

# Comments on advice note on public partnership forums

October 2004

### **About the Scottish Consumer Council**

The Scottish Consumer Council (SCC) was set up by government in 1975. Our purpose is to promote the interests of consumers in Scotland, with particular regard to those people who experience disadvantage in society. While producers of goods and services are usually well-organised and articulate when protecting their own interests, individual consumers very often are not. The people whose interests we represent are consumers of all kinds: they may be patients, tenants, parents, solicitors' clients, public transport users, or simply shoppers in a supermarket.

Consumers benefit from efficient and effective services in the public and private sectors. Service-providers benefit from discriminating consumers. A balanced partnership between the two is essential and the SCC seeks to develop this partnership by:

- carrying out research into consumer issues and concerns;
- informing key policy and decision-makers about consumer concerns and issues;
- influencing key policy and decision-making processes;
- informing and raising awareness among consumers.

The SCC is part of the National Consumer Council (NCC) and is sponsored by the Department of Trade and Industry. The SCC's Chairman and Council members are appointed by the Secretary of State for Trade and Industry, in consultation with the First Minister. Martyn Evans, the SCC's Director, leads the staff team.

Please check our web site at [www.scotconsumer.org.uk](http://www.scotconsumer.org.uk) for news about our publications.

Scottish Consumer Council  
Royal Exchange House  
100 Queen Street  
Glasgow G1 3DN

Telephone 0141 226 5261  
Facsimile 0141 221 0731  
[www.scotconsumer.org.uk](http://www.scotconsumer.org.uk)

The SCC assesses the consumer perspective in any situation by analysing the position of consumers against a set of consumer principles.

These are:

#### **ACCESS**

Can consumers actually get the goods or services they need or want?

#### **CHOICE**

Can consumers affect the way the goods and services are provided through their own choice?

#### **INFORMATION**

Do consumers have the information they need, presented in the way they want, to make informed choices?

#### **REDRESS**

If something goes wrong, can it be put right?

#### **SAFETY**

Are standards as high as they can reasonably be?

#### **FAIRNESS**

Are consumers subject to arbitrary discrimination for reasons unconnected with their characteristics as consumers?

#### **REPRESENTATION**

If consumers cannot affect what is provided through their own choices, are there other effective means for their views to be represented?

Published by the Scottish Consumer Council  
October 2004

**We can often make our publications available in braille or large print, on audio tape or computer disk. Please contact us for details.**

# SCOTTISH CONSUMER COUNCIL

## Comments on advice note on public partnership forums

The Scottish Consumer Council (SCC) believes that the Public Partnership Forums (PPFs) to be established by Community Health Partnerships (CHPs) will be an important part of the process of ensuring that local people are involved in the planning, design and monitoring of local services. They will also have the potential to bring together those with an interest in health services so that they can share information and experience, and speak with a stronger voice on issues of mutual concern. With the dissolution of local health councils, they will be one of the vehicles through which CHPs can tap into local patient groups and the views of the wider community.

One of the aims of the SCC is to ensure that decision-makers everywhere are consumer aware, and the development of PPFs is one of the ways in which decision makers at CHP level can keep in touch with the concerns and interests of those who use services.

### Timing

Schemes of establishment for CHPs must be submitted to the Scottish Executive Health Department by 31 December 2004, and CHPs must be up and running by 1 April 2005. PPFs are expected to be fully established by 31 March 2006 at the latest. There is therefore still a considerable amount of time to consider how to establish PPFs in the most effective way, and to ensure that the guidance contained in the advice note is as helpful as possible.

As it stands there is some inconsistency and lack of clarity which it would be useful to correct.

### Function and role

Three roles are described in the Advice Note, and these are based on what is contained in the draft statutory guidance for CHPs but contain some elaboration on that initial guidance.

The first role is described in the Advice Note as being

**to ensure that the CHP is able to, through the PPF and other means, inform local people about the range and location of services and information which the CHP is responsible for.**

This is based on what it says in the statutory guidance, which is "to ensure local people are informed about the range and location of services etc". What is contained in the CHP guidance is clearly wrong: it should be the responsibility of the CHP and not the PPF to ensure that local people are informed about the range and location of services. The Advice Note therefore suggests that the role of the PPF is to make sure that the CHP

actually does this. However, the words used suggest that it is within the power of the PPF to enable the CHP to provide information, which is not right. It would be better if the PPF was simply seen as one of the ways in which the CHP would be held accountable to its local community for the quality and range of information produced. It would be better to have placed this in a broader role making services more responsive and accountable to local communities.

The second role set out in the Advice Note is

**to engage local service users, carers and the public in discussion about how to improve health services.**

Again, this seems slightly out of line with the statutory position set out in the NHS Reform (Scotland) Act, which gives NHS boards a statutory duty to involve and engage with the public. In relation to health services in local communities that duty will pass in practice to the CHP, which is a committee of the board. The PPF should not be seen as having the responsibility for carrying out a range of activities which should be initiated by the CHP, although the PPF will obviously have a role to play in supporting and enabling such public involvement activity.

