



# Developing a Public Representative Network

**Report of public representative networking  
event, 20<sup>th</sup> February 2017**

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### Acknowledgements:

The Our Voice team would like to thank the Coalition of Carers in Scotland for contributing to this event. The Coalition of Carers in Scotland work to achieve full recognition for carers as equal partners in care. There is a vision for carers to have the right to quality services and access to personalised support at every stage in their caring role to ensure they enjoy good health and a life outside of caring. The insights that were contributed to this event as well as the examples of good practice in support public representatives were invaluable.



# Developing a Public Representative Network

## Summary

Under the Our Voice framework, The Scottish Health Council and the Health and Social Care Alliance Scotland (The ALLIANCE) are supporting a peer support network comprised of Service Users, Carers and Third Sector Representatives from all Integration Joint Boards (IJBs).

A national event on 20th February 2017 brought together service user, carer and third sector representatives, with 18 Integration Authorities represented, as a way to investigate how Our Voice might best support them. This event was hosted by the Our Voice team at the ALLIANCE and Scottish Health Council working in collaboration with the Coalition of Carers in Scotland and the ALLIANCE Third Sector Support Team.

This report outlines the issues raised during this event and lays out the vision for developing activities at a local and national level.

## 1. Background

### 1.2 Our Voice

The Our Voice framework aims to strengthen the voice of people who use health and social care services, carers and the public by supporting them to engage purposefully with health and social care providers in order to continuously improve services. Our Voice was developed as a partnership involving the



Scottish Government, COSLA, Healthcare Improvement Scotland, the Scottish Health Council and the ALLIANCE. Our Voice operates at individual, local and national level to support improvement and empower people to be equal partners in their care. At a local level Our Voice aims to support peer networks through which people can take part in the planning processes related to their health and social care. A key element of this is to support and build capacity of service user, carer and third sector representatives on the IJBs to give them the tools to reflect the views of the diverse groups they represent.

### 1.3 Supporting Integration

Since the integration of health and social care through the Public Bodies (Joint Working) (Scotland) Act 2014 and the creation of IJBs, the working practices of the groups that support this, such as the IJBs and Health and Social Care Partnerships (HSCPs), have progressed at different rates across Scotland. Some IJBs have well established mechanisms for engaging with and supporting those who sit on the Board on a voluntary basis, others are still developing these. There has been significant work in supporting the service user, carer

and third sector representatives through the Scottish Health Council local officers, the Carers Coalition, and the ALLIANCE Third Sector Support Team. Furthermore, in some areas, local initiatives have been established to join together and offer support to the carer, service user and third sector representatives.

#### 1.4 Towards a National Network

While supporting local peer network activity, Our Voice sees an opportunity to strengthen local activity by facilitating the sharing of good practice between different IJB areas, supporting development and building capacity. Moreover, by bringing together the different representatives there is an opportunity to harness collective power and share different expertise and perspectives.



The aim of this event was to gauge the appetite for a national network and have discussions about how engagement is happening in each area to identify potential areas for providing networking opportunities. The event opened with a quick activity where attendees signalled what their priorities would be for a national network of IJB representatives. Attendees highlighted their aspirations for a national network or representatives which included:

- networking opportunities
- advice on making effective change in their IJBs – including widening their networks across different engagement structures, and
- practical guidance on building their own engagement capacity and networks within the wider structures of health and social care.

The event saw presentations from Helen McFarlane of the Scottish Health Council, Claire Cairns of the Carers Coalition and Jaqui Reid of the ALLIANCE Third Sector Support Team. Together, these presentations gave an overview of how integration is progressing, the role of engagement within this and examples of the differing practices of IJBs across Scotland.

There was then space for group discussions. There were workshop breakouts for each group of representatives and afterwards an opportunity to share experience across the groups.

## 2. Presentations

### 2.1 Introduction to [Our Voice](#) – Helen McFarlane – [Scottish Health Council](#)

Helen McFarlane introduced Our Voice with an overview of its role within the wider landscape of engagement in Scotland. Our Voice seeks to support engagement nationally, locally and individually.

Our Voice has six key ambitions:

- raising awareness of engagement and its value
- increasing the diversity of voices in engagement and supporting inclusion
- building the capacity of people and organisations to listen to the voices in their communities
- using engagement to learn, understand and prioritise work at a strategic level
- innovating, testing and developing new ways to engage and improve, and
- making a difference by ensuring that listening and engagement lead to improvements to health and social support services.

