

Public Partnership Forums – a wider view

Gary McGrow

29 February 2008

Background

- The aim of the study was to take stock of progress of PPFs to date, looking specifically at:
 - challenges;
 - successes;
 - impact of the SEHD guidance; and
 - what other support is required?

Method

- May to October 2007
- Stakeholder interviews with key players
- Case studies in 5 areas:
 - depth interviews/mini groups with CHP staff
 - focus groups/telephone interviews with PPF members
- Additional overview of NSHGGC
 - depth interviews with heads of planning and health improvement

Method

- PPF member/staff survey by post and online:
 - some direct, most via CHPs because of Data Protection issues
 - all areas had the opportunity to participate
 - 265 responses in total
 - 240 (90%) from PPF members
 - 25 (10%) from staff
- Review of Working Agreements

Some Key findings – structures & models

Structure/models

- Majority unconstituted committees (chair, secretary, CHP committee reps, deputies)
- Usually consist of around 12-15 members
- Most made use of existing structures
 - PPFs will have usual gaps in reaching hard to reach groups
 - enabled PPFs to gain experienced members quickly and also capacity
 - perhaps some confusion – less likely to know what PPFs are all about

Which structure is most suitable?

- Too many localised factors such as:
 - existing community involvement structures
 - different resources (admin & finance)
 - initial response from public
 - good response - no need to rely on com/vol orgs
 - Poor response - needed to rely on com/vol orgs more
 - staff experience of public involvement
 - prevailing culture within NHS board/CHP

Case Study

- West Lothian
 - recruited from mainly members of public
 - reps attend CHCP Board (pre-meeting with Chair) as well as CHCP committee
 - web page
 - database of all members interests
 - almost all info circulated electronically
 - communications strategy

Case Study

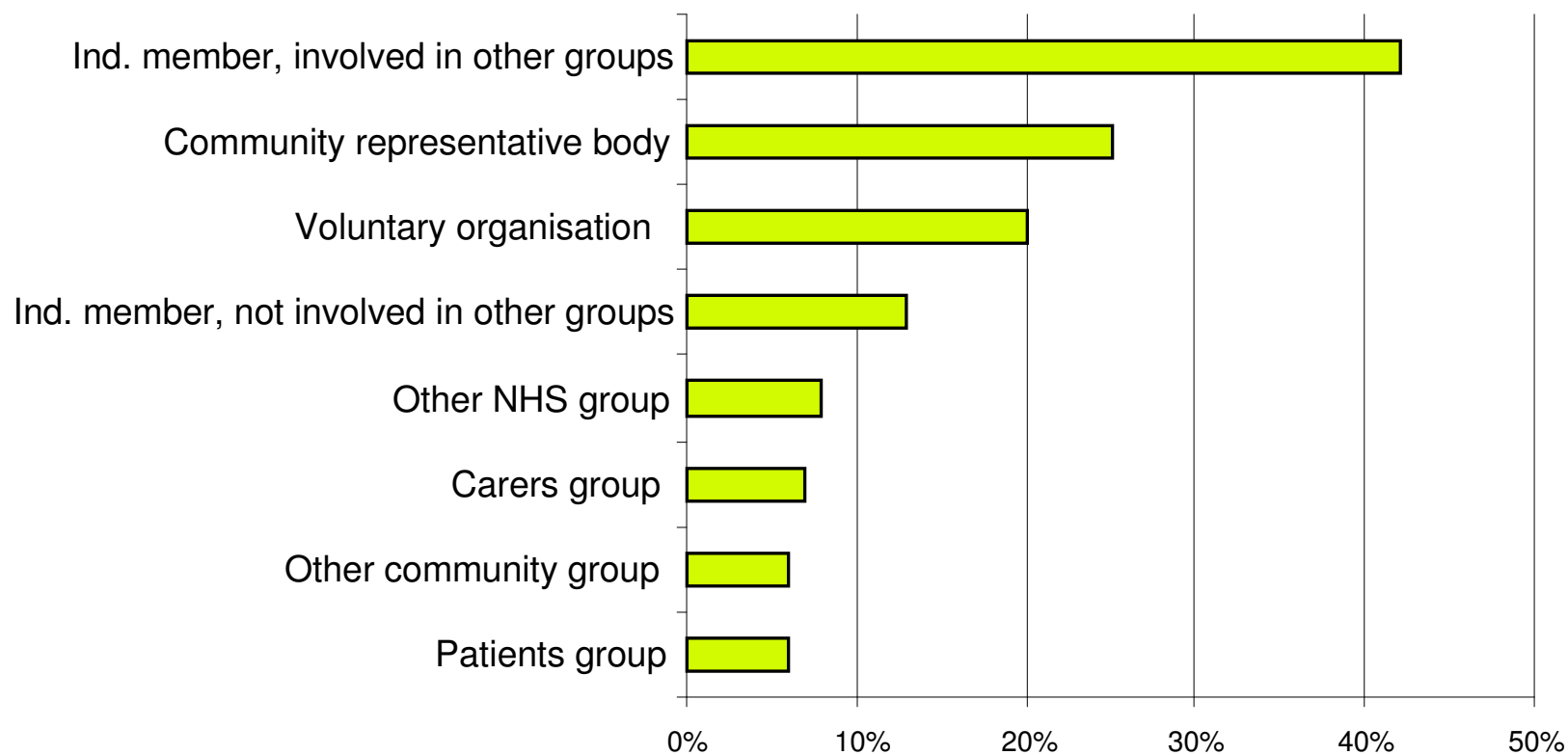
- South Ayrshire
 - Established via community councils & voluntary org. networks – 6 each
 - Full time PPF co-ordinator, dedicated budget, part-time admin + training & development
 - Consultation protocol
 - Engages some of the ‘seldom heard’ groups
 - Glossary to help with jargon
 - Standing item on CHP agenda for PPF reports

