



SCOTTISH HEALTH COUNCIL

Self Assessment 2008-2009

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1. INTRODUCTION

The Scottish Health Council – Who We Are and What We Do

The Scottish Health Council was established in April 2005 to help ensure that the Patient Focus and Public Involvement agenda is taken forward within the NHS in Scotland. Good Patient Focus and Public Involvement within the NHS should result in services that are designed around patients' needs. There is evidence that where patients are more involved in their own healthcare, this leads to better health outcomes. This contributes to achieving the Scottish Government's strategic directive to: *"help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care"*.¹

Although it is part of NHS Quality Improvement Scotland (NHS QIS), the Scottish Health Council has considerable autonomy, and has 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. We currently have 62 (or 58.5 whole time equivalent) staff, working from 15 offices throughout Scotland. In addition, we have 68 Local Advisory Council members who work on a voluntary basis to inform the organisation's activities.

This Self Assessment Report

This Self Assessment Report has been produced for the Scottish Health Council's Annual Review scheduled for 24th August 2009. It covers the period April 2008 to March 2009 and contains information on:

- How the organisation has carried out its main functions of assessment, development and feedback
- Our work with NHS Boards on major service changes
- Finance and workforce issues.

We have also included information about the work we have carried out in response to specific actions that were identified following our last Annual Review, which took place in September 2008. These actions were as follows:

- Consider the findings and recommendations of the Independent Review and agree an Action Plan with NHS Quality Improvement Scotland (NHS QIS) 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.

¹ Quoted on the Scottish Government website at: www.scotland.gov.uk/Topics/Health

- Seek the views of NHS Boards and other stakeholders on the new Patient Focus and Public Involvement 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.

We have outlined our progress in these areas within the relevant sections of this report.

Review of the Scottish Health Council

This has been another busy and important year for the Scottish Health Council. In addition to our usual business, we have been involved in a major review of the organisation. The aim of this review is to ensure that the organisation develops in the way which best enables it to carry out its functions effectively and efficiently. This will ensure that the Scottish Health Council continues to make a significant contribution to fulfilling the Scottish Government's vision of a Mutual NHS – *"...an NHS where ownership and accountability is shared with the Scottish people and with the staff of the NHS"*². Information about the review process is contained within section 7 of this report.

² *Better Health, Better Care: Action Plan*, The Scottish Government (2007) section 1.1., page 5

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 focused services and ensuring public involvement.

Over the last two years, the assessment of Boards' Patient Focus and Public Involvement activities has been reviewed and simplified. This is in line with the Scottish Government's commitment to ensuring that scrutiny of public bodies is proportionate, and also to developing a system where there is clear evidence that self assessments carried out by those bodies lead to continuous improvement.

We have also been working closely with NHS Quality Improvement Scotland to minimise the risk of duplication and ease the burden of reporting of Patient Focus and Public Involvement activities on Boards.

Leaving aside our assessment of public involvement in major service change (covered in section 5), there have been two main work-strands relating to our Assessment function this year, both of which were identified as actions in our Annual Review in September 2008. The first of these relates to leading the development of a Participation Standard to be incorporated in the 2010-11 NHS Board Performance Assessment System. The second concerns refining the self assessment process for the current year.

(1) Developing a Participation Standard

In its *Better Health, Better Care: Action Plan*, the Scottish Government outlined its intention to develop a Participation Standard. As part of the drive towards a Mutual NHS, a target for performance against the Standard is to be included amongst the key performance measures for NHS Boards. Boards will be asked to conduct an audit against this Standard in order to collect systematic, comparable information. That information will be used to shape the development of good practice and ensure that clear evidence of improvement is available.

The Scottish Health Council led on the development of the Participation Standard, working in partnership with key stakeholders. We have established a multi-agency Steering Group to oversee the development of the Standard. This consists of representatives of: NHS Quality Improvement Scotland and other NHS Boards; the Scottish Government Health Directorates; Public Partnership Forums; and voluntary organisations. A sub-group was formed to draft the Standard, taking account of the principles agreed by the Steering Group.

The Participation Standard will build on and consolidate a number of existing resources and standards including: the *National Standards for Community Engagement*; NHS Quality Improvement Scotland's *Clinical Governance and Risk Management Standards*; and *Checking for Change: A Building Blocks Approach to Race Equality in Health*. It will also enable Boards to use the VOiCE tool (Visioning Outcomes in Community Engagement) and links with the Better Together programme to evidence the standard. This 'de-cluttering' of the assessment landscape has been

welcomed by Boards, as has the decision to base the Standard on the familiar format developed by NHS Quality Improvement Scotland.