The Scottish Health Council and the ALLIANCE are key delivery partners for Our Voice and have been tasked with a range of objectives including:

1. Development of a national Our Voice Hub for Health and Social Care
2. Development and embedding of local Peer networks to support health and care
3. Supporting Integration partners to maximise the use of feedback from individuals at local level to drive improvement
4. Map clearly alignments and overlaps with existing person-centred care and personalisation activity to ensure Our Voice is a supportive framework for individuals
5. An outcome-based approach linking programme activities to wider outcomes, whilst demonstrating evidence of the contribution made by the activities to these wider outcomes
6. Develop and facilitate local tests of change which creatively involve individuals in the service improvement stage, to ensure that Our Voice engagement results in co-produced improvements

Other ongoing Our Voice work includes the Citizen Panel. The [first report](#) from the Panel has been published. Information on the recruitment of the panel is available in the [Panel Recruitment Report](#).

### 2.2 Integration Basics – Jaqui Reid – [ALLIANCE Third Sector Support Team](#)

Jaqui Reid from the ALLIANCE Third Sector Support Team provided an overview of health and social care integration. The presentation discussed the background of integration, what has been integrated and what the new governance looks like.

The presentation highlighted the two significant shifts in integration that make the Integration Joint Boards stand apart from previous policies promoting joint working.



Scope of integration:

- integrated budgets now include acute services that are often associated with unplanned admissions; this includes respiratory services, addictions services and geriatric medicine among many others, and
- Integration Authorities are able to choose which services, beyond those in the legislation, are part of the integrated budget.

Governance:

- new groups and relationships established to support the goal of strategic commissioning
- strategic Planning Groups are responsible for monitoring the development and implementation of strategic plans, and
- locality Planning Groups are in place to link people in different localities within the Integration Authorities to the IJBs and the strategic planning process.

### 2.3 Equal, Expert and Valued: Enhancing carer representative involvement on Integrated Joint Boards – Claire Cairns – [Coalition of Carers in Scotland](#)

Claire Cairns introduced the Carers Collaborative which was established May 2016 out of demand from carers for some form of support in sitting as a representative on an IJB. In this first meeting they outlined the aims of the collaborative:

- identify and share challenges and good practice across IJBs
- identify, understand and be effective in the Carer Representative role
- learn to better influence
- provide mutual support, and
- provide practical support.

The Carers Coalition developed a [baseline report](#) on the position of the carers representatives within Integration Authorities. This involved looking at references to carers in strategic plans and the minutes of meetings. The report found that some Strategic Plans are still not openly available and that carers are underrepresented in IJB meetings.

Carer representatives found they experience similar challenges across Scotland. Some of these challenges may be similar to the experience of service user representatives. These include:

- lack of induction/understanding of role
- knowledge gaps on the role of IJBs within new structures
- large volumes of meeting papers to read which are distributed at short notice, and
- lack of local engagement structures to gather the views of other carers.

Examples of good practice in approaching these challenges include:

- carers reference groups
- iPads for electronic distribution of meeting papers, and
- formalised agenda setting process with carer input.

The Carers Collective has drawn up recommendations that would significantly improve the efficacy of the carer representatives in influencing the IJBs and engaging with local communities:

- include carer representatives in decision making
- increase awareness and profile of the representatives
- value and resource carer representatives
- share practice and learning between IJBs through improved communication, and
- make meetings better more accessible and effective.



## 2.4 Common Themes

Across all presentations and the Q&A sessions there was a common thread of concern that the inclusion of carer, service user and third sector representatives risked being tokenistic. Concerns were raised in relation to the lack of or little involvement of representatives in the decisions made at other levels within the new governance structures.

It was felt that that the only time an integrated service included the voice of a carer, service user or third sector representative is at board level, meaning that involvement risks being limited to “signing off” decisions that are already made. Examples of involving voices of service users and carers at other levels within the governance of health and social care partnerships were welcomed as good practice. These are the practices the network could help to share.

## 3. Breakout sessions

The morning breakout sessions allowed for separate discussions between the carer, service user and third sector representatives.

### 3.1 Service User Representatives

This was the first time that the service user representatives had had a chance to talk and share experiences. Two questions were posed:

*What is going well in your area?  
What would you like to improve?*

#### 3.2.1 Good Practice

There were encouraging examples of activities surrounding the work of the IJBs that were supporting the representatives and allowing for meaningful representation. For example, in Angus two open days were held in order to engage people in the planning of services – this was seen as a great opportunity to meet the people delivering frontline services. Some areas supported the representatives by offering a mentorship process which gave people much more confidence in their role.

