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Introduction

A Public Partnership Forum (PPF) is a network which is open to all people who have an interest in health and social care services. Every Community Health Partnership (CHP) has access to a PPF whose members have an important role in ensuring dialogue between the CHP (local NHS staff and services) and the local people who use those services.

PPF members get involved in local health matters in a wide variety of ways: for example, some members only wish to receive information, some respond to surveys or consultations, some are active in raising issues with local managers or staff, and some are actively involved as full members of committees, working groups or quality groups working alongside NHS staff.

In Highland there are two public partnership forums:
- Highland HealthVOICES Network (HHVN) NHS Highland-wide Public Partnership Forum
- Argyll & Bute Public Partnership Forum (A&B PPF) and associated locality PPF groups.

PPFs members form wide networks of interested individuals, many of whom are also involved in a wide range of user and carer groups, community and voluntary organisations.

In other words, while the PPFs are a relatively new link they build on existing networks to help the managers and staff work in partnership with service users and communities across NHS Highland.

PPF members also have a formal role on the governing Committee responsible for the overall performance of each CHP. Each of the four CHPs in NHS Highland has PPF members participating as full members of their Committee. PPF members also participate in the governing Committee of Raigmore Hospital.

The role of the PPF members on these important committees is to feed in the views of the patients, carers and public to the local healthcare service, and to see that the decisions and actions are informed by these views. They also need to be able to feed back responses or highlight issues to the wider networks.

The purpose of the Public Partnership Forums

PPFs are a means to:
- inform local people about services
- engage local service-users and the public in discussing how to improve health and social care services
- support wider public involvement in planning and decision making

A Working Agreement is an important document as it sets out the working terms between the NHS Board (and all managers and staff) and the public members of a PPF. It includes

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1 The creation of a Public Partnership Forum is a requirement of the Scottish Executive Health Department as stated in the Statutory Guidance for Community Health Partnerships October 2004.

guidelines, standards and behaviours to support good partnership working between members of public partnership forums and NHS Highland staff. The Working Agreement has been formally approved by the NHS Highland Board demonstrating the commitment of the CHPs, Raigmore Hospital and NHS Highland as a whole to partnership working.

‘Working together 2008’ builds on the Highland HealthVOICES Network 2005 Working Agreement, and incorporates experience and knowledge gained. It takes into account the assimilation of Argyll & Bute in 2006, to become the fourth CHP within NHS Highland. It sets out the agreement between NHS Highland, the CHPs and Raigmore Hospital and Public Partnership Forums.

Throughout this document, where reference is made to the term ‘member’ it refers to members of the Highland HealthVOICES Network and members of the Argyll & Bute Public Partnership Forum.

For information and support on HHVN, the local contact is:

Karen Burnett, HHVN Coordinator
Public Engagement Team
Freepost RLUC-KBCH-KKHC
NHS Highland
Assynt House, Beechwood Park
Inverness IV2 3BW
Tel: 01463 704702
Fax:01463 235189
Email: karen.burnett1@nhs.net

For information and support on the A&B PPF the local contact is:

Caroline Champion, Planning and Public Involvement Manager
NHS Highland (Argyll & Bute CHP)
Freepost RRYT-TKEE-RHBZ
Aros, Blarbuie Road
Lochgilphead, PA31 8LB
Tel: 01546 605680/605681
Fax:01546 605610
Email: caroline.champion@nhs.net

A glossary of terms and commonly used abbreviations may be found in Appendix 2.
This document follows the requirements for a working agreement set out in the national guidance for PPFs\(^2\).

**Section One** of the Working Agreement refers to all members.

**Section Two** of the Working Agreement is about partnership working. It is for all members of NHS Highland staff and all PPF members and gives guidance on working together in NHS Highland working groups, committees, or other projects or formal structures.

**Section Three** of the Working Agreement applies to HHVN members

**Section Four** of the Working Agreement applies to Argyll & Bute PPF members.

**Section Five** details the role of the Scottish Health Council in relation to PPFs

\(^2\) Community Health Partnerships: involving people - Advice Notes, December 2004
1. SECTION ONE – General principles

Section One of the Working Agreement refers to all Public Partnership Forum members in the area of NHS Highland.

1.1 Structure of the Public Partnership Forums

Membership of the PPFs is open to anyone who:

- receives health services;
- cares for someone who receives health services;
- lives in, works in or uses the services in the NHS Highland area;

See Appendix 1 for a map of the area.

PPFs will welcome you and respect and value your contribution as an individual. Equally you can still join the PPF if you are a member or have links to a wide range of other community or voluntary groups.

1.2 Membership Process

Members join a PPF by completing the registration form and an anonymous equality and diversity monitoring form. Assistance for completing the appropriate forms in alternative formats will be made available by the appropriate local NHS Highland PPF coordinating office.

We gather and analyse confidential information about equality and diversity to make sure all our services are able to meet the needs of groups and individuals from across our communities. We use this information to help us make our services accessible and user friendly. This information is held separately from the membership register and is completely anonymous.

The completed registration forms are forwarded to the local coordinating office. Personal data will be recorded in an Access database which is password protected with access by the minimum number of NHS staff, each of whom is bound by a duty of confidentiality.

The local coordinating offices are responsible for:

- Communication and liaison with members and all NHS Highland staff in their preferred formats
- Adding new members to the register and removing members at their request
- Ensuring the register is kept up to date
- Maintaining security of personal information
- Developing and maintaining links with wider networks of groups and organisations
- Collating data on PPF travel and other expenses
- Monitoring and responding to equality issues
PPF Members are responsible for:

- Advising changes in personal information
- Advising if they no longer wish to be a member of the PPF
- Advising if there is any change in the time commitment they can offer
- Submitting claims for expenses promptly to the NHS Highland contact person, assistance can be arranged and this can be completed in a members preferred format

1.3 Commitment to equality and diversity

NHS Highland recognises and values the diversity of the Highland population.

We believe that equality for all is a basic human right and actively oppose all forms of unlawful and unfair discrimination. We celebrate the diversity of society and are striving to promote and reflect that diversity within the PPF structure.

We recognise that individuals and communities may experience discrimination or harassment on the grounds of race or ethnicity, age, gender (including transgender and transsexual people), relationship or marital status, sexual orientation (because they are lesbian, gay, bisexual or heterosexual), relationship or marital status, age, language, background, disability, faith or religious belief.

This discrimination is unacceptable and we aim to be an equality and diversity champion and leader in:

- promoting equality and diversity
- challenging and eradicating discrimination
- providing responsive and accessible services for people in Highland

ensuring our membership reflects the diverse population of Highland.

1.4 Conduct and relationships

NHS Highland is committed to providing a working environment, which is free from harassment, bullying or intimidation of any nature. PPF members and NHS Highland staff are expected to work in a spirit of partnership with each other and with associated groups. All parties have a responsibility to treat each other with dignity and respect. All staff and PPF members have a responsibility for their own behaviour and to ensure that their actions, attitudes or behaviours do not cause distress or upset to others. (See Section 2.1 for ‘Working Together Standard’; Section 2.9 for managing situations of conflict and NHS Highland’s Partnership Information Network [PIN] Dignity at Work Policy also applies. The PIN Policy may be obtained from your local PPF coordinating office.)

1.5 Time commitments

Individual PPF members will give as little or as much time as they choose. Some members may only wish to be members for a limited amount of time, e.g. for a particular consultation/project. It would be helpful if members could advise if there are changes to their level of involvement or whether they wish to remain members.
1.6 Payment of expenses

Repayment of reasonable costs incurred by PPF members as a direct result of their involvement will be in line with the NHS Highland Out of Pocket Expenses Policy for volunteers\(^3\) (available from your local PPF coordinating office\(^4\)). Expenses payments will be processed within one month of an expenses claim being received, including the date of the meeting/event attended. Claim forms must be returned as soon as possible, and no later than two months after the event. Claims submitted after this time may not be paid.

1.7 Learning and Development for Members

Where possible within current resource capacity and if it is appropriate, existing learning and development opportunities for NHS Highland staff are also available for PPF members: for example, joint training sessions, development events etc. To make the best use of resources, when appropriate, opportunities may be provided from outwith the NHS for example national training programmes like Hearty Voices. Members who wish to participate directly on working groups or committees are encouraged to seek further learning and development to assist them in their roles (see Section 2.6). We will aim to support people to do this.

1.8 Communication processes

To make best use of resources and staff time, the main way for communicating information to members will be via electronic mail (email). However, if members do not have access to email, written communication will be posted out in the preferred format. PPF coordinating staff should take care that file sizes are not too large and hard copies should be available and posted out on request.

In addition to directly contacting NHS Highland managers and staff all PPF members can raise issues, comments and concerns with their local PPF coordinating office. The local PPF Coordinators will have the responsibility to ensure these are referred on to the relevant person in NHS Highland. A simple log of these issues will be maintained and the individual member kept informed of progress.

1.9 Resources to support the PPF Networks

In addition to the NHS Highland staff dedicated to the PPFs and public involvement, PPF members have access to a wide range of skills and resources of NHS Highland, through the local PPF coordinating offices.

1.10 Contact with the media

No individual PPF member should speak to the press on behalf of the PPF. This does not preclude any individual or organisation speaking to the press, but they should make it clear that they are not representing the PPF if they do so.

In order to promote the ability of all group members to participate openly in committees, projects or working groups and to protect committee confidentiality, PPF members who participate in these formal activities should not speak to the press about the activities or actions of that group without the prior agreement of the Chair of the group, or Susan Rose, Head of Communications or for Argyll & Bute, David Ritchie, Communication Manager.

