Scottish Health Council – briefing for Health and Sport Committee May 2018

The Scottish Health Council was established in April 2005 to promote improvements in the quality and extent of public involvement by the NHS in Scotland. It supports and monitors work carried out by NHS Boards to involve patients and the public in the planning and development of health services and in decisions that affect the running of those services. The Scottish Health Council is part of Healthcare Improvement Scotland with its own governance committee. It has a network of 14 local offices across Scotland – one in each NHS Board area – and a national office in Glasgow.

In order to support and promote effective engagement in the design and delivery of health and social care, the Scottish Health Council works closely with a wide range of stakeholders including communities, the third sector, NHS Boards, and more recently with Integration Authorities.

This briefing provides the themes that have emerged from the review which will shape future work, a summary of the progress that has been made with reviewing its role, and a range of examples of the Scottish Health Council’s recent work.

Context

The landscape in which we now operate has changed considerably since the Scottish Health Council was established in 2005 to work with NHS Boards. Integration authorities have been created with legal requirements which support a focus on personal outcomes and participation of people and communities.

Transformational change in the design of services must be co-produced with people and communities, and with the third and independent sectors. The range and diversity of people and organisations that can and do play an active role in shaping Scotland’s health and care services is something that should be recognised as an immensely valuable asset.

There is significant variation in how engagement is happening in different parts of the country and sometimes even within a particular area. There are examples of good practice, yet there is a recognition that this is not happening consistently and there is a need for improvement. More progress must be made to ensure that the engagement of people and communities is meaningful and that the impact of their engagement can be clearly demonstrated, supported by open and transparent feedback. This is especially important in relation to people whose voices can sometimes go unheard, exacerbating existing inequalities.

Healthcare Improvement Scotland believes that a re-focused Scottish Health Council can make a valuable contribution to enabling people and communities to engage with and co-produce health and social care policy and services. It is important to be clear about what the Scottish Health Council cannot do, as well as what it can do. Taking full account of the key messages that we received through the review process outlined below, this will mean:

• capitalising and building on the Scottish Health Council’s strengths – including expertise in engagement; well-established relationships within communities, with third sector partners and statutory bodies; a national presence with a local reach and relationships

• working with the third and independent sectors which play a key role both in service delivery and in facilitating engagement with communities

• moving to a much more collaborative way of working, in order to ensure distinct added value and demonstrate impact
identifying national and geographical priorities for the Scottish Health Council’s future work informed by stakeholder engagement

• collaborating with others to capture and share evidence and good practice, and to promote this in a variety of ways

• building capacity for meaningful engagement within communities and with health and social care staff, and

• gathering views from people across Scotland on health and care issues, in partnership with others where appropriate, to inform policy and service delivery.

Organisational change is required in order to move to this different way of working, supported by appropriate governance and infrastructure that strengthens meaningful engagement within health and social care. This will be a priority for Healthcare Improvement Scotland during 2018/19.

Scottish Health Council review: Summary of progress

A reflective review of the Scottish Health Council by Pam Whittle CBE (Chair of the Scottish Health Council) was published in April 2017. This work demonstrated a case for change in the role and remit of the Scottish Health Council. Taking account of this case for change, Healthcare Improvement Scotland launched a more wide-ranging three-month consultation in July 2017 (‘Consultation on the role of the Scottish Health Council: Strengthening people’s voices in health and social care’) producing full and ‘easy-read’ versions of the consultation paper, an online questionnaire, and hosting three external stakeholder events in Perth, Edinburgh and Glasgow. The purpose of the consultation was to:

• ensure that the Scottish Health Council can best support the transformation that needs to happen in health and social care, and

• help ensure that people’s voices are heard and acted upon in service design and delivery.

By the end of the consultation in October 2017 we received a total of 175 responses reflecting the diversity of stakeholders who work with the Scottish Health Council. Some of the responses were from individuals and others were corporate submissions on behalf of particular organisations. A number of responses were submitted from umbrella groups representing their wider membership.

Six propositions were formed following analysis of the stakeholder feedback gained, as follows:

1. The Scottish Health Council should support the participation of people and communities in health and social care services.

2. The Scottish Health Council should adopt a thematic approach to its activity, in order to ensure its work nationally and locally is prioritised and focused on areas where it can collaborate with others to add value, avoid duplication and demonstrate clear and measurable impact in improving people’s participation. A key priority for the Scottish Health Council should be enabling people and communities that might otherwise be excluded to be meaningfully involved in health and social care services.

