The Local Advisory Council (LAC) role of the Scottish Health Council

Submission to Chairman's Working Group

The Scottish Council Foundation and McCormick-McDowell

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Introduction

The Scottish Health Council's lay volunteers – Local Advisory Council (LAC) members – contribute to various functions across the organisation. The Scottish Health Council's Chairman established a Working Group earlier in 2008 to re-examine the LAC role. It has met on a number of occasions and begun to develop an agenda for building on the strengths of the LAC approach and addressing some of the weaknesses. Its work was put on hold during the course of the independent Review of the organisation[1]. The Chairman and Director are fully aware of the need to determine the most appropriate roles for lay volunteers in future. Logically, these can only be agreed once questions of function and form have been decided upon.

This short submission to the Working Group should be read in conjunction with the report of the independent Review. It draws upon a survey of current LAC members conducted as part of the Review which received a response rate of 62.5%. Here we identify key findings from the survey and, although firm conclusions can only be drawn once decisions have been made following this Review, we seek to offer feedback on LAC members' experiences to date and their views on future options.

1. Experiences of Local Advisory Council members

In line with surveys of Scottish Health Council staff and Board PFPI practitioners also conducted, Local Advisory Council members were invited to summarise their working relationship with the Scottish Health Council by choosing from a list of descriptions as well as adding, in their own words, how they would like the relationship to develop.

It is striking that LAC members take a much more positive view than Board respondents do. Just over half (54%) describe relationships as 'positive', while just under half (46% in each case) opt for 'business-like' and 'respectful'. A sizeable minority (42%) feel the experience is 'frustrating' – a lower share than among Boards (or indeed Scottish Health Council staff in describing their working relationship with Boards), but still a significant enough proportion. The more negative descriptions – 'strained', 'negative' and 'distant' – are selected by significantly fewer LAC members than Board respondents. By a margin of 29% to 8%, relationships are thought to be improving rather than deteriorating. Nonetheless, there is a hint that the role of Local Advisory Council member has not delivered as much as some had hoped: fewer than one in three (29%) describe the relationship as 'fulfilling'.

- Working relationships are consistently positive at the level of personal interaction. Experience with staff in some Local Offices described as "positive and business-like" and "friendly, approachable and most helpful." Another said "*Working relationships are excellent in the local office with LAC members."*

- However, this is only good as far as it goes. Involvement is described by some as "increasingly intermittent" with the move to verifying Board self-assessment reports meaning that most work is done by staff. Inconsistency from year to year, a prominent theme in feedback from both staff and Boards, is echoed by some LAC members as well. Throughout all the changes in assessment framework and staff roles, the LAC role has remained largely undefined:

[1] Scottish Council Foundation and McCormick-McDowell (2008) *Function and Form: An Independent Review of the Scottish Health Council.*

> *"The ball-park keeps changing each year. By now we should have adopted an agreed, acceptable working practice."*

- Roles and tasks are reported as not clearly defined, for staff let alone LAC members. Lack of clear guidance is the consistent and primary cause of frustration. Staff appear to be unsure about how to utilise the available goodwill from LAC members.

- Involvement is less than many would like, less than when started, frequent references are made to wanting more of a 'hands-on' role, to be more proactive and to take on more responsibility. Consistent call for more meaningful involvement, e.g. "get down to the grassroots", carry out 'audits' of health centres (e.g. mystery shopper analysis of information accuracy; hands-on checking of on submitted evidence from Boards; monitor CHPs and PFPI in acute services. Some LAC members clearly feel they should be playing roles previously undertaken by Local Health Councils:

  > *"Actually empowering LAC members to inspect and assess services on the ground – it's one thing on paper, quite another on the ground."*

- Without a clearer and/or more hands-on role, a number of LAC members feel enthusiasm and numbers will decline further.

- A sense that the role is being duplicated – either the key tasks are covered by staff with little scope for volunteer input, or by PPFs and other lay involvement structures (e.g. Patient Practice Partnership Groups). If PPFs are one of the main channels through which the Boards are given public views, LAC members do not represent the public on them. If influence is to be achieved through monitoring, many feel this is a staff function. So, some are not sure there is a clear role to be developed.

