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SCOTTISH HEALTH COUNCIL

Self Assessment 2007-2008

September 2008

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1 INTRODUCTION

This self assessment has been produced for the Scottish Health Council's Annual Review scheduled for 23 September 2008. It covers the period April 2007 to March 2008 and contains information on:

- the Scottish Health Council's main functions of assessment, development and feedback
- our interactions with NHS Boards on consultations on major service change
- finance and workforce issues.

Background

The Scottish Health Council was established in 2005 as a committee of NHS Quality Improvement Scotland (NHS QIS). Although a part of NHS QIS, the Scottish Health Council has considerable autonomy with its own Chairman, National Council and separate identity. The Chairman and National Council are responsible for agreeing the overall strategic direction and policy of the organisation. There are currently 69 staff, working from 15 offices throughout Scotland and 81 Local Advisory Council members who work on a voluntary basis to inform the organisation's activities.

The Scottish Health Council was set up with three main functions¹:

- assessment – independently assessing the performance of NHS Boards in delivering patient focussed services and ensuring public involvement
- development – supporting the development of good practice in Patient Focus and Public Involvement
- feedback – ensuring that patients, carers and the public are able to make their views on health services known.

In addition, because major service change consultations form a distinct programme of work and combine our three functions, this area is covered under a separate heading.

In practice, however, most of our activities will include elements of all three functions, as they are often integral parts of our activities.

Actions identified in the Annual Review in October 2007

A number of specific actions emerged from the Scottish Health Council's 2007 Annual Review. These were that the:

- assessment process on Boards' delivery of their Patient Focus and Public Involvement responsibilities should be simplified, the questions reviewed and include more targeted and focussed development actions

¹ NHS HDL (2005) 11

- annual assessment reports should be made more accessible to the public – both in terms of format and dissemination
- Council should give greater priority to its development function
- Council will consider the findings of the various research projects undertaken, provide feedback and disseminate the findings to Boards with key messages and subsequent actions
- Council will continue to work closely with Boards and patient/community groups to identify and share good Patient Focus and Public Involvement practice, including good practice identified in our own reports
- Council will help to ensure that Community Health Partnerships develop Public Partnership Forums in line with guidance and evaluate their effectiveness. In particular, it will assist Community Health Partnerships where Public Partnership Forums have yet to be established, by advising on and disseminating good practice
- Council should seek to achieve measurable improvements in engaging with "hard to reach" groups, with evidence of this leading to change
- Council should work with the Health Directorates and stakeholders to develop terms of reference for a management review of the organisation, including its structure, and for this review to be completed by Summer 2008.

Progress against these actions is documented within the main sections of this report.

2. ASSESSMENT FUNCTION

The aim of the Scottish Health Council's Assessment function is to independently assess the performance of NHS Boards in delivering patient focussed services and ensuring public involvement.

The following action points relating to the Assessment function were identified at our Annual Review in October 2007:

- the Council's assessment process on Boards' delivery of their Patient Focus and Public Involvement responsibilities should be simplified, the questions reviewed and include more targeted and focussed development actions
- the Council's annual assessment reports should be made more accessible to the public – both in terms of format and dissemination.

Simplifying the assessment process

Patient Focus and Public Involvement assessment is an evolving process which continues to move away from traditional methods of monitoring and narrative style reporting towards self assessment based on key issues and associated learning outcomes. During 2007/08, the Council has reviewed, refined and simplified its process and practices to reflect this as well as making sure that it is in line with the approach suggested in the Scottish Government's response (January 2008) to the Crerar Report, *Independent Review of regulation, audit, inspection and complaints handling of public services in Scotland*.

The process is no longer based on set national indicators aligned to the HEAT performance management system but instead focussed on fewer specific priorities which are agreed by Boards with their local communities. These priorities are based on the Boards' own Local Delivery Plans and strategic objectives.

This simplified approach centres on key elements such as targeted actions, quarterly reporting, community verification and self assessment.

Quarterly reporting - portfolios of evidence

Last year we introduced a portfolio approach to quarterly monitoring of Boards' performance. This involves the Council regularly monitoring performance against Boards' actions and ensuring that they report progress through their governance arrangements. As a result of involvement from the Scottish Health Council some Boards have improved and strengthened their Patient Focus and Public Involvement governance arrangements.

We have reviewed this portfolio approach throughout the course of the year and feedback received by the Council suggests that, overall, Boards welcome the system. The key identified benefits are that it:

- forms a useful tool for regular discussion between the Council's staff and Boards when agreeing what progress is being achieved based on verification and feedback from patients and community groups
- enables regular reporting and monitoring throughout the year thereby avoiding a seasonal work burden for Boards.

The Council is continually mindful of the need to avoid unnecessary duplication of assessment and, moreover, to ensure that the process does not become burdensome for Boards or the Council. For the 2008/09 assessment year, we have asked Boards to concentrate on fewer, more measured, and targeted actions (a minimum of six) which have been agreed with their local community. A key feature will be a Development Plan, jointly agreed between the Board and the Local Offices of the Scottish Health Council, which clearly sets out how we will work in partnership with the Board so that it achieves its actions.

