Public Partnership Forums and Public Involvement in Edinburgh
July 2012

In June 2012 a meeting in Waverley Gate was held to discuss initial ideas concerning the current context, challenges and opportunities for the Edinburgh Public Partnership Forums (PPFs) and wider public involvement.

Those present were as follows
- Irene Garden  Chair, North Edinburgh PPF
- Jim Kendall   Chair, South Edinburgh PPF
- Rhona Dubery  Public Involvement Manager, Scottish Government
- Mary Kenyon   Area Manager, Scottish Health Council
- Susan Austin  Local Officer, Scottish Health Council
- Stuart Wilson Director of Communications, NHS Lothian
- Sarah Sinclair Public Involvement Lead (Strategic), NHS Lothian (Chair)
- Lesley Boyd   Health Inequalities Manager, NHS Lothian
- David White  Assistant General Manager, Edinburgh CHP
- Lesley Baxter Public Involvement Coordinator, Edinburgh CHP

The reasons for the meeting were outlined as follows.
- Edinburgh Community Health Partnership (ECHP) and NHS Lothian - changes to personnel
- Integration of Health and Social Care (National Consultation to September 2012)
- Widening and strengthening public involvement across the city - with partners
- Possible impact on current PPF arrangements

Edinburgh PPFs - statistics and facts
- The NEPPF membership currently totals 52 however the average attendance at meetings in 2011 was 16 which relied mainly on consistent, regular attendance by a small number of committed members.
- The SEPPF has a total of 25 members with 16 steering group members and 9 community members. On average, in 2011, the attendance at meetings was 12.
- During 2011 an average of 6 NHS staff attended both the NEPPF and the SEPPF meetings which were held on the same week, two days apart.
- The Edinburgh population is 475,000.

Current attendance on ECHP and NHS Lothian groups and committees on behalf of PPFs
- NEPPF = 8 members
- SEPPF = 5 members

Roles of a PPF from the 2004 CHP Statutory Guidance
- Inform local people about the range and location of services and information for which the CHP is responsible
- Engage local users of service, carers and the public in discussion about how to improve local health services and health improvement
- Support wider public involvement in planning and decision-making about services that are delivered locally.

The statutory guidance stated that “it was envisaged that the PPF would be a network of existing local user and carer groups, voluntary organisations, interested individuals and others with the key role of considering and informing the CHP on specific issues”. It was suggested that the two Edinburgh PPFs had realised this ambition to an extent. However, the guidance further stated that PPFs “should be
tied in to the public involvement structures and processes already in place...as well as community planning”. This had not been achieved to the same extent.

Challenges - strategic
The challenges at a strategic and Lothian wide level following the retirement of Sarah Sinclair, Public Involvement Lead (Strategic), NHS Lothian and Pat Dawson, Associate Nurse Director, NHS Lothian (PFPI lead role) were discussed and included:
- The Participation Database (responsibility for maintenance and development)
- Reporting structures (e.g. Scottish Health Council)
- Responsibility for service and area wide consultations and involvement projects

Discussion points

Challenges with the current PPF model

Membership
- The current Edinburgh PPF model is very similar to the previous structure of the old Health Councils across each Board area that had a membership of about 20 people. While they were set up to represent the voice of the people it was eventually realised that involvement had to be widened.
- Both PPF members and ECHP staff have expressed concern about the difficulties faced by groups such as the PPFs in attracting a wide range of people to meetings especially from ‘harder to reach’ groups. The inclusiveness of such groups, including the PPFs, therefore needs to be considered. It is recognised that ‘harder to reach’ groups are engaged by the ECHP and NHS Lothian on an ongoing basis out with the PPF structure using appropriate methods.
- The six Edinburgh joint equality forums were revised following the Equality Act 2010 which identified ‘protected characteristics’ to recognise the complexity of issues which may lead to inequality of experience, access and outcomes. Ensuring there was better representation of people with protected characteristics had led to the formation of the city wide ‘virtual’ Edinburgh Equalities Network. Various methods need to continue to be employed to ensure that anyone who wants to be involved can be involved. The regular monitoring of participation across protected characteristics and harder to reach groups can help to identify which groups are not represented or are under represented and work can be targeted to address this.