3. The Scottish Health Council should collaborate with others to build the evidence base for participatory approaches, linked to its thematic activity, and with a focus on demonstrating the impact of participation.

4. Healthcare Improvement Scotland will discuss the consultation feedback received on the involvement of people and communities in service change processes with the Scottish Government, COSLA, the Care Inspectorate, the Integration Authorities Chief Officers Group, NHS Board Chief Executives, and other key stakeholders given the views expressed, and the policy implications. The aim of these discussions should be to enable clarification of any future role of the Scottish Health Council in this area.

1 http://www.scottishhealthcouncil.org/about_us/consultation.aspx
2 http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/shc_role_consultation.aspx
A change to the Scottish Health Council name should be considered as part of the ongoing discussions within Healthcare Improvement Scotland about branding and identity of the organisation and its component parts. This should take account of the consultation feedback received and the priorities set out within the Making Care Better strategy\(^3\).

Further work should be carried out to take account of the consultation feedback received on the governance and operation of the Scottish Health Council, particularly with respect to suggestions made about the need for public involvement, transparency, and independence.

In March 2018, a short-life Scottish Health Council Review Advisory Group was established on behalf of the Healthcare Improvement Scotland Board to provide key stakeholder insight and advice in the consideration of the Scottish Health Council’s future role in the context of feedback received through the review process and the six propositions. The group’s discussions were constructive, with broad support gained for the six propositions.

At the same time, a series of staff discussion sessions were undertaken across Scotland, where there was also broad agreement with the six propositions. The views expressed will be considered alongside feedback from the consultation, and from the Scottish Health Council Review Advisory Group, in order to inform a change and implementation plan to be considered by the Healthcare Improvement Scotland Board at its meeting on 27 June 2018. The change will be structured around existing resources within Healthcare Improvement Scotland.

**Examples of recent and current work**

**Working with communities**

The Scottish Health Council works closely with members of the public and communities to help ensure that people are meaningfully involved in the design and delivery of services. This includes raising awareness and signposting people to opportunities to get more involved in shaping their local services.

*Voices Scotland*

Voices Scotland is a free and flexible workshop that aims to provide individuals and communities with the knowledge, skills and confidence to get involved in shaping local and national health and social care services. Scottish Health Council local staff have been trained in the use of Voices Scotland and deliver workshops across Scotland with members of the public, community groups and staff working across health and social care. Since April 2017, the Scottish Health Council has delivered 50 sessions to 431 people. For example, as a result of Voices Scotland training, a group of people with learning disabilities shared their experiences of discrimination when accessing services, and met with senior NHS staff to suggest ways to improve the services provided and address discrimination.

**Testing new approaches**

The Scottish Health Council has been integral in the design and implementation of new engagement approaches to improve health and social care services, notably through its contribution to delivery of the Our Voice framework. The Scottish Health Council established Scotland’s first national Citizens’ Panel on health and social care. This has been designed to be broadly nationally representative and at a size that allows statistically robust analysis of the views of the Panel members at a Scotland-wide level. Currently there are 1,185 Panel members from across all 32 local authority areas. Four panel reports have been produced since March 2017, providing views on a range of topics including shared decision making, how loneliness affects people in Scotland and the use of digital technologies. Findings have informed national policy including the Health Literacy Plan, A Connected Scotland, the Scottish Government’s Vision for talking loneliness and social isolation, and Scotland’s Digital Health and Care Strategy. The Scottish Health Council is currently evaluating progress to date with the Panel to inform future direction.

The Scottish Health Council has also been working with the Chief Medical Officer, Scottish Government policy leads and the third sector to develop and test a Citizens’ Jury. This will be the first Citizens’ Jury in Scotland to focus on a health and social care issue. The Jury will explore issues arising from the Chief Medical Officer’s second annual report, Realising Realistic Medicine in summer/autumn 2018 and make recommendations.

**Working with the third sector**

Following the integration of health and social care, the Scottish Health Council is increasingly collaborating with the third sector in recognition of their experience of working with specific groups.

**Gathering Views**

The Scottish Health Council’s Gathering Views work helps ensure that public views feed into and inform national or policy issues. From April 2017 to April 2018 seven requests to produce Gathering Views reports were received, resulting in engagement with 796 people in 54 discussion groups. This work covers a range of topics including organ and tissue donation and transplantation, the future of oral health in Scotland and realistic medicine. In gathering views on the future of oral health in Scotland, the Scottish Health Council worked closely with the Central Scotland Racial Equality Council and the Rainbow Muslim Women’s Group to ensure views were gathered from minority ethnic communities. This work has directly informed the Scottish Government’s Oral Health Improvement Plan published earlier this year, resulting in a commitment to develop the standard of oral health information and for costs and services to be made available to the public by dental practices and dentists. The Gathering Views project on organ and tissue donation and transplantation included working with Barnardo’s Scotland to capture views from looked after young people and with People First Scotland to hear what mattered to people with learning difficulties.