Progress has been reported to the Scottish Government's Mutuality, Equality and Human Rights Board and wider consultation will take place with members of the public and NHS Boards during the summer. We look forward to continuing this important piece of work in the coming year.

(2) Refining the Existing Self Assessment Process

In December 2008, the Scottish Health Council conducted a series of review meetings with NHS Boards, and also sought the views of staff and members of the public, on the self assessment process for 2007-08. The general view was that the approach taken was a significant improvement on the previous method and that this approach should continue in the coming year. The Scottish Health Council issued guidance to Boards at the end of 2008 outlining the requirements of the self assessment process, including involvement of the public and local communities, for 2008-09. In line with the feedback received, changes to the approach used the previous year were minimal.

A key outcome from our review was an increase in the number of case studies that Boards were able to describe in their self assessments. We also provided additional detailed guidance to Boards on conducting community events to agree the content of the self assessment and the actions to report on for 2009-10. Scottish Health Council staff provided support to Boards in planning and presenting information at these events.

Additionally, in response to feedback, the Scottish Health Council has agreed that Boards move from a system of quarterly portfolio reporting of Patient Focus and Public Involvement progress against actions to a process of less formal but regular communication, thereby further reducing the burden of reporting for Boards.

Internally, the Scottish Health Council has improved its own assessment processes through the introduction of a 'Verification Protocol' for staff, which was developed by our Patient Focus Team. It provides guidance and internal quality assurance on all verification activities carried out across the organisation and has resulted in a central resource for sharing good practice on assessment methodologies. An evaluation carried out over a seven month period identified 83 instances where our verification activity resulted either in the Scottish Health Council providing feedback to NHS Boards on ways to improve Patient Focus and Public Involvement work, or reassurance that members of the public were satisfied with the work carried out by particular NHS Boards. Examples include:

- Recommending to NHS Greater Glasgow and Clyde that it fully promotes new services at the Vale of Leven to ensure local communities are aware of what services are provided, and setting up a monitoring group involving local stakeholders to oversee the development and delivery of relevant plans.
- Ensuring that service users, carers and members of the community had an opportunity to contribute to the plans for the redesign and modernisation of

mental health services for Argyll and Bute and providing guidance, feedback and advice to support NHS Highland in involving people in their work.

- Advising NHS Shetland on improvements it could make to feedback to participants involved in a review of mental health services.
- Identifying ongoing communication concerns from members of the public about major service re-configuration within NHS Fife (*Right for Fife*) and bringing members of the public and project managers together to resolve difficulties and foster common understanding.

The Scottish Health Council has also introduced a system of equalities monitoring for our engagement and verification activities. This system is currently being reviewed. Our staff have also received training on Equality Impact Assessment, provided by our Patient Focus Team.

For the 2009-10 assessment year, the Scottish Health Council has again asked Boards to focus on measured, targeted actions which have been agreed with their local communities. A Development Plan, jointly agreed between each Board and the Scottish Health Council, will set out how we will work in partnership with them in order to assist them to achieve their actions.

Community Verification

During 2008-09, the Scottish Health Council has developed and strengthened links with local communities. This helps to increase awareness of the organisation and also enables staff to verify information provided by NHS Boards. Scottish Health Council staff were able to check the Boards' statements about what had happened and whether local people felt that it had actually made a difference to patients, carers and the public.

All Boards engaged with local communities to agree the content of their self assessment reports. The Scottish Health Council asked Boards to widen the scope of community representatives involved in commenting on the self assessment and prioritising actions this year.

As in previous years, Special Health Boards were required to follow the same self assessment process as territorial Boards. We set out specific guidance for Special Health Boards, including the particular importance for them of linking with stakeholder communities. This was welcomed by Special Health Boards which do not provide services directly to patients, such as NHS Education for Scotland. As these Boards do not have ready access to patients and the public, the Scottish Health Council encouraged them to take a creative approach to involving people in agreeing the content of their self assessments.

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. We carry out this function in a variety of different ways, through activity at both local and national level.

