

**Consultation on the role of the Scottish Health Council**  
**Response Chief Officers Group Health and Social Care Scotland**

**26<sup>th</sup> September 2017**

**Questions:**

**1. Should the Scottish Health Council support the involvement of people in social care services, as well as in health services? If yes, how should it do this?**

While we understand the reasoning behind it, we do not agree with this proposal. Arguably, the Scottish Health Council (SHC) is now an outdated construct, which fulfilled a necessary role for a period, but is no longer fit for purpose in the context of a number of policy and legislative changes including health and social care integration and the implications of the community empowerment act. Integration, for example, represents a fundamental shift in how organisations work together with a range of stakeholders, and how health and social care services are delivered. In that context, engagement of people and communities cannot realistically be strengthened simply by the SHC extending its remit into social care. Not only does the SHC have a lack of experience and knowledge of social care, they would also lack credibility. Rather than just extending the role of the SHC, we believe there is opportunity for a radical rethink in how people and communities are engaged with across a range of public services.

The SHC had a role in providing advice, tools and good practice on public involvement. We consider that there is a national function to be undertaken, where a small body could support Integration Joint Boards and other public bodies with participation and engagement in a general sense. Rather than just focusing on health and social care, it could extend across a range of policy areas e.g. justice, transport. Such a body would ideally provide tools, guidance and resources rather than actively facilitating engagement activity, which each Health and Social Care Partnership, via their respective IJBs already has a statutory requirement to carry out.

**2. Should the Scottish Health Council work in the ways described with**  
**a) People and communities**  
**b) Community groups and voluntary organisations**  
**c) NHS Boards, Local Councils and Health and Social Care Partnerships**

Following on from the previous question, we do not think the SHC have a role with the above as they only capture a small part (health) of the wider public service landscape. Health and Social Care Partnerships already have a range of mechanisms in place to engage with service users, carers, third sector etc. We also work across a range of community planning partners and suggest particularly in relation to participation requests (as a result of the community empowerment legislation) that a national role needs to be undertaken to support the listed partners. This public engagement body would work across a whole range of public services, potentially with staff having dedicated remits e.g. health and social care, justice.

The relationship of the SHC to health boards is enshrined in legislation, and it is considered that if the intention at a national level was to extend this to Integration Joint Boards, the relevant legislation would have been revised at the time of the introduction of the Public Bodies (Joint Working) (Scotland) Act 2014.

**3. Should the Scottish Health Council lead in finding evidence of the best ways to support people and communities to get involved and give their views? If yes, how should it do this?**

We consider that there is a function needed in terms of gathering good practice and evidence around public services more generally, rather than just focused on health. There are a range of organisations who already undertake an evidence gathering role including Healthcare Improvement Scotland, Improvement Service, COSLA and this could be extended to gathering evidence on public involvement.

**4. Should the Scottish Health Council offer advice to Health and Social Care Partnerships on how to involve people and communities when changes are being made to health and social care services? If yes, how should it do this?**

We do not think the Scottish Health Council would be able to provide the relevant expertise on involving people and communities when changes are being made to health and social care services. Indeed, we do not think there is currently one body that would fulfil that role given the cross cutting range of issues involved in health and social care. An HSCP would go to different places for advice based on the issue that are dealing with or the group of people that you are looking to engage with e.g. Roma, Older People.

A function at a national level (as previously suggested) could bring together or commission some of the key bodies that work with marginalised groups e.g. Alzheimer's Scotland, Scottish Refugee Council.

**5. Do you have any views on the Scottish Health Council's "quality assurance" role in NHS service changes?**

There is clearly a necessary function in terms of scrutiny of public services. However, rather than this being limited to health services, we suggest this should be for service changes to public services more generally and this would be not be able to be delivered by the Scottish Health Council in its current construct.

**6. Do you think the name of the Scottish Health Council should be changed to make it easier to understand what it does?**

Given our view point that a radical rethink is required on whether the Scottish Health Council should continue to exist and our suggestion of a body/function that supports quality public engagement and assurance across all public sector services, the terms SHC is no longer appropriate. We would suggest "Scotland's Voice". Scotland's Voice would be the body that supports and provides scrutiny for the engagement standards set out in legislation, particularly the Community Empowerment Act; e.g. participation requests, asset transfers etc.

**7. We want to hear any views on**  
**a) How the Scottish Health Council should be run and organised**  
**b) How the Scottish Health Council should tell people about what it does**

We believe there is an opportunity to start afresh and for the Scottish Health Council to reflect on its role and how it fits in with the current environment. We believe that the functions of the SHC should not be singled out for health or social care, and that there is opportunity for a body which would deliver a function across public services more generally. This public

engagement/community empowerment body would be aligned to the new legislation and would be prudent in terms of economies of scale and one approach across all public sector.

The SHC in its current format has a large budget, most of which it is assumed is spent on staff. We believe the function could be delivered more effectively by a smaller workforce with a broader remit and ability to provide support across local systems. This may be done by commissioning a broader range of organisations to provide the appropriate tools.

It must also be noted, that the significant network of people that the Scottish Health Council currently involve should not be forgotten in the light of any future organisational changes. We would hope that, should the SHC revise its role as outlined in our previous responses, that there would be appropriate action taken to transition those people to the new broader body and/or that they be put in touch with local systems and networks.