



Our aim is to help  
people in Fife:  
have a positive  
experience of health and  
social care when they need it  
healthy and independent

ons me  
s w  
an  
with se  
sines

ion  
nd staf  
hang



## Learning from our communities: Public involvement in adult health and social care in Scotland

Scottish Health Council Events: June to September 2013

October 2013

© Healthcare Improvement Scotland 2013

Published October 2013

You can copy or reproduce the information in this document for use within NHSScotland and for educational purposes. You must not make a profit using information in this document. Commercial organisations must get our written permission before reproducing this document.

[www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)

## **Contents**

<b>About this paper.....</b>	<b>4</b>
<b>An outcome for public involvement in health and social care.....</b>	<b>5</b>
<b>Standards for public involvement in health and social care.....</b>	<b>7</b>
<b>Structures for public involvement in health and social care.....</b>	<b>8</b>
<b>Conclusion.....</b>	<b>10</b>

## About this paper

In 2012/13, the Scottish Health Council commissioned ODS Consulting to explore future possibilities for public involvement in health and social care in Scotland. This was in the context of planned changes to integrate, or bring together, health and social care services – currently delivered through the National Health Service (NHS) and local authorities. A think piece was produced alongside this research, setting out ideas and prompts for discussion about the future of public involvement in health and social care.

Between June and September 2013, the Scottish Health Council ran four events in Edinburgh, Glasgow, Perth and Sanquhar to discuss the ideas raised by the research and think piece. These events brought together members of the public, health and social care practitioners, and other interested individuals (for example from the voluntary and community sector). The events were very well attended, with a total of over 200 people attending the sessions.

The paper provides a broad overview of the discussions at the four events. It summarises the key themes and messages emerging.

The research report and think piece are available at:

<http://www.scottishhealthcouncil.org/integration.aspx>

## **An outcome for public involvement in health and social care**

Event participants were asked to consider whether it was important or valuable to have an outcome for public involvement in health and social care nationally – which would set out what we are all aiming to achieve. Participants were asked to consider whether this outcome would be well placed within the ‘health and social care quality outcomes’ being developed alongside the plans for integrating health and social care. These outcomes are being developed at a national level, and set out what integration should achieve. The outcomes do not currently include an outcome around public involvement.

Participant views were mixed. Overall, there was a feeling that a nationally expressed vision, aim or outcome for public involvement in health and social care would:

- give public involvement a higher profile and status
- ensure consistency in what everyone was aiming for
- make it clear that public involvement was necessary and important
- make local authorities and the NHS more accountable for public involvement
- promote a more joined up approach to public involvement across local authorities and the NHS, and
- make clear that integration was not just about structures.

There were different views about where this vision, aim or outcome should be expressed. Some felt that there should be an outcome on public involvement within the ‘health and social care quality outcomes’ being developed for integration of adult health and social care. Others suggested that it could be an overarching principle or outcome which sits across all of the other health and social care quality outcomes – as a way of working. And others felt that an outcome around public involvement in health and social care should be wider – and not directly linked to integration. Many suggested that there could be a broader outcome around public involvement more generally across all community planning partners in Scotland – perhaps linked to the Community Empowerment and Renewal Bill.

Overall, there was a strong view that any vision, aim or outcome should be:

- clearly phrased, simple and meaningful to members of the public
- relevant and clear to staff at all levels – not only senior managers
- clearly measurable (using both quantitative and qualitative measures)
- linked to indicators, targets, standards and principles
- realistic
- broad enough to allow local flexibility and links to local outcomes, and
- developed reasonably quickly – but with strong public involvement.

Participants were asked to (briefly) consider what an outcome might look like. There were interesting discussions about:

- the language used – particularly around how we describe ‘the public’, as many different terms are currently used including ‘communities’, ‘people’, ‘the public’ and ‘service users’;
- whether the outcome should be about the process (that public involvement happens) or the result (that services improve) and whether there could be short, medium and long term outcomes to reflect this;
- whether it may be more meaningful to co-produce a vision and plan for public involvement in health and social care nationally – rather than just one outcome; and
- our aspirations around public involvement – what is it we are aiming for in terms of meaningful involvement.

