

I. Develop a social accountability mandate (SAM) to embed community engagement production at all levels of the CoE and across health and care teams.

II. Establish effective community engagement mechanisms to ensure ongoing community participation in health, social care and multi-agency educational development

Skye -

Community Surveys -

Local Press -

Social Media -

Community Health and Care Forum *The group will work closely with the new Skye Community Health and Care Forum, which will meet quarterly to develop effective community engagement and communication. This group will have representation from all areas of Skye. Third Sector Health focussed orgs will also be invited to sit on the forum. Co-production focus groups will be set up allowing a space for the forum members to work with NHSH / SAS / NHS24 Partners. The group will also work hand in hand with the up and coming Digital Innovation Sub Group to establish new and innovative methods for wider community engagement.*

Other areas - Lochalsh / Klye / Glenelg - Current successful community engagement methods?

(Fiona Wellings / Jenny Munro?)

Inclusion / Communication

III. Promote and co-produce remote and rural inclusive models of practice, service delivery, education and training guidance. Support / Planning / Working together

This group will learn from and work with the teams at Portree Hospital, Broadford Hospital, Dunvegan, Carbost, Sleat Surgeries, the new Staffin Health hub, third sector organisations working in health and care, the Near Me team and the CofE training and education sub group to build on, support and promote the fantastic work which has already begun here on Skye around rural models of practise.

Objectives and Deliverables:

I. Design and implement a multi-agency social accountability agreement for CoE that has practical outputs and applications across all CoE workstreams and ways of working.

II. Work with community partners and social enterprise groups to establish the SAM

Agreement and practical methods for ongoing co-production and collaboration within all areas of the development of the CofE

Impact - How will impact be measured? How will measuring and evaluation be done throughout Cofe subgroups?

Next Steps....

A clear and plain English explanation of what the CofE project is about, and how it might benefit people in Skye and Lochalsh, not too lengthy. For both the group and for sharing when we are ready.

Update - Ronald has worked on a clear plain English Summary paragraph for a starter - edits / comments/ feedback / questions welcomed :)

The Centre of Excellence (CofE) model is all about the sustainability of our health and social care services in our community – if you don't have appropriate staff levels and if you can't keep staff, then we won't have sustainable and safe services. It is often hard to recruit nurses and GP's into remote rural areas such as Skye. As Sir Lewis Ritchie noted in his report, though, one way of addressing this issue is to train people as GPs and nurses in the local community and if you can do this there is a lot of evidence to suggest that they will stay on after their period of training is completed. Clearly to do this, proper facilities, and the availability of education training programmes delivered locally, are essential. This is one of the central strands in the work of a CofE and for a remote community such as ours, it is greatly facilitated by the ability to access courses on-line. In addition to the training aspect, it is also important to have a strategy for retaining staff going forward and this can only be achieved if there are courses and on-going training programmes available locally coupled with the ability to provide continuous professional development and this is a second key strand in the work of the CofE.

A clear and plain English explanation of what the social accountability sub group is about - not too lengthy. For both the group and for sharing when we are ready.

Draft paragraph - please send edits / comments / feedback :)

Working in co-production to develop a Social Accountability mandate and community focussed social accountability guide doc with prompting questions to encourage careful consideration of social accountability and social costs when developing all projects, roles and services. The group will work alongside the other subgroups of the CofE and they will feed into each other and develop together.

- 1. Develop a Social Accountability Mandate to embed community engagement production at all levels of the CoE and across health and care teams**
- 2. Establish effective community engagement mechanisms to ensure ongoing community participation in health, social care and multi education development**
- 3. Promote and co-produce R&R inclusive models of practice, service delivery education and training guidance.**

Definition of social accountability - 'the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region and the nation that they have a mandate to serve.'

In the meantime, Come up with some key questions (E.g how does this idea effect people living in the most remote part of your catchment area? or Is this development accessible to everyone?)

List of key questions helping to encourage thinking in a more socially accountable way when planning or developing projects / roles / services to be shared in the future

e.g. how does this idea affect people living the most remote part of your catchment area?

