
Report To:	Inverclyde Integration Joint Board	Date:	12 May 2025
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	IJB/72/2025/JH
Contact Officer:	Scott Bryan Service Manager, Strategic Services Inverclyde HSCP	Contact No:	01475 715365
Subject:	Locality Planning Groups – Development Update		

1.0 PURPOSE AND SUMMARY

- 1.1 ☐ For Decision ☒ For Information/Noting
- 1.2 The purpose of this paper is to provide an update to Integration Joint board on the status and progress our the HSCP Locality Planning Groups
- 1.3 Locality Planning Groups are sub-groups of the Strategic Planning Groups and are a key mechanism to ensure the voice of staff, partner organisations and most importantly, those with lived experience of services are central to our strategic planning process.
- 1.4 The development of HSCP Locality Planning Groups continues as we seek to enhance each groups membership and align them closer to the partnership's strategic planning function.
- 1.5 To support this development, a locality event was hosted in November 2024, inviting a range of local HSCP, partner and community stakeholders. The event discussed the benefits and opportunities of locality planning groups, and provided attendees and opportunity to help co-design how the groups should be structured in the future.
- 1.6 The full report on the event is available at the appendix to this report.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that IJB:
- Notes the contents of this report.

Kate Rocks
Chief Officer, Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 As part of the strategic planning obligations set out in the Public Bodies (Joint Working) Act, all Integration Joint Boards must give consideration to the unique localities and communities when undertaking any strategic planning function.
- 3.2 To support this approach locally, Inverclyde HSCP has established two Locality Planning Groups, East and West.



The East Locality covers the areas of, Kilmacolm and Quarriers, Port Glasgow and East Greenock.

West Locality covers the areas of Greenock Central and West, Gourock, Wemyss Bay and Inverkip.

- 3.3 Locality Planning Groups are aligned as sub-groups of the IJBs Strategic Planning Group. As set out in the Joint Working Act, the Strategic Planning Group is a required mechanism set out in the legislation with the responsibility of producing and monitoring the IJBs Strategic Commissioning Plan.

In effect, there should be close relationships between Locality Planning Groups and the Strategic Planning Group. Discussions, opportunities and concerns identified at the locality planning level, should be presented to the Strategic Planning Group for discussion and possible action.

- 3.4 The Locality Planning Groups have been undergoing a period of development over the past year, as we look to enhance the membership and formalise the groups relationships with the overall strategic planning structures within the HSCP.
- 3.5 To support this, a development session was hosted for all locality group members in November 2024.

4.0 PROPOSALS

- 4.1 The development session was held in Gibshill Community Centre on 26 November 2024. Attendees included existing locality planning group members and a wide range of community representatives and HSCP staff.
- 4.2 The session aimed to strengthen our approach to locality planning through collaboration and co-design and ultimately raise the profile of Locality Planning Groups.
- 4.3 In facilitating the session, an appreciative inquiry approach was adopted, encouraging people to consider strengths, and the 'best of' what they have previously experienced.

Building on the positivity from the 'best of' discussions, the group considered how we could build on positive examples to create more effective locality planning groups going forward.

- 4.4 Some of the key themes highlighted from session included:
 - The need to better understand the needs of people across our communities
 - The groups should be community led, but discussions should be focused around the Strategic Priorities.
 - Locality Planning Group meetings, should be, for the most part, informal, held in community spaces, and be a welcoming environment to encourage participation
 - The groups should help identify and optimise the use of local community assets
 - Membership needs to be wide to allow multi-agency collaboration.
- 4.5 It was agreed that locality planning groups should be a central point in the over strategic planning process of the HSCP. The knowledge and expertise from fully developed membership will bring meaningful insight as we continue to consider our strategic direction and strive to improve health and care services.
- 4.6 A number of recommendations were identified from the event, including:
 - At their core, Locality Planning Groups primary purpose is to inform the development of the HSCPs strategic direction.
 - Locality Groups will be community based, with meetings taking place in local placed based venues.
 - To encourage participation, groups should operate a remote hybrid option for meetings, but with a preference for in-person.
 - Membership should be enhanced for those with lived experience of health and care services.
 - The agenda for each meeting should be driven by the membership but should have an alignment to the strategic priorities.