Making the assessment process accessible to the public

Community verification by Local Offices

During 2007/08, Local Offices of the Scottish Health Council have maintained, developed and strengthened links with communities. This serves to promote the presence of the Council but also enables staff to directly verify information contained in Boards' portfolios with local communities. Evidence supplied by Boards was used by Local Office staff to check with the public, voluntary organisations and communities that what the Board was describing in its portfolios was actually making a difference and happening in practice.

Introduction of Boards' self assessments

Our refined assessment process now requires Boards to produce a short self assessment comprising:

- an overview of progress made throughout the year based on information contained in portfolio returns
- a description of the Board's governance arrangements to support Patient Focus and Public Involvement
- an outline of progress made on developing and supporting Public Partnership Forums and how these influence the delivery of services
- what worked well in progressing the Patient Focus and Public Involvement agenda and where further work was required
- how the public and patients have been supported to be involved and the difference it makes
- a brief outline of progress against eight actions agreed with the Scottish Health Council at the start of the assessment year.

Self assessments also include four key Patient Focus and Public Involvement case studies to show what difference has been demonstrated by the Board's work, how success has been measured, the public and service users' role, and what improvement to the quality of experience of participants has been made as a result.

For the first time, the assessment process included a feature designed to strengthen community engagement where Boards were asked to agree with local communities that the examples in their reports were representative of Patient Focus and Public Involvement progress in the local area. Local Offices of the Scottish Health Council were available to assist Boards on the most appropriate examples of case studies to take forward with community groups and support them in that process.

In practice, the majority of Boards engaged with local communities to agree the content of their self assessment reports. In many instances Boards organised focus groups and invited community representatives including Public Partnership Forum members. Scottish Health Council staff helped facilitate some of these events and provided assistance to Boards in explaining the process to the public. In some cases, they also supported participants to use a ranking method to score and prioritise the Boards' actions.

Special Health Boards were required to follow the same self assessment process and most followed a similar practice to that of territorial Boards. Some Special Health Boards who do not provide services directly to patients and therefore do not have ready access to the public and patients were encouraged by the Scottish Health Council to take a creative approach and liaise with their respective stakeholder communities to agree the content of their self assessments.

Some Special Health Boards found this challenging as they could not identify a readily available stakeholder community. Particular support will be provided to those Boards which found this year's process challenging to see how this can be addressed and made easier for the current assessment year. Amongst others, one approach could be supporting Special Health Boards to 'tap in' to already established Public Partnership Forums.

Draft self assessments are shared by Boards with Local Offices and the final version is endorsed locally, based on Scottish Health Council verification with the local community on whether it reflects an accurate account of Patient Focus and Public Involvement progress. Boards' endorsed self assessments are then published on their websites.

Reporting Patient Focus and Public Involvement

In 2008, a system was introduced whereby endorsed self assessments formed an element for discussion at Board Annual Reviews. In addition, the self assessment was provided to participants in the meeting with patients and the public preceding the Annual Review. In practice, a number of participants had been involved in either community verification activities or selecting the case studies included in the self assessment reports, and this approach served as a useful way of highlighting and demonstrating the importance and effectiveness of the public's involvement in the annual assessment process.

As has been the practice in previous years, Local Offices of the Scottish Health Council continued to support the Annual Review process in 2007/08 by:

- acting as a central point of contact for the submission of written questions from the public as well as prioritising and summarising them prior to receipt by the Scottish Government and Boards
- supporting and providing assistance to members of the public at meetings with the Cabinet Secretary/Minister prior to Board Annual Reviews
- providing advice and guidance to Boards regarding the patients' meetings, and sharing practice across health board areas in relation to advertising, meeting arrangements, and general support

National overview report of Patient Focus and Public Involvement activity

The Council intends to publish its first national overview report of Boards' Patient Focus and Public Involvement activities in 2008. This will highlight how Boards have progressed in 2007/08 and summarise activity across Scotland. We will ensure that the report is accessible to the public and it will be widely disseminated.

Development of a Participation Standard

Better Health, Better Care introduced the concept of a Participation Standard to be developed during 2008/09. NHS Boards, the Scottish Government Health Directorates, NHS Quality Improvement Scotland, Public Partnership Forums and NHS staff will all play an important part in its development. The Standard will be a major priority that will inform and shape future assessment processes. The Scottish Health Council has had preliminary discussions with Boards and the Scottish Government and will take a central role in its development.

3. DEVELOPMENT FUNCTION

The aim of the Scottish Health Council's Development function is to support the development of good practice in Patient Focus and Public Involvement.

