



NHS LANARKSHIRE

PATIENT FOCUS AND PUBLIC INVOLVEMENT STRATEGY

2006 – 2010

December 2006

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SECTION 1

WHY HAVE A STRATEGY

The NHS in Lanarkshire is undergoing an unprecedented period of change due to local and National pressures to improve health and performance, the development of Community Health Partnerships and the significant re- design and modernisation of services through ‘A Picture of Health’.

There is a recognition that the needs of the population have and will continue to change significantly over the next decade and the health service (and its partners) increasingly need to plan to deliver their services, including approaches to health improvement, in different ways to meet these needs in collaboration with patients. There is also recognition that the health service cannot improve health and reduce the inequalities in health that exist in Scotland without increased co-operation and involvement with the general public and in particular disadvantaged communities. To do this successfully we must work harder to build trust and partnerships within the context of a model that recognises the impact of poverty, deprivation and inequalities on access to healthcare and the ability of individuals to improve their health.

The Scottish Executive strategy “Partnership for Care “(Feb 2003) gives a very clear statement of the importance of involving patients and the public in making the decisions that affect their care.

“ the Health Service exists for patients. It has to become more responsive to their needs, most people want to be involved in decisions about their own health. They expect the Health Service to work in partnership with their families and carers”

This will require the clinicians, frontline staff and managers who deliver our services to fundamentally review the ways in which they work and place an increasing importance on learning from their patients, carers and being responsive to public opinion and experience. This strategy seeks to focus on ensuring that the processes that drive key areas of change within the culture and services delivered by NHS Lanarkshire are patient friendly and can demonstrate our commitment to effective patient focus and public involvement.

SECTION 2

WHAT WILL THE STRATEGY FOCUS ON DELIVERING

The Patient Focus and Public Involvement Strategy (PFPI) will be used to drive the changes to our ways of working (organisational culture) and ensure the types of services that we provide and the ways in which they are delivered are sensitive to the needs and expectations of our patients and the wider public.

A major part of this culture change is the challenge of helping staff to recognise that patients and carers have important insights that will show how effective and relevant our services are.

That there is an increasing need to work in partnership with other agencies and voluntary sector organisations that provide services to individuals and communities and, indeed, with communities themselves to tackle the underlying social problems that are the root of poor health and well-being.

This will not happen unless our approach is properly organised. The focus of the PFPI strategy is therefore to ensure that the responses we make to the strategic operational and re-design challenges that we face are driven by a patient focus and public involvement.

The outcomes that we expect from effective patient and public involvement in strategic planning and change, will include:-

- improved health and reductions in inequalities in health.
- improved services, patient satisfaction and outcomes.
- an acceptance of the “Partnership “ culture.
- an ability to measure how our PFPI activities and approach have contributed the redesign of services and provide accessible and effective healthcare.
- an impact assessment of the PFPI dimensions in all policy and strategy documents.

SECTION 3

UNDERLYING PRINCIPLES

NHS Lanarkshire recognises the importance of working in partnership with people to fulfil our commitment to improving health and reducing the gap between the health of the better off and the poorest communities in Lanarkshire.

We are already working in partnership with North and South Lanarkshire Councils and our other Community Planning partners (including the voluntary sector) to develop better opportunities for the poorer communities in Lanarkshire to improve their health and well - being.

We are aware of the importance of our health service recognising that they need to be more responsive to the particular needs of disadvantaged and excluded individuals and groups and ensuring that they have equal access to services. This agenda will be driven through the actions of the whole system, including our two Community Health Partnerships and the Acute Services Division.

This is a positive agenda which will deliver real benefits for people. We will build trust and demonstrate commitment to these ideals and ask staff to challenge their practice and share power for decision making with patients and the public. This will not be an easy task, and we will require to commit to, and deliver against the following principles if this is to be successful.

These principles will be:-

- public involvement will be a factor in driving service change
- we will be equitable, inclusive and transparent in our approach
- we will share knowledge with our communities and encourage them to learn and engage with us

- we will work in partnership with service users, voluntary groups, local communities and their representatives to improve health and our services
- we will involve people at all stages of the planning and delivery of service change
- we recognise the importance of feeding back to individuals and communities about how their comments and views have influenced and changed policy and improved services
- we will operate within the spirit and principles of the National Standard for Community Engagement.

SECTION 4

STRATEGIC PRIORITIES 2006 – 2010.

