Consultation on the role of the Scottish Health Council

Strengthening people’s voices in health and social care

Feedback analysis report
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Question 1  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?

- There was broad support for the expanded role of the Scottish Health Council in supporting the involvement of people in social care services. However, concerns raised included the need to clearly define the nature and scope of this role, the availability of adequate resourcing to carry out the expanded role, and the need to consider alternatives such as the creation of a new body with this remit.

- Adequately defining the role of the Scottish Health Council with social care services may require a review of relevant guidance and standards and to make this role a success, awareness raising and engagement activities with Integration Joint Boards and other relevant bodies should be undertaken.

- Working collaboratively with a range of key stakeholder organisations was supported in order to maximise resources and avoid the duplication of effort in supporting involvement.

- There was strong support for the Scottish Health Council’s role in directly supporting the involvement of the public and service users in the design and delivery of services across health and social care.

Question 2  Should the Scottish Health Council work in the ways described with:

(a) People and communities

- A large majority of respondents supported the suggested ways of working with people and communities. Respondents were clearly supportive of the role of the Scottish Health Council in supporting people and communities to be involved in service design and delivery. Again, concerns expressed included sufficient resourcing and overlap with other bodies.

- The need for awareness raising of the Scottish Health Council and its role and remit in working with people and communities was highlighted. This involves making it
clear how the views of people and communities will be passed on to decision makers and how they may have an impact.

- To demonstrate impact, respondents suggested that the evaluation of work with communities and people may prove valuable, as may the use of available standards to guide working.

- Stakeholders highlighted the need for active engagement strategies to access hard-to-reach people and communities, such as people from socio-economically deprived communities. To achieve this, working in partnership with other public and third sector organisations may be helpful.

(b) Community groups and voluntary organisations

- There was strong support for the suggested ways of working with community groups, voluntary organisations and membership groups.

- Concerns expressed included balancing an association with organisations with a role in campaigning to change public sector policy and practice and the Scottish Health Council’s current relationship with government and public bodies. The need to consider whether other groups and organisations may be better placed to work in this way was also raised.

- A few respondents suggested a potential role for the Scottish Health Council in facilitating involvement and input from smaller and less well-resourced community groups. The Scottish Health Council may be able to provide a link between them and larger third sector organisations and help to collect and share information across such organisations.

(c) NHS boards, Local Councils, Health and Social Care Partnerships

- There was broad support for the suggested ways of working with NHS boards, local councils and Health and Social Care Partnerships.

- Some respondents highlighted the potential to use the Our Voice framework as a mechanism to promote good practice and engagement with Integration Joint Boards and local councils. However, consideration of awareness
raising around the nature of the Our Voice framework and how it applies to social care services may be necessary.

- The potential for the Scottish Health Council to be involved in training and awareness raising around the benefits and possible approaches to co-production and other forms of involving the public and service users in service design and delivery was raised. This includes clarity around how to demonstrate the impact of these activities.

- The consultation highlighted the potential for the Scottish Health Council to have a role both in directly supporting the public and service users to have a voice in public sector services, and in supporting health and social care bodies to carry out their own involvement processes.

**Question 3**  
*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 they do this?*

- There was broad support for the Scottish Health Council working collaboratively in finding the evidence of the best ways to support people and communities to get involved and give their views. Stakeholders pointed out that this should also include evidence on how to evaluate involvement and identify its impacts. However, it is notable that just over a quarter of respondents answered ‘no’ or were unsure about this question.

- Stakeholders raised concerns about adequate resourcing to carry out this role in evidence gathering and the potential for duplication of effort with other bodies already involved in reviewing or generating evidence.

- Collaborative working with bodies already engaged in collecting and reviewing evidence on public and service user involvement was suggested as a good use of resources. There are evidence reviewing bodies hosted within Healthcare Improvement Scotland.

- Stakeholders suggested that the Scottish Health Council could have a key role in gathering, sharing and encouraging the uptake of the best practice identified across health and social care bodies.

- Further development of the Participation Research Network, which is run by the Scottish Health Council, may provide a mechanism for awareness raising and the
sharing of best practice and evidence around participation methods.

**Question 4**  
*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 they do this?*

- There was broad support for the role of the Scottish Health Council in offering advice to Health and Social Care Partnerships around the involvement of people and communities. Several stakeholders recognised the expertise of the Scottish Health Council in public involvement in NHS service change, scrutiny and supporting NHS boards in involvement and suggested that existing knowledge and resources can be expanded to support Health and Social Care Partnerships. However, respondents noted that to have an impact this role probably needs to go beyond advice to facilitating direct community engagement.

- Concerns about the Scottish Health Council’s role in providing advice to Health and Social Care Partnerships included the existence of considerable expertise in this area already available within many partnerships and considerable engagement that is already in place with the community and voluntary organisations, meaning that advice may not be required.

- The availability of fresh national guidance from the Scottish Government around the involvement of people and communities in health and social care service design and development might give advice from the Scottish Health Council more authority.

- Stakeholders also suggested that the development of a set of principles or a framework by the Scottish Health Council to guide Health and Social Care Partnerships in how to involve people and communities would be useful.

**Question 5**  
*Do you have any views on the Scottish Health Council’s “quality assurance” role in NHS service changes?*

- There was some support for a continuation of the Scottish Health Council’s quality assurance role. The independence of the Scottish Health Council was viewed by stakeholders as important in giving confidence in it as a representative and reliable body.
• The respondents that suggested that the Scottish Health Council should not have a role in quality assurance in NHS service change were concerned about the limited capacity and powers of the Scottish Health Council to carry out this role and to adequately inform decision making in the integrated delivery of health and social care.

• Some respondents noted that the role of the Scottish Health Council in assurance would be strengthened if bodies had greater accountability for their response to its recommendations. Some respondents suggested that the Scottish Health Council could strengthen and extend this role, by for example a revision to CEL 4 (2010) to reflect the new model of integrated health and social care. They noted that this expanded role would require an expansion in resources.

• The consultation suggested that the Scottish Health Council may benefit from making it clearer to stakeholders what its role in quality assurance is and how diverse a range of public and service user views are represented in this role.

**Question 6**

*Do you think the name of the Scottish Health Council should be changed to make it easier to understand what it does?*

• While the majority of respondents supported a name change to make the role of the Scottish Health Council clearer, it is worth noting that over one third of respondents either did not support this or were unsure.

• Those that did support a name change suggested the current name does not adequately reflect the Scottish Health Council’s role in the involvement of people in developing and reforming services across health and social care.

• Stakeholders raised the possibility of a consultation process with service users, the public and partner organisations on potential new names and some new names were proposed by respondents.

**Question 7**

*We want to know any views you have on:*

(a) *How the Scottish Health Council should be run and organised.*
• A small number of third sector organisations suggested the need for a major restructure of the Scottish Health Council and its remit. Other stakeholders suggested more minor changes or the need for structural reviews of, for example, the role of local offices and how they are supported.

• Some respondents were strongly supportive of the Scottish Health Council having full, or a degree, of independence from the Scottish Government and Healthcare Improvement Scotland. Other respondents supported the current structure of the Scottish Health Council within Healthcare Improvement Scotland. Respondents noted challenges around the identity, funding and resourcing of a fully independent Scottish Health Council.

• An increased role of the public and service users in the governance of the Scottish Health Council was supported by some service users. Respondents also recognised the importance of supporting the involvement of people at a local level including the engagement of hard-to-reach people and communities.

• The need for the Scottish Health Council to be more transparent and accountable – stakeholders suggested that this could be achieved by independent evaluation and/or robust reporting on activities, outcomes and impacts.

• The importance of the role of the Scottish Health Council in facilitating ‘effective networking for improvement’ was highlighted by stakeholders as a way of bringing them together to share expertise and encourage partnership working. Collaborative working in general was supported as a way to share resources and avoid the duplication of efforts.

• The need to broaden the staffing of the Scottish Health Council to include a wider range of stakeholders and skills was raised. Suggestions included employing people with experience of working in health and social care partnerships, people with experience of working with community groups and local authorities, service user and public representatives and academics.

(b) How the Scottish Health Council should tell people about what it does.
• Respondents highlighted the need for a strengthening of the presence of the Scottish Health Council in local communities. They suggested engagement and awareness raising could be facilitated through reaching out to people within their own communities, for example in public spaces such as libraries, primary care or social care services. Such strategies should help to reach hard-to-reach communities and people.

• The need for the development of clear and accessible information leaflets for the public alongside community engagement was recognised. Information for the public and service users should make the role, objectives and functions of the Scottish Health Council clear and explain how people can get involved in these processes.

• Making use of a variety of media channels and/or media campaigns to raise awareness was suggested. Examples of media channels mentioned included social media, local newspapers and radio, targeted leaflet distribution and engagement events at health and social care services and through partner organisations.
1 INTRODUCTION

1.1 This report presents the findings from a consultation undertaken by Healthcare Improvement Scotland on the role of the Scottish Health Council. The purpose of this consultation, ‘Strengthening people’s voices in health and social care’, 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.

1.2 This consultation sought to examine the following areas:

- 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.

