

# Start-up guide for Participation Groups in Scotland

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

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## Section 1. Introduction

This guide has been produced by the Scottish Health Council for health and social care providers, service users, carers, communities and the public who are looking at establishing a Participation Group.

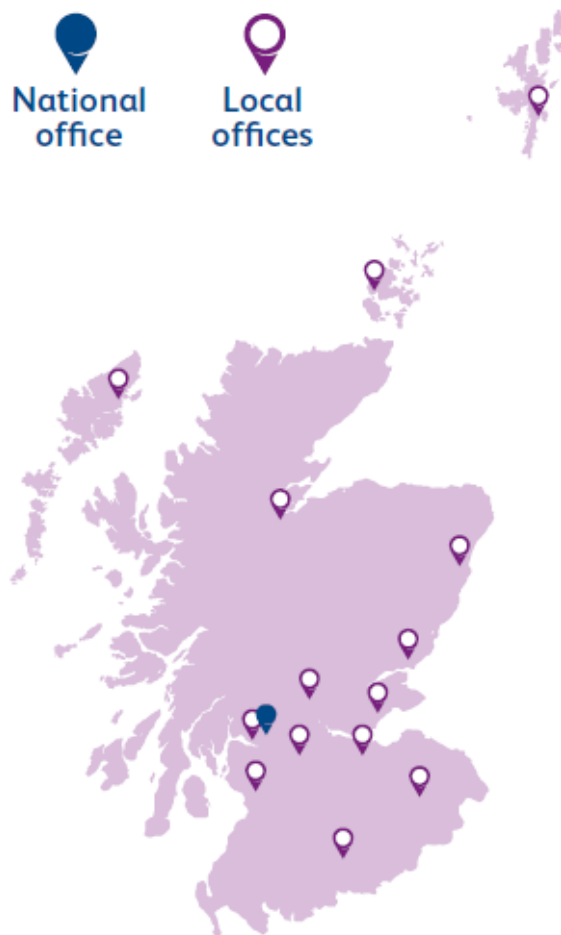
The involvement of communities and the public is a very important part of improving the quality of services provided within the health and social care sector. Effective public involvement can:

- act as a driver for change and improvement in policy and services
- help improve the health and wellbeing of participants, and
- help strengthen public confidence and accountability in health and social care.

### The Scottish Health Council

The Scottish Health Council promotes and supports the development of meaningful involvement of all communities and people within the health and social care sector in Scotland.

One way we do this is by offering guidance and support to assist in establishing and developing a Participation Group. Our advice and support is free and there is a local office in each NHS Board area of Scotland. To find contact details for your nearest local office visit our website at [www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org) or telephone our national office on 0141 241 6308.



## What is a Participation Group?

A Participation Group is a public or community-led group that can be linked to a particular health and social care topic, service, organisation or geographical area. Ideally, the Participation Group will involve a good mix of people that reflects the diversity of the community. Members will provide a public, service user or carer perspective on the health and social care services that are offered to the community. It is good practice for health and social care staff to be part of, or in attendance at, the Participation Group, as this will enable the community, the public and health and social care staff to work together for the benefit of health and social care services.

An example of a Participation Group is a Patient Participation Group which is a patient-led group linked to a General Practice. Here patients and practice staff work together for the benefit of the practice and the population it serves.

## Why have a Participation Group?

Participation Groups can support the 'co-production' of local services. The Scottish Co-production Network describes 'co-production' as follows:

“Co-production essentially describes a relationship between service provider and service user that draws on the knowledge, ability and resources of both to develop solutions to issues that are claimed to be successful, sustainable and cost-effective, changing the balance of power from the professional towards the service user.”<sup>1</sup>

A successful Participation Group can enable health and social care service users, carers and the public to engage purposefully with health and social care providers (and vice versa) to continuously improve and transform services. Health and social care providers have legal duties to involve people and communities in shaping the design and development of local services, and local people have rights to be involved.

### ***Key benefits of a Participation Group to Group Members***

Potential benefits for group members of being involved include that they:

- will have a better understanding of health and social care, including the range and type of services provided
- can be involved in service improvement and decision making, and play a role in ensuring that the public view is always represented
- have a forum that supports and empowers them to interact with health and social care organisation/providers in a positive way, suggesting new ideas and expressing concerns
- can feel valued and empowered playing a role in their community, which can lead to improved self-esteem
- will get to know the health and social care staff better which can improve communication, and

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<sup>1</sup> Scottish Co-production Network - [www.coproductionscotland.org.uk/about/what-is-co-production/](http://www.coproductionscotland.org.uk/about/what-is-co-production/)

- may have a greater interest in, and responsibility for, their own health and wellbeing.

### **Key benefits of a Participation Group to health and social care providers**

Potential benefits for health and social care providers include the following:

- Whilst it is not the only way to involve people, a Participation Group is one accessible way for health and social care providers to support wider community engagement.
- The reputation of the health and social care providers may benefit if they show that they listen to service users, carers and the public, involve them in decision making and understand their health and social care needs and desires.
- Health and social care staff can ensure that their service provision is more effective, efficient and tailored to the community they care for.
- Health and social care providers may increase their understanding of key issues and problems in local health and social care services enabling them to pre-empt and solve potential concerns.
- A Participation Group provides the opportunity for health and social care staff to discuss with service users, carers and the public the reality of running health and social care services, and enables the sharing of different perspectives to help inform decision-making.