Engagement of PPF members
- A small number of PPF members also sit on ECHP and NHS Lothian groups and committees however most members do not engage out with the meetings. The actions are carried out by the ECHP Public Involvement Coordinator (PIC).
- It has sometimes been convenient for some parts of the NHS to say that the public has been ‘consulted’ or ‘engaged’ by simply involving the PPFs, when in practice, numbers consulted are small.
- It is recognised that an important and essential distinction must be made between the whole range of public involvement activities that takes place on an ongoing basis across the city and the two monthly North and South Edinburgh Public Partnership Forum meetings. It has become apparent that all this public involvement activity often tends to be referred to as the work of the PPFs which can be misleading.
ECHP staff resources

- The current model is not making best use of public involvement staff.
- Both North and South Edinburgh PPFs are involved in many of the same city wide projects but staff are attending two meetings, two days apart, to talk about the same projects (for much of the meeting). This is also the case for speakers who attend two meetings to talk about the same topic to a limited audience.

Wider public involvement issues

- The scope of public involvement needs to be more focused and targeted.
- More emphasis needs to be placed on involving those people who have personal experience of a service in service improvements, planning and developments.
- It is relatively unusual for people to have a general interest in the health service in the widest sense and it has not been possible to attract a wide body of people who want to engage with a generality of issues.
- Most people are interested in specific services that are important to their health or the health of their family or services they have personal experience of. Only a small proportion of the public wants to be engaged, consulted or involved at any given time.
- All public sector agencies are grappling with the requirement to involve the public and it would be helpful to consider this issue in the context of multiagency working.
- Engagement in health issues can sometimes be a reaction to a perception of poor quality of service.

Communication

- What people most need and want to know about the health service are generally cited as relatively straightforward, simple issues such as accessing services, waiting times, accessing care at home, etc. Work is ongoing to develop information resources however a more extensive network would allow information to be disseminated to a wider audience.
- Various methods of communication must be used and advances in technology and communication aids that are now widely and economically available need to be considered.
- How, where and at what point people access information needs to be considered.
- GP practices are not always the only place to disseminate information as it is not the first port of call for many people seeking health information, especially people from ethnic minority communities. Partnerships should be developed with community health projects, health flats and other voluntary organisations and neighbourhood centres, for example libraries to help to disseminate information.
- It was felt that positive, good news stories should be more widely shared with the public to help to combat occasional negative media reports.
- Every public sector body is trying to communicate with the public so future joint communication should be something to aspire to.

Policy issues to consider

There are several policy issues to consider as well as the Integration of Adult Health and Social Care.

- Community Empowerment and Renewal Bill (to include an overarching power / duty for the public sector to engage people)
- Patients Rights (Scotland) Act which includes Patients Charter of Rights and Responsibilities (to be issued October 2012)
12 week waiting time guarantee from October 2012

- National Standards for Community Engagement
- Possible constitutional change

The next steps

It was agreed that the Public Partnership Forums in their current format have found themselves in a similar position to the previous Health Council structures and Edinburgh’s joint equality forums. In short, a committed group of people making a valued contribution but not able to effectively represent a broad spectrum of the population.

All agreed that it was necessary to continue with, and to support, the engagement work of both the wider public involvement network and the whole range of public involvement activities that takes place on an ongoing basis across the city however, the PPF meeting structure needed to be reconsidered.

Developing the Public Partnership Forum into an expanded network would also fit well with the integration agenda by providing more opportunities for partnership working within Health and Social Care engagement mechanisms.

It was agreed that there would be a joint meeting with North and South PPFs to share the thinking to date and the way forward.
Example of a strengthened Public Partnership Forum ‘Network’ model

This document has outlined some of the reasons why there is a need to reconsider the current structure of the Edinburgh Public Partnership Forums.

The following provides one example of how a strengthened and widened PPF could work more effectively and more inclusively with existing networks. Community Health Initiatives are only one example of an existing network but there are many more.