1.3 A consultation document and accompanying survey were circulated between 21 July and 20 October 2017. In addition, three external stakeholder events were organised in Perth, Glasgow and Edinburgh to gather views, and two internal meetings took place in the Edinburgh and Glasgow offices of Healthcare Improvement Scotland to enable Healthcare Improvement Scotland and Scottish Health Council staff to contribute.

1.4 There were 156 online survey responses and 19 hard copy responses (a total of 175) received. Twenty-eight blank responses to the online survey were also received. Some of the responses were from individuals and others were submitted as corporate responses from organisations. Respondents were asked to supply their names and affiliations in order that Healthcare Improvement Scotland could assess the range of stakeholder responses. A breakdown of the proportion of respondents from the different stakeholder categories is given in Chart 1 (overleaf).
1.5 The external stakeholder events were attended by 64 participants, including individuals from third sector organisations, NHS boards, Health and Social Care Partnerships and also members of the public.

1.6 Chart 1 below presents the proportion of respondents (individual and corporate) who participated in the consultation. It does not include the participants at the stakeholder events as the majority of them also submitted an online or a hard copy response.

Chart 1: Stakeholder responses

1.7 Methods

After gathering all consultation responses, a detailed analysis was carried out by health services researchers from the Healthcare Improvement Scotland Evidence directorate. The data was analysed through open coding using Nvivo software. After the data was coded, a thematic analysis was conducted to identify major themes.

1.8 The validity of a theme identified through this approach is not necessarily determined by the number of times the theme is expressed by respondents. What is important is whether it captures something important and distinct in

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1 Health and Social Care Partnerships are the organisations formed as part of the integration of services provided by NHS boards and councils in Scotland. Each partnership is jointly run by the NHS and local authority.
relation to the question, and the insight that it gives into the data collected. A count of the themes, therefore, has not been provided in order to avoid giving a false impression about the importance of that theme or finding. The current qualitative analysis, however, aims to provide a rich and contextualised understanding of the various views that stakeholders participating in this consultation hold.

1.9 The first section of the report presents the number of responses and the themes identified in these responses from external stakeholders (a total of 153). The views of individuals who identified themselves as Scottish Health Council or Healthcare Improvement Scotland staff (twenty-two respondents) are captured in a separate section of the report.
2 CONSULTATION QUESTIONS & FEEDBACK

2.1 Question 1 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?

2.1.1 Background

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. In this regard, the consultation asked whether any offering of support by the Scottish Health Council should extend across social care.

2.1.2 Question 1 feedback summary

- There was broad support for the expanded role of the Scottish Health Council in supporting the involvement of people in social care services. However, concerns raised included the need to clearly define the nature and scope of this role, the availability of adequate resourcing to carry out the expanded role, and the need to consider alternatives such as the creation of a new body with this remit.

- Adequately defining the role of the Scottish Health Council with social care services may require a review of relevant guidance and standards and to make this role a success, awareness raising and engagement activities with Integration Joint Boards and other relevant bodies should be undertaken.

- Working collaboratively with a range of key stakeholder organisations was supported in order to maximise resources and avoid the duplication of effort in supporting involvement.

- There was strong support for the Scottish Health Council’s role in directly supporting the involvement of the public and service users in the design and delivery of services across health and social care.
2.1.3 **Question 1 results**

The total number of respondents to question one was 154. Eighty-two per cent of respondents said that the Scottish Health Council should support the involvement of people in social care services.

2.1.4 **Question 1 feedback themes**

**Define the extent of the support**

Several stakeholders identified the need for the Scottish Health Council to decide and clearly define what this support would look like – whether it will directly support people to engage in health and social care or whether it will retain a consultative role working with NHS boards and partnerships to facilitate them to engage with the public. Members of a social services public body for example, highlighted that the term ‘social services’ embraces a full range of social work and social care services working with a range of people. Taking this into consideration, the Scottish Health Council would need to define the extent of its remit. Moreover, some respondents stated that if the Scottish Health Council is providing support to Health and Social Care Partnerships, it should clearly indicate how and why Health and Social Care Partnerships might benefit from such support. Stakeholders highlighted that the Scottish Health Council should recognise the resources that already exist across Health and Social Care Partnerships to ensure that the support it provides will create added value.

Some stakeholders suggested that a review of the Scottish Health Council’s Participation Standard process could support the creation of an effective and meaningful way of providing support and measuring any achieved improvements. The view was also expressed that existing engagement guidance - ‘Informing, Engaging and Consulting People in Developing Health and Community Care Services’ CEL4 (2010) should be updated, or new

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2 Not all respondents answered all questions in the consultation document. Therefore, the percentages in the charts present the proportion of those who responded to the individual question rather than the total participants in the consultation.

guidance should be created, to support the role of the Scottish Health Council to work with Health and Social Care Partnerships and Integration Joint Boards. However, others pointed out that the structures and operational running of Health and Social Care Partnerships might be unfamiliar to the Scottish Health Council and similarly the role of the Scottish Health Council might be unknown to members of Integration Joint Boards. They suggested that this would require additional education and training on both sides. A few respondents also noted that if the Scottish Health Council provides support to Health and Social Care Partnerships, consideration needs to be given on how to encourage the wider public to become more involved in the planning and development of services.

A third sector organisation expressed a concern that the Scottish Health Council might lack capacity, experience or infrastructure to undertake this additional role. In their response, the Chief Officers Group – Health and Social Care Scotland suggested that rather than just extending the role of the Scottish Health Council, there is an opportunity for a radical rethink in how people and communities are engaged with across a range of public services. They proposed that a national function should be undertaken, where a small body could support Integration Joint Boards and other public bodies with participation and engagement in a general sense by providing tools, guidance and resources rather than actively facilitating engagement activity, which each Health and Social Care Partnership already has a statutory requirement to carry out. A patient who participated in the consultation also felt that the Scottish Health Council should not undertake a new role but focus on improving their present remit in regards to listening to public, patient and service user views.

2.1.5 Work directly with people

The potential of the Scottish Health Council to work directly with people in a way that encourages and supports their participation in the design and delivery of services was a key theme that emerged throughout the consultation. A response by a third sector organisation and another from a community council, suggested that the Scottish Health Council could involve more local people and patients in its work and train them to lead local conversations. Some third sector organisations supported the idea that the Scottish Health Council can use ‘bottom-up approaches’, with local stakeholders participating in decision-making about strategies and in the selection of the priorities to be pursued in their local area, to engage with people in a more meaningful way. Locality Planning Groups were also seen as a potential way of engaging with people and communities at a grass root level. The Our Voice framework was also seen by some respondents as a potential channel for supporting public involvement in social and health care services.

2.1.6 Collaboration with various stakeholders

Strong support was expressed for the need for the Scottish Health Council to consult and engage with a broad range of stakeholders, such as Locality
Planning Groups, Integration Joint Boards, health support groups, third sector providers, The ALLIANCE, councils, care home providers, and others, in order to be able to obtain a wider overview on how best to support public engagement in social and health services. A third sector body noted that Citizens Advice Scotland and the Patient Advice and Support Service delivered by the Citizens Advice could have a role in this. Another third sector body suggested that the Scottish Health Council could provide logistical and even financial support to care service providers which have experience in public involvement but lack resource and connections to feed the outcomes of this involvement into local decision-making structures. One proposal made was that working closely with The ALLIANCE’s Integration Team and Digital Health and Care programmes could support the Scottish Health Council to facilitate connections beyond health and into Health and Social Care Partnerships and provide a route to building and developing capacity.

The Care Inspectorate highlighted that the responsibility for involvement of people in social care services rests clearly with them (as stated in the Public Services Reform Act 2010). It was suggested that the Care Inspectorate should agree jointly with Healthcare Improvement Scotland how each organisation’s strengths and experiences can be planned, aligned and deployed to ensure that these put support for people at the heart of both organisations’ collective activities.

Lastly, another view expressed was that collaboration with other stakeholders would be “useless if the Scottish Health Council continues to be perceived as a way for Health Boards and Government to implement what they want done”.

2.1.7 Sharing good practices

Several respondents felt that the Scottish Health Council had a role in recognising existing good practices in working to engage people. They noted that the Scottish Health Council should serve as a network or a channel for sharing good practices by providing evidence of how information gathered through public engagement has been used and influenced change. In this way, the Scottish Health Council can support sharing of good practice and learning among staff working in engagement roles. A suggestion made was that the Scottish Health Council could hold all of the information gathered from public involvement centrally so that other teams within Healthcare Improvement Scotland could access it when required. The skills of the Evidence directorate staff within the organisation could be drawn upon to organise and analyse this information.

2.1.8 Overseeing role

Third sector and health and social care representatives suggested that the Scottish Health Council could potentially act as an overseeing body to ensure that there is consistent service user consultation and participation across both local authorities and NHS boards. A charity suggested that in order for the Scottish Health Council to have an effective overseeing role (for example, when it is making a decision on whether or not an NHS board or service has
engaged appropriately with people, or when it is making a recommendation about whether or not the criteria for a major service change are met) it should be sufficiently independent of the NHS and Scottish Government.

2.1.9  **Capacity building**

Some stakeholders who agreed that the Scottish Health Council has a potential to extend its remit to support involvement of people in social care highlighted that this would require the Scottish Health Council to build capacity of staff to work in this context. Stakeholders also highlighted that this process would require securing additional financial resources and their appropriate allocation.