The Health Service in Scotland needs to respond to the changing health needs of an increasingly aging population and a wide range of service pressures including a changing workforce, new technologies and a recognition that health improvement can only be delivered by a service that works in partnership with patients, the public, other agencies and the voluntary sector to confront the underlying problems of poverty deprivation and social exclusion. The scale of these challenges is set out in the “Kerr Report” (“Building a Health Service Fit for the Future” – Scottish Executive May 2005) and addressed in “Delivering for Health”.

In Lanarkshire work has already started on confronting these challenges and the PFPI strategy will be used to guide these processes to a successful conclusion.

Given the importance of delivering against these major strategic priorities to the future health of the people of Lanarkshire it has been decided to limit our strategic focus for PFPI on five programmes of work. This will ensure that our resources be effectively concentrated on properly supporting these tasks. These priority areas are;-

- a) delivery of the Board and National Equality, Diversity and Spirituality strategies.
- b) the development of vibrant Public Partnership Forums to support the work of the Community Health Partnerships, and in particular the task of improving health and reducing inequalities in health.
- c) supporting the implementation of our major service re design and service investment programme ‘A Picture of Health’.
- d) improving communication with patients, carers and the public through the development of the Patient Information Project and the introduction of the new national complaints procedure. (“CAN I HELP YOU – Learning from Comments, Concerns and Complaints (March 2005).
- e) demonstrating the impact of change by developing a robust monitoring and performance management process in conjunction with the new Scottish Health Council and related HEAT targets

The PFPI challenge for each of these programmes is briefly set out below.

a) Equality and Diversity

The NHS Lanarkshire Equality, Diversity and Spirituality strategies are at core of our PFPI approach. They seek to recognise and respond to the differing needs of individuals and initiate fundamental cultural changes within our organisation that will support frontline staff to recognise and better deal with the needs of their patients. The attached action plan sets out how we will energise the organisation, to improve our understanding of the health needs of minority groups, and individuals and use this understanding to improve access to services, support and train staff to respond appropriately and ensure that our recruitment and human resources activities comply with legislative requirements. All of this will be underpinned by the use of community engagement techniques to engage excluded groups and a project management approach that will ensure that systematic practical steps are taken to deliver changes and monitor progress.

The implementation of the Equality and Diversity Action Plan is overseen by the Board's Equality and Diversity and Spirituality Committee.

An extract of the action plan is attached as **Appendix A**

b) Community Health Partnership – Public Partnership Forum

Under the terms of the Community Health Partnership (Scotland) regulations 2004 NHS Lanarkshire submitted a "Scheme of Establishment" (SOE) for the Establishment of two Community Health Partnerships (CHPs) in Lanarkshire. These proposals were approved in November 2005 and the North and South Lanarkshire CHPs were established in April 2006. CHPs are responsible for leading NHS and Partnership work to improve local health services and engage disadvantaged communities to improve health and reduce inequalities, and will be strengthened by effective involvement at the Acute Services Division.

A key element for the implementation of the scheme is to deliver against the statutory duty to develop and actively support a Public Partnership Forum (PPF) within each CHP to structure and facilitate patient and public involvement.

The model that has been adopted recognises the fundamental need to engage with excluded groups through a range of community development approaches that will support and motivate them to make the changes in their lifestyle that will lead to better health and well-being.

On this basis there will be a strong focus on engaging with local communities.

Within Lanarkshire we have agreed with both Councils and Community Planning Partnerships that the PPF will be developed in partnership with the councils and the voluntary sector to ensure that we can develop simpler structures that allow people who want information or wish to comment on health and care services with easy access and maximum support. The Key features of this model are;

- a strong commitment to partnership working
- the development of Joint structures with Local authorities that will link the Health, well-being and care agendas with social inclusion and diversity
- the identification and agreement on joint resourcing to support public and patient involvement
- a strong focus on developing locality models to support local engagement of communities
- adoption of the new standards for community engagement.

The PPFs present an opportunity for the Acute Servicing Divisions to develop ideas with recognised for an integrated into the work of CHPs e.g. in relation to unscheduled care, diagnostic and cataract collaboratives.

The PPF will have three statutory roles;

- to inform local people about the range and location of services in the CHP area
- to engage people in discussions on how to improve health and care services
- to support wider public involvement in planning and decision making

CHPs are currently starting to engage with the public and other stakeholders about the detail of these proposals; the major element of this workplan (as approved in the SOE) are attached at **Appendix A**.

c) **A Picture of Health**

‘A Picture of Health’ – A Framework for Health Service Improvement in Lanarkshire is the largest public and staff engagement and consultation process ever undertaken in Lanarkshire. It created a vision and a strategy for the re design of primary and secondary health care services in Lanarkshire over the next 10 years. The aim of the process was to;-

“improve the health of the people of Lanarkshire by working together with people to prevent ill health, promote well-being and deliver high quality health service to those in need”

The focus of the PFPI strategy will be to ensure, as we move to implement the approved strategic changes, that these processes are robust, inclusive and equitable to create a clear audit trail linking the outcomes of patient (and staff) consultation with the detailed redesign and delivery of services.

