

Learning from our communities: Public Involvement in Adult Health and Social Care in Scotland

June 2013

Stimulating thinking

This short 'think piece' outlines some ideas about how people – as individuals and communities - could be involved in discussions and decisions about health and social care in Scotland in the future. It was produced as part of the research undertaken by ODS Consulting, for the Scottish Health Council, into public involvement in health and social care. This research was published in June 2013.

By public involvement we mean:

“Deliberate efforts by organisations to gather views of members of the public, and use these to inform decision making.”

We know that different organisations use different words to describe this – including community engagement.

Why now?

During 2013, many important developments in public involvement, community engagement and health and social care reform will come together. It is the right time to be thinking about how people can best be involved in discussions and decisions about health and social care in Scotland. Over the past 15 years, there has been a gradual but clear shift towards:

- **Public involvement in the NHS** – A series of duties, guidance, strategies and action plans has made it clear that both patients and the public more generally have the right to be involved in planning and developing health services.
- **Personalisation of social care services** – Much has been done to ensure that individuals and families have real choice and control over the services they receive. A new law was passed in 2013 to give people the right to this control, building on work that had already been done around personalisation, co-production and joint working between individuals, families and service providers.
- **Joint working between health and social care** – Community planning, which requires public sector organisations to work together alongside communities, has developed and strengthened since it was introduced in 2003. Health and social care organisations have worked on a range of initiatives aimed at improving joint working, including ‘Reshaping Care for Older People’. During 2012 the Scottish Government has been consulting on its proposals to integrate adult health and social care services, so that people can access joined up services.
- **Community empowerment** – There has been a focus on supporting communities to do things for themselves, with a national Community Empowerment Action Plan. The Scottish Government’s national outcomes also include an outcome around developing public services which are responsive to people’s needs. During 2012, the Scottish Government has been consulting on ideas to be included within a new law to promote community empowerment. 2013 will see some big changes, including:
 - the introduction of the Public Bodies (Joint Working) Bill to enable integration of all adult health and social care services;
 - the development of a draft Community Empowerment and Renewal Bill to strengthen community participation and support independent action from communities across Scotland;
 - the finalisation of Community Planning Partnership’s Single Outcome Agreements for the next ten years – which will set out the changes that public, voluntary and community organisations will work together locally to achieve; and
 - new and accelerated action across 12 priority areas set out in the Scottish Government’s ‘Route map to the 2020 Vision for Health and Social Care’ – central to which are the principles of working in partnership with people and developing person- centred approaches to care and support.

What are the big questions?

So, it is a meaningful time to be asking questions about public involvement in health and social care. The changing environment provides a real opportunity to question what has gone before, and to think about new and different ways of working together. But, the research found that many believe it is important to build on the lessons learned from the past – both from successes and examples of what hasn't worked.

Some of the questions this 'think piece' explores are:

1. Would a nationally agreed quality outcome around public involvement in health and social care be useful – to clearly set out what we are aiming for nationally?
2. What would this outcome include? What are we aiming for in terms of public involvement in health and social care?
3. Should Health and Social Care Partnerships also be required to set their own outcomes around public involvement – to clearly set out aims locally?
4. What overarching principles should underpin public involvement in health and social care?
5. How could shared standards be developed which bring together the best of existing approaches, and don't create new bureaucracy or administration?
6. Should there be some national consistency in the way in which public involvement quality and outcomes are assessed?
7. What degree of consistency should there be in permanent structures for public involvement across the country?
8. Should these structures be independent from health and social care services?
9. How can best practice and lessons learned be most effectively shared in relation to public involvement structures?
10. How can links with community planning be made most effectively?

A shared vision and quality outcome for public involvement in health and social care

Meaningful public involvement needs to have a clear purpose, be honest about its scope and result in action. It is important that at a national level there is a clear shared vision of what public involvement in health and social care should achieve.

A national vision

The overarching commitment to public involvement in public services is stated in the Scottish Government's National Outcomes, in its National Performance Framework¹. This sets out the Scottish Government's purpose and what it wants to achieve in the long term.

The Scottish Government, COSLA and other key stakeholders have agreed to develop a set of nationally agreed 'health and social care quality outcomes', which will sit underneath the Government's National Outcomes. These will be high level statements of what the new integrated health and social care partnerships will aim to achieve through joint planning and working. NHS Boards and local authorities will take joint and equal responsibility for delivery of the agreed outcomes.

The current draft of seven nationally agreed outcomes does not include a reference to public involvement². Consultation on the draft is planned over summer 2013. The inclusion of a public involvement outcome would ensure that:

- the profile of public involvement was high within integration proposals
- local authorities and NHS Boards were working towards the same overarching vision in terms of public involvement; and
- Health and Social Care Partnerships would have a responsibility to deliver this outcome – alongside the other national outcomes for health and social care.