2.1.10  **Awareness raising**

There were responses from third sector organisations, community councils and Health and Social Care Partnerships that emphasised that extending the remit of the Scottish Health Council would require more awareness raising among staff and the public. Several respondents highlighted that there is a lack of awareness among the public but also among professionals working in social services about the exact role of the Scottish Health Council and its remit with regard to the integration of health and social care. Furthermore, several participants in the stakeholder events recognised that awareness raising should be directed to informing people how they can get involved in their own care, locality and wider planning issues and build capacity in line with the National Standards for Community Engagement.
2.2 **Question 2** 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**

2.2.1 **Background**

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; third sector and other organisations that support people and communities; NHS boards, local authorities, and Health and Social Care Partnerships. The consultation, therefore, asked whether the Scottish Health Council should work in the ways outlined with:

(a) **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 Scotland⁴) 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.

(b) **Community groups and voluntary organisations** – 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.

⁴ 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.
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.

2.2.2 Question 2 feedback summary

(a) People and communities

- A large majority of respondents supported the suggested ways of working with people and communities. Respondents were clearly supportive of the role of the Scottish Health Council in supporting people and communities to be involved in service design and delivery. Again, concerns expressed included sufficient resourcing and overlap with other bodies.

- The need for awareness raising of the Scottish Health Council and its role and remit in working with people and communities was highlighted. This involves making it clear how the views of people and communities will be passed on to decision makers and how they may have an impact.

- To demonstrate impact, respondents suggested that the evaluation of work with communities and people may prove valuable, as may the use of available standards to guide working.

- Stakeholders highlighted the need for active engagement strategies to access hard-to-reach people and communities, such as people from socio-economically deprived communities. To achieve this, working in partnership with other public and third sector organisations may be helpful.

(b) Community groups and voluntary organisations

- There was strong support for the suggested ways of working with community groups, voluntary organisations and membership groups.

- Concerns expressed included balancing an association with organisations with a role in campaigning to change public sector policy and practice and the Scottish Health Council’s current relationship with government and public bodies. The need to consider whether other groups and organisations may be better placed to work in this way was also raised.
A few respondents suggested a potential role for the Scottish Health Council in facilitating involvement and input from smaller and less well-resourced community groups. The Scottish Health Council may be able to provide a link between them and larger third sector organisations and help to collect and share information across such organisations.

(c) **NHS boards, Local Councils, Health and Social Care Partnerships**

- There was broad support for the suggested ways of working with NHS boards, local councils and Health and Social Care Partnerships.

- Some respondents highlighted the potential to use the *Our Voice* framework as a mechanism to promote good practice and engagement with Integration Joint Boards and local councils. However, consideration of awareness raising around the nature of the *Our Voice* framework and how it applies to social care services may be necessary.

- The potential for the Scottish Health Council to be involved in training and awareness raising around the benefits and possible approaches to co-production and other forms of involving the public and service users in service design and delivery was raised. This includes clarity around how to demonstrate the impact of these activities.

- The consultation highlighted the potential for the Scottish Health Council to have a role both in directly supporting the public and service users to have a voice in public sector services, and in supporting health and social care bodies to carry out their own involvement processes.

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5 Co-production is a practice in the delivery of public services in which citizens are involved in the creation of public policies and services.
2.2.3 **Question 2 results**

(a) **People and communities**

The total number of respondents to question 2(a) was 153. Eighty-eight per cent of respondents supported the suggested ways of working with people and communities.

(b) **Community groups and voluntary organisations**

The total number of respondents to question 2(b) was 153. Eighty-four per cent of respondents supported the suggested ways of working with community groups and voluntary organisations.
(c) NHS boards, Local Councils and Health and Social Care Partnerships

A total of 153 respondents answered question 2(c). Eighty-three per cent of respondents supported the suggested ways of working with NHS boards, local councils and Health and Social Care Partnerships.

2.2.4 Question 2(a) feedback themes

Awareness raising

The majority of respondents supported the view that the Scottish Health Council should have a role in providing information to the public on how they can be involved in the process of design and delivery of services that they are using. Stakeholders suggested further that the Scottish Health Council could inform people about what services are available to them, how they can access them and how their feedback can inform the improvement of services. Some respondents identified that the Scottish Health Council could consult with people about services and feed this back to the relevant decision-making bodies. Stakeholders emphasised that a very important part of this awareness-raising process is the provision of clear information to the individuals and community groups on what the role of the Scottish Health Council is and what unique offer it can provide to the public. A few respondents also noted that it is important for the Scottish Health Council to inform the public about the purpose of consultation, how their feedback is fed back to NHS boards and what the implications of this feedback are in order for people to be willing to engage consistently.

Several representatives from NHS boards emphasised that the Scottish Health Council should provide a conceptual and terminological clarity and consistency around the meaning of ‘public involvement’ and set a framework of what it could offer to stakeholders and what the consequences in terms of reach could be. They further suggested that the Scottish Health Council must recognise that stronger support is necessary in some communities (and these communities should be clearly defined) in order to achieve the engagement
required. A few respondents highlighted that the Scottish Health Council should be clear about what its influence is within social care, especially within the independent sector, and could work in partnership with the Care Inspectorate to ensure that effective public engagement is taking place.

2.2.5 **Partnership working**

The need for the Scottish Health Council to work in partnership with other organisations who have substantial experience in public involvement was a further theme in responses to this question. Various stakeholders identified that the Scottish Health Council should have an agreed strategy of public involvement in partnership with voluntary organisations, the Scottish Government, Healthcare Improvement Scotland, Patient Focus Public Involvement\(^6\) leads, NHS boards, local councils and Health and Social Care Partnerships to avoid duplication of work. One third sector organisation noted that they would not wish to see the Scottish Health Council taking an advocacy or lobbying role as that would duplicate work that they were doing.

The Chief Officers Group – Health and Social Care Scotland highlighted that there are already existing mechanisms implemented by the partnerships to engage with third sector organisations, service users, carers and a potential involvement of the Scottish Health Council would only capture a small part (health) of the wider public service landscape. They suggested that a national public engagement body should work across a wide range of public services to support community participation practices.

2.2.6 **Required action**

Some participants in the stakeholder events suggested that the Scottish Health Council should ensure that people’s input from consultations is implemented and that it has led to an impact that can be evaluated. One of the charities’ responses highlighted that the public can be directly involved in consultation if trained and supported, which requires resources and commitment from the Scottish Health Council. Some participants in the consultation felt that in order for impact to be achieved, the Scottish Health Council would need to have more power to address people’s concerns.

Respondents from NHS boards and from social services public bodies identified that more commitment should be made to use the National Standards for Community Engagement and to support areas of improvement identified within a new Participation Standard process.

\(^6\) Patient Focus Public Involvement, often referred to as PFPI, emphasises two different ways in which people can participate in healthcare – putting the need of the person at the centre and involving people in decisions about the design and delivery of health services. http://www.nes.scot.nhs.uk/media/426622/pfpi_framework_june2011.pdf
2.2.7 Empowerment through ‘bottom-up’ approaches

Several respondents pointed out that there is a need for the Scottish Health Council to adopt a proactive approach in involving people in its work, for example through ‘bottom-up approaches’, in order for people to feel empowered and feel that they are listened to. Some participants recognised that meaningful engagement with people requires that organisations are constantly identifying and responding to people’s individual needs. There was a view that the Scottish Health Council could potentially play a role in ensuring that meaningful engagements are taking place and tokenistic approaches driven by statutory requirements are avoided.

2.2.8 Question 2(b) feedback themes

Effective collaboration and partnership

Effective collaboration and partnership working with community groups and organisations that are already involved in public engagement once again emerged as a key theme. A third sector body supported the idea that a key strategic priority for the Scottish Health Council should be to work closely with local and national third sector organisations to strengthen links across the non-statutory health sector, with the aim of strengthening involvement and participation of a diverse population of people. They suggested that this would further allow for a more strategic approach to take place, which is not purely regional, but also thematic and related to the strategic aims of Integration Joint Boards. It was also suggested in the consultation that working with other organisations should aim to achieve more than a simple sharing of data and include consideration of how data is to be used, who it will be shared with and why, and what are the outcomes to be achieved. Data from other organisations could be used more systematically.

A group response from a professional body in healthcare highlighted that, given the direction of travel of in health and social care provision, it may be appropriate for the Scottish Health Council to expand this remit to encompass other third sector organisations (for example, the Youth Parliament and Young Scot).

2.2.9 Support the patient involvement process

A few respondents felt that the Scottish Health Council should support the work of community groups, voluntary organisations and membership groups by supporting areas of improvement identified by these organisations or by members of the public. Third sector stakeholders also felt that in order for the Scottish Health Council to avoid duplication of work, it should look to work with and draw on the expertise of existing networks of people with experience, both locally and nationally, who are able to articulate the difficulties and barriers to involvement, particularly at local level. An NHS board stakeholder proposed that the Scottish Health Council could maintain a database of groups or associations of people who have been identified as ‘less likely’ to actively respond to a consultation.
One of the Health and Social Care Partnership responses noted that the Scottish Health Council could use the Participation Toolkit to broaden the scope of support and include social care services and partnerships in its support remit. Health and Social Care Partnership representatives who participated in the stakeholder events indicated that third sector organisations need more skills in public engagement and in this regard, the Scottish Health Council’s role could be to acquire more information about what these organisations need, where their capacity is lacking and how they can best be supported.

