

Greater Glasgow NHS Board

Board Meeting

20th July 2004

Board Paper No. 04/43

Peter Hamilton, Chair, Involving People Group

Involving People Sub-Committee of the NHS Board

Recommendation:

Members are asked to:

- i. Note the progress made to date by the NHS Greater Glasgow Involving People Group in assembling a sustainable framework to deliver *Patient Focus Public Involvement*;
- ii. Note the future challenges emerging, particularly in respect of the legal duty imposed on the NHS board as a result of the NHS (Scotland) Reform Bill;
- iii. Consider if the Involving People group should be recast as a formal sub-committee of the NHS Board in order to effectively address forthcoming challenges and obligations.

1 Introduction

The vision of a NHS that involves people in all aspects of the design, planning and delivery of healthcare services was first set out in the Scottish Executive's *Our National Health: A Plan for Action, A Plan for Change* (2000). This was followed at the end of 2001 by the strategy *Patient Focus Public Involvement* (PFPI) – the title of which has now been adopted as the name of the entire programme of change management it initiated. The strategy foresaw a NHS that involved people in:

- their own care;
- improving their health services;
- deciding health service priorities, and;
- supporting health and wellbeing.

Patient Focus Public Involvement tasked NHS Boards in Scotland with establishing 'sustainable frameworks' by 31 March 2003.

The means to achieve this in NHS Greater Glasgow were approved by the NHS board on 17th December 2002. The paper approved by the Board (02/84) proposed the creation of a pan-Greater Glasgow Steering Group (subsequently re-named the Involving People Group) wedded to an initial action plan which mixed the establishment of an 'infrastructure' to support the framework plus a range of pilot projects to develop and highlight best practice.

Subsequently, the Involving People Group met for the first time on 28th April 2003.

2 Progress to Date

During its first year, the Involving People Group concentrated on delivering and reviewing the initial PFPI action plan. In broad terms, the action plan tasks related to:

- establishing the basic systems and networks required to support and sustain Greater Glasgow's PFPI framework;
- taking forward the strategic agenda for PFPI, and;
- piloting initiatives to deliver examples of best practice.

Membership of the group is detailed at **Appendix I** and a description of progress with action plan is to be found at **Appendix II**.

The group also played a part in three main consultative processes that took place across Greater Glasgow in 2003/04: consultation on a draft Spiritual Care Policy, major pre-consultation and consultation exercises in respect of the future pattern of Maternity Services and, lastly, initial consultation on the operational boundaries of the proposed Community Health Partnerships.

3 Performance Assessment of PFPI in NHS Greater Glasgow

The Scottish Executive, with the input and support of Greater Glasgow Health Council, carried out an assessment of NHS Greater Glasgow progress towards a sustainable PFPI Framework as part of the annual Performance Assessment Review. This was based on a formal submission by NHS Greater Glasgow, *Empowering the People We Serve*, which addressed national performance measurement criteria. The submission was made on 31st March 2004 and a formal response is to be delivered as part of the annual accountability review meeting to be held on 21 July 2004.

It is understood that NHS Greater Glasgow achieved a very positive rating from its assessment – with the highest score of any geographical NHS Board. 'Considerable' progress is noted in delivering a sustainable framework for Patient Focus and Public Involvement. The Scottish Executive have also indicated that NHS Greater Glasgow should in the next 12 months aim to:

- move further to single-system integration of PFPI, with particular emphasis on sharing best practice and developing Pan-Greater Glasgow strategies and policies;
- move beyond Fair For All in relation to equality and diversity, and;
- consider the role the Involving People Group in developing PFPI.

4 Building a Sustainable Framework: The Challenges

The context of PFPI in NHS Greater Glasgow is to be changed significantly by a range of national and local factors:

- **Single System Working** – the abolition of NHS Trusts presents a series of opportunities and challenges. Chief among these are issues surrounding 'patient/public navigation' around the local NHS landscape. Finding people, services and information should be as easy as possible and ensuring simplicity in organising this in the context of complex services will be a real issue;
- **The Health Reform (Scotland) Bill** – the Bill reached its third stage in the Scottish Parliament on 6th May 2004. Royal Assent was granted in June 2004.

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The Bill completely changes the complexion of PFPI . NHS Boards now have a **duty to take action with a view to securing, as respects services for which they are responsible, that persons to whom those services are being or may be provided are involved in and consulted on – the planning and development, and decisions of the Health Board affecting the operation of those services.** It should be clear to NHS staff that PFPI is an integral part of service delivery. It will be important to ensure that staff are aware of the implications of the Bill and are able to access information on what it means in terms of their own obligations and advice on implementation.