4.7 Next Steps

- 4.7.1 Following the development day, an updated Terms of Reference has been produced and shared with the Locality Planning Groups.
- 4.7.2 Work continues to enhance the membership of the groups as we seek to encourage more local people with lived experience to participate.
- 4.7.3 In addition to the development of the Locality Planning Groups, work is also taking place to establish strategic priority groups. These groups will have responsibility for overseeing the implementation of each of the four priorities as set out in the Strategic Partnership Plan.

- 4.7.4 A working group will soon be established to consider how these priority groups will align with both the Strategic Planning Group and the Locality Planning Groups. It is intended, that alignment of these groups will provide great oversight and consideration of the implementation of the Strategic Partnership Plan.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		✓
Legal/Risk		✓
Human Resources		✓
Strategic Plan Priorities	✓	
Equalities, Fairer Scotland Duty & Children and Young People	✓	
Clinical or Care Governance		✓
National Wellbeing Outcomes	✓	
Environmental & Sustainability		✓
Data Protection		✓

5.2 Finance

- 5.2.1 There are no financial implications associated with this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
-	-	-	-	-	-

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
-	-	-	-	-	-

5.3 Legal/Risk

- 5.3.1 There are not legal implications associated with this report.

5.4 Human Resources

- 5.4.1 There are no Human Resource implications associated with this report.

5.5 Strategic Plan Priorities

5.5.1 Locality Planning Groups are a key mechanism by which we will support the implementation of the Strategic Partnership Plan.

Going forward, locality planning groups will provide robust reflections on the impact of the Strategic Priorities from a community perspective and help inform the ongoing development of the HSCP strategic direction.

Locality Planning Groups will feed directly in the Strategic Planning Group, which is responsible for producing and monitoring the Strategic Plan on behalf of the IJB.

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
✓	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Our strategic partnership plan is closely aligned with our Equality Outcomes Plan, with many of

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Through our Locality Planning Groups, we gain the opportunity to know our local communities better and better understand the needs of those communities.
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	As above
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	As above
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	As above

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
✓	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
✓	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 Clinical or Care Governance

There are no Clinical or Care Governance implications from this report.

5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Through engagement with our locality groups, we strengthen our conversations and partnership working with our communities and using their input and feedback to help shape our overall strategic direction and supporting us to progress the national health and wellbeing outcomes.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	As above
People using health and social care services are safe from harm.	As above
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	As above
Resources are used effectively in the provision of health and social care services.	As above

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
✓	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
✓	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	✓
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

- 7.1 This progress report has been presented to both:
- HSCP Senior Management Team
 - IJB Strategic Planning Group (January 2025)
 - Locality Planning Groups (April 2025)

8.0 BACKGROUND PAPERS


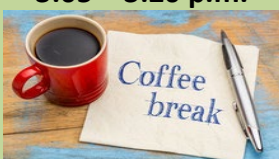

- 8.1 Locality Planning Groups (LPGs) Report
- Appendix 1 – Development Session Programme
 - Appendix 2 – Localities Development Session - Presentation

INVERCLYDE HSCP AND LOCALITY PLANNING GROUPS DEVELOPMENT SESSION

Tuesday 26th November 2024
Gibshill Community Hall, Smillie Street, Greenock PA15 2NH

Lunch / Tea / Coffee on arrival from 1:00 p.m.
Programme starts at 1.30 p.m.

P R O G R A M M E

Item	Subject	Lead
1.	Introductions and Purpose of the day	Maxine 1:30 – 1:40 p.m.
2.	Setting the Scene: Our Journey so far	Scott 1:40 – 1:50 p.m.
3.	Rules of the Day	Pam 1:50 – 2:00 p.m.
4.	Appreciative Enquiry: Define - What do we want from these discussions? Define ➡ Discover ➡ Dream ➡ Design ➡ Destiny	Scott 2:00 – 2:05 p.m.
5.	Round Table Discussion 1 (followed by brief 10 mins feedback) 25 minutes each ☺ Discover: The best of what is. Positive experiences. ☺ Dream: What might be. How do we build on it? what does moving forward look like?	2:05 – 3:05 p.m. 
	NETWORK - TEA / COFFEE BREAK	3:05 – 3:20 p.m. 
6.	Round Table Discussion 2 (followed by brief 10 mins feedback) 25 minutes each ☺ Design: What will be. What will our groups look like. ☺ Destiny: Commitments. What are we agreeing to.	3:20 – 4:20 p.m. 
7.	Thank you and closing remarks	Maxine / Alan 4:20 – 4:30 p.m.