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\(^3\) Includes criteria outlined in the Support Standard of the National Standards for Community Engagement

\(^4\) Expenses Policy is also on website at http://www.nhshighland.scot.nhs.uk/GetInvolved/Pages/GetInvolved.aspx
Members of the four Community Health Partnerships and Raigmore Committees will be asked to sign a confidentiality statement.
2. SECTION TWO – Partnership working

Section Two of the Working Agreement is an outline for NHS Highland staff and PPF members of the principles of non discriminatory partnership working. It is good practice that working groups and committees seek public involvement, one method is to include public partners. NHS Highland has a responsibility for supporting PPF members to assist them to play a full part and to be effective on working groups, committees or other formal structures.

2.1 Working Together Standard (National Standards for Community Engagement, Communities Scotland 2005)

The following extracts from the Working Together section of the “National Standards for Community Engagement” outline the values that will help participants from the PPF networks and NHS Highland staff to work together effectively and efficiently.

“Participants will:

1. Behave openly and honestly – there are no hidden agendas, but participants must also respect confidentiality
2. Behave towards one another in a positive, respectful and non-discriminatory manner
3. Recognise participants’ time is valuable and they may have other commitments
4. Recognise existing agency and community obligations, including statutory requirements
5. Encourage openness and the ability for everyone to take part by:
   • Communicating with one another using plain language
   • Ensuring that all participants are given equal opportunity to engage and have their knowledge and views taken into account when making decisions
   • Seeking, listening to and reflecting on the views of different individuals and organisations, taking account of majority views
   • Removing barriers to participation
6. Take decisions on the basis of agreed procedures and shared knowledge
7. Identify and discuss opportunities and strategies for achieving change, ensuring that:
   • Key points are summarised, agreed and progressed
   • Conflicts are recognised and addressed
8. Manage change effectively by:
   • Focusing on agreed purpose
   • Clarifying roles and who is responsible for agreed actions
   • Delegating actions to those best equipped to carry them out
   • Ensuring participants are clear about the decisions that need to be made
   • Ensuring that, where necessary, all parties have time to consult with those they represent
   • Coordinating skills
   • Enhancing skills where necessary
   • Agreeing schedules
   • Assessing risks
   • Addressing conflicts
   • Monitoring and evaluating progress
   • Learning from one another

5 NHS Highland aspires to incorporate all ten of the National Standards for Community Engagement in partnership working
• Seeking continuous improvement in how things are done

9. Use resources efficiently, effectively and fairly
Support the process with administrative arrangements that enable it to work.”

2.2 How group and other committees memberships are sought and selected

This section details the principles and processes leading to the appointment of PPF members to any committees, working groups or other formal structures. Further guidance is given on the appointment process for the formal PPF members of Community Health Partnership Committees within Sections 3 and 4.

NHS Highland staff must consider the purpose of involving PPF or other public members and the specific skills or other requirements they are seeking for working groups or committees. Staff will write a clear brief which will be forwarded via the local PPF coordinating office to members, inviting interest. Generally this is circulated to members who have expressed that particular interest e.g. children’s services or individuals from a particular geographical area. The briefing will give the background to the proposed group or committee, the knowledge and skills sought, the time commitment, and the frequency of meetings. In order not to discriminate and to achieve equality of opportunity for all PPF members NHS staff must also consider making reasonable adjustments to ways of working. For example NHS staff will need to have a flexible approach to the timing of meetings to minimise discrimination to those who may have work/home commitments. In order to minimise the impact of distance and travel the use of video conferencing should be considered. Templates for HHVN and A&B members have been developed for this purpose (see Appendix 5).

The template suggests that members contact a named NHS person if they would like more information or would like to register an interest. In the event of a lot of interest in a working group or committee, NHS staff may need to consider asking for more information or having a discussion with interested members before confirming selection. Members will not be selected until the date for response has lapsed so that members who do not have email are not discriminated against. It is recommended for formal committees and groups at least two members are sought in order to be able to provide mutual support and cover for absences at meetings.

NHS Highland is committed to involving patients and the public in its work and supports the principle that people should not be out of pocket when working with the organisation. The NHS Highland Patient and Public Expenses Payment Policy is available from your local coordinating office and on the NHS Highland website.

NHS staff seeking involvement from PPF members are responsible for issuing and authorising expenses claim forms in the preferred format and being the contact person for any queries. The direct costs of Patient and Public Involvement lie with the department seeking the involvement. Therefore these costs will be contained within the normal operational budgets of NHS Highland.

There may be occasions when committees have a PPF member, but may also wish to call on the support of an additional member who has a ‘special interest’ or knowledge in specific areas of work.
NHS Highland staff should inform the local PPF coordinating office of the name of the PPF member/s serving on the committee or group.

2.3 PPFs – Part of the Public Involvement Toolkit

NHS Staff should be aware that the PPFs are just one of a range of methods to obtain the views of patients and the public. For example, there are many existing patient/carer/voluntary groups with specific focus and expertise. The local PPF coordinating staff can provide information on the most appropriate ways of involvement, and can provide helpful contact information. There are many resources available to help staff with their duties to ensure staff and members are treated sensitively and fairly. If you would like any information or advice, all staff are welcome to contact Equality and Diversity Team.

2.4 Feedback processes

In order to promote good communication between members, notes, minutes and action plans from committee/working groups will be available and distributed to PPF members on request in their preferred format. In addition, completion of a simple form will enable members to feed back from their involvement in other activities, conferences or training. This system will be developed in such a way as to allow for flexibility, as not everyone will be able to feed back in writing. See Appendix 3 for report template.

The members’ feedback form can be shared with a selection of PPF members (if it is in an area of specific interest) or with all members if of general interest. The Public Engagement Team will be responsible for circulating these reports.

This reporting system will also capture personal feedback on the experience of involvement which will contribute to quality monitoring processes. The data recorded will also contribute to the NHS Highland’s Annual Performance Assessment of public involvement by the Scottish Health Council. The reports may also continue to contribute evidence for the Participation Standard. Based on NHS Quality Improvement Scotland standards this is expected to be introduced in 2010 to provide a comparable assessment of Patient Focus and Public Involvement across all NHS Boards.

It is expected that there will be other opportunities for members to get together at occasional meetings or workshops, either in their own area or at Highland-wide events.

2.5 Situations of potential conflict of interest

Declarations of interest must be made and potential conflicts of interest declared and agreement reached by all parties on each committee on how these will be dealt with. Examples might include journalists, locally elected members, MSPs, existing or recently retired NHS staff.

Some working groups have their own systems in place for recording declarations of interest.

In cases where there is disagreement these will be referred in the first instance to the local PPF coordinating office and if necessary advice will be sought from the Scottish Government Patients and Quality Division.
2.6 Learning and Development for Committee Members

It is recognised that there may be personal learning and development needs for individual members serving on working groups or committees. Every reasonable effort will be made to support these members to function effectively. This could include, for example, direct support and briefings from relevant NHS staff or support from a fellow PPF member.

2.7 Video and tele-conferencing policy

Both staff and members should consider the use of video and teleconferencing facilities which can save time and travelling costs and can often facilitate greater involvement from members. NHS Highland is continuing to expand the availability of video conferencing across the area.

2.8 Conduct and relationships

NHS Highland staff and PPF members are expected to work in partnership with each other and with associated groups. All parties have a responsibility to treat each other with dignity and respect and must not act in disregard of organisational policies, for example staff must work within NHS Highland’s PIN Dignity at Work Policy. All staff and PPF members have a responsibility for their own behaviour and to ensure that their actions, attitudes or behaviours do not cause distress or upset to others.

2.9 Managing situations of conflict

In order for PPF members to be effective and contribute positively to NHS services, it is important to have shared ground rules governing the conduct of members and NHS staff. All members of the PPFs and NHS staff are expected to work in partnership. To be effective this means that the relationship must be open, honest, positive and respectful. Within this relationship attention must be given to resolving tensions and potential conflicts between PPF members, or between a PPF member and a member of NHS Highland staff in a fair and impartial manner.

Everyone is responsible for their own actions and must ensure that they conduct themselves appropriately at all times. Conduct issues relating to members of NHS Highland staff will be dealt with through agreed personnel processes. The remainder of this section therefore refers to PPF members. If a PPF member experiences any difficulties relating to a member of staff they should contact their local PPF coordinating office.

Not tackling a problem usually only means that it gets increasingly difficult to deal with. Not dealing with a problem can lower the morale of other PPF members and NHS Highland staff. Everyone has a responsibility for ensuring that people are made aware of any behaviours that are unacceptable such as inappropriate language. Conduct issues should be addressed at the earliest opportunity before they become a situation of conflict.

Unacceptable behaviour can include:

- taking on tasks which go outside the agreed remit
- lack of respect for other people’s confidentiality, dignity, and differences
- breach of health and safety regulations
- persistent poor attendance and no apologies

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6 PIN Policies available from your local coordinating office.
• discriminating behaviour, eg regarding someone’s disability, race, sexuality, gender, faith or age
• abusive, or other offensive behaviour including the use of inappropriate language or references
• arriving at meetings under the influence of alcohol or drugs, or other substance misuse

The aim is to identify and resolve issues through dialogue. In the majority of cases, such problems can be sorted out satisfactorily and quickly through informal discussions or through the Chairs of committees or groups. It may be that the individual PPF member has some personal development or support needs that NHS Highland will endeavor to help members meet. It is important to acknowledge that there are many types of public involvement and not every type of involvement will suit every member.