- Retrospective reporting by staff to LAC members is some way from the proactive involvement they are seeking: *"We are informed of what has happened but not involved in the process of making it happen".* Many would like more opportunities to be involved in joint meetings between NHS Boards and Scottish Health Council staff: *"This would raise the profile of lay members and empower them."* Others talked of earlier involvement with Boards, more like NHS Quality Improvement Scotland reviews, not just a passive rubber-stamping exercise with the end product:

  > *"Move towards a QIS type assessment where Boards continue to carry out self-assessments and make their submissions, but the Scottish Health Council selects areas they feel may need their [attention]. The present system allows Boards to avoid scrutiny of their areas of weakness. There should be an element of impartiality by using assessors from different LACs."*

- Some of the more critical remarks included:

  > *"It seems superfluous work is done by staff and LAC role seems tokenistic. I cannot think what I've done since 2005 that has made any difference."*

"Having been involved as a volunteer in the NHS for more than 10 years, I'm very disillusioned by the lack of progress in getting patients and the public involved – all the bureaucracy is mind-numbing."

- A number of LAC members felt there has been little engagement with them to assess how their roles are shaped, how they are changing and what needs to be done in future. In their view, the organisation could engage more than it has to date with its lay members on their experiences and to provide more feedback on how staff feel they are contributing.

- Others reported a sense that National Office may have lost sight of the need to make volunteers feel they are appreciated and respected. This may reflect a lack of direct communication with the National Office. The Scottish Health Council's Chairman has stated publicly that the organisation values the input of volunteers and wishes to ensure the LAC role is a fulfilling one. The establishment of a Working Group to review the experiences of LAC members is one indicator of the organisation's commitment to developing opportunities for lay involvement.

Respondents were asked to respond to a further series of seven statements about their experience to date (Table 1), as well as responding to a number of open-ended questions in their own words. These are shown in rank order of net agreement[2] in the table.

Five statements received majority agreement, most notably the need for more effective joint working between LAC members and the Scottish Health Council (83%) and between Boards and the Scottish Health Council (81%). A similar proportion (78%) agreed with the statement that their role is 'to speak on behalf of patients and the public', while one in six disagreed. This seems a fundamental point: the role of Scottish Health Council staff is to ensure patient and public voices are heard within the NHS by building relationships with PPFs, service users and other voluntary/community health groups. As the 'eyes and ears' of the organisation, LAC members are supposed to feedback the views of the wider public. Speaking 'on their behalf' is a different role which is not the one assigned to them by the Scottish Health Council. This tends to suggest that the role designed for volunteers is open to mis-interpretation by LAC members as well as others, and may not be quite the role that LAC members wish to have.

Seven in ten respondents (72%) agreed that the 'Local Advisory Council' name is misleading, while around six in ten (58%) agreed that the recruitment process to become a LAC member was 'clear and appropriate.' The minority (one in three) who disagreed were very much in line with staff perceptions as expressed in focus group discussions, and indeed feedback from some PPF members who felt the application process was thoroughly disproportionate for the role. We consider it very likely that such a demanding approach to recruitment risks turning away committed and able people.

A number of senior staff feel this was a misleading title from the outset, which was chosen by the Project Team charged with establishing the Scottish Health Council. Neither the National Council nor staff had any say over this. In addition, the LAC recruitment process was developed by the Project Team and HR staff at NHS QIS. This approach was replaced with a more flexible system by the Chairman and Director in the first few months of operation, as they also identified

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[2] This net measure is proportion who either agree/strongly agree minus those who disagree/strongly disagree.

that it was disproportionate. Lay members joining in future should, therefore, experience a far more appropriate recruitment system.

Two statements prompted more to disagree than agree. First, exactly half of respondents do not feel that their expectations, overall, on becoming a LAC member are being met. While it is encouraging that four in ten take the opposite view, but this level of disagreement tells us that expectations may have been unreasonably high (perhaps related back to the recruitment process and ‘badging’ of the role), that experience having fallen short of reasonable expectations or a mix of both. In any case, such an assessment is unlikely to surprise staff. It should be a cause for concern, prompting a development plan to be brought forward following further engagement with LAC members and to include those actions set out in the previous section as a minimum. Second, almost half (48%) did not agree that most PFPI staff in Boards understand the role of LAC members – only one in three (35%) thought that they did.