LOCALITY PLANNING Development Session 26th November 2024

Photo: David Barbour Photography

Appendix 2

‘People and Partnerships, Making a Difference’

The New Plan



- Strategic 'Partnership' Plan
- Approved by IJB on 13th May 2024
- Succeeds the 2019-24 Strategic Plan

Vision & Priorities

Inverclyde is a compassionate community, working together to ensure people live active, healthy, and fulfilling lives.

4 Strategic Priorities

Provide Early
Help and
Intervention

Improve
Support for
Mental Health,
Wellbeing and
Recovery

Support
Inclusive, Safe
and Resilient
Communities

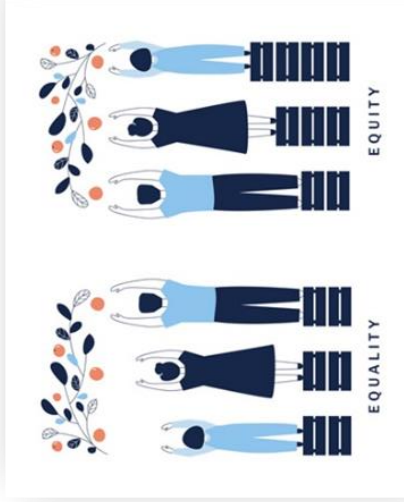
Strengthen
Support to
Families and
Carers

Key strategic approach

Addressing Inequalities

Person Centred and
Trauma informed

Empowering
communities through
partnership working



*Ensuring people are at the
heart of their care journey,
with their needs,
experience and aspirations
respected.*

*Employ trauma informed
approaches to ensure
people accessing services
feel safe and supported.*



*Ensuring communities
have the right knowledge
and resources to access
the support they need.
Involving communities in
decision making...*

Locality Planning

A locality is defined as a smaller area within the borders of an Integration Authority.

The purpose of localities is to provide local leadership in service planning, ensuring the needs and preferences of local communities are considered in the planning of health and social care services. This approach aims to enhance community involvement and professional leadership in the planning and delivery of integrated services.

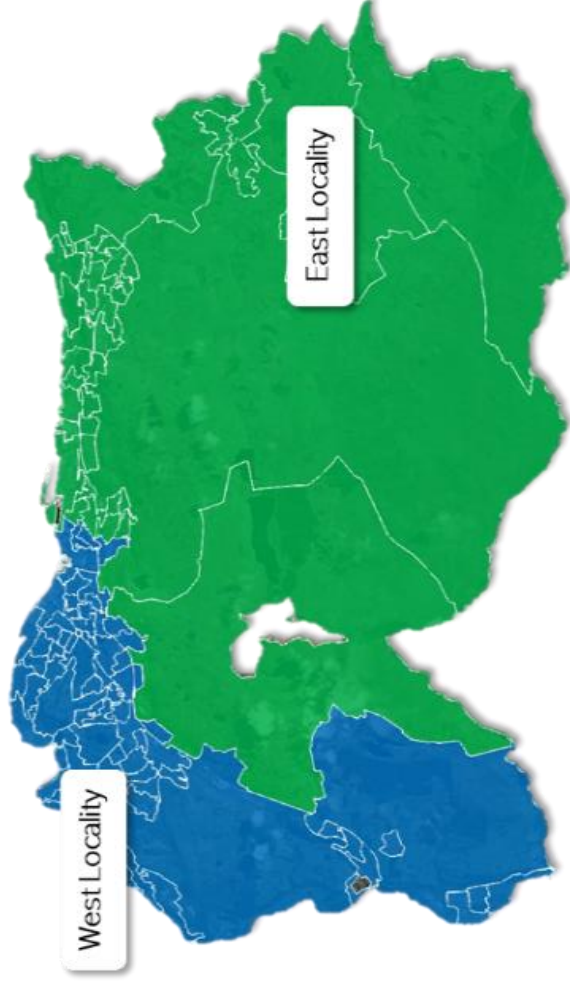
“... effective services must be designed with and for people and communities – not delivered “top down” for administrative convenience”