Some key findings – Key challenges

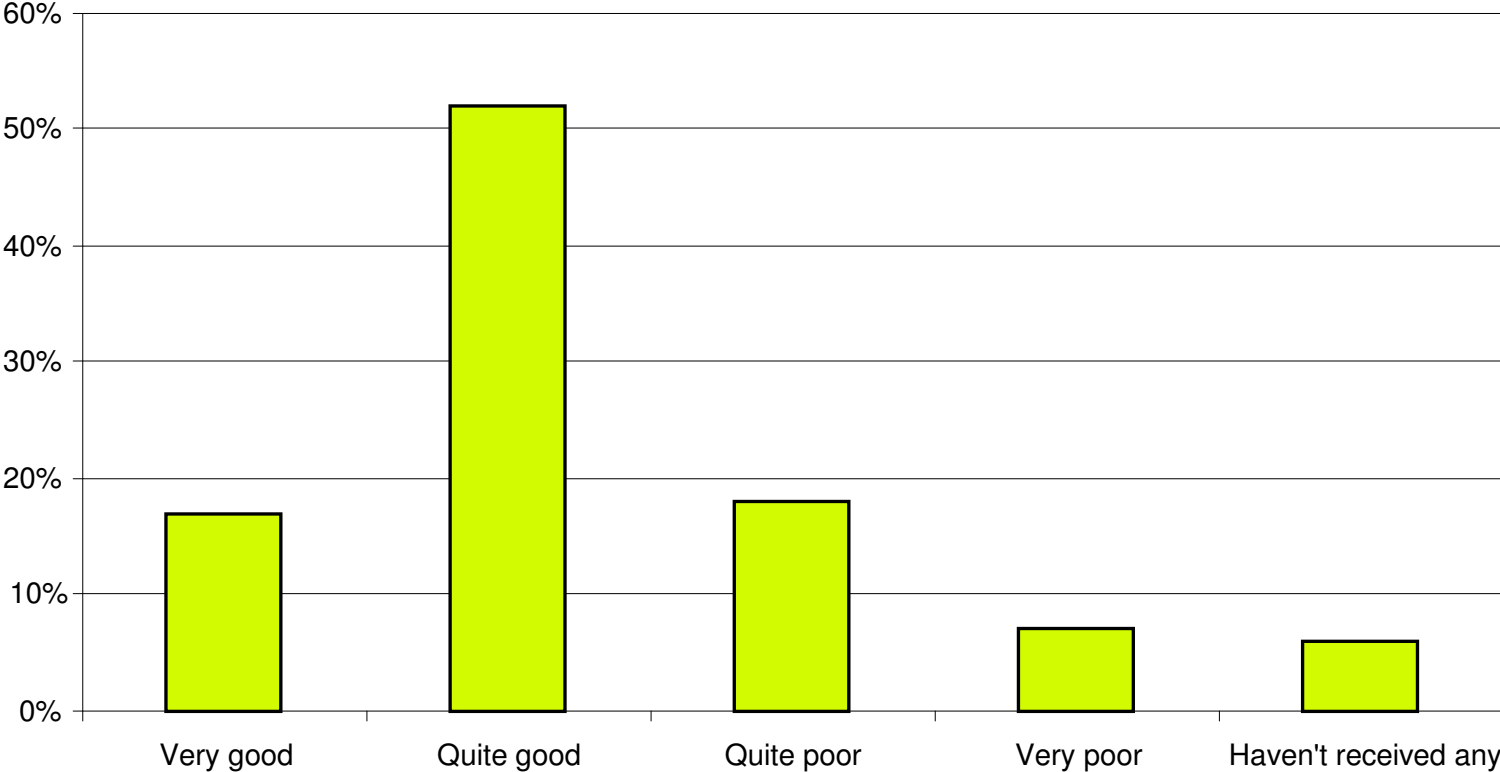
Public awareness

- Perception of public awareness low – 2.75 out of 10
- Public Partnership Forum' no mention of word 'health'
