

**Scottish Health Council Committee
Agenda V1.0**

A Committee meeting of the Scottish Health Council will be held on:

Date: 05 November 2020

Time: 10.00 – 12.30

Venue: MS Teams

Contact: Susan Ferguson
07866 130791

Note: the format of the SHC Committee agenda aligns with the terms of reference for the Board, agreed in June 2019. This in turn aligns with the [Blueprint for Good Governance](#).

Item	Time	Agenda item	Lead Officer	Report
1. OPENING BUSINESS				
1.1	10.00	Welcome, Introduction and apologies	Chair	
1.2	10.10	Draft minutes of Meeting (10/09/2020)	Chair	Paper
1.3	10.15	Review of Action Point Register	Chair	Paper
1.4	10.20	Business Planning Schedule	Chair	Paper
1.5	10.25	COVID-19 response	Director	Verbal
2. SETTING THE DIRECTION				
2.1	10.30	National Guidance for Community Engagement	Director	Paper to follow
2.2	10.45	Quality of Care Approach/Quality Framework for Community Engagement	Head of Engagement & Equality Policy	Paper
2.3	11.00	Engaging People in the work of HIS-Volunteering and Public Partners	Head of Engagement & Equality Policy	Paper
2.4	11.15	Citizens Panel - Update	Head of Engagement & Equality Policy	Paper
2.5	11.25	Strengthening Patient and Public Involvement in Primary Care	Head of Engagement Programmes	Verbal
2.6	11.35	Corporate Parenting Action Plan	Head of Engagement & Equality Policy	Paper
3. COMMITTEE GOVERNANCE				
3.1	11:45	Risk Register	Director	
3.2	11.50	Remobilisation and Operational Plan progress report	Director	

3.3	12.00	Service Change: Briefing	Service Change Manager	
4.	RESERVED BUSINESS			
4.1	12.15	Service Change Sub Committee meeting minutes (20/08/2020)	Service Change Manager	Paper
5.	ADDITIONAL ITEMS of GOVERNANCE			
5.1	12.20	Key Points	Chair	
6.	CLOSING BUSINESS			
6.1	12.25	AOCB	All	
6.2	12.30	Meeting Close		
6.	DATE OF NEXT MEETING			
6.2	25/02/2021	10.00-12.30	Held via MS Teams	

Draft MINUTES – V0.1

Meeting of the Scottish Health Council Committee

Date: 10 September 2020

Time: 10:00-12:30

Venue: MS Teams

Present

Suzanne Dawson, Chair

Christine Lester, Non-executive Director

Elizabeth Cuthbertson, Member

Dave Bertin, Member

Emma Cooper, Member

Simon Bradstreet, Member

In Attendance

Lynsey Cleland, Director of Community Engagement

Tony McGowan, Head of Engagement and Equalities Policy

Jane Davies, Head of Engagement Programmes

Victoria Edmond, Senior Communications Officer

Alan Bigham, Volunteer Program Manager (Item 2.2)

Daniel Connelly, Service Change Manager (Items 3.3, 4.1)

Apologies

John Glennie, Vice Chair

Alison Cox, Member

Jamie Mallan, Member

Committee Support

Susan Ferguson, PA to Director of Community Engagement & Chair of SHC

Declaration of interests

No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	Chair's Welcome, Introductions and Apologies	
	<p>The Chair welcomed everyone to the meeting via MS Teams and introduced Victoria Edmond, Senior Communications Officer, who was attending her first Scottish Health Council Committee meeting (<i>'the Committee'</i>).</p> <p>Apologies were noted</p>	
1.2	Draft Minutes of Meeting	
	<p>After discussion on item 3.5 Service Change to seek assurance that the minute did not report information that wasn't in the public domain, the draft minutes of</p>	

	the meeting held on 23 April 2020 were approved as an accurate record of the meeting.	
	Matters arising	
	<p>The following matters were raised by the Chair:</p> <p>As HIS is encouraging staff to take proper breaks away from the screen at regular intervals there would be a screen break for everyone attending around 11.30am.</p> <p>Due to the recently approved refurbishment of Delta House and the current COVID restrictions it was confirmed that the scheduled Committee meetings would take place via MS Teams for the remainder of the financial year. To keep the Committee members connected and check in on their wellbeing the Chair requested further 1:1 'catch up' meetings with each Committee member.</p> <p>Action Committee Secretary to schedule in 1:1s with Chair and Committee members.</p>	Committee Secretary
1.3	Review of Action Point Register	
	After reviewing the Action Point Register the Committee agreed there were no outstanding actions.	
1.4	Business Planning Schedule	
	<p>The Director of Community Engagement provided the Committee with an update to the Business planning schedule and noted that the Engagement Programme update would no longer be a stand-alone item, due to the changes implemented within the Remobilisation/Operational plan reporting arrangements. This will avoid duplication of reporting, however, if required an Engagement Programme update will be included on an adhoc basis.</p> <p>The Director of Community Engagement also advised that the planned update on the Corporate Parenting Action Plan had been moved to the November Committee meeting due to pauses in this work programme in response to the COVID pandemic.</p> <p>The Committee agreed the changes made to the Business Planning Schedule.</p>	
1.5	COVID-19 response	
	The Director of Community Engagement provided a paper to the Committee for awareness and highlighted the need to refocus the Directorate's work to support	

	<p>health and care services in their response to the COVID pandemic. The Director of Community Engagement recognised all Community Engagement staff who have risen to the challenge of adapting to different ways of working whilst delivering a significant amount of work. The Committee were advised that staff had been collaborating with colleagues from across Healthcare Improvement Scotland (HIS), Scottish Government departments, third sector organisations, community groups, patients and service users and health and social care staff. Staff have gained confidence and knowledge learning new skills by working and engaging in different ways.</p> <p>The Director of Community Engagement also advised the Committee that the health and wellbeing of staff continues to be a key area of focus throughout HIS, with 1:1 check-ins, Corporate huddles, Webinars and a wide range of support being provided.</p> <p>In looking to the future, the Director of Community Engagement advised home working assessments are taking place throughout HIS to understand any additional support or equipment staff may need at this time and seek information on future working practise preferences, recognising that staff may wish to adopt a more blended working approach going forward.</p> <p>The Committee felt assured and complimented all staff within the Community Engagement Directorate for everything that has been achieved during this challenging time. The Committee also highlighted the importance of continuing to consider how to best use resources and relevant skill-sets within the Directorate to ensure an ongoing focus on engagement is always evident.</p> <p>The Committee thanked the Director of Community Engagement for the update.</p>	
2.	SETTING THE DIRECTION	
2.1	National Guidance for Community Engagement and our approach	
	<p>The Director of Community Engagement provided the Committee with a verbal update and advised that discussions with Scottish Government Colleagues are taking place and that work on the new guidance will restart in September with an aim to publish it in January 2021. In tandem with this decision, <i>Healthcare Improvement Scotland – Community Engagement</i> plan to recommence its joint work with the Care Inspectorate to develop a new approach for supporting and assuring community engagement across health and care.</p>	

	<p>The Committee welcomed this and were keen to understand how they will input to both the guidance and the development of the new approach for supporting and assuring community engagement.</p> <p>The Director of Community Engagement advised that the next iteration of the draft guidance is expected to be circulated to stakeholders for comment in the near future and highlighted that this will be shared with the Committee and discussed at the next Committee meeting on 5 November 2020. The Director of Community Engagement also highlighted that progress on the development of the new quality framework for community engagement will also be considered at the November meeting.</p> <p>The Committee noted the verbal update and thanked the Director of Community Engagement.</p>	
2.2	Volunteering in the NHS-update	
	<p>The Volunteering Program Manager provided the Committee with a status report on the work of the organisation's <i>Volunteering in NHSScotland Programme</i>. Since the last report in September 2019 the Programme has undertaken a number of improvement projects in addition to the core work streams.</p> <p>The Volunteering Programme Manager advised that a number of the Programme's work streams were paused in March 2020 to focus resources on the COVID response, but proportionate remobilisation of these is now underway.</p> <p>The Volunteering Programme Manager also advised the Committee on the changing number of volunteers directly engaged by health boards in Scotland during the pandemic. There was an initial 'standing down' of volunteers for safety reasons in March 2020. This was followed by selective recruitment campaigns in some health boards, with work now underway to explore a safe and phased return of regular volunteering. The Committee also learned how volunteering roles within NHS Boards have changed in response to the pandemic.</p> <p>After discussion, the Committee were keen to continue to explore considerations around the changing role and profile of volunteers for the directorate's work. The Chair of the Scottish Health Council and Director of Community Engagement have been asked to consider how this can be taken forward.</p>	

	<p>The Committee thanked the Volunteering Programme Manager for providing the update and recognised the significant amount of support and advice provided by the Volunteering Programme team during the initial pandemic response.</p> <p>Action Committee Secretary to arrange meeting for Chair, Director of Community Engagement, Head of Engagement Policy & Equalities and Volunteer Programme Manager to explore considerations around the changing profile of volunteers for the directorate's work</p>	<p>Committee Secretary</p>
<p>2.3</p>	<p>Governance for Engagement</p>	
	<p>The Head of Engagement Policy & Equalities provided a paper to the Committee for discussion and endorsement. At the Committee's June 2020 development day, it was proposed that a governance sub-committee, similar to the already in situ Service Change sub-committee, should be formed. This sub-committee's role would be to consider the work of individual HIS directorates and delivery areas and seek assurance on the performance of all parts of the organisation in relation to engaging people in our work. Detailed proposals for this were presented to the Committee.</p> <p>After discussion the Committee agreed to the formation of the Governance for Engagement sub-committee highlighting the following:</p> <p>Committee members to review of the Terms of Reference (ToR) with any amendments to be submitted to Head of Engagement Policy and Equalities.</p> <p>The sub-committee will provide the Chair of the Scottish Health Council Committee and the Director of Community Engagement, as well as the wider Scottish Health Council Committee with the findings from its deliberations.</p> <p>The focus of the sub-committee will be on supportive scrutiny that acknowledges good practice and considers how it can be spread, whilst also encouraging openness and an environment that allows areas for improvement to be readily identified and discussed.</p> <p>Further consideration to be given to how the proforma that Directorates will be asked to complete can encourage learning & reflection and how the voice of those who have been engaged with can feed into the sub-committee's considerations.</p>	

	<p>Membership of the sub-committee to be followed up and arranged by the Chair of Scottish Health Council</p> <p>The Governance for Engagement sub-committee will be formed and convene for its first meeting prior to the end 2020.</p> <p>Action Committee members to submit any amends to ToR to Head of Engagement Policy and Equalities</p> <p>Head of Engagement Policy and Equalities to follow up with John Glennie on feedback on the Terms of Reference.</p> <p>Chair to confirm membership of the sub-committee.</p>	<p>Head of Engagement Policy and Equalities</p> <p>Chair</p>
3.	Committee Governance	
3.1	Risk Register	
	<p>The Director of Community Engagement presented the latest report on risks assigned to the Directorate. She advised that there were two high risks involving Service Change, 778 and 1033 and assured the Committee of the current focus on mitigating these risks.</p> <p>The Committee noted the Risk Register and advised that there was a need to review Risk 778 and 1033 to capture the range of reputational risks associated with service change in the context of COVID-19.</p> <p>Action Director of Community Engagement and Service Change Manager to review Risk 778 and 1033</p>	<p>Director of Community Engagement/Service Change Manager</p>
3.2	Remobilisation and Operational Plan progress report	
	<p>The Director of Community Engagement provided a paper for discussion around the progress of the work outlined in the Remobilisation and Operational Plans for 20/21. The Director explained that as a result of adapting activities in line with the organisation's mobilisation plans for COVID-19 much of the directorate's 2020/21 Operational Plan has been superseded. The Committee were therefore presented with a progress update on the key aspects of the directorate's response to the pandemic to date.</p> <p>The Head of Engagement Programmes advised the Committee that based on the feedback from the development day in June 2020 the Remobilisation and Operational Plan is focussed more on outcomes and</p>	

	<p>impacts, It is intended that this in turn will give a clearer reporting picture of what the directorate has achieved providing assurance to the Committee.</p> <p>After discussion the Committee enquired if, given the external state of flux and rapidly changing landscape, whether there are areas of work that the Committee need to give more consideration than the schedule of Committee meetings allow. It was agreed that the Chair and Director of Community Engagement would have further discussion around this.</p> <p>The Committee recognised the work that has been achieved by the directorate in the last quarter and thanked both the Director of Community Engagement and the Head of Engagement Programmes for the update.</p> <p>Action: Meeting to be set up for with Chair and Director of Community Engagement.</p>	<p>Committee Secretary to arrange meeting</p>
<p>3.3</p>	<p>Service Change: Briefing</p>	
	<p>The Service Change Manager provided the Committee with a Service Change update highlighting the following points:</p> <p><u>Engagement and participation in service change in response to COVID-19</u> A detailed guidance note was circulated in July to NHS Board Chief Executives and Health and Social Care Partnership Chief Officers describing considerations for engagement in three categories:</p> <ol style="list-style-type: none"> 1. Changes made as a result of COVID-19 2. Changes that were put on hold due to COVID-19 3. Forthcoming changes that now need to be considered <p>As part of ongoing scoping work, a survey was issued to identify the range of changes occurring across health and social care. To date there has been a 40% response rate with survey results still being received. The feedback will help to scope out themes, keys areas of focus and provide the opportunity for discussions on proportionate engagement moving forward.</p> <p><u>Regional activity</u> Following on from the Committee development day in June 2020, further discussions have taken place with Healthcare Improvement Scotland's Executive Team to seek more cross organisational input to regional service change considerations. Potential links and sources of support are being explored with the Evidence, Medical and Nursing, Midwifery and Allied</p>	

	<p>Health Professional (NMAHP) directorates.</p> <p><u>NHS Lanarkshire</u> Option scoring exercise concluded with approximately 170 responses, over 100 of which were from patients and public. The feedback from this exercise is currently being analysed, with the highest scoring option yet to be communicated. A two week public engagement exercise, including a telephone survey, four focus groups and patient engagement is planned to be undertaken in September 2020.</p> <p><u>Online workshops</u> The team are currently developing three online workshop sessions: 1. Involving People in Option Appraisal 2. Planning engagement in service change 3. Duties and Principles for Public Involvement in service change.</p> <p>The Committee thanked the Service Change Manager for the briefing and individual members expressed an interest in attending the planned online workshops. It was agreed that the Committee Secretary would circulate joining instructions.</p> <p>Action Service Change Manager to send details of online workshops to Committee Secretary for circulation to Committee members</p>	<p>Service Change manager to send details to Committee Secretary for circulation</p>
4	Reserved Business	
4.1	Service Change Sub Committee meeting minutes (08/04/2020)	
	<p>The Service Change Manager presented the Service Change Sub-Committee meeting minutes from the meeting held on 08/04/2020</p> <p>The Committee noted the minutes</p>	
5.0	ADDITIONAL ITEMS of GOVERNANCE	
5.1	Key Points	
	<p>After discussion the Committee agreed the following three key points to be reported to the Board</p> <ul style="list-style-type: none"> - Governance for engagement - Volunteering in NHS - National Guidance for Community Engagement and our approach 	
6.	Closing Business	
6.1	AOCB	

	No other corporate business was discussed	
6.2	DATE of NEXT MEETING	
	The next meeting will be held on 5 November 2020 via MS Teams	
	Name of person presiding: Signature of person presiding: Date:	

ACTION POINT REGISTER

Meeting: Scottish Health Council Committee

Date: 10/09/2020

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting 27/11/2019 2.3	Community Engagement and the Quality of Care Approach	LC to take forward work to further develop a Quality of Care approach for Community Engagement.	31/12/2020	LC	Ongoing
Committee meeting 10/09/2020 1.2	Matters arising	Committee Secretary to schedule in 1:1s with Chair and Committee members.	05/11/2020	SF	Completed
Committee meeting 10/09/2020 2.2	Volunteering in the NHS-update	Committee Secretary to arrange meeting for Chair, Director of Community Engagement, Head of Engagement Policy & Equalities and Volunteer Programme Manager to explore considerations around the changing profile of volunteers for the directorate's work	05/11/2020	SF	Completed
Committee meeting 10/09/2020 2.3	Governance for Engagement	Committee members to submit any amends to ToR to Head of Engagement Policy and Equalities	05/11/2020	TMG	Completed
		Head of Engagement Policy and Equalities to follow up with John Glennie on feedback on the Terms of Reference.	05/11/2020	TMG	Completed
		Chair to confirm membership of the sub-committee.	05/11/2020	SD	Completed

Committee meeting 10/09/2020 3.1	Risk Register	Director of Community Engagement and Service Change Manager to review Risk 778 and 1033	05/11/2020	LC	Completed
Committee meeting 10/09/2020 3.2	Remobilisation and Operational Plan progress report	Committee Secretary to set up meeting with Chair and Director of Community Engagement to discuss.	05/11/2020	SF	Completed
Committee meeting 10/09/2020 3.3	Service Change update	Service Change Manager to send details of online workshops to Committee Secretary for circulation to Committee members	05/11/2020	DC	Completed

**Scottish Health Council Committee
Business Planning Schedule**

Committee Business	Lead officer
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2020-2021

23/04/2020	10/09/2020	05/11/2020	25/02/2021
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Strategic Business	
Strengthening Patient and Public Involvement in Primary Care	Head of Engagement Programmes
Quality of Care Approach in Community Engagement	Head of Engagement and Equality Policy
Volunteering in NHS Scotland	Programme Manager Volunteering
Citizens Panel	Head of Engagement and Equality Policy
Engaging People in the work of HIS	Head of Engagement and Equality Policy

Committee Governance	
Draft Annual Report 2019/2020	Chair
Draft Annual Report 2020/21 & Committee Terms of Reference	Chair
Proposed Business Planning Schedule 2021/22	Director
Risk Register	Director
Remobilisation & Operational Plan Progress Report	Director
Operational Plan 2020/21	Director
Service Change Briefing	Service Change Manager
Engagement Programme Update	Head of Engagement programmes
Corporate Parenting Action Plan	Public Involvement Advisor
Equality Mainstreaming Report	Director/Equality and Diversity Advisor

Community Engagement Directorate Updates	

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Additional Items of Governance	
Service Change sub Committee Action points	Service Change Manager

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Closing Business	
3 Key Points	Chair
AOB	

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Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	5 November 2020
Title:	National Guidance for Community Engagement
Agenda item:	2.1
Responsible Executive/Non-Executive:	Lynsey Cleland, Director of Community Engagement
Report Author:	Daniel Connelly, Service Change Manager

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to:

- Annual Operational Plan delivery
- Government policy/directive
- Legal requirement

This aligns to the following HIS priorities(s):

- Mental health services
- Access to care
- Integration of health and social care
- Safe, reliable and sustainable care

2 Report summary

2.1 Situation

Joint work by Scottish Government and COSLA to develop new national guidance for health and social care services on community engagement and participation has resumed. A further draft version of the document has been circulated to NHS Boards, Integration Authorities and Local Authorities to comment on by 10 November 2020 (Appendix 1).

Given the statutory responsibilities of Healthcare Improvement Scotland and the Care Inspectorate in relation to this work, joint feedback on the document has been collated for consideration by the Committee (Appendix 2).

2.2 Background

The report on the [Review of Progress with Integration of Health and Social Care](#) published by the Ministerial Strategic Group for Health and Community Care in February 2019, contains the following proposal:

“6. (i) Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies.”

Work on this proposal began in March 2019 with a working group co-chaired by Scottish Government and COSLA convened to help inform the development of the new guidance. Healthcare Improvement Scotland and the Care Inspectorate are both members of this group along with other stakeholders.

An initial draft of the new guidance was circulated to stakeholders for comment in November 2019. Following stakeholder feedback a further iteration of the guidance was then developed which Healthcare Improvement Scotland, the Care Inspectorate and other working group members provided comment on in February 2020. Work on the guidance was then paused in March 2020 to focus resources on the COVID-19 pandemic response.

The Cabinet Secretary and Councillor Currie, COSLA Health and Social Care Spokesperson, agreed to resume further work on the guidance in September. An updated draft document was circulated to seek further comments from NHS Boards, Integration Authorities and Local Authorities by 10 November 2020, with an aim to publish the final document in January 2021. This timeline is based on the assumption that the current situation with COVID-19 does not worsen.

2.3 Assessment

In recognition of health and social care integration, the new guidance is intended to replace exiting CEL 4 (2010) guidance for NHS Boards on informing, engaging and consulting people in developing health and community care services.

The new guidance will therefore be core to the ongoing delivery of *Healthcare Improvement Scotland- Community Engagement's* delegated statutory responsibilities to support, ensure and monitor the public involvement duties in respect of health services across NHS Boards and Integration Authorities. It is also fundamentally linked to our ongoing work with the Care Inspectorate to develop a quality framework for community engagement.

We believe that the guidance offers an opportunity to clearly articulate what good engagement should look like across health and social care for people and communities and support NHS Boards, Integration Authorities and Local Authorities to meet their statutory duties for engagement in a consistent and connected way. It also provides the opportunity to clarify governance arrangements for community engagement across health and social care and take account of evolving local, regional and national planning arrangements for services.

It will also be important that the new guidance reflects the changing external context arising from COVID-19 and in particular the very practical considerations that the pandemic presents for how people are engaged with.

The current draft document (Appendix 1) differs from the version we commented on in February in a number of areas. We have therefore worked closely with the Care Inspectorate to review the latest draft and develop combined feedback on the key areas we feel need to be taken into consideration (Appendix 2). This collated feedback takes account of views from across both organisations, as well as comments received from Scottish Health Council Committee members.

In the feedback we have sought to identify the key changes or points of clarity we believe are necessary and titled these 'essential considerations', as well as identifying more supplementary points which we have titled 'suggested enhancements'.

We are having ongoing discussions with the Scottish Government and COSLA on the draft document and this detailed feedback will provide an important opportunity to continue to highlight the key areas we believe require further consideration before the document is finalised.