#### 3.2.2 Uneven Practice

There were examples of good practice in most areas but a frustration that little of these practices were shared across all areas. For example, one individual spoke about meeting with the head of finance for the Health and Social Care Partnership prior to an IJB meeting in order to understand the financial papers; conversely another representative suggested that they would like to improve the training opportunities to build capacity in financial literacy. Many felt they experienced similar challenges that are specific to one area but there was little consistency of how such challenges are being addressed.

#### 3.2.3 Common Challenges

Two suggestions for improvement came out of the three table discussions:

- increased clarity on the role of the service user representative,
  - some areas felt there was a lack of clarity around the responsibility of the service user representatives, and
  - lack of clarity on roles resulted in hesitancy to engage fully with the process of collecting views to present to IJBs and a lack of empowerment to question and critique the items being discussed.
- more support for engaging with the wider community.
  - many of the service user representatives were concerned about the lack of monitoring and reporting on the level of engagement by the IJBs, and
  - service user representatives spoke about wanting a body that can support them in finding the voices of the community and also monitor the engagement processes of the IJBs and the representatives.

### 3.2 Carer Representatives

The Carer Representatives in attendance were given a brief overview of the VOICES training offered by Chest, Heart and Stroke Scotland (CHSS). This was followed by a discussion on the differing experiences with IJBs.

Many carer representatives had heard of CHSS but had never come across the VOICES training programme and would find it beneficial to support people living with conditions to help them have a voice. Collective stories were seen as a great way to provide evidence to IJBs and to demonstrate endemic, rather than one-off, problems within the system, however, the representatives had been given no support to gather these. A symptom of this lack of support was discussed as being the reproduction of work across involvement and also services. An example was given of four organisations within the same locality providing the same support with similar outcomes – it was thought that there needs to be more clarification and ongoing communication around who is doing what and when.

### 3.3 Third Sector representatives

The Third Sector representatives welcomed the opportunity to share practice and their experiences from one IJB to another. Six different IJB s were represented.

The Third Sector representatives discussed the dual role of representing member-based organisations and Third Sector provider organisations perspectives on the IJB. Representatives participate as paid staff working for the local Third Sector Interface (TSI), while others take part as volunteers, for example the chair of the local TSI and others were staff working for a specific third sector organisation keen to get more involved.

TSIs were keen to support the user representatives on the IJB recognising the challenges of being expected to be a service user voice when the person will only have personal experience of certain services. The TSI can provide local networks and links that may help the service user representatives fulfil a more representative role if this is an area of concern.

There were very different practices described within each IJB; some practices were shared as helpful ways to get best engagement while others spoke of difficulties in making effective contributions. Meetings can often be in very formal settings such as council chambers with individual microphones to use. One IJB decided to organise visits to services under discussion including healthcare in the local prison. This gave more insight about the services as well as providing a less formal opportunity for IJB board members to spend time together. Getting to know each other while visiting venues has led to better conversations in the formal meetings.

Concerns were expressed at the relationship between the IJB and planning meetings. It was not always understood at what level the decision making was taking place. There was little working knowledge around the governance of the integration authorities.

IJB representatives welcomed the chance to meet and share experiences and were keen to continue to meet as part of a larger network, recognising both their own support needs and their potential role in supporting both user and carer representatives.

## 4. Sharing Local Experiences

For the final session, groups were divided by locality, allowing conversation between the different representatives in each area. Groups were asked three questions:

1. How are the voices of people using services heard in your area?
2. What would make improvements?
3. What support is needed?

1. The representatives felt that it was their role to be the voice of the wider community rather than just represent their own experiences. There were some good examples of how the different representatives were collecting the voices of people in their areas. In one area local networking sessions, which evolved from peer support groups, are held around a particular theme and allow the representatives to capture a collective voice and feed this into the IJBs. In other areas there is a dedicated patient engagement person who can coordinate engagement and channel it towards the IJB representatives. However, many participants found it difficult to engage with communities and had very little support in networking with existing engagement mechanisms. Some practical issues were raised regarding the public not being aware of who the IJB representatives are and how to get in touch with them as they have not been given a professional email address.

2. Suggestions on what would make improvements included:

- being able to put items on the agenda
- having two people sharing the workload of a representative will allow for a wider reach
- more clarity on the role of the representatives
- receiving papers earlier will allow for more focussed engagement around immediate issues, and
- sharing of innovative practice to engage with hard to reach groups.

One of the most common suggestions echoed what had been said throughout the day – more opportunities and support to engage locally and gather intelligence is needed. The representatives expressed a desire to be a part of local networks through which they can gather views on different issues. Local relationships such as this are being forged on an informal basis but there is a need for more formal connections. This could be facilitated by having professional email addresses and a more visible presence on Health and Social Care Partnership websites. Other suggestions for improvement included increased signposting to community organisations for representatives, more regular training and formalised inductions with role descriptions for representatives.

