluate our approaches to community participation so that we can improve over time. |
|  | 8. IMPROVEMENT: we will develop actively the skills, knowledge and confidence of all the participants.  | 8. REVIEW/IMPACT: We will agree what we are trying to achieve through the engagement process and will review what we have achieved and what we have learned. |  |
|  | 9. FEEDBACK: we will feed back the results of the engagement to the wider community and agencies affected.  |  |  |
|  | 10. MONITORING AND EVALUATION: we will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement. |  |  |

## Appendix 3: Getting Involved

People are not just an NHS patient or a social work client. They may be a tenant or a carer. They may be a parent or resident in a care home. Everyone is a person and their life does not fit into one little box, or one particular service. People have a number of rights and responsibilities and there are a number of ways we can engage with each other.

There are a number of different pieces of legislation that the IJB, Health Board and Council must adhere to. Each Act sets out what rights people have to be involved. Further information is provided in Appendix 1.

**Participation Requests:** If a community body believes it can improve the outcome of a public service it can make a participation request to the relevant body, including the Council, NHS Forth Valley or the HSCI Partnership. The community body will need to set out the outcomes it expects to achieve and details of its experience and knowledge. Public authorities must agree to the request unless there are 'reasonable' grounds not to do so. A decision notice must be issued outlining the outcome improvement process, i.e. what was done and what was achieved.

**Locality Planning:** Locality planning will provide an opportunity for community groups and organisations across the Falkirk Council area to play a part in identifying local key needs and issues, to be involved in defining relevant outcomes and to propose ways in which the community can draw on its local skills and knowledge. Further details will be made available within localities as this framework is developed.

**Good feedback, Comments and Complaints:** You have the right to give comments or feedback or make a complaint about the service you receive. We value comments, feedback and complaints and will use these to improve our services. In the first instance you can either contact NHS Forth Valley by emailing [fv-uhb.complaints@nhs.net](mailto:fv-uhb.complaints@nhs.net) or calling 01324 566660, or you contact Falkirk Council by emailing [contact.centre@falkirk.gov.uk](mailto:contact.centre@falkirk.gov.uk) or calling 01324 506070.

**Community Councils:** Community Councils are made up of local people who give time to, and have a genuine interest in, the wellbeing of their community. They consult the local community on all issues affecting them and tell us, and other public bodies, the views of local people. Community Councils are consulted on licensing and planning applications within their area. There are currently 18 active Community Councils in the Falkirk Council area. Each active Community Council must meet in public at least nine times a year. More information can be found at [the Falkirk Council website](#).

**Asset Transfer Requests:** A community transfer body (of a specified nature) can make a request to buy or lease a relevant authority's land or building. That relevant authority must consider a range of factors before issuing a decision notice and must have 'reasonable grounds' to refuse an asset transfer request. The authority must explain these if the decision is challenged and an appeal can be made by the community transfer body to Scottish Ministers.

**Joint Staff Forum:** The Joint Staff Forum provides a forum for the Trade Unions and Professional Organisations recognised by Falkirk, Clackmannanshire and Stirling Councils and NHS Forth Valley to inform, influence and participate in the development of the health and social care integration in Forth Valley. Staff who are working within services which are in-scope for integration are represented on the Integration Joint Boards by named representatives of the Joint Staff Forum.

**Public Partnership Forum:** Public Partnership Forums (PPFs) are a network of patients, carers, community groups, voluntary organisations and individuals who are interested in the development and design of local health and social care services. There is a PPF for the NHS Forth Valley health-board area, which covers Falkirk, Clackmannanshire and Stirling Council areas.

**Person Centred Health and Care:** NHS Forth Valley has four strategic aims for patient and public involvement. The first aim is to ensure that there are robust reporting mechanisms in place to capture feedback, comments, concerns, compliments and complaints. Secondly, to provide NHS Board assurance that learning from complaints is measurable and also fed back to patients and public how we have learned and used the learning to influence change. Third, supporting and developing staff to receive feedback in a positive way and to work with those in their care to improve the services they provide. Fourth, and last, involve patients and the public using wide and varied methods of capturing feedback so they are involved in service change, redesign and improvement of care health and wellbeing.