This overarching quality outcome could usefully be supported by a clear statement about why this outcome is important, providing a clear rationale for public involvement activity in health and social care.

Prompts for debate:

- Would the addition of a nationally agreed quality outcome around public involvement in health and social care be useful – to clearly set out what we are aiming for nationally?
- What would this outcome include? What are we aiming for in terms of public involvement in health and social care?
- How would progress towards this outcome be measured?

¹ National Performance Framework Outcome 16: 'Our public services are high quality, continually improving, efficient and responsive to local people's needs'.

² Integration of Adult Health and Social Care in Scotland: Consultation on Proposals (Annex A), Scottish Government, 2012

A local vision

It is also important to have a locally agreed vision for public involvement in health and social care, within each Health and Social Care Partnership. This would ensure that local authorities, NHS Boards and communities had a shared understanding of what they were working towards in terms of public involvement.

A locally agreed vision could draw on and be informed by:

- a nationally agreed quality outcome for public involvement in health and social care
- outcomes set out within the Community Planning Partnership's Single Outcome Agreement, and
- the local context, history and experiences.

Prompts for debate:

- Should Health and Social Care Partnerships be required to set out their own outcomes for public involvement – to clearly set out aims locally?

Principles and standards for public involvement

The outcomes of involvement are vital, but the experience of involvement is also very important. Positive experiences of involvement will encourage people to stay involved, and continue to contribute their views, skills and experiences. Research with members of the public, health and social care practitioners, and equality and national organisations in Scotland found that there was strong agreement about what meaningful public involvement should feel like.

The value of a 'bottom up' approach

People should have the opportunity to drive the issues they influence, if they wish. Often, public involvement opportunities are determined by service providers. This can be of value – allowing people the opportunity to contribute as decisions are made. However, people should also have opportunities to bring forward issues for debate.

This 'bottom up' approach to involvement takes time, effort and resources. It requires capacity building of both organisations and communities. And it requires a shift in attitudes from the medical model (where professionals are seen as experts) to the social model (where patients, service users and communities are the experts).

The need for strong leadership

Good public involvement can be driven by individuals working within organisations – at both a strategic and operational level. Often, one keen and motivated staff member builds up a pocket of good practice in relation to involvement. This commitment and expertise is highly valuable, and should be built on, but is not a sustainable way of ensuring public involvement is meaningful across the organisation. This requires strong leadership and commitment at a senior level too.

Strong leadership around public involvement is about raising the profile of involvement; ensuring people understand its importance and impact; giving people the space, time and resources to involve communities in decisions; and ensuring that this is reflected in job profiles and reviews.

Involving 'seldom heard' participants

Some people find it easier to access involvement opportunities than others. While the use of a term like 'seldom heard' suggests that there is a core group of people who are less involved than others, this is not always true. People are individuals, and prefer to be involved in different ways. The important consideration is that those managing public involvement think about the different types of people who should have the opportunity to be involved; the range of ways in which people could participate; and take steps to proactively create different opportunities which will suit different people. Often, this will include capacity building activity and work with existing community and voluntary organisations.

Using simple language

Health and social care providers currently use different, and often complex, language to describe their work. This can make it difficult for members of the public to take part meaningfully in discussions. This is likely to become more of a problem as integration brings together two different organisations, which use different language. It is important that there is a commitment to using plain and simple language, and no jargon. This will help not only members of the public, but also staff within the two organisations.

These are just some of the principles which may underpin a common approach to public involvement in health and social care. Many of these principles are already reflected within existing standards - the National Standards for Community Engagement (used by local authorities and NHS Boards) and the Participation Standard (used by NHS Boards). There is deliberate alignment between the two sets of standards. A comparison of the two sets of standards, and the priorities identified from recent research, is attached as Appendix One.

A single standard?

It would be useful for Health and Social Care Partnerships to work to a single standard in relation to public involvement in the future. It should not be difficult to bring together these two sets of standards, if there is a desire and commitment to do so. However, this would need to be done in a way which recognises that:

- the National Standards for Community Engagement are used across local authorities (and other partners) – not just for social care services - and now have a relatively high profile;
- there is a strong desire for any change to build (gradually) on the best of what is already there, and not to add additional bureaucracy or administration;
- this research found a desire for a strong focus on community led involvement opportunities, which is not necessarily reflected in existing standards; and
- communities should be involved in discussions about the standards which Health and Social Care Partnerships work to in terms of public involvement.