Working with Individual NHS Boards and Communities

The Scottish Health Council works with individual NHS Boards and local communities, tailoring our input in order that we are flexible and responsive to particular circumstances. Development Plans are in place for each Board setting out how we will work with them throughout the year to strengthen Patient Focus and Public Involvement. This results in a wide variety of activities taking place across the country, including: information and networking events for community involvement and engagement staff; 'taster' training days for Public Partnership Forum members and staff; and feedback provided to Boards on how they can improve their engagement processes. Here are some examples:

Raising Awareness of Public Involvement Opportunities in Tayside

Our staff have worked to raise awareness with local people in Tayside about opportunities for people to be involved in relation to proposed service changes. This has included providing people with contact details and information about the NHS Board and Community Health Partnerships and raising awareness of Patient Focus and Public Involvement and its importance. This has resulted in establishing new links and improving existing links between groups and communities and the NHS. This year we concentrated on groups working with, for example, older people, young mothers and people living in deprived areas in Tayside. Most of these groups had little or no knowledge of opportunities for involvement within the NHS. As a result of working with our staff, some groups have become involved in service development and service redesign – one example is increased involvement in NHS Tayside's older peoples' strategy.

Promoting Joint Working and Involvement of Homeless People in Highland

Following the success of an event which looked at how to improve the involvement of homeless people, which was held in Campbeltown in May 2008, it was agreed that it would be valuable to host similar workshops in other areas of Highland. We worked in partnership with NHS Highland and Highland Council to hold three workshops, in Lochaber, Skye and Sutherland, to share experiences, and identify and promote ways of working together more closely in order to deliver services which are responsive to the needs of service users. The feedback was generally positive and the events were included in the Annual Report of the Director for Public Health 2008-09, *Change for the Better*, as contributing to partnership working. There are plans to contact participants in approximately one year to evaluate the impact of these events on working practice.

Encouraging People to Share Good Practice across the West Region

Our staff took the lead in arranging a 'Showcasing and Sharing' regional networking event for people from across the West of Scotland. The aim of this event was to provide an opportunity where people with an interest in Patient Focus and Public Involvement from across the West of Scotland could come together to share experiences, learn from one another and find out about innovative work going on across Scotland. The event attracted approximately 120 people ranging from NHS and local authority staff to voluntary organisation representatives, Public Partnership Forum members, patient/service user representatives and members of the public. Feedback from participants at the event was very positive. People welcomed the opportunity to network and to find out about services in other areas of the country.

Expanding Our Work with the Scottish Ambulance Service

We have expanded our support work with the Scottish Ambulance Service by engaging directly with staff at Divisional level in the South West Division (covering Ayrshire, Argyll & Clyde and Dumfries & Galloway) and West Central (which covers Greater Glasgow and Lanarkshire). Our work with the Service has been varied and has included commenting on their draft Patient Focus and Public Involvement Strategy, collating and sharing appropriate contacts (within the constraints of the Data Protection Act), and sourcing materials to help inform the development of the Service's policies for involving volunteers.

Improving Our Own Practice

In order to ensure that the Scottish Health Council adopts a consistent approach to our work with NHS Boards, and seeks to secure continuous improvement, we established a Development Group in July 2008. This group involves a cross-section of staff from across the organisation and has produced guidance and briefing papers.

Sharing Good Practice

There are a variety of ways in which we work to share good practice. Our Evolving Practice website highlights case studies from across the country, and includes examples of engagement from the voluntary and community sectors as well as from NHS Boards. To encourage people to submit case studies, local training and awareness events have been held in four Board areas, with further events planned in other areas. The website has been exhibited at a range of national conferences and events including the Association of Community Health Partnerships conference, two West of Scotland Networking events and NHS Scotland's 60th Anniversary Event in Glasgow, where the website was the subject of one of the parallel session workshops. In January 2009, after the website had been running for a year, a formal review of users and visitors was conducted and feedback used to improve the site's functionality and increase usefulness.

It is clear from feedback we have received that people welcome the opportunity to attend our events, both in order to hear about Patient Focus and Public Involvement, and to take the opportunity to network with groups and individuals from across

Scotland. We have held a range of national, regional and local events to ensure that we are reaching a wide range of people with differing interests. One recent example is the Patient Information Conference at which the new Patient Information and Advice Service was launched by the Cabinet Secretary for Health and Wellbeing. The event was organised in partnership with NHS24, NHS Health Scotland, NHS Education for Scotland, the Scottish Government and Consumer Focus Scotland. It was well attended by NHS staff, members of the public and the voluntary sector and enabled the sharing of good practice on patient information issues.

Identifying International Best Practice

The Scottish Health Council believes it is important to look beyond Scotland to see if other countries have developed approaches to involving people and improving patient experience that we can learn from. In addition, we believe that there is much that we can share with others from our own experience in Scotland. Over the last couple of years, we have built strong links with colleagues in other parts of the UK, communicating regularly on areas of mutual interest. In November 2008, we met with representatives from lead organisations for Patient Focus and Public Involvement in England, Wales and Northern Ireland. This enabled us to hear about policy and practice developments on involvement activities across the UK and to discuss opportunities for working together on relevant projects.