Table 1. To what extent do you agree with the following statements?
(Source: Survey of LAC members, shown in rank order of net agreement)

Statement	Strongly agree	Agree	Neither	Disagree	Strongly disagree	Don’t know	NET Agree
More effective joint working is needed between the Scottish Health Council and LAC members.	60	23	6	6	6	0	+71
More effective joint working is needed between the Scottish Health Council and the NHS Board.	50	31	8	6	4	2	+71
My role is to speak on behalf of patients and the public.	43	35	6	10	6	0	+62
The name 'Local Advisory Council member' can cause confusion about what the role actually is.	42	29	17	2	8	2	+61
The recruitment process to become a LAC member was clear and appropriate.	27	31	8	16	18	0	+24
Overall, my expectations of becoming a LAC member are being met.	15	27	8	27	23	0	-8
Most NHS Board staff responsible for PFPI actions understand my role as a LAC member.	10	25	8	33	15	10	-13

2. Aspirations of LAC members

We asked LAC members to tell us about the degree of involvement they would like to have in future. A majority (56%) would like to increase their involvement, compared with one in four (27%) who are happy with their current role. Only 2% wish to reduce their involvement. This must be considered a positive assessment, given that smaller proportions say their expectations to date have been met or describe the working relationship as fulfilling. Moreover, the Scottish Health Council has avoided the classic dilemma for experienced volunteers – burnout as a result of taking on demanding roles.

Nonetheless, almost one in three (29%) say they are considering giving up their role and a small number had already done so. Feedback from those who have either given up their role as a LAC member or are planning to suggests that an increased number of LAC members in some areas has meant less work to be spread between them, with the commitment of original members suffering. In addition it is reported that too many LAC members drive their own agenda and use their position with the Scottish Health Council for this purpose. One former LAC member had resigned after concluding that the Scottish Health Council was not going to have any impact on the NHS due to suspicion and negativity from various sections of the NHS.

Some of those who leave the LAC role will wish to move into other roles after having contributed for a substantial period. However, the Scottish Health Council could stand to lose a proportion of its lay members due to 'push factors' that are largely within its own control, e.g. lack of clarity and consistency in their role; lack of challenge; and perceived lack of influence.

3. Future role of lay members: survey responses

LAC members were invited to rate the importance of seven possible development tasks for the Scottish Health Council. All were viewed as important by around nine out of ten respondents, and very important by at least six in ten. The tasks are shown in rank order of net importance in the table (Table 2). These figures indicate a very high level of consensus on the following:

- The Scottish Health Council needs to define the range of tasks LAC members can undertake
- A skills development strategy is needed to ensure LAC members benefit from induction and ongoing training as functions adapt. LAC members call for this, for example to build lay members' confidence in dealing with professionals who are defensive and not minded to take volunteer input seriously. This should be led by the National Office to ensure consistency. However, it must be recognised that relationships between LAC members and the National Office need to improve. One LAC member described the task as akin to removing a 'Berlin Wall'
- Development support should be provided to PPFs. More than one-third of respondents are also members of PPFs. We understand that most PPFs have a LAC member as an observing member
- Relationships should be established or strengthened with the voluntary sector around equalities agenda

- Some LAC members would welcome the opportunity to work across Board boundaries. Proposed Area Offices could allow this more easily than Local Offices

- LAC members could be assigned to work with Special Health Boards more closely, though this will take careful planning and depends on the organisation developing an overall approach that better serves their circumstances

- A network of LAC members could be co-ordinated by the Scottish Health Council as one way to promote learning across Scotland. Respondents appear keen on this idea to share experiences and overcome the problem of working in isolation. Team-based activity would also help to manage the risk of dominant individuals pursuing their own concerns without sufficient reference to the needs of the area. In addition, a number of LAC members call for a review of travel expenses in light of increased fuel costs

Table 2. How important do you think it is for the Scottish Health Council to perform the following development roles?
(Source: Survey of LAC members, shown in rank order of net importance)

Role	Very imp	Fairly imp	Not very imp	Not at all imp	Don't know	NET imp
Defining the range of tasks LAC members could assist with.	86	12	2	0	0	+96
Developing the skills and capacity of LAC members to take forward their role, e.g. through induction, training updates.	79	17	4	0	0	+92
Supporting the development of PPFs.	67	27	4	2	0	+88
Making links with the voluntary sector to find better ways to engage disadvantaged groups, minority groups and unheard voices.	77	17	4	2	0	+88
Supporting some LAC members to work on a regional basis, e.g. in other Board areas when major service changes are proposed or when issues cross Board boundaries.	61	31	4	2	2	+86
Enabling LAC members to develop closer links with Special Health Boards.	61	27	6	0	6	+82
Co-ordinating a network of LAC members.	60	28	12	0	0	+76

Drawing upon other survey findings, the following points are made on skills and training opportunities:

- LAC members make a plea for the Scottish Health Council to recognise their skills. Having succeeded in a demanding recruitment process, many feel a Register of skills and interests could be useful in helping staff to match them with appropriate tasks. In addition, the application process is described as “academic” and “daunting.”