What are the social costs of people coming to your project or event?

is this event accessible to everyone?

Please have a think about other questions we could add to the list?

Social Accountability - NOSM adheres to the World Health Organization's (WHO) definition of the Social Accountability of Medical Schools as "the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region and the nation that they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public." As part of its social accountability mandate, NOSM has the responsibility to engage stakeholders at all levels of its broad community.

Our Vision, Mission and Values | NOSM

Collaboration NOSM pursues education and research goals in close partnership with its host universities. Collaboration and partnership is also important to NOSM with its teaching hospitals, community physicians, health professional clinical teachers, health system stakeholders, and communities it serves. NOSM values the insights, contributions, and support of its many partners that work to improve the health of the people and communities of Northern Ontario. NOSM recognizes that collaboration is both a process and outcome that engages different perspectives to better understand complex problems, and leads to the development of integrative solutions that could not be accomplished by any single person or organization.

From the 1980s to 2000s Dr Charles Boelen and other colleagues at the World Health Organization (WHO) fostered the theory of socially accountable medical education and socially accountable medical schools [3]. These authors then developed the conceptualization, production and utilization grid, the values of social accountability (relevance, equity, cost-effectiveness and quality) and the Towards Unity for Health partnership pentagram [1-10]. From the 2000s to 2010s there was re-interest in measuring and evaluating socially accountable medical schools; including a number of initiatives at individual schools and collectively. These encompassed the Lancet's Independent Commission on Health Professional Education for the 21st Century [11] and the call for socially accountable medical education to be aligned with accreditation systems. (Building blocks for social accountability: a conceptual framework to guide medical schools | BMC Medical Education | Full Text (biomedcentral.com))

Concepts of social responsiveness/social accountability

Of these three positions, proactivity most closely approaches the concept of social responsiveness.

Social responsiveness is a measure by which a school responds to societal needs. For instance, a school may be concerned about whether its graduates perform as effectively as expected when they are in a position to serve society; it adjusts its programme to reflect the lessons it learns. It may also examine the extent to which research results have an impact on priority health issues, or it may question the validity of the health services it delivers in serving as models for health services providers. So a socially responsive school perceives the needs of society and reacts accordingly.

The concept of social accountability goes beyond the concept of social responsiveness, as it implies that the school consults society to jointly identify priority health

issues and expectations. The school then seeks evidence that it addresses these issues and expectations with a view to obtaining short-term and longer-term benefits, in part for the local community and in part for the country as a whole or the international community. (5) Educational institutions should voluntarily be socially responsible, but they should also expect to be held to account by society for what they do,

particularly if they are supported by taxpayer funds. (83)

While academic freedom must be protected to allow creative minds to open new fields of investigation without undue interference and prepare society to face new challenges, accountability to society should be defined and delineated. Academic institutions should take the initiative by suggesting ways to revise their mandate in light of the evolution of society and the health system, and readjust their scope of work accordingly. (84,85,86) In doing so, they will set their own framework and reference points for assessment of their social accountability and lessen any undue pressures from financing or donor agencies or other external bodies.

Social accountability can be assessed by means of four essential reference points, described earlier as the fundamental values on which health system development should rest: quality, equity, relevance and cost-effectiveness. A taxonomy of

social accountability can be developed by defining the degree of adherence to these values in the three basic domains of institutional responsibility: education, research and service. Such a taxonomy can become a "social accountability grid" to assess the extent to which these three domains contribute towards building a health system that is relevant to the needs of the community or nation and provides high-quality health services that are cost-effective and equitable (Fig. 10)

VALUES	DOMAINS		
	Education	Research	Service
Quality			
Equity			
Relevance			
Cost-Effectiveness			

Figure 10. The social accountability grid

The taxonomy can be further developed to capture the evolution of the school towards the highest phase of social accountability, that of making an impact on the health system. An expanded grid would therefore accommodate three phases, designated as “planning”, “doing” and “impacting” phases (Fig. 11).