We believe that there is more to be learned from looking outwith the UK. This issue was recognised at our last Annual Review in September 2008, and a subsequent action point for the organisation was that we would identify and share international best practice in Patient Focus and Public Involvement. We see this not just as an action for this year, but as an ongoing activity which will continue to provide benefits over the longer term.

An initial literature and internet search has been carried out in order to identify potentially useful resources and contact organisations in a number of different countries. We have used this to prioritise areas for further investigation. A staff Working Group has been established, and members of the Working Group have been looking at different countries in order to build a picture of: how comparable the health service policies and structures are; key organisations and contacts; whether there are useful resources or case studies that we can share with our own staff and across the NHS in Scotland. Language has been a barrier in terms of accessing some information, but we have sought to work around this wherever possible. We have set up an international section on our website and will be updating this as work progresses. We are in the process of considering a range of other ways in which we can raise awareness of best practice examples over the coming year. This promises to be an interesting piece of work which we hope will prove to be beneficial for all of our stakeholders.

Evaluating Patient Focus and Public Involvement

In 2008, we commissioned work on evaluation tools. This work is ongoing, but what has emerged is the option of using the VOiCE (Visioning Outcomes in Community

Engagement) tools to plan and evaluate community engagement. VOiCE was developed in a community regeneration setting and is now being piloted in NHS Highland to identify any amendments to make it suitable for use within health. It is also envisaged that Boards will have the option of using VOiCE to evidence the community involvement element of the Participation Standard.

Developing Links with Community Planning Partners

One of the actions from our Annual Review in September 2008 was to develop our links with community planning partners. The Scottish Health Council recognises the importance of working with community planning partners given increasing joint working in the public sector and in particular between the NHS and local authorities. Our staff have established links with many Partnership leads and with a wide range of partner agencies. At a national level, we have met with representatives of the Convention of Scottish Local Authorities (COSLA) to discuss areas where we have a shared interest. Whilst our involvement is at an early stage, we are working with NHS Boards to encourage consultation and engagement on health issues to be included as part of the joint health agenda of the local community planning staff and the local forums. We are also encouraging the use of the *National Standards for Community Engagement* as a tool for public involvement in Community Planning Partnerships.

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.

National Support for Public Partnership Forum Development

Public Partnership Forums are a key mechanism for obtaining input and feedback from local communities. Every Community Health Partnership in Scotland is required to establish a Public Partnership Forum in order to help it to maintain an effective and formal dialogue with its local community.

We believe that the development of strong and inclusive Public Partnership Forums is a critical factor for successful Patient Focus and Public Involvement. The importance of the role played by Public Partnership Forums was recognised in the Scottish Government's *Better Health, Better Care: Action Plan*, which included a commitment to strengthen them. This was reflected in an action point identified during our Annual Review in September 2008, which tasked us with leading on the development of Public Partnership Forums, and supporting Community Health Partnerships, by sharing the lessons from research and experiences of Forums working well in Scotland.

The Scottish Health Council has produced a Public Partnership Forum Development Action Plan based on feedback from research and from Public Partnership Forum members and staff. This contains key actions and targets to ensure that progress is made on a number of important areas. Work to date has included:

National Networking Event

A networking event was held for Public Partnership Forum Chairs, representatives of Community Health Partnerships and staff. We intend to hold a similar event every six months, in response to the feedback we have received which demonstrated that people welcome the opportunity to meet regularly. To further support national networking and make it easier for people to get in touch with the Forums, their contact details have been collated and are now available on the Scottish Health Council website.

Mapping of Progress

Part of the preparation for the networking event included collating information from Public Partnership Forums across Scotland about their progress. This information has been shared and Public Partnership Forum members have commented on how useful it has been. We will ensure that the information is updated regularly.

Piloting of Development Tool

Scottish Health Council staff have facilitated the piloting of a development tool in Public Partnership Forums in Falkirk, West Lothian and the Western Isles to gather evidence about what Public Partnership Forum participants have identified as key

areas for development. This has been carried out in partnership with the relevant NHS Boards and Community Health Partnership Managers and will lead to local action plans for improvement being agreed between Community Health Partnerships, Public Partnership Forums and the Scottish Health Council. Once the pilots are evaluated the future of the tool will be reviewed.