At the informal discussion stage, it is a question of:

• explaining why the discussion is taking place
• highlighting positive contributions
• finding out the how the member thinks their involvement is going
• outlining the problems
• looking at the reasons for behaviours
• jointly agreeing a timescale for changes
• taking careful notes

Sometimes, however, it may be necessary to put things on a more formal footing (for HHVN see Section 3.12 ‘Handling situations of conflict’ and for Argyll & Bute see Section Four). NHS Highland Partnership Information Network Policies on Dignity at Work and Protecting against violence and aggression also apply.

Managing members’ behaviour is not something to enter into lightly and advice should be sought from the local PPF coordinating offices. Members of the PPFs have a role in monitoring the behaviour of fellow PPF members and must play an active part in handling situations of conflict.

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7 PIN Policies available from your local coordinating office.
3. SECTION THREE - Highland HealthVOICES Network

“Highland HealthVOICES Network – NHS Highland-wide Public Partnership Forum (HHVN) is a mechanism which supports effective engagement between local communities in the North, Mid and South-East Community Health Partnerships (CHP) and Raigmore Hospital. It also has some members from Argyll & Bute CHP.”

HHVN is a network of individuals who have registered with NHS Highland who would like to work to contribute to local health service planning and improvement. HHVN members get involved in many topics, close to home or across the region. Members can also state their preferred method of being involved and level they wish to be involved to; for example, by receiving information through to participating on committees or working groups. In order to make the network as accessible and relevant to all, members can also indicate barriers to their involvement which NHS Highland will endeavour to help them overcome.

The ongoing development of the Highland HealthVOICES Network is led by the HHVN Steering Group which took over from the Public Partnership Forum Development Project Board from 1 April 2006.

3.1 Remit of HHVN Steering Group

The HHVN Steering Group will monitor the progress and oversee the management and further development of the Highland HealthVOICES Network – the NHS Highland-wide Public Partnership Forum. This is in line with the Guidance issued by the Scottish Executive for a need for support mechanisms and structures linked to the development of the Public Partnership Forum.

The work of the HHVN Steering Group includes facilitating the monitoring and overseeing the management of the activities of the Network, reviewing documents and developing evaluation systems, including information on the costs and outcomes of the network. The Steering Group will have responsibility for checking that the network does not discriminate and promotes equality and positive attitudes. Other work may include members of the Steering Group providing specific support and guidance for HHVN members as defined in the Working Agreement in cases of dispute or managing situations of conflict.

The Steering Group will submit reports to the CHPs and other parts of NHS Highland as appropriate and will address issues in partnership with the relevant part of the organisation. The role and remit will be reviewed and adapted over time in dialogue with members.

3.1.1 Membership of HHVN Steering Group

The HHVN Steering Group is quorate with three NHS Highland staff and four members of the public:

- Two HHVN members from each CHP area. In order to avoid conflict of interest these are different from the HHVN members and deputies who are elected to the CHP/Raigmore Hospital Committees.

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8 Community Health Partnership: Involving People Advice Notes. Scottish Executive Health Department, December 2004
One member from each CHP/Raigmore Hospital Management Team or delegated person with a decision-making mandate

- Head of Public Engagement
- Non Executive Director NHS Highland
- HHVN Co-ordinator
- HHVN Administrator
- Scottish Ambulance Service North region
- NHS24 Northern area

Scottish Health Council staff will aim to be in attendance. Other people may be co-opted from NHS Highland or partner organisations as needed to provide support/advice or to lead on a particular task or project issue, e.g. Finance or Human Resources staff.

3.1.2 Attendance
In the event of NHS staff being unable to attend, they are asked to send a delegated person with decision-making authority.

If members of the Steering Group are unable to attend three consecutive meetings without reasonable cause, they will be asked to stand down from the group and a replacement will be sought.

All members of the HHVN Steering Group are asked to make apologies known in advance.

3.1.3 Lines of communication
All HHVN members can feed into the Steering Group via the appropriate HHVN members. Information from the Steering Group will be available all members of the HHVN in their preferred format, and on the NHS website: this will include agendas, minutes and any other relevant information e.g. reports. There may be items which would not be appropriate for publication owing to issues of individual confidentiality e.g. cases of dispute or on matters of conduct. In such cases, the item would not be made public.

3.1.4 Meetings
Meetings will be held bi-monthly with the option of video conferencing facilities. Forward dates are set a year in advance.

3.1.5 Agenda
Agendas will be developed in conjunction with membership of the HHVN Steering Group.

3.1.6 Chair
Chairing the group is to be alternated between the Head of Public Engagement and one of the HHVN members on the Steering Group.

3.2 Promoting good conduct
In order to guide and support NHS staff and HHVN members to work together effectively it is important to set out and agree common rights and responsibilities. In the event of a problem or conflict regarding an HHVN member, the person with a concern should in the first instance
discuss this with the Chair of the group or committee, or with the HHVN coordinating office if the issue concerns the Chair.

- **Issues relating to NHS staff**
  In the event of any behaviour or performance issues by the NHS staff on the committee or group experienced by the HHVN member, attempts should be made to resolve these informally with the General Manager or committee Chair who will act as mediator.

  Any serious matter of staff conduct will be addressed in accordance with the established NHS Highland staff guidelines and policies. If this results in a formal process involving a member of NHS Highland staff, feedback on the outcome will be given to the HHVN member.

- **Issues relating to HHVN members**
  The HHVN Steering Group has overall responsibility for guiding and resolving concerns regarding the behaviour and conduct of HHVN members.

  If any issues arise reported either by other members of HHVN, NHS Highland staff or other public members on any committees/groups, the Chair of the committee or working group has a role to attempt to resolve this informally.

  However all concerns or issues should be reported to the HHVN Steering Group at the earliest opportunity before they become a situation of conflict. The Steering Group is responsible for decisions around the appropriate next steps.

  Any unresolved matters of HHVN members’ conduct or behaviour may be referred to a subgroup of the HHVN Steering Group, who would invite the member to a meeting to discuss the problem and suggest ways it might be resolved. Follow up meetings may also be necessary. All reasonable efforts should be made to assist the member to improve their conduct, but in the unlikely event this does not happen, the Steering Group may terminate or limit the member’s degree of involvement.

- **Handling situations of conflict**
  i) **Stage one**

  At this stage, it is a question of looking at the reasons for behaviours. Members of the HHVN Steering Group will be asked to form a small subgroup to meet with the member. At all stages the member must be asked if they wish to be accompanied by a friend, relative or independent third party. It is essential to take careful notes and jointly agree changes and their time scale. It is also essential to:

  - explain why the meeting is happening
  - highlight positive contributions
  - find out the how the member thinks their involvement is going
  - outline the problems
  - jointly agree outcomes
  - provide timescale for changes
The sub-group will give the member written feedback on the process and the changes expected.

ii) **Stage two**
A further meeting will be needed if there is insufficient improvement, or the issue is a serious one for example it has legal implications. At this meeting it is essential to take clear notes and to:

- find out what has gone wrong since the last meeting
- leave no doubt as to the serious nature of this meeting
- make sure that the member fully understands what is happening
- agree timescale for improvement
- explain what will happen if there is no improvement

The member will receive a follow-up letter clearly stating what improvements are expected and the timescale. It is important to try to keep the goodwill of the person involved, and also of the other members.

iii) **Stage three**
In the case of continuing or gross misconduct, or if there is no improvement within the new timescale, the member can be asked to leave HHVN. This must be put in writing to the member within one week, giving reasons and details of the right of appeal. Any appeal must be received within 14 days of the date on the letter of removal. The member will not be allowed to continue, pending any appeal.

iv) **Appeals**
A right of appeal should be included at every stage and carried out within the agreed time limits. The member, their friend or independent third party if they wish, the relevant member of NHS staff, a senior manager (e.g. Personnel Adviser) and a public member of the HHVN Steering Group should attend the appeal.

### 3.3 Selection of HHVN members for Community Health Partnership and Raigmore Hospital Committees

The three Community Health Partnerships (CHPs) and Raigmore Hospital in North Highland each have a main governance Committee. Each of these Committees is required to include one HHVN member as a full Committee member. The role of the HHVN member is detailed in section 3.16.

A second member will be appointed as a deputy for the governance Committee of each CHP and Raigmore Hospital. Recognising the demands of being HHVN members on these Committees, it has been agreed both members can attend in order to provide mutual support and learning, as well as ensuring there is cover for holidays and other absences.

The following guidelines cover the process to appoint members to the CHP and Raigmore Hospital Committees:

- Members seeking appointment to a CHP Committee must be resident, working in or have a substantial interest in the area of the CHP.
A role description and application form is available for these Committee roles. This details the expected time commitment, venues, frequency and time of meetings.

No appointment will be made on the basis of written evidence alone.

Current NHS Highland staff will not be eligible to serve as the HHVN member on the CHP or Raigmore Hospital Committees, because their impartiality may be queried. If the HHVN member were also a member of staff they may be put in a situation of having a conflict of interest depending on the issues to be raised at the Committees.

Members of the Scottish Health Council Local Advisory Council will not be eligible to serve on the CHP or Raigmore Hospital Committees, because of their role in the quality assessment of public involvement in the NHS.

3.4 Method of making appointments to the CHP and Raigmore Hospital Committees

The role description will be circulated to all HHVN members to invite applications for places on the CHP or Raigmore Hospital Committee. Those interested will be asked to provide a short biography, which will describe the experiences and skills they can bring to the committee. Assistance will be offered from the local NHS Highland PPF coordinating office if for any reason a member is unable to apply in this way.

When applications are received, a shortlist for interview will be drawn up based on those people who are able to demonstrate that their skills, knowledge and personal qualities match the criteria outlined in the role description of the HHVN member. The shortlist will be drawn up by HHVN coordinating office.

