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Mr Brian Beacom, MBE  
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*Dear Brian*

### **SCOTTISH HEALTH COUNCIL ANNUAL REVIEW: 23 SEPTEMBER 2008**

1. I am writing to summarise the key points and actions agreed during our discussion at the Scottish Health Council Annual Review in Glasgow on 23 September.

2. I want to restate my thanks to you, Richard Norris and other staff from the Scottish Health Council for organising the day. It was very useful indeed to have the opportunity to cover a range of issues with you and colleagues in relation to the functions of the Health Council. I also found it particularly helpful to meet and discuss issues with public/community representatives and NHS staff and would ask you to pass on my thanks to those who contributed on the day.

#### **Meeting with public/community representatives and NHS staff**

3. This meeting provided an opportunity for stakeholders to reflect on their experiences of the work of the Health Council from both a public and NHS Board perspective. Overall, feedback was positive and indicated that the Health Council has been supportive in the development of Public Partnership Forums (PPFs) and that the shift towards Patient Focus Public Involvement (PFPI) self-assessment by NHS Boards, coupled with community verification, was welcomed.

4. Discussion on PPFs reflected the importance of involvement at an early stage of decision-making and a desire for PPF members to get together more frequently. This included a request for the Health Council to organise more regular networking events and disseminate good practice approaches to involving people. In addition, there is a role for the Health Council in coordinating on-going training for PPF members across Scotland. The point was also made that there are other important structures for involving people, such as mental health forums and maternity services liaison committees.

5. NHS Board staff indicated that relationships with the Scottish Health Council have improved in the last year and that openness and transparency have been key to this. There was a consensus view that the move to PFPI self assessment in 2008 had resulted in a much more coordinated, inclusive and meaningful approach although some concerns remain about the frequency of reporting and the time-consuming nature of PFPI assessment.

6. It was suggested that to strengthen its development function, the Health Council should look to international best practice and disseminate this to Boards. We also discussed the role of the Council in supporting public involvement in NHS service change, with particular reference to the development of options. There was support for the Health Council to build on its recent research on public involvement in option generation and its potential to develop and share further guidance with Boards.

7. Attendees felt that the role of Local Advisory Councils and how they fit with PPFs was unclear. You explained during the Annual Review that you were currently chairing a group which was considering this and that clarification of the role would be provided on completion of this work.

### **Annual Review Meeting**

8. After I reported back on my meeting with public/community representatives and NHS staff, you presented a summary of progress against the action points from the 2007 Annual Review. This included an overview of the changes made to the PFPI assessment and the introduction of self assessment by Boards. You explained that the intention was that the SHC would reflect, in consultation with Boards, on how well this process had worked and that the procedure would be refined as appropriate.

9. You advised that a PFPI overview report would be produced and distributed to stakeholders and the public. In increasing its focus on the development function, you explained how the Health Council had recruited a Patient Focus Team, had developed the Evolving Practice website and hosted a number of events to support a positive approach to sharing good practice. You outlined the level of support provided by local officers and the revised strategy which the Council is leading on, to strengthen PPFs across Scotland.

10. Finally, you confirmed that an independent review of the organisation was ongoing and that a final report was due in October. We acknowledged this ongoing work and explained that the independent review was separate to the Annual Review.

### **Assessment Function**

11. The assessment function had changed over the last year and the overall reaction from Boards had been positive. However, there remained a view that the process was too bureaucratic and that focussing on set actions throughout the year had prevented Boards building their own PFPI portfolio. You agreed that you wanted to reduce the bureaucracy burden and would seek further feedback from Boards to make further improvements to the process.

12. We agreed that communities should be involved in verification and that this should lead to better assessment outcomes. Your team explained how the verification process worked in practice i.e. Boards submit their PFPI portfolio to local Health Council staff who take this out to local communities (checking whether any groups had been missed) and ask whether this was what happened in practice and whether it made a difference.

13. You also indicated that you had increased staffing this year to support Special Health Boards with this aspect of assessment, particularly focussing on those Boards which do not have patient contact.

14. You indicated that links between the Health Council and community planning partners were limited and we agreed that it was important that these were strengthened in future.

### **Development Function**

15. The Council is charged with supporting the development of good practice in patient focus and public involvement and an action from last year's review was for you to give greater priority to this area. In particular, I was interested in what difference the Patient Focus Team had made. You explained that the Team had initially focussed on equality and diversity and ensuring that these values were embedded within the organisation and that this approach would be shared with NHS Boards, together with an Equality Impact Assessment template. You also explained how the team was working closely with the Directorate of Equalities and Planning in NHS Health Scotland to avoid duplication and that it would also be looking at advocacy services in future.

16. I reiterated feedback from my earlier meeting with community representatives and NHS staff for the organisation to do more in terms of sharing good practice, which should include looking elsewhere in the UK and internationally. You explained that you had developed relationships with other UK countries in the last year and would build on this.