Exploring the Development of Liaison Arrangements with Special Health Boards

Special Health Boards, particularly those which do not have direct links with patients, have to think creatively about how best to involve people. A need was identified to help Special Health Boards explore the potential of working with Public Partnership Forums so that they could have the opportunity to influence the development and delivery of national services and influence national strategies. We worked in partnership with colleagues in NHS Quality Improvement Scotland to organise a 'Meet the Specials' event to bring representatives from Special Health Boards and Public Partnership Forums together to share their views and experiences and to consider what links might be established. The structure and format of the event was agreed in consultation with NHS staff, the voluntary sector and Public Partnership Forum members. The event was well received and consideration is being given as to how best to take this agenda forward.

Local Support for Public Partnership Forum Development

Scottish Health Council staff across Scotland work to support the development of Public Partnership Forums in their areas. Work undertaken this year includes:

Development of a Public Partnership Forum for NHS National Services Scotland

Drawing on our knowledge and experience of establishing local Public Partnership Forums, the Scottish Health Council provided advice and support, guidance and input to a working group to assist NHS National Services Scotland to establish a group working in a similar way to a Public Partnership Forum and entitled Customer and Patient Engagement Group. This group will be used by NHS National Services Scotland to obtain public input, for the first time, in commissioning its various national screening programmes (such as breast and cervical cancer). Ongoing advice and direction will be provided by the Scottish Health Council during the recruitment phase through to the establishment of the group.

Developing a new Model in Lothian

The Scottish Health Council provided information and practical assistance to support the establishment of a new operating model for the South Edinburgh Public Partnership Forum. This was done through sharing practice from other areas such as Public Partnership Forum national developments and contacts. The South Edinburgh Co-ordinating Group was set up to work towards establishing a network of support and a new operating model for the Public Partnership Forum which, it is planned, will link closely with professional and community projects mainly via Neighbourhood Partnerships.

Supporting the Establishment of a Public Partnership Forum in Shetland

Our staff provided NHS Shetland with feedback obtained from the public at agricultural shows and the Shetland Showcase event to help NHS Shetland with the development of its forum. We provided advice to the newly appointed project manager and supplied NHS Shetland with a 'dossier' of relevant information gathered from across Scotland. We also supported the Board to set up a short-life working group with lay membership to review suggested models for the Forum and provided advice on whether this was in line with guidance. Positive feedback was received on the basis that the information collated on Public Partnership Forums elsewhere was extremely helpful to the Working Group, as it gave their involvement a focus and helped them to find out more about other Public Partnership Forums and how they have been established. A redesigned Public Partnership Forum model has now been approved by the Patient Focus Public Involvement Steering Group.

Making Progress in Dumfries & Galloway

In order to provide support for NHS Dumfries & Galloway in developing a Public Partnership Forum for the region, we shared information gathered from across Scotland with the Board, including promotional materials, working agreements, methods of advertisement, and details about membership. Guidance, advice and support was provided for the Board on a regular basis and the Board's Public Involvement Co-ordinator has been invited to attend a number of Scottish Health Council events and network with other areas. The development of the Public Partnership Forum is now moving forward, with information on the role and membership of the Forum being advertised in the local press and an information day for the public and other stakeholders being held.

Involving 'Seldom Heard' Groups

Homeless People

The Scottish Health Council organised a conference, *Health and Homelessness: Shared Solutions*, in partnership with Shelter Scotland and also involving the Scottish Council for Single Homeless and the Cyrenians. The aim of the conference was to provide an opportunity for all those working with people affected by homelessness to discuss and develop ideas on how best to ensure that progress continues to be made in achieving Scotland's Health and Homelessness Standards. As well as raising awareness and understanding of the issues affecting homeless people, the conference also explored how to involve homeless people in local service design and delivery and ensure that services are responsive to the needs of people affected by homelessness. We will continue to play a lead role in identifying how public and voluntary organisations can share effective practice and develop ways of involving homeless people in service design and delivery, as well as building on local approaches that we have developed to support partnership working in this challenging area.

The Travelling Community

The Scottish Health Council supported NHS 24 in establishing links with ‘seldom heard’ community groups, i.e. groups that do not appear on any community project directory. These groups operate on a very informal basis and use their community networks to interact with each other. This work aimed to support the Board in promoting equality and improving access to services for people who are seldom heard through arranging the compilation of lists of contacts within specific communities in the first instance. Further support was provided to enable the Board to review the challenges faced by the travelling community in using its service and receiving effective care and to identify solutions to specific challenges. This was in response to the unique issues NHS 24 has to deal with when planning its services to meet the needs of people living in the travelling community who may need out-of-hours care.