2.3.1 Quality/ Care

People and communities should have opportunities to use their skills and experience to help design and improve the health and care services we all use. Inclusive, meaningful engagement is essential to shaping health and care services and improving the quality of care people receive.

The new guidance will be important in supporting NHS Boards, Integration Authorities and Local Authorities to meet their statutory duties with regard to community engagement in order to deliver better outcomes for the people and communities they provide services for.

2.3.2 Workforce

The draft guidance does not present any additional workforce considerations for HIS to those budgeted for at this time.

2.3.3 Financial

The draft guidance does not present any additional finance considerations for HIS to those budgeted for at this time.

2.3.4 Risk Assessment/Management

The successful development and implementation of this guidance is identified as mitigation for operational risk 1061 on service change.

2.3.5 Equality and Diversity, including health inequalities

We have identified specific equality and diversity considerations for this the draft guidance in our collated feedback to Scottish Government and COSLA.

2.3.6 Other impacts

The guidance will have considerations for our work with the Care Inspectorate to develop a quality framework for community engagement. Both work streams continue to progress in tandem and discussions are ongoing with Scottish Government and COSLA to ensure appropriate alignment.

2.3.7 Communication, involvement, engagement and consultation

Scottish Government and COSLA have been engaging with a range of relevant stakeholders on the development of the guidance.

2.4 Recommendation

The Committee is asked to discuss the collated feedback on the draft national guidance for community engagement and identify any further points or amendments that should be incorporated within the feedback to Scottish Government and COSLA.

3. List of appendices

The following appendices are included with this report:

- Appendix 1 '*Engaging with People*' draft national guidance on community engagement
- Appendix 2 Collated feedback from Healthcare Improvement Scotland and the Care Inspectorate

Healthcare Improvement Scotland and the Care Inspectorate
Collated feedback on the draft document circulated by Scottish Government and COSLA:
Draft Community Engagement and Participation Guidance
October 2020

'Planning with People' section	
Essential considerations	
<i>Planning: 1</i>	Definitions/Consistency: Clarity and consistency on status of document is required. The terms statutory guidance/guidance/framework are used interchangeably throughout. A consistent term is required that makes clear to NHS Boards, Integration Authorities and Local Authorities how they will be expected to use this document in the context of meeting statutory duties of engagement.
<i>Planning: 2</i>	Terminology: The new Health and Care Standards define 'care' as comprising both health care and social care, so this terminology should be used throughout.
<i>Planning: 3</i>	Scope of the document: With so many independent sector providers, this section should refer to the public sector planning and commissioning function in order to be clear on the scope.
<i>Planning: 4</i>	Key statutory responsibilities should be inserted in this section to ensure that these are not overlooked or considered 'optional' as this would impact on robustness of the engagement process. (e.g. Equality impact

	assessment of process and proposal, socio-economic, Fairer Scotland duty assessment, Islands Act equality impact assessments)
<i>Planning: 5</i>	The document states it replaces CEL 4, therefore it needs to be clear this is guidance that NHS Boards, Integration Authorities and local Authorities are expected to meet in order to deliver their statutory duties of engagement and participation - Consistent references needed for these public bodies throughout the paper.
<i>Planning: 6</i>	Clarify statement that the document ' <i>replaces CEL4 (2010) and the process for major service change remains unchanged</i> '. The process for consulting on major service change is only contained in CEL4 (2010) so the process to be follow in its replacement needs to be clearly articulated. Suggest there should be a clear link to information contained later in the document on the Major Service Change process to be followed.
<i>Planning: 7</i>	By replacing CEL 4 (2010), this does change NHS Scotland's process. If we maintain the previous divide between ongoing engagement as an aspirational 'should' and one-off consultation as a 'must' for major service change it risks undermining the purpose of the guidance.
<i>Planning: 8</i>	Clear reference is required on the application of the guidance for regional and national planning.
<i>Planning: 9</i>	Clear reference needed on the application of guidance for special boards, contractors and services contracted by NHS.
<i>Planning: 10</i>	Consider use of term co-production within document (" <i>This guidance outlines the steps to be taken to embed meaningful co-production</i> "). Credibility could suffer if guidance refers to co-production compared to good community engagement practice.
Suggested Enhancements	
<i>Planning: 11</i>	Clarity is required to emphasise that engagement for service change includes community engagement, service users/ carer involvement and potential future users of the service.
<i>Planning: 12</i>	Consider emphasis on shared principles of statutory bodies to aim to work together for patient/service user.

<i>Planning: 13</i>	Definitions should be given for any terminology (and consideration of some form of glossary) (<i>ie service change, major service change, community, co-production, engagement, consultation, proportionality</i>).
	‘Engaging with people’ section
Essential considerations	
<i>Engaging: 1</i>	Action for HIS-Community Engagement & Care Inspectorate to revise place holder text: Stronger emphasis and clarity on the role that we have in respect of supporting, ensuring and monitoring engagement by NHS Boards and Integration Authorities in relation to health services (including reference to Quality Framework for Engagement).
<i>Engaging: 2</i>	Clarify that engagement should be a live responsive process: ‘ <i>steps to good engagement</i> ’ process must be iterative i.e. responding to feedback and demonstrating how this has informed thinking/next steps. Clarify that consultation may be a specific element within engagement and the importance of demonstrating a responsive process.
<i>Engaging: 3</i>	‘Informing’ as part of the steps/process: Include reference to making ‘information’ about service review/scope of change publicly available as soon as possible e.g. in the diagram. This helps to increase awareness and encourage early engagement in defining the issue from the patient/ community / public perspective and clinical, operational.
<i>Engaging: 4</i>	Process for defining major service change: Give clarity on the process for providing a view and a decision on whether a proposal meets the threshold for major service change – this will support governance.
<i>Engaging: 5</i>	Process for Major Service Changes: As earlier comment, provide clarity on major service change process. Reference this in this section of the document and supplementary annexe. Very few service changes ‘start off’ as major, it is important to emphasise that this may be applicable for any process as engagement progresses.
<i>Engaging: 6</i>	Methods of engagement: The impact of COVID-19 needs to be acknowledged and the importance of engaging with communities despite the challenges. Linking to Healthcare Improvement Scotland’s Engaging

	Differently resource in this section would give this an appropriate prominence given the current situation/ongoing pandemic.
<i>Engaging: 7</i>	Text to be added: In section titled ' <i>Healthcare Improvement Scotland - Community Engagement can provide</i> ' insert "The Care Inspectorate can also provide advice and guidance on community engagement to local authorities and Health and Social Care Partnerships through their link inspectors".
Suggested Enhancements	
<i>Engaging: 8</i>	Section title 'Engaging with People': Consider a clearer title that indicates this section covers key areas and expectations on engagement process. The title should clearly highlight that this section describes expectations for engagement activity.
<i>Engaging: 9</i>	Definition of 'Community Engagement': Propose this definition currently in the Annex should come earlier in the document, potentially in this section (and could be repeated in a glossary of terms).
<i>Engaging: 10</i>	Observational point on '7 steps': removing the step numbers will support the view that this is an ongoing process rather than a 'start/stop' linear process. (numbers are not in diagram)
<i>Engaging: 11</i>	Step 1 – Identify the Issue Need to emphasise the importance of sharing information early and encouraging early engagement to define the issue from the patient/ public/ carer perspective, utilising feedback and experience while referencing clinical /operational requirements.
<i>Engaging: 12</i>	Also important to clarify scope of engagement and the areas that can and cannot be influenced through engagement in the context of clinical guideline requirements, national drivers for change, or evidence to support review of services.
<i>Engaging: 13</i>	Step 2 – Identify Stakeholders This step should include consideration of how the range of impact assessments support the identification of stakeholders and informs the planning of appropriate engagement activities and methods.

<i>Engaging: 14</i>	<p>Step 3 Planning Engagement Using feedback from the Impact Assessments and stakeholder identification and analysis is an important step in the planning process and will help to provide assurance with people and communities and build trust.</p> <p>The public Information produced should be informed by the stakeholder analysis and the relevant impact assessments and provided in a format that is tailored to meet people’s needs e.g plain language (including easy read), accessible and balanced.</p> <p>Ensure that it is clear from earliest outset what process for governance will be and how the decision will be made to communicate this during engagement.</p>
<i>Engaging: 15</i>	<p>Step 4 Engaging This step should indicate what is involved in engaging people (refer to annex and potentially hyperlink to participation toolkit), responding to individual and community concerns and considering how to address potential adverse impacts.</p>
<i>Engaging: 16</i>	<p>Step 5 Evaluating Emphasise gathering feedback from people at each stage and building on this to inform next step. Evaluation should be simultaneous to the engagement and clearly show how views have been considered and if not explanation given as to why.</p>
<i>Engaging: 17</i>	<p>Step 6 Decision making It is important to demonstrate how engagement has influenced the outcome where appropriate. On occasions the engagement process may not result in agreement and support from all individuals and groups but the decision making process should demonstrate that the public body has listened and genuinely takes account of views and suggestions.</p>
<i>Engaging: 18</i>	<p>Step 7 – Evaluation Highlight that this is to inform future engagement activities and practices - After Action Review.</p>
	‘Governance’ section

Essential considerations	
<i>Governance: 1</i>	<p>Clarity on process: Statement required emphasising that guidance aims to provide consistency in terms of how people and communities can expect to be engaged across health and care.</p> <p>Statement required that organisations involved in developing and delivering integrated health and social care services in Scotland are expected to follow the guidance as they develop future engagement activities.</p>
<i>Governance: 2</i>	<p>NHS Boards: There is a need to articulate the governance processes for NHS Boards where the changes aren't deemed major.</p>
<i>Governance: 3</i>	Describe the major service change governance process for NHS Boards as noted previously– if needed use a separate Annexe.
<i>Governance: 4</i>	Reference the governance process for defining major service change.
<i>Governance: 5</i>	<p>Integration Authorities The document states that <i>“The Act does not identify a process for engagement that must be adhered to for community engagement. It recognises that Integration Authorities will have the local knowledge to undertake engagement that best suits their local population”</i>. Whilst acknowledging that the Major Service Change process does not apply to Integration Authorities, this current wording suggests Integration Authorities do not need to follow any set process, when the intention was for the guidance to provide consistency in terms of what people and communities can expect across health and care.</p>
Annex A	
Essential considerations	
<i>Annex A: 1</i>	Heading for Annex A - This section needs a clear title to articulate the key areas it covers- this is the section that gives the detail of what is expected and risks being overlooked”

<i>Annex A: 2</i>	Suggested move: ‘ <i>The case for community engagement</i> ’ text from the annex to near the start of the guidance to give increased prominence. It should also be reframed to be less risk averse and accentuate the positive/benefits. (see comment below in ‘general comments’ “ consider how to articulate the benefits... ”).
<i>Annex A: 3</i>	References to the following should be included earlier in the document, for instance in the planning section, to make users aware of statutory duties: equality impact assessment of process and proposal, socio-economic considerations, Fairer Scotland duty assessment, Island communities impact assessment.
<i>Annex A: 4</i>	Suggested wording change: “ <i>Organisational self-assessment</i> ” – self-evaluation is more commonly used so suggest change this to ‘Organisational self-evaluation’. Links should also be included in this section to the Quality Framework for Community Engagement self-evaluation tool that is being developed.
Suggested Enhancements	
<i>Annex A: 5</i>	Under ‘Clarity of Purpose’ suggest that engagement and consultation are swapped around.
<i>Annex A: 6</i>	Consider combining ‘ <i>Defining community engagement</i> ’ with ‘ <i>Clarity of Purpose</i> ’ as they cover similar ground.
<i>Annex A: 7</i>	The section that reads: “ <i>Further detail can be accessed via the attached links and tools</i> ” should include reference to Scottish Community Development Centre (SCDC) and resources such as VOiCE (Visioning Outcomes in Community Engagement).
<i>Annex A: 8</i>	Consistency point: Under evaluation it specifically references various methods for evaluation but does not do this for engagement.
GENERAL COMMENTS	
<i>General: 1</i>	The balance of the document Under ‘Clarity of Purpose’ suggest that engagement and consultation are swapped around. Would be better if more content from the Annex can be brought into the main body of the guidance.

<i>General: 2</i>	There is reference to independent scrutiny of a process - this could have potential impact on opportunities people have to challenge the process (potentially include in Governance section).
<i>General: 3</i>	<p>Consider how to articulate the benefits of engagement in the document:</p> <p>-Benefits of effective public involvement and why it helps the process ie;</p> <ul style="list-style-type: none"> • The public are great at generating ideas that professionals miss • They are great at seeing the detail of how things can work best and seeing how systems flow • Public engagement is a long term working relationship that should be a natural way that organisations should work - rather than a one off with a start and finish • You bring communities <u>WITH</u> you when you work with them (this is mentioned but not strongly enough)
<i>General: 4</i>	Document format: Consider greater use of footnotes and hyperlinks

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Engaging with people

A community engagement and citizen participation framework for NHS Boards, Integration Authorities and Local Authorities planning and delivering health and social care services in Scotland

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Part 1 **Planning *with* people**

Purpose of this statutory guidance

Effective community engagement and the active participation of citizens is essential to ensure that Scotland's health and care services are fit for purpose and lead to better outcomes for people.

This guidance supports public service providers and commissioners to consider how to continually improve the ways in which people and communities can get involved in developing services that meet their needs. To achieve meaningful and effective engagement, leaders must demonstrate a commitment to it and take action to embed it within their organisations.

Engagement that takes place routinely helps to develop trust between communities and public bodies, fosters mutual understanding, and makes it easier to identify sustainable service improvements.

Using the guidance

The Scottish Government and COSLA have developed this statutory guidance to support greater collaboration between those making decisions about health and social care services in Scotland, those delivering services, and people in communities who are affected.

The guidance applies to all situations where decisions are being made about the planning, development or delivery of health and social care services. It complements and supports the existing local engagement plans, providing a foundation of shared principles that Integration Authorities, Local Authorities and NHS Boards can adapt to meet local needs.

Organisations involved in developing and delivering integrated health and social care services in Scotland are expected to follow the guidance as they develop future engagement activities.

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The guidance should be understood and embraced by all stakeholders, and there are key roles for NHS Chief Executives, Chief Officers in Integration Authorities and Local Authority Chief Executives who must ensure that engagement is undertaken effectively.

This guidance updates existing guidance in recognition of health and social care integration, and replaces CEL 4 (2010) for NHS Boards.

The NHS Scotland process for consulting on major service change remains unchanged.

When to use the guidance

This guidance aims to improve general understanding of what 'effective community engagement' means in relation to the development of health and social care services. Supported by more detailed information, attached in Annex A, it can be used to develop organisational culture, act as a good practice guide and support staff training.

It can be applied in any context where community engagement might inform service planning, from large-scale to local initiatives. Key steps in the community engagement process that should be followed in any engagement cycle are outlined below, and more detailed background information can be found in Annex A.

Before embarking on the community engagement improvement journey, it is important for organisations to objectively assess how they currently engage with people. There are tools to support honest reflection [here](#).

Defining community engagement

In order to be effective, community engagement must be relevant, meaningful and have a clearly defined focus.

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NHS Boards, Local Authorities and Integration Authorities should engage with the communities they serve following the principles set out in the [National Standards for Community Engagement](#) .

This defines community engagement as:

'A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.'

Policy and legislative context

This statutory guidance has been developed in response to the Ministerial Strategic Group for Health and Community Care [Review of Progress with Integration of Health and Social Care](#) (published February 2019), which urges an increase in the pace and effectiveness of integration across Scotland and includes a proposal to develop revised guidance on local community engagement and participation based on existing good practice, to apply across health and social care bodies.

NHS Boards, Integration Authorities and Local Authorities all have a statutory responsibility to involve people in developing and delivering health and social care services.

All relevant public bodies are expected to demonstrate how they are engaging with communities, and to evidence the impact of engagement. This guidance outlines the steps to be taken to embed meaningful co-production.

This guidance takes account of relevant recent policy drivers and legislation and promotes a shared understanding across Scotland's health and social care providers to support high-quality engagement with communities.

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Oversight

[Healthcare Improvement Scotland](#) and the [Care Inspectorate](#) each have statutory responsibilities to assure and support improvement in the quality of health and care services. Where appropriate they collaborate in the delivery of these duties.

Healthcare Improvement Scotland – Community Engagement (formally the Scottish Health Council), has a legal duty to support, ensure and monitor the public involvement in respect of health services across NHS Boards and Integration Authorities.

The Care Inspectorate is responsible for inspecting and improving social care and social work services and regulates all registered services for adults and children.

Healthcare Improvement Scotland and the Care Inspectorate are currently working with stakeholders to develop an self-evaluation framework to support NHS Boards, Local Authorities and Integration Authorities in carrying out effective community engagement and demonstrate how they are meeting their statutory responsibilities to engage.

Healthcare Improvement Scotland and the Care Inspectorate also carry out joint strategic inspections for health and social care services of NHS Boards, Local Authorities and Integration Authorities in partnership with other scrutiny bodies. These inspect how integrated services are planned, commissioned and delivered to meet people's needs and cover the statutory duties and expectations to meaningfully engage with communities.

Healthcare Improvement Scotland and the Care Inspectorate both work to the Health and Social Care Standards in their scrutiny and improvement activities. The rights of people to be involved in decision making regarding the provision of care services run through the Standards, with the following statements under the 'Be Included' principle:

"I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.

I am supported to participate fully and actively engage in my community."

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Part 2 Engaging *with* people

This framework supports NHS Boards, Local Authorities and Integration Authorities to build strong two-way dialogue with the various communities they work alongside and serve.

Engagement should not be a one-off event or only used for controversial projects.

High-quality and ongoing community engagement builds relationships and trust.

Individual engagement projects must be planned as part of the organisation's wider engagement strategy. Leaders must commit the necessary resources, both in people, time and budgets.

It is important that people representing communities are involved throughout the development, planning and decision-making process for service change.

The purpose of engagement will influence the methods to be used, and in most cases a range of different engagement tools will be necessary to reach as many people as possible. Further information is attached in [Annex A](#).

Healthcare Improvement Scotland - Community Engagement can provide:

- Views on the type of involvement they would expect to see for proposed engagement
- Views on similar work and best practice elsewhere
- Guidance on the evaluation process

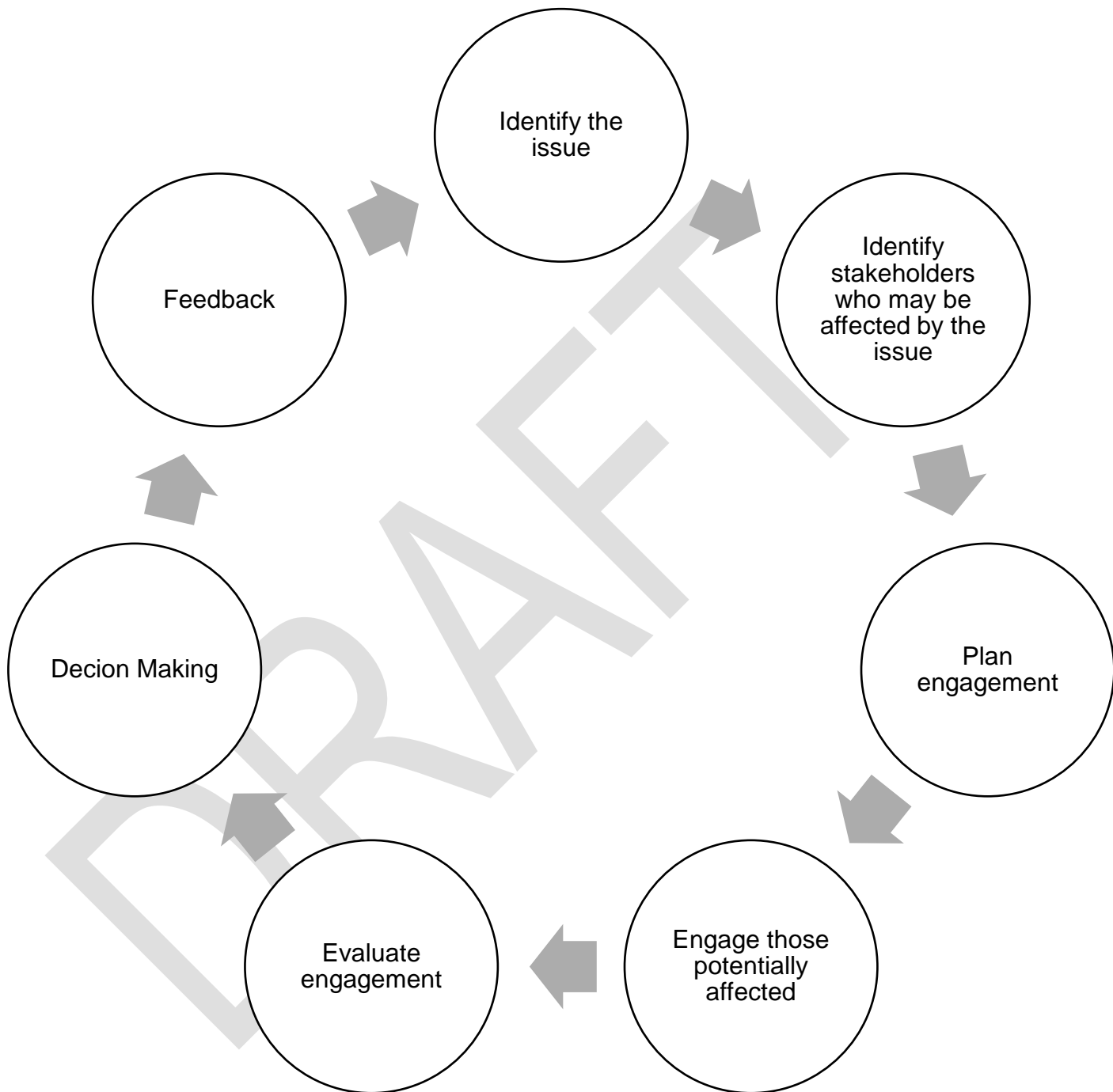
The [Participation Toolkit](#) published by Healthcare Improvement Scotland – Community Engagement also provides detail on a range of engagement methods.