The short listed members will then be asked to attend an informal discussion. This will be chaired by a member of the HHVN Steering Group who is resident in a different area from the interviewees and will involve the Committee Chair and CHP/Raigmore Hospital General Manager. This will give an equal opportunity for the HHVN member and leads the CHP/Raigmore Hospital to explore issues around:

- the expectations and standards required for the role (ie National Standards of Community Engagement)
- questions about conflict of interest
- workload requirement for the post

HHVN members are encouraged to bring a note of questions to the informal discussion. The HHVN Steering Group member present will ensure that there is a consistent, fair process for each member.

A collective assessment of each member will be made by the group and they will feed back to the HHVN members individually.

In the event of only one HHVN member coming forward the method outlined will ensure that, while we promote equality of opportunity, it is balanced by a transparent decision-making process about appointments.

In order to become more inclusive and encourage more people to participate a commitment is made to
• continually review the process in terms of equality of opportunity
• regular monitoring
• build capacity in PPF members and communities to engage in the PPF and to put themselves forward for appointments.

3.5 Election process
If more than one suitable member emerges from the above process an election will be held, where it is possible, by an independent third party.

HHVN members will be asked to vote for their choice of members. Only members resident in the relevant CHP area will be eligible to vote on the member for that CHP Committee.

Members' biographies will be posted to the relevant HHVN members. They will be asked to vote in order of preference using a postal voting system. Assistance will be offered to those members who require it.

The first placed member in each membership group will be the primary member for the Committee and the runner up will be the deputy.

Terms are normally for two or three years according to agreement between members and the Committees. Ideally appointments should allow for succession and to ensure all expertise is not lost at the same time. After the initial term a further term can be served by mutual agreement. Members may serve a maximum of two terms not exceeding six years in total.

3.6 Induction process
Members appointed to the CHP or Raigmore Hospital Committee will be supported in this role by following a local CHP and Raigmore induction process, supported by the local HHVN coordinating office. There may also be possibilities to use a mentoring or ‘buddying’ system.

3.7 Roles and responsibilities of NHS Staff/Committee Chairs
Chairs of Committees have the responsibility to ensure that those members who are selected to the CHP or Raigmore Hospital Committee are familiar with what is expected of them and ensure that they are treated equitably and offered sufficient opportunities to participate. The procedures outlined in the ‘Working Together Standard’ detailed in Section 2.1 will also apply. For example, responsibilities will include – ensuring agenda and minutes are available, expenses reimbursed, explaining the role and remit of the Committees, inclusion of members in any development sessions, review of all Committee members performance, sharing communication processes, ensuring confidentiality matters dealt with and reviewing declarations of interest.

3.8 Roles and responsibilities of Public Partnership Forum members
The PPF members serving on the CHP or Raigmore Hospital Committee will be subject to any code of conduct in operation by them. Further procedures are outlined in Section 3.2 ‘Promoting Good Conduct’ and Section 2.1 ‘Working Together Standard’.
3.9 Decision-making processes
Decision-making is informed by patient and community perspectives and HHVN members should use whatever means are appropriate: for example, consulting with other members of the Network, other patient/care/voluntary groups. The HHVN Coordinator can facilitate these contacts.

Minutes of meetings should record the member’s comments. This will provide evidence that the member participated in the full debate. Notes of the meeting should detail clearly the decision made and the reasons for that.

3.10 Payment of expenses
Expenses will be reimbursed in line with the NHS Highland Out of Pocket Expense Policy for volunteers, available from the local coordinating office or the NHS Highland website.

Members serving on the CHP or Raigmore Hospital Committee may incur additional expenditure for telephone calls, email or postage. These costs should also be reimbursed by using the claim form.

3.11 Access to and use of information
Members who take part in formal CHP or Raigmore Hospital Committees will be asked to complete the standard NHS Highland confidentiality statement. These members will have access to information which may be particularly confidential, for example, information relating to patients, staff, financial or statistical information or embargoed reports, etc.

3.12 Declarations of interest
A declaration of interest form should be completed when individual members are accepted for CHP or Raigmore Hospital Committees. This will be reviewed annually. The individual will agree to declare any changes in the event of the individual or organisation extending their scope of interest or sphere of operations during the year.

3.13 Communication processes
Members serving on CHP/Raigmore Hospital Committees will be advised how they can raise issues, comments and concerns: for example, with the Chair or other designated contact person from the CHP or Raigmore Hospital. Responses to these types of queries should be dealt with promptly. If there is to be a delay the member/s should be advised of this.

3.14 Lines of accountability and feedback
The guidance in Section 2.4 Feedback Processes is also relevant to members serving on a CHP or Raigmore Hospital Committee. In addition, these members will be accountable to the wider communities served by the CHP or Raigmore Hospital for their actions and contributions.

The names of people elected to serve on the CHP or Raigmore Hospital Committee will be available to other members of the network, who may ask them to raise issues on their behalf. Members elected to serve on CHP or Raigmore Hospital Committees will be required to
feedback on their involvement to the wider membership. One way of achieving this is the completion of the feedback form (Appendix 3) and another is to use HHVN’s Network News.

### 3.15 Contact with the media

No individual HHVN member should speak to the press *on behalf* of the wider membership. This does not preclude any individual or organisation speaking to the press, but if they do so they should make it clear that they are not representing HHVN.

In order to promote the ability of all group members to participate openly in CHP and Raigmore Hospital Committees, HHVN members who participate in these formal activities should not speak to the press about the activities or actions of that group without the prior agreement of the CHP or Raigmore Hospital General Manager. Members of the four Community Health Partnerships and Raigmore Committees will be asked to sign a confidentiality statement.

In order to promote and raise awareness about the value and importance of public involvement the NHS Highland Communications Team may approach members for comment or quote about areas of work they have been involved in for inclusion in press releases.

Media advice or guidance is available from NHS Highland’s media contacts:

- Susan Rose, Head of Communications, NHS Highland  
  Tel: 01463 704781  
  Email: susan.rose1@nhs.net
- Erin Greig, Communications Manager, Raigmore NHS Highland  
  Tel: 01463 705771  
  Email: erin.greig@nhs.net
- Sue Restan, Communications Officer, North and Mid NHS Highland  
  Tel: 01349 882959  
  Email: sue.restan@nhs.net
- David Ritchie, Communications Manager, NHS Highland Argyll & Bute CHP  
  Tel: 01436 655040  
  Email: davidritchie@nhs.net

### 3.16 Formal role description for HHVN primary/deputy members serving on the main Community Health Partnership (CHP) and Raigmore Hospital Committees

This role description applies to HHVN members elected to participate on the main Committee of four of NHS Highland’s five Operating Units:

- North Highland Community Health Partnership
- Mid Highland Community Health Partnership
- South East Highland Community Health Partnership
- Raigmore Hospital

See Section Four for role description for Argyll & Bute Community Health Partnership.

You should have knowledge of or an interest in health and wellbeing, including health services and community care. The other members of the committees are: NHS staff; Local Authority elected members and staff; and voluntary sector representatives. After this process,
each of the four units should have one primary member and one deputy. While the primary member is the formal member of the committees and eligible to vote, the deputy may also attend the meetings. The deputy is seen as supporting the primary member and to eventually succeed to the primary role.

Recognising the demands of being HHVN members on these Committees, it has been agreed both members can attend in order to provide mutual support and learning, as well as ensuring there is cover for holidays and other absences.

NB: People in all communities served by Raigmore may stand as Committee members for Raigmore Hospital. Residents in Argyll & Bute attend hospitals outwith Highland for specialist services so Argyll & Bute members are not eligible to stand for the Raigmore positions or to vote in the event of an election.

In the event of a formal vote during the business of the Committee, the primary member would be the one authorised to vote. In the event of their absence then the deputy would be authorised to vote.

3.16.1 What is the role of the member on the CHP/Raigmore Hospital Committee?

- To ensure that the views of local people are fed into local healthcare services, and are considered in the planning and delivery thereof.
- To ensure that the decisions and actions of the CHP/Raigmore Hospital are informed by the views and perspectives of patients, carers and the public.
- To contribute to local health service projects or initiatives aimed at improving the health and wellbeing of local people.
- To contribute to the planning of service change initiatives, and to encourage best practice in informing and involving patients, carers and the wider community.
- To take a corporate and supportive approach as a full member of the Committee.
- To assist in the development of CHP/Raigmore Hospital public involvement and other related strategies.

3.16.2 What knowledge and skills do I need?

- You should have an interest in health, health services or community issues. You may be, or have been, involved in your local community.
- You should be able to work with lots of different people.
- You need good communication skills, including the ability to communicate on behalf of other people, even if you do not share their views. Feeding back responses or highlighting issues to the wider networks will also be important.
- You need good listening skills. You should be able to demonstrate how you have obtained views and inputs from people in local communities.
- You will be willing to work in a positive way alongside a wide range of people from the NHS and partner agencies in the interests of all patients and communities, and to challenge, question and contribute in a constructive manner.
• You need to be keen to learn about the NHS, and will be supported by NHS Highland staff/departments.
• A programme of induction training to suit your needs will be available to prepare you for the role. This will include learning more about the NHS and how to make use of the wide range of community contacts within local communities, and through the Highland HealthVOICES Network.

3.16.3 What will be my time commitment?
Fixed commitments – meetings: at present the CHPs hold half-day meetings 4-6 times a year as outlined below:

• **North Highland CHP** meetings are held six times a year; venues rotate between Caithness and Sutherland. Meetings normally start at 2pm and finish around 4pm
• **Mid Highland CHP** meetings are held four times a year; venues vary throughout the area but may include Fort William, Invergordon and Skye. Meetings start at 10am and normally finish at 1pm.
• **South East Highland CHP** holds four meetings per year; venues rotate throughout the area. Meetings normally start at 2pm and finish around 5pm.
• **Raigmore Hospital Governance Committee** holds meetings six times a year. These are held in Raigmore Hospital, Inverness and normally start at 10.30am and last for around three hours.