Better Together and Patients’ Rights

The Scottish Health Council works closely with colleagues at the Scottish Government Health Directorates to ensure that our work complements and supports relevant national initiatives. We recognise the positive opportunities that the ongoing Better Together programme offers in terms of gathering patient feedback consistently across Scotland and improving patient experience. This patient feedback will be valuable for identifying the public’s priorities for the future Patient Focus and Public Involvement agenda.

One example of how we have supported the Better Together programme is that we assisted the Scottish Government to identify service users and Local Advisory Council members to be part of the Better Together Consumer Panel for the West of Scotland. We also arranged meetings to get feedback from people who had an overnight stay in hospital and to test the usability of the Better Together website.

The Scottish Health Council has been involved in discussions locally and at national level regarding the forthcoming Patients’ Rights Bill. Our staff also supported a number of events across Scotland which were organised by the Scottish Government and by NHS Boards to seek views on the consultation.

5. MAJOR SERVICE CHANGE

Major health service changes attract a lot of public attention and can be very controversial. The Scottish Health Council reports on how well NHS Boards involve and consult with the public on major service change proposals and whether Boards have followed the relevant guidance. In addition, we provide advice and support to Boards throughout the process. Guidance for Boards on involving people in developing major service change proposals was issued in 2002³ and this was strengthened with a legal duty to involve the public in the planning and development of services in 2004⁴. We have issued seven reports on Boards' Patient Focus and Public Involvement in major service change during the period under review.

Service Change and Redesign

Whilst major service changes tend to attract greater public and political attention, our staff do a great deal of work with NHS Boards on smaller, but still significant, service changes. It is essential that local people, especially those directly affected by such changes, have opportunities to be involved in these processes. Involvement should be proportionate and take account of the particular local circumstances, whilst having regard to what other Boards have done in similar instances. Our staff provide advice and guidance to Boards in such cases.

Helping NHS Boards to Identify when a Proposed Service Change is 'Major'

The Scottish Health Council has tested and refined our draft guidance on identifying when a service change is 'major' over the last year. This has included discussion with Designated Directors for Patient Focus and Public Involvement and the development of a recording tool, which was initially intended for our internal use, but has also been shared informally with Boards. We hope to issue the final guidance alongside the Scottish Government's revised 'Informing, Engaging and Consulting' guidance⁵.

We worked with NHS Grampian to test the draft guidance in connection with its redesign of services for children with complex needs. Our local staff worked with the Board to ensure that communities were involved in considering whether the change ought to be regarded as 'major' and the Board used our template document to record the relevant factors and the views expressed.

Improving our Own Practice

A staff Working Group has been established in order to review our approach and working practices in relation to major service change, and the production of reports.

³ NHS HDL (2002) 42

⁴ National Health Service Reform (Scotland) Act 2004

⁵ The Scottish Government has consulted on draft guidance entitled: *Informing, Engaging and Consulting People in Developing Health and Community Care Services*. It is expected that this will be finalised and issued soon.

We will be seeking views from a range of stakeholders, including community groups, to inform this work.

Reports on Involving People in Major Service Change Processes

The Balance of Older People's Care – Johnstone Hospital

The Scottish Health Council provided a report on NHS Greater Glasgow and Clyde's consultation on the review of services for older people within Renfrewshire, which included the proposed transfer of NHS continuing care services and the subsequent closure of Johnstone Hospital. We made a number of suggestions to the Board which it accepted; for instance, to hold a separate meeting for carers and relatives of patients and provide information to the public on the partnership model of care including cost comparisons for upgrading Johnstone Hospital.

Clyde Inpatient Physical Disability Services

Following an informing and engaging exercise on adult inpatient physical disability services in the Clyde area, NHS Greater Glasgow and Clyde consulted formally on proposals to close inpatient physical disability services at Merchiston Hospital and transfer these to the Southern General Hospital in Glasgow. We made a number of suggestions to the Board that it agreed to incorporate, including considering a longer consultation period, ensuring publicity materials included reference to other Boards affected by the proposals and arranging meetings with key stakeholder groups.

Maternity Services in Clyde

The Scottish Health Council provided a summary report on the consultation to obtain views on NHS Greater Glasgow and Clyde's proposal to transfer the birthing suite service from Community Maternity Units in Inverclyde Royal Hospital and the Vale of Leven Hospital to the Royal Alexandria Hospital in Paisley, resulting in a single midwifery-led birthing suite service. Following our feedback, the Board agreed to extend the consultation period to ensure participants likely to be affected by the proposals were able to take part.

