Consultation on the role of the Scottish Health Council: Strengthening people’s voices in health and social care

July 2017
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Foreword

It has long been recognised that services can only improve when they are informed and shaped by people who use those services, their families and carers, and local communities.

In this period of unprecedented change – where the integration of health and social care is transforming services with the aim of achieving better outcomes for people – this need for proper and meaningful engagement between those who provide services and those who access them has never been more important. Whilst there has been progress in engaging people, underpinned by legislative and policy commitments, we believe there is more that can be done to improve people’s experience of engagement, whether at individual, community or national level, and to demonstrate more clearly the difference that their engagement has made.

We are pleased to present ‘Strengthening people’s voices in health and social care’, a consultation on the role of the Scottish Health Council.

The Scottish Health Council is a key part of Healthcare Improvement Scotland and plays a leading role in ensuring that NHSScotland listens to the views of people and communities and that it acts on those views.

Healthcare Improvement Scotland is leading on this consultation which is designed to gather views on the future direction of the Scottish Health Council.

We want to hear your views to help us to ensure that the Scottish Health Council continues to evolve and play a valuable role in ensuring the voice of people and communities remains at the heart of health and social care.

Robbie Pearson
Chief Executive
Healthcare Improvement Scotland

Dr Dame Denise Coia
Chairman
Healthcare Improvement Scotland

July 2017
1 Introduction

1.1 Since 2005, the Scottish Health Council has worked in many different ways with NHS boards across Scotland to help them improve how they engage with patients and communities.

1.2 This role has evolved over time, and in the last few years the Scottish Health Council has increasingly been working across both health and social care, gathering people’s views directly to inform service and policy development, and playing a leading role in shaping and implementing the *Our Voice* framework.

1.3 As part of Healthcare Improvement Scotland, the Scottish Health Council’s role is currently being reviewed, in order to ensure that it 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.

1.4 The review process to date has been informed by a reflective exercise including engagement with stakeholders whose views have supported a case for change in the Scottish Health Council’s role. The findings from this reflective exercise are set out in a report by Pam Whittle, Chair of the Scottish Health Council. The report was considered by the Healthcare Improvement Scotland Board in April 2017. The Board agreed that it set out a clear case for change, and that the issues it identified should be the subject of wider stakeholder consultation.

1.5 Acting on this case for change means building on the Scottish Health Council’s strengths and experience, giving it a renewed focus, which both fits the evolving service and policy context, and better meets the aspirations of people and communities across Scotland.

1.6 Healthcare Improvement Scotland and the Scottish Health Council are committed to engaging well with people and communities, and other stakeholders, and listening to their views. It is therefore vital that all of our stakeholders are given meaningful opportunities to properly engage in this consultation, and Healthcare Improvement Scotland wants to hear views from a wide range of people and from organisations with an interest, to help inform our thinking. In particular, we want to consider the following.

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• How the Scottish Health Council can best support people and communities, as well as NHS boards, local authorities, and Health and Social Care Partnerships, to engage with each other to make sure that services are designed and delivered with people and service providers working together to improve things for everyone.

• How the Scottish Health Council can work within and across Healthcare Improvement Scotland to support the range of ways that it operates to improve health and social care services – providing improvement support, quality assurance and developing evidence to drive and inform transformational change.

• How the Scottish Health Council might work most effectively with partner organisations, including those in the third sector, to collaborate with a shared goal of helping to ensure that people and communities are meaningfully involved.

1.7 This consultation will help shape the future of the Scottish Health Council and its responsibilities as an integral part of Healthcare Improvement Scotland. It will take full account of the changing context for health and social care services, and the need for people and communities to co-design the services and policies that matter to them and to their families.

1.8 The remainder of this paper sets out:

• the policy context i.e. the expectations set out in law and policy regarding how people and communities should be involved in health and social care
• consultation questions relating to the areas where it is considered that change is needed
• how you can offer your views, and
• an outline of the Scottish Health Council’s current role.
2 Policy context

2.1 The Health and Social Care Delivery Plan, published by the Scottish Government in December 2016\(^2\), sets out a programme for services working together: “so the people of Scotland can live longer, healthier lives at home or in a homely setting and we have a health and social care system that:

- is integrated;
- focuses on prevention, anticipation and supported self-management;
- will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.”

This approach fits with some of the themes expressed by people through the National Conversation on Creating a Healthier Scotland\(^3\).

2.2 Our Voice

The integration of health and social care services signalled a landmark shift in the planning and delivery of services, including a much greater emphasis on localities. It is clear that continuing transformational change is needed in order that services can successfully meet all of the goals outlined above. In order to achieve this, people and communities must be at the centre of health and social care services in Scotland. This aspiration underpins the Our Voice framework, which was developed by a range of organisations\(^4\) following collaborative engagement with members of the public and people with lived experience who shared how they wanted to be involved in improving health and social care.