3.16.4 Other work/activities
In order to work effectively on behalf of patients/carers/others, you will need time for a range of other activities. For example:

- involvement in other CHP/Raigmore Hospital operational meetings, e.g. management teams, locality meetings
- reading briefings, reports, other documents
- networking with patients/carers/others, and using existing systems to obtain their views
- one-to-one reviews with CHP/Raigmore Hospital General Manager (or other as agreed) to identify and respond to any issues arising in connection with Committee conduct or business.
- working with NHS staff to identify and address your individual learning and development needs, and being supported with the necessary training or development

3.16.5 What are the benefits of being involved?
• You will ensure that the views of your community and the wider networks are put forward.
• You will be able to address issues that are important to members of the community.

3.16.6 If I am interested, how do I apply?
Get in touch with the HHVN Coordinator. You will be asked to complete a simple personal biography which will ask what skills you feel you can offer.

3.16.7 How will I be selected?
We will ask you to submit the short biographical description and to come to an informal discussion with a member of the HHVN Steering Group and the Committee Chair and
CHP/Raigmore Hospital General Manager to discuss the role. An election process may still be undertaken following the discussion, depending on the number of members interested in these roles.

3.16.8 If I am elected, how long will I serve?
Members can be appointed for two or three years at their choice. After the initial term, a further term can be served by mutual agreement of the committee, member and HHVN Steering Group. Members will serve a maximum of two terms in total, not exceeding six years.

3.16.9 Will I be paid for being involved?
No, these appointments will made on a voluntary basis, but travel and other expenses will be refunded in line with NHS Highland’s Out of Pocket Expenses Policy for volunteers. The policy covers reasonable travel, carer, and other costs such as postage and phone calls, but not for loss of earnings. Please ask the HHVN co-ordinating office if you have any queries on what can and can’t be paid.

3.16.10 To whom am I responsible?
You will be responsible to the other local HHVN members, who may ask you to raise issues or ask questions or their behalf. You would report back to them in a variety of ways (written, verbal, face-to-face contact etc) e.g. Network News and feedback forms, voluntary organisation newsletters, community council meetings etc.

3.16.11 Where would I go for help or advice if I needed it?
The CHP/Raigmore Hospital General Managers / Chair, and the local HHVN coordinating office each have a role in supporting you to be effective. They will advise and put you in touch with others according to the need.

- HHVN members receive administrative support through the HHVN co-ordinating office (address below)
- You would report directly to CHP/Raigmore Hospital General Manager on matters directly relating to the conduct of Committee. Matters of conduct are detailed in the Working Agreement.

3.17 How group and other committees memberships are sought and selected - person specification form to be used by NHS Highland staff
See Appendix 5 for an example of information required. You can get a copy of the form from the HHVN Coordinator.
4. SECTION FOUR - Argyll & Bute Public Partnership Forum (PPF)

4.1 Introduction
The Argyll & Bute Public Partnership Forum (PPF) is a two-way communication organisation to ensure as many people as possible have an opportunity to communicate with decision-makers about how local healthcare is provided, and get accurate and relevant information.

The PPF is a network made up of a broad range of individuals and groups who have registered with Argyll & Bute Community Health Partnership (CHP), so that a wide range of interests and views can be heard, and giving people the opportunity to influence the future shape of local services. Members can get involved in various ways, from specific areas of interest to more general area-wide services. People who join the PPF do so at whatever level suits them: some people just wish to be kept informed, some prefer to have their say, while others like to be more actively involved, joining meetings or committees with health staff.

Ongoing development of the Argyll & Bute PPF is led by the CHP, with the support of the Planning and Public Involvement Manager. The CHP has the responsibility for monitoring the progress, management and development of the PPF, as detailed in the CHP’s Scheme of Establishment. This will be in line with Guidance issued by the Scottish Executive for the need for support mechanisms and structures for evolving PPFs.

The Argyll & Bute PPF is a subgroup of the CHP Committee, and as such the PPF is accountable to the CHP Committee. The CHP will, through the Planning and Public Involvement Manager, monitor and oversee the management of the activities of the PPF, which includes reviewing documents and evaluation of systems regarding the effectiveness of the PPF. Where necessary, the CHP will ensure members are given the support they require to be actively involved with health staff.

4.2 Membership of the Argyll & Bute Public Partnership Forum (A&B PPF)
The membership of the PPF is outlined in the Argyll & Bute PPF Terms of Reference, which was endorsed by the CHP Committee in April 2007 (see Appendix 4).

4.3 Meetings
Argyll & Bute PPF meetings will normally take place on a quarterly basis, held in February, May, August and November. Wherever possible, meetings will be held in accessible venues and members with special requirements will be given the support they require to enable their attendance at meetings (for example if requested a Loop System can be made available for people with hearing impairment, papers will be made available in large print).

4.3.1 Chairing of Argyll & Bute PPF Meetings
The PPF meetings will be chaired by the elected Chairperson of the Argyll & Bute PPF, or in his/her absence the elected Deputy Chairperson.

9 Available from your local coordinating office
4.3.2 Attendance

The meetings will be considered quorate if the chairperson and/or deputy chairperson is present, along with a minimum of six PPF members from different localities, and two officers of Argyll & Bute CHP one of whom will be a member of the Argyll & Bute CHP Management Team. The Scottish Health Council Local Officer is invited to attend all PPF meetings.

PPF members are volunteers, and individuals’ abilities to participate in meetings will vary. Even if attendance at a meeting is low, the members present will discuss agenda items and follow up actions as agreed by those present, in partnership with the Argyll & Bute CHP Management Team.

Members of the Argyll & Bute PPF will, based on their geographical location, automatically be members of their respective locality PPF. For example, members of the wider Argyll & Bute PPF who live in the Mid Argyll area will also be members of the Mid Argyll Locality PPF. Separate invitations will be sent out inviting members to attend locality PPF meetings.

4.3.3 Agenda

Members of the PPF and Argyll & Bute members of HHVN are invited to request items for inclusion in PPF agendas. In addition, items will be suggested by members of Argyll & Bute CHP Management Team, or by partner agencies who have a role in health and wellbeing. The final agenda will be agreed between the Argyll & Bute PPF chairperson and/or deputy chairperson, and Argyll & Bute CHP Planning and Public Involvement Manager prior to each meeting, and circulated to all PPF members (including Argyll & Bute members of HHVN) at least two weeks in advance of meetings.

The agenda will reflect items for general information/interest, regular items set around the core business of the Argyll & Bute CHP, specific topics requiring PPF guidance/support/input. Feedback from emerging locality PPFs will become a core item.

Meetings of locality PPFs will be on a quarterly basis and agenda items set accordingly, for example change in service provision (GP opting out of out of hours cover), review of a particular service (for example older peoples services), or in response to issues identified by local members.

4.3.4 Lines of Communication

The Argyll & Bute PPF will have open communication routes to members of the Argyll & Bute CHP Management Team. Notes of PPF meetings and/or other issues arising will be a standing item on Argyll & Bute CHP Committee.

All communications will be in accordance with the needs and wishes of the recipient.

The seven locality PPFs will have reporting links to the Argyll & Bute PPF.

All members of the PPF can feed into the Argyll & Bute PPF either in writing to the Chairperson, Deputy Chairperson, the CHPs Planning and Public Involvement Manager, or via other Argyll & Bute PPF Members.
Information from the PPF meetings will be available to all members of the PPF and Argyll & Bute members of the HHVN. This will include agendas, minutes of meetings, and any other relevant information for example reports, presentation materials. These will also be made available on the NHS Highland website. Notes of the meetings will include details of those present, items discussed, and any actions proposed.

There may be items which would not be appropriate for publication owing to issues of individual confidentiality, for example cases of dispute or disciplinary action. In such cases, the item would not be made public.

4.4 Selection of A&B PPF representatives for Community Health Partnership (CHP) Committee

The Chair and Deputy Chair of the PPF are elected by eligible local membership of both registered members of HHVN from Argyll & Bute, and members of the Argyll & Bute PPF. Both the Chair and Deputy Chair are full members of the Argyll & Bute CHP Committee.

4.4.1 Election process

The role description for Chairperson and Deputy Chairperson of Argyll & Bute PPF will be circulated to all members of the Argyll & Bute PPF, as well as Argyll & Bute members of HHVN, inviting applications from interested members. Those interested will be asked to provide a short biography, which will describe the experiences/skills they can bring to the position applied for. Assistance will be offered from the Planning and Public Involvement Manager if for any reason a member is unable to apply in this way.

Candidates’ biographies will be posted to members eligible to vote. Eligible members will be asked to cast one vote for their choice of Chairperson and one vote for Deputy Chairperson, using a postal voting system. Members of both HHVN and Argyll & Bute PPF will have one vote only.

The person with the most votes for Chairperson will be duly elected Chairperson of the Argyll & Bute PPF, and the person with the most votes for Deputy will be duly appointed as Deputy Chair of the PPF.

Appointments will be for either 2 or 3 year terms. Members may serve a maximum of 2 terms not exceeding 6 years in total.

4.4.2 Induction process

Members appointed to the Argyll & Bute CHP will be supported in this role by following an induction process, supported by the CHP’s Planning and Public Involvement Manager. A mentoring or ‘buddying’ system is currently being developed and will be offered to all members of the Argyll & Bute PPF.

