PUBLIC PARTNERSHIP FORUM
WORKING AGREEMENT
FOREWORD

The purpose of this Working Agreement is to describe the agreed working arrangements between the Shetland Public Partnership Forum (PPF) and the Shetland Community Health Partnership (CHP). These arrangements are intended to maximise the effectiveness of the PPF as the primary mechanism by which the CHP engages, communicates and maintains a meaningful dialogue with the Shetland public.

The relationship between the PPF and the CHP is underpinned by the following key principles:

- Openness and honesty
- Listening to and having respect for each other’s views and opinions
- Giving and receiving feedback
- Learning from each other
- A commitment to improving health and social care services and to improving the health of the population of Shetland.

The initial version (February 2010) of the Working Agreement was drafted by the following:

Core Group:

Margaret Fiddy  Christine Harrison
Doreen Inkster  John Moffat
Barrie Jehu  Carol Johnson
Averil Simpson  Anne Thomason
James Wiseman  Magnus Williamson
John Groat  Denise Woodford

Assisted by:

Marilyn Harris  -  Temporary Project Manager
Christine Ferguson  -  Head of Community Care; CHP Lead
Nina Fraser  -  Nurse Director, NHS Shetland
Camille Brizell  -  Scottish Health Council
Laura Saunders  -  CHP Projects Manager
Edna Mary Watson  -  Assistant Director of Nursing (Community); Patient Focus Public Involvement (PFPI) Lead
The current version (January 2011) of the Working Agreement was drafted with contributions from:

**PPF network members:**

Janet Manson                   John Ridland
Barrie Jehu                     Lena Miller
Averil Simpson                 James Wiseman
Magnus Williamson

**Assisted by:**

Christine Ferguson - Head of Community Care; CHP Lead
Camille Brizell - Scottish Health Council
Edna Mary Watson - Assistant Director of Nursing (Community); Patient Focus Public Involvement (PFPI) Lead
Kathleen Carolan - NMAHP Director; Executive Lead Patient Experience
1. INTRODUCTION

1.1 Legislative Context

The legislative context for the development of Community Health Partnerships (CHPs) was set out in the Government White Papers Partnership for Care and Delivering for Health and strengthened in the NHS Reform (Scotland) Act 2004. Statutory Guidance was published in October 2004. The CHP Regulations form the legislative base within which the guidance is based and came into effect on 1st October 2004. CHPs provide a focus for the integration between primary care and specialist services and with social care and ensure that local population health improvement is placed at the heart of service planning and delivery. The CHP: Involving People Advice notes published in December 2004 sets out the guidance for involving the public more in the overall development and design of health services through the formation of Public Partnership Forums (PPFs).

The three main roles of the PPF are to:

- Enable the CHP to inform local people about the range and location of health and social services and information which the CHP is responsible for including board wide services.

- To support and enable the CHP to engage local people in discussion about how to improve health and social services within the CHP area and raise issues from the community perspective.

- Support wider public involvement in planning and developing more responsive health and social services to reflect the local needs and preferences and to improve accountability to the local community.

The PPF should be the main mechanism by which the CHP engages, communicates and maintains a meaningful dialogue with the people of the community it serves.

The 2004 guidance states that Public Partnership Forums must have a formal role in the decision making process of Community Health Partnerships and a representative from the PPF should serve on the CHP committee.

In 2007 the Scottish Government published the Better Health, Better Care action plan. This builds on the contribution already made by
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CHPs and recognises the valuable contribution made through the Public Partnership Forums. It aims to shift the balance of care by improving access, managing demand, reducing unnecessary referrals and providing better community care services.

1.2 Local Context

A Draft Scheme of Establishment for the Shetland Community Health Partnership was approved by the Board of NHS Shetland and the Shetland Islands Council in December 2004. This was given ministerial approval by the Scottish Executive Health Department in March 2005. In line with statutory guidance the CHP was then established as a formal NHS Board Committee.

At the first meeting of the CHP, the committee noted that arrangements had been made to seek nominations from the Patient Focus Public Involvement (PFPI) Steering Group for a representative to serve on the CHP committee until a PPF was formed. Margaret Fiddy was duly appointed.