The implementation programme for ‘A Picture of Health’ sees the strategic Engagement Group supporting the delivery of change programmes and projects and ensuring adherence to PFPI principles.

Appendix A provides an overview of this programme.

d) Improving Communication with Patients Carers and the Public

A key commitment in the white paper “Partnership for Care” was an undertaking to produce a new statement of patient’s rights and responsibilities. This would be delivered as part of patient information initiative, the introduction of a new national complaints process and the development of a new integrated care record for each patient.

Guidance on the new complaints procedure “Can I Help You?” has been circulated to boards and the circular detailing arrangements for commissioning has been issued by the Scottish Executive.

This circular details the process through which Boards will develop (and resource) a strategic partnership with a consortium of local Citizens Advice Bureau (CAB) to provide independent support to patients, carers and service users. The service has been commissioned in Lanarkshire and is now fully operational.

The service will deliver two essential elements;

- information, advice and support to patients wishing to make a complaint or raise concerns about NHS services
- information and advice for patients on a variety of issues that impact on their health and well-being in order to maintain and improve these services.

The patient information project

The Patient Information Project has focused on improving the quality and accessibility of patient information across the three acute hospital sites.

A project board and a project team are managing and delivering the project. Project monitoring documentation shows good progress has been made in the development of quality assurance systems to support the development of new information and the review and revision of a substantial portion of patient clinical information. Discussions are now underway with the CHPs to roll the project out to link all aspects of patient information.

The project covers the development of;

- a policy and guidance pack for staff
- internet/ intranet information development
- management of change and staff support
- a core patient information booklet
- ward specific information
- EIDO project
- Allied Health Professionals
- translated Information
- clinical specialty information (e.g. Renal, Cancer, Obstetrics & Gynaecology).

A Carer Information Strategy has been drafted and is currently out to consultation. It will be published in the spring of 2007. This strategy will also require to be resourced, and although there will be significant crossover with the patient information project, carers are principally co-providers of care rather than service users.

Managed Clinical Networks are an effective means of engaging service users and carers around disease or client-group specific areas, and have well-established principles that reflect this strategy.

e) Monitoring and Performance Management

The current performance management system for NHS Scotland is being altered and with the exception of the PAF 5 (PFPI) framework it appears that the performance management system will increasingly focus on a few high level indicators that will be identified and monitored through the delivery plan.

The Scottish Health Council have assumed responsibility for undertaking performance monitoring on behalf of the Scottish Executive and again this new system is evolving. The SHC has evaluated 2005 PAF5 returns and has recently issued a range of HEAT related targets which Health Board's will require to meet.

Within NHS Lanarkshire responsibility for the quality of PFPI activity and outcomes will lie with Corporate departments, CHPs and the Acute Operating Division. With the recent issue of HEAT-related PFPI targets, the Board's Performance Management Group will also have a role in ensuring the targets are met. Governance will be exercised through CHP and Acute Board committees, CMT and through the Diversity and Spirituality committee and Staff Partnership structures. Details of these governance arrangements are contained within the principle strategies for each of these areas of activity.

SECTION 5

RESOURCING THE PRIORITIES.

The strategy for PFPI recognises that all of our staff engage with patients and therefore can (and must) recognise the importance of these day- to-day contacts as opportunities to share information and feedback from patients on the quality of service and outcomes.

It is also recognised that patients and carers increasingly want to be more involved in the management of their care and there is a need to provide them with the information and support required to assist them to develop their knowledge and opportunities for self- care.

Staff will require support and access to appropriate training and development to maximise the benefits of this patient contact. NHS Lanarkshire through the CHPs and the Acute services operating division will commit resources (staff, time and revenue) to support these activities and in particular the five priority programmes as detailed in section 4.

This will require significant support from the Organisational Development Department and staff, and the action plan and resources to deliver the appropriate programmes is detailed in the "Organisational Development action plan".

This will also address the need for additional staff training, a need identified by the Scottish Health Council in their recent annual review.