3. There were very diverse suggestions on the support that would be needed to make improvements – this reflects the varied stages of maturity of the IJBs and related networks. Suggestions included:

- development of national standards of engagement
- stronger leadership from Chief Officers, and
- support developing local engagement networks.

Common suggestions raised were ideas for supporting the development of formalised local connections. It was thought that training on the structures of health and social care services would allow the representatives to make more of an impact. As a result of the varied practices of the different IJBs, one area of support that was identified was peer support – finding out what other areas were doing with regards to strengthening local connections.

## 5. Next Steps

Feedback was received during the breakout sessions and through forms sent out after the event. There was also an opportunity to send responses for an [Our Voice submission](#) to the Health and Sport Committee consultation on the effectiveness of IJB engagement. The feedback has been collated and analysed to develop a vision for an IJB Public Representative Network that operates nationally but with a specific focus on supporting local activities.

### 5.1 Aims of an IJB Public Representative Network

Based upon the feedback received on the day and through the post-event evaluation there is a clear way forward for the development of a national level peer network of public IJB representatives.

Positive feedback mostly centred around the attendees enjoying the opportunity to speak with representatives from all over Scotland about their different experiences. When asked 'what did you find most valuable about this event?' responses included:

- "Hearing what was happening in other areas"
- "...good to hear from professionals to improve my personal confidence..."
- "Networking and hearing how other IJBs were doing"

These sentiments are echoed in the responses regarding what the priorities of a national network should be:

- 100% of respondents said 'To share examples of innovative practice from one IJB area to another', and
- 81.82% said 'To gain knowledge and understanding from other IJBs that I might be able to introduce to my IJB'.

Consequently, this network will function to collect and share ideas around the working practices of the IJBs and the representatives themselves. Most of the feedback saw a preference for in person meetings but having no more than three per year. Furthermore, future meetings were seen as useful if 'focused on a particular aspect' of the role and with 'more practical examples of what each IJB is doing'.

It is acknowledged that the Carers Collaborative are doing a lot of work in this area and it is important not to replicate work. To this end, the network will seek to supplement the work of the Collaborative by offering training opportunities and a chance to network with their public colleagues on the IJBs. The Coalition of Carers in Scotland will be involved in discussions around topics and the shape/role of events in order to ensure maximum impact of joint work.

### 5.2 Shape of National Activity

From this feedback we are suggesting holding events that seek to address a particular challenge faced by public representatives. At these events, speakers will be asked to share good and bad experiences related to that challenge; this can then lead into some solution focussed conversations between the attendees. There is also scope to bring in expertise from the third sector and other organisations to help generate and share ideas.

The network will allow space for a mixture of collaborations. We received feedback on the benefits of meeting as a network with the carer, service user and third sector representatives. One responded would have liked to have seen 'more mixed groups' of the different representatives. However, as this was the first time many of the service user

representatives had the opportunity to meet each other, there was a lot of interest in developing this relationship. A service user representative commented on a preference 'to have time to concentrate on own particular interest'.

As a result of this feedback the IJB Public Representative Network will give space for the development of links between the service user representatives, potentially in a similar frame to that of the Carers Collaborative, along with bringing all of the representatives together to share good practice and forge relationships that can be taken back to a local level.

### 5.3 Supporting Local Networks

Another key theme that emerged throughout the event was the difficulties being truly representative of a community when there is no support in development of local networks of engagement that can feed into the IJBs. In the post event evaluation 81.81% of respondents said 'To help me make a more effective contribution to my local IJB' when asked what their priorities for a network are. In response to this Our Voice want to support the development of local networks across health and social care structures that centre on the public representatives but encompass a wider range of stakeholders. The Scottish Health Council local officers are well positioned to support the development of networks at a local level with the aim of pooling engagement resources and strengthening of community voices. There was a consensus that there needs to be more people than just the public representatives involved as decisions are often made prior to IJBs and at different levels, this proposed local level activity will allow for this wider, local collaboration around local needs.

The relationship between national and local activity will be mutually supportive. National events will allow the sharing of good ideas from local activity and discussions on solutions in an open and supportive environment. These can then be taken back to localities with a view to action these improvements and build capacity within the context of wider local networks.

If you are interested in being involved in the future activities of these networks then please contact [info@ourvoice.scot](mailto:info@ourvoice.scot)

For more information on Our Voice you can visit our website:  
<http://www.ourvoice.scot>

Please contact the Health and Social Care Alliance Scotland (the ALLIANCE) to request this publication in a different format.

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