The PFPI Steering Group is NHS Shetland’s main group for developing and coordinating the principles of patient focus public involvement as well as being a source of advice for members of staff who require it. A short life working group, which includes a lay member of the PFPI has been formed to further the development of a PPF in Shetland.

NHS 100 was established in 2002 by NHS Shetland to provide a forum for engaging with members of the Shetland community about the future shape of healthcare services in Shetland. The members were invited to attend regular meetings to discuss and comment on a variety of health related topics and services. Items of interest were posted on the PFPI website and interested members sent documents for comment. The meetings were advertised and open to the public. The agenda was NHS led and the meetings were chaired by the NHS lead for PFPI. This forum related only to healthcare services and was not explicitly part of the joint CHP structure. The NHS 100 forum was disbanded in July 2010 following the inauguration of the PPF.

Alongside the development of the PPF, local partners in Shetland are working towards planning and delivering services more locally and in partnership with local communities rather than the CHP developing a PPF separately, as it is recognised that everyone contributes to the health and well being of individuals and communities.
In 2004 the Shetland Community Planning Board agreed on seven localities for Shetland which provide a basis for service planning at a local community level and specifically support future planning for health and social care services within the CHP. The Planning in Localities Steering Group (PiLSG) was formed in August 2006 to oversee a network of local service delivery groups which are being developed throughout the seven planning localities in Shetland with some Local Service Development Groups (LSDGs) working well at identifying and solving local issues that affect services with the CHP area including all of the Council’s services. The aim of the locality arrangements is “to promote genuine community engagement in developing and prioritising local services”. Currently this network does not have a formal link into the CHP nor does it have any obligations to the CHP in terms of representation on the CHP Committee or sub-committees.

In December 2007 approval was given for the CHP and Joint Future management arrangements to be brought together as the Community Health and Care Partnership (CHCP) for Shetland.

A temporary project manager was employed in February 2009 to assist in developing the PPF in Shetland.

A final draft Constitution was developed by the Core Group and it was agreed that we would implement the draft Constitution in August 2010.

In view of the small population size of Shetland, it is envisaged that the role of the PPF will be extended to include hospital services in addition to the health and care services covered by the CHP.

2. OBJECTIVES

The PPF will work in partnership with the CHP to ensure that all members of the Shetland public are:

- Better informed about the range and location of health and care services within Shetland;
- enabled to express their own views on health and care services in Shetland;
- able to influence the decision making process in the planning and development of more responsive health and care services which reflect local needs and preferences provided with regular feedback on how

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1 NHS Shetland Community Health Partnership +, A model for Shetland, Scheme of Establishment approved by Scottish Ministers 15 March 2005
their views have influenced CHP actions in line with the principles of equality and diversity.

3. **DESIRED OUTCOMES**

- An **effective** local network of individuals/groups with an interest in health and care services in Shetland;
- Health and care services in Shetland which reflect local needs and preferences;
- A variety of well publicised effective ways for the public to feed in their views, including those of minority and traditionally hard to reach individuals and groups;
- Meaningful communication and dialogue between the CHP and the public.

4. **STRUCTURE**

The PPF has no legal status and is not a constituted organisation. It will not employ staff, acquire assets or incur any liabilities.

The PPF will not be used as a mechanism for dealing with complaints. NHS Shetland and the Shetland Islands Council have their own complaints procedures which will be used.

It is envisaged that Shetland’s Public Partnership Forum will develop into a network that is totally inclusive of the Shetland population, involving individual members of the public, the voluntary sector, charitable organisations and community groups that link closely with the locality service planning mechanisms. It will be responsible to, and supported by, the PFPI Lead\(^2\). Appropriate support in the form of training and development will be given to individual volunteers, groups and forums associated with the PPF by the CHP.

Individuals should determine their own level of involvement in some or all of the following ways:

For example:

- Reading information;
- Disseminating information;
- Commenting on documents;
- Attending a meeting/meetings;
- Participating in Consultation exercises;

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\(^2\) The PFPI Lead is a Health Manager working within the CHP structure.
Being a Working Group member;
Promoting the PPF using whatever means is appropriate to them.