4.4.3 Roles and responsibilities of NHS staff/Committee Chair

The Chairman of the CHP Committee has the responsibility to ensure that those members who are elected as PPF members of the CHP Committee are familiar with what is expected of them and ensure that they are treated equitably and offered sufficient opportunities to
participate. The procedures outlined in the ‘Working Together Standard’ detailed in Section 2.1 will also apply.

4.4.4 Roles and responsibilities of A&B PPF members

The PPF members serving on the CHP Committee will be subject to any code of conduct in operation by the CHP. The procedures are outlined in Section 3.2 ‘Managing situations of conflict’ and Section 2.1 ‘Working Together Standard’.

4.4.5 Decision-making process

Decision-making is informed by patient/community perspectives and PPF members should use whatever means are appropriate, for example consulting with other members of the PPF and Argyll & Bute members of HHVN, other patient/carer/voluntary groups. The CHP’s Planning and Public Involvement Manager can facilitate these contacts.

Minutes of meetings should record the member’s comments. This will provide evidence that the member participated in the full debate. Notes of the meeting should detail clearly that decision made and the reasons for that.

4.4.6 Access to and use of information

Members who take part in formal CHP Committees will be asked to complete the standard NHS Highland confidentiality statement. These members will have access to information which may be particularly confidential, for example information relating to patients, financial or statistical or embargoed reports, etc.

4.4.7 Declarations of interest

A declaration of interest form should be completed when individual members are accepted for the CHP Committee. This will be reviewed annually. The individual will agree to declare any changes in the event of the individual or organisation extending their scope of interest or sphere of operations during the year.

4.4.8 Communication process

Members serving on the CHP Committee will be advised how they can raise issues, comments and concerns, for example, with the Chair or other designated contact person from the CHP. Responses to these types of queries should be dealt with promptly. If there is to be a delay the member(s) should be advised of this.

4.4.9 Lines of accountability and feedback

The guidance in Section 2.4 Feedback Processes is also relevant to members serving on the CHP Committee. In addition, these members will be accountable to the wider communities served by the CHP for their actions and contributions.

The names of people elected to serve on the CHP Committee will be available to other members of the PPF and Argyll & Bute members of HHVN, who may ask them to raise issues on their behalf. Members elected to serve on the CHP Committee will be required to feedback on their involvement to the wider membership. One way to achieve this is to include an article in the Argyll & Bute PPF Newsletter.
4.4.10 Formal role description for A&B PPF Chair and Deputy Chair, as Full Members of the Argyll & Bute CHP Committee

This role description applies to PPF members elected as full members of the Argyll & Bute CHP Committee.

Members should have knowledge of or an interest in health and wellbeing, including health services and community care. The other members of the CHP Committee are: NHS staff, Local Authority elected members and staff, voluntary sector representatives.

Recognising the demands of being PPF members on the CHP Committee, it has been agreed both members can attend in order to provide mutual support and learning, as well as ensuring there is cover for holiday and other absences.

In the event of a formal vote at CHP Committee meetings, both PPF members will have one vote each.

4.4.11 What is the role of the PPF member on the CHP Committee?

The role of the PPF members appointed to the CHP Committee is to:

- Ensure that the views of local people are fed into local healthcare services, and are considered in the planning and delivery thereof;
- Ensure that the decisions and actions of the CHP are informed by the views and perspectives of patients, carers and the public;
- Contribute to local health service projects or initiatives aimed at improving the health and well being of local people;
- Contribute to the planning of service change initiatives, and to encourage best practice in informing and involving patients, carers and the wider community;
- Take a corporate and supportive approach as a full members of the Committee; and
- Assist in the development of the CHP public involvement and other related strategies.

4.4.12 What knowledge and skills do I need?

- You should have an interest in health, health services or community issues. You may be or have been involved in your local community.
- You should be able to work with lots of different people.
- You need good communication skills, including the ability to communicate on behalf of other people, even if you do not share their views. Feeding back responses or highlighting issues to the wider networks will also be important.
- You need good listening skills. You should be able to demonstrate how you have obtained views ad inputs from people in local communities.
- You will be willing to work in a positive way alongside a wide range of people from the NHS and partner agencies in the interests of all patients and communities, and to challenge, question and contribute in a constructive manner.
- You need to be keen to learn about the NHS, and will be supported by NHS Highland staff/departments.
- A programme of induction training to suit your needs will be available to prepare you for the role. This will include learning more about the NHS and how to make use of the wide range of community contacts within local communities, and through the Argyll & Bute CHP network.
4.4.13 What will be my time commitment?

Fixed commitments – meetings. At present, the CHP Committee meets once every six weeks, venues rotate between the localities. Meetings normally commence at 10.30am and conclude around 4pm.

4.4.14 Other work/activities

In order to work effectively on behalf of patients/carers/others, you will need time for a range of other activities. For example:

- Involvement in other operational meetings, for example CHP Management Team, locality meetings
- Reading briefings, reports and other documents
- Networking with patients/carers/others, and using existing systems to obtain their views
- One-to-one reviews with the CHP General Manager (or other designated individual) to identify and respond to any issues arising in connection with the CHP Committee conduct or business
- Working with NHS staff to identify and address your individual learning and development needs, and being supported with the necessary training and development.

4.4.15 What are the benefits of being involved?

- You will ensure that the views of your community and the wider networks are put forward.
- You will be able to address issues that are important to members of the community.

4.4.16 If I am interested, how do I apply and how will I be selected?

You will be asked to complete a simple personal manifesto/candidate statement which will ask what skills you feel you can offer. Elections to the position of Chairperson of the Argyll & Bute PPF and Deputy Chair, who are full members of the CHP Committee, will be advertised to eligible members of the PPF and Argyll & Bute members of HHVN.

4.4.17 If I am elected, how long will I serve?

Members can be appointed for 2 or 3 years, depending on their individual choice. After the initial term, a further term can be served if elected into post. Members will serve a maximum of 2 terms, not exceeding 6 years in total.

4.4.18 Will I be paid for being involved?

No, the appointments are made on a voluntary basis, but travel and other expenses will be refunded in line with NHS Highland’s Out of Pocket Expenses Policy for volunteers. The policy covers reasonable travel, and other costs, but not for loss of earnings. Please ask the CHP’s Planning and Public Involvement Manager if you have any queries on what can and cannot be paid.

4.4.19 To whom will I report?

You will be responsible to the other PPF members, who may ask you to raise issues or ask questions on their behalf. You should report back to them in a variety of ways (written, verbal,
face-to-face contact etc), for example PPF newsletter, voluntary organisation newsletters, community council meetings, etc.

4.4.20 Where would I go for help or advice if I needed it?
The Chair of the Argyll & Bute CHP, CHP General Manager and the Planning and Public Involvement Manager has a responsibility for supporting you effectively, this includes ensuring the CHP meets the specific needs of individuals. They will advise and put you in touch with others according to need.

- You report direct to the CHP General Manager on matters directly relating to the conduct of the CHP Committee. Matters of conduct are detailed in the Working Agreement.
- The Argyll & Bute PPF is supported by the Planning and Public Involvement Manager, who can be contacted as follows:

  Planning and Public Involvement Manager  
  NHS Highland (Argyll & Bute CHP)  
  Freepost RRYT-TKEE-RHBZ  
  Aros  
  Blarbue Road  
  Lochgilphead  
  Argyll PA31 8LB  
  Tel: 01546 605680/605681  
  Fax: 01546 605622  
  Email: caroline.champion@nhs.net or gail.mcgeachy@nhs.net

4.5 Payment of expenses
Expenses will be reimbursed in line with the NHS Highland Out of Pocket Expenses for volunteers.

Members serving on the CHP Committee may incur additional expenditure for telephone calls, email or postage. These costs should be reimbursed by using the standard claim form attached to the expenses policy.

4.6 Promoting good conduct
In order to guide and support NHS staff and PPF members to work together effectively, it is important to set out and agree rights and responsibilities. Matters of concern regarding staff conduct are dealt with under staff policies, and therefore the rest of this section concerns PPF members.

In the event of a problem or conflict regarding an Argyll & Bute PPF member, they should in the first instance discuss this with the Chair of the group or committee, or the Planning and Public Involvement Manager, Argyll & Bute CHP if the issue concerns the Chair.

- **Issues relating to NHS staff**
  In the event of any behaviour or performance issues by the NHS staff on the group or committee experienced by the Argyll & Bute PPF member, attempts should be made to
resolve these informally with the Argyll & Bute CHP General Manager or CHP Committee Chair who will act as mediator.

Any serious matter of staff conduct will be addressed in accordance with the established NHS Highland staff guidelines and policies. If this results in a formal process involving a member of NHS Highland staff, feedback on the outcome will be given to the Argyll & Bute PPF member.

- **Issues relating to A&B PPF members**
  The Argyll & Bute PPF is responsible to the Argyll & Bute Committee, who has overall responsibility for guiding and resolving concerns regarding the behaviour and conduct of PPF members.

  If any issues are reported either by other members of the Argyll & Bute PPF, Argyll & Bute members of HHVN, or other public members of the group or committee, the Chair has a role to attempt to resolve this informally.

  However, all concerns or issues should be reported to the Planning and Public Involvement Manager at the earliest opportunity, who will discuss this with the Head of Public Engagement, NHS Highland, for guidance on appropriate next steps.

  Any unresolved matters of Argyll & Bute PPF members’ conduct or behaviour may be referred to a subgroup of the CHP Committee, who would invite the member to a meeting to discuss the problem and suggest ways it might be resolved. Follow up meetings may also be necessary. All reasonable efforts should be made to assist the member to improve their conduct, but in the unlikely event this does not happen, the CHP Committee may terminate or limit the member’s degree of future involvement.

