Scottish Health Council Committee Meeting

Thu 15 September 2022, 10:00 - 12:30

Delta House, 50 West Nile Street, 8th Floor Glasgow G1 2NP

Agenda

10:00 - 10:35
35 min

1. Opening Business

10:00-10.35

1.1. Welcome, Introduction and apologies

10:00-10.05   Chair
Verbal

1.2. Draft minutes of Meeting (19/05/2022)

10.05-10.10   Chair
Paper
📄 Item 1.2 20220915 SHCC Draft meeting Minutes V0.1.pdf (11 pages)

1.2.1.

1.3. Review of Action Point Register

10.10-10.15   Chair
Paper
📄 Item 1.3 20220915 SHC Committee Action Point Register.pdf (2 pages)

1.4. Business Planning Schedule

10.15-10.20   Chair
📄 Item 1.4 20220915 SHC Committee Business Planning Schedule 2022-2023.pdf (1 pages)

1.5. Directors Update

10.20-10.25   Director
Verbal

1.6. HIS Strategy Update

10.25-10.35   Chief Executive
Verbal

10:35 - 11:20
45 min

2. Setting the Direction

2.1. Quality Framework for Community Engagement-Update

10.35-10.45   Engagement Programmes Manager
Verbal

2.2. Engaging People in the Work of HIS

10.45-10.55   *Head of Engagement and Equalities Policy*

Verbal

2.3. Development Day -next steps

10.55-11.15   *Director*

Paper

📄 Item 2.3 20220915- SHC Committee Development Day next steps v0.1.pdf (2 pages)
📄 Item 2.3 20220915 Appendix 1 SHC Committee Development day.pdf (8 pages)

2.3.1. Comfort Break

11.15-11.20

11:20 - 12:15
55 min

3. Committee Governance

3.1. Risk Register and discussion around risk

11.20-11.35   *Director*

Paper

📄 Item 3.1 Appendix 1 20220915 SHC Committee Report - 0.pdf (1 pages)

3.2. Service Change - update

11.35-11.50   *Engagement Programme Manager*

Paper

📄 Item 3.2. 20220109 Service Change Update v1.1 (002).pdf (6 pages)
📄 Item 3.2 Appendix 1.pdf (4 pages)
📄 Item 3.2 Appendix 1.1 Lochaber Redesign_MajorServiceChange_(MSC)_v1_220513 final (002).pdf (14 pages)
📄 Item 3.2 Appendix 1.2 Lochaber Redesign EQIA_v5_May22.pdf (18 pages)
📄 Item 3.2. Appendix 2.pdf (6 pages)
📄 Item 3.2 Appendix 2.1.pdf (9 pages)
📄 Item 3.2 Appendix 3.pdf (16 pages)
📄 Item 3.2 Item 3.2 Appendix 3.1.pdf (4 pages)

3.3. Remobilisation and Operational Plan Progress Report - for information

11.50-12.00   *Operations Manager*

Paper

📄 Item 3.3 20220915 SHC Committee 22-23 Op Plan - Q1 update v0.2.pdf (26 pages)

3.4. Engagement Programmes - update

12.00-12.05   *Engagement Programmes Manager*

Verbal

3.5. Governance for Engagement Sub-Committee- update

12.05-12.15   *Head of Engagement and Equalities Policy*

Verbal

12:15 - 12:20
5 min

4. Reserved Business

4.1. Service Change Sub-Committee draft minutes

12.15-12.20   *Engagement Programmes Manager*

Paper

📄 Item 4.1 20220904 DRAFT HIS-CE Service Change Sub-Committee Meeting - 18 August 2022.pdf (10 pages)

12:20 - 12:25
5 min

5. Additional Items of Governance

5.1. Key Points

12.20-12.25   *Chair*

12:25 - 12:30
5 min

6. Closing Business

6.1. AOB

12.25-12.30   *All*

6.2. Meeting Close

12.30

12:30 - 12:30
0 min

7. Date of Next Meeting

7.1.

