

# Executive Summary February 2008

Public Partnership Forums: what direction and support is needed for the future?

A report commissioned by the Scottish Health Council

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# Executive Summary

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## Introduction

Public Partnership Forums have emerged in different forms in Scotland and the Scottish Health Council wished to commission research to learn from this emergent phase, consider how Public Partnership Forums can be further developed and what support is required to enable them to do so. FMR Research was engaged in May 2007 to conduct this research. This summary outlines the main findings.

## Method

The study process was overseen by a reference group, with participants from NHS Boards, Community Health Partnerships, the Scottish Health Council, voluntary sector organisations and Public Partnership Forum members. The research method included:

- a review of NHS Board assessment reports from 2006/07;
- twenty-three key stakeholder interviews to gauge different views on the development of Public Partnership Forums and a focus group comprising national voluntary organisations;
- five case studies using a combination of focus group discussions with Public Partnership Forum members and depth interviews with Community Health (& Care) Partnership management and support staff. These case studies were conducted with the following Community Health (& Care) Partnerships/Public Partnership Forums - Clackmannanshire; Highland; Perth and Kinross; South Ayrshire; and West Lothian;
- interviews were also undertaken with nine of the Heads of Planning & Health Improvement in the Community Health (& Care) Partnerships in the Greater Glasgow and Clyde in order to obtain an overview of a more urban area,
- a wider stakeholder survey conducted over September and October 2007 with both Public Partnership Forum members and Community Health (& Care) Partnership committee members which obtained responses from all NHS Board areas. There were 265 responses in total, 240 from Public Partnership Forum members and 25 from staff/committee members; and
- a review of 23 Public Partnership Forums' working agreements.

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The summary first looks at findings from the stakeholder research, then reports the survey findings.

## **Stakeholder findings**

### **Initial development**

The research was conducted early in the evolution of Public Partnership Forums and not all Public Partnership Forums were fully operational. Some Community Health (& Care) Partnerships set out to establish a particular model although many developed a structure as they progressed. Each Community Health (& Care) Partnership had taken its own approach to establish structures based on a number of factors such as: available resources; existing structures; initial level of response from the public; the level of expertise in public involvement Community Health (& Care) Partnership staff had; and whether the Community Health (& Care) Partnership had a culture of embracing public involvement. Some Public Partnership Forums have struggled due to lack of clarity or sense of purpose as well as other demands placed on them. The majority, however, had utilised structures already in place and have therefore initiated with varying degrees of skills, capabilities and capacities. There has been some confusion among the public as to what Public Partnership Forums were and what their purpose was. Despite this, using existing structures has allowed Public Partnership Forums to become established quickly given the resources available. Some Public Partnership Forums have worked to the National Standards for Community Engagement.

### **Key Challenges**

“Representativeness” of Public Partnership Forum members ,as in trying to ensure a wide cross section of the public are involved or represented, was one of the key challenges Public Partnership Forums faced. General public awareness of Public Partnership Forums was considered to be very low. However, most Public Partnership Forums and Community Health (& Care) Partnerships we spoke with were undertaking steps to understand issues that related to under-represented groups and were actively publicising the role of Public Partnership Forums to the public, albeit with limited resources.

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Accessibility and clarity of communication varied from one Public Partnership Forum to another. Three key issues emerged relating to communications. These were:

- the use of jargon and terminology was off-putting for many members, in particular those who had not been involved with the health service before;
- the need to target information at those who were interested in specific health issues as well as the need for both electronic and paper communication systems; and
- the need to improve communications with the public due to the low level of public awareness of Public Partnership Forums.

Capacity issues, in terms of the scale of activity, affected the Public Partnership Forum members on the core group and those who attended the Community Health (& Care) Partnership committees. Some Public Partnership Forums received significant support from Public Involvement Managers and Patient Focus and Public Involvement Co-ordinators. Without this support it is unlikely that the Public Partnership Forums would be able to function to the extent they do. Public Partnership Forum members in some areas consisted of people who had substantial experience of community involvement and participation in meetings. This was not the case in all areas and some Public Partnership Forums have struggled to develop due to the limited capability of the executive group. In terms of impact upon other organisations, national voluntary sector organisations we spoke with highlighted that supporting Public Partnership Forums across the country was having a consequential impact on the voluntary sector organisations that take part due to the level of work and time commitment required.