Steps to good engagement

Each step in the process is underpinned by principles that should be followed in order to demonstrate good practice.

All steps are important, and should be applied proportionately to the scale of the activity and level of change proposed.

Links to more detailed implementation guidance can be found in [Annex A](#).



Step One: Identify the issue

Clarity about the reason for engagement is essential. Shared understanding of the objectives will inform the planning process and determine the engagement methods to be used, maintaining focus throughout.

Step two: Identify stakeholders who may be affected by the issue

It is important to identify all groups and individuals within the community who will be affected, or who might have an interest in the decision being made. Recruiting representatives of communities to the engagement planning team at an early stage informs the process and helps to ensure an effective approach.

Step three: Planning engagement

Identifying the best approaches to maximise the number of people who can share their views is vital. Involving community representatives from the outset of planning, and encouraging their ideas, results in better engagement and robust and sustainable outcomes.

Step four: Engaging

Routinely assessing the impact of engagement activity ensures that the right people are being involved, and their experience is monitored. If original goals are not being met, additional support may be necessary or other methods used.

Step five: Evaluating

Ongoing evaluation of engagement improves project and programme management by allowing review and reflection. It helps to monitor progress towards the goals outlined at the planning stage and improves accountability by fully reporting what is being done and what is being achieved.

Step six: Decision making

Throughout the engagement process a number of decisions need to be made and community representatives should be involved so that the most robust, evidence-based and person-centred outcomes are achieved.

When engagement activity concludes it is NHS Boards, Integration Authorities and Local Authorities that must approve or reject recommendations, taking the quality of the engagement process into account.

Step seven: Feedback and evaluation

Keeping participants informed about the progress of engagement is an important part of the cycle and should take place throughout. When decisions are reached speedy information should be provided explaining the impact of community engagement on the outcome. Views should be sought from communities on the effectiveness of any engagement to encourage two way feedback.

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Part 3 Governance and decision making

NHS Boards, Local Authorities and Integration Authorities are required to make decisions about how any changes should be taken forward.

Although there are separate processes they are required to follow, they are the public bodies required to decide on proposed service changes and developments. In all cases, the decision-making process must be transparent and clearly demonstrate that the views of communities have been taken into account.

Healthcare Improvement Scotland – Community Engagement has a statutory role across NHS Boards and Integration Authorities to support, ensure and monitor patient focus and public involvement activities relating to health services. NHS Boards and Integration Authorities should therefore keep Healthcare Improvement Scotland – Community Engagement informed about proposed service changes at the earliest possible stage.

[Further information about HIS and CI to be included with links to the Quality of Care work]

[NHS Boards](#) will continue to make most decisions about how health services should be delivered locally. The outcome of community engagement and other relevant information must inform these decisions.

[The process for NHS major service change is unchanged.](#) Scottish Ministers will continue to make the final decision regarding whether to approve proposed service changes by NHS Boards that will have a major impact on people and communities.

[Integration Authorities](#) were established under the Public Bodies (Joint Working) (Scotland) 2014 Act, and include Integration Joint Boards (IJBs) and, in the case of Highland, Lead Agency partnership agreements.

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The Act does not identify a process for engagement that must be adhered to for community engagement. It recognises that Integration Authorities will have the local knowledge to undertake engagement that best suits their local population.

Local Authorities are responsible for the provision of a wide range of public services. There is no requirement for these bodies, led by elected councils, to adopt a particular decision-making and scrutiny structure. Each council decides the most appropriate structure suited to its particular circumstances and must be transparent about decisions made and the quality of services provided.

Local authorities work with other public bodies to deliver services and are required by law to deliver an integrated approach, along with health and other social care providers, through Health and Social Care Partnerships. They are expected to work together to develop common engagement approaches.

ENDS

ANNEX A

Further information

There is a growing body of expertise in community engagement developing within Scotland's public organisations. Sharing learning and best practice across the health and care sector is an objective of integration, and forums are being developed to support ongoing improvement of practice.

This annex develops the key points outlined in the statutory guidance. Further detail can be accessed via the attached links and tools.

Defining community engagement

The principles that inform this guidance promote a change of focus from a culture of 'telling' to one of really listening when it comes to community engagement.

Consistent, relevant, open communication between all parties is vital, and there is an obligation on organisations to do more.:

- **Community** refers to a group of people that share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse and that people can belong to several at a time.
- **Engagement** covers a range of activities that encourage and enable people to be involved in decisions about issues that affect them. This can range from encouraging communities to share their views on how their needs are best met and influence how services should be delivered, to giving communities the power to inform decisions and even provide services.

The case for community engagement

Ineffective engagement carries risks:

- Failure of organisations to understand all the issues for communities, missing the opportunity to identify sustainable solutions to service challenges
- Communities, especially vulnerable and lower-profile groups, feel disconnected and disengaged from services
- Unnecessary public resistance to changes due to lack of awareness and understanding
- Threatened public confidence, which can lead to protest
- Legal challenge resulting from concern about a decision and the process of engagement with potential for added financial implications
- Change may take longer to implement (or not progress at all) and risk that services may not meet the needs of communities as well as they could

Clarity of purpose

It is important, from the outset, to be clear about the reason for engagement. The issue under consideration may be better suited to formal consultation, or another approach to gathering community views.

Consultation has a defined beginning, middle and end: it might be part of an ongoing period of engagement, but it is a process in its own right. Its remit should be finite and the scope for stakeholder input should be clear. There is a specific requirement for NHS Boards to consult on issues which are considered major service change – the process for that has not changed.

Engagement is a broader term, encompassing a broad range of activities. It is an approach that encourages productive relationships between communities and public bodies.

Organisational self-assessment

It is important to understand how well your organisation is currently engaging. That can be done systematically, efficiently and quickly using a range of methods. You might want to know:

- What role do communities have in your organisational structures? How do people respond when you communicate with them? Are levels of public satisfaction and trust high or low?
- How does your organisation view engagement? Is it regarded as important and is there a shared view of what it means? Has there been a culture of tokenism?
- Has engagement influenced decisions?

Assessing the views of all stakeholders is essential. This can be done via internal surveys and interviews, or data reviews and reference to good practice. Following the self-assessment process will help to identify good practice and show where improvement is required.

[This section will require amending as the Quality of Care Approach work progresses]

Planning engagement

Clear goals set at the start of engagement planning shape the process and indicate the best methods to use to reach the maximum number of people and communities of interest. Project goals may evolve as engagement progresses, but they are necessary to keep the process focused.

Sometimes the purpose of engagement is clear as it is the result of an identified issue. In other cases, communities will raise issues that matter to them and it is important that they have ways in which they can be easily heard.

It is important to involve community representatives in engagement planning from the outset. As part of the planning team, they can help to inform the design of an inclusive process.

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Questions to consider:

- What do you already know?
- What are the issues you want engagement to address?
- What would you like engagement to achieve?
- What level of engagement is considered proportionate?
- Who will be making the final decision?

If there are areas that the engaging organisation believes cannot be influenced, for instance working practices or budgetary restraints, they must be clearly explained. Any such limitations should be evidenced, and organisations receptive to challenge over scope. It is important to be ready to revisit assumptions or decisions following discussions with the community, or the emergence of new evidence.

Trusted and open dialogue achieves:

- Clear communication and information sharing to achieve mutual understanding of challenges
- Agreement about what is out of scope - the more non-negotiable elements, the less likely the community will want to participate
- Realistic expectations and reduced risk of conflict or disappointment

Who to involve

Not all stakeholders will want to be engaged at the same level, so it is important to identify their needs to determine what engagement activities might be required, and at which stage of the project.

Existing networks can help to identify potentially-affected people, including those who do not find it easy to volunteer their views. Support for stakeholder mapping may come from community groups, third sector organisations and community councils.

Consider:

- Who is directly impacted by this work?
- Who is indirectly impacted?

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- Whose engagement is essential?
- What are the key issues or areas of interest?
- What is the level of public interest?
- Who are the key contacts?

Once the stakeholder analysis is complete, it may be necessary to revisit the original objectives of the engagement and review the negotiable and non-negotiable goals.

In time, effective engagement should become routine, with fewer decisions being challenged and referred for review.

NHS Health Scotland [Stakeholder Mapping Template](#)

[VOiCE Tool](#) a planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement

[The Engagement Matrix](#) guidance for improving engagement between health boards and the third sector

Impact assessment

Impact assessment examines how policy or service design proposals may affect different communities taking into consideration equality, human rights, sustainability and the environment. It must be started *before* any engagement activity begins, and be updated throughout.

The [Equality and Human Rights Commission](#) guidance to help public authorities in Scotland meet their public equality duties.

[Scottish Government](#) guidance on the Fairer Scotland duty.

Methods of engagement

Choosing a method, or combination of methods, for engaging is a critical step in the planning process. There are many models to choose from, and the best ones to select will depend on the issues being discussed and the communities involved.

Consider:

- The scope, context and outcomes sought
- Who you seek to engage, and the local social and political context
- Budget, timeline and resources allocated
- Skills of team and their availability to lead events at times and in locations to maximise attendance

People's needs will vary. Involving community representatives in the planning process will make it easier to choose appropriate engagement methods.

Consider:

- Given the timeframe, budget and resources which engagement technique(s) might work best?
- What are the strengths and weaknesses of these?
- Will the people to be engaged feel comfortable with this approach?
- Will it reach the target group?
- Will it help to achieve the stated outcomes?

Any methods chosen should be continually reviewed throughout the engagement activity and changed or adapted based on feedback.

Healthcare Improvement Scotland – Community Engagement [Participation Toolkit](#)

The [Place Standard](#) is useful in helping generate the discussions required to understand the assets of a place and ensuring the real life experiences of people living in a particular place are captured, valued and integrated into the heart of decision-making processes.

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There are specific considerations for consultations

- A final decision has not yet been made, or predetermined, by the decision makers
- The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response
- There must be sufficient opportunity for consultees to participate in the consultation
- Decision-makers should be able to provide evidence that they took consultation responses into account

[Right First Time: A practical guide for public authorities in Scotland to decision-making and the law.](#)

Options appraisal

Organisations need to consider a wide range of options to consider what health and social care services to provide their local populations and how best to deliver them. Local people should be involved in developing options that are robust, evidence-based and person-centred.

[Healthcare Improvement Scotland – Community Engagement Options Appraisal Guidance](#)

Timelines and Budget

The length of time it will take to engage the community, and the budget it will require, is dependent on a number of factors including the level of impact, level of public participation required and the community engagement tools and techniques chosen for each stakeholder group. Consideration also needs to be given to any legislative requirements and timeframes which may apply.

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The higher the level of impact and more stakeholders there are, the more time and resources will need to be allocated to community engagement.

Timeframes must take into account key events such as school holidays, public holidays or religious festivals. These should be avoided to maximise people's ability to participate.

When considering **budget** and resource allocation, the type of engagement tools chosen will be a significant factor. Each tool requires different levels of practitioner skill, time and budget.

Engagement of staff involved in any service under review is essential as they may also be members of affected communities and their experience can inform discussions.

Resourcing engagement

To engage effectively, organisations must be committed to supporting and improving the participation of people. That means dedicating resources to engagement activity, which may include:

- **Engagement champions** – senior staff to promote and support meaningful engagement.
- **Skilled staff** – the right number of skilled staff ensure that engagement activity is conducted in depth, monitored and evaluated. Training may be required.
- **Dedicated budget** – there are costs associated with community engagement, depending on the scale. Realistic budgets have to be agreed.
- **Sufficient time** – effective engagement cannot be rushed. Adequate time is required to reach all potentially affected members of communities, and flexible and innovative approaches may be required.

Depending on the capacity within organisations and the scale of the engagement activity it may be appropriate to procure the services of specialist providers to deliver some engagement services. Any external contractors will be expected to follow this guidance and to adhere to all relevant legal obligations for public involvement.

Accessible information

Everyone needs access to accurate information in order to engage effectively. Transparency is essential to generate trust, and to promote equity, all information should be freely available in a variety of formats and languages. If there are reasons why information cannot be shared, that must be clearly explained.

It is important to welcome critical challenges and respond to them by demonstrating a willingness to answer questions openly and to consider adapting plans according to emerging evidence.

For some, the headline facts are sufficient while others prefer to analyse the raw data for themselves. So, it is important to present all information in a variety of formats – online and on paper by request.

Communication and feedback

Providing regular updates and feedback to participants in the process should happen regularly and be planned into engagement activity. All information should be made widely available.

Privacy and confidentiality must always be observed in reporting and feedback. Participant names and identifying information should be removed unless you have the written consent of each individual to publish or release their personal information.

[Patient and Service User Feedback](#)

[Producing a report of findings](#)

Evaluation

All information gathered from the engagement process should be captured. That can be done by:

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- Surveys
- Reports
- Themes
- Films
- Graphics

It is important that engagement activity is continually assessed and that evaluation arrangements are part of the initial plan for engagement. The key to successful evaluation is to monitor progress and act on lessons that emerge during the process.

Consider:

- Are we meeting our objectives?
- Are we reaching all the people we need to?
- Are we developing our knowledge of communities and gathering useful data?

Undertaking evaluation helps to improve your organisation's community engagement processes, and supports learning.

[Evaluation Toolkit](#)

[VOiCE Tool](#) a planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement

Governance and decision making

NHS Scotland major service change

Where a proposed service change will have a major impact on service users, members of equalities communities or on a geographic community, Healthcare Improvement Scotland - Community Engagement is required to quality assure the process and can advise on the nature and extent of the process considered appropriate in similar cases. However, NHS Boards should seek advice from the Scottish Government on whether a service change is considered to be major and, for those that are, Ministerial approval on the NHS Board's decision will be required.

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Proposals for major service change must be subject to at least three months public consultation. For any service changes considered to be major, NHS Boards should not move to the consultation stage until they have confirmation from Healthcare Improvement Scotland – Community Engagement that the engagement thus far has been in accordance with this framework. A full meeting of the NHS Board will then consider the proposals and make a decision. A range of information, including the responses to the consultation and a report from the from Healthcare Improvement Scotland – Community Engagement will inform the Board's decision.

Healthcare Improvement Scotland - Community Engagement does not comment on clinical or financial issues or the effectiveness of an organisation's engagement with its own staff. It will however, look to the organisation to provide evidence that the views of potentially affected people and communities have been sought, listened to and acted on; and treated with the same priority (unless in exceptional circumstances) as clinical standards and financial performance.

Healthcare Improvement Scotland – Community Engagement's will set out its views on whether the relevant NHS Board has appropriately involved local patients, carers and communities, in line with this guidance.

Following the Board decision, major service change proposals must be submitted to Scottish Ministers for final approval. Ministers will take all the available information and representations into account, including the report of Healthcare Improvement Scotland – Community Engagement on the adequacy of the local engagement activity.

The proposals may ultimately be approved or rejected by Scottish Ministers. Where appropriate, they may also instruct the relevant NHS Board to carry out further engagement activity.

Integrated Joint Board decision-making

Specific requirements are laid out for involvement and participation of a range of stakeholders in public bodies.

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Integration Joint Boards are required to have a carer representative, a person using social care services, a patient using health care services, third sector representatives and so on.

Each Integration Authority should have its own strategy for community engagement and participation, which should be taking place on a regular and routine basis and not just at time of change. These strategies should take into account the framework included in this guidance.

Strategic Commissioning Planning

Decision making by Integration Authorities takes place within the context of strategic commissioning, and so it is important that community engagement is incorporated into this process. Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

Integration Authorities are also required to publish an annual performance report, which provides the public with information about overall performance in meeting the prescribed National Health and Wellbeing Outcomes as well as what has been done to deliver on their strategic commissioning plan and how resources have been allocated.

The Act places a duty on Integration Authorities to create a strategic commissioning plan for the integrated functions and budgets that they control, which must be reviewed every three years. This requires close working with professionals and local communities to deliver sustainable new models of care and support that are focused on improving outcomes for people. A key principle of the commissioning process is that it should be equitable and transparent, and therefore open to influence from all stakeholders, including the community, via an on-going dialogue with people who use services, their carers and providers.

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During the development of the Strategic Plan, the Integration Authority is required to run consultations on various drafts of the document with the Strategic Planning Group (SPG) and representatives of any groups prescribed by the Scottish Ministers, including people who use services and carers. The role and minimum composition of the SPG is can be found in the “[Strategic Commissioning Plans: Guidance](#)” on the Scottish Government website.

It is important that the Integration Authority develops an agreed communication and engagement plan at an early stage. Integration Authorities should make best efforts to allow groups of people with an interest to participate in a consultation process in order to express an opinion on the draft strategic commissioning plan.

Each Integration Authority will develop different communication and engagement plans, to suit the needs and make up of their community. Integration Authorities should use the framework in this guidance to help develop their approach to engagement.

Localities

Another important route for community engagement is through locality arrangements. The Act requires each Integration Authority to divide its geographical area into at least two localities, whose views much be taken into account as part of the strategic commissioning process. This is to ensure the possibility of communities working with local professionals to inform strategic thinking on the basis of what they know of their areas.

Many Integration Authorities have well established locality planning forums that bring together professionals and local community representatives involved in strategic commissioning planning. For further information, please refer to “[Health and social care integration - localities: guidance](#)” which can be found on the Scottish Government website.

Significant decisions outside the strategic commissioning plan

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Where an Integration Authority plans on making a decision that would have a significant effect on the provision of an integrated service, out with the context of the strategic planning cycle, then the Integration Authority must involve and consult its Strategic Planning Group, along with users, or potential users, of the service.

Decisions for specific services and functions

While the strategic commissioning plan provides the direction of travel and ambition for the Integration Authority, they make decisions about service change, service redesign, and investment and disinvestment at many of their meetings. These meetings are open meetings and members of the public may attend but not participate, with papers and minutes available online.

Alongside this, Integration Authorities are required to undertake ongoing engagement and feedback with the local community, so that the views of service users, their carers and service providers are taken into account in this continuous process of decision making. The form of this engagement will vary between Integration Authorities, and should reflect the makeup of the local community.

Local authority decision-making

A full council meeting is the key governing body of a council, where all councillors meet to debate and take key decisions. The Local Government (Scotland) Act 1973 allows local authorities to devolve most decision-making to committees, sub-committees or council officers. Individual councils set out their arrangements for delegation to committees in their internal governance documents.

[Legislation](#) has been introduced to give communities a stronger say in how public services are to be planned and provided and to allow communities to have a greater say in local decisions and in scrutinising local services.

[The Local Government \(Scotland\) Act 2003](#) gave a statutory basis to partnership working between all agencies responsible for delivering public services in an area, including health boards. This act established the role of Councils in facilitating the Community Planning process, at the heart of which is 'making sure people and

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communities are genuinely engaged in decisions made on public services which will affect them’.

The duty to involve people in the design and delivery of services has increased since the publication of the Christie Report in 2011 and subsequently the enactment of the Community Empowerment (Scotland) Act 2015.

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Annex B

Policy, legislation and principles

This statutory guidance takes account of relevant legislation, including:

[NHS \(Scotland\) Act 1978](#) as amended by the NHS Reform (Scotland) Act 2004

[Equality Act 2010](#)

[Public Services Reform \(Scotland\) Act 2010](#)

[Patient Rights \(Scotland\) Act 2011](#)

[The Local Government \(Scotland\) Act 2003](#) gave a statutory basis to partnership working between all agencies responsible for delivering public services in an area, including health boards. This act established the role of Councils in facilitating the Community Planning process, at the heart of which is 'making sure people and communities are genuinely engaged in decisions made on public services which will affect them'.

[The Community Empowerment \(Scotland\) Act 2015](#) gave new rights to community bodies and new duties to public sector authorities to help empower communities by strengthening their voices in decisions about public services.

[The Islands \(Scotland\) Act 2018](#) introduced measures to support and help meet the unique needs of Scotland's islands now and in the future.

[The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) put in place a requirement for NHS Boards and Local Authorities to work together to deliver integrated health and social care services through Health and Social Care Partnerships

Principles of Engagement and Participation

A number of standards and principles should be read alongside this guidance to help plan engagement, identify who should be involved and make sure the engagement activity is meaningful.

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[The National Standards for Community Engagement](#) good-practice principles designed to improve and guide the process of community engagement.

[Principles for Community Empowerment](#) aims to raise awareness of community empowerment and promote such a shared understanding across scrutiny bodies to support high-quality scrutiny of community empowerment.

[PANEL principles](#) a human rights based approach to ensure that people's rights are at the centre of policies and practices.

[Place Standard](#) a simple framework to structure conversations about place, this tool provides prompts for discussions.

[The Scottish Approach to Service Design](#) a framework to guide how to design user-centred public services.

[Gunning Principles](#) a strong legal foundation from which the legitimacy of public consultations is assessed.

[Principles of Inclusive Communication](#) produced to help public authorities deliver effective, well organised and equally accessible services that provide value for money.

[Principles of health and social integration](#) The Public Bodies (Joint Working) (Scotland) Act 2014, sets out 12 principles for health and social care integration.

[National health and wellbeing outcomes](#) NHS Boards, Local Authorities and Integration Authorities work together to ensure that key outcomes are meaningful to the people they serve.

[Visioning Outcomes in Community Engagement \(VOiCE\)](#) can be used to plan community engagement and service user participation, conduct it effectively, monitor progress and evaluate outcomes.

ENDS

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	5 November 2020
Title:	Quality of Care Approach/Quality Framework for Community Engagement
Agenda item:	2.2
Responsible Executive/Non-Executive:	Lynsey Cleland, Director of Community Engagement
Report Author:	Daniel Connelly, Service Change Manager

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to:

- Annual Operational Plan delivery
- Government policy/directive
- Legal requirement

This aligns to the following HIS priorities(s):

- Mental health services
- Access to care
- Integration of health and social care
- Safe, reliable and sustainable care

2 Report summary

2.1 Situation

Work by Healthcare Improvement Scotland and the Care Inspectorate to develop an approach for assuring meaningful engagement across health and care aligned to the Quality of Care Approach was paused in March 2020 to prioritise focus and resource in responding to COVID-19.