- **Scottish Health Council** – Another consequence of the NHS Reform Bill will be the Scottish Health Council (SHC). The organisation is to be an autonomous component of NHS Quality Improvement Scotland and will operate at the national level and through local offices, each of which is to be steered by a Local Advisory Council.

The SHC will replace existing local health councils, including Greater Glasgow Health Council. The SHC will have a different role from the current health councils – its job will mainly be one of quality assurance, verifying the effectiveness of local PFPI frameworks and setting out actions and improvements as required. In part, this will be achieved through the formal, annual accountability review process but will mainly depend on the day-to-day relationship developed between NHS Boards and local SHC teams and their Council-members.

Local SHC offices will be responsible for carrying out a process of continuous review of NHS Board PFPI frameworks and will direct particular attention to the arrangements for major and/or controversial consultation exercises surrounding service change. It will therefore be vital from late 2004, as the SHC comes into ‘shadow’ existence, for NHS Greater Glasgow to start building links with the new organisation and to prepare services for the cycle of inspection and verification to follow from April 2005 onwards.

There is one other, important issue – the Minister for Health and Community Care has stated that the SHC will not act as the ‘patient’s voice’ in terms of general advocacy and complaints procedures.

Responsibility for ensuring that the views of patients are projected and listened to will fall to NHS Boards. Following the loss of Greater Glasgow Health Council, NHS Greater Glasgow will have to be satisfied that current patient representative and advocacy arrangements are sufficiently organised to achieve this.

In the interim, the Executive has advised NHS Greater Glasgow and the Health Council that Council Members should begin withdrawing from NHS steering groups, fora and sub-committees responsible for shaping or developing health services. The NHS Board are obliged to seek new arrangements or representatives to ensure that patient/public interests are upheld within service planning.

- **New Guidance on Informing, Engaging and Consulting Partners and Stakeholders in Defining Health and Community Care Policies and Services** – the Scottish Executive issued a new draft of its guidance in June 2004 and confirmed that NHS organisations must now begin applying it. It is expected that the guidance will be finalised by October.

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The current draft underpins the duty on NHS Boards to ‘involve and consult’ as specified in the Health Reform Bill and clarifies the role of the Scottish Health Council. The guidance states that NHS organisations *should involve their key stakeholder and partner organisations in proposed policy or service developments, including service change* and goes on to provide detail as to how and when this should be done. Clearly, NHS Greater Glasgow will have to ensure that the guidance is adhered to and that systems of internal training and verification exist to enable this. It will also have to consider if existing structures and practices for consultation and engagement need to be altered or enhanced beyond current plans;

- **Community Health Partnerships** – Consultation on proposals to introduce at least eight Community Health Partnerships (CHPs) to the area served by NHS Greater Glasgow and neighbouring NHS Boards was recently completed and the proposals approved by the NHS Board in April. The national direction is that CHPs should be operational by April 2005. One of the central proposals for the operational management of CHPs is that they should allow the communities they serve to have their say on service delivery and prioritisation through new Public Partnership Forums (PPFs). Each CHP will have a PPF and it can be predicted with certainty that Greater Glasgow’s network of PPFs will become a central component of the NHS Greater Glasgow PFPI framework.

Scottish Executive guidance on the establishment of PPFs is due to emerge later this year. It is understood that this will suggest that each CHP should have a community engagement strategy and that fora might be based around existing local networks if they are appropriate to the task;

- **Budgetary Constraints** – Despite rising investment in NHSScotland, the rate of ‘inflation’ resulting from certain pressures on service delivery is causing NHS Greater Glasgow to ask serious questions about the ways local healthcare is organised. Modernisation of the way we deliver services is inevitable. It is worth emphasising that in some of the issues that may arise around modernisation, ‘engagement’, rather than ‘consultation’, may be the most appropriate form of PFPI;
- **Major Service Change and Development** – In addition to what may arise from the preceding factor, NHS Greater Glasgow anyway had in place long-term plans for the modernisation of adult acute hospital services, mental healthcare and maternity services.

The Acute Services Community Engagement Team will take a lead role in establishing new networks and practices in ensuring local stakeholders can influence new buildings and services. The approaches pioneered by the team are likely to further strengthen the NHS Greater Glasgow PFPI framework and will ultimately be relevant to the full range of local healthcare services.