The following action points relating to the Development function were identified at our Annual Review in October 2007:

- give greater priority to the development function
- consider the findings of the various research projects undertaken, provide feedback and disseminate the findings to Boards with key messages and subsequent actions
- continue to work closely with Boards and patient/community groups to identify and share good Patient Focus and Public Involvement practice, including good practice identified in our own reports.

Giving greater priority to the development function

The Scottish Health Council has placed greater emphasis on its Development function during 2007/08. Consequently we have sought to embed the question "*what difference will it make?*" as the basis for ensuring that all our work is clearly focussed and will support the NHS to improve its Patient Focus and Public Involvement practice. We have also further developed our process for recording all our Development work so that the full range and diversity of activity is captured and readily available.

As Boards agree with communities their Patient Focus and Public Involvement actions for 2008/09, each Local Office of the Scottish Health Council will agree what support they can provide locally to ensure success. We aim to bring about a cultural shift within the organisation based on the philosophy of 'shared success'. If the Board is able to demonstrate good progress we should be able to evidence how we have contributed to this.

A Development Group, comprising a cross-section of staff, has recently been established and will play a key role in developing consistent approaches to the delivery of the Development function across Scotland. Part of this approach includes ensuring that we are delivering advice and support that takes account of all existing good practice standards and guidelines and also agreeing our own operational standards and models of practice. To ensure that our approaches are responsive and appropriate, the group also intends to involve a range of relevant stakeholders in its work.

Establishment of Scottish Health Council's Patient Focus Team

In response to last year's Annual Review and a recommendation to place greater emphasis on our Development function, we recruited a dedicated team of three Patient Focus Officers in December 2007. Their role has been to act as a resource for

our own staff and to provide ongoing training and support in order to share best practice in Patient Focus and Public Involvement. The Team also has a role to share best practice understanding of Patient Focus issues across partner organisations.

At our previous Annual Review we were also asked to “*seek to achieve measurable improvements in engaging with seldom heard groups with evidence of this leading to change*”. An important dimension of our work is ensuring we have the capacity to gather feedback from seldom heard groups on what they consider the Board has done well and what they see as areas for improvement. In addition to supporting the NHS to involve seldom heard groups, we must also ensure that our own practice exemplifies the standards we promote. The introduction of the Patient Focus Team as a resource for the whole organisation has been critical to achieving both these objectives and is already proving to be valuable support to Local Office staff. To date, the Team has led on the following initiatives:

- development of initial Equality and Diversity and Equality Impact Assessment training and delivered to a core group of staff
- producing briefings and a glossary of terms to support staff in understanding and implementing legislation and policy supporting patient focus, equality and diversity
- development of an Equality Impact Assessment template and accompanying guidance to meet the needs of the organisation. This was informed by work developed by NHS Quality Improvement Scotland, NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde and the Scottish Government as well as from feedback from staff
- production of a list of policies to be equality impact assessed
- development of an equalities monitoring template, based on the template produced by the Scottish Government, to monitor the profile of people who complain about NHS services. The Team has also developed accompanying guidance for staff which set out how and when equalities monitoring should be carried out. We aim to embed equalities monitoring in all our work and this will enable us to identify gaps in our verification activity and other work with communities. It will also support us to achieve measurable improvements in engaging with seldom heard groups
- contact with a range of national organisations that have an interest in patient focus and compiling both a matrix of existing guidance and standards and a library of supporting resources
- supporting the development and delivery of locally focussed workshops for specific seldom heard groups (for example, homeless people and Eastern European in-migrants) with the aim of developing local action plans to increase participation in health service design and delivery.

The Patient Focus Team plans to work closely with the NHS Health Scotland’s Equalities and Planning Directorate to ensure our work is complementary and of best value to the wider NHS. Informed by the Scottish Government’s Patient Focus Manager, the Patient Focus Team’s work plan contains a specific action to work with

the Equalities and Planning Directorate to support Boards to compile and maintain demographic profiles by developing data-gathering approaches. This action will support the subsequent work of both teams.

For the year 2008/09, both teams are focusing internally to develop the performance of our own organisations in terms of equality, diversity and patient focus.

The Patient Focus Team is also starting to represent the organisation at national events such as this year's Ability Fest in Glasgow. (Ability Fest is an exhibition of organisations that can support people with any type of disability to take up opportunities for learning, employment and leisure within the community). This presented an opportunity for the Team to engage disabled people in reviewing our website (as part of our Equality Impact Assessment process) and to pilot an equalities monitoring template designed for identifying any gaps in our own involvement activities.

Working with Boards and patient and community groups to identify and share good practice

A key element of the Development function is sharing practice and, following our Annual Review in October 2007, we made a commitment to work with Boards and patient and community groups to develop a systematic way of identifying good Patient Focus and Public Involvement practice. We have established a web-based resource, Evolving Practice (www.evolvingpractice.org), which is developing into a valuable resource for the NHS for sharing practice across Scotland.