As NHS Boards and Health and Social Care Partnerships move forward with remobilisation and recovery plans, it has been agreed that this work should resume in a practical way to support ongoing engagement activities.

Appendix 1 provides an overview of the proposals and revised timelines for developing the approach and the Committee will be provided with a presentation at the meeting to inform discussion on progress to date and the planned next steps.

2.2 Background

In tandem with the development of new national guidance for community engagement for health and care services in Scotland, *Healthcare Improvement Scotland – Community Engagement* and the Care Inspectorate have been considering how to deliver our respective duties in line with the current context, and in a way that complements the guidance and support consistency of approach across health and care services.

In November 2019 the Scottish Health Council Committee supported proposals to develop an approach for assuring meaningful engagement across health and care aligned to Healthcare Improvement Scotland's Quality of Care Approach.

The aim is to develop a framework that identifies, supports and assures engagement activity by health and care organisations in relation to

- routine engagement;
- specific engagement activities such as service change; and
- internal governance systems for community engagement activity.

It is intended that the approach will assure and support improvement in community engagement practice, as well as identify and share good practice that others can learn from.

An internal working group and external stakeholder advisory group were formed to support the work. The stakeholder advisory group held its first meeting in February 2020, before work was paused to focus resources on supporting the response to COVID-19.

2.3 Assessment

As work on the development of the new national guidance for community engagement has resumed, and given the range of engagement considerations associated with the remobilisation and redesign of health and care services, it is proposed this work should recommence in a practical way that reflects the current context and supports ongoing engagement activities.

The stakeholder advisory group reconvened on 26 October and revised timelines and milestones for the work have been developed.

Until now this work has been referred to as a 'Quality of Care approach for community engagement', but recent discussions suggested this title may create a level of misconception and confusion. Therefore, in moving forward it is proposed the work should be described as the '**Quality Framework for Community Engagement**' to provide a more explanatory description for all. This change of title does not impact on the underlying aims of the work, which continue to be based on the core principles for engagement and on supporting and assuring improvements in engagement practice.

Appendix 1 provides an overview of the proposed approach and revised timelines for the Committee's information. The Committee will also receive a presentation at the meeting on the key discussion points from the stakeholder advisory group to inform discussion on the progress to date and planned next steps.

2.3.1 Quality/ Care

People and communities should have opportunities to use their skills and experience to help design and improve the health and care services we all use. Inclusive, meaningful engagement is essential to shaping health and care services and improving the quality of care people receive.

It is intended that the quality framework for community engagement will support NHS Boards and Integration Authorities meet their legal duties with regard to community engagement, and continue to improve their engagement practices, in order to deliver better outcomes for the people and communities they provide services for.

2.3.2 Workforce

Relevant workforce implications for the development of this work have been identified and will be delivered within the directorate's existing resources.

2.3.3 Financial

The resource implications for the development of this work have been reflected in the directorate's budget for 2020/21.

2.3.4 Risk Assessment/Management

Relevant risks associated with the delivery of this work will be reflected in the Risk Register.

2.3.5 Equality and Diversity, including health inequalities

Equality and diversity considerations will be core to this work and the development of the approach will be informed by an equality impact assessment.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

This work is being developed through ongoing engagement with a wide range of key stakeholder groups.

2.3.8 Route to the Meeting

This work has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- HIS Executive Team October 2020
- SHC Committee November 2019

- Stakeholder Advisory Group February 2020 and October 2020

2.4 Recommendation

The Committee is asked to discuss the progress to date and planned next steps for this work.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Developing a Quality of Care Approach/ Quality Framework for Engagement October 2020

Developing a Quality of Care Approach / Quality Framework for Community Engagement

October 2020

1. Introduction

Work by Healthcare Improvement Scotland and the Care Inspectorate to develop an approach for assuring meaningful engagement across health and social care aligned to the 'quality of care approach' was paused in March 2020 to prioritise focus and resource in responding to COVID-19.

As NHS Boards and Health and Social Care Partnerships move forward with remobilisation and recovery plans, it is agreed that this work should resume in a practical way to support ongoing engagement activities.

2. Background

Revised statutory guidance is currently being developed by the Scottish Government and COSLA on local community engagement and participation which will apply across health and social care bodies.

It has been recognised, through the report on the [Review of Progress with Integration of Health and Social Care](#) that revised overarching statutory guidance is required for all health and social care bodies, highlighted in the following proposal:

“6. (i) Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies.”

Healthcare Improvement Scotland and the Care Inspectorate have statutory responsibilities to help drive improvement in the quality of health and social care services, and to collaborate where appropriate in the delivery of these duties.

Healthcare Improvement Scotland – Community Engagement has particular delegated statutory responsibilities to support, ensure and monitor the public involvement duties in respect of health services across NHS Boards and Integration Authorities.

Therefore, in tandem with the development of this guidance, *Healthcare Improvement Scotland – Community Engagement* and the Care Inspectorate have been considering how to deliver our duties across health and social care services in line with the current context, and in a way that complements the guidance and support consistency.

3. The Proposed Approach

The [Quality of Care Approach](#) was designed by Healthcare Improvement Scotland in collaboration with key stakeholders, including the Care Inspectorate, to provide external assurance of the quality of health and social care provided in Scotland.

In 2019, Healthcare Improvement Scotland and the Care Inspectorate produced a joint paper proposing the development of an approach aligned to the quality of care approach to assure meaningful engagement across health and social care.

The approach aims to bring consistency to quality assurance activity by basing it on a set of fundamental principles and a common Quality Framework to ensure that quality assurance activity:

- is risk-based and proportionate
- makes best use of the data and intelligence already available
- is focused on improved outcomes for people
- builds supportive improvement-focused relationships with service providers, and
- is seen within the context of our broader improvement support.

The approach moves the focus from quality assurance of services being “done to” organisations to one which is “done with” them. The emphasis is on regular open and honest organisational self-evaluation using the Quality Framework and the associated self-evaluation tool. The completed self-evaluation, combined with other available data and intelligence form the basis of supportive conversations with organisations to diagnose where there are issues or difficulties.

The Quality Framework is a tool that has been designed to support both self-evaluation and external quality assurance activity and has also been designed to align with national Health and Social Care Standards. It consists of nine domains and associated indicators.

The framework has recognised links to the 2013 European Foundation for Quality Management (EFQM) Excellence Model, which is in use within social care, local authorities and education already, and it is also the model used for the joint inspection work that HIS and the Care Inspectorate carry out. Within Healthcare Improvement Scotland this model has informed the development of a quality framework, which although drawn from the principles within EFQM, provides more contextual information for those within NHS Boards and Health and Social Care Partnerships.

Drawing on the learning from the Quality of Care approach, it is proposed that an analogous framework for community engagement aligned with the new national guidance referred to above be developed. This framework could support NHS Boards and Integration Authorities meet their legal duties with regard to community engagement and demonstrate this through both internal and external assurance.

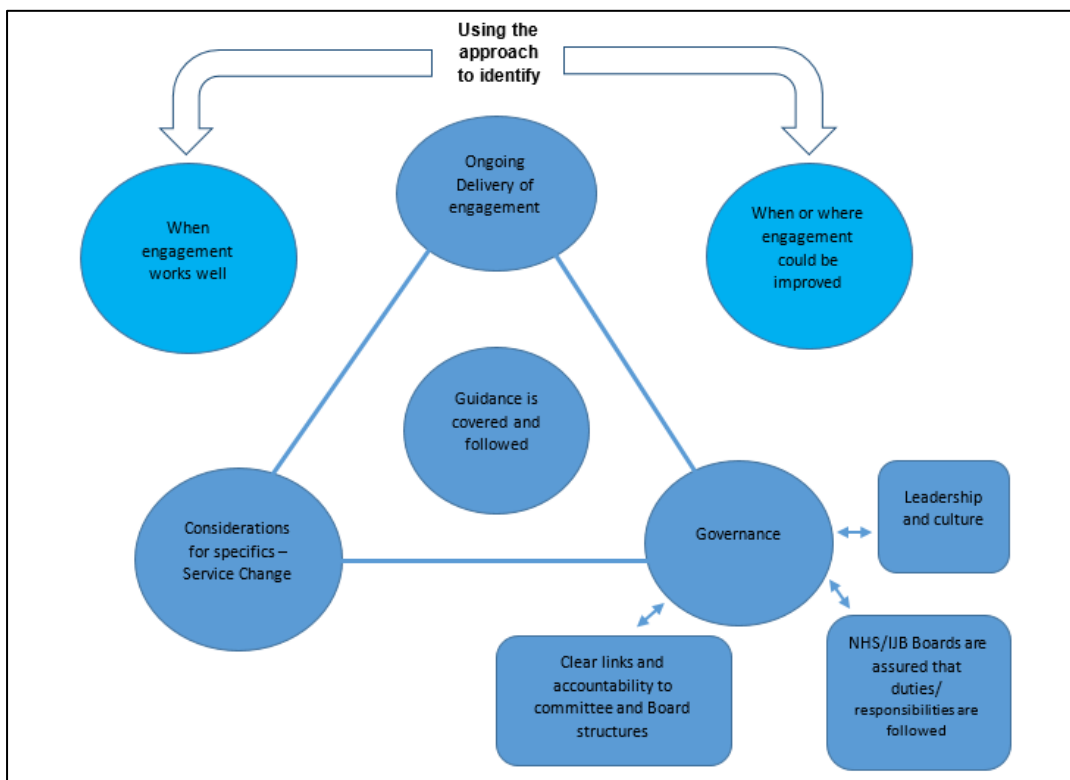
This work has until now been referred to as a ‘Quality of Care’ approach for engagement. However, recent discussions suggested that this title may create a level of confusion about its purpose. In moving forward, it is proposed that the title should provide a more explanatory description for all. To support this, and to support the alignment to the quality framework, it is suggested that the approach should be described as the **Quality Framework for Community Engagement**. This change of title does not impact on the underlying aims of the work, which continue to be based on the core principles for engagement and on supporting and assuring improvements in engagement practice.

4. Developing the framework

It has been viewed that the development of this approach should seek to identify, support and assure engagement activity within organisations in relation to routine engagement; specific engagement activities (such as service change); and internal governance systems for community engagement activity.

The approach would be used to identify and support improvement in community engagement practice, as well as identify and share good practice that others can learn from.

This initial outline is highlighted below.



Regular, open and honest organisational self-evaluation using a quality framework and associated self-evaluation tool focussed on community engagement, combined with other available data and intelligence, could form the basis of supportive conversations with NHS Boards, Integration Authorities and Partnerships to diagnose where there are issues or difficulties, and identify the support needed to embed meaningful ongoing community engagement.

It will be imperative that the self-evaluation process links to statutory duties and associated guidance/standards, including the new statutory guidance and the Health and Social Care standards, rather than creating any additional requirements.

It is proposed that *Healthcare Improvement Scotland – Community Engagement* and the Care Inspectorate would offer support both before and after NHS Boards, Integration Authorities and Partnerships self-evaluate their organisational approach to community engagement.

Input prior to self-evaluation could bring value in relation to local intelligence and creating a shared understanding of the purpose and aim of the self-evaluation, while input after the self-evaluation would be in relation to action plans, identified support needs for improvement, and the sharing of evidence and good practice.

This approach has the potential to support the development of consistent engagement practices, as well as informing the approach to developing locally agreed priorities.

Below is a summary of the activities we envisage forming the new self-evaluation approach.



Following the self-evaluation, NHS Boards and Integration Authorities will be expected to develop an action plan to identify gaps and potential actions to address these within each domain. Some of these may be addressed by the organisation through internal activity, but some may require external input that may be provided by *Healthcare Improvement Scotland-Community Engagement*, the Care Inspectorate or other relevant organisations.

The self-evaluation tool could also be used by NHS Boards and Integration Authorities to inform other quality assurance activities that they may be subject to as well as internal governance.

5. Proposed next steps

It is proposed that work on the Quality Framework for Engagement should recommence to produce a draft Quality Framework for Engagement, with supporting materials for review by the stakeholder advisory group in November 2020.

Following this, it is proposed that a three month testing phase should be undertaken with test NHS Boards and Health and Social Care Partnerships from December 2020 and reviewed by the Advisory group in March 2021.

A detailed timeline and milestones can be found in appendix 1.

**Healthcare Improvement Scotland / Care Inspectorate
October 2020**

Appendix one – Revised milestones and timelines

Milestone/event	Timeframe	Status
Ongoing Stakeholder engagement		
Meeting 1 Short Life Working Group (SLWG)	January 2020	Complete
External engagement on Quality Framework for Engagement	January – December 2020	Ongoing
Meeting 2 SLWG	February 2020	Complete
Meeting 1 Quality of Care Engagement Advisory Group	February 2020	Complete
Work paused due to COVID-19		
Meeting 3 SLWG/Meeting 1 Working Group	October 2020	
First draft of self-evaluation tool	October 2020	
Meeting 2 Quality Framework for Engagement Advisory Group	26 October 2020	
Test NHS Boards/HSCPs identified	October/November 2020	
Progress update presented to Scottish Health Council Committee. Support to proceed with 3 month testing	5 November 2020	
Meeting 3 Quality Framework for Engagement Advisory Group: Draft Quality Framework for Engagement approach/package/self-evaluation agreed	End November/ early December 2020 (tbc)	
3 month testing begins	December 2020	
Review of test areas and feedback	February 2021	
Progress update presented to Scottish Health Council Committee	25 February 2021	
Evaluation of 3 month testing approach	March 2021	
Meeting 4 Quality of Care/Quality Framework for Engagement Advisory Group	March 2021	
Approval by Scottish Health Council Committee	April/May 2021 (tbc)	

Stakeholder engagement



Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	05 November 2020
Title:	Engaging People: volunteer / Public Partner roles within HIS
Agenda item:	2.3
Responsible Executive/Non-Executive:	Lynsey Cleland, Director of Community Engagement
Report Author:	Valerie Breck, Engagement & Equalities Policy Manager

1 Purpose

To provide the Committee with an update report from one of the Engaging People workstreams – volunteer / Public Partner roles within HIS.

This is presented to the Committee for:

- Discussion

This report relates to:

- Annual Operational Plan delivery
- Legal requirement
- HIS policy
- HIS Strategic Direction

This aligns to the following HIS priorities(s):

- Mental health services
- Access to care
- Integration of health and social care
- Safe, reliable and sustainable care

2 Report summary

2.1 Situation

HIS has a legal requirement to involve people in its work in terms of the Duty of User Focus set out in the Public Services Reform (Scotland) Act 2010 and to demonstrate continuous improvement in doing so. Traditionally, HIS has utilised Public Partners

(volunteers) to support this requirement. However, there is a recognition of the limitations of this as a way of accessing a wider public view or gaining the voices of people with lived experience to help directly inform and shape work programmes and strategic priorities. The need for increased diversity within the Public Partner group has also emerged as a key consideration.

2.2 Background

In 2018/19, the Scottish Health Council (now **Healthcare Improvement Scotland – Community Engagement**), consulted with staff to review what current approaches worked well, what gaps existed, and what changes could be considered to ensure support is readily available for staff to engage people in the organisation's work. Some key messages emerged from this engagement, including a need for HIS to consider how its current approach with Public Partners could be improved so that work programmes across the organisation can more consistently benefit from their utilisation.

Further work was undertaken on this workstream prior to the onset of the COVID-19 pandemic. After a pause during the summer months, the work has restarted, and the update report provides further analysis of staff engagement responses along with recommendations that the HIS Executive Team is considering.

2.3 Assessment

In November 2019, HIS had 31 Public Partners, nine of whom joined in April 2018. This was the last time that the organisation carried out a full recruitment exercise for Public Partners. Recruitment has been on hold for the past two years as there has not been the same level of demand from directorates, although specific recruitment did successfully take place in 2019 for the Scottish Medicines Consortium at their request.

The report provides information on the current deployment of Public Partners across HIS. The report offers analysis of staff engagement feedback over a number of themes:

- The views of people with lived experience versus the general public;
- The role of the Public Partner;
- Support and communication; and
- New roles in volunteering

The report goes on to offer a series of recommendations aimed at improving the Public Partner / volunteering offer within HIS across the following headings:

- Internal changes for HIS;
- Including the public opinion across the organisation;
- Further development of volunteering opportunities;
- Better understanding of the role of the Public Partner; and
- Provision of volunteer support

The Executive Team have considered and supported the report's recommendations and, subject to any additional input from the Committee, work to develop these will take place over the coming months.

2.3.1 Quality/ Care

The proposed changes within the report will serve to improve the organisation's ability to involve volunteers / Public Partners within its work, thereby helping to directly inform and shape work programmes through a mix of views and perspectives from the public, and more specifically, those with lived experience.

2.3.2 Workforce

The recommended changes within the report will require staff across HIS to receive training and on-going support in order to maximise volunteering / Public Partner relationships so that both gain worthwhile experiences in their contribution to work programmes, set within a supportive, encouraging work environment.

The development and establishment of appropriate policies and protocols for effective volunteer management will be essential in support of these proposed changes.

2.3.3 Financial

Additional volunteers / Public Partners will potentially incur an increase in expenses budgets, but at all times staff will be encouraged to think about the most appropriate ways to gain the perspectives and input of volunteers / Public Partners, and more specifically the feasibility of using alternative (including digital) means of engagement.

2.3.4 Risk Assessment/Management

The development and establishment of appropriate policies and protocols for effective volunteer management will be essential in support of the proposed changes.

2.3.5 Equality and Diversity, including health inequalities

This work directly supports HIS' legal requirement to involve people in its work in terms of the Duty of User Focus set out in the Public Services Reform (Scotland) Act 2010. Equality impact assessments will be carried out on specific aspects of the workstream including the development of appropriate policies and protocols for effective volunteer management, and in support of the development of the range of volunteering opportunities so that they are as inclusive as possible.

2.3.6 Communication, involvement, engagement and consultation

This work has been informed by engagement with HIS staff and Public Partners, and this approach will continue as the work progresses. The work also benefits from learning gained from the Volunteering in NHSScotland national programme which the Community Engagement Directorate hosts on behalf of all NHS Boards across Scotland.

2.3.7 Route to the Meeting

The overall Engaging People programme has previously been considered by the HIS Executive Team and the Scottish Health Council Committee.

In July 2020, the Executive Team considered the governance for engagement aspects of the programme, and these were subsequently agreed by the Committee at its meeting on 10 September 2020.

The Executive Team then considered and supported the recommendations of the volunteering/Public Partner report in September and, subject to any additional input from the Committee, work to develop these recommendations will take place over the coming months.

2.4 Recommendation

- – The Committee is invited to discuss the content of the report and offer any additional input to inform work that will continue over the coming months to progress the recommendations.

3 List of appendices

The following appendices are included with this report:

- Engaging People: volunteer / Public Partner roles within HIS update report



Healthcare
Improvement
Scotland

Community
Engagement

Engaging people in the work of Healthcare Improvement Scotland

Volunteering/Public Partner roles within Healthcare
Improvement Scotland

September 2020

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Introduction

The purpose of this report is to review the role of Public Partners within Healthcare Improvement Scotland (HIS) and make recommendations to improve the diversity of their volunteering roles. Public Partners are volunteers (role description Appendix 1), who are recruited and supported by the Public Involvement Team and involved in various directorates across HIS. They support some teams to consider a public perspective during the course of the development and improvement work of the programmes.

Volunteering is a choice. A choice to give time or energy, a choice undertaken of one's own free will and a choice not motivated for financial gain or for a wage or salary."

Volunteering for All, Scottish Government. 2019

Background

HIS has a legal requirement to involve people in its work in terms of the Duty of User Focus set out in the Public Services Reform (Scotland) Act 2010 and to demonstrate continuous improvement in doing so. One of the main ways HIS has fulfilled this duty is through the involvement of Public Partners across the organisation. At this point in time, it is the only volunteering opportunity that HIS provides.

In 2018/19, the Scottish Health Council, now operating as HIS – Community Engagement, consulted with staff to review what current approaches worked well, what gaps existed, and what changes could be considered to ensure support is readily available for staff to engage people in the organisation's work.

In the conclusions and recommendations of the *Engaging people in the work of Healthcare Improvement Scotland: Focused review report*¹ it states;

4.4 "The value of being able to benefit from Public Partners' views was acknowledged but there was also recognition of the limitations of this as a way of accessing a wider public view or gaining the voices of people with lived experience. The need for increased diversity within the Public Partner group was also strongly emphasised."

¹ Engaging people in the work of Healthcare Improvement Scotland: Focused review report, HIS, November 2019

Within this report, the proposed next steps (the Volunteering/Public Partner roles within HIS work-stream) recommended -

Intended impact	Dependencies	Short-term deliverables	Medium-term deliverables	Long-term Deliverables
> Improve the diversity of volunteering roles and volunteers in their management within HIS	>Public Involvement Team capacity >Willingness of directorates to engage and free up capacity >Engagement with existing cohort of Public Partners	>Rapid review of purpose, desired impact and design of volunteering roles with HIS >Establishment of HIS volunteering strategy aligned to organisational priorities	>Evaluation of new and revised volunteering roles within HIS including demonstration of impact and priorities for further improvement	>Dynamic inclusion of volunteering roles across all areas of HIS activity contributing to delivery of strategic and operational objectives

Current situation

The Community Engagement Directorate’s Public Involvement Team support the recruitment and involvement of the Public Partners within HIS and is the focus of this report. The Evidence Directorate has four dedicated members of staff who support public involvement in the Scottish Medicines Consortium (SMC), Scottish Health Technologies Group (SHTG) and the Scottish Intercollegiate Guidelines Network (SIGN). They were not interviewed as part of this review as the focus was on programmes/projects that did not have dedicated public involvement staff. Details of the structure can be found in Appendix 2.

In November 2019, HIS had 31 Public Partners, nine of whom joined in April 2018. This was the last time that the organisation carried out a full recruitment exercise for Public Partners as there has not been the same demand from directorates more recently. Scottish Medicines Consortium successfully undertook specific public partner recruitment in 2019 and 2020.