The Christie Commission Report

Locality Planning

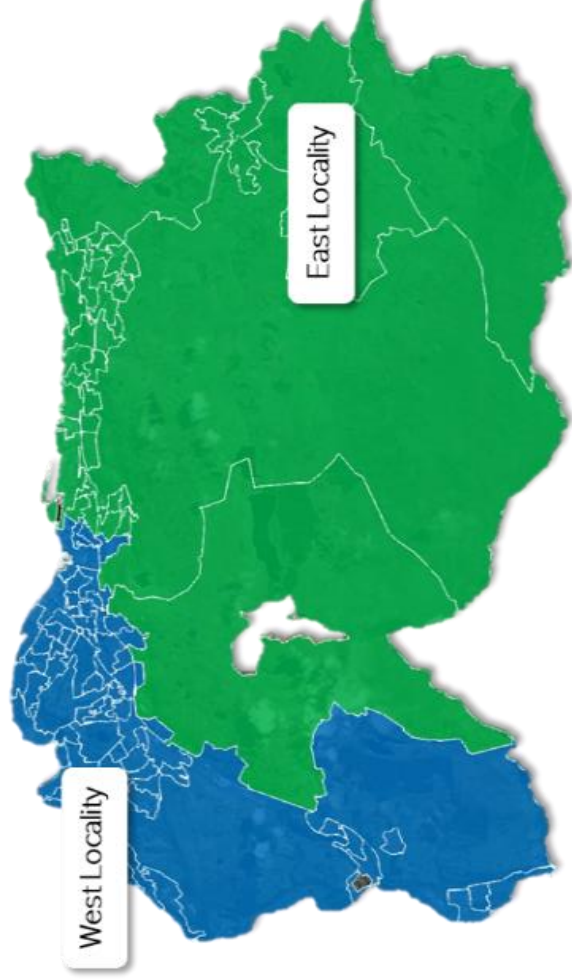
Previous Approaches

- Six Locality Planning Groups/Six Communication and Engagement Groups – proved difficult to get involvement from range of stakeholders
- Agendas covered range of issues - not specific to health and social care services
- Agreement by CMT and IJB to develop two Health and Social Care Locality Planning Groups (East and West)
- Developed two HSCP Locality Planning Groups (East and West) – agreed to start small and build up



Locality Planning

We want to ensure a range of voices are heard, so are keen to ensure we have a cross section of key people. Now is the time to involve:



Membership

- *Health Professionals*
- *Social Care Professionals*
- *GPs and Secondary Care*
- *Third Sector partners*
- *Independent sector partners*
- ***People with lived experience Health and Care Services***
- ***Our Carers***
- *Housing sector partners*