17 November 2022

Venue TBC

10.00-12.30

Healthcare Improvement Scotland

Draft SHCC MINUTES – V0.1

Meeting of the Scottish Health Council Committee

Date: 19 May 2022
Time: 10:00am-12:30pm
Venue: MS Teams

Present
Suzanne Dawson, Chair (SD)
John Glennie, Vice Chair (JG)
Christine Lester, Non-executive Director (CL)
Dave Bertin, Member (DB)
Elizabeth Cuthbertson, Member (EC)
Emma Cooper, Member (EmC)
Simon Bradstreet, Member (SB)

In Attendance
Ruth Jays, Director of Community Engagement (RJ)
Christine Johnstone, Engagement Programmes Manager (CJ)
Claire Curtis, Engagement Programmes Manager (CC)
Derek Blues, Engagement Programmes Manager (DBl)
Robbie Pearson, Chief Executive, Healthcare Improvement Scotland (RP)
Jane Illingworth, Head of Governance and Planning (JI)
Richard Kennedy McCrea, Operations Manager (RKM)
Rosie Tyler-Greig, Equality and Diversity Advisor (RTG)
Victoria Edmond, Senior Communications Officer (VE)
Denise Symington, Principal Service Change Advisor (DS)
Alison Waugh, Administrator (AW)

Apologies
Alison Cox, Member (AC)
Jamie Mallan, Member (JM)
Jane Davies, Head of Engagement Programmes (JD)
Tony McGowan, Head of Engagement and Equalities Policy (TMG)

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**	
	The Chair (SD) welcomed everyone to the meeting via MS Teams and extended a warm welcome to Christine Johnstone (CJ) who was deputising for Tony McGowan (TMG). She also welcomed those attending the meeting for the first time as observers. An introduction was made to	

	Denise Symington (DS) who recently joined the Service Change team as Principal Service Change Advisor.	
	SD provided the following update to the Scottish Health Council Committee.(the Committee)	
	1) Work on the programme for the Development Day which takes place on 30 June in Delta House is almost complete. This meeting will provide an opportunity for the Committee to meet up with the Directorate Management Team (DMT) who will be facilitating on the day. 2) Staff from Community Engagement (HIS - CE) appreciated the attendance of one of the Committee members at the monthly CE staff huddle and invited other members to join in when possible.	
	Apologies were noted as above with the Committee sending best wishes to Jane Davies (JD).	
1.2	**Draft Minutes of Meeting**	
	The draft minutes of the Scottish Health Council Committee meeting, held on 17 February 2022, were approved as an accurate record of the meeting.	
	Matters arising	
	There were no matters arising.	
1.3	**Review of Action Point Register**	
	SD presented the Action point register to the Committee.	
	The Committee noted the content of the action point register and raised a further point with regard to item 2.2 (17/02/2022)	
	1. Although we do not require volunteers to be vaccinated, should we have a policy?	
	Action: RJ advised that guidance for NHS boards relating to volunteering was being revised and redeveloped to reflect the range of changes to restrictions relating to COVID-19. This guidance will replace our current published guidance titled 'Remobilisation of Volunteering in NHSScotland COVID-19' . RJ to ensure that messaging around the strong encouragement for volunteers to be vaccinated is included in the updated guidance.	**RJ**
1.4	**Business Planning Schedule**	
	SD presented the Business Planning Schedule to the Committee.	
	The Committee noted the Business Planning Schedule.	
1.5	**Director's Update including Ways of Working (WoW)**	
	The Director of HIS-CE (RJ) provided a verbal update to the Committee	

and highlighted the following points:

1. Accommodation
   Test of Change Period (ToC) has been in operation since beginning of April, with the directorate working in a hybrid way and benefiting from the ability to meet in person. Agreements are now in place for accommodation for all local offices with the exception of two – Highland and Lanarkshire. Staff are working hard to resolve these issues. The Directorate Management Team (DMT) are evaluating staff experiences throughout this period and feeding into the main Ways of Working (WoW) evaluation process. This will allow us to determine a way forward for the directorate, in line with the rest of the organisation, at the end of the ToC period.

2. Staffing
   Claire Curtis, Engagement Programmes Manager, has been appointed as Acting Head of Engagement Programmes due to Jane Davies' long-term absence. All the directorate wish Jane a speedy recovery and wish Claire well in her new acting role.

   The directorate welcomed Denise Symington who has joined HIS-CE as Principal Service Change Advisor.