Our Local Offices, supported by National staff, are promoting this resource and the case studies presented by Boards in their self assessments this year are being targeted for inclusion. We have also asked all recipients of our small grants allocation to share their experiences via Evolving Practice. As this resource develops we will seek feedback from stakeholders to ascertain what additional functional capacity would be helpful.

Local Officers routinely share practice experiences with colleagues across Scotland and also gather examples from communities during the course of the verification process. A significant challenge to the organisation in collating and sharing such information is the lack of an intranet/extranet that can be accessed by all staff. We intend to develop a resource that will enable this to happen in 2008/09 and are currently piloting a project on this in the North Region using the NHS Scotland e-Library.

The following are examples, selected from across Scotland, of shared practices used to support Boards.

Shetland – promoting Public Partnership Forums

Our Local Office is supporting the development of the Public Partnership Forum. Reference material and examples of good practice have been obtained from Local Offices across Scotland. This has been collated and shared with NHS Shetland thereby encouraging the Board to think about how it can better publicise the Public Partnership Forum and other public involvement opportunities.

Based on shared experience from other Local Offices of good practice used by Boards, our Local Office worked in partnership with NHS Shetland to produce and use an evaluation form at each public meeting on its consultation on changes at Montfield Hospital. This followed on from the Scottish Health Council carrying out an evaluation of the public pre-consultation sessions and sharing the results with the Board.

Orkney – development event

Our Local Office hosted a joint development day prior to NHS Orkney embarking on a primary care service change. In attendance were representatives from NHS Orkney and NHS Grampian as well as Local and Regional staff from the Scottish Health Council's Grampian and Orkney Local Offices.

NHS Grampian and the Scottish Health Council shared experiences of the Aberdeenshire Community Health Partnership service change consultation and agreed ways in which to work in partnership throughout the process. This sharing of practice gave a firm understanding of respective roles and the benefits of working together which assisted in developing a sound working relationship between NHS Orkney and our Local Office. NHS Orkney also used lessons learned from NHS Grampian's experience in their consultation planning process.

NHS Grampian's experiences have also been shared with other Boards at related public involvement events and conferences organised by the Scottish Health Council.

Borders – healthcare associated infection awareness

NHS Borders recently reviewed options and developed opportunities for patient and carer involvement in the prevention, control and management of healthcare associated infection. To support this activity, our Local Office shared information on practice in other areas and NHS Borders has now recruited a volunteer member of the public to work with the Infection Control Team as a public champion. The volunteer has participated in awareness raising sessions with staff and the public, and feels that their contribution is valued.

Greater Glasgow and Clyde – Public Partnership Forums event

Our Local Office hosted an event for Public Partnership Forums in Glasgow. The programme included workshops, a presentation from FMR Research on the study commissioned by the Scottish Health Council² and a presentation from NHS Forth Valley on practice from that area. This event was positively evaluated by participants.

Scottish Ambulance Service – development of guide

The Regional Officer lead for the Scottish Ambulance Service supported the development of a Patient Focus and Public Involvement guide for staff by sourcing and sharing examples from other Board areas. The Scottish Health Council then contributed to the accessibility of the document by providing feedback on drafts,

² *Public Partnership Forums: What direction and support is needed for the future?* FMR Research, February 2008

drawing attention to gaps and recommending possible improvements. The finalised guide has recently been completed and will be rolled out across the organisation.

Working with patient and community groups to identify and share good practice

As part of the verification process in 2007/08, staff identified approaches that patients and communities considered effective. Some examples included:

Greater Glasgow and Clyde – improvements to public consultation

Our Local Office worked with NHS Greater Glasgow and Clyde to develop more effective public participation in the consultation on Clyde Maternity Services. It also distributed questionnaires at meetings and subsequently provided feedback to the Board on the views of the public in relation to the clarity of its publicity materials. As a result of advice and recommendations from our Local Office, the Board supplemented its consultation with public meetings as well as drop in sessions based on feedback from communities.

Lothian – involvement in re-design of mental health services

As part of a re-design of mental health services in Lothian, our Local Office attended involvement events and gathered views from participants. Comments and suggestions for improvement on engagement approaches, based on feedback from the public via our Local Office, were fed back the Board to inform future events. This approach was positively received by participants and the Board.

Using research to inform practice and strategic development

In 2007/08, our commissioned research focussed on three main areas:

- raising awareness of the barriers to involvement of seldom heard groups and considering how these might be addressed and inform practice, particularly in relation to gaps in Public Partnership Forum capacity to involve seldom heard groups
- the development of Public Partnership Forums and support required
- exploring how to support major service change in terms of understanding public expectations and developing practical tools.

Seldom heard groups – Eastern European in-migrants and homeless people

Following on from the research commissioned by the Scottish Health Council from Robert Gordon University Aberdeen, we have developed approaches to involving both Eastern European in-migrants³ and homeless⁴ people. The approaches are based on facilitating partnership working between relevant agencies and developing an action

³ *Health and Ethnicity in Aberdeenshire: A study of Polish In-migrants* Robert Gordon University, June 2007

⁴ *Health and Homelessness in Aberdeenshire* Robert Gordon University, June 2007

plan that builds on the strengths of each organisation and avoids duplication of activity.

