

## Homelessness under the spotlight



The Scottish Health Council recently joined forces with Shelter to highlight the plight of people affected by homelessness and the health issues they face.

The two organisations teamed up to host a conference that drew representatives from agencies involved in health and homelessness throughout Scotland.

A wide range of health problems are particularly prevalent among people affected by homelessness including anxiety, stress, self-harm, other mental health problems and infectious diseases.

In Scotland there are over 40,000 households affected by homelessness, with more than 200,000 people on housing waiting lists.

Scottish Health Council Director Richard Norris, who spoke at the event, said: "Poor health is not only a consequence of homelessness but can also help to precipitate it.

"One of the key outcomes from this event is to explore ways we can involve people affected by homelessness in shaping the services they use, and to identify solutions to the problems they face."

Other key speakers included the Director of Shelter Scotland Graeme Brown and NHS Highland Consultant in Public Health Medicine Dr Dave Bell.

The event in Edinburgh, which also involved the Scottish Council for Single Homeless and Aberdeen-based voluntary group the Cyrenians, links with work being carried out by the Scottish Health Council in Highland and Ayrshire and Arran to work with voluntary and statutory organisations to develop ways of engaging with people who are affected by homelessness.

Feedback from the conference will be used to develop supporting material and improve engagement and intervention by the NHS.

It is hoped that a follow-up conference will be held in 2009 or 2010.

For more information about this event and its outcomes visit [www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)

# Parliament backs pilots for direct elections to NHS Boards



Scottish Government plans to give anyone over 16 the opportunity to participate in health board elections have been approved by Parliament.

Health Secretary Nicola Sturgeon welcomed the move as a "major boost for democracy".

The Health Boards (Membership and Elections) Bill was passed after a Stage Three Parliamentary debate.

It means for the first time members of the public will be able to play an active part in the decisions made by NHS Boards,

which in 2009-10 will spend a record £8.64 billion of taxpayers' money.

And in a UK first, young people aged 16 and 17 will be able to take part in the polls, giving them a first taste of the electoral process and a say in how the NHS is run.

Ms Sturgeon said: "Elected health boards will give power back to local people. They represent a major boost for democracy and accountability.

"They are the best way of ensuring that Boards will no longer be able to ride roughshod over community opinion, as has happened in the past. The voices of people whose taxes pay for the NHS will now have to be listened to and acted upon.

"This is the single biggest step we can take to re-energise public engagement with the health service, so I am delighted MSPs

have shown that they trust the people of Scotland, as I do, to help steer the direction of health services for the greater good."

Two pilot elections will take place next year and will run for two years to test the full range of issues an NHS Board might face.

They will see directly elected members and elected councillors form a majority of Board members. The elections will use the Single Transferable Vote system.

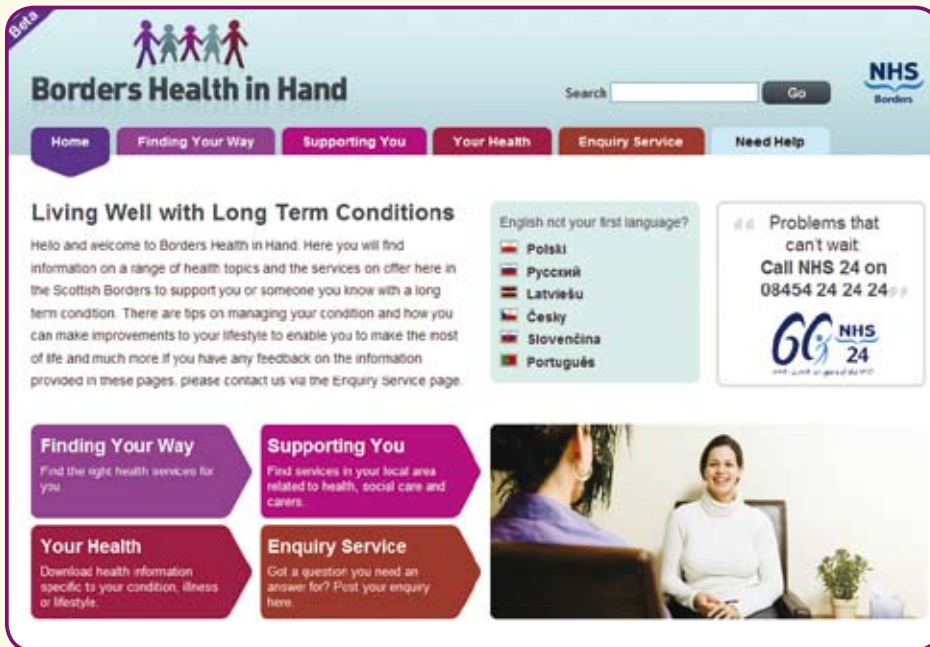
An evaluation and further Parliamentary scrutiny will follow before any wider rollout. The pilots, which will cost £2.86 million, will be funded from central Scottish Government budgets. The locations of the pilots are yet to be confirmed.