Aim: Our Voice is for everyone who wants to get involved in improving health and social care in Scotland. It is about sharing the power of decision making and being clear about the improvements that come from meaningful engagement and genuine listening.

Vision: People will be able to engage purposefully in conversations and decisions at individual, community and national level to continuously improve and transform health and social care.

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\(^2\) Scottish Government Health and Social Care Delivery Plan
http://www.gov.scot/Publications/2016/12/4275/downloads

\(^3\) http://healthier.scot/

\(^4\) The Scottish Government, NHS Scotland, COSLA, the Scottish Health Council, Healthcare Improvement Scotland, the ALLIANCE and a range of third sector partners
2.3 The Our Voice framework aims to support people to have their views heard and acted upon at all levels of the system.

- At individual level, people should be informed and supported to enable them to achieve the outcomes that they want, and services should be designed to work with people to achieve this. People should be informed about their rights and supported to exercise those rights, if they need that support. This includes giving feedback or making complaints.

- At local level, people and communities should have a range of options for getting involved in shaping and influencing the design and delivery of health and social care services. In order to achieve this, it is essential that the capacity of people and communities to get involved in, and to lead, local conversations, is developed. Particular support should be given to those whose voices are not always heard, and to developing local networks of people who are willing to get involved. One of the key functions of Health and Social Care Partnerships is to effectively enable participation and involvement of the voice of lived experience at integrated board, strategic planning and locality planning levels.

- At national level, mechanisms should enable greater collaboration across existing structures and networks, and the development of innovative approaches, to support the gathering of intelligence on the issues that matter to people and communities, involving as wide a range of people as possible in improving services and driving national policy. Strategic gathering and analysis of people’s experience on topics of national interest will provide policy makers and health and care providers with powerful evidence for improvement.

2.4 Work is underway to put this into practice. This includes work led by the Scottish Health Council (see Appendix), as well as many other delivery partners, including the Health and Social Care Alliance Scotland (the ALLIANCE).

2.5 The aim is to ensure everyone’s views can be heard – people accessing services, families and carers, communities and the wider public – and that this involvement reflects the diversity of people living in Scotland.

2.6 Legislation and policy

The need for meaningful participation by people and communities is underpinned by a wide range of legal duties and policy documents. These include:

- NHS Reform (Scotland) Act 2004
- Informing, engaging and consulting people in developing health and community care services, CEL 4 (2010)
- Patient Rights (Scotland) Act 2011
- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working) (Scotland) Act 2014, including integration planning principles
• Community Empowerment (Scotland) Act 2015
• Carers (Scotland) Act 2016
• Health & Social Care Delivery Plan published 2016, and
• National Care Standards.

2.7 Ensuring that these commitments are delivered in practice is a shared interest for many people, groups and organisations across Scotland. Making it happen in a way that truly meets the aspirations, in a constrained financial context and with many other outcomes to be delivered, can be challenging. It is therefore essential that efforts of all organisations are focused in ways which will have maximum effect.

2.8 The third sector plays a key role both in service delivery and in advocating for the rights of people using services. There are numerous groups and organisations operating in Scotland, at local and national level, that make a positive difference every day to the lives of the people they support.

2.9 However, it is clear that more needs to be done. For example:

• The Self-Directed Support Strategy Implementation Plan 2016-18\(^5\) recognised the need for further action to address the challenges in making self-directed support work for everyone who receives social care support.

• The Scottish Parliament’s Health and Sport Committee, through its inquiry into Integration Authorities consultation with stakeholders\(^6\) has heard evidence that suggests people are not always clear about how they can engage with Health and Social Care Partnerships, and that the progress and efforts being made in engaging people is not consistent across the country, with some people and organisations still feeling dissatisfied or excluded.

• The Scottish Health Council, through its work on service change, is aware of the importance of people and communities being involved meaningfully in service change processes involving local services. This is particularly important in the context of the need for transformational change outlined above, including the move to more regional planning of services.

• Although there have been recent developments to improve how people’s voices can be heard at national level to shape policy and services, including the work done through \textit{Our Voice} such as the establishment of a national Citizens’ Panel, much more could be done to demonstrate a more systematic approach, that better connects the assets that exist across Scotland to support people’s voices to be heard.

2.10 There is a commitment to take a human rights-based approach in health and social care. This requires considering people’s rights with regard to services, as a means to support them to live fulfilling lives, within a much broader frame of reference than purely health and social care services. It means considering


\(^6\) Scottish Parliament Health and Sport Committee Inquiry on Integration Authorities Consultation with Stakeholders \url{http://www.parliament.scot/parliamentarybusiness/CurrentCommittees/103489.aspx}
the social determinants of health which can underpin health inequalities.\(^7\) Childhood experiences, housing, education, income, employment, communities, are all relevant, alongside access to health services and social support.