In relation to homeless people, a workshop has taken place in Campbeltown and others are planned in Borders and Ayrshire and Arran during 2008/09. A workshop on involving European in-migrants, attended by a group of Polish people who assisted by contributing their experiences of accessing service in Scotland, was held in Grampian. Another similar event is planned for Highland later this year. Similar workshops were also held on involving mental health service users, and the Lesbian, Gay, Bisexual and Transgender (LGBT) community.

This work is particularly relevant in supporting Public Partnership Forums to develop a means to reach out to a range of seldom heard groups and they have been involved in each of these initiatives. This approach is one that the Scottish Health Council proposes to build on in supporting Boards to engage with other seldom heard groups.

Research on Public Partnership Forum development

Research commissioned by the Scottish Health Council from FMR Research has provided a useful basis to take forward a range of developments in relation to Public Partnership Forums. Many of the report's key themes were reiterated by participants at a workshop held in the Beardmore Conference Centre. Based on feedback received, we will establish a multi stakeholder group to consider the findings and take forward the various issues raised.

Finally, we are frequently asked against what criteria the success of Public Partnership Forums are judged. In other words, how do they know what standard they are expected to meet? We propose to consider, in partnership with a range of key stakeholders, the benefits of developing a set of standards, possibly based on the well established model of agreeing essential and desirable criteria. To support this, we organised a seminar with the UK Department of Health to compare and gain insight from practice in England with particular relation to the development of Local Involvement Networks compared with progress in Scotland.

Involvement of patients, carers and communities in option generation

Results of research commissioned from the Scottish Council Foundation⁵ has been circulated to the NHS with recommendations on how best to ensure that patients, carers and communities are involved in the early stages of service change and can influence option development. This piece of work has also been shared in a variety of forums including at a meeting with Boards' Designated Directors for Patient Focus and Public Involvement, where the Council was commended for taking this work forward.

Review of NHS Complaints Process

The Scottish Health Council have commissioned a review of the complaints process in NHS Scotland. The overall aim is to review the existing process from the perspective of all key stakeholders including patients, carers, staff and NHS Boards. Objectives

5. *Enhancing public involvement in Major Service Change* Scottish Council Foundation, February 2008

include identifying what can be done to support an accessible and equitable complaints process that overcomes any disinclination to complain; what is “closure” for key stakeholders and how this can be reconciled with the need to meet prescribed timescales; and identify mechanisms which enable learning from complaints.

Development of evaluation tools

The Scottish Health Council is developing VOICE⁶ as a tool to help Boards self assess and evaluate their Patient Focus and Public Involvement activities. VOICE has three strong qualities in this context:

- it is based on recognised community engagement and evaluation models and has a robustness of approach
- it is project based which means each Patient Focus and Public Involvement activity is recognised as a separate project in VOICE thus making it easy to total up the amount of activity a Board is undertaking
- it is recognised as a six point rating scale to help Boards provide a summary of their performance. The rating makes a logical starting point of Patient Focus and Public Involvement for discussions between an NHS Board and the Scottish Health Council.

As part of this initiative, a summary of community engagement methods will be developed and this will also link with the Scottish Health Council’s publication of a revised Building Strong Foundations Toolkit. Following pilots within the NHS, this tool will be amended as required and will result in a package which will assist Boards in building evaluation of Patient Focus and Public Involvement activity into their planning processes. It will also support the sharing of practice across Scotland.

⁶ VOICE is a tool that has been developed by the Scottish Community Development Centre (SCDC) building upon the National Standards for Community Engagement and the Learning, Evaluation and Planning (LEAP) guidelines

4. FEEDBACK FUNCTION

The aim of the Scottish Health Council's Feedback function is to ensure that patients, carers and the public are able to make their views on health services known.

The following specific action points relating to the Feedback function were identified at our Annual Review in October 2007:

- the Council will help to ensure that Community Health Partnerships develop Public Partnership Forums in line with guidance and evaluate their effectiveness. In particular, it will assist Community Health Partnerships where Public Partnership Forums have yet to be established by advising on and disseminating good practice
- the Council should seek to achieve measurable improvements in engaging with "hard to reach" groups, with evidence of this leading to change.

Support for Public Partnership Forums

A number of initiatives included elsewhere in this report are relevant to Public Partnership Forum development. These are:

- commissioned research, a workshop at the Beardmore Conference Centre, and proposed consultation on development
- a networking event held in Greater Glasgow and Clyde
- the development of the Scottish Health Council's Evolving Practice website
- work on involving seldom heard groups such as homeless people and Eastern European in-migrants in the development of evaluation tools
- local development initiatives, some of which are outlined below.