Public and patient involvement can result in improved patient safety, and to more effective and efficient health outcomes. These outcomes can include improved service effectiveness, quality of life for patients, and patient and staff satisfaction, among others.<sup>2</sup> In the primary care sector, which includes all of the health or social care services found within the community, outside of hospital, this can be accomplished by establishing and empowering a Participation Group to represent the views of the community.

### **Some ways Participation Groups are helping communities and the public**

#### **Communication**

- Build two-way communication and dialogue between communities, the public and health and social care providers to help ensure public advice and information is user-friendly.
- Help develop clear, plain language health and social care communications e.g. booklets, public newsletter.
- Help carry out surveys or obtain public views.
- Share good practice and enable peer support by networking with other Participation Groups.
- Develop a health and social care library or information resource centre.
- Act as a representative group and take part in public consultations and events/meetings in order to influence the provision of health and social care both locally and nationally.

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<sup>2</sup> The Scottish Health Council. 2011 *A Scottish Health Council report on improving quality through participation*. Available at: [www.scottishhealthcouncil.org/publications/research\\_reports.aspx](http://www.scottishhealthcouncil.org/publications/research_reports.aspx)

### ***Treatments/services/facilities***

- Advise on the development of new or existing health and social care premises.
- Help capture issues for health and social care providers to consider.
- Monitor services e.g. hospital/care facility discharge and the support provided.
- Promote awareness of, and access to, local health and social care services.
- Provide practical help at special clinics e.g. registering patients at flu clinics.

### ***Health and social care promotion***

- Support health and social care promotion and education work e.g. provide volunteer support for an 'open day' or 'health and social care fair'.
- Raise awareness of key public health and social care messages.
- Help raise awareness of and share information on specific illnesses e.g. diabetes, dementia and the range of health and social care services that are available.



## Section 2. Before the first meeting of the group

Before establishing a Participation Group, it may be worth getting together a few people from the local community to help with the preparation work that needs to take place. Consideration needs to be given to the following:

- Who do we want on board to help?
- Have we got the time, resource and finance to get it started? A budget will be required to cover possible costs e.g. venue, refreshments, expenses, communication support for those who need it.
- What do we hope to achieve from a Participation Group? Improving health and social care services, fundraising, a self-managing Participation Group, developing health and social care surveys and working with other areas are all practical and useful goals.
- Is everyone aware of what we aim to achieve?
- How are we going to communicate, update and feedback to health and social care providers?
- Who's doing what?
- What are our timescales?

The *National Standards for Community Engagement*<sup>3</sup> could be used as a guide to support this initial planning process.

Once the initial preparations have been taken on board and an action plan is established, the recruitment stage can take place.

### Who will represent health and social care on the group?

Agree who will represent health and social care on the Participation Group. This could be, for example, a service/practice manager, GP or other health and social care staff (it may be agreed that some staff attend on a rotational basis).

### Recruitment of members of the community

#### *Important factors to consider*

- 'The ask' of group members in terms of meeting time, type of input needed, term/length of membership etc.
- Be proactive in your recruitment efforts.
- The number of individuals to sit on the group.
- Ensure the recruitment process is fair and inclusive with people of all ages, ethnicity and background being considered. (See "Be Representative and Keeping it Diverse" section below)

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<sup>3</sup> The National Standards for Community Engagement are good-practice principles designed to support and inform the process of community engagement, and improve what happens as a result. Available at: [www.voicescotland.org.uk](http://www.voicescotland.org.uk)



- The Participation Group could potentially develop naturally from another group, for example, one that is already looking at a specific issue.
- Ensure that when recruiting, members have a clear understanding of what the Participation Group is about and what is expected of them, and a point of contact if they have any queries about this.
- Remember to keep engagement positive.

### *Suggested methods of recruitment*

#### **By invitation**

Contacting individuals directly and asking them if they would like to sit on the group. Some suggested ways of targeting prospective members are the following:

- Where appropriate, health and social care staff could mention recruitment to the group to their individual patients/clients.
- Health and social care staff could identify patients/clients who they feel may bring value to the group.
- Invite users of specific services by asking staff to promote the group during clinics/consultations, for example, people with long-term conditions or young mothers.

#### **Encourage applications or enrolment from members of the community**

People could be asked to 'apply' for a place on the group by stating what they could bring to the role.

Consider holding a coffee morning or open day to provide people with background information about what a Participation Group is, what it does, how it is beneficial etc. If using this method, it will need to be advertised widely, giving people plenty of notice.

### *Suggested ways to advertise recruitment within your local community*

- flyers
- waiting rooms (including electronic message board in reception, if available)
- newsletter and website
- social media
- open day or an open meeting
- ask health and social care staff to promote the group
- local community groups
- schools and local businesses
- local pharmacy and note on prescription slips
- local community newsletters
- receptionists raising awareness, and
- local press.

## **Be representative and keep it diverse**

Try to ensure membership is representative of the local community and aim to recruit as diverse a range of people as you reasonably can. To do this you will need to have a good understanding of your local community and think about how best to reach different groups.

Some people may require additional support to be involved. This could include, for example, interpreters for people that don't speak English, communication aids for people that need them e.g. hearing loop, or being accompanied by an advocate or other supporter. It is important to look for a meeting venue that is accessible for people using wheelchairs or with other mobility needs.

Whilst every effort should be made to recruit and involve as diverse a group as possible, experience shows it can be difficult to have a Participation Group that is truly reflective of the local population in terms of representation and diversity. Therefore it is important for health and care providers to have a range of ways of ensuring all patient and community voices are heard and listened to whether or not people wish to join a Participation Group.