- Lay members comment that they outlast Local Officers in some areas due to inevitable staff turnover – their ability to provide continuity of knowledge could therefore be recognised and developed further.

- Experiences of previous training opportunities are mixed: some feel these have been very positive, but there is too long a gap between events. There are many different skill levels among LAC members, meaning ‘on size fits all’ training will not work. Others feel that concerns voiced at previous training events have been met with silence. A number of respondents noted that no feedback or follow-up actions were received despite attention being drawn to concerns on more than one occasion.

4. Future role of lay members: an overview

The organisation will need to consult further with LAC members about taking on new roles to support a set of functions to be exercised differently in future. If the organisation’s mandate is changing, so will the role for lay volunteers. Given the impression of remoteness from the National Office expressed by some respondents, and the likely concerns about the option of establishing a smaller network of Area Offices, LAC members will need to be engaged in a process of working out the best way to undertake future roles. Feedback and support from the national level need to be demonstrated.

Arguably, lay volunteers could support the work of a reformed organisation across all of its functions. The way forward may lie in the Scottish Health Council presenting a range of involvement options which LAC members can choose from and be matched to, according to their skills and interests as recorded in a Register of Local Advisory Council members, e.g. willingness to be involved outside own Board area; to take on a patient/public representative role in events; to be a bridge into PPFs. Drawing on lessons from the NHS Quality Improvement Scotland’s Public Partners network, a thematic focus could be introduced to the work of LAC members. Opportunities could be identified for some of them to contribute to the work of assessment and verification teams, on a project or ongoing basis. LAC members could be supported to contribute in neighbouring Board areas as well as their own. Although we have not reviewed the NHS Quality Improvement Scotland model in detail, we believe this could have merit for the Scottish Health Council.

Given the degree of uncertainty about the role of Local Advisory Councils and the relationship with PPFs, some participants in the Review raised the option of merging lay input via PPFs rather than maintaining separate structures. Doing this within the NHS Board structure appears to be problematic because independent voices of volunteers – freely expressed without any conflict of interest – might then be compromised.

If lay input is, partly, about ensuring public/patient voices are expressed clearly to NHS decision-makers and that a good enough ‘check’ or validation is made on Board PFPI activity, a case could be made for establishing an independent voice capacity *outside* of the NHS Board

structure. In the consultation paper leading to establishment of the organisation, the Scottish Executive (2003) proposed that a Health Service Users Forum should be established in each NHS Board area. It was intended that each Forum would appoint non-executive members to Local Offices of the Scottish Health Council. This did not happen. If Public Partnership Forums were delegated to the Scottish Health Council, there would be little need to have separate lay volunteer structures. While this has some merit in principle, improved scrutiny is not a main role of PPFs. Acting as a 'connector' between Community Health Partnerships (CHPs) and the public; they have a key role of informing the wider public about changes in the NHS. Moreover, moving PPFs outside of the CHPs would be clearly at odds with the aspiration of a mutual NHS to bring service users into closer contact with service planners and providers rather than 'on the outside'.

The Scottish Government's *Patient Experience* programme should offer a form of feedback and validation from service users, but other forms of impartial lay input can help to capture the day-to-day experiences and insights of service users. Thus, there appears to be a value in retaining separate lay input through LAC members at this stage. It is also worth emphasising that PPF members have a smaller area to cover – typically sharing the boundary with a small local authority or one patch within a larger local authority. For example, Glasgow City has five PPFs, among the ten PPFs making up Greater Glasgow & Clyde Board area. In contrast, LAC members cover Board areas and are potentially better placed to take whole Board and cross-Board perspectives. However, if LAC members are to contribute in a meaningful sense, a more clearly-defined set of roles mapping onto the reformed functions is essential.

Finally, we recommend the organisation continues to develop systems to support lay involvement, for example by achieving Investors in Volunteering (IiV) status and piloting the Volunteer Impact Assessment (VIA) toolkit to gauge what difference volunteering as a LAC member makes to the key objectives of improving patient focus and public involvement.

ANNEX LAC survey respondent profile

Local Advisory Council members (55) *Response rate of 62.5%, respondents from 13 of 14 territorial Board areas.*	
Length of membership	
Less than 6 months	0
Less than 12 months	0
1-2 years	25%
More than 2 years	75%
Member of Public Partnership Forum (PPF)	
Yes	37%
No	63%
Involved previously with a Local Health Council	
Yes – volunteer	31%
Yes – staff member	2%
No	67%
Position as a LAC member	
Would like to increase involvement	56%
Happy with current roles	27%
Would like to reduce involvement	2%
Considering giving up the role	29%