Support provided to Boards in linking with seldom heard groups

The following are examples of how Local Offices of the Scottish Health Council have supported Boards to develop mechanisms that will help them to hear the views of seldom heard groups.

Lanarkshire – involving and engaging with young people

In partnership with South Lanarkshire Public Partnership Forum the Scottish Health Council held a seminar on responding to the health and well-being issues expressed by young people and how local agencies are addressing these. This will be followed up with specific advice from the Scottish Health Council on how best to engage with young people.

Lothian – supporting Public Partnership Forum Chairs and Vice Chairs

Our Local Office in Lothian facilitated two meetings with Public Partnership Forum Chairs and Vice Chairs. These were to explore how the Board should engage with Public Partnership Forums and to assess staff training needs, and explore how members wish to be engaged. Public Partnership Forum members shared their experiences and procedures and learned from one another about opportunities for potential development which may not have been previously considered.

The outcomes included improved joint networking, sharing of experiences and ideas for future development. Two Public Partnership Forums have already arranged to visit and observe at each other's meetings. All who attended agreed that they had learned about procedures and methods adopted by other forums.

Borders – guidance on establishment of a Public Partnership Forum

Our Local Office worked closely with the Board and supported the Council for Voluntary Service to recruit members for the Public Partnership Forum. NHS Borders sought the assistance of the Council for Voluntary Service to set up a forum and recruit members and our Local Office assisted in providing guidance and advice on the recruitment processes based on practice elsewhere.

Better Together: Scotland's Patient Experience Programme

The Scottish Health Council continues to support patient feedback through our input to Better Together. To date this has been to promote the involvement of patients and carers at every stage of its development. We are currently supporting the establishment of reference groups that will be used by programme staff to gain feedback on various aspects of the programme as they emerge. Throughout the course of the development of this programme, the Chairman, Director and members of the Senior Management Team have provided input to its various working groups.

NHS Complaints - Independent Advice and Support Services

Our role in relation to NHS complaints is to ensure availability and access to the Independent Advice and Support Service, which is commissioned by Boards from Citizens Advice Scotland. Local Offices continue to monitor the implementation and accessibility of these services to ensure that patients have the support they need to progress a complaint about NHS services. Our emphasis to date has been on evaluating in some areas how well the Board is promoting and advertising the service as well as offering advice to Boards on how best to do this. Local Offices have also offered feedback to Boards on areas where access to the service is less well known.

The following are some further examples of work conducted throughout 2007/08 to support feedback mechanisms:

Borders – promotional literature for Independent Advice and Support Services

In Borders, Local Advisory Council members visited health service premises to check what information on the Independent Advice and Support Service was available to patients and the public. Feedback was given to NHS Borders and to the Borders

Independent Advice and Support Service. As a result, the Board has reviewed its promotional literature and organised a publicity drive to ensure the availability of information to the public.

Lothian – access to Independent Advice and Support Services

Local Officers and Local Advisory Council members in Lothian carried out a survey of 48 wards across two hospital sites to ascertain staff awareness of the service and the availability of Independent Advice and Support Service posters and leaflets. Findings were fed back to NHS Lothian and the Lothian Independent Advice and Support Service and as a result improved publicity arrangements are being developed.

Fife – feedback from students at St Andrews University

Our Local Office in Fife received feedback from Student Support Services at St Andrews University that students from differing ethnic backgrounds did not find standard NHS information accessible or informative. As a result, an online survey was undertaken by our Local Office and results fed back to the Board. As a direct consequence, a meeting was arranged between the Community Health Partnership and the University to open the communication channels and encourage dialogue.

Highland – European in-migrants and sharing engagement practices

Our Local Office in Highland provided the Board's Public Engagement Team with information from a training course initiated by the Scottish Health Council on how to reach out to European in-migrants. In addition, it provided information on a Polish information website used by people recently arrived in Scotland. As a result, NHS Highland now uses this information on how to engage with this client group. Further training with advice from the Scottish Health Council is planned.

Western Isles – links between the NHS and patients with a learning disability

Our Local Office in Western Isles learned through its contacts and the local branch of Enable (an organisation for people with learning disabilities) that there was a perceived lack of service provision at the Western Isles Hospital for in-patients with a learning disability. As a result, staff encouraged local links between the Community Learning Disability Nurse and Enable which led to improved dialogue between users and service providers and further discussions on service provision.

Access to Advocacy

The Scottish Health Council does not have a role in assessing the quality of advocacy services, but we do have an interest in monitoring how NHS Boards are fulfilling their duties to ensure that advocacy services are provided to those who need them. We hosted a meeting which involved representatives from the Scottish Independent Advocacy Alliance, the Scottish Prison Service, the Mental Welfare Commission for Scotland, NHS Quality Improvement Scotland and the Scottish Government Health Directorates, to discuss current issues relating to independent advocacy services in Scotland and to share information about what work each organisation is doing in this regard. We are planning to develop our work in this area, and have started looking at

advocacy plans that are produced by NHS Boards to assess whether they meet legislative and policy expectations.