2.11 This review presents an opportunity to consider how the Scottish Health Council can contribute to achieving this, working in collaboration with others.

2.12 **Across the United Kingdom**

The desire to improve participation by people and communities in health and social care is shared across the United Kingdom. A report by the Organisation for Economic Co-operation and Development (OECD) in 2016\(^8\) which sought to review approaches to the quality of health care across Scotland, England, Wales and Northern Ireland, includes sections which consider patient and public involvement. It highlights some aspects of the role of the Scottish Health Council as well as other organisations such as: Healthwatch, National Voices and NHS Citizen in England; The Board of Community Health Councils in Wales; and the Patient and Client Council in Northern Ireland.

One of the main conclusions in the report is that there is a need for greater collaboration across the different nations so that experiences, lessons and opportunities can be shared more effectively. The Scottish Health Council could help to progress this in relation to the engagement of people and communities.

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3 Consultation questions

There are a total of 7 consultation questions which you are invited to answer within the online questionnaire which is accessible via the web address below:

http://www.smartsurvey.co.uk/s/HCISconsultSHC/

or by completing a hard copy which can be requested by emailing hcis.consult@nhs.net

In order to help us understand your responses, please give reasons for your answers where requested.

3.1 The importance of people and communities being at the heart of service design and delivery has been reinforced through recent engagement with Healthcare Improvement Scotland stakeholders in developing its Strategic Plan. Healthcare Improvement Scotland believes that meaningful and effective engagement is fundamental to improving health and social care in Scotland and this belief underpins all of the organisation’s work.

3.2 This consultation is an opportunity to rethink how people and communities in Scotland can shape and design their health and social care services, and the part the Scottish Health Council can play, in collaboration with partners, in making that happen.

3.3 Healthcare Improvement Scotland considers that any change needs to:

- support the delivery of the Our Voice vision and framework (see section 2.2)
- build on the considerable skills and experience that the Scottish Health Council has developed with regard to engaging people (see appendix for an outline of the Scottish Health Council’s current work)
- clearly set out the organisation’s role and purpose in working with: people and communities; the third sector; statutory bodies; and others with a shared interest
- maximise the potential of the organisation to work at different levels of the system – with individuals, communities/localities, regionally and nationally
- ensure that the organisation’s work complements and strengthens, rather than duplicates, the work of other groups and organisations, and fosters strong collaboration where this would be of benefit
- operate within and make best use of available resources, and
- demonstrate clear added value and impact that would not be achieved otherwise.

3.4 The strategic priorities for Healthcare Improvement Scotland are to:

- enable people to make informed decisions about their own care and treatment.
- help health and social care organisations to redesign and continuously improve services for people.
• provide evidence and share knowledge that enables people to get the best out of the services that they use and help services to improve.
• provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve.
• help to make best use of all the resources committed to health and social care.

3.5 Healthcare Improvement Scotland considers that the Scottish Health Council’s work on supporting engagement of people and communities should focus on supporting the delivery of the Our Voice framework and the above strategic priorities. The aim would be to promote and support the development of a more systematic and ambitious approach for the engagement of people and communities in designing and improving health and social care services; an approach which helps to connect the wide range of community assets and organisations that have a shared interest in this agenda, whether at community or national level.

3.6 Collaborating with others is an essential way of working for all parts of Healthcare Improvement Scotland. This can be formal collaboration, such as our joint statutory role with the Care Inspectorate, or numerous less formal networks and relationships which support our day-to-day activity.

3.7 Areas where change is required

There are four key areas where it is clear that change is required. Whilst these are considered in turn below, it is clear that they are interconnected.

i) Working across health and social care to support the engagement of people and communities

Through the engagement that has taken place with stakeholders to date, support has been expressed for the Scottish Health Council’s remit (which currently relates only to NHS boards) to extend across integrated health and social care services, in light of the ambitions of Our Voice. Scottish Health Council staff have already been building extended community networks, and relationships with Integration Authorities, and this would be greatly assisted by a remit which reflects a core commitment to this agenda.

Healthcare Improvement Scotland would welcome hearing views on whether any offering of support by the Scottish Health Council should extend across social care.
Question 1 of 7  Should the Scottish Health Council support the involvement of people in social care services, as well as in health services? If yes, how should it do this?

The geographical spread of Scottish Health Council staff across 14 local offices and a national office also offers the ability to flex and adapt to emerging demands, for example, the move to more regionally driven approaches to service planning and development.