This strategy also recognises that a significant element of the public involvement, community engagement and community development and advocacy activities associated with the delivery of the strategy will be (properly) resourced and delivered by a wide range of external partners such as:

- North Lanarkshire Council
- South Lanarkshire Council
- NHS Greater Glasgow and Clyde
- North and South Lanarkshire Community Planning Partnerships
- Communities Scotland
- The Lanarkshire Voluntary sector
- National charities and voluntary organisation
- Big Lottery funding to groups
- Scottish Health Council
- COSLA
- The Scottish Executive
- NHS Involving People Team
- The National Resource Centre for Ethnic Minority Health.

Within NHS Lanarkshire there are formal planning mechanisms and individuals with specific roles to develop aspects of the PFPI agenda and the five priority programmes.

Overall responsibility for the co- ordination and development of the PFPI strategy lies with the Director of Modernisation, with delivery by the Organisational Development Director and Operational Executive Directors.

Programme Resources and programmes

Appendix A sets out for each of the five programmes the main activities resources, timescales, cost and outcomes. This is a distillation of information from the existing strategies within which and appropriate range of PFPI activities will take place.

It is recognised that in some programmes (for example implementation of ‘A Picture of Health’) elements of several PFPI work-streams will require to be included e.g.:

- Diversity and Equality
- Patient information and complaints
- PPF
- Monitoring and reporting framework

It should also be noted that there are significant costs attached to statutory compliance relating to the disability discrimination act and race equality, and Scottish Executive standards for community engagement.

SECTION 6

MONITORING AND PERFORMANCE MANAGEMENT

The progress of the strategy and the need for corrective action will be monitored by the leads for the individual priority programmes and where appropriate Board Committee.

Key PFPI performance indicators including the new HEAT-related targets will be agreed with these lead officers and progress will be reported to the Board via the Modernisation Director.

PFPI activity, therefore, requires to be reported and assessed in the context of the programmes that they are supporting and an emphasis will be placed on the demonstration of how value has been added and the identification of service improvements.

In a number of situations it will be necessary to develop and agree joint performance measures and outcomes with partner organisations to reflect the partnership nature of many of the programmes.

Reporting to the Scottish Executive will be through the HEAT-related targets performance management developed in collaboration with the Scottish Health Council.

SECTION 7

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An equality and diversity impact assessment has been completed in the form of a rapid impact checklist document that is attached at **Appendix B**

Each of the individual priority themes will be supported by impact assessments.

SECTION 8

ARRANGEMENTS FOR RECOMPENSE AND GUIDELINES FOR INVOLVEMENT

NHS Lanarkshire's policy on recompense for patient /carer/public involvement in health care planning and service delivery is given at Appendix C. Guidelines for Involvement are given at **Appendix D**.

PFPI STRATEGY ACTION PLAN

Priority	Detailed Action Plan & Timescale	Headline Activities	Outcome	Performance Indicator	Resource Contributions	Additional Costs
Delivering Equality and Diversity	NHS Lanarkshire Diversity and Equality Strategy and Action Plan 2004 – 2008	Continued support for the Lanarkshire Ethnic minority action Group (Lemag)	Lemag are supported to develop and deliver <u>their</u> Action Plan	Positive response to issues raised by Lemag and signed off resolution.	Existing staff and Community Development Officer (NLC employee)	Contribution to Community Development Officer salary £10k (existing)
	Spirituality Action Plan 2004 - 2008		Lemag. Documented contribution to public consultations	Lemag included in all consultation processes	Existing staff	Venue hire translation £1k
		Undertake diversity impact assessments on all PFPI projects	PFPI activities will be appropriately assessed and modified to meet the needs of minority communities	From 1 st April 1001 Completion of diversity impact documentation and sign off by EDS. Committees	Existing staff	No direct costs however programmes may require to be modified in light on E.D. impact assessment.
		Health needs assessments for minority groups (ongoing programme)	Re-design of services to meet health and spiritual needs	Increased uptake of services (long term–health gain) Related to Health Needs Assessment	Existing public health staff. Specialist contractors	Patient/Community survey £10k (New)

Priority	Detailed Action Plan & Timescale	Headline Activities	Outcome	Performance Indicator	Resource Contributions	Additional Costs
Delivering Equality and Diversity	Spirituality Action Plan 2005-2007	Provision of interpreting services	Appropriate patient engagement and informed consent	No patient to have consultation without appropriate interpreting service.	Specialist contractors (existing input?)	Hire of specialists £20k
		Contribution to multi agency advocacy services.	Patients from minority ethnic groups will have access to advocacy and information support.	Number of referrals to ethnic minority law centre	Funding of service as part of a multi agency consortium	Hire of specialists £5k NHS Share
		Develop and deliver an equality and diversity training package for PPF participants	PPF activities will be RRA compliant	Engagement of minority groups by PPF locality structures	Specialist trainer for 2 years	£45k for two years (provided by Scottish Executive)
		Mapping exercise and delivering a restructured plan for the new s/care dept.	Centralised and co-ordinated spiritual care dept	Patient and staff engagement	Specialist project worker	25k (one year)