Elected members will replace a number of the members on each NHS Board currently appointed by Ministers. They will receive the same level of remuneration as appointed members, currently around £7,500 per year.



Glasgow University Professor of Public Health Phil Hanlon offers his take on how patients can be involved in their own care at a recent West of Scotland Patient Focus and Public Involvement Network meeting in Glasgow. In his talk he highlighted the changing approach of the NHS over the years from one of paternalism to partnership. Over 100 delegates from the NHS, voluntary sector and the public attended the 'Showcasing and Sharing' event which was organised by the Scottish Health Council. Other speakers included Director of the Scottish Community Development Centre Fiona Garven and Senior Consultant of FMR Research Jen Smith.

# New Borders website gives a helping hand



NHS Borders has launched a new website to give patients easy access to advice and information about long term conditions.

The Borders Health In Hand website includes a directory of services and contacts, training in how to search for good quality health information on the internet and health improvement advice for people living with diabetes, asthma, heart disease and other health conditions.

NHS Borders worked closely with Scottish Borders Council Library and Information Services to develop the website which members of the public can access from their own PCs and from libraries throughout the Borders.

In developing the site, the NHS Board also worked with two local

employers, Emtelle UK Limited in Hawick and Farne Salmon and Trout in Duns who both employ a number of workers from overseas.

These workers can also make the most of the website, which they can access from the workplace, as the online information is also provided in Polish, Portuguese, Russian, Latvian, Slovak and Czech.

Borders Health in Hand has been developed as part of the NHSScotland Knowledge Services Strategy 'Enabling Partnerships: sharing knowledge for patient care in NHS Scotland' and is sponsored by NHS Education for Scotland and the Scottish Borders Community Health and Care Partnership.

Visit [www.bordershealthinhand.scot.nhs.uk](http://www.bordershealthinhand.scot.nhs.uk) for more information.



Scottish Health Council Regional Manager East Christine Johnstone, pictured, addresses delegates at the 'Developing Health Communities in Forth Valley' conference at the Inchyra Grange Hotel in Polmont in March.

Healthcare professionals, patients, representatives from the public sector and voluntary groups across Forth Valley discussed how local communities can get involved and contribute to improving health in the area.

Initiatives discussed included the Visioning Outcomes in Community Engagement (VOICE) database which aids improved planning, monitoring and evaluation of community engagement, and the Scottish Health Council's Evolving Practice website which showcases examples of Patient Focus and Public Involvement from across Scotland.

# Remote signing system opens up services for deaf people



An innovative scheme is making GP services in Greater Glasgow and Clyde more accessible to deaf people through the use of remote sign language interpreters.

Previously, deaf patients have been restricted in booking appointments with their GP by the availability of face-to-face British Sign Language interpreters.

However, a new 'Sign-on-Screen' system being piloted in Greater Glasgow and Clyde gives deaf people greater flexibility in seeing their GP at a time that suits them.