   The Interim Staffing Structure runs until 30th September and the senior team have held a series of regional meetings with staff to explore and discuss how we reconnect with our stakeholders and each other as we move through the pandemic and the NHS recovers.

   There will also be meetings with staff over coming weeks to evaluate the impact of the structure to ensure we have a settled way forward in place by the end of the interim period.

3. External Engagement
   Planning with People (PWP) Scottish Government (SG) have indicated that they will restart engagement work on this shortly and the directorate will be discussing with them in the next couple of weeks to ensure that the timings of the Quality Framework (QF) coincide with this.

   RJ attended her first meeting of the *Capital Investment Group* – considering the Lochaber Redesign Project. SG were very pleased to have us represented and fed back how beneficial our input was. Attending the meeting ensured that the Impact Assessment (IA) didn't progress until SG had confirmation that they had submitted the Major Service Change template. This has now been received and will be taken to the Service Change Sub Committee for consideration. NHS Ayrshire and Arran have this week formally responded to RJ's letter of February 2022 about changes to chemotherapy services and have confirmed that they will move to consultation.

   Noted that work had started on external comms plan to promote the work of the directorate, with a blog from RJ out this week and highlighted this will be followed up with other activity in the coming months.

	NHS event - Highlighted that the directorate has two e-posters accepted about Citizens' Panels 8 and 9 and also a spotlight session on volunteering. The Committee thanked RJ for the verbal update, noting the volume of work that is currently on-going within the directorate.	
2.	**SETTING THE DIRECTION**	
2.1	**Quality Framework for Community Engagement**	
	RJ provided a verbal update and provided assurance to the Committee advising that the work on the Quality Framework is on track, and highlighted the following points: 1. A programme of testing is being worked through with 5 partners with steady progress being made 2. There is a focus on internal and external messaging to support the future roll out 3. Next steps to continue alignment with *Planning with People* and build on learning for testing phase The Committee thanked RJ for the verbal update.	
2.2	**Engaging People in the work of HIS**	
	RJ provided a verbal update to the Committee and highlighted the following points: 1. Work on accessibility - the directorate are supporting a project to improve accessibility of key documents by providing relevant translations or interpretations. As part of this, resource has been identified to embed capacity for the production of 'Easy Read' materials within HIS-CE. HIS-CE is seeking to exert influence across HIS to produce publications in 'plain English' which is a writing style that is considered to be clear & concise, avoiding the use of uncommon vocabulary and jargon. The accessibility project is being supported by dedicated resources to end September 2022, and the intention is for there to be a lasting positive impact on the directorate, the organisation and its capabilities. 2. We have recently supported Quality Assurance Directorate (QAD) by advising on materials produced as part of their Quality Assurance System. Christine Johnstone, Engagement Programmes Manager (CJ) provided the following update on the People's Experience Volunteering Panel roles. This will see a small group of members of the public join HIS as volunteers so that their opinions can be sought on a variety of issues relevant to the organisation including its strategy, key delivery areas, and individual work programmes. The aim is to have four panels of volunteers giving feedback across the four CE regions. To test the support materials, a trial was set up in Fife, where the Engagement Officers have been looking for opportunities to engage with potential panel candidates, recently trying out a	

café coffee crawl. This had some success with some people expressing interest in joining the panel in Fife.

The Committee thanked both RJ and CJ for the update and raised the following points.

1. Once formed, will the panels meet in person or virtually?
2. Noted that when recruiting, considering Community Councils are a good way to get reps.
3. When recruiting for the panel, it is important to think of a wide representation of people. Has this been considered?
4. Use of accessible language is great, what determines the September cut-off date for these resources?
5. Are the four regions aligned with the national planning regions, is there merit in relating these?

In response to the points raised RJ and CJ provided the following feedback :

1. Initially the panel will meet virtually, but this will be reviewed.
2. Agreed that the Community Councils are a good idea but as this was still a trial, they weren't considered due to the potentially high volume of interest this could generate without the capacity to deal with it.
3. An EQIA was conducted to ensure there were no gaps in representation when recruiting.
4. While this is a short term post due to budget constraints, the intention is for the learning and findings to build capacity and mainstream the approach within the directorate.
5. It definitely merits being aligned and something we should consider.