Many different outcomes and phrases were suggested as being important (and these have all been recorded). Just some examples of those that the participants suggested are below. However, some participants felt strongly that the wording of the outcome should be developed by members of the public from across Scotland.

“Service users, the public and local communities are involved in and inform health and social care planning and development.”

“Communities are listened to and engaged in a meaningful way to influence decisions within Health & Social Care Partnerships.”

“Continuing public involvement and engagement is fully integrated into the planning, development and delivery of health and social care.”

“Everyone can take part in or influence decisions about health and social care if they want to and this will be actively encouraged.”

“Community views are central to and influence decisions about health and social care.”

## Standards for public involvement in health and social care

Event participants were asked to consider whether there was potential to create a single standard for public involvement in health and social care. Currently, local authorities and the NHS use two main standards – the National Standards for Community Engagement<sup>1</sup> and the Participation Standard<sup>2</sup>. There are links between the two, but they are assessed in different ways. While the National Standards for Community Engagement are voluntary, the Participation Standard is mandatory for NHS Boards.

Overall, there was broad agreement that there was potential to further align the two standards. Most participants felt that a common standard could help with building a joint ethos, culture and language around public involvement across health and social care. Many suggested that the National Standards for Community Engagement set out principles for the way in which public involvement should be undertaken, while the Participation Standard provides a method for assessing the quality of public involvement. Most felt that there was a clear opportunity to take the best from both approaches, and create a common standard – or at least a single document which brought both standards together for health and social care. Many highlighted that this should be simple, concise and should make sense to members of the public.

There was a strong feeling that the public involvement standards should be mandatory – with participants feeling that this was required for them to be taken seriously. Again, participants highlighted that there could be links here with the Community Empowerment and Renewal Bill.

There was strong support for some form of assessment against the standards. The idea of self assessment with some external input was generally the most popular across all four events. However, participants cautioned that the self-assessment process should involve a diverse range of members of the public and the third sector, for it to be meaningful. Generally, participants felt that self assessment should be linked to some form of external assessment or comment – allowing a level of scrutiny which was independent. However, people did not want this to become too bureaucratic or resource intensive.

Many suggested that there was potential to link assessment of public involvement to existing assessment methods for local authorities and NHS Boards more generally. However, some cautioned that there was a need for a consistent approach, and this could be difficult with lots of different organisations doing the assessment.

Many participants suggested that it would be useful to have a common reporting and recording structure for public involvement – with many feeling that the VOiCE tool (Visioning Outcomes in Community Engagement) would be a useful starting point. Some stressed that it was important to give the new standards time to bed in, before beginning assessment.

---

<sup>1</sup> [www.scdc.org.uk/what/national-standards/](http://www.scdc.org.uk/what/national-standards/)

<sup>2</sup> [www.scottishhealthcouncil.org/patient\\_\\_public\\_participation/participation\\_standard/participation\\_standard.aspx](http://www.scottishhealthcouncil.org/patient__public_participation/participation_standard/participation_standard.aspx)

## Structures for public involvement in health and social care

Event participants were asked to consider the extent of national consistency there should be in the permanent, formal structures for public involvement in each health and social care partnership area. Currently, local authorities determine their structures for public involvement locally, while the NHS (through Community Health Partnerships) must have a Public Partnership Forum in place – although these operate in different ways in each area.

There were very varied views on this. Some felt that national consistency would:

- allow comparison
- make it easier for members of the public to understand structures
- reduce competition between local groups and confusion over roles, and
- make it easier for NHS Boards working across multiple local authority areas (which could otherwise all agree different structures).