Modernising and Improving Mental Health Services across Clyde

The Scottish Health Council reported on NHS Greater Glasgow and Clyde's consultation on improving mental health services in the Clyde area. We made a number of suggestions regarding the handling of the option appraisal exercise undertaken in West Dunbartonshire, including recommending a feedback session for participants and proposing amendments to consultation materials to make them more accessible. As a result of our input, the Board agreed to hold evening meetings so that more people could take part and also developed activities in partnership with neighbouring Boards.

Consultation on the Vision for the Vale of Leven Hospital

We provided a report on NHS Greater Glasgow and Clyde's consultation on its vision for the Vale of Leven Hospital. We provided suggestions to the Board to inform its engagement and consultation plans including using plain language in consultation materials and presentations and providing handouts to participants at meetings. The Board held an evening public meeting in Alexandria as a result of one of our suggestions, and this was well attended. In response to issues raised by service users, carers and the public, we wrote to the Board and it provided an update for local communities.

Mind Your Health

We produced a report on NHS Ayrshire & Arran's *Mind Your Health* review of mental health services. Advice and information on methods of engagement, stakeholder involvement, suitability of venues and meeting times were provided. The NHS Board modified its processes following our feedback in a number of ways. We encouraged the Board to be innovative in its thinking to promote its proposals. An advert was projected onto the exterior gable wall of a town centre building in Ayr and advertising was also placed on buses travelling on the main routes in Ayrshire.

Your NHS, Your Future Care (Clinical Services Strategy)

In light of the Cabinet Secretary for Health and Wellbeing's decision to set up an Independent Scrutiny Panel to review NHS Dumfries & Galloway's Clinical Services Strategy prior to the Board proceeding to public consultation, we produced an Interim Report on the work that the Board had carried out to involve patients, carers and the public at that stage.

Promoting Best Practice in Involving People in Option Appraisal Processes

NHS Boards are required to follow guidance on how they should develop and appraise potential options for service change. The challenges of involving people in the more technical aspects of option appraisal have been highlighted in a number of cases in recent years. As a result, we identified a need for further work in this area to supplement existing guidance, and the development of this guidance was included as an action point for the organisation following our Annual Review in September 2008.

Between October and December 2008, we examined some examples of how Boards had approached option appraisal. This included speaking to local Scottish Health Council staff, NHS staff, patients, carers and members of the public who had been involved in weighting and scoring exercises in several Boards, to hear about their experiences and to identify any learning points that might be useful for other Boards when planning similar exercises in the future. The views expressed helped to inform the development of a draft guidance paper, which we subsequently issued to Boards, Public Partnership Forums, community groups and others with an interest in this area, for consultation. Feedback was generally positive. We hope to issue our paper alongside the new Scottish Government guidance on 'Informing, Engaging and Consulting', and we are currently considering other work that might help to promote good practice in this important area.

Secretariat and Support Services for Independent Scrutiny Panels

The Scottish Health Council continues to provide comprehensive secretariat and support services for Independent Scrutiny Panels, on an 'as required' basis. We provided these services for the Independent Scrutiny Panel which was set up to consider NHS Dumfries & Galloway's Clinical Services Strategy proposals.

6. RESOURCES: FINANCE AND WORKFORCE

Workforce Capacity

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

Over the past 12 months, the organisation has implemented a series of new HR-related policies and procedures aimed at building capacity and improving operational effectiveness. For example, a new approach to Attendance Management – agreed in partnership with staff representatives – has been successfully implemented with staff receiving additional appropriate support from their line managers where necessary. A new Management of Employee Capability policy has been introduced – again in full partnership with staff representatives – allowing managers and staff encountering performance issues to discuss their situation in an open and supportive manner in order to achieve positive resolutions.

Last year we recruited additional Regional Officer posts. This has increased our operational capacity in key areas including the development of Local Officers, additional support for Special Health Boards, and the identification of more efficient working practices across Regions.

Within the National Office, the rationale and expectations of Patient Focus Team have been reviewed in conjunction with the Scottish Government, and plans are underway to redirect this resource more effectively on equalities and advocacy issues, in order to ensure maximum benefit from the investment.

The Action Plan, which was completed in May 2009 as a result of the independent review, understandably focuses on the Scottish Health Council's staff and how we can further develop their capacity, skills and contribution to progressing the health participation agenda. There will be a particular emphasis on organisational development and how we will invest in the training and skills acquisition of our staff. A major component of the planned training will be the Participation Standard, so that our staff are well equipped to provide appropriate guidance and expertise to NHS Boards in support of this key initiative. We will also introduce a dedicated Local Officer development programme which will benefit the majority of our staff and provide appropriate support for the full spectrum of their activities, including group facilitation, community engagement, and report writing.