The web-based initiative works in two ways: either using a signer to facilitate a telephone call between a deaf and hearing person or to

remotely interpret meetings between deaf and hearing people.

In both instances, the British Sign Language interpreter will be connected via dedicated software to enable the deaf person to see the sign language and to enable the hearing person to listen to the English translation.

All that is required in the GP surgery is a PC running Windows XP (or later version), a broadband connection and a webcam.

Gordon Chapman, Chief Executive of Deaf Connections, who pioneered the system, said: "There is a chronic shortage of British Sign Language interpreters in Scotland and, as a result, deaf

people often face delays in getting medical appointments, which can be extremely frustrating.

"Sign-on-Screen' is likely to make its biggest impact around short notice medical appointments such as same day appointments, accident and emergency hospital visits and out-of-hours services and we anticipate considerable benefits for deaf people."

Deaf Connections next project is to establish a 'pocket interpreter' using 3G phones to provide even greater access to sign language interpreters.

# Thumbs up for Stirling kids' ward

Sick kids in Forth Valley have given the "thumbs up" to the way they are cared for in the children's ward at Stirling Royal Infirmary.

A recent survey of children being treated on Ward 17 found among other things that "nurses are nice and can help you overcome your fears", for example giving advice on how to not be afraid of jabs.

Some of the comments have now been incorporated by artist Albi Taylor into a poster painting which will be hung in the ward.

Findings from the survey will form the basis of an action plan to introduce new and improved ideas to the ward, which is also known as the Getting Better Station.

In future children will be able to hang signs above their beds similar to the 'Do Not Disturb' notices in



Ward manager Fran Hislop, left, and Practice Development Facilitator Arlian Mallis with the poster.

hotels. The signs will alert staff to youngsters' dislikes such as not wanting the light turned on early in the morning or anyone brushing their hair.

The survey was carried out over five days with children over the

age of six completing a written questionnaire and forms part of NHS Forth Valley's Improving Patient Care and Experience programme.

## Better Together builds on patients' experience

A national programme to improve health services by learning from the experiences of patients across Scotland continues to gather pace.

*Better Together*, which was launched last year, supports many of the themes identified in the Scottish Government action plan *Better Health, Better Care*, in particular the concept of 'mutuality' where patients and NHS staff are co-owners of NHSScotland.

The programme uses feedback from patients to enable best

practice to be shared between different services as well as leading to changes at a national level.

Early milestones reached under the programme include the establishment of a website which encourages patients to share their experiences of NHS services and ideas for improvement. Currently the website includes nearly 70 patient stories which are categorised by service, condition and NHS Board.

In addition to the launch of the website a range of networking and

learning events have been held and an inpatient survey will be piloted at NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Fife and NHS Greater Glasgow and Clyde.

The programme also draws on research and has published research reports on topics such as building on experiences of patients and users, building on experiences of NHS Boards, and what is important to users of GP services.

More information can be found at [www.bettertogetherscotland.com](http://www.bettertogetherscotland.com)

# Posters point the way for comments and complaints

Health Rights Information Scotland has developed a poster to tell patients how to give comments, express concerns or complain about NHS care and treatment.

The 'Help your NHS get it right!' poster promotes the availability of the leaflet 'Making a complaint about the NHS' and encourages patients to communicate with the NHS.

Members of the NHS Complaints Personnel Association Scotland, members of the Patient Information Network and other NHS staff have all been involved in the development of the poster.

NHS Boards throughout Scotland have been given a supply of the posters to distribute to hospitals, GP and dental surgeries, and pharmacies.

'Help your NHS get it right!' is also available from the HRIS website at <http://www.hris.org.uk>



For more information, contact, Health Rights Information Scotland Support Officer Brigitte Cosford (email [brigitte.cosford@consumerfocus-scotland.org.uk](mailto:brigitte.cosford@consumerfocus-scotland.org.uk) or phone 0141 227 8440).