There is much good work already underway to hear the voices of people and communities, including those with lived experience and their carers, supported by a wide range of organisations working locally and nationally. Healthcare Improvement Scotland considers that there is a role for the Scottish Health Council to work across health and social care with the following groups.

- People and communities – to raise awareness of people’s rights and opportunities to get involved in health and social care; to support them to do so (for example through approaches like Voices Scotland\(^9\)) or signpost them to information about their rights and to others who can support them; and to gather people’s views on health and social care issues, either directly, or by linking with organisations that support people, or by making better use of existing data.

- Third sector and other organisations that support people and communities – there are many local and national organisations across Scotland supporting people and communities to be informed of their rights and to get engaged in shaping health and social care services, including membership organisations such as the ALLIANCE. Collaborating with these groups or organisations on areas of mutual interest could help to strengthen the reach and potential of influence at different levels of the system. This could include sharing evidence of people’s views or about what works, or what needs to improve, in terms of engagement. It would also help to identify whether any voices are not being heard, and what action can be taken to address this.

- NHS boards, local councils, Health and Social Care Partnerships – by offering advice and sharing useful resources and evidence or good practice examples/intelligence from other parts of Scotland or beyond; helping to build awareness of staff about the importance of good practice in engaging people; promoting greater understanding of the Our Voice framework and how it can support and complement the implementation of legal duties to involve people.

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\(^9\) The Voices Scotland Programme developed by Chest Heart & Stroke Scotland comprises flexible training tools to give staff and members of the public the skills and confidence to work in partnership, and seeks to support and empower people to have their say about health and social care issues.
In this way, the Scottish Health Council would have an enabling role, working collaboratively across all of these stakeholders to help support delivery of the *Our Voice* vision.

### Question 2 of 7

Healthcare Improvement Scotland thinks that the Scottish Health Council should work in the following ways:

**People and communities**
- Help people to know their right to be involved
- Support people to get involved
- Help people to get the information they need
- Ask people what they think

**Community groups, voluntary organisations and membership groups**
- Share the things that people are saying about health and social care services
- Share ways of listening to people and involving them
- Find out which groups of people are not being heard

**NHS boards, Local Councils and Health and Social Care Partnerships**
- Understand more about good ways to listen to people and involve them in giving their views
- Help Health and Social Care staff to understand how important it is to use good ways to listen to people
- Understand more about *Our Voice* and how to use it

Should the Scottish Health Council work in the ways described with:

(a) People and communities
(b) Community groups and voluntary organisations
(c) NHS boards, Local Councils and Health and Social Care Partnerships?

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**ii) An evidence-based approach to supporting people and communities to engage with and influence health and social care services and policy**

Healthcare Improvement Scotland has a strong commitment to promoting evidence-based approaches in health and social care to improve outcomes for people. One of the organisation’s strategic priorities (see page 28) is to: “provide evidence and share knowledge that enables people to get the best out of the services that they use and help services to improve”.
Evidence is important in supporting effective and meaningful engagement of people and communities, and achieving the ambitions of Our Voice. It is essential in a number of ways:

- People’s views and experiences of services provide clear and compelling evidence of what is working well and what needs to improve. The Scottish Health Council has a strong track record in supporting the gathering of views across Scotland, through its local office network and its ability to reach people whose views would not otherwise be heard, as well as through key national initiatives such as the Our Voice Citizens’ Panel. This can be augmented further, through making better use of existing data and intelligence, and through testing of approaches such as Citizens’ Juries.

- There are a range of existing and emerging mechanisms and approaches to support people to become more engaged. This can include, for example, developing capacity of people to engage with services, as well as developing capacity of health and social care staff to engage meaningfully with people. It can also include the use of different tools and techniques for engagement, such as those in the Scottish Health Council’s Participation Toolkit\(^{10}\). Strengthening the evidence base can help ensure efforts are focused on understanding and using the best approaches and tools for each particular purpose.

- Healthcare Improvement Scotland is committed to looking at evidence beyond Scotland to learn from others, and share its own experience, internationally. This is as important in relation to involving people as it is in relation to other areas. Whilst there are no other bodies within the UK that have an equivalent role and remit to the Scottish Health Council, there are a number that have shared interests, such as Healthwatch England, the Community Health Councils Board in Wales, and the Patient and Client Council in Northern Ireland.