5. MAJOR SERVICE CHANGE

The Scottish Health Council reports on how well NHS Boards involve and consult with the public on major service change proposals. The relevant guidance for NHS Boards was issued in 2002⁷. NHS Boards were given a legal duty to involve the public in the planning and development of services in 2004⁸. The Scottish Health Council provides support and advice to Boards on their major service change public engagement activities and reports on whether they can demonstrate that they have followed the guidance.

Reports on major service change engagement activities

In the period April 2007 to March 2008, the Scottish Health Council:

- produced three reports on consultations on major service change, relating to NHS Greater Glasgow and Clyde, NHS Highland, and NHS Dumfries and Galloway. One of these, on Clyde Health and Service Strategies, was an interim report produced for the Independent Scrutiny Panel covering four areas of major service change
- provided input into the development of new Scottish Government guidelines to NHS Boards for engaging and consulting on major service change
- organised a joint seminar with the Consultation Institute which looked at key legal cases involving judgements on the duty to involve the public and examined key case studies from across the United Kingdom with a leading legal practitioner from England.

Identifying and sharing good practice

We have reviewed the format of our major service change reports to make them more accessible and focussed. This work is currently being piloted and will be rolled out across our organisation. We continue to share any learning points from major service changes informally with Boards, and have shared with NHS Board Designated Directors the output of some baseline work which was commissioned as part of research into what constituted major service change.

The Scottish Health Council continues to provide advice and guidance to Boards on engagement processes associated with major service change including the development of plans and public information. Increasingly, we are involved in providing guidance and sharing practice to Boards on the development of options for consultation and option appraisal exercises.

⁷ NHS HDL (2002) 42

⁸ National Health Service Reform (Scotland) Act 2004

Development of options for consultation and option appraisal exercises

As highlighted in our last self assessment, we continue to be concerned that Boards need to improve the transparency and accessibility of their options development process. We are aware that Boards are anxious to ensure compliance with Treasury Guidance on option appraisal and we intend to develop guidelines to assist Boards in engaging with patient groups and the public in what can be a complex and technical area. To date, we have been involved in a range of Board activities around option development to inform the development of our guidelines.

We increasingly provide guidance on option appraisal exercises using experience and learning from other areas. For example, learning from challenges presented during an option appraisal exercise in Borders (around involvement of the public in financial aspects) has been fed into a recent option appraisal exercise in Lothian so that similar difficulties could be avoided.

Development of guidance on major service change

In our October 2007 self assessment we reported on early work associated with the development of a tool that would assist in making clearer the features that may determine whether a proposed service change should be deemed as “*major*”. This is an area which has challenged Boards and others for some time and our efforts to provide guidance on this has been well received.

The tool we have developed takes account of the views of a wide range of stakeholders and has been presented at meetings of NHS Boards’ Directors of Planning and Designated Directors. The guidance has been issued for consultation and piloting more widely and we intend to continually review how useful the tool is to Boards.

Some proposals for major service change may need to undergo independent scrutiny. The decision on whether independent scrutiny will apply rests with Scottish Ministers who will weigh the benefits of independent scrutiny against the costs on a case-by-case basis. We hope that the tool that we have developed for assessing major service change will also be useful in this regard.

Independent Scrutiny Panels’ secretariat function

Following the decision by the Cabinet Secretary for Health and Wellbeing to set up Independent Scrutiny Panels to consider proposals for Clyde, Lanarkshire and Ayrshire and Arran, the Scottish Health Council was asked to establish and provide a secretariat service comprising a comprehensive support service which included:

- producing minutes and co-ordinating relevant papers for weekly Panel meetings
- advising the Panels on robust processes for gathering information and views
- sourcing information and carrying out desk-based research

- liaising with Boards, Scottish Government and stakeholders on the Panels' behalf
- acting as a 'gatekeeper' to the Chairs and Panels
- assisting with drafting reports and arranging for their publication
- disseminating information about the work of the Panels including development of a 'brand identity'
- establishing and maintaining an Independent Scrutiny Panels website
- dealing with media enquiries and supporting the Chairs in working directly with the media
- managing the Panels' budget and arranging payment of fees and expenses for Panel members
- ensuring the Panels were compliant with relevant legislation including the Data Protection and Freedom of Information Acts
- developing a contacts database.

The Secretariat worked closely with the Panels, and in particular the Panel Chairs, to develop and implement a project plan and to maximise consistency of approach. This included a period of very intensive work, with both Panels working concurrently, and involved organising and attending eight public meetings across the West of Scotland in a period of a month. It also involved receiving and responding to written submissions alongside supporting Panel meetings and managing publicity.

Role of Public Partnership Forums in major service change

Now that Public Partnership Forums are more fully established, we expect Boards to make greater and more systematic use of them for discussing with communities in advance their plans for consultation and on the appropriate types and level of engagement. We will continue to encourage Boards to make use of the Forums to obtain views and feedback on the substance of their proposals.