SD highlighted that EmC had placed a link in the chat re Plain English training.
http://www.plainenglish.co.uk/services/training.html

The Committee thanked both RJ and CJ for the update.

2.3	**HIS Strategy Development Update**	
	RJ thanked the Committee for their input into the HIS Strategy and introduced the HIS Chief Executive, Robbie Pearson (RP) and the Head of Planning and Governance Jane Illingworth (JI) to the meeting. RP advised the Committee that HIS Strategy draft for is not the finished article and would welcome more input/feedback from Committee members. JI provided a slide deck (Appendix 1) and highlighted the main areas of focus on the coming year. The Committee welcomed the presentation by RP and JI and were very pleased to have the opportunity to be involved in engagement around the strategy and provided a number of points of feedback: 1. Appreciative of the work that has gone into the HIS Strategy so far but how do we measure the success. Will this form part of the content at all? It is not just about implementation, it's	

		important to know what works and what doesn't. 2. It is beneficial to consider strategic measures of success against the high level roadmap and strategic aims. 3. Interested to see how focus on early intervention and prevention iterates in the strategy and could mean new ways of working and new partners In response to the Committee's points raised, JI assured the Committee that measuring success will be considered as it is already in the plan and noted that this is an iterative document so will evolve. JI highlighted the benefit of the support from Public Partners, the Engagement Group and the Equality and Diversity Advisor Rosie Tyler-Greig (RTG) and found it very useful to hear the different perspectives provided by the Committee. After discussion it was agreed that committee members were happy to provide further feedback in writing, via one-to-one discussions with members of HIS-Community Engagement staff or take part in a group discussion. The Committee thanked both RP and JI for providing the update. **Action** RJ/SD to organise a small group of committee members to take part in discussion for HIS Strategy.	**RJ/SD**
3.0	**COMMITTEE GOVERNNANCE**	
3.1	**Risk Register**	
	RJ presented the Risk Register to the Committee and advised there were no changes at this time. The Committee noted the Risk Register and queried if risk 1163 is broad enough, as this shouldn't just be about Service Change. After discussion it was agreed that RJ and SD will look further into this for next meeting. Committee members expressed an interest on the wider process of identifying risks and who owns them. **Action** It was agreed that Susan Ferguson, Committee Secretary (SF) would approach the Governance Manager regarding the workings of the Risk Register and provide any information back to the Committee members. It was also agreed that an invite would be sent to Jill Graham the new Chair of Audit and Risk and the new Risk Manager for the next SHC Committee meeting on 15 September 2022.	 **SF** **SF**
3.2	**Service Change Update, including Action Plan**	
	The Engagement Programmes Manager, Derek Blues (DBI), provided the	

	following highlights to the Committee. 1. The new Principal Service Change Advisor (DS) is now in role and settling in well 2. The format for the service change update document has been changed and now provides a description of the colour coding which has been added. 3. The team have made links with the Scottish Government Capital Investment Group (CIG) and have agreed a schedule of monthly meetings for sharing of knowledge and information. And advised that this has been really productive for both parties. 4. The Engagement Programme Manager (EPM) joined a meeting with the Capital Investment Network (CIN) and provided them with a brief insight into the work of HIS-CE. 5. The team has continued to deliver online workshops with partners in NHS Boards and Health and Social Care Partnerships (HSCPs) over recent months. Topics covered have included duties and principles, *Planning with People*, option appraisal and effective ongoing engagement.19 online workshops have now taken place in 2022. 6. The team have drafted an overview of the workshops and the *Planning with People* guidance for non-Executive board members in NHS boards and Integration Authorities. 7. The team have developed a draft regional planning expectations template covering expectations, outputs and evidence. The Committee thanked DBI for the update, and raised the following points: 1. The importance of DS and the team establishing what is working well and what isn't in respect of the workshops that have taken place for moving forward. 2. Requested that the overview of the workshops for the non-Executive board members in NHS boards and Integration Authorities be shared with Committee members. 3. The Committee agreed that the colour coding on the service change update works really and welcomed the new formatting of the report. After a discussion on Regional planning, it was emphasised by the Committee that there was a need for continued engagement with Regional and National Planning structures as they consider changes to services. This is aimed particularly at ensuring that regions do not plan services without engaging with the public. The impact on individual territorial health boards when decisions are made at regional level without appropriate patient and public engagement was recognised. **Action** DBI to provide the Committee members with the overview of the workshops planned for Non-Executive board members in NHS Boards and Integration Authorities		**DBI**
3.3	**Remobilisation and Operational Plan Progress Report**		