## In my view



The Scottish Health Council welcomes a range of views from individuals and organisations as to how patients, carers and the public are involved in health services. In this issue Janet Muir, Head of Programmes (community-led health) at the Scottish Community Development Centre comments on opportunities for shared learning on participation across different sectors. The opinions expressed in this article are the views of the author and do not necessarily reflect the views of the Scottish Health Council.

"Significant recognition now exists from many of those who exercise influence and power that patients, carers and the wider public bring a unique contribution to shaping and implementing health services. Solutions to addressing barriers to good healthcare; expertise in reaching and engaging people who traditionally do not access services and skills in supporting people to becoming more influential are now developed between the NHS and Patient Focus Public Involvement stakeholders. These challenges are also shared by colleagues in other

sectors in supporting communities to ensure that services respond to expressed need, are better targeted and promote ownership of health improvement. By actively seeking to learn and capitalise from the experiences gained across different sectors we strengthen our strategies and intensify our impact.

We consistently hear that effective participation is happening in some parts of the country, but not in others. It is generally understood that just because Patient Focus and Public Involvement has thrived in one area it is not necessarily the case that it will be successful in another - many factors shape the success including strategic and operational commitment, levels of resourcing, identified need, networking and partnership working. Equally important is the understanding that diverse groups of people are unlikely to avail themselves of opportunities for change, if barriers to participation persist and if their experience or perception is that their involvement makes little impact on the prevailing agenda.

The evidence does show that in areas where participation is effective, it is health enhancing as well as strengthening participatory democracy. The national policy agenda continues to be supportive of this, not only through Patient Focus and Public Involvement within NHS services, but also through the community-led health agenda within health improvement and community empowerment agenda within housing, regeneration, adult education and the general delivery of local authority services.

Although these agendas have clear distinctions e.g. Patient Focus and Public Involvement focuses on the patient, underpinned by clinical/

behavioural models to service improvement, while community-led health focuses on working alongside communities on shared priorities, there are strong commonalities, whether in approaches to building capacity, building the evidence base, planning and partnership working and ensuring the long term sustainability of development from people's involvement. These agendas are brought together through various national and local programmes, but in particular Health Communities: 'Meeting the Shared Challenge Programme' (lead by NHS Health Scotland and implemented by the Scottish Community Development Centre) which supports community-led health approaches to health improvement. The implementation of the programme reflects vested interest from a wide cross section of stakeholders from NHS and local authorities to patient's networks and community-led networks. It also taps into national and local health-related networks that seek to share learning across other sectors including CHEX, Community Food and Health Scotland and Voluntary Health Scotland who have created opportunities for shared learning through seminar work, case studies, evaluations, study visits, 'Health Issues in the Community' courses, e-bulletins and websites.

Over a number of years, the Scottish Community Development Centre has worked across the various sectors, developing tools to share learning, assist participation leading from involvement to engagement and community-led activity. The National Standards for Community Engagement (funded by Communities Scotland and developed by the Scottish Community Development Centre) provided a framework and indicators for effective engagement. More recently, the VOICE tool

(currently being piloted), captures the learning and development from community engagement. In addition, the Scottish Community Development Centre is developing a Learning, Evaluation and Planning database to enable systematic collection of data for sharing learning and impact

While this synergy in shared agendas and learning is greatly welcomed, there is much that we still need to do. It is clear that if we are to ensure consistency across Scotland in supporting participation in shaping and implementing public sector services then the identifiable and measurable benefits need to be more widely promoted and recognition given to the real resource implications. The Scottish Health Council's initiative on establishing the 'Participation Standard' will create the lead for greater consistency. The Scottish Community Development Centre is interested to work with the Scottish Health Council and all other relevant health bodies to share the learning that ensures participation has impact and is improving health across the country."

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- by email
- in large print
- on audio tape or CD
- in Braille, and in community languages.

We welcome your comments and views on this newsletter – please contact Rob MacPhail, tel: 0141 225 6992, email: [editor@scottishhealthcouncil.org](mailto:editor@scottishhealthcouncil.org)