Some suggested ways of doing this include the following:

- Aim to understand and consider the whole of your local community when engaging and involving people, especially targeting groups of people not represented on the Participation Group.
- Use existing forums or groups (for example, local voluntary groups) to reach a more diverse group of people.
- Where including users of a specific service would be beneficial, the Participation Group could, on a temporary basis, involve individuals who do not wish to sit on the group permanently.
- The group can carry out work themselves to gather views from the wider community. For example, they could go and speak to young people at schools, visit local places of worship and carry out surveys at the local ethnic food store.

Some people's views are not always heard by service providers. Engaging with some groups within communities may require proactive effort and an understanding of the practical or cultural barriers that people can face to get involved. Some of these groups are listed below:

- people who do not use English as their first language
- people living in remote and rural areas
- homeless people
- working people
- people living in residential care homes
- people with learning or physical disabilities, or
- people from deprived areas

This list is not exhaustive. It is worth noting that some local health and social care providers carry out targeted work with specific groups that they find 'hard to reach' and may be able to

recommend forums or other engagement methods. Likewise, the Scottish Health Council holds a database of a number of groups that fall under this category and can assist in promoting opportunities to get involved to them.

## Section 3. Early steps

This section of the guide will look at what to do in the early meetings of the group and how to agree some ground rules for how to run them. Some groups will prefer a more formal approach to how the group is run and organised, whilst others may prefer to keep things more informal. Experience shows that having a shared understanding of how things will work and what is expected of everyone, as well as a record of what the group is involved in, can be important in ensuring smooth running. Whilst there are some suggestions in this document, it is important that the group can adapt and tailor these to meet its own needs and objectives.

### Write a terms of reference/working agreement

Developing a terms of reference/working agreement is an important step that can guide the group in the early stages and serve as a reminder of its purpose once it is up and running. This list may need to be amended from time to time and therefore the group might want to consider having this as a standing agenda item.

The document should identify the following:

- Roles and remits – who should attend and what they should be doing.
- Ground rules for taking part in the group.
- The purpose of the group – what are the aims and objectives.
- Who the group reports to and how.
- A commitment by health and social care providers to offer reasonable travelling and other expenses (Scottish Government Health Directorates guidance on volunteer expenses can be found at [www.sehd.scot.nhs.uk/mels/CEL2011\\_23.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2011_23.pdf)).
- Frequency of meetings.
- Clear expectations for all.

It is important to include a statement emphasising that the Participation Group is not to be used for pursuing individual personal complaints or issues and that there are other routes for people to give feedback, make comments, raise concerns or make complaints about health and social care services.

### Why have a terms of reference/working agreement?

It helps to clarify the role and purpose of the group. This makes it easier for members of the group to keep on track with their objectives and also helps new or potential members to understand what the group is all about. Investing time and effort in preparing a good working agreement/terms of reference document can help to ensure the effectiveness of the group and pre-empt issues that might arise.

When the group first meets, they should write up a draft document for discussion and agreement. Experience shows this may take a few meetings to agree.

See appendix 1 for an example terms of reference/working agreement document.

See appendix 2 for sample role and responsibilities for members.

## **Ground rules**

These are a useful way to ensure that meetings are properly run. Ground rules should be agreed at the earliest stages of the group and should be introduced at the start of each meeting as a reminder. Ground rules should be included as part of the terms of reference/working agreement and will need to be continuously reviewed by the group.

Examples of essential ground rules would include the following:

- Respect the views of others.
- The meeting is not a forum for individual complaints or personal issues.
- Only one person speaking at a time.
- Do not use jargon.
- We will stick to the agenda whilst starting and finishing on time.
- No mobile phones or disruptions.

It is a good exercise for the group to set their own ground rules; this way it's more likely that they will stick to them! It is also good practice to make round table introductions rather than presume everybody knows everybody else.

See appendix 3 for an example of ground rules.

## **Agree chairperson and administration support**

When nominating the chairperson, a group decision needs to be made on how they will be chosen and whether it should be a member of the local community, service user or health and social care staff, such as a GP or service/practice manager. The chairperson must be equipped to deal with controversial or delicate agenda items. This requires the ability to remain impartial and act in a diplomatic and sensitive manner where necessary. Some groups have found that having a rotating chairperson (for example a different person acting as chairperson) gives everyone the opportunity to gain experience of this role. It is important to ensure everyone respects the chairperson and is aware of the importance of the role.

The main role of the chairperson is to:

- organise and run the meetings
- ensure that the group is achieving its goals, and
- act as an official representative of the group.

The main responsibilities of the chairperson are to:

- liaise with the administrator to agree arrangements, agendas and meeting dates
- ensure that each meeting is focused and does not get held up by irrelevant conversation
- act as a timekeeper for meetings, ensuring reasonable time for each agenda item
- act as a facilitator during the meeting to encourage all members to get involved, and

- ensure all items on the agenda reach a conclusion, giving a brief summary of key points and responsibilities to the group.

The administrator is responsible for:

- taking actions/minutes from the meetings
- supporting the chairperson to organise meetings, and
- maintaining membership lists.

As with the chairperson, this role can be carried out by a member of the local community, service user or health and social care staff, and again, this could be done on a rotating basis to keep it fair.

## **Action plan**

Create an action plan in the early stages to establish the group's goals. This can help group members to focus on their purpose and aims. The group should discuss and agree short, medium, and long-term goals. The following headings might be helpful to consider:

- Activity – what we will do.
- Outcome – what we want to achieve.
- Progress – what we have done so far.
- Deadline – when we want to finish.
- Evaluation – how well we did.