4.1 PPF Working Group

The main role of the Working Group is to act as a conduit for communication between the CHP and the wider PPF network, which is potentially anyone who lives and /or works in Shetland, in order to facilitate engagement and meaningful dialogue with individuals and groups within the Shetland community.

The Working Group is open to anyone from the wider PPF network that wishes to take an active part in developing the PPF and is able to participate in regular meetings. Twelve members will be identified for the Working Group through expressions of interest to join. The twelve members will be selected by the PFPI Steering Group\(^3\) to ensure that there is broad representation from individuals, voluntary sector groups and others.

The working Group will have its own terms of reference and membership (this is how it is defined separately from the wider PPF).

Membership of the Working Group will change depending on the time commitment and specific interests of individual members. When members leave, new members will be identified.

Working Group members will express their own views or that of the organisation/group/locality they represent on the PPF.

**A Chair and Vice Chair of the PPF and a PPF representative to the CHP will be nominated and elected by the PPF members. The office bearers will be expected to attend the Working Group and will be subject to the regulations governing Volunteers within the NHS.**

The Working Group will comprise:

- Volunteers from the public (e.g. members of the former NHS 100, Lay Representatives from other patient groups);
- Members of Voluntary Sector Groups (e.g. Community Councils);
- Members of staff from Public Sector agencies;
- PPF Support Team;

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\(^3\) The PFPI Steering Group includes lay representatives.
The Working Group will be considered quorate when seven members are present and at least two of the support team. The Working Group can co-opt other members of the PPF to assist with projects and pieces of work on behalf of the PPF.

4.2 Role of the Working Group

The role of the Working Group is:

- To promote the PPF and take a lead role in developing the PPF network throughout Shetland;
- To enable people to express their own views in whatever way is appropriate for them;
- To provide information to and to receive information from, the wider PPF network about health and social service matters;
- To take a lead role, through the PPF network in providing a timely response to consultation documents;
- To provide a mandate to the CHP representative prior to CHP meetings;
- To be knowledgeable about access to health and social care services and the complaints procedures;
- To be available to represent the PPF at meetings of other groups to provide information or receive views on health and social care services which can be discussed by the wider PPF network.

The role of the Chair of the PPF, in addition to the above is:

4.3 PPF Chair

The role of the Chair of the PPF, in addition to the above is:

- To take a lead role in developing the PPF in Shetland;
- To liaise closely with the PFPI Lead;
- To participate in agenda setting for the PPF meetings and agree the dissemination of information (with the assistance of the Vice Chair and the PFPI Lead);
- To ensure that agenda items are gathered from both the Working Group and the wider PPF network to ensure that appropriate engagement takes place;
- The PPF Chair/Vice Chair should attend all PPF meetings and meetings (other than the CHP) where the PPF is represented;
- To Chair PPF meetings/video conferences;
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- To ensure that documentation is circulated to and from the PPF network and that responses are received timeously;
- To ensure regular feedback is provided to the PPF network.

4.4 PPF Vice Chair

The role of the PPF Vice Chair is to assist and deputise for the PPF Chair.

4.5 PPF Representative on CHP

The role of the PPF representative(s) on the CHP committee is:

- To attend the Forum and CHP meetings;
- To represent the views of the PPF (not their own views and opinions) at the CHP committee as mandated by the PPF;
- To pass on information from the PPF to the CHP and to pass information back from the CHP to the PPF after each meeting;
- To ensure the views of local people are fed into, and considered in, the planning of health and social care services in Shetland;
- To be accountable to the PPF network;
- To encourage best practice in informing and involving the people of Shetland;
- To constructively challenge thinking within the CHP when necessary;
- To ensure timely response to CHP business.

4.6 PPF Network

The PPF network is open to anyone living and/or working in Shetland, regardless of age, gender, race, faith, sexual orientation or level of ability.

There are no formal criteria for membership and people can participate when and in whatever way they wish, in line with the regulations governing volunteering with the NHS and CHP.

A database will be maintained of those who wish to participate (See Section 7: Information). Former NHS 100 members’ details will automatically be included in the data base unless they advise otherwise.