5 An Involving People Committee

Over the last two and more years, the NHS in Scotland has been given space to develop frameworks for PFPI and begin to adjust to the ‘cultural’ changes it will bring. The coming of the NHS Reform Bill and the Scottish Health Council signals that these preliminaries are over with and it is time now to make sure systems are in place and that they work.

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Up to this point, the NHS Greater Glasgow Involving People Group has been engaged in both the planning and the 'doing' of PFPI. The nature of the group's role will have to change to reflect the new realities. Broadly, it will be important to ensure that the *governance* of PFPI is undertaken; in much the same way as clinical and ethical governance is undertaken. It is also important to ensure that PFPI is not seen as 'something the Involving People Group does'; it is a process of organisational development which applies to all of NHS Greater Glasgow.

Adoption of best practice in PFPI will be the responsibility of the managers and clinicians who deliver services and the Board must have the means to determine to what extent and how well this is happening in advance of Scottish Health Council audit and verification.

It is therefore proposed that the current Involving People Group be reconfigured as a formal Sub-Committee of the NHS Board in order to discharge the function of governance. Its proposed remit and responsibilities are as follows:

Remit

To ensure that NHS Greater Glasgow discharges its legal obligations to involve, engage and consult patients, the public and communities in the planning and development of services and in decision-making about the future pattern of services.

Responsibilities

- 1. To ensure the mainstream integration of the principles of Patient Focus and Public Involvement in planning, delivering and sustaining services.*
- 2. To scrutinise NHS Greater Glasgow services on a continuous basis to ensure implementation of best practice in achieving Patient Focus and Public Involvement.*
- 3. Leading the development of a sustainable NHS Greater Glasgow Involving People Framework and ensuring that it is delivered via approved strategies and action plans across the totality of service provision.*
- 4. Encouraging and promoting the skills required deliver effective Patient Focus Public Involvement among NHS Staff and patient and local community representatives.*
- 5. To ensure that delivery of Patient Focus Public Involvement across NHS Greater Glasgow is co-ordinated, consistent and linked to the work of partner organisations, including Community Planning structures.*
- 6. Reviewing, interpreting and supporting the implementation of national Patient Focus and Public Involvement objectives and priorities at the local level.*
- 7. Driving the development, introduction and maintenance of corporate initiatives and structures to support the effective delivery of Patient Focus and Public Involvement.*
- 8. Promoting dialogue with patients and public regarding progress with Patient Focus and Public Involvement.*

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9. *Linking with the new Scottish Health Council and supporting NHS Greater Glasgow's day-to-day relationship with its officers and advisory council members.*
10. *Facilitating continuous and formal annual accountability and quality assurance reviews as part of the accountability review process.*
11. *Ensuring the NHS Board is kept fully informed on progress in mainstreaming and delivering PFPI, in part by formally reporting to the Board on a quarterly basis.*

6 Membership of the Committee

Given the change of remit and responsibilities, consideration will have to be given to the balance of the membership of the committee. Non-Executive Members of the Board may have a greater role to play in discharging strategic decision-making and governance but should not be expected to be immersed in the detail of service delivery.

Some thought will have to be given to the degree that day to day management of integrating PFPI with NHS Greater Glasgow's services should be divorced from the functions of the proposed committee and how this will be achieved.

7 Conclusion

Board Members are asked to reflect on the work of the Involving People Group thus far and to consider the proposals in order to change its status, role and responsibilities, in the context of emerging national and local factors.

Peter Hamilton
28th June 2004

Appendix 1

Current Membership of the NHS Greater Glasgow Involving People Group

	Name	Job Title	Location
1	Peter Hamilton (Chair)	Member	NHS Board
2	John Bannon	Member	NHS Board
3	Gavin Barclay	Head of Administration	South Division
4	Pat Bryson	Convenor	Greater Glasgow Health Council
5	Elsbeth Campbell	Head of Communications	Primary Care Division
6	Margaret Campbell	ACAD Co-ordinator	North Division
7	Andy Crawford		Primary Care Division
8	Roslyn Crocket	Director of Nursing	NHS Board/Primary Care Division
9	Marjorie Gillies	Patient Services Co-ordinator	Yorkhill Division
10	Bill Goudie	Employee Director	NHS Board
11	Maureen Henderson	Director of Nursing	South Division
12	Trevor Lakey	Health Promotion Manager	NHS Board
13	Niall McGrogan	Head of Community Engagement	NHS Board
14	Ally McLaws	Director of Corporate Communications	NHS Board
15	Helen McNeil	Head of Strategy	Glasgow Council for Voluntary Services
16	Sandra Moir	Head of Communications	North Division
17	Ravinder Kaur Nijjar	Member	NHS Board
18	Doug Ross	Press Officer	South Division
19	Margaret Smith	Director of Nursing	North Division
20	Andrea Thompson (Support)	Press Officer	North Division
21	Ryan Taylor	Communications Manager	Yorkhill Division
22	Brenda Townsend	Director of Nursing	Yorkhill Division
23	Margaret Tweedie	Quality Manager	South Division
24	Graeme Waller (Observer)	Involving People Team Co-ordinator	Scottish Executive
25	Jim Whyteside (Support)	Public Affairs Manager	NHS Board