Each member of the group will have varying amounts of time which they can spend with the Participation Group and various skills which can be utilised. Therefore, it is helpful to have a range of projects and objectives which members can choose to work on in order to maintain their interest and maximise their potential and effect.

## **Establish the experience of the group**

Establish the skills individuals have which may prove valuable for helping to create and maintain the group. In addition, if there is an established Participation Group in another area, you could invite a member to come along and discuss what works well for them in order to share experience. Your local Scottish Health Council office can provide details of other Participation Groups in your area.

## **Meetings**

### ***Location and timing of meetings***

This could affect attendance so be sure to establish a convenient location and time for the meetings in order to accommodate as many people as possible as this will make development of the group more likely to succeed and ultimately be more effective. Be mindful of public transport to the venue and be sure to give the group advanced notice of meetings. Meetings should also be 'time limited', unless the group agree otherwise. This enables members of the group to understand their commitment timewise.

## **Agendas**

It is essential to set an agenda before each meeting. This provides a goal for the meeting and also deals with standard issues like apologies, terms of reference/working agreement and confirmation of subsequent meetings. Ensure adequate time is given to all items. Agree a system for setting agendas, for example who to send items to and by when. Try to keep meetings relatively short. It is considered good practice to send out an agenda to members of the group at least 7 days in advance. You should also agree with members of the group how they would like to receive the agenda, e.g. through email, post, etc.

See appendix 4 for an example agenda.

## ***How to record the meeting***

Minutes which provide a summary of the discussion are the traditional way to take notes from meetings; however, shorter action points are becoming more popular. Action points allow group members to see at a glance, for example, what progress has been made at the meeting and who is responsible for what job.

See appendix 5 for an example of meeting action points.

## **Feedback and communication**

This is very important for the effective development of the group. Agreeing suitable methods for a two-way flow of information between the Participation Group and health and social care providers will help this become routine. One of the benefits of a two-way flow of information is that all those involved will feel empowered and valued. It is also important to think about how to communicate with the wider community and provide timely feedback.

Communicating information about the group's progress can be done in a variety of ways such as social media, newsletters, flyers or displaying posters in local outlets.

An understanding of different communication methods for different groups of people may be advantageous so that implications of effective communication are overcome. Examples of this include the following:

- Social media can be a great way to engage with people (especially those who work) and younger people. There are many different forms of social media e.g. Twitter, Facebook, Instagram – use ones that are most appropriate for your target group. Be aware that some people may not have access to social media and may need alternative methods.
- Some people prefer to meet face to face, one to one or in a group.
- Email can be a great way of staying in touch as it is easy to use and accessible to most.



## **Section 4. Keeping positive momentum**

Once the Participation Group is up and running it is important to keep the momentum going. Look at the short, medium and long term action plans and decide on how to take this forward.

Here are some suggestions that may help the group.

### **Remain focused**

Once the group has set some objectives, it is important to keep track of them and keep working towards their completion. Once an objective is completed, it may be a good idea to set a new one as soon as possible to keep the momentum flowing. Ensuring that the group has objectives at all times can:

- provide some really good motivation
- maintain a sense of purpose for the members of the group
- give everyone a role to play, and
- let prospective Participation Group members see what they might be asked to get involved in.

### **Be open, honest, fair and constructive**

A Participation Group works best when it works closely with health and social care providers. The Participation Group and health and social care providers should be able to give one another constructive feedback and learn from each other.

- Share ideas for improvements in an agreed format, for example in minutes of meetings, face to face, or by email.
- Always try to be constructive when presenting fresh ideas or questioning others.
- Be honest about why certain ideas would or would not improve things.
- Make a fair decision based on all relevant factors.

### **Recognise and reward success**

When the group has completed an objective or reached a significant milestone then it should celebrate that success. Recognising achievement will really help to keep the morale of the group high. Here are a few ideas which could be used:

- Give credit to one another where it is due.
- Design a poster to put up in the community to tell people what has been achieved.
- Get in touch with the local newspaper or TV station and share the story.

### **Many hands make light work**

Rather than assigning tasks to one individual, wherever possible, try to assign tasks to teams of two or more people. This includes the Participation Group chair and administrator. Benefits from working this way include the following:

- If someone leaves the Participation Group or is unable to attend a meeting then another person will know how much progress has been made on their task.
- People can share ideas and learn from each other.
- Working within a group can help people to feel more confident.
- It can help to make the most out of the team's abilities.
- It provides an opportunity for people to work closer together and build stronger working relationships.

## **Further areas of work**

### Healthcare challenges and activities

Health and social care providers and planners should have access to local data about the make-up and needs of their local communities. This data should be used to inform local planning and strategies for developing services. Maintaining an awareness of the health and social care challenges and activity within the local community may help the group to come together to focus on a plan of work.

Whilst current health and social care challenges may already be known by the group or health and social care providers, it is always good practice to maintain links with local communities to keep up to date with these and identify any emerging issues. Examples of how to do this include:

- surveys
- community feedback
- comment cards, and
- face-to-face contact.

### **Attend community events**

Attending community events can promote the group and encourage membership. This can be used as an opportunity to carry out the examples above relating to local health and social care activity.

### **Awareness of forthcoming campaigns**

Health and social care campaigns can help the group focus on certain areas and can be obtained from various sources, including:

- NHS Board website
- NHS Board Public Involvement Team
- Local Authority website
- Health and Social Care Partnership website
- local newspapers, and
- social media.