An academic stakeholder noted that, although working with third sector organisations might be a valuable role for the Scottish Health Council, there are potential tensions around working closely with patient groups who are actively campaigning to change NHS policy or practice.

A small number of stakeholders, however, felt that the Scottish Health Council might not be able to make a unique contribution in this area as there are other organisations who potentially have better knowledge and ability to do this. Some Health and Social Care Partnership responses indicated that they believed that public involvement teams in local NHS boards, local agencies and partnerships are the organisations who should be leading on this.

2.2.10 Provide information

Some respondents felt that the Scottish Health Council should act as a network or facilitator between community groups and third sector organisations to raise awareness and opportunities for engagement on specific issues or strategic work areas. A few participants in the consultation noted that the Scottish Health Council could hold the information gathered from public engagement in a central database, so that it is available to all stakeholders involved in the process. This was seen as a way to support smaller community groups which do not have a well-developed network for sharing information. They stated further that the Scottish Health Council could manage a database of different organisations and groups working in public involvement and advise NHS boards and Health and Social Care Partnerships of the types of organisations that may be worth engaging with for specific issues. This will further enable the translation of involvement into wider strategic views of services within local areas.

2.2.11 Question 2(c) feedback themes

Our Voice framework

Some respondents highlighted the potential for the Our Voice framework to be used as a mechanism to support NHS boards, local authorities and Health and Social Care Partnerships in their public engagement practices. It was suggested that there is a need for the Scottish Health Council to raise awareness of Our Voice and how it can be applied across health and social care settings.
2.2.12 Outputs

There were a number of comments about strengthening the role of the Scottish Health Council to not only provide advice to NHS boards but also work with them to promote effective ways of listening and identify outputs arising from feedback provided by the public. Defining clear outcomes from public engagement would further encourage people to be involved in a continuous engagement. A response from one of the NHS boards suggested that the Scottish Health Council should consider how it enables staff to support two-way relationships where the outcomes of engagement are shared back with those who have participated in engagement processes.

2.2.13 Provide advice on public involvement

An individual within an NHS board felt that it would be valuable for the Scottish Health Council to look at providing training and awareness sessions for staff within health and social care who manage change processes. Several respondents noted that the benefits of public engagement need to be clearly articulated and that NHS and Health and Social Care Partnership staff need to feel supported in this process by staff within the Scottish Health Council. A third sector body suggested that the Scottish Health Council should encourage NHS boards to take a co-production approach to service design, delivery and assessment and to build the capacity of people to be engaged. A few respondents, however, felt that the Scottish Health Council should focus more on supporting the public directly to have their voice heard rather than supporting provider organisations.
2.3 **Question 3** 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 they do this?

2.3.1 **Background**

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 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*.

2.3.2 **Question 3 feedback summary**

- There was broad support for the Scottish Health Council working collaboratively in finding the evidence of the best ways to support people and communities to get involved and give their views. Stakeholders pointed out that this should also include evidence on how to evaluate involvement and identify its impacts. However, it is notable that just over a quarter of respondents answered ‘no’ or were unsure about this question.

- Stakeholders raised concerns about adequate resourcing to carry out this role in evidence gathering and the potential for duplication of effort with other bodies already involved in reviewing or generating evidence.

- Collaborative working with bodies already engaged in collecting and reviewing evidence on public and service user involvement was suggested as a good use of resources. There are evidence reviewing bodies hosted within Healthcare Improvement Scotland.

- Stakeholders suggested that the Scottish Health Council could have a key role in gathering, sharing and encouraging the uptake of the best practice identified across health and social care bodies.

- Further development of the Participation Research Network, which is run by the Scottish Health Council, may provide a mechanism for awareness raising and the sharing of best practice and evidence around participation methods.
2.3.3 Question 3 results

There were 153 responses to question 3. Seventy-one per cent of respondents agreed that the Scottish Health Council should lead in finding the evidence of the best ways to support people and communities to get involved and give their views.

2.3.4 Question 3 feedback themes

Respondents interpreted this question in a variety of different ways and as such some of the points made did not appear immediately relevant to the question asked. However, all emergent themes are reported to ensure that the views expressed are properly captured.

2.3.5 Partnership working

A key theme which emerged again in the responses to this question was the need for the Scottish Health Council to establish stronger relationships with other organisations experienced in finding evidence of the best ways to support people and communities to get involved and give their views. Some participants in the stakeholder events suggested that, rather than having a ‘lead’ role in finding evidence, the Scottish Health Council should take a collaborative approach to developing and sharing expertise in engagement practices.

A response by a charity suggested that taking a ‘lead’ role would be a challenge for the Scottish Health Council considering the limited human resource within its local structures (for example, one local officer for the whole of Dumfries and Galloway). A few stakeholders expressed a concern that if the Scottish Health Council undertakes such a role, this would be a duplication of the work of public involvement teams within NHS boards and the Care Inspectorate’s evidence team. Participants in the stakeholder events emphasised that collaboration with third sector organisations is needed in order for the Scottish Health Council to be able to look at a diversity of opinions, such as those of immigrants or learning disabled. Linking and working in conjunction with established stakeholders, such as statutory and
voluntary organisations, academic and research institutions and advocacy groups, was identified as the ‘way forward’ to recognising best engagement practices across health and social care. This view was supported by a third sector body responding to the consultation who emphasised that much work has already been carried out in this field by a large number of bodies and this research can be “capitalised on” to avoid duplication of effort. They suggested that the emphasis should be more on action and considering how to achieve measurable results and outcomes, and less on research.

2.3.6 **Evidence review of ‘best’ practices**

Some respondents pointed out that the Scottish Health Council could provide evidence review of already established best public involvement practices. NHS and third sector organisations representatives suggested that examples of best practice could come from voluntary and community sectors or from existing statutory bodies. By gathering evidence on the effectiveness of processes already in use, the Scottish Health Council could be able to identify needs and develop tools to ensure engagement and co-production are built into projects to improve and that participation is supported from the start. A response from a third sector organisation proposed further that the Scottish Health Council could oversee the process of evidence gathering from local areas with service providers carrying out the actual engagement. Some stakeholders identified the development of resources, such as the Participation Toolkit, as a way in which the Scottish Health Council could accommodate the evidence review process. A few respondents noted that the Scottish Health Council would need to have a clear strategy in how to disseminate the gathered evidence so that it is available to various stakeholders.

The Chief Officers Group – Health and Social Care Scotland expressed the view that this is a function needed in terms of gathering good practice and evidence around public services more generally, rather than just focused on health. They stated further that there are a range of organisations who already undertake an evidence gathering role including Healthcare Improvement Scotland, the Improvement Service, and the Convention of Scottish Local Authorities (COSLA), and that this could be extended to gathering evidence on public involvement.

Academic stakeholders recognised that there is a need for defining what ‘best practice’ means for the Scottish NHS context and that the Scottish Health Council could have a role in working with others to encourage a debate about the rationale for and core values of public involvement.

2.3.7 **Awareness raising**

A key theme that emerged in the responses was that the Scottish Health Council’s role to encourage the public to get involved needs to be promoted. Several stakeholders identified the need for the Scottish Health Council to consult with the public on what a meaningful engagement means to them. They further emphasised the need for the Scottish Health Council to raise
awareness (for example, through social media or events at local services) on how the public can be involved in the consultation process and how their views can be gathered effectively.

2.3.8 **Provide training**

A third sector body identified that alongside compiling a ‘library of best practices’, the Scottish Health Council should take a role in training and equipping service providers in the skills required for the different areas of public involvement including preparation, delivery, consideration and mitigation of barriers to involvement, data protection. NHS board representatives pointed out that the Scottish Health Council could also focus on developing the capacity of marginalised community members to engage with services that consequently could have an impact on reducing inequalities and enhancing inequalities-sensitive practice.

2.3.9 **Evidence of impact**

The need for capturing evidence of the impact of involving and engaging patients, carers, and the public in decision-making was another theme identified in the consultation. Stakeholders suggested that the Scottish Health Council could undertake a role in providing guidance to authorities on how to measure the impact of innovative activities, as well as in identifying different approaches (for example, non-digital) to gaining evidence from hard-to-engage individuals and communities.
2.4 **Question 4** 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 they do this?

2.4.1 **Background**

Guidance produced by the Scottish Government - CEL4 (2010) - 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.

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.

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.

2.4.2 **Question 4 feedback summary**

- There was broad support for the role of the Scottish Health Council in offering advice to Health and Social Care Partnerships around the involvement of people and communities. Several stakeholders recognised the expertise of the Scottish Health Council in public involvement in NHS service change, scrutiny and supporting NHS boards in involvement and suggested that existing knowledge and resources can be expanded to support Health and Social Care Partnerships. However, respondents noted that to have an impact this role probably needs to go beyond advice to facilitating direct community engagement.