A contact number and email address for the PPF will be included on any publicity materials published on the PPF website.
Links will be developed to existing data bases of voluntary sector organisations, charitable groups, community groups, support groups, self-help groups, community councils, local community planning groups.

The PPF network will be further developed by a variety of methods including word of mouth, presentations, publicity materials, advertising and use of local media.

5. MEETINGS

PPF meetings should be held as often as necessary but at least quarterly and in line with the CHP committee cycle and at least two weeks prior to the CHP meeting to enable items to be placed on the CHP agenda.

All PPF meetings are open to the public and advertised in the Shetland Times, Radio Shetland, the PPF website, Islesburgh notice boards, local supermarkets, shops, village halls, NHS and SIC Intranets.

PPF meetings will be held in venues which are accessible to all. Appropriate support should be made available to ensure that everyone is able to participate (eg loop system). Meetings should be limited to two hours and an additional meeting called if necessary to complete Agenda items.

Administrative support will be provided for all meetings and minutes taken.

At least seven members of the PPF should be in attendance to make the meeting quorate (includes those attending through video conference).

If the Chair or Vice Chair is not at the meeting then the PPF support team representative will continue to present the agenda items, taking decisions as necessary.

Agenda items should be sent to the PPF Chair/Vice Chair two weeks prior to the meeting. They will be assisted by the PFPI Lead to organise the Agenda.
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The Agenda will be distributed to the PPF members and placed on the PPF web page one week prior to the meeting by the PPF administrative support.

5.1 Agenda Items

Core Agenda Items

Apologies
Minutes of the previous meeting
Matters Arising
Issues raised by the Public

Main Agenda Items including

Report from CHP Representative
Review of the PPF Action Plan
Any Other Competent Business (AOCB)
Date of next meeting

Notice of AOCB should be tabled at the beginning of the meeting.

5.2 Venue

Options:
Lerwick
Rotate around Shetland
Use of Video Conferencing

6. DECISION MAKING PROCESS

Decisions about what action to take regarding issues raised with the PPF will be decided by the Working Group.

The principle is that decisions made by the Working Group will be by consensus or majority vote. However, where it is not possible to achieve consensus then the Chair and Responsible Officer for the CHP will decide on the way forward. Responsible officers are senior designated roles from NHS Shetland Board and CHP eg PFPI Lead, Community Care Head of Service, NMAHP\(^4\) Director.

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\(^4\) This is the designation of the Director of Nursing, Midwifery and Allied Health Professionals
Where possible all views will be noted, minuted and passed on to the relevant body.

At the CHP committee the PPF view should be recorded even when the decision taken does not reflect the PPF view.

The CHP must communicate its decisions and the reasons for them to the PPF.

6.1 **Election of PPF Chair and Vice Chair**

Chair, Vice Chair and CHP Representative will be elected by the PPF network members. Length of term of office should be one year with the opportunity to be re-elected up to a maximum of three consecutive terms.

6.2 **Election of PPF Representative(s) to the CHP Committee**

The representative elected by the PPF to sit on the CHP Committee is subject to acceptance by the CHP Committee.

Nominees must be Working Group members and able to participate in meetings.

Length of term of office: One year with the opportunity to be elected up to a maximum of three consecutive terms.

7. **INFORMATION**

All information and documents should be available in various and appropriate formats to ensure maximum participation (eg large print, audio version, other languages) as per NHS Shetland policy on Accessible Information. All documents will be sent out via email in the first instance, but hard copy will be available on request.

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5 The CHP Committee is a formal standing committee of NHS Shetland Board and as such there is a formal process for accepting new members which is set out in the Scheme of Delegation for NHS Boards. This document can be found at the following link or hard copies from the CHP:

http://www.shb.scot.nhs.uk/board/documents/Section4lastupdateJuly09.pdf
7.1 Minutes

All PPF meetings should be minuted and published on the PPF web page.

Names of attendees and apologies for absence should be noted in the minutes.

The minutes should reflect the discussion, decisions taken and action required.