Of the 31, there are currently 23 Public Partners involved across the following projects.

Directorate	Projects
Community Engagement	Service Change, Citizens Panel Advisory Group
Medical	Overarching Medicines and Technology group, System Anti-Cancer Therapy, Off Label Cancer Medicines, National Review of Medicines, Death Certification Review Service
Evidence	Scottish Medicines Consortium, Scottish Intercollegiate Guidance Network, Scottish Antimicrobial Prescribing Group, Scottish Health Technology Group, Transvaginal Mesh Oversight Group
QAD	Inspections
iHub	Neighbourhood Care Improvement Programme, Person Centred Care

Directorate	Projects
NMAP	None
Cross Directorate Groups	Quality and Performance committee Adverse Events committee

Methodology

Interviews with HIS employees (referred to as ‘participants’) who were currently or had previously worked with Public Partners within their programmes from the Medical, NMAP, ihub and Evidence directorates were carried out during February and March 2020. It was explained that the Community Engagement directorate were looking at how the organisation could have a more diverse volunteering group. A semi-structured interview was used utilising the following framework:

- How are Public Partners involved in your work?
- What works well?
- What could be better?
- How could you use volunteers within your programme?

Discussions were held with the Public Partners who attended a meeting in March 2020 and ideas for volunteering roles have been gathered from the Community Engagement Directorate’s engagement office network. Guidance has also been received from the national Volunteering in NHSScotland programme, which is hosted within the Community Engagement Directorate.

The on-going situation with COVID-19 pandemic since March 2020 has delayed and impeded some of the engagement that was planned.

Review of engagement responses

The views of people with lived experience versus the general public

During the discussions with participants it became apparent that the language used around engagement could lead to misunderstanding. “Engaging with stakeholders” could be used to describe a group of only employees or a mixture of employees, people with lived experience, carers and general public.

This is also true of ‘involving people’- what do we mean by that? Engaging with people with lived experience, either through involving representative organisations or speaking to the people themselves was seen as extremely valuable by colleagues. However, the view of the general public or ‘person in the street’ was less likely to be sought, seen as irrelevant or deemed too big a challenge to obtain.

In their research², Mio Fredriksson and Jonathan Tritter highlighted that

‘patients have sectional interests as health service users in contrast to citizens who engage as a public policy agent reflecting societal interest. Patients draw on experiential knowledge and focus on output legitimacy and performance accountability, aim at typical representativeness, and a direct responsiveness to individual needs and preferences. In contrast, the public contributes with collective perspectives generated from diversity..... democratic accountability and indirect responsiveness to general citizen preferences.’
(Fredriksson M, 2016)

Some participants felt there could be less Public Partner involvement within HIS. There was an acknowledgement that involving one Public Partner could not truly be representative of a diverse general public. There was also a suggestion that a public perception could be obtained from HIS employees working in other projects, rather than involving a Public Partner.

However, conversely some participants felt that the general public view should be increased stating it would be good to get a public perspective at the start of a work programme to help shape thinking and direction. One participant also challenged that input from the public should be sought to help HIS focus the work of the organisation as a whole.

The role of the Public Partner

There was very positive feedback about the role of the Public Partner from some participants. When the role worked well it seemed to be for the following reasons;

- **Engaged** – This covered Public Partners turning up to meetings prepared, having read the papers, participating in the discussion and asking questions from a public perspective. There was also evidence of good communication between Public Partners and programme teams.
- **Supported** – Some participants spoke to the Public Partners before meetings to clarify any points and kept in touch with them, building rapport and ensuring they felt valued. Others felt this was

² Disentangling patient and public involvement in healthcare decisions: why the difference matters, Fredriksson M, Tritter J, *Sociology of Health and Illness* Volume 39, 2016

the role of the Public Involvement Team therefore tended only to speak to Public Partners at meetings.

- **'Right person'** – Although harder to quantify, this was seen as a positive if the Public Partner had an interest in the work and sufficient knowledge to understand and engage. However it was also balanced with their view being non-clinical and not using personal anecdotes or experiences to support their point of view.

Some participants reported less than positive past experiences. When difficulties seemed to arise it can be broadly summarised as:

- **Not a good fit** – Some participants felt that in the past there was an expectation within HIS that they had to involve a Public Partner within their work programmes to represent the public viewpoint. At times this did not feel appropriate to the work being undertaken for example internal HIS processes. This often led to frustrations for all involved. Some participants felt that Public Partners were too personally involved in the subject and came with their own agenda unable to give a public perspective. There was a suggestion that Public Partners should only be involved in patient-facing work rather than internal processes. However it was also felt that some programmes only worked with health and social care staff, therefore did not need the involvement of a Public Partner.
- **Lack of understanding** – In some cases participants felt that the Public Partner did not understand the work they were doing or the bigger picture. This translated to not answering emails, missing meetings or sitting through a meeting without saying anything. However this could also be due to lack of support to engage with the subject.

During discussions with Public Partners, role clarity and diversity was also highlighted. Some Public Partners felt comfortable and supported within their role while others felt they were unsure what they were being asked to do. There was also a suggestion that the Public Partners could get involved locally for example with health promotion initiatives or activities.

Support and communication

The Public Involvement Team's role is to recruit, place and support Public Partners with administration, for example expenses claims, and to support colleagues to work with volunteers. They are available to answer any questions and will follow up any complaints or issues. Once a year they formally engage with each Public Partner to review their experiences. The Public Involvement Team expects HIS staff in each directorate to provide direct support with their individual roles.

Responses from participants showed there was a lack of consistency in the understanding of this support role. Some built up a rapport with the Public Partner and had good communication. Some colleagues thought that they were supported by the Public Involvement Team whilst others thought that the Public Partners did not see themselves as part of the Community Engagement Directorate and aligned more with other HIS directorates in which they were involved.

Public Partners themselves spoke of a lack of communication. As they only attend meetings from time to time, they often found that there had been changes either in personnel or project work which they did

not know about. At times there were larger changes made within HIS which they were also not informed about. They also mentioned that acronyms were used within papers and at meetings and not explained.

Lastly they were not always advised when they volunteered but were not chosen for a new opportunity within HIS. All these elements can lead to people feeling undervalued in their role.

New roles in volunteering

The participants, Public Partners and Community Engagement Directorate employees were asked if there were any ideas for new volunteering roles that would support the work of HIS, be meaningful to the volunteers and increase the diversity of the volunteering group. The ideas shared are listed below, some of which are not possible within the current pandemic restrictions:

- **Public facing communication** – Although there is a Public Partners reader’s panel, this did not appear to be well known. There was a desire expressed for a group of people who can sense check HIS literature and ‘Gathering Views’ questions, to ensure that they are understandable and accessible to the general public. It was also suggested that the reader’s panel could be involved in website testing;
- **People’s opinion group** – a selection of people from ‘seldom heard’ groups from across Scotland, supported by Community Engagement Directorate employees to give a public perspective on engagement topics and survey questions, service development, new programmes etc., to support HIS strategic and operational objectives;
- **Voices Scotland Training** – supporting the delivery by giving a personal perspective of engaging locally;
- **Buddy support** – To support someone to attend a focus group, meeting them and sitting with them, listening to their opinion if unable or unwilling to take part. This may take on the role of digital support during the pandemic; and
- **Engaging locally** – Volunteers could access contacts in their local area to promote the work of HIS and encourage people to take part in any engagement exercises.

The focus of the above volunteering roles is to support the inclusion of the public view, including people with lived experience, in the work of HIS. Different roles can be developed in response to the needs of HIS.

Conclusions

This report started with an aim that there should be more diversity of volunteering roles and volunteers. In 2018-19, the Involving People Equality Monitoring Report³ for HIS analysed the responses from the public partners as follows.

- 23 of 32 public partners completed and returned the equality monitoring form.
- 73.9% of respondents were aged 56 or over. 26.1% of respondents were aged 36 to 55.
- 17.39% of respondents identified as having a disability.
- No respondents identified as being care experienced, trans or minority ethnic.
- 34.8% of respondents identified as a Christian denomination and 43.5% of respondents identified as having no religion or belief.
- 73.9% of respondents identified as female, with only 26.1% identifying as male.
- 4.4% of respondents identified as lesbian, gay or bisexual, with 91.3% identifying as heterosexual/straight.

Increasing diversity means developing opportunities for people covered by the protected characteristics in the Equality Act 2010⁴ as well as those covered by socio-economic and health inequalities.

Why is this important? People with different backgrounds tend to have different experiences and thus different perspectives. It is generally accepted that exposure to a variety of different perspectives and views leads to higher creativity and innovation. By involving a more diverse group of volunteers in HIS, we have an opportunity to challenge the stereotype of the type of person who volunteers with the NHS.

Not only does HIS have a responsibility under the Public Services Reform (Scotland) Act 2010 to involve people, they have to have regard to island communities in carrying out their functions under the Islands (Scotland) Act 2018.⁵

However to achieve this aim, HIS needs to make some changes to ensure that the approach is not tokenistic but seen and mainstreamed as a valuable resource. These include:

- Internal changes for HIS;
- Including public views and opinions across the organisation;
- Further development of volunteering opportunities;
- Better understanding of the role of the Public Partner; and
- Provision of volunteer support

Internal changes

There are approximately 6,000 volunteers involved with NHS Scotland. Feedback from the national Volunteering in NHSScotland Programme advises that territorial boards tend to have more volunteering

³ People Equality Monitoring Report 2018-19, Healthcare Improvement Scotland 2019

⁴ Equality Act 2010, UK Government Part 2, Chapter 1, Section 4

⁵ Islands (Scotland) Act 2018, UK Government

roles and volunteers, than special boards. However, numbers are not important. What is important, is to identify need, develop a volunteer role description to meet the need and recruit to the role.

For this to be successful:

- HIS will have the correct policies and procedures in place to ensure that they comply with national guidelines as developed by the [National Group for Volunteering](#) in NHSScotland. This will support inclusive, safe and sustainable volunteering within HIS.
- The Community Engagement Directorate will develop training and guidelines for employees and support them to involve volunteers in the work using the national Volunteering in NHSScotland programme's '[Developing Volunteering Toolkit](#)'.

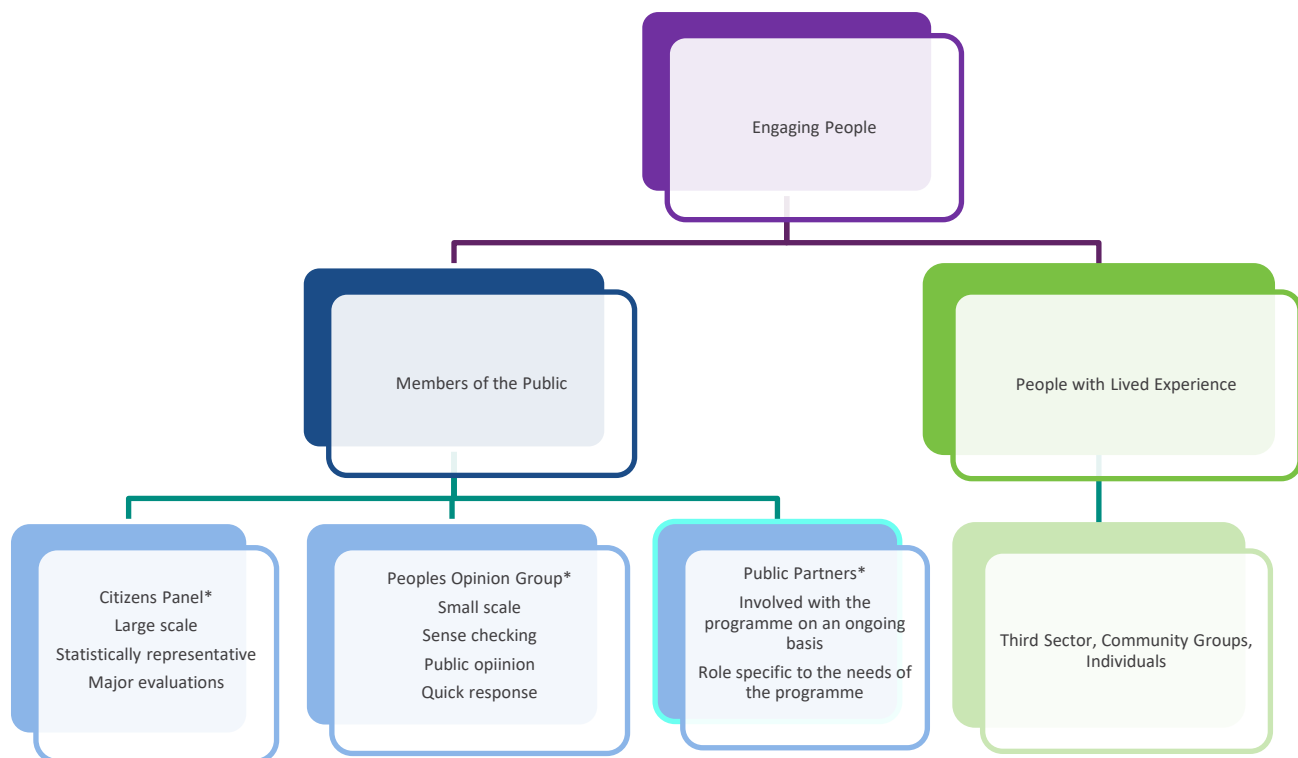
It is worth noting that the national Volunteering in NHSScotland programme reports that non-patient facing boards find it challenging to develop meaningful roles for volunteers due to the nature of their work. The programme aims to bring these boards together to discuss the challenges and look at ways that opportunities may potentially be improved.

Including the public opinion

It is important that the opinions of people with lived experience and the general public help inform the work of HIS, as they bring a different perspective. The Community Engagement Directorate aims to offer options to HIS employees and support them to gain a public perspective that suits their needs. This could be a one-off evaluation, periodic sense checks or ongoing input and support. There was a feeling from participants that in the past there was a requirement to have a Public Partner involved in all programmes and there were times when this was done to, in effect, 'tick the box'. By creating different approaches to involving the public view, it will give staff options to choose the most appropriate method and make the interaction more meaningful for volunteers involved.

A process could be developed that at the start of any new programme of work, an Equality Impact Assessment is carried out to identify those impacted. At the same time, the Public Involvement Team could offer a range of options to gather a more general view. This could be achieved through the Citizens Panel, People's Opinion Group or involvement of a Public Partner(s).

Public Opinion Options



*Members of the Citizens Panel are not HIS volunteers

No matter which option HIS staff chose, it will be important moving forward to evaluate the impact of the public view on the work of the programme and feed this back to the volunteers involved in each area so they know what difference they are making. Following each Citizen's Panel report a newsletter is sent to panel members giving details of the findings and updating them on any impacts from previous reports. Through evaluation with volunteers and colleagues, the Community Engagement Directorate can consider how best to develop these options.

Volunteering Opportunities

In order to attract a diverse group of volunteers, HIS needs to develop a range of opportunities making it easier for people to get involved. Currently a number of our Public Partners are asked to be available 9.00 to 5.00, Monday to Friday, with the ability to digest documents and speak out at meetings, thus limiting the potential for volunteer recruitment. Short-term volunteering opportunities for example 'Task and finish groups', or one-to-one support, to discuss a concept or idea in plain English, may increase the opportunities for people.

As volunteering roles become embedded in HIS and staff see the benefits, there would be an opportunity to scope and explore potential opportunities for volunteers with HIS staff.

Volunteering can also be an opportunity for the person to develop skills for a career or employment opportunity. A volunteering opportunity may be of interest to young people and especially to a cared for young person to help them develop their skills and this would also support our responsibilities as a

Corporate Parent. Opportunities to attend training sessions and access appropriate training should be made available to support their development.

The role of the Public Partner

For some areas of work, the role of the Public Partner adds value and benefit to the work of the programme. The participant's responses highlighted the need for role clarity and support for HIS staff and Public Partners. The fact that the lack of recruitment, with the exception of SMC, has not impacted adversely on HIS suggests that more work should be done to identify the need for public involvement. Where the Public Partner fits with the needs of the programme, the role needs to be more defined to support everyone involved.

Volunteer support

The benefits of volunteering on a volunteer's health and wellbeing are generally known and accepted. For HIS to have an environment where volunteers feel valued and supported, there needs to be support and opportunity for development. Feedback from Public Partners highlighted that they enjoyed their role with HIS and were very committed to the work of the organisation. The majority of the Public Partners said they often did not know what was happening in the wider HIS and some said this was true of their own programme. This can lead to volunteers being disconnected, demoralised and feeling undervalued.

The Community Engagement Directorate have addressed this during the pandemic, by sending regular updates on how HIS has responded during this time and by hosting MS Teams meetings to discuss topics of interest and share information. As it is likely that electronic meetings will be our chosen method for the foreseeable future, ensuring that the Public Partners have access and are proficient in using MS Teams has been a priority. Feedback from the Public Partners state that they have appreciated the Public Involvement Team keeping in touch and feel involved.

Along with developing training and guidelines for staff, the Public Involvement Team must evaluate how best to support volunteers longer-term, balancing their support with that of the colleagues in the teams where they are placed.

HIS has already received 'Investing in Volunteers' award which was due for renewal in 2019. Due to the review and restructure of the Scottish Health Council it was decided not to renew the award at that time, however by working on the following recommendations, it is an opportunity for HIS to ensure that we have the policies, procedures and practice in place to reapply and have a volunteer service that is of a high standard.

In conclusion, the value that volunteers bring to an organisation should not be underestimated. By having a diverse group of volunteers involved with the work HIS is undertaking in a planned way, our staff and work programmes will derive considerable benefits from them, which in turn will support the improvement of health and social care services.

Recommendations

Recommendation 1: To support the development of volunteering, HIS will develop organisational volunteer policies and procedures and support staff to understand and familiarize themselves with these policies.

Recommendation 2: *Healthcare Improvement Scotland – Community Engagement* will develop good practice guidance and training for those within HIS supporting volunteers.

Recommendation 3: HIS will have a variety of methods of involving people in our work and a range of volunteering roles which will enable us to gather the opinions of the general public and people with lived experience.

Recommendation 4: The generic Public Partner role will be changed and individually defined to meet the needs of each directorate or programme of work.

Recommendation 5: *Healthcare Improvement Scotland- Community Engagement's* Public Involvement Team will have a stronger supporting role with volunteers including capturing the experiences of volunteering with HIS.

Appendices

Appendix 1

The Public Partner handbook describes the role.

'As a public partner you can currently get involved in:

- *Groups or committees*
- *Inspections*
- *Work to ensure that the information we share with the public is easy to read and easy to understand for people in Scotland*

In a group setting, a common role for public partners is to provide a public perspective to our work by representing the broad public interest to ensure responsiveness and accountability in the context of the work we do as a public body. This role is different from that of someone with lived experience who brings experiential knowledge and different from a health and care professional who brings a professional perspective.....

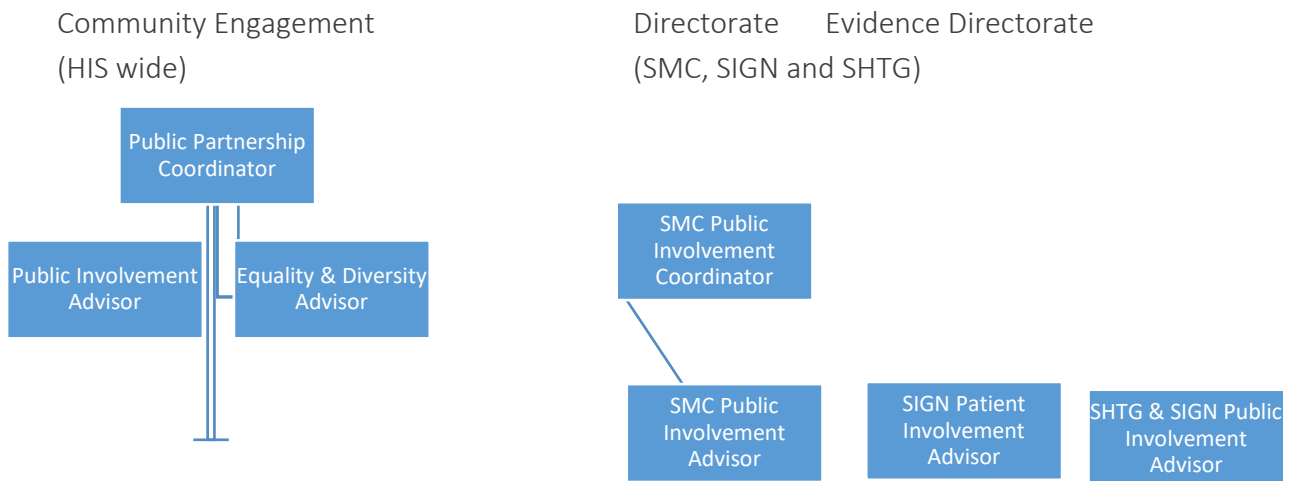
On inspections, our public partners work with our inspectors as part of a team visiting health and care providers, services and facilities in Scotland to find out more about the quality of care for people using the service. The role is to ensure that inspections focus on things that matter to people using the service.....

When working on a project/programme where public-facing communications are being produced, or as a member of our reader panel, you will be asked to take a fresh look at the information and check that it makes sense and is accessible.'

Appendix 2

Structure of Public Involvement Staff in Community Engagement and Evidence

(Review of Engaging People in the work of HIS 2019)



1.1 The Public Partnership Co-ordinator and the Public Involvement Advisor are part of the Community Engagement Directorate and provide advice and support for involvement across HIS teams and activities (with the exception of the Scottish Medicines Consortium, Scottish Intercollegiate Guidelines Network and Scottish Health Technologies Group). This includes responding to requests from colleagues to support involvement planning, advising on involvement tools and approaches, identifying and facilitating links with service user, carer or patient groups, co-ordinating, managing and developing public partners and their roles across our work, and supporting our cross-organisational Children and Young People Working Group.