## **Setting tasks**

Setting tasks for group members could include one member taking on the role of newsletter editor whilst another member may wish to take on the role of the group's information or social media activities coordinator. Other key roles, which members may be keen to take on, include chairperson, deputy chairperson and administrator. However, it is important to ensure that all members who take on such roles receive the necessary administrative support. To keep the momentum going, as previously stated, it is worth regularly refreshing these roles with new people in order to encourage fresh ideas.

## **Training**

Training should be sourced and offered to all group members as this may help to provide members with the necessary skills to be an effective member of the group. It may also help members to build confidence to take on key roles or duties. A number of local charities or other community groups can offer training at little or no cost.

## **Hold an open day**

Consider holding an open day/evening to talk about the various issues relating to health and social care and use this opportunity to promote the group (along with standard promotion activities – posters, website, on prescriptions etc). This may encourage new members to join and it could also be used to celebrate the achievements of the group.

If there are a number of Participation Groups within a particular geographical area, consider holding a regional or area networking event where representatives from each group can come together to share experiences, current practices and to build new relationships.

## **Ongoing communication**

Regular communication with members and the wider community will help to keep people informed of the group's activities. This in turn will help to keep the momentum going, maintain interest and attract new members. A variety of communication methods should be used to reach a wider audience, including:

- leaflets and flyers
- newsletters
- social media
- local press, and
- notice boards.

Minutes or action points from meetings should be made available to anyone who wishes to see them.

Group members may be keen to get involved in the development and maintenance of these communication methods. Displaying a poster within local outlets is a good way to share with everyone the progress that has been made by the group. Posters should be refreshed on a regular basis to keep the momentum going.

## **Take advantage of Scottish Health Council support**

The Scottish Health Council has produced a Participation Toolkit<sup>4</sup>, which contains a variety of tools for public engagement. Local office staff are able to offer free support, guidance and advice around the use of these and other tools such as Visioning Outcomes in Community Engagement (VOiCE). Developed by the Scottish Community Development Centre, VOiCE is an online tool that can help to plan and record community engagement activities as well as the progress of the group.

In addition, Scottish Health Council local officers have been trained by Chest Heart and Stroke Scotland to deliver workshops based on the Voices Scotland Programme. Each workshop is tailored to the needs of the individuals, group or organisation and can be run as either a half day or a full day programme. The sessions include, for example, building a case for change, information about the NHS structure and how to be an effective public member.

Other examples of support provided by the Scottish Health Council include:

- sharing examples of best practice
- assisting with identifying gaps in the group's representation
- helping to facilitate events and/or meetings to get the group up and running
- assisting with developing or updating working agreements/terms of reference, and
- helping with networking.

Details on all of the above methods of support can be found at [www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org).

## **Establish links with other relevant groups and networks**

When setting up the Participation Group, it can be useful to contact other established groups, as these may provide invaluable help, advice and support.

Within the local community there may also be a number of relevant groups and networks that are already active, such as:

- youth groups
- Scottish Women's Rural Institutes (SWRIs)
- Community Councils
- Locality planning groups/forums (Local Authority), and
- voluntary organisations and community groups.

Information about the many community groups that exist within the locality can be found on the internet.

Going out to places where people meet to obtain their feedback can be helpful, particularly where specific representation on the group is lacking. Existing groups that already meet locally could be used e.g. to ask for their opinions on issues relating to health and social care.

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<sup>4</sup> Available at [www.scottishhealthcouncil.org/toolkit.aspx](http://www.scottishhealthcouncil.org/toolkit.aspx)

Establishing links with local high schools and businesses may be beneficial in terms of obtaining feedback and raising the profile of the group. It may also be worth asking local businesses to promote the group on their website.

### **Where to get further support**

In addition to Scottish Health Council advice and support, the group may benefit from a variety of other local sources such as:

- Local NHS Board Patient Focus and Public Involvement lead/team
- Health and Social Care Partnerships, and
- Local Third Sector organisations which includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

Another useful source of information is the National Standards for Community Engagement, produced by the Scottish Community Development Centre. This and related documents can be found at [www.scdc.org.uk/what/national-standards/](http://www.scdc.org.uk/what/national-standards/)

Participation Groups may be able to access funding for special events and activities. To establish whether there are any grants or funding you can apply for, try talking to your local Health and Social Care Partnership or Third Sector Interface. Third Sector Interfaces are funded by the Scottish Government to deliver four core functions:

- Volunteering development (support for volunteers and organisations who support volunteers).
- Social enterprise development (to promote and develop social enterprise locally).
- Supporting and developing a strong Third Sector (support for Third Sector organisations on setting up a charity, training and development, and funding advice).
- Building the relationship with community planning (acting as the conduit and connecting the Third Sector with the implementation of the Single Outcome Agreements and Community Planning Process).

There are currently 32 Third Sector Interfaces – one within each Local Authority area in Scotland. See [www.vascotland.org/find-your-tsi](http://www.vascotland.org/find-your-tsi) for more information on these.

## Section 5. Reflection and evaluation

There is no right or wrong time to reflect on progress made. However, at some point, the group should evaluate its work and its effectiveness for the community, the public and health and social care providers. It can be useful to agree at an early stage when and how this will take place.

The Scottish Health Council has produced a Participation Group development tool<sup>5</sup> which can help and guide the group through an evaluation. The toolkit looks at areas such as involvement, planning, meeting the community need and sharing best practice to establish whether there are areas which need to be improved. It also highlights achievements so far and what the group would like to achieve in the future.