\(^{10}\) Scottish Health Council Participation Toolkit
Question 3 of 7

The Scottish Health Council thinks more could be done to find evidence of the best ways of:

- Hearing people’s views on health and social care
- Involving people and communities in health and social care services

Should the Scottish Health Council lead in finding evidence of the best ways to support people and communities to get involved and give their views? If yes, how should it do this?

iii) Supporting the involvement of people and communities in relation to service change processes

Guidance produced by the Scottish Government - ‘Informing, Engaging and Consulting People in Developing Health and Community Care Services’ CEL4 (2010)\(^{11}\) - sets out the process that NHS boards must follow to involve people and communities in developing service change proposals. It also sets out the role of the Scottish Health Council, to provide advice and support to NHS boards in following guidance, and in the case of service changes identified as ‘major’, to quality assure the engagement and consultation process to inform decision making.

The guidance was produced prior to the establishment of Integration Authorities. A large proportion of the services previously delivered by NHS boards now fall within the remit of Integration Authorities, where there is a greater emphasis on locality-based planning.

It is clear that service change is a key issue for people and communities, and for NHS boards, local authorities and Integration Authorities. It is important that there is a shared understanding of how people and communities should be involved in the current context. People should have opportunities to be involved from the earliest stages of service change processes right through to decision making. There should be clarity and transparency for people about what they can expect, and what is happening, throughout any service change process.

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\(^{11}\) Informing, Engaging and Consulting People in Developing Health and Community Care Services, CEL 4 (2010), Scottish Government
The Scottish Health Council has considerable experience of providing advice and support to NHS boards in relation to processes for the involvement of people in complex change, including option development and appraisal. There is an opportunity to build on this experience to support people and communities to get involved in service change processes.

The Scottish Health Council has already supported some Health and Social Care Partnerships to deliver effective and proportionate engagement and consultation in line with the integration planning principles set out within the Public Bodies (Joint Working) (Scotland) Act 2014, through providing advice and sharing experience. Guidance on implementing these principles includes reference to a range of resources, including the Scottish Health Council’s Participation Toolkit and also refers to the Scottish Health Council as a source of advice.

The role could be developed further and promoted more proactively, offering advice, and sharing tools and approaches for engaging people in co-producing service change. This could support delivery of the *Our Voice* aim and vision, and could also enable greater promotion of the National Standards for Community Engagement\(^\text{12}\).

### Question 4 of 7

The Scottish Government wants NHS boards to listen to patients and local people about the quality of their services.

The Scottish Health Council has helped NHS boards to involve people and communities when changes are being made to local health services.

**Should the Scottish Health Council offer advice to Health and Social Care Partnerships on how to involve people and communities when changes are being made to health and social care services? If yes, how should it do this?**

Currently the Scottish Health Council has a quality assurance role in the context of the CEL 4 (2010) guidance referred to above i.e. only in changes to NHS services which are identified as ‘major’ and which ultimately require to be approved by the Cabinet Secretary for Health and Sport. In these circumstances, the Scottish Health Council produces a report on whether the engagement and consultation process carried out by NHS boards is in line with the guidance. This report highlights any points of good practice and any learning points, and is used to inform the decision making process. It also enables the views of people and communities expressed during the process to be captured in the report, independently of the NHS board.

The Scottish Health Council does not have a quality assurance role in the case of service changes which are delegated to Integration Authorities. Healthcare Improvement Scotland will consider how the assurance of engagement in major service change best fits with other assurance activity within the organisation, to ensure there is appropriate connection, shared learning, and the continued development of expertise in this area.

**Question 5 of 7**

The Scottish Health Council checks how well NHS boards listen and take account of people’s views on changes to services.

The Scottish Health Council writes reports on how well people and communities’ views have been listened to and taken account of. This is called “quality assurance”.

**Do you have any views on the Scottish Health Council's “quality assurance” role in NHS service changes?**

iv) **A clear identity for the organisation that reflects the revised role and remit, supported by appropriate governance arrangements**

A clear message from some stakeholders has been the need for increased public awareness of the Scottish Health Council and a name and identity for the organisation which more clearly reflects its role, particularly if its reach is to extend across both health and social care. Whilst the existing statutory role for the Scottish Health Council has been one which has not required a high level of public awareness, given that it was focused on working with NHS boards rather than the public, this would need to change if the organisation’s role changes as suggested above.

**Question 6 of 7**

Some people are saying that not enough people know about the Scottish Health Council.

Some people are saying that we should change the name of the Scottish Health Council to something which explains more about what it does.

**Do you think the name of the Scottish Health Council should be changed to make it easier to understand what it does?**
A range of views have been expressed by stakeholders through the early stages of this review regarding the current and future independence of the Scottish Health Council. Some stakeholders felt that the organisation was already sufficiently independent and that this was one of its strengths. Others held the contrary view and felt strongly that the organisation was not currently sufficiently independent. Independence was questioned in relation to the Scottish Health Council’s relationships with: Healthcare Improvement Scotland, its parent body; the Scottish Government, its funder; and health and social care service providers to whom it provides advice and support.