The Operations Manager (RKM) thanked the Committee for the opportunity to attend and highlighted the following points:

1. Things are moving at pace as we move out of pandemic. All areas are beginning to look at new engagement plans and strategies to ensure that people and communities are involved in co-designing and developing services. This has meant a considerable amount of work for all of our engagement offices to support this recovery effort and ensure that people and communities continue to have their voices heard.
2. Discussions are underway with SG around the delivery of a Gathering Views exercise for Chronic Pain between June and September 2022.
3. Citizens' Panel - funding for the next three years has recently been secured from SG, which includes a refresh to identify new Panel members. It will also fund Project Officer support one day per week for the Panel work plan.
4. Citizens' Panel 8 report published mid-February. The survey sought public opinion on the remobilisation of dentistry and elective care, the redesign of urgent care services, and the remit of the Patient Safety Commissioner. The Citizens' Panel 9 survey is underway, looking at public engagement, inclusive COVID vaccination and the COVID Vaccine Certification (passport). The report is due to be published in Q1 of 2022-23.
5. Advised that funding had been secured from SG to replace the current Volunteer Information System which is out of date.
6. The online volunteer application form has been delayed (for six months) by a lack of capacity within the IT team at the Golden Jubilee.
7. Staff training - 54 CE staff have now undertaken Foundation Improvement Skills training (FIS). This is making a significant difference to staff in terms of their confidence in delivering improvements within their own work. One member of staff has successfully completed the course in Cohort 30. Another member of staff has gained a place on Scottish Improvement Leaders Programme (ScIL) and starts in Q1 of 2022-23.

The Committee thanked RKM, welcomed the approach used to providing the update and looked forward to seeing the changes in the report at the next meeting. The Committee raised the following points :

1. Is there a risk that volunteering IT support is deprioritised, can the Committee offer any support with regards to the delay?
2. Is there any update on the Redesign of Urgent Care (RUC)?

In response to the points raised, RJ provided assurance to the Committee :

1. Advised that she was not aware of any deprioritising and that the new volunteering information system will help. She also advised that she will ask the Volunteering Manager, Janice Malone (JM) to provide more information outwith the meeting cycle or include a paper on this when volunteering is next scheduled to attend the Committee meeting.
2. Advised that work is ongoing and that due to capacity in HIS-CE with absence, this has been paused at present. The RUC Evaluation Advisory Group chaired by Sir Lewis Ritchie and

		Derek Bell has paused as they are commissioning an independent evaluation of patient experience due to take place over the next few months. We are awaiting an update on the exact timescale.	
		Actions RJ to contact JM regarding providing an update on the online Volunteering application form.	**RJ**
		RJ, CC and SD to discuss the update of RUC	**RJ, CC &SD**
3.5	**Equality / tackling inequalities – discussion following HIS Board development day**		
		RTG provided the Committee with an update on the HIS-Board Development Day which took place on 6 April and supported the HIS Board members to understand their role and responsibilities in respect of equality and diversity. The day focussed on the theme of equality and diversity and two workshops were delivered. Workshop 1 'What we know and what we can influence', this covered COVID-19 as a 'great illuminator' in respect of existing health inequalities for different groups. Workshop 2. Shared findings and analysis around the HIS 2020-21 Workforce Equality Monitoring data. It highlighted current equality and diversity considerations within the HIS workforce. It covered pay gaps and employment trends in relation to gender, disability, age and race and ethnicity. RTG talked through the presentation which is attached (Appendix 2) and welcomed any reflections from the Committee. The Committee found the presentation very informative and raised a point on what the position was within HIS on providing Apprenticeships or Graduate Trainee support, as they felt it was important that people should be aware what was on offer to them. This could help in making HIS a career of choice. SD noted that she had points raised by JM in his absence and would share these by email to RTG to answer. RJ advised the Committee that HIS offered various learning opportunities for trainees, and some examples were provided, such as work with the Glasgow Centre for Independent Living to support graduates, work experience provided for Occupational Therapists, Career Ready Mentoring and Modern Apprenticeships, The Committee thanked RTG for the update.	
3.6	**Governance for Engagement sub-committee Report**		
		RJ provided an update to the Committee and highlighted that the report presents the findings for the first year of the sub-committee's operation and makes recommendations for the way forward. She advised that as there had been no specific feedback on the draft report from sub-committee members, the report is presented to Committee as a structured	