Scottish Health Council local office staff can provide training to help users get the most out of the development tool.

At the outset, some of the issues the group may wish to reflect on are straightforward, and they will have probably been doing them already. Essentially the group should be considering what they have already achieved, what went well, what not so well and what could be improved. Feedback from relevant others outwith the group can be useful in assessing this in a fair and balanced way.

The group should reflect on the members who have been recruited, considering whether they are the right people, whether they are representative of the community, and whether the recruitment process was done correctly and inclusively or could be improved. The main thing is there is a group which can develop or expand on its membership and the diversity of the group as it grows in confidence.

Refreshing the membership of the group can be important so that new perspectives are being heard and to give others the opportunity to get involved. It can be helpful to have an agreed term of membership with that in mind.

Consider whether the terms of reference and working agreement are correct. No group gets it right first time so the group can revisit this at a later stage. It is important that there is a terms of reference/working agreement in place so that people are clear about their roles and the functions of the group. Remember, this may take several meetings to get it right.

At this stage of the process remember to remain positive and recognise what the group has achieved so far due to the efforts of its members. Experience has shown that successful groups develop over time and learn as they progress. It is also worth remembering that what works for one group may not work for another. Even at this early stage if something is not working for the group, put it to one side and move on. This can be revisited later if necessary.

In some cases, the group may feel it has met all of its objectives or that these objectives are best met in other ways. If a decision is taken to end the group, it is worth taking time to celebrate any achievements and to consider other opportunities for group members to get involved in their community if they wish to do so.

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<sup>5</sup> Available at: [www.scottishhealthcouncil.org/PPG\\_development\\_tool.aspx](http://www.scottishhealthcouncil.org/PPG_development_tool.aspx)

## References used

*Informing, engaging and consulting people in developing health and community care services.*

The Scottish Government 2010

[www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)

*A Scottish Health Council report on improving quality through participation*

The Scottish Health Council 2011

[www.scottishhealthcouncil.org/publications/research/improving\\_quality.aspx](http://www.scottishhealthcouncil.org/publications/research/improving_quality.aspx)

VOiCE is planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement.

[www.scdc.org.uk/what/voice/](http://www.scdc.org.uk/what/voice/)

Our Voice is all about engaging the people of Scotland to make health and social care better. Involving people's views in health and social care services is not new. Our Voice aims to make this involvement stronger and to make sure that listening improves services for everyone.

[www.ourvoice.scot](http://www.ourvoice.scot)

The National Standards for Community Engagement are good-practice principles designed to support and inform the process of community engagement, and improve what happens as a result.

Scottish Community Development Centre

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



## **Example terms of reference/working agreement document**

NB: we have combined these two into one document for ease

**NOTE: This document is not prescriptive and sections should be adapted as required.**

### **1. INTRODUCTION**

#### **1.1. Purpose of the document**

The purpose of this document is to set out the scope of the Participation Group and provide guidance on how the group will function.

#### **1.2. Underlying principles of the Participation Group**

The group will promote positive change in health and social care services for the local community by adopting the following key principles:

- openness
- honesty
- transparency
- listening to one another and doing what we say we will
- agreed and consistent ways of giving and receiving feedback
- learning from each other and respecting each other's contributions, and
- joint commitment to ongoing health and social care improvement.

#### **1.3. Scope of the Participation Group**

- Create a group that is representative, equitable and, where possible, covers all sections of the community.
- Discuss and agree action plan. The plan should contribute to decision making and service provision and development.
- Provide feedback, concerns and interest and challenge constructively whenever necessary.
- Assist arranging voluntary groups/support within the community.
- Communicate information about the community that may affect health and social care services.
- Give the community a voice in the delivery of their health and social care services.
- Promote good health and higher levels of health literacy by encouraging and supporting activities within the community and promoting preventative medicine.

- Assist in the provision of secondary health and social care locally.
- Monitor services e.g. hospital discharge.
- Liaise with other groups in the area.
- Be offered the opportunity to be involved with the commissioning of services within community.

Note: The Participation Group is not a channel for raising individual complaints. Also, individual members of the group must not act on behalf of the group, except where agreed by the majority of members.

## **2. ROLES, RESPONSIBILITIES AND CODE OF CONDUCT**

### **2.1. General membership**

- Application to the group will be open to any members of the community.
- The term of membership will be for three years in the first instance.
- Individual members contact details will be stored on a database and will be kept in line with data protection guidelines.
- Any potential conflicts of interests should be declared by members.

### **2.2. Expected outcomes**

- Mutually enhanced health and social care provision.
- Better informed public.
- Improved communication between health and social care services and the community.
- Increased public representation on decision-making bodies for health and social care services.

### **2.3. Selection of chairperson**

- Selection Process: Nominations will be taken and in the event of more than two nominees for the positions then members will blind vote. The chairperson position will be awarded to the nominee with the highest number of votes.
- Term of Office: The length of the term of office to be agreed by the members by democratic process. The group may also ask the chairperson to step down before their term ends where the agreed code of conduct/working agreement has been breached.

### **2.4. Code of conduct**

- It is important that members can contact each other in between meetings. This will be done by providing members with each other's contact details, as agreed by each individual.