Some feedback also highlighted the need for strengthened governance arrangements, including greater diversity in Committee/Board membership, and greater openness, transparency and accountability.

Healthcare Improvement Scotland agrees that as the role and remit of the Scottish Health Council changes, it will be important to ensure that its work has a clear identity that reflects its core purpose. The reflective exercise has raised points about independence, transparency, visibility and robust governance. Healthcare Improvement Scotland agrees that ensuring appropriate arrangements for these in the future will be essential and considers that these should continue to be accommodated within Healthcare Improvement Scotland.

**Question 7 of 7**

We want to hear any ideas you have about how the Scottish Health Council might work in the future. We want to know any views you have on:

(a) How the Scottish Health Council should be run and organised
(b) How the Scottish Health Council should tell people about what it does
4 How you can offer your views

4.1 In order to conduct the consultation in an open and transparent manner and ensure the findings are rigorous and evidence based, Healthcare Improvement Scotland is seeking the views of a wide range of stakeholders. We are interested in the views of individuals and organisations that engage or have engaged with the Scottish Health Council, and anyone that has an interest in patient, service user, carer and public engagement and participation in health and social care services.

4.2 The consultation period runs from 21 July to 20 October 2017. This will include the following methods:

- regional stakeholder events for discussion and deliberation
- dissemination by the internet and email for online responses with hard copies distributed where requested
- targeted stakeholder telephone interviews
- informal ‘evidence’ session with key stakeholders, and
- reflecting on organisations from outwith Scotland for comparison and consistency (i.e. overview of similar organisations within the United Kingdom).

4.3 Healthcare Improvement Scotland will also accept responses or material in different forms provided it is relevant to the purpose of the consultation and/or the questions within the survey. Healthcare Improvement Scotland is unable to respond to individual cases or consider complaints other than as part of the evidence for the consultation where it falls within scope outlined within this document.

4.4 Provisional dates for regional stakeholder events are as follows.

- Friday 22 September 2017 – Perth
- Thursday 28 September 2017 – Edinburgh
- Friday 29 September 2017 – Glasgow

Venues and all associated arrangements (including how to register) will be in place by 31 July 2017. Details will be posted on the Healthcare Improvement Scotland website:

http://www.healthcareimprovementscotland.org/shc_consultation.aspx
4.5 **Confidentiality**

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 – FoIA – and the Data Protection Act 1998 – DPA).

4.6 If you want the information that you provide to be treated as confidential, please be aware that under the FoIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain why you regard the information you are providing as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on Healthcare Improvement Scotland.

4.7 Healthcare Improvement Scotland will process your personal data in accordance with the DPA and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

4.8 Healthcare Improvement Scotland welcomes responses to all of the consultation questions. **Please send your responses by 20 October 2017.** The preferred method of receiving your responses is via the online consultation questionnaire, which can be found on:

http://www.smartsurvey.co.uk/s/HClSconsultSHC/

Please use this to record your responses. Alternatively, you may wish to email us your responses at hcis.consult@nhs.net

4.9 If you do not have internet or email access, then please post your responses to:

**FREEPOST- Healthcare Improvement Scotland – Delta House**

4.10 A paper copy of this consultation document and the consultation response form is available on request using the email address. If you have any questions about the content of this consultation then please send them to hcis.consult@nhs.net or call us on 0141 225 6999.

4.11 Healthcare Improvement Scotland will collate and consider all responses to this consultation which will directly inform the future of the Scottish Health Council in co-ordination with our stakeholders. The outcome will usually be published within three months of the consultation closing date.
The Scottish Health Council’s current role

The Scottish Health Council was created in 2005, with a statutory role to “support, ensure and monitor” the patient focus and public involvement activities of the National Health Service (NHS) in Scotland. This was part of a wider drive to:

- create a more ‘patient focused’ NHS i.e. “a service that exists for the patient and which is designed to meet the needs and wishes of the individual receiving care and treatment”\textsuperscript{13}
- require NHS boards “to involve people and communities routinely and effectively in the planning and delivery of health services.”\textsuperscript{14}

The Scottish Health Council was established as a Committee of NHS Quality Improvement Scotland (NHS QIS, now Healthcare Improvement Scotland) with a National Office based in Glasgow city centre, and 14 local offices, one in each territorial NHS board area. The reason for setting it up as part of NHS QIS was: “to reflect the close links that need to exist between the quality improvement and public involvement agendas”\textsuperscript{15}.

Following an external review in 2008, the Scottish Health Council was restructured into its present shape and range of functions. In 2011, the Scottish Health Council became a governance Committee of Healthcare Improvement Scotland, and at that time:

- changes were made to the Scottish Health Council’s Committee structure to more closely integrate with Healthcare Improvement Scotland, and
- Healthcare Improvement Scotland’s Public Involvement Unit was incorporated into the Scottish Health Council directorate structure.