However, at the same time participants felt that local flexibility would:

- allow for building on what works at a local level
- allow for taking account of local context
- allow areas to build on activity already undertaken to build joint public involvement structures in some areas
- build local ownership and acceptance of structures, and
- reduce the time needed to develop a national or recommended structure – which runs the risk of diverting focus onto structures rather than outcomes.

Overall, most participants felt that there was a need for a balance between flexibility and consistency. A very small minority felt that there should be a single structure prescribed nationally. However, many felt that there should be guidance on options and a recommended model (or models) – with local areas asked to comply with this or explain why they are using a different approach. Some suggested that it might be useful to set out a standard role and remit for permanent structures nationally, but with flexibility to determine what structure is used at a local level. Some felt that a national ‘hub’ for sharing good practice would be helpful.

Some participants felt that if there was a strong national outcome and standards, there could be more flexibility about structures.

“Providing the national outcome is right, you can develop and build public involvement structures to suit.”

A small number of participants highlighted that some local areas were developing very local approaches to public involvement – at a neighbourhood or community level. Most felt that although this was useful, it was important to have some wider co-ordination of these local approaches at a local authority or NHS Board level.



Participants also highlighted that while permanent structures were very important in providing a clear remit and building relationships, there was an ongoing need for a wide range of other methods of public involvement too.

Participants also briefly discussed whether structures should be independent from local authorities and the NHS. Some felt that the voluntary sector could play an important role in supporting independence and ensuring that public involvement structures were open, transparent and members able to express their views fully. However, many felt that independence could create a 'them and us' or 'lobbying' culture – and many were also concerned about where funding would come from if not from local authorities and the NHS. Some felt that independence would result in a wider variety of structures across Scotland, making it difficult to compare approaches.

There was a strong message that lessons should be learned from current approaches, when developing options and a recommended model. Participants pointed to many examples of good work around public involvement across Scotland – including work around Reshaping Care for Older People<sup>3</sup>, the Total Place<sup>4</sup> concept, and the work of the voluntary and community sector. It was strongly felt that the lessons learned from these, and other, approaches should be built into discussion about future public involvement structures.

---

<sup>3</sup> [www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Older-People/ReshapingCare](http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Older-People/ReshapingCare)

<sup>4</sup> [www.localleadership.gov.uk/totalplace/](http://www.localleadership.gov.uk/totalplace/)

## Conclusion

Based on what people have told us across all four events, the Scottish Health Council supports the following as a starting point for developing robust and inclusive public involvement within the integrated structures.

### **An outcome for public involvement in health and social care**

On the question of national outcomes, participant views were mixed although there was a sense that it would give public involvement a higher profile and status and give a clear signal to all about its importance. People also suggested that the outcome should be realistic, something that everyone could understand and couched in generic language rather than in jargon that is specific to either health or social care. The outcome should be about both the process and outcome of involvement.

The Scottish Health Council suggests that the outcome should read along these lines:

People are encouraged and supported to work with health and social care providers to achieve person-centred services that meet local needs and improve health and wellbeing.

### **Standards for public involvement in health and social care**

Most participants felt that a common standard could help with building a joint ethos, culture and language around public involvement across health and social care.

The Scottish Health Council considers that there must be a single standard for the integrated structures that build on existing good practice standards and principles. The Participation Standard is now demonstrating that it is driving improvement and should be used as the basis for a revised single standard that includes indicators linked to the delivery of the national outcome.

A single standard for participation in health and social care must be developed, with a quality assurance system to ensure continuous improvement is demonstrated.

### **Structures for public involvement in health and social care**

The Scottish Health Council considers there should be guidance provided to health and social care partnerships with a range of recommended mechanisms for public involvement in each health and social care partnership area. Local areas will be asked to comply or explain their local variation.

## Thank You

Thank you to everyone who took part in these events. Your views will continue to be fed into the work of the Scottish Health Council in promoting public involvement in health and social care in the future.