- Concerns about the Scottish Health Council’s role in providing advice to Health and Social Care Partnerships included the existence of considerable expertise in this area already available within many partnerships and considerable engagement that is already in place with the community and voluntary organisations, meaning that advice may not be required.
• The availability of fresh national guidance from the Scottish Government around the involvement of people and communities in health and social care service design and development might give advice from the Scottish Health Council more authority.

• Stakeholders also suggested that the development of a set of principles or a framework by the Scottish Health Council to guide Health and Social Care Partnerships in how to involve people and communities would be useful.

2.4.3 Question 4 results

There were 153 responses to question 4. Seventy-six per cent of respondents agreed that the Scottish Health Council should 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.

2.4.4 Question 4 feedback themes

Build on existing resources and experience

Several stakeholders commented that the Scottish Health Council could build on its existing resources and experience to extend its remit to supporting Health and Social Care Partnerships in public involvement practices. A Health and Social Care Partnership stakeholder indicated that one way of doing this could be an update of the Participation Toolkit to widen the scope to include social care services and support. An NHS board response also identified that the Participation Toolkit is a useful reference aid, suggesting that the Scottish Health Council should offer practical advice and information on how to use the different tools contained within the toolkit.

Members of a third sector organisation highlighted that the Scottish Health Council could involve other interested bodies (for example, Third Sector Interfaces and The ALLIANCE’s Integration Team) in supporting and monitoring progresses towards the implementation of integration practices.
They suggested further that this could be done by highlighting good practices and flagging areas of concern to be improved upon. An academic stakeholder presented findings from research which suggested that NHS boards recognise the value of the scrutiny role that the Scottish Health Council executes and in this respect, they also supported the view that the Scottish Health Council should continue and build on its expertise in public involvement in service change.

2.4.5 **Collaborative work**

Collaborative work was also seen as key to the effective provision of support to NHS and Health and Social Care Partnerships. It was noted that collaborative work can provide effective understanding of specific service challenges, which can ensure the implementation of a tailored approach in providing support to Health and Social Care Partnerships. Respondents from a variety of stakeholder categories indicated that Scottish Health Council would need to be fully inclusive of all partners affected by and contributing to changes and redesign at a locality level.

An NHS board respondent noted that there are existing systems for engagement within Community Planning Partnerships and existing public involvement teams; the unique role that the Scottish Health Council could offer to support these existing systems is to explicitly emphasise the importance of participation, engagement and co-production being based on reciprocal and equal partnerships between communities and the public sector. They suggested that the Scottish Health Council should recognise that to achieve transformative change means not just effecting changes in the way public services are delivered, but in how the public sector thinks about power, resources, responsibility accountability and outcomes.

2.4.6 **National guidance**

Several respondents pointed out that the Scottish Health Council could provide advice to Health and Social Care Partnerships using the same principles applied to NHS boards (for example, the principles outlined in the CEL4 (2010) guidance). There was an agreement among different stakeholders however, that there is a requirement for this existing guidance to be updated to make it relevant to both health and social care.

2.4.7 **Framework**

In order to ensure that the consultation processes within Health and Social Care Partnerships are robust, stakeholders suggested that the Scottish Health Council could develop a framework of good engagement principles.

2.4.8 **Concerns about the Scottish Health council providing this advice**

There were a few stakeholders who highlighted that Health and Social Care Partnerships, and their community and voluntary sector partnership organisations, already have experience in public involvement and such
additional support from the Scottish Health Council would not be needed. One NHS board respondent felt that Scottish Health Council staff would be more helpful if they provided hands-on practical support to Health and Social Care Partnership staff undertaking involvement and engagement work when there are capacity issues.

A further NHS board response pointed out that because Integration Joint Boards are relatively new organisations, it might be premature to assume that they require help or advice in this area, and therefore such a role should be reviewed in a few years’ time. A public sector stakeholder suggested that a function of a national level body could be to commission some of the key bodies that are involved in public engagement to fulfil this role.

It was a view of some respondents that in order for the Scottish Health Council to have any influence on how Health and Social Care Partnerships are involving people when changes are being made to health and social care services, it would need to have a monitoring role alongside the advisory role. Responses from a variety of different stakeholders noted that in order for the Scottish Health Council to be a credible body to apply scrutiny in the public involvement process, it should act as an independent body from Healthcare Improvement Scotland and the Government.

An NHS board respondent felt that the Scottish Health Council should explore how assurance of major service change fits into the emerging Integration Authorities’ role and remit. For example, what level and at what stage of service change which may be directed by the Integration Authorities and then delivered through Health and Social Care Partnerships would require engagement and/or involvement from the Scottish Health Council. They noted that there is a need to consult through all of the relevant Integration Authorities when the impact has consequences for other authorities, for example in an area such as Lothian.

2.4.9 Direct public involvement

There was strong feedback that in order for the Scottish Health Council to be able to successfully support good practice and public involvement in integrated service developments, it would need to consult directly with local communities and service users about the service improvements they would like to see. In this way, the Scottish Health Council could ensure that the public is included in the planning processes of services. A member of the public also noted that it is important for the Scottish Health Council to assist people and communities to feel empowered and listened to when service changes are taking place. Several stakeholders indicated that engagement with the public could be done through: use of social media; capturing patient responses at GP services; organisation of focus groups and local events; involvement in community groups, citizens’ juries, and councils rather than approaching people with online surveys. A few stakeholders noted that volunteers could play an important role in gathering information and disseminating health messages with Scottish Health Council’s guidance.
A few participants in the stakeholder events recognised that the Scottish Health Council could support members of the public, carers and third sector organisations to have a better understanding of the Integration Joint Boards’ agendas and support their capacity to make a contribution to these boards.

Some responses from Health and Social Care Partnerships, however, pointed out that this could be a potentially confusing area for the public given that there are different arrangements for service change in health and social care.

A professional body suggested that the Scottish Health Council could carry out an initial scoping exercise as to how public, patients and service users are currently asked to feed in to various organisations such as Integration Joint Boards and Locality Planning Forums. They suggested that this could be used to ascertain if those already acting to give a public voice, feel that they meaningfully influence and engage with the boards that they sit on. It could also help to support and direct any action deemed necessary to ensure that meaningful engagement and participation is present and consistent throughout Scotland. Several stakeholders however felt that public engagement practices often do not result in any tangible outcomes which leaves the public feeling that their views are not heard or acted upon.
2.5 **Question 5** Do you have any views on the Scottish Health Council’s “quality assurance” role in NHS service changes?

2.5.1 **Background**

Currently the Scottish Health Council has a quality assurance role in the context of the CEL 4 (2010) guidance, that is, 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. The consultation asked stakeholders to share their views on the Scottish Health Council’s current quality assurance role in NHS service changes.

2.5.2 **Question 5 feedback summary**

- There was some support for a continuation of the Scottish Health Council’s quality assurance role. The independence of the Scottish Health Council was viewed by stakeholders as important in giving confidence in it as a representative and reliable body.

- The respondents that suggested that the Scottish Health Council should not have a role in quality assurance in NHS service change were concerned about the limited capacity and powers of the Scottish Health Council to carry out this role and to adequately inform decision making in the integrated delivery of health and social care.

- Some respondents noted that the role of the Scottish Health Council in assurance would be strengthened if bodies had greater accountability for their response to its recommendations. Some respondents suggested that the Scottish Health Council could strengthen and extend this role, by for example a revision to CEL 4 (2010) to reflect the new model of integrated health and social care. They noted that this expanded role would require an expansion in resources.

- The consultation suggested that the Scottish Health Council may benefit from making it clearer to stakeholders what its role in quality assurance is and how diverse a range of public and service user views are represented in this role.
2.5.3  Question 5 results

There were 149 respondents that answered question 5. Fifty-six per cent of respondents indicated that they did have views on the Scottish Health Council’s quality assurance role in NHS service changes.

2.5.4  Question 5 feedback themes

Reliability and accountability of quality assurance

There was some support for a continuation of the Scottish Health Council’s quality assurance role as an independent body, which is viewed by stakeholders as important for having confidence that the Scottish Health Council is representative and reliable. A member of the public stated that having an ‘outside’ body undertaking this role is essential in order to give people and communities the confidence they need to know that the quality assurance undertaken is unbiased. Another stakeholder highlighted that neutrality and independence should be key to future approaches and external communications from the Scottish Health Council.

However, there was also the view that the Scottish Health Council’s role would need to be strengthened in future to work towards greater accountability in relation to how effectively recommendations are being acted on. A few stakeholders expressed the view that in some cases the Scottish Health Council has not been successful in ensuring that consultations in relation to service change are conducted appropriately.

2.5.5  Meaningful, inclusive and continuous engagement in quality assurance

Another theme emerging was that the Scottish Health Council has a role in ensuring that people understand what it means to be involved, to improve engagement in quality assurance. A public stakeholder noted that the meaning of the quality assurance role itself can sometimes be unclear to people, so there is a need for the Scottish Health Council to make sure people understand what this means and what it involves.
Several stakeholders commented that an inclusive and representative range of people should be involved in quality assurance through accessible and regular opportunities to share their views. A member of the public highlighted that the Scottish Health Council needs to ensure its feedback from the public is diverse and that they “do not give too strong a voice to a particular group of people”. NHS board representatives highlighted that the Scottish Health Council has a role in continuously engaging with local communities and citizens and explaining the context of service change as part of this engagement.