Community Health (& Care) Partnerships were also in their infancy and required development in terms of public involvement. While there were comments from Public Partnership Forum members stating that their Community Health (& Care) Partnership was becoming more open to public involvement there were others who felt there was still a “culture of secrecy” in the health service. It was suggested that there needs to be an appreciation of the shift required in terms of the culture. Two different approaches are coming together, community involvement which instils a bottom up approach to resolving health issues and a medical diagnosis approach which is top down. These two approaches can result in two

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very different cultures which can cause frustration between the Community Health (& Care) Partnerships and Public Partnership Forums.

Few Community Health (& Care) Partnerships provided a dedicated budget for their Public Partnership Forum. The majority of Public Partnership Forums received funding via Patient Focus and Public Involvement monies from NHS Boards as well as some funding and administrative support from Community Health (& Care) Partnerships. There were many comments from both Community Health (& Care) Partnerships and Public Partnership Forum members on the need for more resources.

Public Partnership Forum members are eligible for travel expenses. A number of members we spoke with feel that expenses are essential, not only for them to continue to participate, but also to attract new members, particularly from outlying geographic areas, and to ensure those with less disposable income are not excluded from participation. With regard to car travel expenses, some individual members felt particularly aggrieved that they only receive 23p per mile rather than 40p per mile which tends to be standard practice in other groups or for staff. Highland has formulated an expenses policy, as this was inconsistent in the area, and it was suggested by a number of stakeholders that a national expenses policy or guidance would be helpful.

### **Perceived ability to influence decision-making**

Public Partnership Forum members felt they had some form of influence, in a number of different ways. A key one was having a representative at the Community Health (& Care) Partnership Committee as well as representatives on various other specialist health groups. Those Public Partnership Forums which were more established felt they were making progress in this respect. The majority of Public Partnership Forum members interviewed in the case studies felt that they were listened to by the Community Health (& Care) Partnership mainly as a consequence of the positive relationships that were being built between the Public Partnership Forum executive, Community Health (& Care) Partnership and its Committee.

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## **Scottish Executive Health Department guidance**

There were mixed views on the Scottish Executive guidance, primarily depending on whether people had existing structures (and liked the flexibility the guidance afforded) or not (and would have liked stronger, more prescriptive guidance). Most participants stated that guidance is quite flexible, which was relatively positive given Scotland's diverse geography and contexts. Most Community Health (& Care) Partnerships stated that the guidance was used mainly to develop the working agreement and was now no longer referred to.

## **Fit with other public involvement structures**

Community Health (& Care) Partnership staff were more able to comment on "fit" with other structures than Public Partnership Forum members or voluntary sector organisations. This was probably not surprising given their professional capacity, however it was perhaps concerning that Public Partnership Forum members were less likely to know about other structures which could assist them with their activities and potentially avoid any duplication. The key areas where there was fit with other structures included citizens panels, community planning partnerships, community councils and community health care forums.

## **Strengths and weaknesses**

One welcome factor included the existence of Public Partnership Forums in the first place. Many stakeholders commented that there was little public involvement in the health service before Public Partnership Forums existed and now there is an opportunity for the public to influence change in the health service. Other key strengths cited by stakeholders included building upon existing structures and networks; involving local people and empowering local communities to have a say in health services; and good relations with the Community Health (& Care) Partnership. Key weaknesses included a lack of public awareness and the need to improve marketing; a lack of representativeness; perceived poor communication; a difficulty with recruiting members of the public; and a lack of funding and resources.

## **Adding value**

Although most Public Partnership Forums have developed slowly over the last 18 months or so, there was a general feeling that they were now

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established and ready to make a difference. While it may be too early to determine conclusively if Public Partnership Forums are adding value by involving more people in health services, feedback from Public Partnership Forum members and Community Health (& Care) Partnership managers suggested that those involved are generally more positive than negative.