Appendix II

NHS Greater Glasgow Involving People Action Plan 2003 – 04: Progress

Ref. No.	Objective	Position as at 31 st March 2004
1.1	Set up Involving People Committee (originally the PI Management Committee)	Achieved by 28 th April 2003.
1.2	Establish a database of public involvement activity, expertise, experience and information which will form the basis of the Involving People Website	<p>The Involving People Database went 'live' in May 2003. It includes an expanded list of contacts drawn from different sources:</p> <ul style="list-style-type: none"> • Members of the public who have written or e-mailed to asked to be included in future PFPI activity • Lists of community and health related organisations • Voluntary sector organisations • Additionally, the GCVS is circulating PFPI related information on our behalf around their contacts <p>The number of contacts on the list is now beyond 2000 and it continues to grow. It has been used in recent consultation and was instrumental in bringing a diverse range of people, beyond the 'usual suspects', to our Open Space AGM in October 2003. Entries relating to PFPI activity around NHS Greater Glasgow, including names of contacts with 'expertise', have been assembled as part of a mapping exercise completed at the end of 2003. The material will be placed online, with work currently ongoing to agree a common terminology and conventions for data-entry plus a dedicated search engine that will allow web-users to search for and retrieve different types of information. It is anticipated that the web facility will be up and running by summer 2004.</p>
1.3	Develop a joint Patient Focus Public Involvement Strategy for NHS Greater Glasgow	<p>A sub-group of the Involving People Group was established from 1st October 2003 to determine the way forward on creating a pan-Greater Glasgow PFPI Strategy to move on from the existing, separate Trust strategies and plans.</p> <p>The sub-group agreed that the approach would be:</p> <ul style="list-style-type: none"> • Inclusive and achieved by consensus– shaped by service users and partners as far as possible • Built on the best elements of existing strategies, so as to avoid 're-inventing wheels'
1.3	Develop a joint Patient Focus Public Involvement Strategy for NHS Greater Glasgow (continued)	<ul style="list-style-type: none"> • Addressed directly at emerging national priorities and structures <p>It is planned to initiate the strategy development process at an event later this year. This will involve up to 250 people, half representing patient, public, community, voluntary and partner interests and the rest the NHS, of whom at least a third are to be clinicians.</p>
1.4	Design and implement PFPI training for NHS Greater Glasgow	<p>The initial action delivered was to register 40 staff to participate in a Scottish Executive HNC course in Public Involvement as delivered by Dumfries and Galloway Health Council. The 30 plus staff and patient representatives who completed the course in the last few weeks will be invited to meet with the Involving people Group to assess the usefulness of the course and to discuss how their new knowledge might be used to the benefit of patients.</p>

