



The Scottish Parliament
Pàrlamaid na h-Alba

Pam Whittle CBE
Chair
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Health and Sport Committee

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Dear Ms Whittle,

SHC Review

I refer to your recent appearance before the Health and Sport Committee during which the focus was mainly on the role of the Scottish Health Council (SHC) and in supporting NHS boards to carry out their statutory duty to involve patients and the public in the planning and delivery of NHS services. The original purpose of the SHC when established in 2005 was, we note, to promote Patient Focus and Public Involvement in the NHS in Scotland.

Having considered the session on 24 January and other material available to them the Committee has asked me to write with their thoughts and views to inform the review you are currently undertaking internally. Copies of this letter have been sent to Health Improvement Scotland, as your parent body and to the Cabinet Secretary, given the government's role with the SHC.

As a Committee we recognise there is a difficult balance to be achieved between supporting Boards through proposal processes and assisting patients to have their voices heard and considered at a relevant juncture. While we recognise difficult decisions are required over the way future health services require to be provided it is essential the voice of the people is heard before irrevocable decisions are enacted. Fundamentally the earlier patients and others are involved in how health and social care services are designed and delivered as well as in service redesign proposals, and the more informed they are the more acceptable the eventual outcome will be.

We have noted the three key questions you indicated you are considering and this response largely addresses those areas. We have changed the order in which we respond.

Views on the operational independence/impartiality of the SHC

We are clear the SHC does not in its current guise present itself as a body independent of Government. This view is based on three aspects: funding, which is wholly supplied by Healthcare Improvement Scotland (HIS) itself a body funded directly by the Scottish Government, appointment of board members and the fact that as a committee of HIS the relationship, independence and governance is neither clear, nor visible to the public. The SHC does not function as a 'health body', but as only a committee of such a body. Most importantly the perception of the SHC is not that of an independent body. Its function is not clear to the public or to health boards.

We were struck by the absence of diversity on the Board and disappointed to learn the Board consists mainly of persons with a strong public service background. Given you state the role of the SHC is to "promote improvements in the quality and extent of public involvement in the NHS in Scotland" we would expect to see a wider balance in membership. We also expect to find on the board of such a body, people with a background in consumer protection and public engagement.

We wonder why, for a body of the size of the SHC, it is necessary to have a board of 8 members.

Thank you for the further information around appointment procedures for the 5 board members not appointed by the Scottish Government. We recognise these are HIS appointments following an open process. It is our view the involvement of HIS risks compromising the perception of independence. Equally we appreciate there is a process to be followed, however as the outcome is not producing a balanced, diverse and representative Board we expect the process shortcomings to be addressed.

We consider the Scottish Government should not be directly involved in recruitment or appointment of any board members.

Given the limited engagement we have undertaken we have no comment in relation to current impartiality, but going forward we would expect the SHC to be seen and recognised as being independent of government and health boards and this should be a key performance indicator measured and reported annually. To use SHC current aims, such evaluation should also assess the extent to which those engaged, or could have been engaged on processes in which SHC are involved consider they have been listened to and respected, with their views and experiences valued and involved.

We were surprised to learn the SHC has not been reviewed since at least 2011 and would expect this to become an annual exercise conducted independently, along with the production of annual performance reports with the results made publicly available.

We also express surprise that the current review appears to be one being undertaken largely internally by the SHC with little opportunity for the public (your stakeholders) to input their views, excepting a small number of invitees 'members of the public with varying previous experience of the Scottish Health Council'. There is

no mention of the review on your website, or of an open opportunity for interested people to submit their views. We wonder for example why there appears to have been no input sought from your citizen panel database. This is exactly the sort of criticism being directed at Health Board consultations and is all the more disappointing given the SHC role, as set out in your briefing, is primarily to provide community engagement and support. We expect this to be rectified before the review finally completes and recognise that will require further extension of the period.

Role of the SHC in supporting people and systems in shaping service design for health and care services.

This was an area directly addressed in your written briefing in which you indicate your engagement with NHS Boards. It was also an area covered by questioning on 24 January particularly in relation to proposals for service change. It is clear to us you see your role as an advisory one to Boards and only to Boards. What appears to be lacking is any formal role or direct engagement with patients and the public who may be impacted by proposed changes.

We are of the view there is a clear need for assistance to be provided to the public (people) in both understanding and responding to such change proposals. From all the information we have received it is clear the public have concerns about the propriety of such proposals with many concerned consultation is little more than a meaningless process to be completed as part of the pathway to closure or change. Boards are perceived to have decided upon the outcome before embarking upon consultation or engagement and this is colouring the view of those who may wish to advocate for alternative arrangements. We are not necessarily suggesting a full advocacy role on behalf of respondents if there is a way to provide meaningful support in understanding and responding to change proposals.

Further, if the unique aspect of the SHC is to provide support to health boards to fully integrate and embed public involvement in the planning and reconfiguring of health services, then more focus on this aspect of the SHC's work is clearly required, given the current experience of the public as outlined above.

The SHC, or some other independent body, should have as a primary purpose to ensure opportunities are available for people to input to redesign and reshaping services at the earliest possible stage. Consultation with people should be meaningful and designed to listen to views with the purpose of considering what is locally desired **before** proposals for change are finally presented. We agree with the evidence you gave on 24 January that the earlier patients are engaged and involved around potential service changes the more successful eventual change will be.

We envisage a clear preliminary stage during which the views of all who might be impacted are sought, heard and considered. We are in no doubt an open consultation addressing these clear principles will alleviate some of the suspicions and concerns we are regularly hearing around change proposals.

We expect the SHC to have a role in **ensuring** Health Boards undertake consultations following accepted best practice which should be put in place by the SHC.

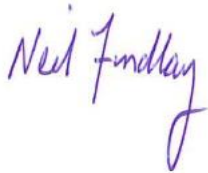
It should be the responsibility of the SHC, or some other body, to “certify” the propriety of such consultations and specifically approve that the engagement undertaken has been in accordance with these principles. Failure to obtain SHC approval to both the methodology and engagement throughout consultations should prevent proposals being taken further forward.

Role of the SHC in relation to integrated services and/or non-NHS services.

We are clear the SHC or some other independent body must have a similar role (to the one we envisage through this letter) with all bodies charged to commission or deliver integrated health or social care services including NHS services, local authority services and private providers.

The Committee would appreciate being kept abreast of progress with the review.

Yours sincerely



Neil Findlay
Convener