## **The national picture and special boards**

A number of stakeholders, in particular the national voluntary organisations, highlighted the need for a national network of Public Partnership Forums. This could be a national Public Partnership Forum (on a network basis) or an Association of Public Partnership Forums emulating the Association of Community Health Partnerships, or perhaps as a subgroup of this body. There was also interest in members coming together to share ideas and experiences. There were very few comments made during the primary research phase on the extent to which Public Partnership Forums have involved special NHS boards.

## **Suggestions for further improvement**

There were a number of suggestions for improvement of which the key ones were:

- increase resources (both human and financial) to improve the capacity and capability of Public Partnership Forums (including training and development);
- increase publicity to the general public and attract 'seldom heard groups' such as those with physical and/or learning disabilities and Black and Minority Ethnic groups;
- establish a vision for public engagement which includes development and action plans in order to achieve this vision. The Scottish Health Council would then be able to measure the outcomes against this plan;
- Public Partnership Forums should be constituted with a management committee and have their own identity; and
- a national association of Public Partnership Forums which could assist national voluntary organisations and special boards with an

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overview of the national picture, and assist with networking/sharing good practice.

## **Future role of Scottish Government Health Department & Scottish Health Council in supporting further development of Public Partnership Forums**

A recurring theme was the ambiguity of the Scottish Health Council's role: whether it was one of monitoring, development or both. One suggestion included using the national standards for community engagement as a benchmark and reviewing Public Partnership Forums/Community Health (& Care) Partnerships' progress against this. Many comments were also made on the Scottish Health Council's role relating to assistance given to Public Partnership Forums and helping with capacity building, sharing best practice, training and networking. The importance of NHS Health Scotland and the Scottish Health Council working together was also raised. The comments directed towards the health team of the Scottish Government focused on funding/resources and revisiting and tightening up on some areas of the guidance.

## **Review of working agreements**

In comparing the working agreements of different Public Partnership Forums, it was apparent that they were often very similar in content and at times the phrasing used was identical. Despite this, differences did occur. This was sometimes in the structure, for example some working agreements had a section devoted to a specific area such as contact with the media, whereas others had a bullet point on this included within their code of conduct section instead. Another distinction was the number of different terms used to describe various groups that form the Public Partnership Forum who perform very similar roles, such as core group, steering group, executive group.

## **Survey findings**

### **Profile of Public Partnership Forum respondents**

Around half of the Public Partnership Forum respondents were individual members of the public, the other half representatives of community/voluntary and health groups. Over eight in ten had experience of community and voluntary groups. Just over half had been members for more than a year.

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## **Awareness & involvement with Public Partnership Forums**

Four in ten members had heard of Public Partnership Forums through another community/voluntary group and a fifth from a friend/colleague and one in ten from local press advertisement. Just under half of members were invited onto the Public Partnership Forum as a representative of a community/voluntary organisation, and a fifth because they were involved in previous NHS consultation. Depth of involvement in Public Partnership Forums ranged from receiving information (66%) and attending regular meetings (59%) to representing their Public Partnership Forum on other groups (10%) and chairing their Public Partnership Forum (5%).

## **Perceptions of Public Partnership Forum development**

A quarter of respondents felt the Public Partnership Forum had met or exceeded their expectations while just under a fifth felt it had fallen short. Almost half felt that it was too early to tell but were hopeful that their expectations would be met.

In terms of perceived strengths: around half felt their Public Partnership Forum helped to improve the community's understanding of local health issues; four in ten felt it had the ability to influence the Community Health (& Care) Partnership; just under four in ten felt the commitment of its members was a key strength; and almost three in ten felt it was inclusive. In terms of perceived weaknesses: almost six in ten felt that there was a lack of understanding of what the Public Partnership Forum was; over a third felt there was a lack of publicity about Public Partnership Forum activities; a third felt they were not truly representative of the local community; and just under a fifth felt that it did not influence the Community Health (& Care) Partnership.