VALUES	DOMAINS AND PHASES								
	Education			Research			Service		
	Planning	Doing	Impacting	Planning	Doing	Impacting	Planning	Doing	Impacting
Quality									
Equity									
Relevance									
Cost-Effectiveness									

Figure 11. The expanded social accountability grid

The most modest commitment is the planning phase, in which a school demonstrates—by means of the content of its mission statement, or the way departments are organized, or the way resources are allocated—that it intends to undertake socially accountable actions. The doing phase involves more commitment, since here a school shows that it is implementing the planning phase: restructuring has taken

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place, staff time has been used, resources have been spent or relevant activities have been carried out. Finally, in the impacting phase, the school demonstrates its contribution to important and sustainable changes in the health system as a result of its capacity to advocate these changes among policy-makers, health service organizations, health professionals or the community of users. The chances of having significant impact are greater if partnerships are initiated with these actors from the “planning” phase on.

The social accountability grid is now composed of 36 cells. For each cell, general indicators can be proposed that can be adapted to the local sociopolitical context, as well as criteria for quantifying the degree to which the indicators are present. (5) Such a grid has been examined by an international sample of medical schools and its usefulness field-tested as a tool to assess, stimulate, steer or monitor the response of medical schools to society’s needs. (87)

Boosting social accountability through coalitions

One way to improve the school's response to society's needs is to help the passage from intentions to deeds and from deeds to effects. The progression along this continuum is illustrated by the sequence of the "planning", "doing" and "impacting" phases in the domain of education with respect to equity, as proposed by the social accountability grid applied to a medical school (Fig. 12).

The "planning" phase: The curriculum is designed, and updated at appropriate intervals, to emphasize the provision of services to the underserved.

The "doing" phase: Throughout their education, all students and graduates are exposed to a variety of learning opportunities in which health services to the underserved is practised. The performance of students in this activity counts in their overall evaluation

The "impacting" phase: The medical school has taken the initiative to ensure that it has produced physicians who can maintain their skills and deliver health services to the underserved.

Regarding the assessment of social accountability, there are some basic common elements that may qualify for inclusion in a universal package. An example of such a

1. DECIDE on REFERENCE POINTS

Reference points must be consistent with health goals, against which the performance of the institution will be assessed. Values of quality, equity, relevance and cost-effectiveness in health services or the equivalent should be retained as reference points.

2. CONSIDER DOMAINS of EDUCATION, RESEARCH and SERVICE

Social accountability is to be judged in each domain and consistency is to be sought among the three domains.

3. DEVELOP BASIC INDICATORS

Evidence must be provided on the level of attainment of social accountability in education, research and service for each of the reference points.

4. EMPHASIZE IMPACT

Privileged attention should be paid to the impact on health services delivery and health status as results of socially accountable education, research and service. To the extent possible, indicators and criteria must be developed for an objective appraisal.

5. CREATE MEANINGFUL PARTNERSHIPS

When and as required, cooperative links must be established between educational or academic institutions, health services, health professionals and communities to create synergies and improve effectiveness of action on priority health concerns.

6. ACCEPT EXTERNAL EVALUATION

Internal evaluation must be followed by an external evaluation that also involves representatives of health services, the health professions and the society at large

7. USE EVALUATION FOR INSTITUTIONAL DEVELOPMENT

The assessment of social accountability should be part of the overall evaluation of the educational institution and used for accreditation. Results should be used for introducing sustainable institutional changes.

Towards Unity for Health: WHO/EIP/OSD/2000.9
CHALLENGES AND OPPORTUNITIES FOR
PARTNERSHIP IN HEALTH DEVELOPMENT

A working paper Charles Boelen, M.D., M.P.H., M.Sc. Department of Organization of Health Services
Delivery

Cluster on Evidence and Information for Policy

Roger Straser - remote and rural - Canada - very focussed on the involvement of the community - education focussed on the needs of the community - not on national policy which may not relate to the needs of that community - that works - he has shown it works 😊 and helps to make communities flourish