Financial Performance and Efficiency

The high level of vacancies seen last year was not replicated in 2008-09. As well as our original allocation we received additional funding to cover Patient Focus Team staffing and activities. Our costs for the year were in line with budget and reflected a small saving at year end. This underspend amounted to £12,000 – which represented 0.4% of our allocation.

7. OUTCOME OF INDEPENDENT REVIEW OF THE SCOTTISH HEALTH COUNCIL – ACTION PLAN IMPLEMENTATION

In accordance with good practice, when the Scottish Health Council was set up in April 2005, it was agreed that the organisation would be formally reviewed after three years. The Scottish Government Health Directorates, the Scottish Health Council, and NHS Quality Improvement Scotland commissioned the Scottish Council Foundation to carry out an independent review during the summer of 2008. At our Annual Review in September 2008, one of the agreed action points was that we should consider the findings and recommendations of the independent review and agree an Action Plan with NHS Quality Improvement Scotland (NHS QIS) and the Scottish Government Health Directorates by the end of May 2009.

The Scottish Council Foundation published its review report, *Function and Form*, in November 2008. Following publication of this report, we began an inclusive process in order to develop an Action Plan to shape how the organisation will evolve in the future. This has involved seeking views from all key stakeholders including: staff; National Council members; Local Advisory Council members; NHS Quality Improvement Scotland Board; NHS Boards and the Scottish Government. A Staff Group and a Governance Group were set up to help inform this process. It has included:

- Redefining the Scottish Health Council's core functions to reflect the findings of the review report and input from stakeholders
- Identifying key priorities for the Scottish Health Council for the future, including developing and implementing the Participation Standard
- Developing arrangements for closer and improved collaboration with NHS QIS to make sure we identify and use every opportunity to share resources and knowledge to improve public and patient involvement and experience.

The revised functions of the Scottish Health Council, as described in the Action Plan, can be summarised as:

- Community Engagement and Improvement Support – providing proactive and tailored support for NHS Boards
- Participation Review – review and evaluation of NHS Boards' approaches to participation
- The Knowledge Network – a centre for exchange of knowledge, support, development and ideas.

The Scottish Health Council is fully committed to involving volunteers in our work and believes that that they add significant value to the organisation. We will be giving further consideration to how best to develop their role. We are also working towards achieving the *Investing In Volunteers* standard.

We have given a high priority to developing the Action Plan. We believe the process has been worthwhile, and that implementation of the Action Plan will strengthen our position as the national champion for Patient Focus and Public Involvement in Scotland.

8. CONCLUSIONS

This has been another important year for the Scottish Health Council. We have continued to refine our Assessment approach, reducing the burden on NHS Boards and ensuring that local communities play a meaningful role in Boards' self assessments. We have given increased priority to our Development function, providing local and national support in a variety of ways to Boards, and building capacity in local communities. This work enables us to use our experience and knowledge to facilitate the sharing of information and resources so that Boards can learn from each other.

We have given particular attention to supporting the development of Public Partnership Forums, the principal channel for public engagement by the NHS. By bringing together Forum members to share practice and exchange information at national events, and also providing tailored support from our local offices, we are well placed to monitor and support the continued development of Public Partnership Forums, in line with the expectations outlined in the Scottish Government's *Better Health, Better Care: Action Plan*.

A key piece of work for us has been leading on the development of the Participation Standard. Our preparatory work, a broad stakeholder standard development group, and engagement events throughout Scotland have shown that there is widespread enthusiasm for developing an inclusive and meaningful Standard. We are keen to ensure that the Standard is compatible with approaches in other parts of the public sector.

In Major Service Change we have continued to monitor Boards' public engagement processes, and provide advice and guidance in what can be a challenging area. We have developed detailed guidance for Boards on particular aspects of the process, which has been shaped by the views of patients, members of the public and NHS staff.

Our staff and other stakeholders have engaged positively with both the independent review of the organisation, and the subsequent Action Plan. This outlines a new functional approach and organisational structure better suited to the role we require to perform, and will enable us to play a key part in helping achieve the Scottish Government's vision of a mutual NHS. We look forward to implementing the Action Plan in the coming year.

More change lies ahead in light of the Public Services Reform (Scotland) Bill and the proposals to create by 2011 a new body, Healthcare Improvement Scotland, which will include our own role. We will work to ensure that changes are implemented as smoothly and effectively as possible, without any detrimental impact on our day-to-day business of championing Patient Focus and Public Involvement in NHS Scotland.