Decision making and consultation

The public, understandably, regard the process of engagement and consultation, however well carried out, only of value if they consider that the eventual decisions made by Boards give proper weight to their views. There will continue to be a need for Boards to make difficult decisions on the structure and location of services, due to ever changing technological developments, workforce requirements, and the needs of patients. Whilst improving engagement and consultation processes may partly address this problem, it would be unrealistic to hope that improved processes alone can remove strong disagreement and conflict when choices have to be made. Ultimately, the decision in these circumstances should be seen as a governance issue, rather than as a consultation issue.

The Scottish Government has introduced a Bill which aims to improve public engagement and involvement with Health Boards by allowing for the election of members. The Scottish Health Council would welcome the opportunity to provide assistance with the piloting of this.

We welcomed the Scottish Government's consultation on the Local Health Care Bill, and the launch of the consultation was supported by our Chairman who was a speaker at the event. The consultation responses showed that stakeholders see the Patient Focus and Public Involvement agenda as a vital area and one in which further progress needs to be made.

6. RESOURCES: FINANCE AND WORKFORCE

At the annual review in October 2007, the Cabinet Secretary for Health and Wellbeing advised that the Council should work with the Scottish Government Health Directorates and stakeholders to develop terms of reference for a management review of the organisation, including its structure, and for this review to be completed by Summer 2008. The Scottish Health Council has commissioned an external review which will report to the Steering Committee, comprising internal and external stakeholders, by late Summer 2008.

Workforce capacity

Scottish Health Council staff are employees of NHS Quality Improvement Scotland and staff and management representatives are members of the NHS QIS Partnership Forum.

For a variety of reasons, we had a higher than usual vacancy rate in the last year and this at times impacted on our ability to respond flexibly and effectively. The Scottish Health Council is now fully recruited but our staff remain thinly stretched across 15 offices from Dumfries to Lerwick and it is likely that this will continue at times to present a challenge when we are facing fluctuations in work levels (for example, due to major service change or staff absence).

During 2007/08, we recruited an additional Regional Officer for each region so that there are now three based in the West, North and East. This addition has improved capacity and responsiveness. Regional Officers have lead responsibility for the ongoing development of relationships and activity with specific partner NHS Boards.

The benefit of additional Regional Officer posts is now starting to take effect, for example:

- greater involvement and support is being provided to Special Health Boards where each Regional Officer has now taken on the lead responsibility for at least one Board
- increased flexibility to work jointly across Local Offices, for example, with Regional Officers taking responsibility for Board areas which naturally work together, for example, Tayside and Fife, and Lothian and Borders
- more opportunity to work with Regional Planning Groups and share practice across the organisation
- increased support available for Local Office staff.

In response to last year's Annual Review and its recommendation to place a greater emphasis on Development and to promote the National Office as a centre of expertise for both our own Local Offices and NHS Boards across Scotland, we recruited a dedicated team of three Patient Focus Officers, an Information Officer, and a Health Services Researcher. (See section on Development function.)

In supporting the Independent Scrutiny Panel process, the Scottish Health Council was able to quickly and efficiently put in place the key human resource support needed in order to set up the secretariat function and the resultant Panels. This ensured that no additional time pressure was added to the process.

Financial performance and efficiency

In 2007/08, we had a £25,000 overspend, representing 0.9% of our allocation. Due to high levels of vacancies during the year we were able to assist the Scottish Government Health Directorate by providing resources to support the Independent Scrutiny Panels. In addition, we have taken on new responsibilities for the Patient Focus Team and this will require funding in 2008/09.

7. CONCLUSIONS

The Patient Focus and Public Involvement agenda is clearly evolving and the Scottish Health Council continues to respond to that in a variety of ways. The increased emphasis on mutuality in the *Better Health, Better Care* Action Plan increases the importance placed on the NHS of involving patients and the public in its work. We welcome this emphasis and will work with NHS Boards, through our Development function, to ensure that they are supported in this important direction.

The past year has seen the Scottish Health Council radically adapt its annual assessment approach not only to align with the Scottish Government's response to the Crerar Report but also in response to feedback from Boards and other stakeholders so that we avoid unnecessary duplication of assessment and avoid it becoming burdensome to Boards or the Council. Moreover, the approaches we have implemented have allowed us to achieve a stronger focus on our Development and support function. We will review and refine our processes throughout the course of the year to ensure that we are adding increased value to this agenda.

We were pleased to offer support to the work of the Independent Scrutiny Panels and look forward to seeing how this initiative, together with direct elections of NHS Board members, develops. The *Better Health, Better Care* Action Plan clearly sets out a direction of travel for the NHS in Scotland with a very strong emphasis on Patient Focus and Public Involvement. The Scottish Health Council is in a strong position to support NHS Boards and the Scottish Government with its implementation.