The Equality and Diversity Advisor is also part of the Community Engagement Directorate. This role supports all Healthcare Improvement Scotland directorates and functions in meeting our legal duties in relation to equality, diversity and human rights. This includes leading development and delivery of our Equality Mainstreaming Action Plan, facilitating corporate equality and diversity awareness induction training, providing advice, guidance and support to colleagues in relation to equality impact assessments (EQIA), leading development and improvement of our EQIA processes, driving development of a human rights based approach to our work and supporting our cross-organisational Equality and Diversity Working Group.

1.2 Scottish Medicines Consortium (SMC)

The strengthening of public involvement in SMC was a key Scottish Government recommendation, following the 2014 enquiry into Access to New Medicines, conducted by the Scottish Parliament's Health and Sport Committee. As a result SMC received additional protected funding from Scottish Government, which enables dedicated support through the SMC Public Involvement Coordinator and SMC Public Involvement Advisor. A subsequent internal review of SMC public involvement led to a programme of improvements including significant increased engagement with voluntary organisations (patient groups) and public partners to ensure demonstrable impact and high levels of satisfaction from both patient groups and public partners. A further Scottish Government Review of Access to New Medicines (Montgomery, 2016), to assess the impact of the 2014 review, singled out SMC's new approach to public involvement for particular praise.

In 2018, SMC actively engaged with 155 Patient Groups (for 61 Health Technology Assessments), resulting in 93% of assessments having participation through both a written Patient Group Submission process and patient and carer representative participation at SMC Committee Meetings and Patient and Clinician Engagement (PACE) meetings.

The SMC Public Involvement Network Advisory Group provides strategic advice to SMC Executive through the SMC Public Involvement Coordinator. The SMC Public Involvement Coordinator reports to SMC Executive, which provides oversight and governance for SMC public involvement activities.

1.3 Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Health Technologies Group (SHTG)

Within SIGN, development and implementation of patient and public involvement activities including the production of patient versions of guidelines, is provided by one Patient Involvement Advisor and a Public Involvement Advisor, whose full-time role is shared between SIGN and the SHTG. This increased resource introduced in 2017, has allowed time for the Patient Involvement Advisor to plan and develop new approaches to patient and public involvement within SIGN guidelines. This has enable SIGN to play a lead part in the development of patient and public involvement at an international level via the Guidelines International Network (GIN) public involvement steering group. SIGN involvement activity and developments are reported to SIGN Council via the SIGN Patient Involvement Advisor. The SIGN Council Chair reports involvement activity to the Quality and Performance Committee.

For SHTG the increased resource of a Public Involvement Advisor shared with SIGN, has allowed for new processes to be put in place to gather patient and public views. Feedback has been positive from patient organisations and other stakeholders on the changes, leading to

involvement becoming embedded in the evidence review process. SHTG involvement activities are currently being reported through the Evidence Review Committee, SHTG Action Plan and SHTG Executive.

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Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	05 November 2020
Title:	Citizens' Panel update
Agenda item:	2.4
Responsible Executive/Non-Executive:	Lynsey Cleland, Director of Community Engagement
Report Author:	Gary McGrow, Social Researcher

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

- Safe, reliable and sustainable care

2 Report summary

2.1 Situation

This paper provides an update on progress of the Citizens' Panel over the past 12 months, and outline details of planned activities for 2021.

2.2 Background

Since November 2016, our Citizens' Panel has brought together people across Scotland to inform and influence key decisions about health and social care policy and services. A citizens' panel is a large, demographically representative group of citizens which helps to assess public preferences and opinions. To date over 20 topics on health and social care have been covered by the panel.

Our Citizens' Panel has been developed at a size that will allow statistically robust analysis of the views of its members at a Scotland-wide level, comprising 1,170 people from across all 32 local authority areas. Panel members were selected at random from the electoral register or recruited to be broadly representative of the Scottish population by gender, age, employment status, housing tenure, ethnic origin and geographic location.

2.3 Assessment

The Citizens' Panel was last consulted in January 2020 on the topic of public awareness around antimicrobial resistance and the results gained will directly support the work of the Scottish Anti-microbial Prescribing Group (SAPG) to help engage with and inform patients and the public about responsible antibiotic use. The panel was asked questions around antibiotic resistance, access to and use of antibiotics, self-limiting infections and the impact of public health campaigns targeted at managing common infections.

Findings from this survey suggest that the public appear to have relatively good knowledge and behaviours around antibiotic resistance, access and use of antibiotics, self-limiting infections and public health campaigns. Some suggestions about areas that need more public information and awareness include:

- information about causes of resistance
- more information about which infections are self-limiting and which need treatment, and
- reinforcing advice on self-care for self-limiting infections.

A Citizens' Panel survey on 'safety in health and social care' was due to commence in March 2020. However, this was paused due to the COVID-19 pandemic and will be picked up again during 2021.

Currently we are designing Citizen Panel questions around mobilisation and renewal of health and care services in the context of the pandemic on behalf of the Scottish Government, with input from [The ALLIANCE](#). This Panel survey will go out during November / December 2020, and report back in January 2021. The focus of the survey is around people's experiences of health services over the last 6 months, as well as seeking views on health service priorities in the immediate future and understanding what matters to people.

In addition to the postponed survey on safety in health and social care that is now due to take place in early 2021, the Citizens' Panel will also seek views relating to access to urgent / unscheduled health care services in order to help inform potential reform. The Citizens' Panel will form part of a range of engagement methods planned in conjunction with the Scottish Government to support this work. A specific focus will be on ensuring existing population health inequalities are not exacerbated by any emergent changes to these services.

2.3.1 Quality/ Care

It is too soon to report any impact of the most recent survey on antimicrobial resistance, however, the survey on Scottish Ambulance Service, Organ and Tissue Donation and Nursing & Midwifery Care published in October 2019 has reported some early impacts including:

- Affirmation of the Scottish Ambulance Service's response model and shaping of the service's future planning with partners;
- Contribution to the development of a quality measure directly informed by patient and public for nursing and midwifery; and
- The results are a key component of the Baseline Report for the Human Tissue (Authorisation) (Scotland) Act 2019, which is currently being drafted.

2.3.2 Workforce

Workforce requirements for the Citizen Panel are met within budgeted resources.

Work on the Citizens' Panel can fluctuate (as experienced during 2020 as a result of the pandemic). The planning and questionnaire design phases always require significant time resources, particularly with respect to stakeholder management, topic selection, and question testing.

2.3.3 Financial

The operational running of the Citizens' Panel is undertaken by a research contractor (Research Resource), and is funded by the Scottish Government. For the 2020/21 financial year, the Scottish Government has allocated £12,700 which will fund two full panel surveys, two newsletters (for feeding back results and the impact of panel findings), as well as database management.

2.3.4 Equality and Diversity, including health inequalities

The Citizens' Panel is broadly representative of the Scottish population and aims to broadly replicate demographics around Sex, Age, Deprivation (SIMD), Ethnicity, and Housing Tenure. The survey currently being planned will also include completion of equality monitoring information.

2.3.5 Communication, involvement, engagement and consultation

There is a Citizens' Panel Topic Advisory Group which is tasked with developing the topics for the panel and advising on content for the surveys. This group consists of representation from The ALLIANCE, Iriss, Public Partners, an Integration Manager from NHS Lothian, and colleagues from within Healthcare Improvement Scotland.

2.4 Recommendation

- **Awareness** – For Committee Members' information only. The Committee is asked to note the update provided.

3 List of appendices

Citizens Panel reports can be accessed here: <https://www.hisengage.scot/informing-policy/citizens-panel/>

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	05 November 2020
Title:	Corporate Parenting Action Plan
Agenda item:	2.6
Responsible Executive/Non-Executive:	Lynsey Cleland, Director of Community Engagement
Report Author:	Graeme Morrison, Public Involvement Advisor

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to:

- Legal requirement

This aligns to the following HIS priorities(s):

- Mental health services
- Access to care
- Integration of health and social care
- Safe, reliable and sustainable care

2 Report summary

2.1 Situation

Healthcare Improvement Scotland (HIS) published its Corporate Parenting Action Plan 2020-2023 and Progress Report in April 2020, having been endorsed by the Scottish Health Council Committee on 27 February 2020. Our refreshed commitments focus on increasing awareness of our corporate parenting duties among staff and non-executive members; empowering care experienced people to have their views and experiences heard; exploring opportunities for collaboration; and providing opportunities for work experience.

Progress with some of the action plan's commitments has been impacted by COVID-19, and as such the associated activities and timelines have been re-considered and updated. We are also continuing to review our activities to ensure we reflect new and emerging considerations arising from the pandemic.

The Committee is asked to note the updates included in the action plan found in the Appendix.

2.2 Background

HIS is named as a Corporate Parent under Part 9 of the Children and Young People (Scotland) Act 2014 and, as such, has a number of duties to uphold the rights and promote the wellbeing of care experienced young people and care leavers (up to the age of 26). One of these duties is to publish a plan detailing the action we will take to meet our legal requirements. There is a recommendation that the plan is updated once every three years and that corporate parents also publish a report (in the same document) on the action they have taken. The plan was published in April 2020, with the next due in April 2023.

2.3 Assessment

COVID-19 is significantly impacting the lives of children and young people in a range of ways, particularly those who are vulnerable. For the remainder of 2020/21 and beyond we will be harnessing our work across the organisation so we can effectively maximise our impact in helping to improve opportunities, experiences and outcomes for children, young people and families in Scotland. As part of this we will continue to review our corporate parenting action plan to ensure our actions appropriately reflect the changing context and key considerations for care experienced young people and care leavers.

The Committee is asked to note the following actions and the associated updates which have been highlighted within the action plan (see Appendix):

- 1a – ‘Care experience’ included in equality impact assessments
- 1b – Sharing relevant learning / literature with HIS staff
- 1f – Sharing learning from Independent Care Review with HIS staff
- 2d – Introduction of work experience for care experienced people
- 3a – Active participation in corporate parenting collaboration groups

2.3.1 Quality/ Care

The plan contains actions designed to support staff to be alert to issues affecting care experienced people and promote their interests when making decisions. These efforts will help to ensure care experienced people do not experience negative impacts on their quality of care as a result of decisions made by HIS. According to reports from third sector organisations, care experienced people have been disproportionately impacted by COVID-19 and our efforts seek to address this.

2.3.2 Workforce

A number of the actions are designed to support staff to be alert to issues affecting care experienced people, including volunteers and members of staff. Care experienced people are more likely to experience mental health issues, which could be exacerbated with current restrictions.

2.3.3 Financial

It is anticipated that this work will be carried out within current resources.

2.3.4 Risk Assessment/Management

There is a risk that if we do not deliver the action plan then we will not meet our legal duties. This risk is being actively managed and mitigated through the combined efforts of the Directorate Management Team, and the re-focused HIS Children & Young People Working Group which includes representation from across the organisation.

2.3.5 Equality and Diversity, including health inequalities

The delivery of the action plan will support us to uphold the rights and support the wellbeing of care experienced people, as per our corporate parenting duties stated in the Children and Young People (Scotland) Act 2014.

2.3.6 Other impacts

The delivery of this action plan will also support us to act compatibly with the United Nations' Convention on the Rights of the Child (UNCRC).

2.3.7 Communication, involvement, engagement and consultation

The action plan was informed by engagement with both Who Cares? Scotland and MCR Pathways, two organisations who support and give a stronger voice to care experienced people.

We also work closely with fellow corporate parents across health and other sectors to identify ways to maximise our impact, avoid duplication and share learning, for example, we joined a meeting of the Corporate Parents Collaboration Group convened by the Children and Young People's Commissioner Scotland on 17 August 2020.

2.3.8 Route to the Meeting

The content of the action plan was considered by the HIS Children & Young People Working Group in January 2020. The action plan was then approved by the Scottish Health Council Committee in February and the HIS Board in March 2020.

2.4 Recommendation

- **Awareness** –The Committee is asked to note the updates included in the action plan found in the Appendix.

3 List of appendices

The following appendices are included with this report:

- Corporate Parenting Action Plan



Healthcare
Improvement
Scotland

Corporate Parenting Action Plan 2020-2023

April 2020

Corporate Parenting Plan 2020-23

Number	Theme	Action	Outcome	Indicative Timeline	Owner	Update
1	We understand the issues that care experienced people face and assess their needs	a) 'Care experience' to be included in Equality Impact Assessments and treated as a protected characteristic	We explicitly consider the impact of our work on care experienced people and take action to minimise or remove any negative impacts	June 2020	E&D Advisor	Additional EQIA considerations currently under review (October / November 2020).
		b) Explore the sharing of current relevant learning/literature with staff through flash reports and intranet pages	We are aware of issues affecting care experienced people	October 2020	Children and Young People Working Group (CYPWG)	Updates from CYPWG to be shared via staff huddles and articles on the SOURCE for Care Day and Care Experienced Week.
		c) Raise awareness of corporate parenting responsibilities by launching corporate parenting e-learning module for all staff, and exploring other methods, e.g. face-to-face training	We understand our corporate parenting duties and how it applies to our work	February 2021	Organisational Development and Learning Corporate parenting lead Public Protection and Children's Health Service Lead	Corporate parenting e-learning module to be shared with staff in October 2020 during Care Experienced Week.
		d) Promote opportunities for staff, particularly programme leads and managers, to reflect on where they can have a positive impact in respect of our corporate parenting duties, identify actions and take them forward	We understand the opportunities that exist in our organisation to promote the wellbeing of care experienced people	March 2023	Public Involvement Advisor Programme leads	CYPWG will consider and provide opportunities for staff to reflect.
		e) Seek views and experiences of care experienced people with a	We understand the issues care experienced	July 2021	People and Workplace Team	Discuss further with People and Workplace

		view to exploring scope for 'care-proofing' 'recruitment/staff policies	people face when accessing employment opportunities			colleagues to re-evaluate timescale.
		f) Share learning from the Independent Care Review with our staff, including non-executive members	We understand the health issues that care experienced people face	April 2020	Community Engagement Director/Public Involvement Advisor	A scheduled session was postponed due to COVID-19. Another date is currently being considered, potentially in the new year (October / November 2020).
		g) Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities	Our board members are committed to corporate parenting and encourage our staff to demonstrate this	Ongoing	Public Involvement Advisor	e-learning module available from end of October.
Number	Theme	Activity			Who should be involved?	
2	We promote the interests of care experienced people and provide them with opportunities	a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care services, and our improvement activity	Champions Boards are equipped to have their voice heard in health and care Champions Boards have opportunities to become engaged in our work	October 2022	Community Engagement local offices	Delayed due to pandemic.
		b) Use data collected regarding the number of care experienced people who have participated in our community engagement activities to make informed decisions about targeted recruitment for future engagement activities	Care experienced people are well represented in our engagement activities Our decisions are informed by the views and experiences of care experienced people	Ongoing	Public Involvement Advisor Engagement Programme Managers	Community engagement activity restricted due to the pandemic. No data collected so far in 2020-21.

		c) Explore how line managers can best support care experienced members of staff	Staff with line management responsibilities are aware of how to best support care experienced people involved in our work	March 2021	Organisational Development and Learning Team	Action delayed due to the pandemic. Options will be discussed with OD&L by March 2021.
		d) Explore the introduction of NHS work experience tasters for care experienced and disadvantaged people	Care experienced young people have opportunities to gain work experience in the NHS	October 2020	Corporate parenting lead Organisational Development and Learning Team Other NHS health boards	Delayed due to physical distancing measures / homeworking. Explore alternative offerings with other corporate parents and OD&L by June 2021.
		e) Explore opportunities to promote Modern Apprenticeships to care experienced people	Care experienced people have opportunities to gain employment in the NHS and develop their skills	July 2022	People and Workplace Team	Delayed due to physical distancing measures/ homeworking.
Number	Theme	Activity			Who should be involved?	
3	We collaborate with other corporate parents and improve the way we work with care experienced people	a) Be active participants in corporate parenting collaboration groups, e.g. the national Corporate Parents Collaboration Group	We are aware of how others corporate parents are meeting their duties and we apply relevant learning to improve how we are meeting our duties We share our learning with other corporate parents to inform the practice of other corporate parents We identify opportunities for collaboration where it	July 2020	Corporate parenting lead CYPWG	Joined the Corporate Parents Collaboration Group in August 2020. Participating in online meetings and exploring potential collaboration.

			will add value and avoid duplication of effort			
		b) Explore HIS having a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties	We collaborate with NHSScotland colleagues to meet shared aims, while maximising what we can achieve within our own gift	March 2021	Corporate parenting lead	Delayed due to the pandemic. Will explore links through existing networks to strengthen collaboration and sharing within NHSScotland by March 2021.
		c) Share learning from joint inspections of children's services with other corporate parents	Our learning of what is working well for children in need of care and protection is used to inform work of other corporate parents	Ongoing	Clinical Expert, Quality Assurance Directorate	Seek input from Clinical Expert in Joint Inspection's for Children's Services at CYPWG meetings and explore options for sharing more widely.
		d) Learn from corporate parents across sectors who are involving care experienced people in what they do, e.g. explore how the Care Inspectorate support their young inspectors	We apply learning from other corporate parents to improve how we involve care experienced people in our work	Ongoing	Public Partnership Co-ordinator	Actively seeking learning regarding the involvement of care experience people during the pandemic.

Monitoring and Reporting

We will continue to monitor progress with our commitments through our Children and Young People Working Group which meets three times a year and will report annually to the Scottish Health Council Committee.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	5 November 2020
Title:	Risk Register
Agenda item:	3.1
Responsible Executive/Non-Executive:	Lynsey Cleland, Director of Community Engagement
Report Author:	Lynsey Cleland

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to:

- Annual Operational Plan delivery
- HIS Strategic Direction

This aligns to the following HIS priorities(s):

- Integration of health and social care
- Safe, reliable and sustainable care

2 Report summary

2.1 Situation

At each meeting the Scottish Health Council Committee is provided with a copy of the operational risks relating to the Committee's remit.

2.2 Background

The Community Engagement Directorate's risk register is detailed in Appendix 1.

Following discussions at the last Committee meeting the previous risks relating to service change (Risk 778 and 1033) have been closed and consolidated into a new risk (risk 1061) that captures the range of reputational risks associated with service change at this time.

All risks continue to be reviewed in light of the COVID-19 pandemic and a risk relating to the impact of the pandemic for Healthcare Improvement Scotland is on the organisation's Strategic Risk Register.

2.3 Assessment

2.3.1 Quality/ Care

N/A

2.3.2 Workforce

Relevant workforce implications for each risk have been identified.

2.3.3 Financial

Relevant resource implications for each risk have been identified.

2.3.4 Risk Assessment/Management

Risk register attached in appendix 1.

2.3.5 Equality and Diversity, including health inequalities

The Community Engagement Directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland which is reflected in the Directorate's risks.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

The directorate's risks have been informed by our ongoing engagement with a range of stakeholders.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Committee are asked to discuss the Community Engagement Directorate's risk register.