Note: Some existing expenditure already in the system

Priority	Detailed Action Plan & Timescale	Headline Activities	Outcome	Performance Indicator	Resource Contributions	Additional Costs
Developing Community Health Partnerships and Public Partnership Forum(s) (PPF)	Revised Scheme of Establishment for Community Health Partnerships in Lanarkshire September 2005 2005-2006	The development of Public Partnership Forum(s) for the North and South Lanarkshire CHPs.	The public and patients will be appropriately informed about the services offered by the CHP. Patients, carers and the public will be better able to improve their own health	Availability of information on key CHP services and arrangements. The development and delivery of locality joint health promotion programmes on: - Smoking cessation - breast feeding schools - healthy eating - fuel poverty - cardiac rehabilitation - alcohol & drugs	Continuation and roll out of patient information project into Primary Care CHP staff including locality health promotion clinical staff and P.H.P's with input from local authority staff.	Project Co-ordinator £30k (Funded to 2005/06) From existing resources and ring fenced Scottish Executive funding.

Priority	Detailed Action Plan & Timescale	Headline Activities	Outcome	Performance Indicator	Resource Contributions	Additional Costs
Developing Community Health Partnerships and PPF's	Appendix 4 – PPF and PFPI Action Plan	- Cont'd	<p>A diverse and inclusive range of patients carers and the public will engage and inform service design.</p> <p>The development of PPF structures based on locality structures and the identification and support of public and voluntary sector representatives on the CHP boards.</p>	<p>All public engagement on service re-design will meet PAF 5 standards and complying with D.D.A. Race Equality Act and community engagement standards</p> <p>Existence of PPF structures</p> <p>Participation of public and voluntary sector reps on Boards</p>	<p>Input from: PFPI compliance officers (x2) Board Diversity Officer Board modernisation staff. Public Health Practitioners and Community Planning Team.</p> <p>Existing staff</p>	<p>Payment of carer costs to participants £50k*</p> <p>D.D.A. venue costs for sound and interpretation £25k*</p> <p>Payment of expenses to participants £20k*</p>
* Note this covers activity in 10 localities and represents estimated costs of implementing the new S.E. Community engagement standards						

Priority	Detailed Action Plan & Timescale	Headline Activities	Outcome	Performance Indicator	Resource Contributions	Additional Costs
Improving Services Through 'A Picture of Health'	'A Picture of Health' – A framework for health service improvement in Lanarkshire December 2005 – Jan 2008	Public and patient involvement in re design workshops Production and circulation of consultation documents on re design proposals for each major element. - Primary Care - Supported self care - Disease specific care co-ordination - care management - older people - hospital services - mental health - children services	Ability to demonstrate the impact of patient involvement in re design Documentation available for each re design proposal that explains implications and clarifies options	Patient/public participation in workshop and an audit trail of discussion and outcomes Production of consultation documents	Existing staff Existing staff Public participation	Participant expenses £1k Venue costs * £25k Documentation £2k Production costs £2k Circulation costs £1k Translation (Per programme) £2k
* including lunches etc.						

Priority	Detailed Action Plan & Timescale	Headline Activities	Outcome	Performance Indicator	Resource Contributions	Additional Costs
Improving Services Through 'A Picture of Health'		Organisation and delivery of public consultation events	Public Meeting	Meeting organised in compliance with national standards for community engagement	Existing staff specialist contractors	Press and publicity £1k Venue costs £1k D.D.A and transport costs £10k