- **Handling situations of conflict**
  - **Stage 1**
    At this stage, it is a question of looking at the reasons for behaviours. Members of the CHP Committee will be asked to form a small subgroup to meet with the member. At all stages the member must be asked if they wish to be accompanied by a friend, relative or third party. It is essential to take careful notes and agree a timescale for changes. It is also essential to:
    - Explain why the meetings is happening
    - Highlight positive contributions
    - Find out how the member thinks their involvement is going
    - Outline the problems
    - Jointly agree outcomes
    - Provide timescale for changes

  - **Stage 2**
    A further meeting will be needed if there is insufficient improvement, or the issue is a serious one. At this meeting it is essential to take clear notes and to:
    - Find out what has gone wrong since the last meeting
• Leave no doubt as to the serious nature of this meeting
• Make sure that the member fully understands what is happening
• Agree timescales for improvement
• Explain what will happen if there is no improvement

The member will receive a follow-up letter clearly stating what improvements are expected. It is important to keep the goodwill of the person involved, and also of the other representatives.

- **Stage 3**

In the case of continuing or gross misconduct, or if there is no improvement within the new timescale, the member can be asked to leave the Argyll & Bute PPF. This must be put in writing to the representative within one week giving reasons and details of the right of appeal. Any appeal must be received within fourteen (14) days of the date on the letter of dismissal. The member will not be allowed to continue, pending any appeal.

- **Appeals**

A right of appeal should be included at every stage and carried out within the agreed time limits. The member (and a friend if they wish), the relevant member of NHS staff, CHP General Manager (or nominated senior manager), Head of Community Engagement and Communications, Planning and Public Involvement Manager and the Chair or Deputy Chair of Argyll & Bute PPF should attend the appeal.

### 4.7 Contact with the media

No individual PPF member should speak to the press **on behalf** of the PPF. This does not preclude any individual or organisation speaking to the press, but if they do so they should make it clear that they are not representing the PPF.

The press are not allowed to attend Argyll & Bute PPF meetings unless by express invitation for media relation events organised by the CHP.

In order to promote the ability of all group members to participate openly with the CHP Committee, PPF members who participate in these formal activities should not speak to the press about the activities or actions of the CHP without the prior agreement of the CHP General Manger.

The Argyll & Bute CHP has its own communications plan, and members will also be bound by these.

In order to promote and raise awareness about the value and importance of public involvement, the NHS Highland Communications Team may approach members for a quote about particular projects they have been involved in for use in press releases.

Media advice or guidance is available from David Ritchie, Communications Manager, Argyll & Bute CHP by telephone on 01436 655040 or email davidritchie@nhs.net.
4.8 How group and other committees memberships are sought and selected -
person specification form to be used by NHS Highland staff

See Appendix 5 for an example of information required. You can get a copy of the form from
the CHP’s Planning and Public Involvement Manager.
5 SECTION FIVE - Scottish Health Council (SHC)

The role of the Scottish Health Council locally in relation to Highland NHS Board will be to:

- provide a quality assurance role in terms of whether or not Highland NHS Board is effectively carrying out its statutory duty to involve the public and promote equality of opportunity through the work of the Highland HealthVOICES Network, the Argyll & Bute Public Partnership Forum and other public involvement activity;

- ensure that the CHPs and Raigmore Hospital respond to the needs of individuals and local communities in relation to service planning, design and provision;

- provide a source of advice and support to the Public Partnership Forums, to identify their support needs and how these will be met by the CHPs and Raigmore Hospital, and in particular the development of a unifying working agreement;

- ensure that the CHPs and Raigmore Hospital operate effectively in accordance with standards developed by the Scottish Health Council and according to the guidance contained in ‘Community Health Partnerships: Involving People Advice Notes’, ‘Consultation and Public Involvement in Service Change’, the National Standards for Community Engagement and other associated guidance;  

- ensure the wider equality and diversity approach being developed by the Scottish Executive Health Department is taken into account, paying specific attention to the requirements of the Equality and Diversity Impact Assessment Toolkit;  

- support NHS Highland to develop good practice in Patient Focus and Public Involvement and support the Public Partnership Forums to develop capacity to allow appropriate participation in public consultations and service planning, design and provision.

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http://www.scotland.gov.uk/Publications/2007/10/26111633/0

11 Equality and Diversity Impact Assessment Toolkit, Scottish Executive Health Department, August 2004
There are five units providing direct patient care: Four Community Health Partnerships (CHPs) and Raigmore Hospital.

**North Highland Community Health Partnership** - Caithness and Sutherland  
Chair – Colin Punler  
General Manager – Sheena Craig  
Assistant General Manager, Caithness – Pauline Craw  
Assistant General Manager, Sutherland – Georgia Haire

**Mid Highland Community Health Partnership** - Ross & Cromarty, Lochaber, Skye & Lochalsh  
Chair – Okain McLennan  
General Manager – Gill McVicar  
Assistant General Manager, Ross and Cromarty – Alison Phimister  
Assistant General Manager, Lochaber – Tracey Ligema (Acting)  
Acting Assistant General Manager, Skye and Lochalsh – Kate Earnshaw

**South East Highland Community Health Partnership**- Inverness, Nairn, Badenoch & Strathspey  
Chair Gillian McCreath  
General Manager – Nigel Small  
Assistant General Manager, Inverness and Nairn – Jean-Pierre Sieczkarek  
Assistant General Manager, Badenoch and Strathspey – Margaret Walker

**Argyll & Bute Community Health Partnership**  
Chair – Bill Brackenridge  
General Manager – Derek Leslie  
Assistant General Manager, Oban, Lorn and the Isles – David Whiteoak  
Assistant General Manager, Mid Argyll, Kintyre and Islay – John Dreghorn  
Assistant General Manager, Cowal and Bute – Viv Smith  
Assistant General Manager, Helensburgh and Lomond – Anne Helstrip

**Raigmore Hospital**  
Chair – Pam Courcha  
General Manager – Elaine Mead (Interim)  
Directorate General Manager, Medical Directorate – Nigel Small (Interim)  
Directorate General Manager, Surgical and Anaesthetics Directorate – Andrew Ward (Interim)  
Directorate General Manager, Woman and Child – Jo Veasey  
Directorate General Manager, Clinical Services and Support – Kenny Steele

**NHS Highland Board and Directors**  
Chief Executive – Roger Gibbins  
Director of Public Health – Margaret Somerville  
Director of Finance – Malcolm Iredale  
Director of Human Resources– Anne Gent  
Director of Community Care – Jan Baird  
Chief Operating Officer – Elaine Mead  
Medical Director – Ian Bashford  
Director of Nursing – Heidi May  
Chair – Garry Coutts  
Vice Chair – Ian Gibson  
Non-Executive Directors:  
David Alston, Ann Bethune.  
Bill Brackenridge, Anne Clark.  
Pam Courcha, Quentin Cox,  
Gillian McCreath, Okain McLennan,  
Margaret Davidson, Colin Punler,  
Vivian Shelley, Elaine Robertson,  
Ray Stewart

Further information is available from NHS Highland’s website – [http://www.nhshighland.scot.nhs.uk/Pages/welcome.aspx](http://www.nhshighland.scot.nhs.uk/Pages/welcome.aspx)
## Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>A&amp;B PPF</td>
<td>Argyll &amp; Bute Public Partnership Forum – a Public Partnership Forum for NHS Highland which coordinates and covers Argyll &amp; Bute CHP</td>
</tr>
</tbody>
</table>
| CHP | Community Health Partnership – provides community health services in a defined geographical area. Community services which are provided within the Community Health Partnerships:  
- Community Hospital Services  
- Care of the Elderly Services  
- GP Hospital Services  
- Accident and Emergency Services  
- Psychiatric Services  
- Learning Disabilities Services  
Community services throughout - Physiotherapy; Dentistry; Occupational Therapy; Chiropody; Speech and Language Therapy; Midwifery; Health Visiting; District Nursing; School Nursing; Community Learning Difficulties Nursing; Community Psychiatric Nursing; Clinical Psychology; Community Child Health; Child and Adolescent Psychiatry; Child Development unit at Raigmore; Sexual Health Service etc.  
Argyll & Bute CHP negotiates directly with and funds the provision of acute services not provided by A&B CHP with NHS Glasgow and Clyde. |
<p>| DHS | Direct Health Services – the single integrated system for all operational services within NHS Highland. It consists of Raigmore Hospital, A&amp;B, North Mid and SE CHPs, facilities and pharmacy services. |
| HHVN | Highland HealthVOICES Network – NHS Highland-wide Public Partnership Forum |
| NHSH | NHS Highland - managed by a Board of Directors and is accountable to the Cabinet Secretary for Health and Wellbeing through the Scottish Government Health Department. The Board controls an annual budget of £522 million and is responsible for providing corporate services and strategic focus to NHS Highland’s Operating Division, Direct Health Services. Corporate services include: finance, Human Resources, Planning and Performance, eHealth, Public Health, Corporate Affairs, Community Care and the Medical and Nursing Directors. Highland NHS Board is one of 14 regional NHS Boards in Scotland. NHS Highland employs around 10,500 members of staff in a wide range of professional and support occupations, some 3,500 of whom are based at Raigmore Hospital in Inverness. |
| PPF | Public Partnership Forum – a network for anyone with an interest in health or health services. It is a mechanism of the CHP and Board to engage, communicate and maintain a meaningful dialogue with the communities it serves. |
| SHC | Scottish Health Council – the body set up by the Scottish Government to ensure the views of patients and the public are properly taken into account. |
| Raigmore Hospital | Comprises specialist acute services which are provided mainly at Raigmore Hospital, Inverness. |</p>
<table>
<thead>
<tr>
<th>Feedback report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use this form to feed back anything from activities attended as a Public Partnership Forum member.</td>
</tr>
</tbody>
</table>

1. What was the activity attended? | Date:  
Meeting/activity:  
Location: |

2. We would like to learn from people's experience of working together in the NHS. Please comment on 3 things that you experienced at the meeting.  
(See over for some ideas that might be helpful.) | 1  
2  
3 |

3. Is there any information about the meeting/activity you wish to share with other members? |

4. Any action required? |

5. How much difference do you think your involvement made?  
(See over) | 1 = no difference  
2  
3  
4  
5 = big difference  
Example? |

6. Please add your name. |

Return your completed report to the local coordinating office. | Email:  
PTO
These are just some ideas and suggestions that might be helpful when completing the feedback report. Assistance can be given by the local PPF coordinating office in helping you complete this form.