- little direct communication with public
- local adverts, leaflets, health fairs, public events, stalls at supermarkets/shopping malls.

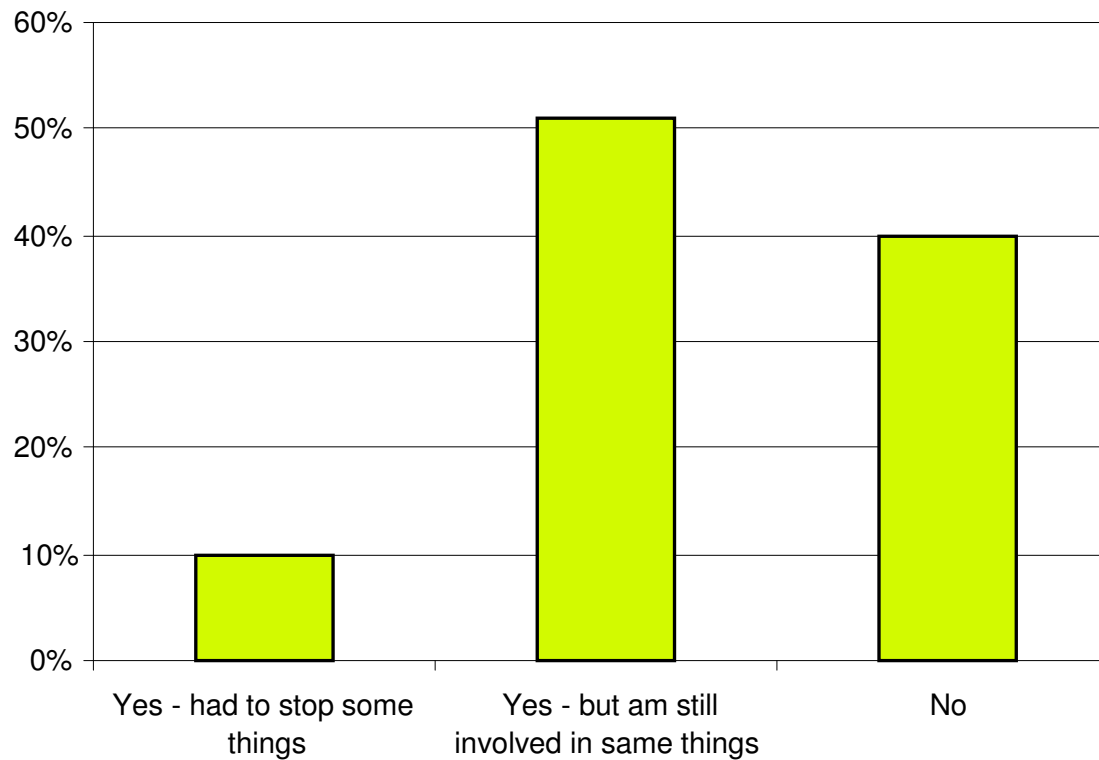
PPF Members



Clarity of communications from CHP?