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		Individual NHS Trusts have been revising their training and induction programmes to ensure PFPI is incorporated and given due prominence. Detail on these initiatives is contained in the criteria-based submission that follows. The Involving People group will place training on its 2004/05 agenda to consider strategic and system-wide implications of training needs. Their deliberations will be informed by the outcome of the national training needs analysis.
1.5	Create a Public Involvement Development Fund	<p>£20,000 of NHS Greater Glasgow Endowment Funding was allocated in 2004/05 to create a 'Patient Advocacy Fund' to provide a source of small grants to support groups that are trying to act as the 'patient's voice'. A number of successful applications to the fund and have been publicised as a means of promoting the scheme in <i>Health News</i>. GCVS has also kindly promoted the scheme to its full membership.</p> <p>Originally it was planned to create a wider fund which would accessible to NHS departments and teams in order to pioneer new or unfamiliar approaches to PFPI, unfortunately, this scheme is on hold for the time being due to budgetary pressures.</p>
1.6	Formal launch of Involving People Network	<p>The original view taken by the Involving People Group was that the 'new' approach to PFPI should not be launched until tangible change and development was in place. Consequently, a formal launch will not occur until the process to creating a new pan-Greater Glasgow strategy is under way (see 1.3 on previous pages). However, early preparatory announcements have been made through the NHS Greater Glasgow website, <i>Health News</i> and letters to Involving People contacts.</p>
1.7	PFPI 'Scoping Research'	<p>This piece of qualitative research was commissioned in April 2003 and is now completed. It was designed to range across small, representative groups of patients, public, 'usual suspects', elected representatives, people with special needs and a newspaper editor to determine:</p> <ul style="list-style-type: none"> • How people would like to be engaged and involved by NHS Greater Glasgow • What 'good' patient/public involvement actually is <p>Delay in commissioning completing the work resulted from local divisional processes following on from ethics approval— it is clear that existing procedures are not designed to deal with surveys aimed at gathering opinion as opposed to clinical data. The Involving People Group will have to devote attention to this in the coming year, given the fact that the procedures could de-rail attempts to introduce regular use of surveys of patient satisfaction and their service needs.</p> <p>The outcome of the research will now be fed into the process of developing a pan-Greater Glasgow PFPI strategy and protocols/ guidelines.</p>
2.1	Develop systems of joint-agency management of large-scale PFPI activities	<p>Early achievements have been made by NHS Board Planning and Community Care staff, working in partnership with Local Authority colleagues. This relates to patient involvement in development of Joint Futures strategies – details are included in the following criteria-based submission.</p>

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		<p>Additionally, NHS Greater Glasgow is integral within local Community Planning structures and initial development is underway in West and East Dunbartonshire particularly on joint communications/engagement activity.</p>
2.2	<p>Identify methods of making public involvement activities more effective in Greater Glasgow, inclusive of new panels and consultative bodies</p>	<p>From the summer of 2003, contact was made with interested members of the public and 'lay advisors' from the existing NHS complaints system to determine willingness to join a new pan-Greater Glasgow consultative/advisory group.</p> <p>Over 40 people have confirmed their willingness to participate and steps will be taken to assemble and launch the group, with the potential of one or more representatives also serving on the Involving People Group itself. The new forum is likely to be asked to consider the PFPI aspects of service prioritisation, the introduction of Community Health Partnerships and progress towards a framework and strategy. It will also provide a useful point off which to 'bounce' options for future consultation activity and presentation of information to the public. It is hoped to initiate the new forum from late spring 2004.</p> <p>Additionally, The Involving People Group has been reviewing the process behind the recently ended consultation on the future of Maternity Services and this will be formalised as part of the coming year's workload and lessons for the future will be drawn out.</p> <p>The NHS Greater Glasgow AGM was staged at the Glasgow Royal Concert Hall on 23rd October 2003. A new format was introduced which used open space techniques, A range of display stands covering national and Local Health Plan priorities were set up. These allowed the public to chat informally to staff and obtain information to a level which suited them individually. In addition to this, the Chairman and Chief executive of the NHS Board hosted a 'traditional' Q & A session. The level of interest and public receptiveness to the approach was such that the NHS Board will be revising its future arrangements for Board Meetings and will try out alternate formats and locations, inclusive of at least two meetings a year adopting the style used at the AGM.</p>
2.3	<p>Examine the feasibility of establishing a local performance assessment forum with user involvement</p>	<p>Some initial work was done on seeking local PFPI performance criteria as part of the 'scoping research' (see 1.7 on previous page). Most effort will now be devoted to working alongside the local office of the new Scottish Health Council which will have a specific remit to measure and assess PFPI performance.</p>
2.4	<p>Design a long-term 'de-jargoning plan' for NHS Greater Glasgow</p>	<p>Following agreement with the Acute Hospitals Modernisation Executive Team, the Involving People Group has initiated a pilot programme in respect of the two new Ambulatory Care Hospitals to be constructed by 2007 at the Victoria Infirmary and Stobhill Hospital. An advisory team drawn from staff, patient, community and Royal College representatives will be formed to find, describe and apply the best practice in patient navigation, information, service titles and signage formats to the new hospitals from the beginning of the construction phase.</p> <p>The project will be led by a Community Engagement Manager from the Acute Services Community Engagement Team.</p>

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		<p>If successful, the pilots will be used to shape practice across the rest of NHS Greater Glasgow, especially in respect of new acute hospitals provision.</p> <p>The timing of the project was determined by the bidding and final business case processes for the new ambulatory care hospitals.</p>
2.5	Review NHS Greater Glasgow PFPI Action Plan	The Involving People Group will consider the elements required to update the action plan.