You can read and download this document from our website. We can also provide this information:

- by email
- in large print
- on audio tape or cd
- in Braille, and
- in other languages

يمكنك قراءة وتنزيل هذا المستند من موقعنا الإلكتروني. ويمكننا أيضاً أن نقدم لك هذه المعلومات:

- بالبريد الإلكتروني
- بخط كبير
- على شريط صوتي أو قرص مدمج ( cd )
- بلغة برايل
- بلغات أخرى

আপনি আমাদের ওয়েবসাইট থেকে এই দলিল পড়তে ও ডাউনলোড করতে পারেন, তাছাড়া আমরা এই তথ্য :

- ইমেলে
- বড় হরফে
- অডিও টেপ বা সিডি-তে
- ব্রেইলে, এবং
- অন্যান্য ভাষাতেও জানাতে পারি

Vous pouvez lire et télécharger ce document sur notre site web. Nous pouvons également vous fournir ces informations :

- par courrier électronique
- en gros caractères
- sur cassette ou CD audio
- en Braille
- et dans d'autres langues

**Faodaidh tu am pàipear seo a leughadh agus a luchdachadh a-nuas bhon làrach-lìn againn. Bheir sinn an fhiosrachadh seo seachad cuideachd:**

- **Ann am post-dealain**
- **Ann an sgrìobhadh mòr**
- **Air teap claisneachd no cd**
- **Ann am Braille, agus**
- **Ann an cànanan eile**

आप इस दस्तावेज़ को हमारी वेबसाईट से पढ़ और डाउनलोड कर सकते हैं। हम इस जानकारी को निम्न माध्यम से भी प्रदान कर सकते हैं:

- ई-मेल द्वारा
- बड़े प्रिंट में
- ऑडियो टेप अथवा सीडी में
- ब्रेल लिपि में, और
- अन्य भाषाओं में

**Šį dokumentą galite skaityti ir atsisiųsti iš mūsų tinklavietės. Šią informaciją taip pat teikiame:**

- **el. paštu;**
- **stambiu šriftu;**
- **garsajuoste arba kompaktiniu disku;**
- **Brailio raštu ir**
- **kitomis kalbomis.**

**Dostęp do tego dokumentu, a także możliwość jego pobrania, można uzyskać na naszej witrynie internetowej. Informacje można również otrzymać w następujących postaciach:**

- **wiadomość e-mail**
- **wydruk z dużą czcionką**
- **kaseta audio lub płyta CD**
- **zapis alfabetem Braille'a**
- **zapis w innym języku**

Вы можете прочитать и загрузить этот документ с нашего веб-сайта.  
Информация также предоставляется следующим образом:

- по электронной почте
- крупным шрифтом
- на аудиокассете и компакт-диске
- шрифтом Брайля и
- на других языках

您可從我們的網站閱讀及下載本文件。我們亦透過以下方式提供此資訊：

- 電子郵件
- 大版面印刷
- 語音磁帶或 cd
- 盲文，以及
- 其他語言版本

آپ ہماری ویب سائٹ پر اس دستاویز کو پڑھ اور ڈاؤن لوڈ کر سکتے ہیں۔ ہم یہ معلومات درج ذیل کے ذریعہ بھی فراہم کر سکتے ہیں:

- بذریعہ ای میل
- چھاپے کے بڑے حروف میں
- آڈیو ٹیپ یا سی ڈی کی شکل میں
- بریل میں ، اور
- دیگر زبانوں میں

***[www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)***

**Scottish Health Council National Office:** Delta House | 50 West Nile Street | Glasgow | G1 2NP  
**Telephone:** 0141 241 6308 **Email:** [enquiries@scottishhealthcouncil.org](mailto:enquiries@scottishhealthcouncil.org)

The Scottish Health Council is part of Healthcare Improvement Scotland.



You can read and download this document from our website. We can provide this information:  
by email | in large print | on audio tape or CD | in Braille (English only) | in community languages.