7.2 Membership Information

Potential members of the PPF network will be invited to complete an Expression of Interest Form (See Appendix III), the details of which will be maintained on a confidential data base. There are no obligations to complete the details but this will aid communication, facilitate the distribution and receipt of information and assist in ensuring the equality and diversity agenda is followed.

The information contained in the data base will not be divulged or used inappropriately.

Access to the PPF data base will be password restricted.

PPF members may wish to share their contact details with others but there is no obligation to do so and this is up to the individual member to decide for themselves.

7.3 Media Contact

No individual member of the PPF should speak to the Media on behalf of the PPF without a mandate from the Working Group. All press contacts should be made in the first instance through the PPF support team.

The support team must ensure that the CHP is aware of any correspondence the PPF has with the Media and vice-versa, and that the CHP is given the opportunity and is able to respond to this, prior to publication. This does not preclude any individual or organisation speaking to the Media but they must be clear that they are not representing the PPF when they do so.
It is however recognised that the media can be a useful tool in promoting the PPF and publicising its achievements and members should be encouraged to write articles for submission to the media. These must be submitted to a meeting of the PPF and the PPF support team prior to publication.

8. ACCOUNTABILITY

8.1 Role and Responsibilities of the CHP

The role and responsibilities of the CHP in relation to the PPF are:

- To have a place(s) on the CHP committee for a representative from the PPF;
- To ensure that PPF members are well informed about the role of the PPF and the CHP;
- To provide the PPF with information about CHP services and keep the PPF updated about any changes or proposals to change services;
- To provide resources to support the function of the PPF to carry out its role effectively;
- To provide appropriate levels of support and training to PPF members to enable them to carry out their roles and responsibilities and to remove barriers to involvement;
- To ensure accessibility of CHP staff to enable members of the PPF to fulfil their role;
- To provide the PPF network members with approved CHP committee meeting minutes in a timely manner;
- To take the views of the PPF into account when making decisions and to share its decisions and the reason for them with the PPF;
- To respond promptly to any requests for information or issues raised by the PPF;
- Formal involvement of the PPF on the CHP Committee must not compromise the “independent” voice of the PPF;
- To advise the PPF of consultation exercises and deadlines, allowing a realistic timescale to enable the PPF to participate fully.

8.1.1 Provision of Information about Health and Care Services

In order to inform the Shetland Community about Health and Care Services in Shetland.

- The PPF will pass on information, through its wider network, from the CHP to the Shetland Community via the Working Group;
The PPF will advise the CHP about the type of information it needs to produce and the ways in which it should be made available;

In order for this to happen:

- The PPF will have access to up to date information about CHP services;
- Information will be available in different formats to meet individual needs;

8.1.2 Public Consultation

The CHP will use the PPF as its main forum for consultation with the public but it is recognised that this is not the only way in which the CHP will engage with the public.

The PPF will enable the CHP to improve its methods of communication in providing feedback to the Shetland public. Through for example, promotion of the Participation Toolkit produced by the Scottish Health Council and Best Practice principles as described by Consumer Focus Scotland.

The CHP will use the PPF network to identify specific working group members for public engagement or consultation.

In order for this to happen the Working Group will:

- Identify existing skills within the PPF;
- Have access to appropriate training;
- Have access to resources to facilitate participation of its members;
- Have access to CHP staff for assistance.

In order for this to happen the CHP will need to:

- Ensure the PPF has a realistic timeframe to complete the engagement and consultation;
- Ensure the PPF is involved at the beginning of the engagement and consultation process;
- Ensure the PPF is involved in consultations where the public view can make a difference;

Members of the Shetland community can raise issues about Health and Care Services with the PPF:
By contacting any member of the PPF;
By contacting the PPF Coordinator/Administrative support by telephone, mail or email;

The Working Group (which includes the PPF Office Bearers) will decide on the appropriate action which may include:

- Contacting the relevant service;
- Discussing the issue at a PPF meeting;
- Involving the PPF network by various means;
- Passing the issue on to the CHP and feeding back the action taken.
- Investigating the issue further through consultation with the Working Group;
- Advising the person concerned to use the appropriate complaints procedure.

The PPF support team will be responsible for ensuring feedback is provided to the person/group that made the original contact.