Priority	Detailed Action Plan & Timescale	Headline Activities	Outcome	Performance Indicator	Resource Contributions	Additional Costs
Improving our Communication with Patients	<p>Implementation of “Can I Help You? – Learning from comments, concerns and complaints”.</p> <p>Development of the patient information sections of the NHS Lanarkshire Website</p>	<p>Introduction and commissioning of a new independent advice and complaints service.</p> <p>Updating of website to include information on CHP’s diversity and disease specific patient information</p> <p>Refresh and republish map of user and carer involvement initiatives in Lanarkshire.</p> <p>Refresh and re publish</p>	<p>Procurement of an independent advice and complaints service from Local Citizens Advice Bureau</p> <p>Improved access to appropriate information</p> <p>Patients/public and staff will have improved access to information on current activities</p>	<p>Existence of a contract that meet SE guidelines as audited by Scottish Health Council</p> <p>Increasing hits on website on line satisfaction survey</p> <p>PAF 5 Compliance on information standards</p>	<p>Funding to support contract and input of existing staff</p> <p>Existing staff input and Web Developer time</p> <p>Staff time</p>	<p>Funding of Service £50k *</p> <p>Publicity Materials £10k (non recurring)</p> <p>Funding of Web Developer £35k</p> <p>Printing and distribution (and Web hosting) £3k</p>

* will be subject to a tendering process

Priority	Detailed Action Plan & Timescale	Headline Activities	Outcome	Performance Indicator	Resource Contributions	Additional Costs
Improving our Communication with Patients	Development of CHP Public Partnership Forum	Develop a joint contact database with Community Planning Partners	Data base of all stakeholders available for consultation	All stakeholders contacted during formal consultations	Staff time NHS and other agencies	Printing and updating database plus “contact” costs £10k (one year)
	Patient Information Project	Continuation of project and roll out to CHP documentation	Patient information meets required standards and patients are better informed	Progress measured against Project Management targets and national standards	Staff time	Project Officer (Costed under CHPs)

Priority	Detailed Action Plan & Timescale	Headline Activities	Outcome	Performance Indicator	Resource Contributions	Additional Costs
Demonstrating Change	Performance Assessment Framework	Gather evidence to complete PAF 5	Meet requirements to identify how PFPI activities have improved services and health	Patient satisfaction and satisfactory audit report	Existing staff, including Patient Information Manager hosted within Acute Services Division	Nil
	Quality Improvement Scotland	Gather evidence to support PFPI for QIS Reviews	Demonstrate appropriate patient involvement	Meets QIS standard	Existing staff	Nil

Equality & Diversity

Impact Assessment

R - *Rapid*

I - *Impact*

C - *Checklist*

NHS Lanarkshire

Patient Focus and Public Involvement Strategy 2006 -2010

Health Improvement Section?	PATIENT FOCUS PUBLIC INVOLVEMENT STRATEGY 2006 - 2010
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Which groups of the population do you think will be affected by this proposal?

What positive and negative impacts do you think there may be?

Which groups will be affected by these impacts?

<ul style="list-style-type: none"> • minority ethnic people 	<p>This strategy document seeks to ensure that Patient Focus Public Involvement (PFPI) is incorporated within all of the activities strategies and policies within NHS Lanarkshire and the NHS can demonstrate how implementing these principles has improved service quality , health outcomes and met the diverse needs of patients and carers.</p> <p>Equality and diversity are at the heart of PFPI and the strategy will impact on all services and all communities served by NHS Lanarkshire. The strategy has a high level action plan with a number of performance indicators that will be used in conjunction with the governance arrangements for the individual plans to monitor progress and identify areas for further action.</p>
<ul style="list-style-type: none"> ○ gypsy/travelers 	As above
<ul style="list-style-type: none"> ○ refugees 	As above
<ul style="list-style-type: none"> ○ asylum seekers 	As above
<ul style="list-style-type: none"> • women and men 	As above
<ul style="list-style-type: none"> • people in religious/faith groups 	As above
<ul style="list-style-type: none"> • disabled people 	As above
<ul style="list-style-type: none"> • older people, children and young people 	As above
<ul style="list-style-type: none"> • lesbian, gay, bisexual and transgender people 	As Above

• people of low income	As above
• people with mental health problems	As above
• homeless people	As above
• people involved in criminal justice system	As Above
• staff	As above.
• any other groups	As above (for example people in workplaces via SHAW)

What impact will the proposal have on lifestyles?

• Diet and nutrition?	The strategy will impact on all of the major lifestyle, social and economic issues of the population of Lanarkshire primarily through the health improvement plan, the Joint health improvement plan and community planning and regeneration and the activities and strategies of Community Health Partnerships (CHPs).
• Exercise and physical activity?	As above
• Substance use: tobacco, alcohol or drugs?	As above
• Risk taking behaviour?	As above
• Education and learning, or skills?	As above

Will the proposal have any impact on the social environment?