Any discussion about joining up existing standards should also take into account that the Scottish Government may consider introducing a single overarching duty to engage communities, through the Community Empowerment and Renewal Bill. The Scottish Government will consult on this draft Bill in late summer or autumn 2013.

Assessing public involvement

Once it has been agreed which standards the Health and Social Care Partnerships should work to in terms of public involvement, there is then the question of how to assess public involvement processes and outcomes. Currently the National Standards for Community Engagement are entirely voluntary, but NHS Boards must self assess their performance in relation to the Participation Standard. Health and Social Care Partnerships could:

- agree the way in which they assess processes and outcomes locally
- be asked to self assess and report nationally
- be subject to national inspection or audit on public involvement, or
- be assessed on public involvement through existing audit processes such as Best Value audits.

Prompts for debate:

- What overarching principles should underpin public involvement in health and social care?
- How could shared standards be developed which bring together the best of existing approaches, and don't create new bureaucracy or administration?
- Should there be some national consistency in the way in which public involvement quality and outcomes are assessed?

Permanent structures for public involvement

Public involvement opportunities need to be varied to allow for community-led involvement; different routes of involvement; and different types of involvement. It is clear that there is a role for issue-based, one-off involvement opportunities; routine capacity building and relationship development activity; and the establishment of dedicated permanent mechanisms for involvement.

Dedicated permanent structures – like Public Partnership Forums or Community Forums - can provide a framework for ongoing discussion and feedback, co-ordination, building trust and dialogue and building understanding. They can be focused on a particular issue, or can cover the whole health and social care agenda. Currently, Community Health Partnerships are required to have a single permanent structure in place as an overarching framework for public involvement – the Public Partnership Forum.

Local authorities are not specifically required to have a particular type of public involvement forum for social care, and often have a range of different methods for involvement – such as Citizens Panels and Community Forums. However, local authorities have lead responsibility for community planning, and need to ensure, alongside their partners, that there are genuine opportunities to consult, engage and involve communities through this route. This responsibility was re-emphasised in recent guidance to community planning partners in 2012³. The extent to which co-ordinated community engagement activity has been developed across Scotland will, however, be varied.

³ Single Outcome Agreements Guidance to Community Planning Partnerships, Scottish Government, 2012

Local authorities have responsibility for working with partners – including communities - at a local level to agree the best way to structure community engagement opportunities. There is no nationally determined model. This fits with the Scottish Government and COSLA agreement to devolve power and decision making to a local level. There is a range of potential options for establishing permanent structures for public involvement.

Structures for Public Involvement			
Different structures across Scotland as decided by Adult Health and Social Care Partnerships	Guidance or case studies on options for structures	Recommended model for involvement – comply or explain	Single structure for involvement which all areas need to use
Advantages			
Potential links with community planning	Sharing best practice	Some consistency nationally	National consistency
Fits with local context and current local authority approach	Learning lessons from experience	Local flexibility where there is a clear reason	Fits with current NHS approach

Prompts for debate:
<ul style="list-style-type: none"> • What degree of consistency should there be in structures for public involvement across the country? • Should these structures be independent from health and social care services? • How can best practice and lessons learned be most effectively shared in relation to public involvement structures? • How can links with community planning be made most effectively?

Appendix One

National Standards for Community Engagement	Participation Standard	Priorities from Research
Involvement: We will identify and involve the people and organisations who have an interest in the focus of the engagement	The people who may be affected by the proposed service development or change are identified and their support needs assessed (planning)	Involving 'the right people'
Support: We will identify and overcome any barriers to involvement		Accessible involvement
Planning: We will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken		Honesty and clarity of purpose Involvement from an early stage
Methods: We will agree and use methods of engagement that are fit for purpose	The people who may be affected by a proposed service development or change take part in developing, and appraising options, and are consulted appropriately (engaging and consulting)	Involvement at different levels
Working together: We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently		Varied methods Respected and respectful involvement
Sharing information: We will ensure that necessary information is communicated between the participants	The people who may be affected by the proposed service development or change are provided with relevant information and other appropriate communication aids that meet identified support needs (informing)	Informed involvement
Working with others: We will work effectively with others with an interest in the engagement		
Improvement: We will develop actively the skills, knowledge and confidence of all the participants		Listening and changing
Feedback: We will feed back the results of the engagement to the wider community and agencies affected	Feedback is provided to the people involved - on the decisions made and how their views were taken into account (feedback)	Providing feedback
Monitoring and evaluation: We will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement	Evaluation of the involvement is planned and carried out on an ongoing basis (evaluation)	
		Routine, ongoing involvement
		Community-led involvement

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