- Preparation for the meeting/activity – did you get papers reports needed and in time to prepare etc.
- Participation – were you able to participate?
- Process – was the purpose of the meeting/activity clear and understandable?
- Keeping people informed – letting other PPF members know about developments – if these will be of wider interest. (Bear in mind confidential/sensitive issues).

What was achieved by Public Partnership Forum representation?

- Did you feel comfortable and confident enough to have your say?
- Was your contribution listened to? Was the response what you expected?
- How much difference do you think your involvement made?
  If answer is little – what changes could be made to improve your experience?
Meeting Remit
The role of the Public Partnership Forum (PPF) is detailed within Scottish Executive Health Department’s “Community Health Partnerships: Statutory Guidance (December 2004). In summary this includes:

- Ensure the CHP is able to inform local people about local services, through the PPF and other means;
- Engage local users, carers and the public about how to improve health services; and
- Support wider public engagement through planning and decision making, and to seek to make public services more responsive and accountable to citizens and local communities.

Reporting and Accountability
A functioning PPF is integral to supporting the CHP in the delivery of NHS Highland’s Local Delivery Plan.

The Argyll & Bute PPF will have open communication routes to members of the Argyll & Bute CHP Management Team. Notes of PPF meetings and/or other issues arising will be a standing item on Argyll & Bute CHP Committee.

Locality PPFs will have reporting links to the Argyll & Bute PPF.

<table>
<thead>
<tr>
<th>Membership</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation</td>
<td>Name</td>
</tr>
<tr>
<td>Chair</td>
<td>Robin Creelman</td>
</tr>
<tr>
<td>Deputy Chair</td>
<td>Evelyn Hide</td>
</tr>
<tr>
<td>PPF Members</td>
<td>As Registered on Local Database</td>
</tr>
<tr>
<td>A&amp;B Members of Highland HealthVOICES Network</td>
<td>As Registered on Highland HealthVOICES Network</td>
</tr>
<tr>
<td>General Public</td>
<td>Any member of the public can participate</td>
</tr>
<tr>
<td>Community Groups</td>
<td>Any member(s) of Argyll &amp; Bute community groups can participate</td>
</tr>
<tr>
<td>Planning and Public Involvement Manager (Argyll &amp; Bute CHP)</td>
<td>Caroline Champion</td>
</tr>
<tr>
<td>Attended by: Local Officer, Scottish Health Council</td>
<td>Fay McCormick</td>
</tr>
</tbody>
</table>

Quoracy
The meeting will be considered quorate if the chairperson and/or deputy chairperson is present, along with a minimum of six PPF members from different localities, and two officers of Argyll & Bute CHP one of whom will be a member of the Argyll & Bute CHP Management Team.

PPF members are volunteers, and individuals’ abilities to participate in meetings will vary.
Even if attendance at a meeting is low, the members present will discuss agenda items and follow up actions as agreed by those present, in partnership with the Argyll & Bute CHP Management Team. 

Notes of the meetings will include details of those present, items discussed, and any actions proposed.

### Agenda Setting

Argyll & Bute PPF meetings will normally take place on a quarterly basis, held in February, May, August and November.

Items for the agenda will be suggested by any Argyll & Bute PPF member (including members of Highland HealthVOICES Network (HHVN)), by members of Argyll & Bute CHP Management Team, or by partner agencies who have a role in health and wellbeing. The final agenda will be agreed between the Argyll & Bute PPF chairperson and/or deputy chairperson, and Argyll & Bute CHP Planning and Public Involvement Manager prior to each meeting, and circulated to all PPF members (including Argyll & Bute members of HHVN) at least two weeks in advance of meetings.

The agenda will reflect items for general information/interest, regular items set around the core business of the Argyll & Bute CHP, specific topics requiring PPF guidance/support/input. Feedback from emerging locality PPFs will become a core item.

Meetings of locality PPFs will be on an ‘as and when required’ basis, and agenda items set accordingly, for example change in service provision (GP opting out of out of hours cover), review of a particular service (for example older peoples services), or in response to issues identified by local members.

### Administrative Arrangements

The Argyll & Bute CHP Planning and Public Involvement Manager has a lead role for co-ordinating PFPI/PPF activities within the CHP area. Administrative support is provided to Argyll & Bute PPF by secretary to Planning and Performance Department.

### Work Programme

<table>
<thead>
<tr>
<th>Date</th>
<th>Regular Business</th>
<th>Special Items</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To be progressed/agreed following Argyll &amp; Bute CHP Public Engagement Workshop, 16&lt;sup&gt;th&lt;/sup&gt; February 2007. This will take the form of an action plan covering areas such as consultations, etc.</td>
<td></td>
</tr>
</tbody>
</table>

Date TOR Agreed: January 2007
Review Date: January 2008
Information required from NHS Highland and Argyll & Bute Staff

The following information is needed if you require patient or public participants to work with you or join your group or committee. On receipt of your completed Person Specification Form, this information will be circulated to members of the appropriate PPFs, asking them to contact you directly if they are interested. Please complete the form below and return to the relevant local office.

Please note that you will be responsible for paying the participant/s expenses, if appropriate, using the NHS Highland Out of Pocket Expenses Policy for volunteers and checklist (available from the website or from your local office).

We will distribute your request in two ways, either by email (where we have an address) or hard copy through the post. The majority of the membership do not have internet access or have chosen to only receive correspondence through the post, therefore you should take this into account when setting a deadline for applications of interest and we would suggest adding an additional five (5) days. In order to be fair to all members, applications will not be considered until after the deadline and will not be based on a first come first served basis.

If we receive more applications that you have positions for, it is important to tell those who have been unsuccessful. We will need to feedback to them even if they have not been chosen otherwise they may not clear if they are required or not. This might also act as a disincentive to get involved in the future.

Points for your consideration:

- Have you planned how to choose a participant should more people apply than are needed?
- Are there support and training mechanisms in place to enable them to participate effectively?
- Offering video-conferencing facilities to participants as an option to reduce travel and encourage participants from more remote areas.
- Have you identified a budget to reimburse expenses?
- Have you considered whether the request for participants promotes equal opportunity?

Different methods are used for decision-making. Contact your local office for further information.

**IMPORTANT – the local coordinating office should be advised if the member is no longer able to participate or the group/committee no longer meets.**

The following page shows a completed example.
Completed example of Argyll & Bute Public Partnership Forum (PPF) Members Participation Person Specification Form

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of Group/Committee etc</td>
<td>Argyll &amp; Bute PPF Webpage Working Group</td>
</tr>
<tr>
<td>2. Short description of task or project</td>
<td>Argyll &amp; Bute CHP is currently developing its own web pages which will form part of the NHS Highland website. We are seeking a patient/public member to provide his/her perspective on what the PFPI/PPF section should look like, the kind of information it should contain, and in what format it should be available.</td>
</tr>
<tr>
<td>3. Why are participants required?</td>
<td>As a CHP, we are committed to working with our local communities and responding to their needs. The web pages will be there for both staff, patients and the public, and the contribution of the patient/public member will be invaluable in helping us develop the kind of site they would like to see.</td>
</tr>
<tr>
<td>4. What skills are required of the participants?</td>
<td>No technical expertise is required as this will be supplied by CHP. Ideally, the participants will be people who enjoy using the Internet as a resource, is an experienced “website browser” and appreciates what makes an effective website (e.g. appealing visually, easy to navigate, regularly updated).</td>
</tr>
<tr>
<td>5. What it the time commitment? e.g. frequency of meetings, finite or ongoing?</td>
<td>An initial meeting (2 hrs) should determine the future time commitment. I would not envisage more than 3 meetings held on a monthly basis although the members would be required to be flexible in this regard. There could be ongoing involvement as the site develops and evolves.</td>
</tr>
<tr>
<td>6. What is the location? Is travel necessary/required? Is video-conferencing available?</td>
<td>We seek a member from each of the 7 localities in Argyll &amp; Bute. Given the geographical spread of Argyll &amp; Bute, we are likely to hold them at a central location which is agreeable to all. There may be limited video-conferencing available.</td>
</tr>
<tr>
<td>7. Contact name for replies or if the applicant needs more information</td>
<td>Caroline Champion Planning and Public Involvement Manager Argyll &amp; Bute CHP</td>
</tr>
<tr>
<td>8. Contact telephone number/email address</td>
<td>Tel: 01546 605680/605681 (direct line) Email: <a href="mailto:caroline.champion@nhs.net">caroline.champion@nhs.net</a></td>
</tr>
<tr>
<td>9. Deadline for replies No decision will be made until after the closing date</td>
<td>Friday 4th January 2008</td>
</tr>
</tbody>
</table>