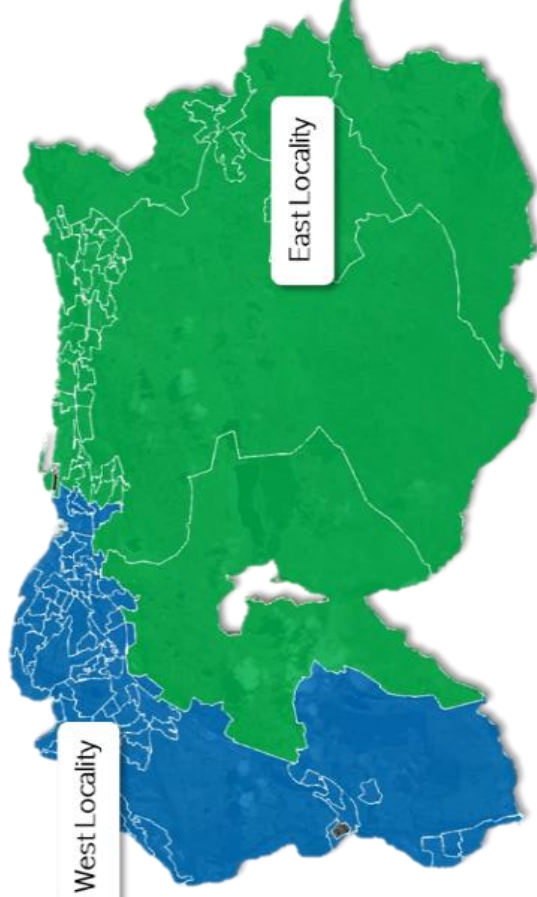


Locality Planning

Provide Early
Help and
Intervention

HSCP Priority Groups

West Locality



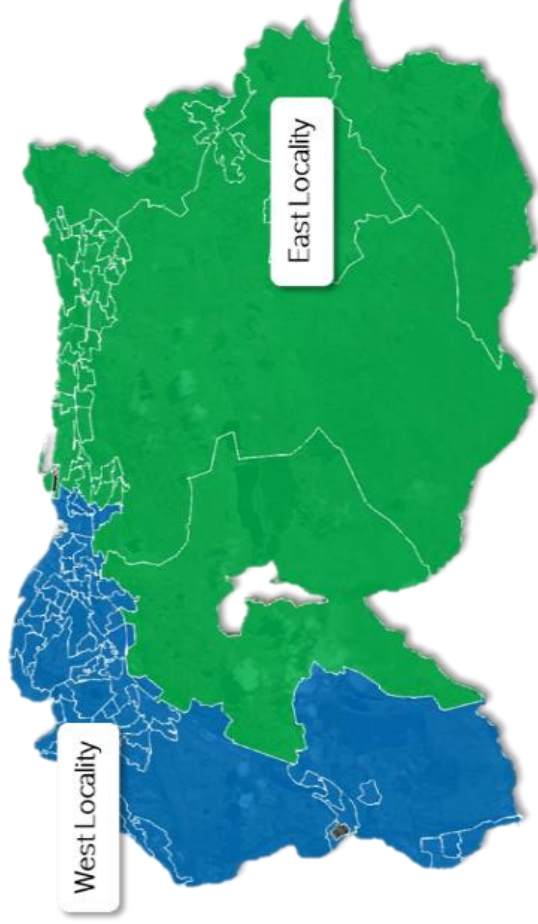
East Locality

Support
Inclusive, Safe
and Resilient
Communities

Improve
Support for
Mental Health,
Wellbeing and
Recovery

Strengthen
Support to
Families and
Carers




Locality Planning



Next Steps

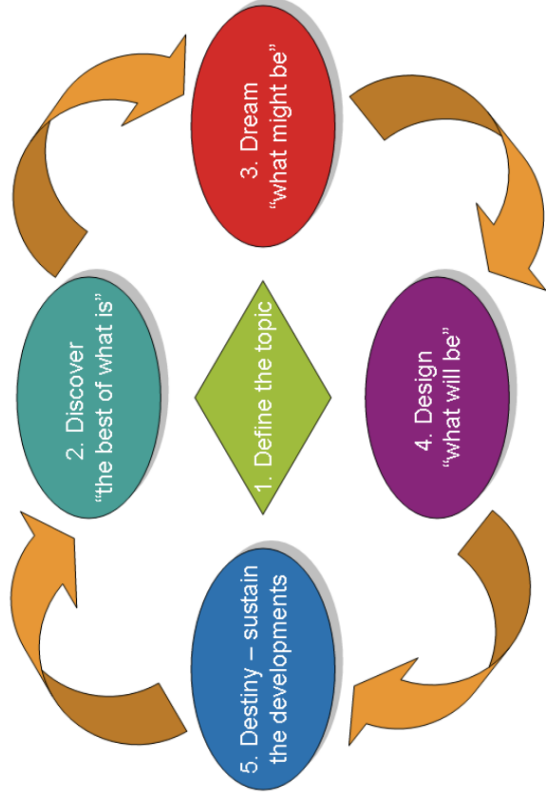
- Build on / develop existing model
- Align to our four strategic priorities
- *Arrange Development Sessions
- Revise Terms of Reference*
 - Clearly define scope and purpose of localities
- Refine Membership
 - **Enhance voice of those with lived experience of Health and Social Care Services**
 - Ensure right professional membership
- Establish a 'You Said – We Did' approach

PROGRAMME

Item	Subject	Lead
1.	Introductions and Purpose of the day	Maxine 1:30 – 1:40 p.m.
2.	Setting the Scene: Our Journey so far	Scott 1:40 – 1:50 p.m.
3.	Appreciative Enquiry: Define - What do we want from these discussions? Define → Discover → Dream → Design → Destiny	Scott 1:50 – 2:00 p.m.
4.	Round Table Discussion 1 (followed by brief 10 mins feedback) 25 minutes each ☺ Discover: The best of what is. Positive experiences. ☺ Dream: What might be. How do we build on it? what does moving forward look like?	2:00 – 3:00 p.m. 
	NETWORK - TEA / COFFEE BREAK	3:00 – 3:15 p.m. 
5.	Round Table Discussion 2 (followed by brief 10 mins feedback) 25 minutes each ☺ Design: What will be. What will our groups look like. ☺ Destiny: Commitments. What are we agreeing to.	3:15 – 4:15 p.m. 
6.	Thank you and closing remarks	Maxine / Alan 4:15 – 4:30 p.m.