3 List of appendices

The following appendices are included with this report:

- Appendix No1 Risk Register

Active Risks - Committee Report

Category	Project/Strategy	Risk No	Risk Director	Risk Description	Risk Appetite	Last Updated	Current Controls	Current Mitigation	Current Update	Current Risk Level	Sep - 2020
Reputational / Credibility	Community Engagement and Improvement Support	956	Lynsey Cleland	On behalf of the Scottish Government, the Scottish Health Council is gathering views from people with lived experience of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). Given the complex nature of the condition and high profile of this work, there is a risk that our process and conclusions are either challenged (for example by the media or patient representative groups), or there is perceived to be an unmet need in relation to patient expectation. This would result in a reputation risk to our role and purpose of the project.	Open	17/09/2020	Agreed template issued to all 14 local offices taking part in the work, together with background information and definitions relating to ME/CFS. Links to the work of NICE have been shared as well as background information about where this work has originated ie through the Petitions Committee. ME representative groups will get in touch to support the Scottish Health Council's work and support staff conducting the gathering views activities.	Working with Scottish Government policy leads to ensure there is a clear and jointly shared understanding of the purpose of the Gathering Views work and the respective roles and responsibilities as well as to increase understanding of issues out with the scope of the work. Gathering Views template has been completed and agreed alongside questions for use in the discussion groups - these have been shared with representative groups and they are supportive of the approach. Representative Groups to be kept informed so they are on board with the process. Involvement of Healthcare Improvement Scotland Communications Team will ensure any press attention to the work can be responded to. Developing lines of communication with Scottish Government.	Drafting of the gathering views report is now underway after the analysis work was completed in late June 2020. Draft report to be finalised by 30 September 2020 - publication in early Q4.	Medium - 9 Impact - 3 Likelihood - 3	Medium - 9
Reputational / Credibility	Community Engagement directorate wide risk	1061	Lynsey Cleland	There is an operational and reputational risk to HIS Community Engagement's role in service change due to a lack of clarity of governance and application of guidance for changes progressing across Integration Authorities, NHS Boards and through regional and national planning. This results in a lack of clarity on the engagement process to be followed and subsequently Healthcare Improvement Scotland's role.	Open	27/10/2020	National guidance (CEL 4 (2010)), 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'; Identifying options for delivery of core function and raising awareness through governance structures.	The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the role and last met on 22 October 2020. HIS Community Engagement continues discuss this work with Scottish Government and is participating in the development of revised national guidance for engagement across health and social care. Work is also underway with the Care Inspectorate to develop a quality framework to support and assure meaningful community engagement across health and social care services.	Scottish Government resumed work on the revised national guidance for community engagement in September and issued a revised draft document for feedback in early November with timelines indicating Cabinet Secretary sign off in December. We will be providing feedback on this, as well as continuing conversations with Scottish Government. Work on the quality framework for community engagement has also recommenced and is being progressed with stakeholders.	Very High - 20 Impact - 5 Likelihood - 4	-
Operational	Community Engagement directorate wide risk	963	Lynsey Cleland	There is a risk to the Community Engagement directorate (the new operational name for the Scottish Health Council) and its operational performance because of potential disruption during 2020/21 linked to the rebranding / renaming of the directorate including disruption to email systems; continued limitations relating to IT infrastructure within the local office network; insufficient communication with stakeholders regarding the rebranding; and replacement of old office signage across the local office network estate with new branding.	Open	15/10/2020	Agreed actions with HIS IT and Communications teams including deadlines for implementation. Directorate communications strategy to underpin renaming / rebranding Regular reporting via Director, Directorate Management Team, Scottish Health Council Committee Regular reporting via Director / Chief Officer, HIS Head of Communications, HIS Chief Executive and HIS Executive Team to HIS Board	The Scottish Health Council has implemented a number of significant changes which were informed by an extensive stakeholder and staff consultation. These changes have included: a new directorate structure with investment in additional senior posts; introduction of different ways of working including the development of new approaches to improvement and assurance of community engagement in the context of health and care integration; and a new name for the directorate (Healthcare Improvement Scotland - Community Engagement from April 2020) that better reflects our core purpose, underpinned by a dedicated communications strategy. The renaming and rebranding work has involved communication with staff, ICT colleagues, and stakeholders, and has comprised the creation of specific communications detailing the nature of the directorate's changes, and the rationale for the rebranding. Planned changes to branding, signage etc. are being communicated to host territorial NHS Boards in light of their provision of local office premises. Switching email accounts to nhs.net was being planned in advance (March 2020) of the renaming and rebranding implementation. Decommissioning of the scottishhealthcouncil.org email service was completed by end June 2020. The directorate is currently preparing for the migration to Office 365 during October 2020. We have been advised this will change will bring operational and functionality improvements to our current suite of IT provision.	The directorate change implementation plan was formally closed at the 27 February 2020 meeting of the Scottish Health Council Committee. The HIS IT team planned to enable the switchover from scottishhealthcouncil.org to nhs.net email accounts for directorate staff during March 2020. However, this coincided with the COVID-19 pandemic and the introduction of the UK Government's 'Stay at Home' policy, supported by the Scottish Government. This resulted in HIS IT resources being required to support working at home across all directorates and teams, resulting in a delay in email switchover for a number of directorate staff, with resultant knock-on impacts in terms of access to laptop-based functionality including Skype for Business. Remedial actions were undertaken to facilitate the switchover of emails for remaining staff and this was completed during June 2020. The directorate is currently preparing for the transition to Office 365 which is scheduled for completion during October 2020. The HIS Communications team finalised the design work for replacement signage across the local office network estate, and the new signage has been acquired. However, due to the COVID-19 pandemic, the signage has not yet been replaced. This will be undertaken once the Scottish Government eases its 'Stay at Home' policies and it is safe for staff to return to office premises.	Medium - 8 Impact - 4 Likelihood - 2	Medium - 8
Reputational / Credibility	Volunteering in NHS Scotland - Internal	952	Lynsey Cleland	There is a risk of a violation of data protection and/or Information Governance policy/law because of software bugs, data breaches or misuse of the Volunteering Information System resulting in fines, reputational damage and a loss of credibility.	Open	09/10/2020	- System Security Policy (SSP) including detailed risk assessment (see appendix 1), system security measures. - Data Protection Impact Assessment in place detailing protection of privacy and data, role of data processors, data controllers, justification for processing. - Information Asset Owner: Programme Manager (Volunteering) - Information Asset Administrator: Project Officer (Volunteering) - Services Agreements in place in each NHS Board using the system detailing responsibilities of each party. - Hosting Agreement in place with National Waiting Times Centre. - Contract in place with Support Partner. - Mandatory User Training required before user accounts are issued. - Quarterly review and shutdown of dormant accounts. - OS and server upgrades completed Sep 2020	1. Continual reinforcement of the message that out of hours/holidays the support service must be contacted immediately. (a) E-mail to all VIS users (b) Amend training slides to refer to out of hours 2. System Operating Procedures for the Volunteering Information System should be documented with annual review dates. 3. The Data Protection Impact Assessment and System Security Policy should be reviewed and updated by Information Governance Officer, Senior IT Support Analyst and the Programme Manager to ensure that it is up to date. 4. Test case scenarios for future developments to the system should include functionality testing across all user levels with the specific inclusion of, and cross-reference to, data stored in intra board divisions. 5. Each development should include a scenario making reference to the restriction of divisional and board data, whether the function specifically relates to such data objects or not. 6. Additional staff resources should be used to support the testing of system enhancements (patches). 7. The procurement of the Support Partner contract in 2020 should include specific reference to test case scenarios above and the requirement that these are documented. 8. Information governance risk pertaining to the system to be put on operational risk register and monitored through Directorate Management Team meetings and the Scottish Health Council Committee on a regular basis.	Mitigations 1-8 completed. Procurement for support partner for remainder of 2020/21 completed and appointed from 1 Oct 2020 (with option of 2x12 month extensions) includes specific references to testing. From Incident Review meeting on 3 March the following actions were agreed: (a) Further amendments to webinar slides [COMPLETE] (b) SHC Management sign-off of testing and procedures to be put in place [COMPLETE] (c) Amendments to DPIA to reference Standard Operating Procedures (SOP) and DPIA to be amended in line with development of online form	Medium - 8 Impact - 4 Likelihood - 2	Medium - 8

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	5 November 2020
Title:	Remobilisation and Operational Plan 20-21: Progress Update
Agenda item:	3.2
Responsible Executive:	Lynsey Cleland, Director of Community Engagement
Report Author:	Jane Davies, Head of Engagement Programmes

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

- Mental health services
- Access to care
- Integration of health and social care
- Safe, reliable and sustainable care

2 Report summary

2.1 Situation

This paper provides the Committee with an opportunity to discuss the Directorate's progress with our work outlined in the Operational and Remobilisation Plans for 20/21. The Committee is asked to discuss the contents of the paper.

Please note that the timing of this meeting falls before our quarter 3 reporting period and therefore this update only provides information on activity until mid-October 2020.

Information on activity for the full of quarter 3 will be provided in the next update to Committee.

2.2 Background

The Committee approves the Directorate's objectives, priorities and work plan each financial year and then scrutinises performance against the work plan at each meeting.

From mid-March we have been in the grip of a global pandemic and have had to adapt our ways of working and work priorities in response to this.

Many requests have come in to the Directorate and the wider HIS organisation from Scottish Government, NHS Boards, Integration Authorities and others to assist the health and care system response to COVID-19. Due to the volume and nature of these requests many of our work programmes were paused or refocused to enable us to target our resources and experience where it's most needed.

As a result the directorate's operational plan for 2020-21 has been superseded, with us adapting our activities in line with the organisation's remobilisation plan for COVID-19 which describes the organisation's delivery intentions between August 2020 and March 2021. For that reason, this progress update describes progress against the key aspects of our response to the pandemic to date and also the remobilisation of some of our existing activities.

2.3 Assessment

Working from home remains our default position and the majority of staff have now settled into this way of working. This has presented many opportunities to work in different ways and staff have embraced this.

As well as undertaking new areas of work we are continuing to remobilise other programmes of work previously paused due to the pandemic. The pace of some of the new work is quite challenging but our staff have responded enthusiastically and willingly to ensure that we can continue to engage with people and communities and their voices are heard. We have achieved a great deal during this challenging time, as outlined in appendix 1.

2.3.1 Quality/ Care

All of our work will enable health and social care services to improve the quality of care they provide to the people of Scotland with a particular focus on ensuring people are at the heart of decisions in relation to their own care and development and delivery of services.

2.3.2 Workforce

We will continue to follow the most up-to-date policies and guidance to ensure the health, safety and wellbeing of our staff particularly given the current situation whilst they are working at home.

2.3.3 Financial

The resource implications for the directorate's work programmes have been reflected in the 2020/21 budget.

2.3.4 Risk Assessment/Management

An additional risk has been added to Healthcare Improvement Scotland's risk register in relation to the impact of the covid-19 pandemic. We have also added an additional risk to the Community Engagement risk register in relation to regional planning and service change.

2.3.5 Equality and Diversity, including health inequalities

The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland and will continue to do this as part of our response to covid-19. We have undertaken a number of equality impact assessments in relation to projects being delivered during the global pandemic.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

During the pandemic we have consulted and engaged with a range of stakeholders in relation to the range of work we have been involved in. This has included patients, carers, families, community groups, third sector organisations, NHS Boards, integration authorities and Scottish Government. This has enabled us to deliver on a number of projects and see direct impacts for individuals, communities and staff as a result of our engagement and involvement.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Committee is asked to discuss the content of the Community Engagement directorate's Remobilisation and Operational Plan 20-21: Progress update October 2020.

3 List of appendices

The following appendix is included with this report:

- Appendix 1 – Remobilisation and Operational Plan 20-21: Progress Update October 2020

Scottish Health Council Committee**Remobilisation and Operational Plan 20-21 – Progress Update October 2020*****Background***

During 20-21 Healthcare Improvement Scotland took the decision to adapt our normal ways of working to provide support to NHS Boards, Integration Authorities and Scottish Government to enable them to respond to the challenges of the global pandemic. This has meant that some of the activities of the Community Engagement Directorate outlined in our 20- 21 Operational Plan have been scaled back, refocused or paused in order to ensure we had the capacity to meet other demands.

However, since July we have been able to get back to more 'business as usual' working and provide strategic and operational advice and support to colleagues across health and social care in Scotland in relation to their engagement and involvement activities as well as equalities and human rights approaches.

Achievements

Outlined in the tables below are an update of the work the directorate has undertaken so far in 20-21. The pandemic has provided opportunities for our staff to work in different ways as well as enabling greater collaboration with colleagues in other directorates across the organisation and with other partners. We will continue to build on this as we progress our work programmes.

Directorate Team Work Programmes

Volunteering in NHSScotland Team

During the global pandemic our Volunteering in NHS programme has had to rapidly respond to requests for support from NHS Boards in relation to volunteering. Our existing Volunteering programme was refocused whilst we responded to these significant requests.

What we will do	Outcomes and Impact	Progress Update
<p>Support SG with:</p> <ul style="list-style-type: none"> • Advice & support for NHS Board volunteer managers and Strategic Leads regarding the management of volunteers during the COVID-19 pandemic. • Guidance to NHS Boards on the stepping down of volunteering. • Guidance to NHS Boards on risk management, role design, fast-tracked volunteer recruitment, conviction and health screening, volunteer retention, Emergency Volunteering Leave, volunteer wellbeing and maintaining the integrity of volunteering. • In association with NHS Education for Scotland, provide training materials and induction guidance on TURAS Learn for volunteers and managers of volunteers within NHS Boards. • Engage and advice Scottish Government on the application of the Scotland Cares Campaign. • Advising Scottish Government and Westminster on the implementation of Emergency Volunteering Leave and its activation. 	<ul style="list-style-type: none"> • NHS Boards offer person-centred opportunities to volunteer in health and social care • NHS Boards are better able to manage their volunteering programmes • NHS Boards are better able to manage their volunteering programmes safely and in accordance with all relevant policy and legislation • Volunteer management staff gain access to practice and development opportunities • Board and staff gain better awareness of the impact of volunteering • Scottish Government gain confidence that the National outcome framework is being used and NHS boards follow policy • Demonstrate that volunteering is embedded in our thematic work programmes 	<p>Our response to the COVID-19 pandemic continued in the reporting period including multiple updates to national guidance, now published formally on the Community Engagement website (http://www.hisengage.scot/COVID-volunteering) and updated in keeping with Scottish Government announcements. Examples of role descriptions and risk assessments are also shared via the website, alongside the Developing volunteering Toolkit and Checklist for designing volunteer roles.</p> <p>The National Group for Volunteering in NHSScotland: The group endorsed use of the COVID-19 Age Tool for addressing COVID-related risks in the return of volunteers to NHSScotland. The tool has been included in the national guidance (above) and provides health boards with an evidence-based tool to assess risks posed to individuals in the roles they would return or enter into.</p> <p>Presentations: A presentation was delivered at the Helpforce UK-wide webinar on NHS response to COVID-19 in July and in August delivered a similar session as part of the Community Engagement series of webinars. These sessions shared practice from across NHSScotland with a broad range of stakeholder groups leading to improved connections beyond the typical engagement with health boards. A further presentation was delivered at the Helpforce webinar on bringing volunteers back safely.</p> <p>Reporting: The team continue to collate monthly reports to Scottish Government on levels of volunteer engagement in NHSScotland (October return: 1,727 active volunteers, 4,172 inactive) which contributes to inform decision making at Scottish Government.</p> <p>Case Studies: We published a further two case studies on volunteering on the Connect Group in NHS Fife and Volunteer Gardeners in NHS Greater Glasgow & Clyde.</p> <p>The Volunteering Information System: The User Manual was updated and we oversaw delayed server upgrades in the reporting period. A procurement exercise was completed and a Support Partner appointed at the end of September. These measures help to ensure continuity of service and a continuation of a robust and secure system for NHS Boards. Additionally, we brought together the Volunteering Information System User Group in September for a 'creative thinking' session to review what additional functionality the system could provide. We have also supported users from across NHSScotland who have migrated to MS Office 365 and continue to oversee system account updates for the remainder of the calendar year.</p>

		<p>The additional activity required for the Office 365 changes has contributed further to an ongoing increase in development support to NHS Boards, now averaging 42 interventions per month.</p> <p>After Action Review: The team carried out an After Action Review of the response to COVID-19. We have also carried out an external evaluation of the Volunteering in NHSScotland Programme and our response to COVID-19. A draft report will be discussed by the National Group for Volunteering in NHSScotland at the October meeting. An action plan stemming from these will be produced in due course.</p>
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Service Change Team		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Provide advice in line with guidance, evidence and best practice on engagement in changes to health and care services. • Develop effective approaches to sharing good practice on engagement in service change across statutory bodies • Provide quality assurance assessments of engagement and consultation in major service change and ensure an open approach to share findings • Ensure that service changes in the areas of our thematic work programmes are in line with national policy and guidance and informed by best practice. 	<ul style="list-style-type: none"> • NHS Boards and Integration Authority staff increase awareness on engagement practices to support their role • Scottish Government gain assurance that engagement practice is in line with guidance • People and communities receive opportunities for involvement to support meaningful engagement • Demonstrable improvements in service change activity across our four thematic work programmes 	<p>Resources: Animation to support engagement practice titled “Effective Engagement: the key to restarting engagement when considering changes to services” has been published and is available on our website: https://www.hisengage.scot/service-change/resources/effective-engagement/</p> <p>Workshops: Three online workshops were tested internally in September 2020 with a plan is to deliver these for health and social care staff later in the year. Topics covered were:</p> <ul style="list-style-type: none"> ▪ Option appraisal ▪ Planning for effective engagement ▪ Duties and Principles <p>Working with NHS Boards and Partnerships: Involvement with 9 NHS Boards and 8 Health and Social Care Partnerships on 23 changes.</p> <p>Major Service Change: Current quality assurance role in NHS Lanarkshire's Monklands Replacement Project. Assessment report scheduled for November 2020. Evaluation feedback from the option appraisal for the Monklands Replacement Project highlights:</p> <ul style="list-style-type: none"> ▪ 90% of respondents found the information to be clear ▪ 88% of respondents found the weighting of criteria to be easy ▪ 86% of respondents found the scoring exercise to be easy

Community Engagement Programmes		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Ensure that people are fully involved in decisions about health and care services by: <ul style="list-style-type: none"> ➤ enabling local communities to be involved in the planning and development of services and to support them in influencing how these services are managed and delivered ➤ supporting NHS Boards and Integration Authorities to continually improve the way they engage with their communities ➤ enhancing care experience through provision of support and training to staff to engage with patients and families ➤ enhancing care experience through the provision of training and support to individuals and communities to enable them to engage with NHS Boards and Integration Authorities ➤ informing national policy through gathering views on relevant services from patients, service users, carers and communities ➤ providing input to the development and implementation of our thematic work programmes and ensuring involvement and engagement in the 4 areas identified 	<ul style="list-style-type: none"> • Scottish Government, NHS Boards and Integration Authorities can demonstrate improvements in their public engagement activities across NHSScotland • People and communities are enabled and supported to engage with their general practices and other primary care providers • General Practices and other primary care staff are able to demonstrate new and innovative ways of engaging with patients. • Improved care experience for service users and their families delivered by staff who are confident and trained in engagement and involvement. 	<p>Primary Care: Engagement Offices are supporting GP practices and across primary care to capture and use patient views to inform practice. Example as follows: Western Isles - supported the board in developing ways to inform local communities about changes to its vaccination programme which has emerged due to GP contract changes.</p> <p>We are currently working with stakeholders to plan a national event for primary care involving all engagement offices to share good practice in engagement and patient experience using case studies from across the regions. This will be delivered in Q3 of 2020.</p> <p>Engaging with NHS Boards and Health and Social Care Partnerships: All engagement offices are supporting NHS boards and HSCP's in different ways to use patient views to inform practice. Examples as follows: North – Supporting NHS Shetland's Project Lead (Health Improvement Team) to develop a questionnaire to gather parent/guardian views in relation to Healthy Families, part of the Child Healthy Weight Programme. Providing guidance on organising additional engagement activities such as one to one telephone discussions with participants given the current circumstances in relation to social distancing. East – Engagement Office supported Tayside Mental Health Team to develop a series of workshops to discuss what should be included in a new Tayside Mental Health & Wellbeing Strategy. The workshops were open to third sector support group representatives, NHS and local authority staff, patients, their carers and families and anyone with an interest in helping to develop this strategy. West – Engagement Office has been working in partnership with NHS Dumfries and Galloway's Volunteer coordinator to deliver volunteer support group sessions with NHS Dumfries and Galloway volunteers, these sessions having been developed from Voices Scotland training and have continued virtually via MS Teams during the COVID 19 restrictions. The purpose is to allow and encourage the volunteer voice to be heard, to gather feedback from the volunteer which in turn can help shape service provision and the volunteering role, create opportunities to network with other volunteers, build relationships with NHS staff, provide support to volunteers and maintain and improve the volunteer experience.</p> <p>Gathering Views: Report of the Gathering Views of user involvement in maternity services will be published on 28 October 2020. The report includes recommendations for improving user engagement in maternity services both locally and nationally it has led to discussions regarding establishment of a national post to support involvement and engagement of women and their partners in maternity services hosted by a third sector organisation.</p> <p>Gathering Views exercise to capture lived experience of those who have ME is now complete. The responses to the online survey, telephone interviews and group discussions have been analysed and a report with recommendations is currently being drafted. A total of 561 individuals participated in</p>

		<p>this gathering views exercise. The draft report will be shared with Scottish Government prior to publication.</p> <p>National work: Working in partnership with colleagues from iHub, we have supported three national Person Centred Care Learning System events. These sessions engaged stakeholders from boards, HSCP's, third sector organisations and private providers in considering the enablers and barriers to delivery of person centred care in a Covid 19 environment and staff. There were 126 stakeholders who participated in these sessions. Outputs from these sessions have been shared on the iHub website.</p> <p>Engaging Differently: Engagement Offices are supporting stakeholders in a variety of different ways using established tools to improve engagement techniques. A number of examples of engagement in the Covid 19 environment have been shared on the Engaging Differently web content.</p> <p>Voices Scotland: We are currently working with stakeholders to develop and adapt the current Voices Scotland training to enable online delivery.</p> <p>Conversation with the People of Scotland: Working in partnership with the ALLIANCE we are supporting this Conversation which has been commissioned by the Cabinet Secretary via the Mobilisation Recovery Group at Scottish Government. The Mobilisation Recovery Group was set up as an advisory group under Re-mobilise, Recover, Re-design, The Framework for NHS Scotland to generate key expert, stakeholder and system-wide input into decisions on resuming and supporting service provision, in the context of the COVID-19 pandemic. The Engagement Offices are supporting:</p> <ol style="list-style-type: none"> 1) National digital events - held on 20, 22, 27 and 29 October. Our staff supported facilitation of these events. 2) Local events hosted by NHS Boards and Integration authorities – these events were arranged by the organisations and our staff helped to facilitate. We supported a number of events. 3) Discussions with equalities and seldom-heard groups – we linked in with groups across Scotland to ensure that a range of voices were heard in this Conversation. These groups included faith groups, young people, homeless people etc. 4) Citizen's Panel – part of the Conversation will be supported by a Panel. Our staff tested out the questions with a number of people and groups for readability, comprehension and length. The Citizen's Panel will take place during November. <p>Engagement office staff have continued to write blogs which have been shared on HIS intranet and website. This month we shared how our work with Connecting Scotland has paid dividends for some communities. It can be found here: https://blog.healthcareimprovementscotland.org/2020/10/02/devices-and-data-keeping-scotland-connected/ http://thesource.nhs.uk/news-events/Pages/My-email-migration-experience.aspx</p>
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The Public Involvement Unit		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Deliver advice and support for involving people and communities across HIS, including support for involvement planning; advice on involvement tools and approaches; identifying and facilitating links with third sector organisations; direct support for involvement; and facilitating the production of service user, carer and public information. • Deliver advice and support across HIS to meet our legal duties in relation to equality, diversity and human rights, including support for equality impact assessments embedding a human rights based approach to our work; and designing and delivering a programme of training. • Co-ordinate, manage and develop public partner volunteers and their roles across our work. • Support cross organisational groups including the Equality & Diversity Working Group and Children & Young People Working Group. • Share and acquire public involvement knowledge and learning through collaboration at national level • Ensure that our thematic work programme informs the development and implementation of involvement and engagement activity across all HIS directorates 	<ul style="list-style-type: none"> • People and communities gain knowledge and understanding of HIS and have the ability to influence our work. • Our public partner volunteers gain supported volunteering opportunities with access to learning and development in their roles. • Third sector organisations representing the interests of various groups, gain opportunities to be involved in improving care and outcomes for people. • Our staff gain support for considering equality impacts and for planning and designing inclusive involvement in their work. • Our Board and Committees gain evidence based assurance that our work promotes equality, is informed by inclusive involvement and complies with our legal duties. • Relevant national bodies/networks gain learning and knowledge of best practice on how to involve people 	<p>Public sector equality duty: Draft areas of equality outcomes have been agreed by the Equality & Diversity Working Group and engagement sessions are being carried out with staff and public partners. Twitter engagement with the public is also being trialled. Feedback from the engagement will shape the draft outcomes that will go to EDWG at the end of November. Workforce equality monitoring report for 2019-20 will be considered by Staff Governance Committee in November. Gender pay gap analysis and equal pay statement to be reviewed and updated by end of December 2020.</p> <p>Black and Minority Ethnic Network: Engagement has taken place with staff to discuss the establishing of a BAME Network within HIS. The aim is to launch the network in October.</p> <p>Increasing the diversity of people involved in HIS. Report has been presented to Executive Team and will be shared with SHC Committee in November. Development of governance framework to support involvement of people in the work of HIS. Papers presented to both Executive Team and Scottish Health Council Committee. Public partners continued to be supported although on some have become involved in previous work due to it being on hold.</p> <p>Children and young people group: Children’s Rights Report and supporting animation to be published on 20th November to coincide with World Children’s Day, the anniversary of the UN adopting the Convention on the Rights of the Child.</p>