For Terms of Reference see Appendix IV.

### 8.2 Role of the Patient Focus Public Involvement (PFPI) Steering Group

The PFPI Steering Group has delegated responsibility for governance of PFPI on behalf of the Board. It comprises service managers and lay members as well as representation from the Scottish Health Council (SHC). A Non-Executive Director chairs the group and regular reports are made to the Board.

### 8.3 Relationship with Local Service Delivery Groups (LSDGs)

The Working Group should be notified of all LSDG meetings.

Members of the PPF network will be encouraged to attend LSDG meetings in their locality.

The LDSGs will be able to use the PPF network to engage the public including hard to reach groups and individuals.

The LDSGs will ensure that information made available through the PPF is incorporated into community profiles and then used to plan services in the localities for existing and future needs.
9. **SUPPORT**

The PPF will need support from the CHP in order to remove barriers to participation and to carry out its role effectively.

The members of the PPF, including the Chair, vice chair and PPF Representative(s) to the CHP are all volunteers who are able to devote varying amounts of time to their role.

The PPF support team will provide the following resources:

- A main contact point for the general public and members of the PPF (mail, telephone and email);
- Passing on messages and ensuring any correspondence is auctioned;
- Setting up, maintaining and updating the data base of PPF network members and setting up links to other existing data bases to ensure links are maintained with existing and new networks of groups and individuals;
- Developing a PPF website and ensuring information is up to date.
- Collating agenda items and discussing with Chair/Vice Chair;
- Distributing agenda and papers for meetings;
- Arranging and advertising meetings (including video conferencing) and events;
- Taking minutes of PPF meetings and distributing and placing them on the PPF web page;
- Collecting and disseminating information to PPF network.
- Providing administrative assistance to Chair/Vice Chair and other PPF members as necessary;
- Developing advertising materials;
- Creating and distributing regular newsletter;
- Liaising with NHS and SIC staff as required;
- Reimbursing ‘out of pocket’ expenses;
- Publicising elections;
- Circulating and collating nomination papers;
- Distributing and receiving postal votes;
- Counting any votes.

9.1 **Financial Support**

Financial support will be provided from the CHP to provide the following:
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- Support as detailed above;
- Reimbursement of reasonable travel expenses for PPF members to enable them to undertake their role;
- Funding for PPF members’ attendance at training courses and seminars with appropriate levels of travel and subsistence as required.

10. CODE OF CONDUCT

The PPF is made up of individuals from all walks of life and with varying levels of experience. The views of everyone should be respected, whilst accepting that there will be areas of disagreement.

PPF members should respect the confidential nature of information relating to staff and patients and should on no account disclose such information without the prior consent of the person/persons concerned.

Individual members of the PPF should be confident that their views will be listened to.

The PPF should not be used as a platform for religious or political views and the principles of equality and diversity must be upheld.

It is the responsibility of each individual to declare a conflict of interest if they know or believe it to exist.

11. MONITORING AND EVALUATION ROLE

The PPF should monitor its practices and progress in reaching its objectives through a standing item on each PPF meeting agenda and should formerly evaluate its structure, practices and effectiveness in meeting its objectives, at least annually.

The PPF may wish to use the Scottish Health Council (SHC) Monitoring tool (see Appendix V) which is currently being piloted in other areas.

11.1 Role of the Scottish Health Council in Monitoring and Evaluation

The Scottish Health Council will provide quality assurance in terms of whether or not the CH(C)P is effectively carrying out their statutory duties to involve the public and promote equality of opportunity through the PPFs. To fulfil this role, the Scottish Health Council will:

- Support the development of the PPFs;
12. REVIEW OF WORKING DOCUMENT

This Working Agreement should be reviewed at least annually by the Working Group and the CHP committee.

The review of the Working Agreement will take place at a public meeting which will be widely advertised through the PPF network. Comments may be submitted prior to the meeting to the PPF Support Team.

13. APPENDICES

References:

Patient Focus Public Involvement (PFPI) Steering Group Terms of Reference
Communication and Consultation Mechanisms
Expression of Interest Form
Scottish Health Council (SHC) Monitoring Tool