The third role is

**to support wider public involvement in planning and decision making and to seek to make public services more responsive and accountable to citizens and local communities.**

This seems to overlap with both the roles already described.

In addition to these three roles, there are various other statements in the Advice Note which describe the functions of the PPF. For example

*It should be the main mechanism by which the CHP engages, communicates and maintains a meaningful dialogue with the people of the communities it serves (this appears to suggest a direct role in public involvement activity)*

*It must have a formal role in the decision making process of the CHPs but this must not compromise the voice of the members of the PPF (this suggests a representative role in the decision making process)*

The SCC suggests that the roles of the PPF are described under the following headings:

- ✍ Enabling and supporting the CHP to engage with and involve patients, carers and the wider community in decision making about and planning of local services

- ✍ Playing a part in ensuring that the CHP is accountable to its local community, for example by monitoring the quality of information about local services produced for local communities
- ✍ Representing the interests of patients and the local community within the CHP, for example by providing representatives for committees, working groups, or the management committee.

## Membership

The PPF is variously described as

*a network of existing local groups and individuals*

*made up of groupings of existing networks, [so] it is not envisaged that the PPF will meet on a regular basis*

*In reaching agreements or gaining consensus, members of the PPF should use whatever means is (sic) available to them to do so*

It is stated that it should be a virtual group which is open to all individual patients and carers, local networks, groups and organisations who have an interest in the work of the CHP (section 13). Membership is open to individuals and to voluntary sector organisations, community groups, support groups, self-help groups, community councils and local forums (section 49). There is nothing in the Advice Note providing any guidance on whether there should be any rules about who can be a member, who will have voting rights etc. Thus in theory MSPs, journalists and NHS staff members could be members of the forum. Voluntary sector organisations which are primarily service providers could also be members.

It is not clear how the PPF will be able to have “views” as described in section 23, or reach agreement, if it does not meet. Given the mixed membership, there are likely to be many occasions on which there will be no such consensus.

Sections 58 and 60 refers to members of the PPF not acting on behalf of the PPF except where agreed by the “majority of members”. The CHP statutory guidance states that “we envisage public partnership forums as virtual groupings **which will not have a fixed, formal membership** or identity”. Does the Advice Note supercede the statutory guidance?

## Representation

The SCC believes that the question of representation is not adequately addressed in the Advice Note. It is stated that the PPF must ensure that it is able to represent the views of all members of the communities served by the designated CHP area (section14). However, the difficulty of doing this is not recognised, particularly as a result of the lack of clarity about how the PPF will actually operate, in terms of whether it will be a virtual group or something more substantive. This raises questions:

- ✍ How can a virtual network with only administrative support begin to represent the views of the community?
- ✍ How can a network of networks do this?
- ✍ How can a network which “does not meet on a regular basis” (section 16) do this?

In section 25 it is stated that “members of the PPF will be accountable to the organisations they serve”. Does this mean, for example a particular patient group or community group, rather than the PPF as a whole?

Members of PPFs will be encouraged to take part in CHP and NHS board committees, steering groups etc.

- ✍ How will individuals be selected for this role? Will this be open to any members, ie individuals or groups?
- ✍ How will a virtual network select such individuals?

The two people who sit on the management committee will be voting on behalf of the PPF, and so it is important to be clear about who they represent and how they do this.

We would suggest that the experience and practice of community care forums is looked at in relation to who can be a member of a forum, and how people are selected for the management committee or for membership of external committees on behalf of service users.

## **Support and resource**

Section 31 states that “members of the PPF will be expected to have access to existing staff, who are already working within communities served by the CHP, for example, health promotion staff, public health practitioners, etc”. Given that anyone can be a member of the PPF, how will this be feasible? How will staff feel about this?

Section 32 refers to a support team. It is not clear where this support team comes from, how they are funded or what their remit will be. Although this is not stated, the implication is that this support will come from within the Board or CHP. This could be seen as compromising the independence of the PPF, which is dependent on the CHP for this support.

The only dedicated staffing for the PPF is the administrator described in section 35. This administrator will be appointed by the CHP “to provide administrative and day to day support to the PPF”. The administrator is responsible to the General Manager of the CHP and not to the PPF. The SCC would have preferred that this person should be working at a more senior level than an administrator, as in practice this person will be responsible for enabling the PPF to fulfil its role, in the absence of any other staff.

## **Status**

Our understanding of the PPF from this advice note is that it has no legal status, will not have a management committee, will have no staff, assets or liabilities. It will be dependent on the support of the CHP and on the willingness of the CHP to allow it to develop its role. We are concerned about this dependence on the CHP, as there is nothing in the advice note which gives it the ability to develop its role independently of the CHP. Indeed, the word “independent” does not appear in the document.