These changes also realigned the Scottish Health Council relationship with the Scottish Government to fit within the arrangements for Healthcare Improvement Scotland, although it continues to have its own ‘policy’ relationship to help shape and determine priorities.

The practice of holding separate Scottish Health Council annual reviews was discontinued. Instead, the performance of the Scottish Health Council was assessed as part of Healthcare Improvement Scotland’s annual review process. The Scottish Health Council continues to have a statutory role which is set out in legislation, with an independent Chair who is also a member of the Healthcare Improvement Scotland Board.

\textsuperscript{13} Patient Focus and Public Involvement, Scottish Executive, 2001
\textsuperscript{14} Our National Health: A Plan for Action, A Plan for Change, Scottish Executive, 2000
\textsuperscript{15} Patient Focus and Public Involvement: Establishment of the Scottish Health Council, NHS HDL (2005) 11
The Scottish Health Council’s work combines the following.

- Supporting improvement – including providing advice on engagement to NHS boards, and increasingly to Health and Social Care Partnerships; and building capacity for people and communities to get involved.

- Evidence – research and evaluation relating to participation of people and communities; gathering qualitative evidence of what matters to people; testing and developing participation tools and approaches.

- Quality assurance – in relation to involving people in service change processes; and the Participation Standard\(^{16}\).

Working with people and communities, the third sector and with statutory services, is key to the Scottish Health Council’s role.

**Key numbers**

- **1** National Office (based in Glasgow city centre)
- **14** Local Offices – one in each NHS board area
- **64** members of staff (headcount)
- Worked with NHS boards to engage with communities in over **150** service changes since 2014
- Directly engaged with **12,985** patients, service users, carers and other members of the Scottish public during 2016

The Scottish Health Council has an annual budget of around £2.6million. The organisation currently has the following seven core portfolios or programmes of activity that contribute to furthering public engagement with NHS Scotland.

1. *Our Voice*
2. Community engagement and improvement support
3. Service change
4. Participation network
5. Performance and planning
6. Volunteering in NHSScotland
7. Public involvement unit

The Scottish Health Council also undertakes thematic work. For example, during 2016-17 the Scottish Health Council worked through a strategic partnership with Includem – an organisation that works with some of Scotland’s most vulnerable young people – to test a range of approaches to strengthening how we hear the voices of children and young people in the context of the *Our Voice* framework.

Our Voice

The Scottish Health Council works closely with the Scottish Government, the ALLIANCE, NHS colleagues, COSLA and other partners in delivering the Our Voice framework. (See section 3 above or the interactive Our Voice website www.ourvoice.scot for more information about Our Voice). Much of the Scottish Health Council’s activity across its national and local staff teams has shifted to supporting delivery of Our Voice.

As part of this work, the Scottish Health Council has established Scotland’s first ever national Citizens’ Panel to engage with people on health and social care issues. The Panel recruited around 1,300 members of the public, demographically representative of the population at national level, who are being engaged via surveys to help shape policy. Work is now underway to develop and test the use of a Citizens’ Jury, which offers a more deliberative means of engaging with people.

Through its local office network (see below) the Scottish Health Council has also supported the gathering of views from people across Scotland, through discussion groups, one-to-one interviews and other engagement approaches to inform the development of national policy. An example of this was the National Review of Maternity and Neonatal Services, where local staff involved 581 people, reporting in January 201717.

Staff across the Scottish Health Council’s local office network are trained in the delivery of the Voices Scotland Programme which was developed by Chest Heart & Stroke Scotland. The Programme, which comprises a series of flexible training tools to give staff and members of the public the skills and confidence to work in partnership, seeks to support and empower people to have their say about health and social care issues. Building capacity of people to get involved is one of the ambitions of Our Voice.

Working in collaboration with the ALLIANCE and the Coalition of Carers in Scotland, the Scottish Health Council has helped to establish a network to support the service user, carer and third sector members of the Integration Joint Boards and brought them together for a national conference in early 2017.

Community engagement and improvement support

This represents the largest part of the Scottish Health Council and includes the local office network. It delivers proactive and tailored engagement support for territorial and special NHS boards and supports people and communities to engage with local health services, in a variety of different ways. Staff in the local offices have increasingly been working with Health and Social Care Partnerships to offer advice and support in the development and improvement of engaging people.

Local office staff are experienced in using a wide range of engagement methods contained in the Scottish Health Council’s ‘Participation Toolkit’. Support and advice is also provided to stakeholders by local offices on how to use those tools effectively.

to ensure good engagement. An important area of activity has been responding to requests for support from stakeholders for ‘Gathering Views’ on key public interest health-related topics.