**Strengthening the voices of young people**

The Scottish Health Council worked with Includem, a specialist Scottish charity which supports vulnerable young people, to promote the co-design of services between young people and the key decision makers who influence their lives through development and testing of tools and approaches. A wide range of organisations across Scotland were engaged with to learn how they include young peoples’ voices. Work was also carried out work in four test sites (Glasgow, Highland, Forth Valley and Fife) to find out what is important to young people from a range of backgrounds, and how their voices can be strengthened within health and social care. This enabled areas for improvement to be identified in each local area, with commitments from the relevant organisations to take these forward. The Scottish Health Council has also published the participatory tools used in this work.

**Working with Integration Authorities**

The Scottish Health Council is increasingly working with a number of Integration Authorities on a range of local issues including offering advice on engaging people in service change (this does not include any quality assurance role). In addition it organised networking and learning events for health and social care staff and also, in collaboration with The ALLIANCE, for service user, carer and third sector representatives from integration authorities.

**Working with NHS Boards**

The Scottish Health Council offers a wide range of practical guidance and support to help NHS Boards engage meaningfully and effectively with communities.

**Promoting effective engagement in service change**

During 2017/18 the Scottish Health Council has provided advice to 30 NHS Boards and integration authorities on 65 service changes. In March 2018 the Scottish Health Council produced *Tips to support effective engagement*. These are primarily aimed at healthcare professionals planning changes to services and designed to help ensure that the views of potentially affected people and communities are taken account of in decision making. The Scottish Health Council promoted these tips through a social media
campaign and they have already featured in subsequent discussions with staff leading service change processes.

**Major service change**

Where Scottish Government deems a service change to be ‘major’, the Scottish Health Council has a quality assurance role to ensure that NHS Boards’ engagement with service users and communities meets national guidance. Since February 2017 the Scottish Health Council has been involved in three major service changes relating to:

- **NHS Greater Glasgow and Clyde’s consultation on the Royal Alexandra Hospital paediatric services.**
  The Scottish Health Council report produced in 2017 detailed the engagement undertaken, and outlined the issues and community concerns raised around the proposals.

- **Rehabilitation Services for older people in North East Glasgow**
  This report identified that the engagement process had been in line with national guidance and highlighted concerns picked up during the consultation including challenges around public transport and access, available service capacity to meet the local population’s needs, and potentially adverse impacts on quality and continuity of care. In January 2018 the Cabinet Secretary advised Parliament that she did not support the proposals as they currently stood.

- **NHS Tayside’s consultation on Shaping Surgical Services**
  This report produced in November 2017 was discussed by the Board of NHS Tayside in January 2018, and the Board supported the recommendations for next steps including a need for further engagement in relation to patient transport and access. NHS Tayside’s proposals are currently with the Cabinet Secretary for a final decision.

**Supporting primary care**

One way of involving patients in primary care is to establish a Patient Participation Group. These are patient-led groups, linked to a local general practice, that work alongside GPs and practice staff to provide a patient perspective on healthcare services that are offered to the community. The Scottish Health Council has developed a range of tools to support Patient Participation Groups including a development tool, a start-up guide and good practice guide. We are aware of 101 Patient Participation Groups in Scotland, which is a relatively small proportion in relation to existing GP practices. During the course of 2017/18, the Scottish Health Council offered advice and support to GP practices that wanted to establish Patient Participation Groups or support existing groups to develop further. The introduction of the new GP contract provides opportunities to look again at how engagement with people and communities can be strengthened.

**Volunteering programme**

There are an estimated 6,500 directly engaged volunteers supporting the work of NHSScotland, with many others supporting the delivery of health and social care through the third sector. Volunteering has many potential benefits, which can include improving the health or experience of recipients of care, as well as having beneficial impacts on volunteers themselves. The Scottish Health Council leads the Volunteering in NHSScotland programme which supports NHS Boards to develop sustainable volunteering programmes. This role includes providing advice and guidance on volunteer management models, recruitment, engagement, policy development and risk management. The Scottish Health Council also established a national Volunteering Information System, which is now being used by 17 NHS Boards to record key data on volunteers and to support improvement.