	draft pending comments to allow sub-committee members more time to feedback before it is finalised. However, to reassure the Committee, RJ advised that the report is based on discussions, reflections and feedback from sub-committee members so the intention has been to reflect their views. It was proposed that 2022/23 sees a continuation of the established process, from cycle 1. Following discussion, the Committee provided some feedback which centred on the need to make sure that there were elements of peer learning included in the approach going forward, to ensure that examples of best practice and case studies were shared among directorates, and for the need to ensure that the evidence of impact takes account of qualitative as well as quantitative evidence. The Committee recognised TMG for the huge amount of work achieved in supporting each of the directorates throughout the process and in the production of this report. The Committee were in agreement with the proposed continuation of the established process for 2022/23.	
4.0	**RESERVED BUSINESS**	
4.1	**Service Change Sub-Committee meeting minutes**	
	DBI presented the Service Change Sub-Committee meeting minutes from the meeting held on 31 March 2022 The Committee noted the sub-committee meeting minute	
5.0	**ADDITIONAL ITEMS of GOVERNANCE**	
5.1	**Key Points**	

	After discussion, the Committee agreed the following three key points to be reported to the Board:
	    1. Governance for Engagement sub-committee
	    2. Regional Planning
	    3. Committee work on Strategy development	

6.0	**CLOSING BUSINESS**	
6.1	**AOB**	
	SD noted that this was the last meeting that the Vice Chair JG would be attending as his second term has come to an end. She thanked John for his contribution throughout his eight year tenure and for supporting her as Vice Chair of the Committee. The Committee wished John the very best for the future.	
7.0	**DATE of NEXT MEETING**	
7.1	The next Scottish Health Council Committee meeting will be held on 15 September 2022 10am-12.30pm venue Delta House, West Nile Street G1 2NP	

	Name of person presiding: Signature of person presiding: Date:	

ACTION POINT REGISTER

Meeting: **Scottish Health Council Committee**
Date: **19/05/2022**

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting 19/05/2022 1.3	Directors Update(including ways of working)	RJ to ensure that messaging around the strong encouragement for volunteers to be vaccinated is included in the updated guidance.	15/09/2022	RJ	Complete – updated guidance amended as per committee request.
Committee meeting 19/05/2022 2.3	HIS Strategy Development Update	RJ/SD to organise a small group of committee members to take part in discussion for HIS Strategy.	15/09/2022	RJ/SD	Complete-discussion took place
Committee meeting 19/05/2022 3.1	Risk Register	SF would approach the Governance Manager regarding the workings of the Risk Register and provide any information back to the Committee members.	15/09/2022	SF	Complete – Risk Manager will attend SHCC meeting 15/09/2022
Committee meeting 19/05/2022 3.1	Risk Register	It was also agreed that an invite would be sent to Jill Graham the new Chair of Audit and Risk and the new Risk Manager for the next SHC Committee meeting on 15 September 2022.	15/09/2022	SF	Complete- invite sent to both Gill Graham and Paul McCauley

Date: 19/08/2022

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Version:

Page: 1 of 2

Review Date:

1/2

12/138

Committee meeting **19/05/2022** **3.2**	Service change update including Action plan	DBI to provide the Committee members with the overview of the workshops planned for Non-Executive board members in NHS Boards and Integration Authorities	15/09/2022	DBI	Ongoing - still under consideration to ensure we achieve the best outcome for all parties. Discussions with Claire Curtis and Denise Symington are underway.
Committee meeting **19/05/2022** **3.3**	Remobilisation and Operational Plan	RJ to contact Janice Malone regarding providing an update on the online Volunteering application form.	15/09/2022	RJ	JM will attend next SHCC meeting on 17/11/2022 to provide an update
Committee meeting **19/05/2022** **3.3**	Remobilisation and Operational Plan Progress Report	RJ, CC and SD to discuss the update of Redesign of Urgent Care (RUC)	15/09/2022	RJ, CC &SD	On-going- waiting further guidance from the RUC Evaluation and Advisory Group which has currently paused. CC will contact for and update
Committee meeting **27/05/2021** **3.5**	Operational Plan 2021/22	Easy-read version of the Operational Plan to be produced for sharing with multiple audiences.	17/11/2022	JD / TMG / VE	On-going -internally sourced easy-read capacity and capability currently being considered – update to be provided at November meeting.

Date: 19/08/2022

File Name: SHCC Action register

Version:

Produced by: Susan Ferguson

Page: 2 of 2

Review Date:

2/2

13/138

Scottish Health Council Committee
Business Planning Schedule

Committee Business	Lead officer	2022-2023			
		19/05/2022	15/09/2022	17/11/2022	02/03/2023
Strategic Business					
Quality Framework for 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 2022/23 & Committee Terms of Reference	Chair				■
Proposed Business Planning Schedule 2023/24	Director				■
Risk Register	Director	■	■	■	■
Remobilisation & Operational Plan Progress Report	Director	■	■	■	■
Service Change Briefing	Service Change Manager	■	■	■	■
Engagement Programme Update	Head of Engagement programmes		■		■
Corporate Parenting Action Plan	Public Involvement Advisor			■	
Equality Mainstreaming Report-update	Director/Equality and Diversity Advisor				■
Additional Items of Governance					
Governance for engagement sub-committee meeting notes	Head of Engagement & Equalities Policy	■	■	■	■
Service Change sub-committee meeting notes	Engagement Programmes Manager	■	■	■	■
Closing Business					
3 Key Points	Chair	■	■	■	■
AOB		■	■	■	■

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**15 September 2022**
Title:	**SHC Development Day Next Steps**
Agenda item:	**2.3**
Responsible Executive/Non-Executive:	**Ruth Jays, Director of Community Engagement**
Report Author:	**Ruth Jays, Director of Community Engagement**
Purpose of paper:	**Discussion**

1.   Situation

This paper sets out proposed next steps following the Scottish Health Council Committee's most recent development day and asks committee members to determine its priorities.

2.   Background

The Scottish Health Council Committee held its Development Day on June 30th 2022. This is the first time Committee members had been together in-person since the onset of the pandemic in March 2020. A report capturing key outputs from the day is included at Appendix One.

3.   Assessment

Since the development day, a number of new challenges and relevant issues have emerged which will inform next steps. The financial outlook for NHS Scotland as a whole, and consequently HIS and the Community Engagement Directorate, has become more challenging. The impact of this is two-fold. Firstly, it will mean a need for a continued focus on priorities and a challenging operating environment for the directorate, with a temporary pause put on recruitment. Secondly, the financial pressures on territorial boards are likely to lead to further service changes which we expect will increase the directorate's workload over the coming months.

Committee members are aware of the situation around leadership arrangements within the directorate and the impact this has had on capacity and resilience within the senior leadership team. Finally, there are two new committee members who were not in post at the Development Day. Clearly their views about the priority focus for the committee will need to be taken into account. Taken together, this environment means that the committee will need to consider carefully what it wants to prioritise in terms of next steps following the development day.

The paper attached at Annex One demonstrates clearly the areas where committee agreed at the Development Day that efforts should focus on. The top three priorities identified at the Development Day are:

- The structure and focus of the committee
- The need to proactively reach out to the public
- The change to the public's approach to engagement since the onset of the pandemic

However, the committee may wish to review these priorities in light of the context outlined above. Once committee members have determined and agreed on the priority areas of focus, it is proposed that an action plan is developed by the Directorate to plot how these priorities will be taken forward, linked to the Operational Plan.