Today's Programme

5-D cycle of Appreciative Inquiry



Discover

Dream

Design

Destiny

Stage 1: The Topic

Our Locality Conversation

Stage 2: Discovery



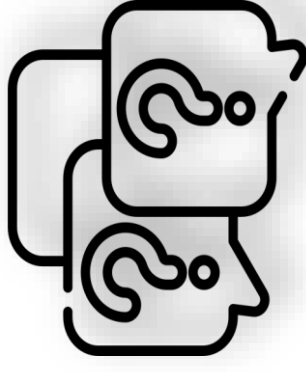
Discovery

Stage 2: Discovery

- In terms of engaging with local services, what have you experienced that worked well?

Discovery

- How did that make you feel?



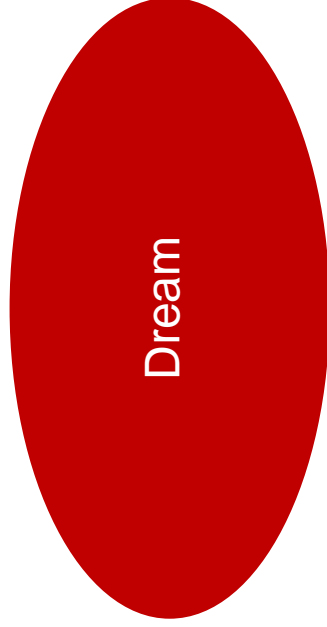
Stage 2: Dream



Dream

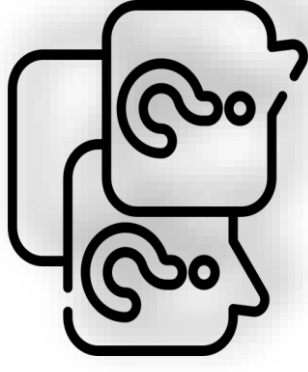
Stage 2: Dream

- How do we work together?



- How are your voices heard?

- How will we know we had an impact?



Stage 3: Design

Design

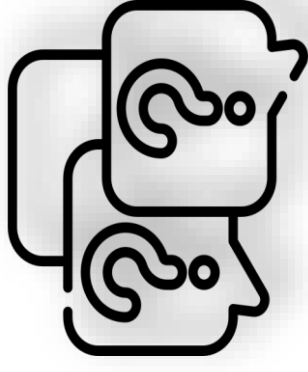
Stage 3: Design

- What could we do in the future to shape LPGs?




- Who should lead the conversations?

- How do we talk about our four strategic priorities?



Stage 4: Destiny



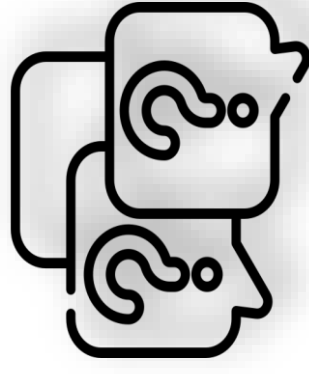
Destiny

Stage 4: Destiny

- What is your commitment to LPG moving forward?

Destiny

- What do you hope to achieve?
- If you could change one thing, what would it be?



- What mindset do we need to make this work?



Locality Planning Groups (LPGs)

Report from Event Held Tuesday 26th November 2024

Gibshill Community Centre Smillie Street, Greenock

1. Background - What is locality planning

The Inverclyde Health and Social Care Partnership (HSCP) Locality Planning Groups (LPG) are established in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, the Act puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3) (a) of the Act noted above requires each integration Authority to establish at least two localities within its area.