- The pace of the discussion/activity should be determined by the group.
- It is recognised that members will be from all walks of life and therefore experiences and subsequent views will be varied across the group. Each member is expected to respect the views of other members, while accepting they may not necessarily agree with these.
- The members need to recognise the importance of fostering an environment where individual members feel confident in expressing their own views, in the knowledge that they will be listened to.
- Informal chatting before and after a meeting is a useful way for members to get to know one another, however, when a meeting is in progress this is deemed unacceptable.
- Members need to appreciate that sometimes, for a variety of reasons, members are not able to actively contribute to discussions. Sometimes people will need to take time out of a meeting and this is acceptable.

### **3. MEETING ARRANGEMENTS**

#### **3.1. Frequency**

- This will be as required and agreed by the Participation Group.

#### **3.2. Duration**

- The meeting will be set for a maximum two-hour period unless otherwise agreed.

#### **3.3. Times**

- As agreed by Participation Group members.

#### **3.4. Venue**

- The meetings will be held at an agreed accessible and cost free venue.

#### **3.5. Agenda**

- The agenda and previous minute should be received two weeks in advance allowing time for the members to receive and read the information.
- Any items to be included in the agenda should be sent to the chairperson and administrator in advance of the agenda being issued.

#### **3.6. Meeting chair arrangements**

- It will be the responsibility of the chairperson to chair the meeting in a responsible and accountable fashion with the interests of the group in mind.
- With the full knowledge of its members, respond to letters and invitations on behalf of the group and sign off on any official correspondence on behalf of the group.

- Liaise with the group administrator to compile agendas and check minutes of meetings before distribution.

### **3.7. Minute/Action points and reports**

- Key points, agreed actions and full names of responsible people will be the agreed approach.
- Minutes will be taken by the person providing administration support to the group.
- Information presented in minutes and reports is expected to be understandable and as far as is possible, jargon free.

## **4. ACCESS TO INFORMATION AND APPROPRIATE USE OF INFORMATION**

- 4.1.** Members will ensure proper use and handling of information e.g. confidentiality, data protection etc. This will be undertaken in accordance with the Data Protection Act 2018.
- 4.2.** The Participation Group needs to support the members with the provision of information and this will include information being available in different formats e.g. websites etc.
- 4.3.** Where information is deemed to be confidential, the chairperson should make this known to the members.

## **5. SUPPORT FOR THE GROUP**

### **5.1. Administrative support**

Administrative support should ideally be provided and this function should:

- be the point of access and focus for communications – this will include access to the members by members of the public
- produce the agreed agenda and minutes
- arrange meetings (venue, refreshments etc)
- process claim forms
- ensure web-based information is maintained and kept up to date
- collect and disseminate information as and when required, and
- attend meetings to take minutes.

### **5.2. Financial support**

- Financial support is to include all administration, publicity development and training costs. All barriers to participation should be removed.

### **5.3. Training and development for group members**

- The Participation Group needs to respond to the identified development needs, which the members may have.

## **6. COMMITMENT TO EQUALITY AND DIVERSITY**

- 6.1.** The Participation Group will encourage representation of people from diverse backgrounds, but where this is not possible strategies will be put in place to support communication and participation through links with established community groups in the community.

## **7. REVIEW OF THIS AGREEMENT**

- 7.1.** The agreement will be a standing agenda item.

### **Sample role and responsibilities of a group member**

This document is designed to help members of the group understand what is expected of them should they choose to become a member. It is important for the members that expectations are clearly set out and are agreed.

#### **Role**

Participation Group members will:

- contribute views and give advice on how to communicate and engage with the community and health and social care services
- have an opportunity to share their opinions on proposed changes
- highlight any health and social care issues/priorities or concerns within the local community that they feel are relevant
- be asked to play a part in any public engagement activities carried out, for example by manning a stall at a local community gala, and
- use their skills to help in the work of the group for example by using their IT skills to help design a poster.

#### **Responsibilities**

Participation Group members will:

- attend meetings (if a member cannot attend a meeting then they should put their apologies into the chair or administrator prior to the meeting)
- play an active part in the group and take on roles such as: chairperson or administrator/note taker
- respect confidentiality
- not use the group as a forum for complaints or to raise personal issues which are not relevant, and
- report back on any tasks that they have undertaken on behalf of the group.

#### **Contact with the media**

If a member is contacted by the media then they should refer them to the Participation Group.

Members should not speak to the media on behalf of the Participation Group without first agreeing this with the rest of the members. Of course members are free to talk

to the press as long as they make it clear that they are expressing their own opinions and not that of the Participation Group.

### **Conflict of interest**

In certain situations members may feel that they have a conflict of interest with the topic being discussed and cannot give an unbiased opinion. In these cases members are expected to raise the conflict and will not be entitled to vote on any decisions to be made.

### **Expenses**

Members may be entitled to out of pocket expense incurred while carrying out tasks on behalf of the Participation Group. The Participation Group will decide when this would be appropriate.

### **Term of membership**

Each member will be asked to sign up to serve a term of 2–3 years on the group. This is to ensure that the community get the opportunity to join the Participation Group. Members who have completed their term will be allowed to apply for an extension if they would like to stay with the group and if no one else has registered an interest.

### **What you'll bring to the Participation Group**

There are a great range of things that members can bring to a group such as:

- enthusiasm
- skills and abilities
- opinions
- experience, and
- ideas.

You will be able to play a part in some of the decisions that are being made by the group. This will help the group to make decisions that are based on the needs of the community and will hopefully ultimately lead to the improvement of services for all.

You will help the group communicate with the community and build a relationship. With your help the group will be able to respond to the wider health and social care needs of the community they serve.