**Patient Public Panel (PPP):** The PPP is concerned with the delivery of acute services at Forth Valley Royal Hospital and supports NHS Forth Valley's aim to be person-centred, safe and effective. Membership is open to anyone who is a potential user of NHS Forth Valley services, but who is not currently employed by NHSFV. Further information can be found at [the NHS Forth Valley website](#)

**Patient Participation Group (PPG):** A Patient Participation Group is a patient-led group linked to a local General Practice. Ideally, the Patient Participation Group will be made up of a group of patients that reflect the diversity of the catchment population. They will work along with GPs and practice staff to provide a patient perspective on the healthcare services that are offered to the community. The Scottish Health Council provides further information on PPGs, including a start-up pack at [the SHC website](#).

**Tenants and Residents Organisations:** The Falkirk Council Tenants' and Residents' Participation Strategy (2013-2016) allows tenants and residents to get involved in the decisions made about their housing services. For more information about our Tenant and Resident Participation Strategy, please contact your local [One Stop Shop](#). Tenants and residents can come together and form a group to influence decisions made by their landlord. This is enabled by the Scottish Housing Charter. TPAS Scotland promotes good practice in tenant participation and support tenants groups. [The TPAS Scotland website](#) has further details.

**Parents Councils:** A Parent Council is a group of parents who represent all the parents at a school. Any parent with a child at the school can volunteer to become a member of the Parent Council. Parents can be members of the Parent Council for as long as they choose. Parent Councils can also invite members of the local community and school staff to join their Parent Council and Elected Members are also invited to attend meetings. In denominational schools, the Parent Council must invite the relevant church or denominational body to nominate a representative to be a member. Almost all schools in the Falkirk Council area have a Parent Council. Further information is available at [the Falkirk Council website](#).

**Volunteering:** There are a number of different ways you can volunteer and a number of organisations you can volunteer with. You can volunteer directly with a Third Sector Organisation or Faith-based Organisation (your local church, for example) or you can go through a third party: CVS Falkirk, Community Learning and Development (CLD) at Falkirk Council or NHS Forth Valley. You can find further information at [the CVS Falkirk website](#).



**Citizens Panel:** The Citizens Panel is made up of more than 1000 local people who have volunteered to respond to three or four surveys each year. The surveys provide feedback on Council services, as well as information about the needs of local communities and other issues.

**Third Sector Forum:** There a number of forums in the Falkirk Council area that focuses on particular issues. These include the Community Care and Health Forum (CCHF), Falkirk Carers Forum, Safer Communities Forum, Connecting Volunteering Forum and Community Transport Forum. Details on these can be found at [the CVS Falkirk website](#). These fora provide information on related issues, access to training, support for local Third Sector Organisations and the opportunity to influence the decision making of local public services such as Police Scotland, Falkirk Council and NHS Forth Valley. There is also a forum specifically for peopled aged over 50, the Make It Happen Forum (for people aged 50+). **For information, please visit [their website](#).**

## **Appendix 4: Public Bodies (Joint Working) (Scotland) Act 2014**

As a minimum, the people and groups that must be involved are:

- Users of health care
- Users of social care
- Carers of users of social care
- Carers of users of health care
- Commercial providers of social care
- Non-commercial providers of social care
- Commercial providers of health care
- Non-commercial providers of health care
- Non-commercial providers of social housing
- Health professionals
- Social care professionals
- Staff of the Health Board and local authority who are not health professionals or social care professionals
- Third sector bodies carrying out activities related to health or social care other local authorities operating within the area of the Health Board preparing the integration scheme or the revised integration scheme.
- Residents of the locality