The support provided by local offices is wide ranging – some examples over the past 18 months include the following.

- Within Ayrshire and Arran, conducting ‘real time; patient interviews across a variety of hospital sites, and supporting public involvement to improve stroke services.
- Evaluation of Learning Disabilities services within the Borders area via interviews and one-to-one discussions.
- Supporting the development of engagement structures post health and social care integration within Dumfries and Galloway.
- Supporting NHS Greater Glasgow and Clyde’s Specialist Children’s Service Team to run an event for 2,000 service users and carers and delivering a Visioning Outcomes in Community Engagement (VOiCE) training event to assist with recording planning and progress.
- Providing support to refresh engagement groups working with the diabetes managed clinical network in Greater Glasgow and Clyde to widen membership and address health inequality and access issues.
- Assisting with the recruitment and membership of the Personality Disorder Service Steering Group in NHS Highland.
- Supporting NHS Orkney’s Health Promotion directorate to source public opinion and experience of healthy living and healthy weight intervention (involving school children and gathering views).
- Conducting a stoma care nurse patient survey, and helping with the creation of a communication and engagement framework for mental health services in Shetland.
- Supporting opportunities for public engagement to various cancer charities to enable them to contribute to NHS development plans in the Western Isles/Nah-Eileanan Siar

Service change

The service change team seeks to support NHS boards to involve people when planning or changing local health services. The Scottish Health Council operates in line with a framework of national guidance which sets out both the process for NHS boards and the Scottish Health Council’s quality assurance and support role. Since 2014, the Scottish Health Council has been involved in over 150 service change processes. Service change issues are often contentious, particularly in cases when NHS boards propose to centralise, regionalise or close specific services. Under the current arrangements, the role of the Scottish Health Council is to ensure local NHS boards follow the guidance on engaging with communities. It is not the role of the Scottish Health Council to represent the public or specific patient views regarding the proposed service change.

Participation network

The participation network is a centre for the exchange of knowledge, support, development and ideas in public engagement and involvement best practice. Its work has involved developing the Participation Toolkit, commissioning and undertaking
research and evaluation on a range of issues to build the evidence base for participation; sharing information and good practice through events, social media and e-newsletters; along with the development of a variety of other resources.

The team hosts and supports a Participation Research Network which brings together researchers and others interested in developing the evidence base for participation.

**Performance and planning**

The Scottish Health Council developed Scotland’s first standard for participation (the Participation Standard) within the NHS. The Standard has been used by NHS boards since 2010 to assess their performance, which is then verified by the Scottish Health Council through engagement with local communities. In the course of this work, the Scottish Health Council has analysed over 60 self assessments, and produced national overview reports.

The Scottish Health Council has also produced a report on NHS complaints handling (‘Listening & Learning’), the recommendations of which directly led to the development of a new Model Complaints Handling Procedure for NHSScotland.

**Volunteering in NHSScotland**

Volunteering is recognised as an important and effective way of involving people with the work of the health service. Since 2011, the Scottish Health Council has provided national leadership and guidance to support volunteering across NHSScotland. An estimated 5,500 people volunteer directly with NHSScotland each year, along with many others who volunteer via third sector organisations.

This has involved the production of support and guidance for NHS boards and the development of a Community of Practice for staff within the service who manage or have strategic responsibility for volunteers. A major initiative has been the development of the Volunteering Information System, a national database for recording and monitoring key aspects of volunteering to facilitate improvement.

The Scottish Health Council also commissioned research\(^\text{18}\) to consider the potential development of volunteering in the context of integrated health and social care services.

**Public Involvement Unit (for Healthcare Improvement Scotland)**

Input from the public, and from people with lived experience of services, is vital to the work of Healthcare Improvement Scotland. The Scottish Health Council, through the Public Involvement Unit, helps the wider organisation to achieve this. Alongside supporting over 40 members of the public who volunteer and work across the organisation, the unit also works closely with third sector organisations and ensures a strong focus on equalities and inclusion is at the core of the organisation’s work.

\(^{18}\) Development of Volunteering in Health and Social Care Integration Authorities, The Scottish Health Council, March 2016

Healthcare Improvement Scotland priorities, approach and values

The Scottish Health Council is part of Healthcare Improvement Scotland. As such, its work fits within the overall strategic approach of Healthcare Improvement Scotland. *Making Care Better – Better Quality Health and Social Care for Everyone in Scotland* is Healthcare Improvement Scotland’s Strategic Plan for 2017-2020. Consultation on the Strategic Plan is currently taking place. The following table sets out the proposed priorities, approach and values for the organisation.
It is important that any changes to the Scottish Health Council’s role are considered within this context.