The types of support that were the most popular were relevant information, training on relevant health issues and training on Patient Focus and Public Involvement, expenses, and admin support. Further support from the Scottish Government Health Department and Scottish Health Council highlighted by the Community Health (& Care) Partnership committee members included funding, training for members, best practice and information sharing as well as more focused guidance.

Seven in ten Public Partnership Forum members felt there was a need for more publicity to attract new members; two thirds felt there should be

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themed groups of the Public Partnership Forum such as youth, rural, disabilities; and about the same proportion felt their Public Partnership Forum should invite groups onto the Forum that represent harder to reach groups. Both surveys asked respondents to rate the awareness of the general public of the Public Partnership Forum, on a scale of 0 to 10. The average response from both was 2.7.

Six in ten Public Partnership Forum members spent up to four hours per month on Public Partnership Forum business, and about four in ten spent more than this. Over half of Public Partnership Forum members felt that time spent on Forum business impacted on their other commitments.

### **Perceptions with information, influence and impact of Public Partnership Forums**

Seven in ten Public Partnership Forum members rated communications with the Community Health (& Care) Partnership as either good or very good while a quarter rated it as poor or very poor. Four in ten Public Partnership Forum members felt they were listened to very or quite well by their Community Health (& Care) Partnership, two in ten quite or very poorly.

Over eight out of ten Public Partnership Forum members felt relations with their Community Health (& Care) Partnership were either very or quite good. Over four in ten Public Partnership Forum members felt their Community Health (& Care) Partnership responded to their needs either very or quite well. Four in ten Public Partnership Forum members felt that they had an independent voice from that of the Community Health (& Care) Partnership.

Finally, both surveys asked whether the Public Partnership Forum made a difference to the health service. For Public Partnership Forum respondents, 5% stated often, 30% stated occasionally, 16% rarely and 5% never. The largest response to this question (44%) stated that it did not yet make a difference but they believed it will in the future. A similar nature of response was given by the Community Health (& Care) Partnership committee members.

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## Conclusions & recommendations

It is still considered 'early days' in the development of Public Partnership Forums in Scotland. However, the general feeling around the progress and future of Public Partnership Forums tended to be positive. It would appear that membership was at least as representative as existing democratic structures if not more so. However, awareness of Public Partnership Forums was perceived to be low among the general public. Equality and diversity was an issue that most Forums were aware of and hoped to address. There is no doubt that Public Partnership Forums require further development although it should not be forgotten, however, that Community Health (& Care) Partnerships also require development. The Public Partnership Forums are starting to influence the Community Health (& Care) Partnerships and about a third of Public Partnership Forums and Community Health (& Care) Partnerships felt that Public Partnership Forums have an independent voice. There was, however, probably the need for additional support from the Scottish Health Council to help ensure that the large element of positive anticipation in relation to Public Partnership Forum development was realised.

Recommendations highlighted in this report included:

- the Scottish Government, Scottish Health Council, NHS boards and Community Health (& Care) Partnerships' need to identify what their expectations are for Public Partnership Forums. This needs to be explicit in the shape of a vision, action plan and identifiable outcomes;
- in accordance with the above, the Scottish Government/Scottish Health Council need to design a development strategy for Public Partnership Forums which incorporates the key development needs highlighted in this report, and this should include the development of a national structure for Forums; and
- Community Health (& Care) Partnerships should allocate a dedicated budget to the Public Partnership Forums.

It is worth commenting that since this research was conducted (during May to October 2007) the Scottish Government has highlighted in the Better Health, Better Care: Action Plan (December 2007) that it intends to produce proposals in summer 2008 to strengthen Public Partnership Forums.

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**Scottish Health Council**

National Office

Delta House

50 West Nile Street

Glasgow

G1 2NP

Phone: 0141 241 6308

Email: [shc@scottishhealthcouncil.org](mailto:shc@scottishhealthcouncil.org)

Website: [www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)