• Social status	As above
• Employment (paid or unpaid)	As above
• Social/family support	As above
• Stress	As above
• Income	As above

Will the proposal have any impact on:

<ul style="list-style-type: none"> • Discrimination? 	Yes as it will influence for example the equality diversity and spirituality strategy, joint health improvement strategy , homelessness strategy, and mental health strategy, CHP and acute service delivery.
<ul style="list-style-type: none"> • Equality of opportunity? 	Yes as above
<ul style="list-style-type: none"> • Relations between groups? 	Yes as above

Will the proposal have an impact on the physical environment?

<ul style="list-style-type: none"> • Living conditions? 	Indirectly through joint health improvement plan
<ul style="list-style-type: none"> • Working conditions? 	Yes through for example service re-design
<ul style="list-style-type: none"> • Pollution or climate change? 	indirectly
<ul style="list-style-type: none"> • Accidental injuries or public safety? 	Yes through for example- health plan ,domestic abuse, community safety, and SALUS activities.
<ul style="list-style-type: none"> • Transmission of infectious disease? 	Yes, through for example health plan , sexual health strategy and community planning

Will the proposal affect access to and experience of services?

<ul style="list-style-type: none"> • Health care 	Yes a central focus of PFPI is to make services more effective and responsive to individual needs, at a personal, 'disease' group, community , geographical and strategic level.
<ul style="list-style-type: none"> • Transport 	Indirectly through joint planning around health improvement and community planning and service re-design (a picture of health)
<ul style="list-style-type: none"> • Social services 	As above
<ul style="list-style-type: none"> • Housing services 	As above
<ul style="list-style-type: none"> • Education 	As above

SUMMARY

<p>1. Positive impacts (note groups affected)</p> <p>All individuals and communities that live in Lanarkshire or receive services in Lanarkshire will benefit from the application of PFPI to the entire range of services, policies and strategies of NHS Lanarkshire and its influence on partner agency strategies.</p> <p>The organisation should benefit from the development of a pro-active capacity to manage risk and ensure compliance with statutory duties.</p>	<p>2. Negative impacts (note groups affected)</p> <p>At the margins some patient activity may be reduced for short periods or continuity of care from specific individuals could be disrupted due to staff being absent from the workplace to participate in training and development programmes.</p> <p>The organisation will also require to devote resources that would have otherwise been available for direct patient care.</p>
<p>3. Additional information and evidence required</p> <p>In due course each of the strategies will require to provide credible detailed action plans and evidence of governance arrangements around PFPI strands.</p>	
<p>4. Recommendations</p> <p>It is recommended that the Board Equality and Diversity and Spirituality Committee is formally consulted on the PFPI strategy and a wider public consultation is also undertaken that will target a diverse range of stakeholders.</p>	
<p>5. From the outcome of the RIC, have negative and positive impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not why not?</p> <p>The application of this strategy through all major strategies and action plans will have positive impacts for race and other equality groups.</p> <p>It is suggested that it would be appropriate, therefore, to focus on ensuring that each of these major work-streams has a full EQIA undertaken and monitored; i.e.</p> <ul style="list-style-type: none"> - The delivery of the Board and National equality, diversity and spirituality strategies. - The development of CHP PPFs - A Picture of Health - Improving communication with patients and the public - Demonstrating the impact of change 	

PATIENT/CARER AND PUBLIC INVOLVEMENT IN HEALTH CARE PLANNING AND SERVICE DELIVERY

ARRANGEMENTS FOR RECOMPENSE

Background

1. The Government is committed to increasing :
 - The involvement of citizens in the planning and provision of their local services, giving them influence over the decisions that are taken relating to these services.
 - The capacity of individuals and communities to take responsibility for their own health and well-being, in partnership with and supported by health care workers, voluntary and independent organisations.
2. Community Health Partnerships share these commitments and play an important role in their delivery.

Principles and Good Practice

3. The basic principle is that no service user, carer, voluntary representative, community representative, or member of the public invited to participate in a group or meeting should have to subsidise their involvement from their own pocket. "Out of Pocket" expenses fall into two categories, travelling and substitute care.
4. Where full reimbursement of actual cost is not practical for logistical reasons e.g. where people use their own transport or make private arrangements with other individuals for substitute care, standard rates are applied that appear fair and reasonable.
5. Reimbursement is made promptly, wherever possible at the time of the meeting to which the expenses relate. This approach does not permit the bureaucracy of a rigidly documented accountancy and audit trail.
6. Instead, a robust management process will ensure the proper use of public funds and meet audit requirements. The key people in this process are the Chairpersons of the groups or meetings concerned, and the administrators who service the groups/meetings.