Involving and engaging with Community Health Initiatives

- There are a large number of local and city wide Community Health Initiatives (CHI) across Edinburgh and many of them are located in some of the most deprived areas.
- CHIs use a community development approach to involve their service users in public involvement activities such as surveys, focus groups, events, etc and they also have well established communication networks.
- The Health Inequalities Standing Group paper (2010) identifies activities and long and medium term outcomes that the City of Edinburgh Council and NHS Lothian would like to see achieved from CHI funding. One of these is to “support local people to engage in consultations on, or involvement with, statutory services (including redesign etc)”...“so that people who experience inequality influence wider decision making processes”. This model of working would support this activity and outcome.
- Working in partnership with the CHIs on engagement and involvement initiatives would allow information to be shared with service providers, where appropriate.
- The Public Involvement Coordinator will use a partnership approach to public involvement with the (CHI) Strategic Development Manager and the CHI forum to support the development of this process.

This ordered, bottom-up approach is only one example of how involving existing networks, organisations and groups could create a stronger, more inclusive Public Partnership network.

It would

- increase information and communication opportunities
- increase the engagement of under represented people
- help to address inequality and build social capital

Appendix 1 shows some of the other existing structures in Edinburgh which illustrates the potential for this model.

Mechanisms would be used to ensure that individual members of the public could continue to communicate and engage with the ECHP.
## Appendix 1

### Public Involvement in Edinburgh – networks, partners, methods

(There is no specific section for ‘Individuals’ as individual members of the public can be involved in almost every section)