Guidance on what localities are for, the principles upon which they should be established, and how they should operate can be found in the [Localities Guidance](#)



Our Locality Planning groups started from a small core or members and now is the time to build on our groups, with an opportunity to broaden the membership to include:

- people who use HSCP services,
- those who care for people who use HSCP services,
- those with lived experience of HSCP services
- those with a passion for HSCP services,
- those who work in health and social care, including our Housing sector colleagues, GPs, social workers, Allied Health Professionals (AHP) (for example Physiotherapist and Occupational Therapists), pharmacists etc.

2. Our Approach

This report has been written following our information and conversation session for our Locality Planning Groups (East and West brought together). Participants were invited to join this event on Tuesday 26th November to help shape the future of our Locality Planning Groups.

This session was part of our commitment to our Locality Planning (agreed at our East and West meetings in October 2024) this was an opportunity to raise the profile of HSCP Locality Planning Groups, discuss what we hoped to achieve moving forward and have positive conversations around how we improve and build on the existing Groups. We want to design and plan our services **with and for** the people of Inverclyde.

A programme of the session was tabled for each participant (*Appendix 1*) using the Appreciative Inquiry Model.

The aims of the session were to:

- Network; meet and greet our colleagues and partners from across the Third Sector, HSCP workforce, Locality Planning Group members and wider Community representatives, with an opportunity to put faces to names and engage in honest open table conversation.
- Highlight the purpose and journey of Locality Planning Groups to date
- Engage in positive conversations around our strengths and how we can work together using the Appreciative Inquiry model.

3. Session Outline

The session was opened and introduced by Maxine Ward, Head of Addiction Services and Homelessness, Inverclyde HSCP. Maxine welcomed everyone to the session asking that we focus on this session with *'a positive mindset'*.

Scott Bryan, Service Manager – Planning, Performance and Equalities delivered a *'Locality Planning – People and Partnerships, Making a difference'* presentation (*Appendix 2*), key points below.

- Our Strategic Partnership Plan
- Our Vision, priorities and approach
- Locality Planning journey so far
- What is the Appreciative inquiry (model)
- What's next? Discover – Dream – Design - Destiny

Scott and Pamela Robb, Planning and Redesign Officer, lead participants through the four conversations of the Appreciative Inquiry model.

Alan Best, Head of Health and Community Care, closed the event, thanking everyone for taking time out of their busy schedules to support the session and for all their contributions and feedback.

4. Conversations

Working in partnership with the CVS Inverclyde and Your Voice, four breakout sessions were facilitated.

The event took an informal round table discussion approach, allowing participants to participate in smaller groups with some, key questions (below) to understand the journey we are on.

Discovery:

Appreciative mindset. The best of what is.

- ☺ In terms of engaging with local services, what have you experienced that worked well?
- ☺ How did it make you feel

Dream:

Positive focus. Think big! What might be.

- ☺ How do we work together?
- ☺ How are your voices heard?
- ☺ How will we know we had an impact?

Design:

What will be. What does Locality Planning look like to you.

- ☺ What could we do in the future to shape LPGs?
- ☺ Who should lead the conversations?
- ☺ How do we talk about our four strategic priorities?

Destiny:

What can we do today to make a difference tomorrow. Sustain the development.

- ☺ What is your commitment to LPG moving forward?
- ☺ What do you hope to achieve?
- ☺ If you could change one thing, what would it be?
- ☺ What mindset do we need to make this work?

5. Summary of Discussions

A full breakdown of the feedback from all tables is included in [Appendix 3](#).

Common themes (in no set order)

1. Understand the need and people in our communities (broad representation)
2. Develop the strategic priorities (with themed sessions aligned to each priority).
3. Understand and use the assets in our community (for signposting)
4. Multi-agency approach and collaborative action (reduce duplication).
5. Identify local gaps (guide funding decisions where there is a gap – especially Third Sector, community fundraising to address gaps)
6. Build on and make better connections with our Young People (earlier intervention).

7. Build and maintain relationships (communities need trust not a constant process of connecting/reconnecting when there is a high turnover of staff)
8. Coproduction (particularly with our young people and lived experience).
9. Safe spaces and smaller forums (host conversations that 'really matter' with incentives).
10. You said – We did (evidence of listen, learn and that services are adapting)
11. Led by People **for** People (HSCP coordinate – don't lead)
12. Reframe LPGs (need a safe place, informal, drop the 'meeting' language)

What are we doing well?