## **Sample Ground Rules**

- **Meetings should start on time, and keep to time, unless under exceptional circumstances.**
- **Clear objectives should be set for each session with clarity on who should attend.**
- **Meetings should be chaired effectively.**
- **Everyone is responsible to adhere to and promote the ground rules.**
- **Everyone's opinions should be heard and respected, but it is acceptable to disagree.**
- **Only interrupt for the purpose of clarification.**
- **Everything discussed during the meeting remains confidential unless agreed otherwise.**
- **If jargon or acronyms are used they should be fully explained.**
- **Everyone is responsible for ensuring the success of the meeting.**
- **Everyone is responsible for removing papers/documents at the end of the meeting, to ensure confidentiality.**
- **Actions should be recapped, recorded and circulated for implementation as soon as possible after the meeting.**
- **Meetings should be evaluated for learning and development.**
- **Mobile phones should be on silent but appropriate use of social media is allowed.**

**ENTER PARTICIPATION GROUP NAME HERE**

**Meeting to be held on xxxxxxxx in xxxxxxxxxxxx  
From xxxxxx am/pm – xxxxxx am/pm**

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**AGENDA**

1. Welcome and apologies
2. Membership of group (1<sup>st</sup> meeting)
3. Terms of Reference/Working Agreement
4. Minutes of previous meeting held on xxxxxx (subsequent meetings)
5. Matters arising
6. SUBJECT 1
7. SUBJECT 2
8. SUBJECT 3
9. SUBJECT 4
10. AOCB
11. Confirm date and time of next meeting



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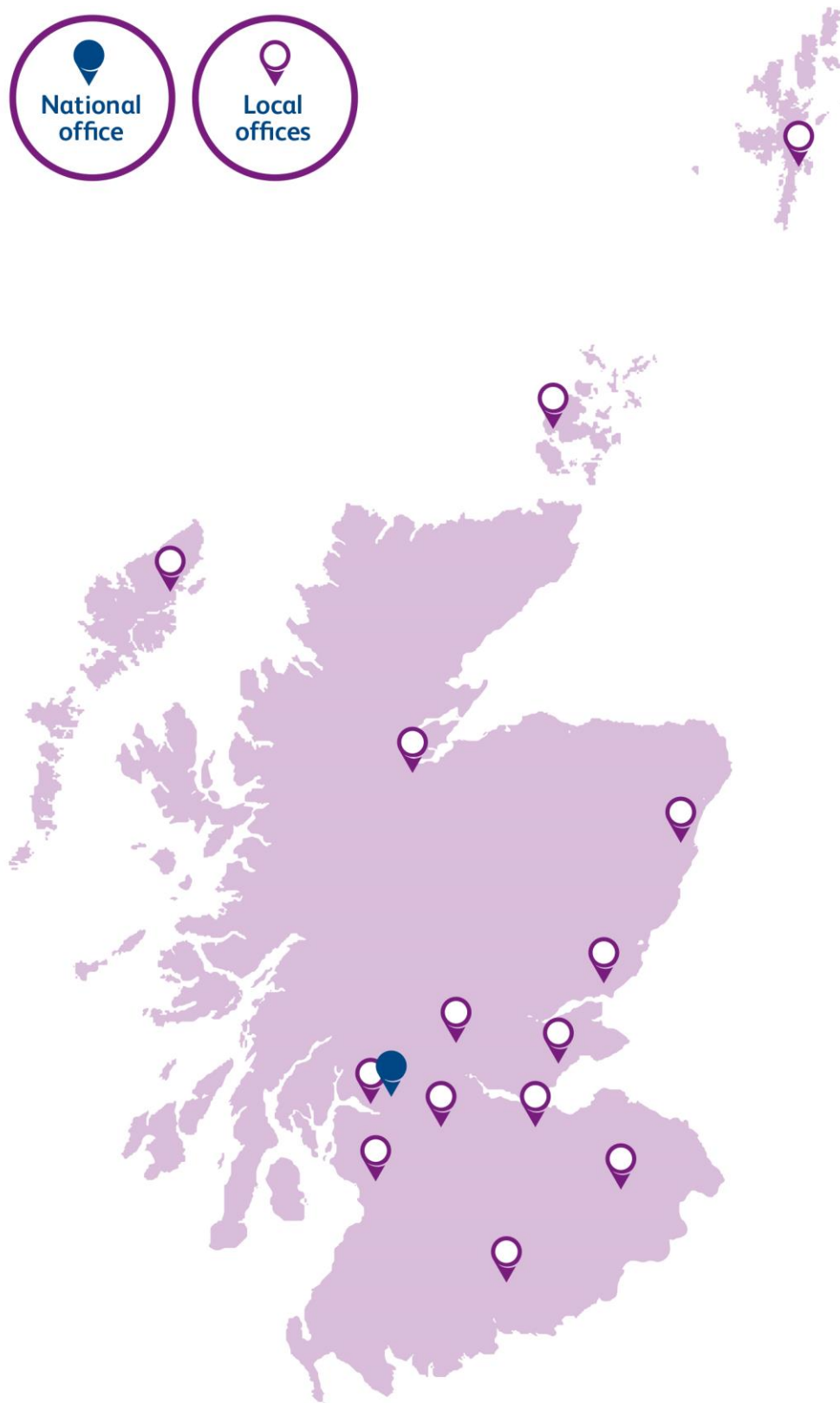
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**Scottish Health Council National Office:** Delta House | 50 West Nile Street | Glasgow | G1 2NP  
**Telephone:** 0141 241 6308 **Email:** [enquiries@scottishhealthcouncil.org](mailto:enquiries@scottishhealthcouncil.org)

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