2.5.6 **Widening the scope of quality assurance**

Although not the focus of this question, there was a final theme identified in the consultation responses in relation to widening the scope of quality assurance. Some respondents were of the view that the Scottish Health Council should not continue to have a quality assurance role, since in its current form it is limited in being able to perform this. More specifically, the inadequacy of the current form to deliver the requirement for quality assurance for integrated delivery of health and social care was noted.

However, there was also the view put forward that the Scottish Health Council could strengthen and extend its quality assurance role. Some stakeholders noted that a complete revision of CEL 4 (2010) is needed to cover the new structures of Health and Social Care Partnerships and Integration Joint Boards.

There was an understanding that this role extension would require increased capacity and resource to deliver. Furthermore, the requirements of quality assurance in relation to integrated health and social care were viewed as being particularly challenging for capacity, due to the need for greater partnership and co-production.

COSLA suggested in its submission that the quality of community engagement should be considered through the scrutiny activity already planned as part of a broader assessment of the work of Integration Authorities rather than by extending the remit of the Scottish Health Council. It highlighted that this would allow the Scottish Health Council to focus on working with relevant partners to deliver improvement support and explore ways to ensure this is responsive to local needs.

A few representatives of NHS boards suggested separating the quality assurance function of the Scottish Health Council from its broader involvement role, and carrying out the two functions under separate names.
2.6 **Question 6**  
Do you think the name of the Scottish Health Council should be changed to make it easier to understand what it does?

2.6.1 **Background**

A clear message from some stakeholders to date 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. The consultation therefore sought to gather the views of stakeholders on whether a change of the name of the Scottish Health Council is needed to make it easier to understand what it does.

2.6.2 **Question 6 feedback summary**

- While the majority of respondents supported a name change to make the role of the Scottish Health Council clearer, it is worth noting that over one third of respondents either did not support this or were unsure.

- Those that did support a name change suggested the current name does not adequately reflect the Scottish Health Council’s role in the involvement of people in developing and reforming services across health and social care.

- Stakeholders raised the possibility of a consultation process with service users, the public and partner organisations on potential new names and some new names were proposed by respondents.

2.6.3 **Question 6 results**

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Total number of respondents: 153

A total of 153 respondents answered question 6. Fifty-nine per cent of them supported a change in the name of the Scottish Health Council to make it easier to understand what it does.
2.6.4 Question 6 feedback themes

There were a number of comments about the need for a change of the name to better reflect the role of the Scottish Health Council within the integration process.

Some respondents felt that the word ‘council’ does not mean much to the public and does not reflect Scottish Health Council’s focus on the involvement of people who use services. It was also suggested this implies that the Scottish Health Council is still aligned to the historic role of the local health councils.

The term ‘health’ was also questioned as it suggests too narrow a remit, and overall the name has a formal, medical feel to it, which could be off-putting to some people.

A few respondents indicated that the name should more clearly reflect and indicate the Scottish Health Council’s remit. Stakeholders further suggested that a potential name change could be done within a consultation process with service users and partner organisations. Several stakeholders felt that the name change could be a potential opportunity for the Scottish Health Council to increase awareness about its role. A few respondents provided suggestions for a name change.
2.7 **Question 7** 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.

2.7.1 **Background**

A range of views were expressed by stakeholders in earlier review work 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 from the earlier review work also highlighted the need for strengthened governance arrangements, including greater diversity in Committee/Board membership, and greater openness, transparency and accountability.

2.7.2 **Question 7 feedback summary**

(a) **How the Scottish Health Council should be run and organised**

- A small number of third sector organisations suggested the need for a major restructure of the Scottish Health Council and its remit. Other stakeholders suggested more minor changes or the need for structural reviews of, for example, the role of local offices and how they are supported.

- Some respondents were strongly supportive of the Scottish Health Council having full, or a degree, of independence from the Scottish Government and Healthcare Improvement Scotland. Other respondents supported the current structure of the Scottish Health Council within Healthcare Improvement Scotland. Respondents noted challenges around the identity, funding and resourcing of a fully independent Scottish Health Council.

- An increased role of the public and service users in the governance of the Scottish Health Council was supported by some service users. Respondents also recognised the importance of supporting the involvement of people at a local level including the engagement of hard-to-reach people and communities.

- The need for the Scottish Health Council to be more transparent and accountable – stakeholders suggested that this could be
achieved by independent evaluation and/or robust reporting on activities, outcomes and impacts.

- The importance of the role of the Scottish Health Council in facilitating ‘effective networking for improvement’ was highlighted by stakeholders as a way of bringing them together to share expertise and encourage partnership working. Collaborative working in general was supported as a way to share resources and avoid the duplication of efforts.

- The need to broaden the staffing of the Scottish Health Council to include a wider range of stakeholders and skills was raised. Suggestions included employing people with experience of working in health and social care partnerships, people with experience of working with community groups and local authorities, service user and public representatives and academics.

(b) **How the Scottish Health Council should tell people what it does**

- Respondents highlighted the need for a strengthening of the presence of the Scottish Health Council in local communities. They suggested engagement and awareness raising could be facilitated through reaching out to people within their own communities, for example in public spaces such as libraries, primary care or social care services. Such strategies should help to reach hard-to-reach communities and people.

- The need for the development of clear and accessible information leaflets for the public alongside community engagement was recognised. Information for the public and service users should make the role, objectives and functions of the Scottish Health Council clear and explain how people can get involved in these processes.

- Making use of a variety of media channels and/or media campaigns to raise awareness was suggested. Examples of media channels mentioned included social media, local newspapers and radio, targeted leaflet distribution and engagement events at health and social care services and through partner organisations.
2.7.3 **Question 7(a) feedback themes**

There were a range of views expressed in relation to how the Scottish Health Council might work in the future.

2.7.4 **Independence**

There was agreement across a range of stakeholder groups that the Scottish Health Council would need to demonstrate greater independence in future, in order to ensure that there can be public confidence in the representativeness and accountability of its work. There were a variety of views expressed in relation to how greater independence could be ensured in future. For some, this was seen to require structural separation from the Scottish Government and/or the NHS or Healthcare Improvement Scotland. For others it required review of current governance arrangements for better demonstration of independence to the public. However, there was also the view that integration of services creates an opportunity for the Scottish Health Council to work more closely with Healthcare Improvement Scotland as part of a coordinated approach and at the same time ensuring greater independence from Government sponsorship. Some stakeholders felt that by being sufficiently independent, the Scottish Health Council could effectively implement a scrutiny role and have more power to ensure that NHS boards are accountable to the public with regard to the development of health and social care services. However, there was also the view that the Scottish Health Council’s role necessitates consensus working across a range of stakeholders.

Some respondents, however, highlighted that it should be considered how the Scottish Health Council would be funded if it is run as an independent organisation.

Stakeholders felt that a new independent structure would require a replication of existing shared services, such as buildings, IT, HR, finance, etc. A response from an academic unit notes that when considering its independence from the government, the Scottish Health Council should also look at reorganisations of similar functions in England as a “cautionary tale, where staff energy becomes redirected towards organisational survival and the public grows confused about roles”. They noted that an arms-length body like the Scottish Health Council should ensure that its position is sustainable, understandable and impactful as it negotiates with government, NHS boards, the third sector, patients and the public.

2.7.5 **Demonstrating accountability**

Some respondents felt that the Scottish Health Council should be more accountable and transparent about its activity by setting out clear outcomes and demonstrating impact. Stakeholders suggested that accountability can be achieved by the production of robust and transparent reports and annual reviews or the formation of an independent evaluation mechanism for feedback. A local authority response stated that the Scottish Health Council
needs to be meaningfully accountable to both national and local government in respect of activity to support Integration Authorities.

2.7.6 **Patient and public involvement**

A further key theme which emerged from the consultation regarding this question was the importance of the Scottish Health Council’s involvement with the public at a local level and ensuring representative engagement including hard-to-reach groups. A few stakeholders suggested that strengthening of the public involvement process could be achieved by involving members of the public in the governance of the organisation (for example, by employing or involving local people in the Scottish Health Council local offices’ work, inviting members of the public to committee or NHS board meetings). Furthermore, respondents noted that the Scottish Health Council should engage with people in their local services (for example, GP surgeries, and hospitals) to acquire more information about barriers to engagement or issues related to service provision. A respondent from an NHS board and some participants in the stakeholder events noted that there should be greater use of co-productive approach when working with the public for meaningful engagement and participation.

Representatives of a third sector organisation felt that if the Scottish Health Council extends its remit to social care, it would need to ensure that it reaches out to people from diverse range of backgrounds (for example, people who live in care homes or access care at home services).