17. We discussed the role of community planning and how the NHS needs to tap into what was happening in other public sector organisations. Richard Norris explained that steps had been taken in some areas to integrate PPFs into community planning frameworks and that this provided a good opportunity to access a wider network of people. I also raised the importance of early engagement with PPFs and other networks to ensure that people feel genuinely involved in decision-making processes.

18. Your team highlighted the importance of evaluating PFPI activity and for NHS Boards to be able to demonstrate what difference was being made. I will be interested in seeing more on this in the coming months.

### **Feedback Function**

19. The Council has a role in ensuring that patients, carers and the public are able to make their views on health services known. Importantly, the Council does not speak on behalf of patients but works with Public Partnership Forums to ensure that their views and experiences are heard and, where appropriate, acted upon. We discussed how the Health Council reaches out to and supports Boards in engaging with seldom heard groups. You outlined the positive experiences of Health Council run events with homeless people, Eastern European in-migrants and young people and explained that you planned to roll out these workshops across Scotland once these had been evaluated.

20. I asked specifically how you were encouraging the involvement of young people and what tools were available to support this. You described a Scottish Health Council event, where you had invited a Young Persons Group from the Borders, who ran a workshop and presentation, accompanied by music. Other technologies, such as text messaging, YouTube and MySpace were identified as methods for involving younger people and you advised that you had been facilitating the involvement of young people in different Community Health Partnership areas, such as South Lanarkshire.

## Major Service Change

21. Since your last Annual Review, the Health Council has submitted three reports to the Cabinet Secretary for Health and Wellbeing, on proposals for major service changes across NHSScotland. In addition, you provided secretariat support to two Independent Scrutiny Panels and I asked for your reflections on how this worked in practice. You explained that the Council provided the secretariat function at “arms length” from its core functions and that this had worked well. The Health Council will not get involved in the process of scrutiny itself as this relates to the quality of service change proposals rather than assessing the quality of engagement processes, where the Council has a key role.

22. Richard Norris described the work the Council had started on considering best practice approaches to involving people in option appraisal. This was a key stage of the engagement process, and if this did not go well, there was a risk the public would lose confidence in the process. He also described the work on developing a tool for Boards to help determine whether a service change should be treated as “major” and I note that this is work in progress.

23. You considered that the public had greater faith in NHS Boards’ engagement processes now, although acknowledging that decisions would often be difficult and unpopular with some. Also, you felt that NHS Boards showed a greater will to involve local people in developing service change proposals, though there was still more work to do to rebuild trust between the public and Boards.

## Resources: Workforce and Finance

24. You had previously highlighted concerns about a thinly spread workforce and had recruited an additional Regional Officer post in each of the three regions this year. You explained that these posts had been able to focus on national planning and working closely with Special Health Boards, freeing up local officer resources and providing improved cover for sickness and absence. You also cited examples where natural progression means that neighbouring offices could work together e.g. Lothian and Borders.

25. I congratulated the Health Council on achieving its financial performance and efficiency targets.

## Public Question and Answer Session

26. The public question and answer session was introduced for the first time last year and the Cabinet Secretary and I felt that it was important to build on that and seek to increase audience participation and allow more time for questions to be asked. Six questions were submitted in advance of the Annual Review and I took a further five questions from audience members on the day. I think this session went well and I am extremely grateful to everyone who participated. I was pleased to note that you have posted the questions and answers on your website.

## Conclusion

27. I would like to thank you and your team for a constructive and informative day. The Scottish Health Council has continued to support the Patient Focus Public Involvement agenda and will play an important role in working with NHS Boards towards establishing a Mutual NHS.

28. The main focus for the year ahead should be on the identification and dissemination of good practice and supporting the development of Public Partnership Forums and a Participation Standard. I also look forward to hearing about the outcome of the independent review and how you will implement changes that will improve the effectiveness of the organisation. You undoubtedly have a busy year ahead and I wish you and your staff well.

29. I hope I have reflected the main discussion points in this letter and have set out a number of action points in the attached Annex.

Best wishes,  
Shona

**SHONA ROBISON**

## SCOTTISH HEALTH COUNCIL ANNUAL REVIEW: 23 SEPTEMBER 2008

### ACTION POINTS

- **Consider the findings and recommendations of the Independent Review and agree an Action Plan with NHS Quality Improvement Scotland (NHSQIS) and the Scottish Government's Health Directorates by the end of May 2009.**
- **Lead on the development of a Participation Standard to be incorporated in the 2010-11 NHS Board Performance Assessment system by September 2009.**
- **Seek the views of NHS Boards and other stakeholders on the new PFPI self assessment process and refine accordingly for 2009-10. Provide early notification of arrangements for 2010-11, incorporating the Participation Standard.**
- **Lead on the development of Public Partnership Forums, supporting Community Health Partnerships by sharing the lessons from research and experiences of Forums working well in Scotland.**
- **Identify international best practice in Patient Focus and Public Involvement and support NHS Boards in adopting such approaches.**
- **Produce guidance for NHS Boards on best practice approaches to involving people in option development and option appraisal processes for major service change.**
- **Develop links with community planning partners.**