The Participation Network		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Inform policy through research evaluation and impact assessment by: <ul style="list-style-type: none"> ➢ Publicity and knowledge sharing, good practice and guidance through website, WebEx, multi-media and events. Collating a range of evidence-based tools and examples for guidance and support ➢ Commissioned research carried out on behalf of Scottish Government and stakeholders through Citizen Panel and co-designed studies to meet health and social care priorities. ➢ Internal research carried out to evidence, support and evaluate internal priorities and practice ➢ Ensuring that our thematic work programme is informed by the latest research, good practice, learning and evidence available 	<ul style="list-style-type: none"> • An increased number of people and communities feel supported to engage to inform health and social care service improvements • HIS staff feel increasingly confident to deliver effective evidence based engagement methods • HIS Board and SHC committee have confidence in the use of research evidence to shape internal priorities and policy • Approaches followed by Scottish Government always have a source of up to date evidence based practice • Professional Bodies/Researchers/Royal Colleges/Third Sector will use evidence informed methods to engage with people • NHS boards and Integration Authorities will develop skills to use the tools to engage effectively with people and communities 	<p><i>Engaging Differently:</i> The webpage is continuing to gather examples with 9 case studies of good practice in engagement from across Scotland on the website and over 15 being assessed and followed up. Three top tip videos have been produced to support this work.</p> <p><i>Citizens Panel:</i> The sixth Citizens Panel on the awareness of antibiotic resistance was published in September along with a Twitter campaign and a blog to publicise and report the finding. The next Citizens Panel will be to support ‘A conversation with the people of Scotland’ which partnership with The Alliance to support the remobilization and renewal of the health service. (See Community Engagement Programmes for more information.) The questionnaire is being co-produced with people from the community through the Engagement Office network and input from the Scottish Government. There is also a request from the Scottish Government to use the next Citizens Panel.</p> <p><i>Communications:</i> The first Community Engagement e-Connect newsletter was circulated.</p> <p><i>Webinars:</i> A monthly webinar programme was established to promote the work of the directorate. So far we have covered: Intelligence Kindness with Tommy Whitelaw (July); Volunteering in the NHS during COVID-19 (August); Equality impacts learning from COVID-19: How we can use the learning to improve what we do (September), and Learning from COVID 19: Planning and Involving people in change (October)</p> <p><i>Research Network:</i> The conference planned for March this year had to be cancelled due to the pandemic. We have set up a series of three webinars during October and November to give the presenters an opportunity to share their work.</p>

The What Matters to You? Programme		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Co-ordinate, manage, develop content and promote website and social media channels • Co-ordinate, manage, develop content of and promote resources • Collaborate nationally and internationally, sharing knowledge and experience • Produce and promote annual report • Embed What Matters to You? through our thematic work programme and ensure that it informs the development and implementation of our activities 	<ul style="list-style-type: none"> • Health and social care staff (primarily) have access to accurate and up to date information and case studies • H&SC staff have access to materials to support them to begin/improve caring conversations • We have access to the most up to date knowledge and experience to inform our approaches • Scottish Government and stakeholders are informed of the impact of our work 	<p>Due to the pandemic the decision was taken not to open registration for WMTY 2020. Although we had purchased resources, we had no access to either postage facilities or the resources due to the closure of all HIS offices from March 2020. Consideration was taken to minimise outside asks on frontline staff time during the height of the pandemic. We continue work towards WMTY2021 and are currently:</p> <p>Website: We are currently re-designing the What Matters To You? website to become more user friendly and more responsive and to include more relevant content for users across health and social care and beyond.</p> <p>Report: Following a successful WMTY day this year, we are drafting the WMTY 2020 report for issue in January 2021.</p> <p>Case studies: We have added case studies to website around activity in 2020 and we are currently processing further case studies for sharing. You can access the new case studies here: https://www.whatmatterstoyou.scot/wmt-y-day-2020/</p> <p>Budget: SG have agreed the budget and this has been received.</p>

Taking a <i>thematic approach to our work</i>		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Scope out each theme including a stakeholder mapping and background research to ensure our approach is aligned with national and local priorities • Work with stakeholders to develop an action plan based on findings from our scoping exercise and stakeholder mapping • Build up a body of knowledge and evidence that supports our thematic working and enables us to support improvements in involvement and engagement • Work with HIS colleagues across directorates to establish how our thematic approach can support them to deliver their strategic priorities • Ensure that this thematic approach is embedded in all our activities and not developed as a stand-alone programme 	<ul style="list-style-type: none"> • NHS Boards and Integration Authorities will be able to better engage and involve people and communities in priority areas such as mental health, primary care, etc. • There will be increased involvement of those with lived experience to enable services to redesign and deliver services that better meet the needs of their users • Staff across NHS Board and Integration Authorities will have increased confidence, knowledge and skills in involving and engaging people and communities • We are able to demonstrate a more collaborative approach to our work and the priority areas identified 	<p>Due to the pandemic our work on scoping out our approach to thematic working has been paused. However, we have been working with colleagues across the organisation on HIS priorities such as support to care homes, our work in support of older people and participation in national Board huddles to support integration which also involves Care Inspectorate.</p> <p>As part of our remobilisation plan and strategic discussions across the directorate we have now considered how we support the organisation's key delivery areas which are:</p> <ul style="list-style-type: none"> • Safety • Older People • Mental Health • Unscheduled/urgent care • Access – including cancer services • Children and young people <p>Our Director will be the executive sponsor for the Children and Young people key delivery area for the organisation.</p> <p>Our approach to this will now be developed throughout the remainder of 20-21 with a view to commencing thematic working in 21-22.</p>

Quality of Care approach for community engagement		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> Establish a stakeholder group to inform the development of the approach and also the development of the self-assessment tool Engage with key stakeholders as well as Healthcare Improvement Scotland colleagues and staff across our own directorate, to test out the approach and self-assessment tool Undertake testing of approach and tool with identified NHS Boards and Health and Social Care Partnership sites Provide report on test sites and amend approach and tool based on findings Ensure the Quality of Care approach informs our thematic work programmes and can be embedded in the activities we undertake 	<ul style="list-style-type: none"> NHS Boards and Integration Authorities able to demonstrate that they meet the current guidelines on engagement and involvement NHS Boards and Integration Authorities can consistently improve their engagement and involvement activities ensuring it meets best practice and standards The directorate can demonstrate that our engagement and involvement meets best practice and standards 	<p>This work had been paused due to Covid-19 but has now been remobilised. The stakeholder Advisory Group has been reconvened and met on 26 October 2020.</p> <p>Self-assessment: A new draft self-assessment process will be produced during November 2020 and, subject to agreement of the advisory group, it is proposed that this will be tested for a period of 3 month with NHS Boards and Health and Social Care Partnerships beginning in December 2020.</p> <p>New title: The title of this work has now become Quality Framework for Community Engagement.</p>

Engaging people in the work of Healthcare Improvement Scotland

What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Governance arrangements for public engagement within Healthcare Improvement Scotland <ul style="list-style-type: none"> ➤ Development of an approach to recording and reporting activities in line with existing reporting around the Staff Governance Standard ➤ Development of a governance schedule to include consideration of evidence from Healthcare Improvement Scotland Directors by the Scottish Health Council Committee • Building capacity and capability for public engagement within Healthcare Improvement Scotland including workstreams that cross our thematic work programme <ul style="list-style-type: none"> ➤ Roll-out of engagement development programmes for key job roles ➤ Roll-out of mandatory induction, training and other learning support for engagement • Volunteering and Public Partner roles within Healthcare Improvement Scotland <ul style="list-style-type: none"> ➤ Evaluation of new and revised volunteering roles within the organisation including demonstration of impact and priorities for further improvement ➤ Development of an organisational volunteering strategy aligned to organisational priorities • Healthcare Improvement Scotland Public Involvement Unit <ul style="list-style-type: none"> ➤ Following review of roles, roll-out of any changes to job roles within the Public Involvement Unit ➤ Establish organisational objectives within Turas process relating to engagement 	<ul style="list-style-type: none"> • The Scottish Health Council Committee gains robust assurance on the performance of all HIS directorates in relation to engaging people • Robust assurance gained on performance of all Healthcare Improvement Scotland directorates in relation to engaging people with demonstrable positive impacts • Clear evidence that appropriate and effective engagement of people is considered and built into project planning, delivery, evaluation and reporting with demonstrable impact • Key roles across the organisation have clearly identified objectives recorded within Turas system and individuals are able to demonstrate the impact engagement activity has had on their work programme • Improved knowledge and consistency of approach to public engagement across the organisation • Improved diversity of volunteering roles and volunteers and their management within the organisation 	<p>The engaging people in the work of HIS programme ('Engaging People') has progressed two individual work streams during the COVID-19 pandemic – one focusing on Public Partner and other volunteering roles within HIS, and the other developing governance for engagement arrangements in support of the Scottish Health Council Committee's remit within HIS.</p> <p>Public Partner and Volunteering roles: The emergent Public Partner and volunteering report highlighted a number of recommendations including the development of specific organisational volunteer policies and procedures, good practice guidance and training for staff responsible for supporting volunteers, and the establishment of more tailored volunteer/Public Partner role outlines focusing on specific aspects of directorate work programmes, or wider organisational delivery areas. The report was considered by the HIS Executive Team during September 2020, and the Scottish Health Council Committee will receive the final report at its November 2020 meeting.</p> <p>Governance for engagement: This approach was developed during summer 2020 and considered by the Committee at its September 2020 meeting. A sub-committee approach will be implemented, allowing sufficient time & scope for detailed discussions with HIS Directors to explore examples of good engagement practice within their directorates and / or across designated key delivery areas. In an environment of supportive scrutiny, HIS Directors will also be encouraged to be open about any challenges or areas of work where engagement and equalities practice can be improved. Terms of reference and a model evidence gathering method have been developed to support the establishment of the sub-committee which is scheduled to have its first meeting prior to the 2020 festive break. The Community Engagement Directorate will be the first constituent part of HIS to be considered by the sub-committee.</p>

<i>Developing a learning system</i>		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Undertake research into the components of effective learning systems that will inform the development of our system • Develop a system that is tested within our own directorate in the first instance • Support a model of peer learning and development that enables staff to seek out opportunities for personal development 	<ul style="list-style-type: none"> • Demonstrable improvements in engagement and involvement activities undertaken by our own staff and health and social care staff supporting their continuous personal and professional development and learning 	<p>Our work on developing our learning system for engagement was paused as staff responded to calls for support in other areas of learning. However, an after action review was held to look at the work of the Volunteering in NHSScotland Programme and the Gathering Views on ME. This will help shape the development of an internal system.</p> <p><i>HIS internal learning system:</i> This work is now complete and in the final stages of publication. A copy of the report will be shared with the Committee when it is available.</p> <p><i>Person-centred care learning system:</i> Two further workshops have been hosted for health and social care staff during September. A final report is in the process of being drafted regarding the findings from all of the workshops.</p>

Developing our people		
What we will do	Outcomes and Impact	Progress Update
<ul style="list-style-type: none"> • Undertake a skills mapping of our workforce to ensure that we have the baseline information necessary from which to build on • Develop a skills framework that maps across to job descriptions for all of our staff ensuring that we understand what skills are necessary for each role • Work in partnership with colleagues across Healthcare Improvement Scotland to ensure common roles have the same development opportunities and there is consistency of approach • Ensure that every member of staff has a personal development review and career conversation with their line manager including exploring opportunities for staff development such as shadowing, coaching, mentoring etc. • Build capacity and capability for quality improvement across the directorate at the relevant levels through attendance at courses such as SIFS, SCiL, SCLIP etc. and deliver an improvement project in line with their current activities 	<ul style="list-style-type: none"> • We have an understanding of the skills available across the directorate and the ability to map these to specific roles • A skilled, confident workforce that is able to deliver improvements in their work • We are able to demonstrate improvements in our engagement with staff across the directorate • An improvement in our iMatters and Culture Survey responses and scores • Staff trained in improvement methodologies and able to implement these in their work • Staff have the opportunity for career advancement and development within their role • Development of a Healthcare Improvement Scotland wide career pathway for Administrators and Engagement Officer staff 	<p>Personal Development and Wellbeing Reviews: We are in the process of undertaking staff PDWRs with all staff across the directorate with a particular focus on their wellbeing during this time. The PDWRs offer an opportunity for staff to reflect on the past 18 months and look forward to the next year. It is a time for them to consider what has gone well, what could have been improved and also what their career aspirations or personal development needs are. The focus this year is on having good coaching conversations with members of staff to ensure that they understand the importance of how their work helps deliver the directorate objectives and the organisation's strategic priorities and key delivery areas.</p> <p>LEAP Training: We are using the LEAP framework (Learning, Evaluation and Planning) to support our development of operational and work plans for the current and future years. This has involved the delivery of two sessions for our Directorate Management Team and we are currently developing online sessions for all staff across the directorate. This will support better outcomes planning and evaluation of our work to enable us to demonstrate the impact our work has on people and communities as well as engagement activities.</p> <p>Strengths Deployment Inventory: Our Directorate Management Team are participating in an SDI exercise which will help them to understand their motivations and behaviours when things are going well and when they are facing conflict. This management tool helps teams to become more effective and efficient in areas such as communication, developing relationships, reducing stress and managing conflict. This is being co-facilitated by our colleagues in the NMAHP directorate.</p> <p>Scottish Improvement Foundation Skills course: We have been working with colleagues in NHS Education for Scotland to help develop this traditionally face-to-face training into an online session that we can deliver for all of our staff. This will provide the basics in improvement methodologies and tools for all our staff and enable them to embed these within their practice.</p> <p>Scottish Improvement Leader Course: We have 2 staff nominated and presented for the next cohorts of this course. This is a very competitive process and therefore we have presented two strong candidates for this. Both of these individuals will be able to bring back their learning to the directorate and be in a position to influence how we develop our improvement programmes for the future.</p> <p>IHI Forum London 2021: We have submitted an application to present a poster abstract for the Forum to be held in London next year. The abstract is focused on the patient and family centred care category. We have presented our work on Gathering Views on ME for consideration.</p>

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	05 November 2020
Title:	Service Change Briefing
Agenda item:	3.3
Responsible Executive/Non-Executive:	Lynsey Cleland, Director of Community Engagement
Report Author:	Daniel Connelly, Service Change Manager

1 Purpose

To provide the Scottish Health Council Committee with an update on service change activity within *Healthcare Improvement Scotland – Community Engagement*.

This is presented to the Board for:

- Awareness

This report relates to:

- Annual Operational Plan delivery

This aligns to the following HIS priorities(s):

- Access to care
- Integration of health and social care
- Safe, reliable and sustainable care

2 Report summary

This report provides an update on specific guidance issues, general service change and practice development.

3. Engagement and Participation in service change in response to COVID-19

- 3.1 Following on from the [briefing](#) circulated to NHS Boards and Integration Authorities at the end of June, a more detailed [guidance note](#) was issued to inform the considerations and next steps for engagement in change alongside plans for re-mobilisation and recovery.
- 3.2 As part of this work, a survey was issued to gain an overview of changes that have taken place as a result of COVID-19. To date, responses have been received from 26 organisations (17 Integration Authorities and 9 NHS Boards).

3.3 This highlighted a wider range of changes occurring in response to the situation with approximately 75% described as either temporary or not returning to its substantive position. These will be areas that will be discussed with NHS Boards and Integration Authorities in terms of developing proportionate engagement as this work moves forward.

4. Current activity

5.1 The most recent service change update provided for the monthly Directorate Management Team meeting is included as appendix one. This provides an overview of the active changes that we are involved with and further detail on some of the more significant ones.

5. General updates

5.1 NHS Lanarkshire - Monklands:

NHS Lanarkshire published the outcome of its option appraisal. This showed that scores for Wester Moffat and Gartcosh were very close (within one point).

5.1.1 A public feedback exercise was held from 30th September – 18th October 2020 and NHS Lanarkshire received over 760 responses to this. Engagement activity was also taken forward through a telephone survey and online focus groups of approximately 500 people.

5.1.2 *Healthcare Improvement Scotland – Community Engagement* is currently preparing an assessment report of NHS Lanarkshire's engagement which will consider the options appraisal process, the outcome of this and the feedback received through the engagement following this. It is proposed that the assessment report is produced mid-November and in time to be circulated for NHS Lanarkshire's Monklands Replacement Oversight Board, and subsequent Board meeting.

6. Developing Practice

6.1 **Online workshops:** During September, the team delivered internal testing sessions on three online workshops:

1. Involving People in Option Appraisal
2. Planning engagement in service change
3. Duties and Principles for Public Involvement in service change

6.1.1 The sessions were attended by over 30 internal staff, and feedback is being used to inform the roll out of sessions externally.

6.2 **Webinar:** – On 14 October, the service change team presented on the topic of '*Learning from COVID 19: Planning and Involving people in change*'. This session described the scoping exercise undertaken by *Healthcare Improvement Scotland – Community Engagement* and highlighted key themes and topics to inform next steps. It also brought in a practical example, delivered by NHS Western Isles on the proactive approach taken to engagement during the last 6 months

6.2.1 This session was received positively with over 50 participants attending and initial feedback highlighting that people found the sessions helpful, and of those that provided evaluation feedback indicated that it supported them in delivering their role.

Daniel Connelly
Service Change Manager
November 2020

7 Recommendation

- **Awareness** – For Members' information only.

8 List of appendices

The following appendices are included with this report:

- Appendix one, Directorate Management Team Service Change Update, September 2020

Appendix one: Service Change Update, September 2020

- **NHS Grampian - Review of the model for Maternity services at Dr Grays, Elgin**

We are due to meet with NHS Grampian to receive an update on this project. We understand that the unit is currently providing Midwife led care with women traveling to Aberdeen Maternity Hospital for obstetric and caesarean deliveries.

NHS Grampian is planning work with the NHS Highland, NHS Orkney and NHS Shetland to develop a maternity strategy for the North of Scotland with staff with the aim to publish it before the end of 2020. There are plans to gather input from recent service users via user panels (digitally).

We need to clarify what this may mean in terms of potential redesign for Grampian and other boards.

- **NHS Lanarkshire – Monklands Replacement Project**

The postal and telephone option scoring exercise concluded in August – the outcome of this exercise has not been shared with *Healthcare Improvement Scotland – Community Engagement*. NHS Lanarkshire is currently undertaking further activity, including risk analysis in response to feedback received from participants.

NHS Lanarkshire plans to prepare an overarching report that will include the outcome of non-financial benefit criteria scoring, financial appraisal, risk analysis and sensitivity analysis. The Fairer Scotland Duty assessment will also be updated to reflect additional activity and feedback. This information will be made available in advance of a two week public engagement exercise, including a telephone survey, four focus groups and patient engagement, planned to be undertaken in September 2020.

- **NHS Tayside – Integrated Clinical Strategy ‘Transforming Tayside’**

The final proposals for Orthopaedic Surgical services was due to be submitted to the Scottish Government in February. The Shaping Urgent and Emergency Care Services review has been paused to take account of the recommendations of the national work being undertaken on developing a national model for emergency care and learning from COVID-19. NHS Tayside plan to present proposals for restarting paused service change to their next board meeting.

- **NHS Tayside- Mental Health and Learning Disability Services**

Listen. Learn. Change, NHS Tayside’s action plan for mental health services in was submitted to the Scottish Government on 31 July 2020. Engagement workshops are underway with key stakeholders to develop the board strategy which should be published in draft by the end of the year. We attended the first meeting of the Communication and Engagement sub-group and are seeking clarity on how engagement on the strategy aligns with any service redesign priorities.

NHS Board	
National Waiting Times Centre	<i>Ophthalmology Review, Orthopaedics Review</i>
NHS Borders	<i>Clinical Service Review</i>
NHS Grampian	<i>Transforming Elective Care</i>
NHS Highland	<i>Belford Hospital Replacement; Coll and Colonsay dentistry review</i>
NHS National Support Services	<i>Care of Burns in Scotland Review, Centre of Excellence and Review of Breast Screening.</i>
NHS Shetland	<i>Gilbert Bain Hospital replacement</i>
Scottish Ambulance Service	<i>Strategy Development Framework 2021-2030</i>
Integration Authority	
Argyll & Bute Health and Social Care Partnership	<i>Cowal hub services, Lorn & Iona Medical Unit Redesign, Mull and Iona Services Review</i>
North Ayrshire Health and Social Care Partnership	<i>Arran Integrated Island Services</i>

East Ayrshire Health and Social Care Partnership	<i>Cumnock Health and Wellbeing Hub</i>
Dumfries & Galloway Health and Social Care Partnership	<i>Transforming Wigtownshire Programme, Transforming Health and Social Care services in Annandale and Eskdale</i>
East Lothian Health and Social Care Partnership	<i>Transformational Programme</i>
Fife Health and Social Care Partnership	<i>Community Hospital Inpatient Services in East Division</i>
Moray health and Social Care Partnership	<i>Business case process for replacement of Keith Health Centre and Turner Hospital- may widen to wider review of community hospital beds in Moray.</i>
Perth & Kinross	<i>Inpatient Rehabilitation beds</i>

Daniel Connelly
Service Change Manager
September 2020