2.7.7 **Collaboration**

Stakeholders identified the need for the Scottish Health Council to work collaboratively with health and social care organisations in order to ensure that there is consistency in the work at local and national level and to avoid duplication of effort. Health and Social Care Partnership respondents suggested that by commissioning a broader range of organisations to provide appropriate tools for public engagement and empowerment, the Scottish Health Council would be able to deliver its function more effectively ‘by a smaller workforce with broader remit’. Some NHS board views suggested that the Scottish Health Council should consider taking a network approach when supporting professionals from public bodies with their engagement practices. They referred to the ‘Effective Networks for Improvement’ publication by the Health Foundation which describes a network as ‘a cooperative structure that allows people to work together across organisations, make decisions and pool resources’. They suggested that such networks could create value by drawing on the experience and knowledge of different stakeholders and by facilitating a sense of community where reciprocity and discretionary effort are appreciated. They further suggested that the role of the local officers is reviewed in order to find ways in which they can provide additional practical support to the engagement function across the health and social care public sector.
Members of a third sector body noted that by establishing good collaboration with third sector organisations, the Scottish Health Council could also have reach into communities across Scotland who are underrepresented (such as people living in rural or remote Scotland, members of the LGBTI community, people with experience of homelessness, members of the refugee/asylum seeking community, people with lived experience of mental health problems, people living with sensory impairment/multiple conditions, members of the BME community, people with learning difficulties, unpaid carers, people aged 65+). It was further suggested by local authority representatives that the Scottish Health Council could work through Healthcare Improvement Scotland’s Improvement Hub (ihub) and in partnership with other relevant bodies, including the local government Improvement Service, to ensure that its activity and expertise complements and strengthens the range of available support.

2.7.8 **Raise profile**

There were a number of comments about the need for the Scottish Health Council to raise more awareness about its work remit and to maintain transparency about its decision-making processes. Participants in the stakeholder events suggested that transparency is maintained by making reports produced by the Scottish Health Council more accessible (for example, easier to find in paper/online format) and easier to understand (for example, creating lay versions). A few stakeholders raised a concern that the public are not well informed about the role of the Scottish Health Council to support them to be involved in the process of health and social services change. It was also suggested that the Scottish Health Council needs to be clearer about what its role is, before it tries to raise its profile. A professional body pointed out that improved awareness could be achieved through ‘a regional presence which could further ensure that service changes are meeting local needs’.

2.7.9 **Staffing model**

Several stakeholders identified the need for broadening the Scottish Health Council team to include a more diverse group of stakeholders who have a range of skills, such as academics, Health and Social Care Partnership representatives, local authorities and community groups, and members of the public. A few stakeholders suggested further that the Scottish Health Council staff should be skilled in quality improvement methodology as well as in providing practical support to the Health and Social Care Partnerships and NHS teams. A third sector organisation suggested that a locality evaluation or mapping of the successes of local officers in their work with engagement structures is needed in order to identify whether the regional structures that the Scottish Health Council operates are “best value for money”.

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7 The ihub sits within this wider organisational context with a focus on supporting the health and social care system to develop cultures of continuous quality improvement and redesign systems, services and processes.
2.7.10 Reform vs current organisational structure

Several representatives of third sector organisations expressed the opinion that there is a need for a major reorganisation of Scottish Health Council’s structure and reconsideration of its remit. There were some differing views with regard to Scottish Health Council’s relationship with Healthcare Improvement Scotland. A few stakeholders suggested that the Scottish Health Council should be run as a business with accountability for its staff and the public. Some other stakeholders expressed the opinion that the Scottish Health Council should move within the structure of Healthcare Improvement Scotland rather than exist as a separate committee.

There were a number of comments, however, that the Scottish Health Council should keep its current organisational structure to work as part of Healthcare Improvement Scotland, retaining its regional and local structures. There are links between the work of the Scottish Health Council and the improvement agenda of Healthcare Improvement Scotland. It was also noted that to be able to influence the NHS, the Scottish Health Council needs to sit within it. Some stakeholders noted that it is important to maximise the local office structure in order to ensure that there is input within health and social care. Attendees at stakeholder events, highlighted that consideration should be given to how the Scottish Health Council prioritises the support that its local offices provide.

2.7.11 Question 7(b) feedback themes

Stakeholders had some of suggestions regarding how the Scottish Health Council should tell people about what it does.

2.7.12 Local presence and public engagement

A strongly held view by a number of stakeholders was the need for the Scottish Health Council to strengthen its local presence. Some noted that the Scottish Health Council should engage with the public in places where people congregate on a regular basis (for example, public library services, community centres, shops, buses) or disseminate information through local health and social services (for example, GP surgeries, hospital waiting rooms, dental practices, pharmacies etc). Most of the respondents noted that the Scottish Health Council should produce materials for the public, such as leaflets, posters and booklets, in plain language and distribute within the premises of different services. Some participants felt that the Scottish Health Council should hold regular meetings and open events at locations which are accessible to the local population. Some stakeholders suggested that these open events are used as an opportunity to gather public views on various topics of relevance to them and consult about the role of the Scottish Health Council.

Respondents noted further that the Scottish Health Council needs to have much greater clarity about its role. Once this is achieved it can then inform the public about this role, and how it intends to achieve its objectives and how people can be engaged in the service improvement process, hence raising its
profile. Some stakeholders stated that the Scottish Health Council must be identifiable among the public with a clearly defined function in order for people to be willing to engage with it.

2.7.13 Media campaign

Several respondents supported the need for the Scottish Health Council to use various media channels to raise awareness about its role. Some respondents suggested that the Scottish Health Council could use local press and radio stations, as well as social media to reach out to members of the public. A few respondents noted, however, that training for staff in communication strategies might be required in order to have a consistent approach across offices. Several respondents suggested that a bigger media campaign using a variety of channels (for example, television, radio, social media, leafleting at health and social service centres, hospital, schools etc) might be more successful in increasing Scottish Health Council’s awareness.

Members of a third sector organisation pointed out that consideration needs to be given to ways of reaching out to people who are both geographically and socio-economically hard to reach. Several stakeholders noted that the Scottish Health Council should work in collaboration with other stakeholders involved in public engagement to reach as many people as possible.
2.8 Additional comments section

At the end of the consultation questionnaire, respondents were given the opportunity to add anything else they wanted to say about the Scottish Health Council. There were 82 valid responses to this question. Although 97 respondents answered it in some way, 15 responses were blank. A number of different themes could be identified in the responses and various respondents commented on multiple themes.

2.8.1 Additional comments – feedback themes

Focus on local communities and direct support for patient and public involvement

“...they've taken a universal approach rather than a targeted approach and they've prioritised based on the size/complexity of the healthcare service rather than the needs and inequalities of the most marginalised people in our country. Refocus on the involvement needs of the least powerful citizens rather than the involvement needs of the most powerful services.”

(Respondent to consultation)

A recurring theme in the additional comments section was the need for the Scottish Health Council to continue to increase its engagement with local communities and people. For example, an increased presence in local services such as hospitals and reaching out to hard-to-reach communities, such as people in rural areas and socio-economically deprived groups.

Some respondents discussed the balance between providing support for health and social care services with the real need for direct support for involvement and accurately reflecting the voice of service users and the public. Most of these respondents supported a focus on facilitating direct involvement of people in shaping and reforming services.

2.8.2 Positive feedback about local officers and offices

“Our Local Officers are essential partners in the design of our services and a very valuable voice to ensure the views of this very vulnerable group of patients are actively sought and acted upon. The volunteering support is particularly welcome however, feels disconnected from the wider SHC remit”.

(Respondent to consultation)

Another common theme in the additional comments section was the essential and helpful role that local Scottish Health Council offices and their officers play in facilitating the involvement of people and communities. Appreciation for the support of volunteering by local officers was highlighted.

However, the need for clarity around the role, remit and authority of local officers was mentioned as an area that needs development. Respondents also indicated that local officers and offices may be under-resourced.
2.8.3 Other positive comments

“On with the good work! I found the events I attended in the past to be helpful”
(Respondent to consultation)

There were a range of positive comments about the good work of the Scottish Health Council. Some of these comments gave no further detail then suggesting that the Scottish Health Council is a valuable and helpful organisation.

Some positive comments also highlighted the unique knowledge and position of the Scottish Health Council to facilitate quality assurance of service user and public involvement practices, the value of the Scottish Health Council to NHS boards, and general support for expanding to cover social services.

2.8.4 Impact

“There is nothing like having to account in public for the difference it’s made against previously stated targets, for sharpening its contribution, and improving public accountability”.
(Respondent to consultation)

The majority of the comments on impact raised concerns about the extent to which the impact of the Scottish Health Council is clear and evaluated or evidenced to the stakeholders.

Two respondents directly highlighted the positive impacts of the Scottish Health Council and its internationally recognised role in public involvement.

2.8.5 Role and remit

“...it would benefit from additional and less ambiguous regulation concerning its role and remit”.
(Respondent to consultation)

The comments highlighted a lack of clarity about what the Scottish Health Council’s role, remit and powers are. Respondents suggested that taking the opportunity to review and clarify this would be valuable.

There was support for the extension of the Scottish Health Council’s role and remit to cover social care but concerns were raised about resourcing this and ensuring that the Scottish Health Council has the powers or authority required to undertake this role.

2.8.6 Structure and organisation

Some of the respondents that commented specifically on the need for restructure of the Scottish Health Council to facilitate branching out into social care were internal staff or Public Partners (volunteers) of Healthcare Improvement Scotland.
The majority of respondents suggested the need for structural or organisational change to support integrated health and social care, however a small number of respondents did question this need.