- We are starting to have meaningful conversations.
- Committed workforce and communities who work hard and are dedicated to improving the lives of our people.
- Compassionate resilient communities.
- Partnership working (has improved but we can do more)
- Language / decluttering jargon (better but still needs improvement).
- Stigma work (better but needs improvement).
- Promoting positive language and conversations (reducing the negativity)
- Rehab pathways have improved, lived experience feels better supported.

6. Next Steps

It was agreed this was a particularly useful session, there was energy in the room, and participants had a passion for working collaboratively.

The HSCP Locality Planning Groups will provide the bedrock for multi-agency outcomes-based planning to take place. Members should provide vital knowledge from their communities to identify local needs at early stages and are essential in planning early intervention services.

Locality Planning Groups cover different localities / geographical areas and should have a wide and varying range of members. It is recognised that whilst there is no one-size-fits-all model for Locality Planning Groups; there are key components that will be common in the East and West which is that all members are willing to focus on improving the outcomes for the people living in those areas and the conversations will be aligned to our four strategic priorities.

The Locality Planning Groups has a common strategic direction, through this we will assess how much they add value to local planning, build relationships, collaborative working and identify local gaps in services.

Recommendations

- ☺ At the core, locality planning groups will understand their primary purpose is to inform the development and implementation of the Strategic Partnership Plan.
- ☺ A clear, easy to follow 'statement' and / or terms of reference will be drawn together, this will be explicit in terms of 'the ask' and what is in and out of scope for Locality Planning group members.
- ☺ Locality Planning Conversations should take place in our community hubs, community halls, churches etc with tea/coffee available to allow a safe warm welcoming space to have meaningful conversations in smaller groups.
- ☺ Locality Planning conversations should take place as a hybrid option where this is possible to allow for people to join online and conversations should be recorded and shared for people who can't make a set time and date.
- ☺ Initially the groups should be chaired by the Head of Service allocated to each Locality, this should be revisited mid-year with a view to the groups being for the people and conversations led by the people with HSCP officers in attendance and coordinating the groups.
- ☺ Groups will seek to enhance membership from those with lived experience of health and social care service and local carers, recognising the great value their views will bring.
- ☺ The topics for discussion at each meeting should, where possible, be driven by the group's membership but should always relate to Health and Social Care matters and services within the remit of the HSCP and partner organisations.
- ☺ All topics should relate to the priorities set out in the Strategic Partnership Plan.

Thank you so much to everyone who participated and facilitated on the day.

Appendices

Appendix 1 – Development Session Programme (appended)

Appendix 2 – Localities Development Session presentation (appended)

Participant List

Attendees.

T1.

- Kelly Dominick – Kay Housing
- Michelle McKechnie – Home Start
- Jenn Campbell – Muirshiel Centre
- Amanda Ward – C&F Social Work
- Anne Marie MacDonald – Carers Gateway
- Calum McLellan – CLD
- Angela McKillop – Your Voice MH Network
- Rebecca Richard – Your Voice

T2.

- Finlay Craig – Your Voice
- Heather Davis - Carers Rep, Your Voice
- Michael McGarrigle – Rapid Rehousing Team HSCP
- Graham Shaw – Key Housing
- Brenda Cox - CLW, CVS
- Gillian Dow – Carers Gateway
- Christine Lindsay – Muirshiel Centre
- Tommy Rodger - PG West Community Council

T3.

- Vicki Cloney – CVS Inverclyde
- Val Shepherd – CVS Inverclyde
- Mario Fabiani – Alzheimer’s Scotland
- Dean Ferrie – Recovery Network, Your Voice
- David McIntosh – Rapid Rehousing Team, HSCP
- Jackie Burns – Key Housing Support
- Margaret Moyse – Gourock Community Council
- Lynn Fulton – C&F Social Work Services, HSCP
- Lynn Perkins - Independent

T4.

- Yvonne Coyle – Barnardo’s
- Jennifer Devoy – C&F Social Work, HSCP
- Joe McIlwee – Greenock South Community Council
- Ann Murray – Maximising Independence Lead, HSCP
- Karen Haldane – Your Voice
- Jim Fraser – CLDT Social Worker, HSCP
- Kerry Dickson – Home Start, Inverclyde
- Thomas O’Neill – IADRS, Wellpark, HSCP