Expenses Payable

7. The rates payable under these arrangements are:
 - Full reimbursement of public transport and taxi fares
 - 40p a mile for service users and carers using their own transport
 - £6.33 per hour for substitute care

8. The mileage rate is the motoring cost per mile calculated by the AA/RAC. This is used because it is independent, authoritative and easily understood.
9. The substitute care rate is based on the hourly wage of homecare support worker grade 2 posts. This can be varied at the Chairperson's discretion up to a maximum of £10 an hour where he/she is satisfied that relatively expensive, specialist care is required.
10. Where substitute care is arranged through an agency, direct payments to the agency will be made by NHS Lanarkshire on presentation of an invoice.
11. Where substitute care is arranged with an individual, single payments up to a maximum of £25 will be made at the time of the meeting or event to which the costs relate. An invoice will be required for claims over £25 and will be processed as in 10 above.

The Chairperson's Role

12. The role of the Chairperson (or Administrator) is to:
 - a) inquire into individual circumstances to the extent necessary to satisfy him/herself that claims for out of pocket expenses are valid
 - b) vary the standard rate for the reimbursement of substitute care where he/she is satisfied that this is appropriate in accordance with 9 above, and authorise the payment of invoices for substitute care whether to agencies or, in the case of individuals, where the cost on any one occasion exceeds £25
 - c) ensure that Bus/rail tickets and/or other appropriate forms of receipt are obtained wherever practicable
 - d) ensure that the detail of the type of expenses incurred is recorded against each payment e.g. car mileage, public transport fares, taxi fares, substitute care, and that the recipient signs for receipt of the payment
 - e) ensure that a copy of the signed and coded schedule showing the amount of petty case used and the amount remaining, with any receipts obtained, is returned to the relevant finance officer.
13. In the case of formal planning/management groups, working parties etc., the Chairperson (or Administrator) will also:

- a) ensure that the service users, carers, voluntary / community representatives, participating in the group, and to whom out of pocket expenses are payable, are accredited representatives of recognised organisations and networks
- b) authorise the payment of expenses to third parties who may be invited by accredited representatives, with his/her agreement, to participate in the work of the group for a defined purpose over a specified period.

GUIDELINES FOR INVOLVING VOLUNTARY/COMMUNITY REPRESENTATIVES, SERVICE USERS & CARERS

1. Arrangements should be in place to encourage local community groups, organisations and individuals to become involved in committees, groups and meetings relating to the planning and delivery of local health services and services delivered jointly with local authorities and voluntary organisations.
2. Meetings should be organised so that they are delivered in a manner that is acceptable to all participants.
3. Meetings must have a clear purpose and scope to include: -

The frequency and number of meetings dependant on whether the task in hand is time-limited.
 - a) Venue
 - b) Duration
 - c) Services/issues to be considered.
 - d) The role of those present
 - e) How the meeting fits into the wider decision –making process
 - f) Minutes
 - g) Raising items to be included on agenda
 - h) Distribution/format of minutes
4. A liaison person should be designated to provide support for service user/carer, voluntary or community participants, for example to discuss the previous minutes and agenda prior to the meeting.
5. Minutes should be produced in easy to read plain English and sent out with the agenda at least one week prior to the meeting.
6. Evening committee meetings may be required to accommodate individuals in employment.
7. For people unable to use public transport, transport should be provided at no cost
8. Expenses should be paid at the meeting.

SECTION 9

PFPI STRATEGY COSTS SUMMARY 2006/07

<u>DIVERSITY</u>	<u>EXISTING</u>	<u>FUTURE ESTIMATES</u>
Community Development Officer	£20k	£10k
Translation and venue hire	-	£1k
Community Needs Survey	-	£10k
Interpreting Services	?	£20k
Advocacy Service	-	£5k
Spirituality Action Plan		£25k
		<hr/> £71k
 <u>CHP's</u>		
Patient Information Co-ordinator	£30k	£30k
Patient Public Participation Support for carers	-	£50k
D.D.A. costs	-	£25k
Expenses and support to PPF reps		£20k
		<hr/> £125k
 <u>Demonstrating Charge</u>		
Compilation costs and publishing		£5k
 POH		
Participation expenses		£1k
Venue costs (re design)		£25k
Documentation		£2k
Press & Publicity		£1k
Consultation venue		£1k
DDA & Transport		£10k
		<hr/> 42k
 Communication		
New independent complaints and advice service	70k	70k
Publicity for complaints service (non recurring)		10k
Patient Information – Web site Development		35k
Refresh and publish map of users and carers activities		3k
Developing a joint contact database for public/groups in localities (non recurring)		10k
		<hr/> 128k
Totals	120k	£371k