A small number of respondents suggested larger reviews of the governance of the Scottish Health Council may be necessary or that a review of whether a different body would be more suitable to support public and service user involvement in health and social care.

2.8.7 **Awareness raising**

“…make it more widely known what the Scottish Health Council can do to help people who are being abandoned”.

(Respondent to consultation)

Respondents suggested that more could be done to raise the profile and people’s awareness of the Scottish Health Council and what it does.

Suggestions included media campaigns involving various channels and community engagement via events and visibility in local communities.

2.8.8 **Need for independence**

“Demonstrable independence and impartiality are essential for public confidence.”

(Respondent to consultation)

A number of respondents commented on the need for the Scottish Health Council to develop, or maintain, a level of independence from NHS boards, Healthcare Improvement Scotland and the Scottish Government.

Some respondents suggested that this independence should be complete and that being a part of the NHS may lead to a conflict between giving service users and the public a voice and supporting services to carry out their required levels of involvement.

There was an opposing view (mainly expressed by Healthcare Improvement staff) that the Scottish Health Council should be more integrated within Healthcare Improvement Scotland. The chief benefit of this raised was the sharing of the Scottish Health Council’s unique areas of expertise across the directorates of the organisation.

2.8.9 **Support for name change**

“…a name change may be helpful to better describe the work which Scottish Health Council undertakes. However, it would be prudent to keep costs of any rebranding to a minimum”.

(Respondent to consultation)

A small number of respondents within the additional comments section highlighted their support for the Scottish Health Council to change its name to better reflect its role and remit.
Respondents suggested that the current name may not clearly reflect its role in health services and will not reflect an expanded role in social services either.

### 2.8.10 Concern consultation is a ‘tick box exercise’

“This may be because I am familiar with the policy context the SHC works in with its repeated aims (e.g. meaningful engagement, genuine listening etc.) which intrudes into the text associated with each question giving the respondent more reading to do but also and arguably, biasing any responses as Healthcare Improvement Scotland makes it clear in places as to what it thinks....”

(Respondent to consultation)

A small number of respondents raised the concern that the consultation exercise was a “tick box exercise”. Concerns expressed included whether Healthcare Improvement Scotland had made it too clear what its own perspective was on the proposals, whether people would receive feedback on the result of their participation in the consultation and whether the questions facilitated “qualitative feedback” sufficiently.

### 2.8.11 Accessibility

“...please produce more in British Sign Language and understand accessible information and inclusive communication principles.”

(Respondent to consultation)

A small number of respondents raised direct concerns about the accessibility of materials produced by the Scottish Health Council for people from vulnerable or hard-to-reach groups and those with disabilities, and the physical accessibility of local offices.
3. INTERNAL STAKEHOLDER VIEWS

3.1 Approximately eleven percent of the respondents (22/183) in the consultation were staff members of Healthcare Improvement Scotland (including the Scottish Health Council). Their views are summarised and presented below.

3.2 Internal stakeholder feedback themes

Involvement of people in social care services, as well as in health services

Twenty respondents agreed that the Scottish Health Council should support the involvement of people in social care services. One respondent was unsure.

Staff supported the view that the Scottish Health Council should support the involvement of people in social care services, as well as in health services. A few staff members highlighted that it is important for the Scottish Health Council to clearly define what this support would look like in order to ensure a consistent approach across the whole organisation. Some respondents suggested that this could be done through the use of Our Voice framework.

Creating stronger links with health and social care organisations was also viewed as important in supporting this process. A staff member suggested that a stakeholder analysis should be conducted to identify what exact support is needed with regard to involvement practices.

3.3 Work with people and communities; third sector and other organisations that support people and communities; NHS boards, local authorities, Health and Social Care Partnerships

Seventeen respondents supported the suggested ways of working with people and communities. Three respondents did not agree, two were unsure. Twenty-one respondents supported the suggested ways of working with community groups and voluntary organisations. One respondent was unsure. Nineteen respondents supported the suggested ways of working with NHS boards, local councils and Health and Social Care Partnerships. Two respondents were unsure.

Several staff members suggested that the Scottish Health Council should identify any priorities and gaps in public involvement practices and work towards strengthening the role of the local officers in engaging with the public.

There was a view that people’s views should be gathered through modern methods (such as social media). A few respondents suggested that the Scottish Health Council uses a framework to regulate public engagement across the organisation. A respondent highlighted that different stakeholders supporting the involvement of people and communities in service...
improvement can benefit from developing a better understanding about the aims of Our Voice framework and how they can use it. Collaboration with various stakeholders was again seen as an important part of the work of the Scottish Health Council to avoid duplication work.

3.4 **Lead in finding evidence**

Sixteen respondents agreed that the Scottish Health Council should lead in finding the evidence of the best ways to support people and communities to get involved and give their views. Six respondents were unsure.

A few staff members suggested that an evidence review of best practices for public engagement is needed to support the work of various stakeholders and to ensure that there is consistency in public involvement across organisations.

Some respondents, however, recognised the need for defining what ‘best practices’ mean for the Scottish NHS context and that the Scottish Health Council could have a role in working with others to encourage a debate about rationales and core values of public involvement. A few respondents suggested that the Scottish Health Council should work in collaboration with the Healthcare Improvement Scotland Evidence directorate.

A Scottish Health Council staff member suggested further that the development of the Participation Research Network could support the process of raising awareness, promotion of membership, dissemination of evidence and the organisation of discussion forums and engagement events.

3.5 **Offer advice to Health and Social Care Partnerships**

Seventeen respondents agreed that the Scottish Health Council should 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. One respondent did not agree, and four were unsure.

Some Scottish Health Council staff members suggested that national guidance standards would need to be updated to guide the supporting role of the Scottish Health Council to structures within Health and Social Care Partnerships, such as Integration Joint Boards.

Healthcare Improvement Scotland staff members, however, expressed a concern that such a role would conflict with the Scottish Health Council’s core role of providing support to people and communities to engage and have their voice heard. They stated that the danger of having a formal advice role to the Partnerships is that it risks creating a public and political view that the Scottish Health Council supports the Partnership when it is making unpopular decisions. A Scottish Health Council representative noted that Healthcare Improvement Scotland should also consider the steps that are required to support the development of ongoing inclusive engagement to ensure that consultations are a product of ongoing engagement. Several staff members
supported the view that the Scottish Health Council should be run as an independent body.

A Healthcare Improvement Scotland representative suggested that the Scottish Health Council could be formally sponsored and funded through a Scottish Government Minister who does not have responsibility for health or social care (for example, the Cabinet Secretary for Justice and the Cabinet Secretary for Communities) to demonstrate independence.

3.6 ‘Quality assurance’ role

Seventeen respondents indicated that they did have views on the Scottish Health Council’s quality assurance role in NHS service changes. Two respondents did not have any views, and three were unsure.

A staff member noted that the current Scottish Health Council quality assurance role stops prior to the NHS board meeting which results in the Scottish Health Council being unable to report on how effectively people’s view have been listened to. They furthermore suggested that consideration should be given to how conclusions and recommendations in the Scottish Health Council report are effectively addressed, including engagement on implementation.

There was also the view that the quality assurance role should apply to all health and social care service changes, not just to NHS service change. It was suggested that there is an opportunity for the Scottish Health Council to use its quality assurance role to implement further improvements in relation to methods of involvement, sharing information to people and recruiting people. It was pointed out, however, that such a role might lead to confusion around who makes a decision on when a change is considered ‘major’, which can be a distraction from the proposal itself.

3.7 How the Scottish Health Council should be run

A Healthcare Improvement Scotland representative suggested that Scottish Health Council members could be selected through a variety of ‘bottom-up’ routes (for example, nominated by third sector organisations or public representatives) in order to provide assurance of diversity and independence.

There was again the view that Scottish Health Council may be better run as a separate organisation from Healthcare Improvement Scotland. It was suggested that the Scottish Health Council needs to clarify what is needed to ensure maximum impact at all levels of health and care down to individual patients. A staff member proposed that the Scottish Health Council should include different stakeholders working in its structures.

Several stakeholders identified that the Scottish Health Council should have an emphasis on community work where a possible differentiation between community support teams and service change teams would be needed. A few respondents suggested that the Scottish Health Council improve the work of
local officers by providing more training in public involvement to enable them to provide more effective support. The need for a differentiation between the quality assurance and engagement role were again seen as important in avoiding creating a view that the Scottish Health Council support partnerships which will lead to low trust from the public.

One respondent noted that the Scottish Health Council should identify what additional support Health and Social Care Partnerships needs through a collaborative discussion in order to provide valuable and relevant support.

A Healthcare Improvement Scotland staff member indicated that in order for the Scottish Health Council to be able to provide robust external quality assurance of services it is important to triangulate the information provided to Healthcare Improvement Scotland in self-evaluations with the views and experiences of staff working within the service concerned, the local communities and individuals that use it.

3.8 **Awareness raising**

Staff members highlighted that increased awareness about the role of the Scottish Health Council and more transparency about its work are needed. Staff members suggested that staff need to be better trained how to use different media channels to promote the work of the Scottish Health Council. Improvement of the quality of advertisement materials was also viewed as important.