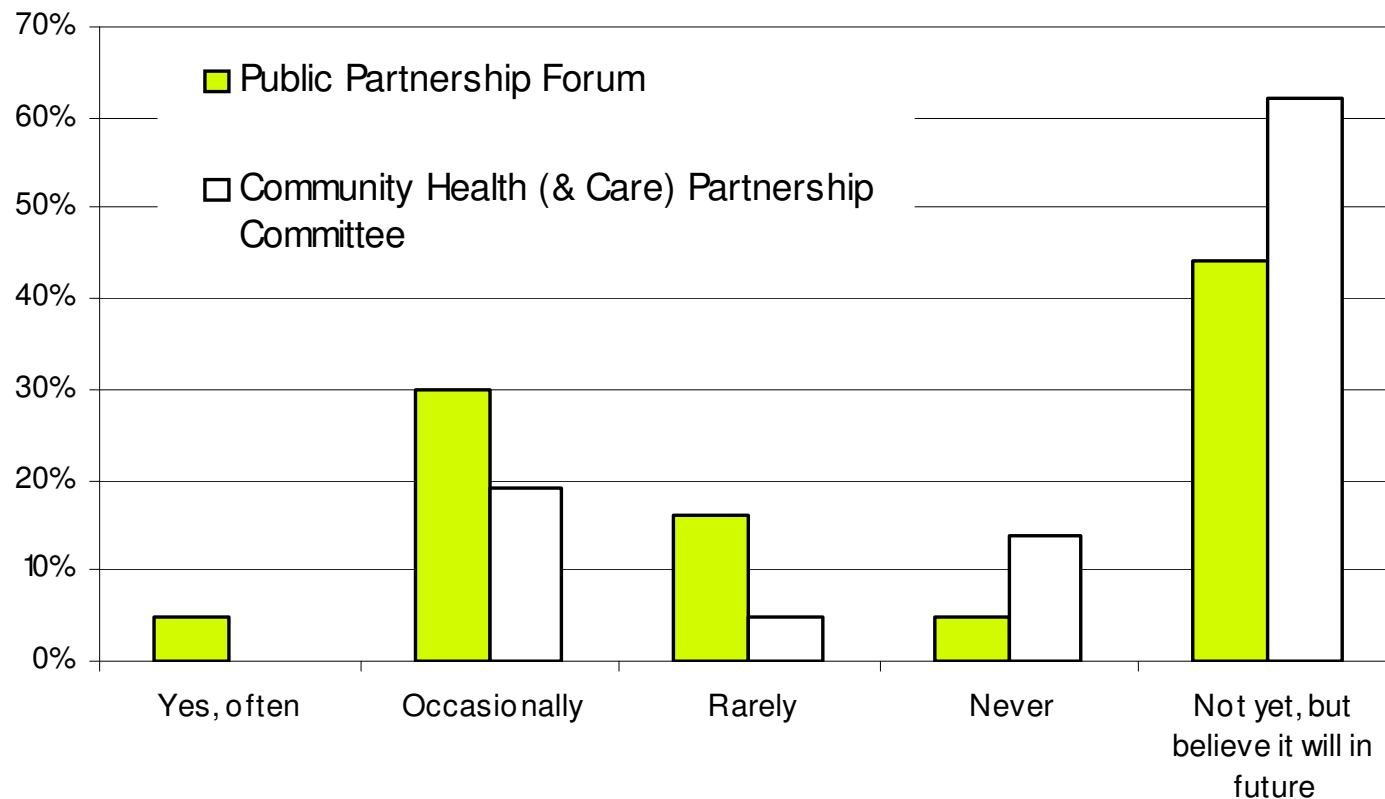
Does attendance impact on other commitments?



Key Challenges – cont.

- Resources/finance
- SEHD guidance
 - some like flexibility others preferred more structure
 - used guidance for establishing WA
- National picture
 - how do national orgs. (with no local structure) get involved?
 - association of PPFs or network of PPFs?

Does your PPF make a difference to NHS?



Issues raised by research

- CHPs are the ‘guardians’ of PPFs, which limits networking opportunities happening naturally
- How separate should PPFs be?
- Should they be constituted?
- How should different views/expectations be managed?
- There is interest in a national association
- There is interest in a national network to share learning, could SHC support this?

Conclusions

- Early days but CHPs & PPFs continue to develop with a variation
- Need to be more inclusive but a lot of experience exists in the PPF networks
- Risk of consultation fatigue
- Lack of capacity is a serious issue - time needs to be spent to develop & support PPF members
- Dedicated resources & training would help

Recommendations

- What are the expectations for PPFs?
Need a vision & action plan
- To support the above, need for a development plan for CHPs/PPFs and include a national structure for PPFs
- CHPs should allocate dedicated budgets to PPFs