<table>
<thead>
<tr>
<th>Inform Health Services</th>
<th>Engage / Consult Health Services</th>
<th>Involve (in decision making) Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHSL Website</strong></td>
<td></td>
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</tr>
<tr>
<td>• ‘Get Involved’ pages</td>
<td>Managed Clinical Networks</td>
<td>Support short / long term working groups involving service users with experience of service.</td>
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</tr>
<tr>
<td>• Circulate information</td>
<td>• Engage through networks and at events</td>
<td></td>
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<tr>
<td><strong>Patient groups and Forums</strong></td>
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<td>Support short / long term working groups involving service users with experience of service.</td>
</tr>
<tr>
<td>• Circulate information</td>
<td>• Engage with groups and forums</td>
<td></td>
</tr>
<tr>
<td><strong>Participation Database</strong></td>
<td>e-Participation Portal</td>
<td>Could support wider discussion / involvement in decision making?</td>
</tr>
<tr>
<td>e-Participation Portal</td>
<td>• To inform and feedback to public</td>
<td></td>
</tr>
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<td>e-Participation Portal</td>
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</tr>
<tr>
<td>Public Newspaper – Health Link</td>
<td>• Discussion forum – two way</td>
<td></td>
</tr>
<tr>
<td><strong>Information Bulletin</strong></td>
<td>• Consultation forum – two way</td>
<td></td>
</tr>
<tr>
<td>• Information about events, training, consultations, funding etc. (approx 18 pages every 8-10 weeks)</td>
<td></td>
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<tr>
<td><strong>NHS Lothian staff / Networks</strong></td>
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</tr>
<tr>
<td>• Health Promotion</td>
<td>• Able to engage with service users</td>
<td>Able to support service users to be involved in service redesign, service improvement, etc</td>
</tr>
<tr>
<td>• Public Health Practitioners</td>
<td>• Able to engage with service providers</td>
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<tr>
<td>• Community Flats</td>
<td>• Able to engage with local communities</td>
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<tr>
<td><strong>Projects</strong></td>
<td>Projects</td>
<td>Projects</td>
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<tr>
<td>REH, Lanfine, West End Medical Practice, Royal Victoria, Chalmers Clinic</td>
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<tr>
<td>• Information provided to local community in various ways</td>
<td>• Service users / local communities / stakeholders / engaged and consulted throughout the project</td>
<td>Service users / local communities / stakeholders / involved throughout these larger projects</td>
</tr>
<tr>
<td>Inform</td>
<td>Engage / Consult</td>
<td>Involve (in decision making)</td>
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<tr>
<td>City of Edinburgh Council Community Planning</td>
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</tr>
</tbody>
</table>
| Neighbourhood Partnership website  
  - Post information (Health page?) | NP website and social media  
  - Facebook  
  - Twitter | Could support short / long term involvement of staff and service users with experience of services? |
| Neighbourhood Partnerships  
  - Circulate information through networks | Neighbourhood Partnerships  
  - Health sub groups meetings / events  
  - Community engagement events  
  - Health sub groups priorities  
  - Community engagement carried out  
  - Annual joint city wide workshop | Could support short / long term involvement of staff and service users with experience of services? |
| Community Councils  
  - Circulate information through networks  
  - Websites | Community Councils  
  - Community engagement carried out | Could support short / long term involvement of staff and service users with experience of services? |
| Neighbourhood Partnerships  
  - Circulate information through networks | Neighbourhood Partnerships  
  - Consultations and engagement ongoing.  
  - Learn from / link with community interest bank | Could support short / long term involvement of staff and service users with experience of services? |
| Edinburgh Equalities Network  
  - Wide communication network | Edinburgh Equalities Network  
  - Consultations and engagement ongoing.  
  - Learn from / link with community interest bank | Could support short / long term involvement of staff and service users with experience of services? |
| Services for Communities  
  - Joint communication plan (with health)  
  - Utilise their Facebook and Twitter | Services for Communities  
  - Community engagement carried out | Could support short / long term involvement of staff and service users with experience of services? |
| Housing Department  
  - Housing officers work directly with tenants and can ensure information is shared (often those most in need of information, services, etc) | Housing Department  
  - Housing officers work directly with tenants including Gypsy Travellers on Council run sites (often those most in need of information, services, etc) – can engage and involve tenants | Could support short / long term involvement of staff and service users with experience of services? |
| Libraries / Community Centres  
  - For circulation and distribution of information | Libraries / Community Centres  
  - Support engagement projects (surveys, comment cards, etc) | Could support short / long term involvement of staff and service users with experience of services? |
| Public notice boards  
  - Information provision | | Could support short / long term involvement of staff and service users with experience of services? |
<table>
<thead>
<tr>
<th>Inform Third Sector</th>
<th>Engage / Consult Third Sector</th>
<th>Involve in decision making) Third Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EVOC</strong></td>
<td>EVOC Support and coordinate stronger engagement with third sector organisations?</td>
<td>Could support short / long term involvement of voluntary sector staff and service users with experience of services.</td>
</tr>
<tr>
<td>• Circulate information</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Voluntary Sector Forums (VSF)</strong></td>
<td>Voluntary Sector Forums Support and coordinate stronger engagement with people who access their services?</td>
<td>Could support short / long term involvement of voluntary sector staff and service users with experience of services.</td>
</tr>
<tr>
<td>• EVOC works directly with VSFs. Sub groups of Neighbourhood Partnerships they facilitate communication and planning among voluntary organisations in local areas.</td>
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<tr>
<td><strong>Community events</strong></td>
<td>Community events Galas, festivals, action days, community days and Mela</td>
<td>Could support short / long term involvement of staff and community?</td>
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<tr>
<td><strong>Voluntary Organisations</strong></td>
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<td>• Wide and varied communication networks with service users and members across the city</td>
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<tr>
<td><strong>Faith Groups</strong></td>
<td>Faith Groups Support and coordinate stronger engagement with faith groups</td>
<td>Could support short / long term involvement of staff and community?</td>
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<tr>
<td>• Wide and varied communication networks with service users and members across the city</td>
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<tr>
<td><strong>Specialist voluntary organisations</strong></td>
<td>Specialist voluntary organisations Support and coordinate stronger engagement with specialist voluntary organisations</td>
<td>Could support short / long term involvement of staff and community?</td>
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<td>• Wide and varied communication networks with service users and members across the city</td>
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<td><strong>Community Health Initiatives</strong></td>
<td>Community Health Initiatives Able to support and engage with people who access their services</td>
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