Assessment considerations

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 that the voices and lived experience of people and communities are at the heart of decisions in relation to their own care and development and delivery of services.
Resource Implications	N/A – will be delivered within existing resource, but committee members should be mindful of the challenging financial context.
Risk Management	Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed on a regular basis by our Directorate Management Team.
Equality and Diversity, including health inequalities	Once agreed, the priority areas should be carefully assessed to ensure that equality and diversity considerations are fully taken account of.
Communication, involvement, engagement and consultation	Members of the Directorate Management Team were involved in the Development Day and helped to shape the areas of focus and priority. Engagement with a wider staff group can take place once Committee members have agreed the priority areas.

4   Recommendation

The Committee is asked to discuss the outputs from the development day and determine whether they believe these still remain the appropriate areas of focus in the light of new and emerging pressures

5   Appendices and links to additional information

The following appendices are included with this report:

- Appendix No 1

Appendix 1

SHC Committee Development Day 30 June 2022 write up

Session 1 - Identifying the Challenges and prioritising them

Feedback tree facilitated discussion used to identify the challenges ahead followed by dot scoring exercise to prioritise the challenges as follows;

Challenge	Points
Is the current structure and focus of SHCC able to maximise the impact it can have (information needed, knowledge etc)	30
The need to proactively reach out to the public (with honest, reliable, realistic information and good context)	20
The publics approach to involvement has changed during the pandemic (out of energy, felt not listened to)	19
The current financial climate – both in terms of the wide system but also in terms of HIS CE (be upfront about this)	17
The political environment	13
Regional and national planning and the impact that has on service change	9
Fragmentation in ways of working as well as remote and rural challenges	8
Crisis in confidence and pressures in the wider system leading to risk averse approaches to engagement (and other things)	8
The need for greater diversity in engagement and our role in supporting partners to embrace this	7

The roll out of the national care service and the potential impact on our role	5

Your ask and offer

Over lunchtime, members were invited to note one ask they had of colleagues in the room as well as one thing they could offer. Write up of that content is noted below.

Your Ask
- Develop a better understanding of the NHS and care systems /structures across Scotland
- A greater understanding of the skills and expertise of committee members and links with communities
- Healthcare systems and policy
- More transparency for the SHC committee
- More regular and informal interaction with committee members to draw on their perspectives and expertise
- More context on the background to the work of HIS Community Engagement - the politics and background discussions etc.
- We step back from our day-to-day work and consider how we promote public involvement in the big national questions (about challenges in the NHS) [Dave B]
- A better understanding of what measures are being taken by his NHS to tackle their unenviable position of being the fifth worst global emitter in light of the climate crisis [Alison]
- To contribute alongside like-minded people. To hear the truth!
- Can we draw the wide-ranging expertise in the committee into more of our work e.g. gathering views
- Understanding from SHC committee members and CE team about on-the-ground public involvement

Your Offer
- A view/perspective of frontline staff experience
- The insight of engagement offices' aspirations
- Providing a wider understanding of HIS and NHS Scotland strategic context
- Guidance and insights around the importance of practising self-care to preserve mental health & wellbeing in this "digital first" working environment [Alison]
- Direct experience of engaging with diverse communities
- Understanding and experience of HIS (cultural, structural, behavioural)
- Relationships and knowledge of Scottish Government - understanding of communications and media landscape [Ruth]
- Community & youth engagement. Community development
- Rural, land, community engagement [Emma]
- (1) Some time to help support/ liaise with local engagement offices - link up SHC committee members with areas? (2) Mindful decision-making workshop [Dave B]
- Research and analytic skills. Theory of change and evaluation [Simon]
- Please keep in touch! I love SHC / community Engagement: if I can be useful just ask me [Christine L]

Session 2 – Tackling the challenges

In a facilitated discussion, members present considered some of the steps to take, risks to mitigate and specific actions needed. Write up from facilitators is noted below;

Group 1 (Christine/Richard)

How to maximise the impact of the Committee

Selling the benefits of engagement

Replicate the internal Governance for Engagement process, but for NHS boards where they self-evaluate their own engagement. Align with the Quality Framework. Not looking for evidence like in an audit; this is to identify good practice, commonality across Scotland, common gaps and needs. SHC Committee members to meet with a sub-section of the NHS Boards. Needs a "Tony" to have conversations with the practitioners and support them to prepare the self-evaluation documents. Start with the QF pilot boards.

How can Committee members act as ambassadors for engagement? Speaking engagements, media statements, etc. Could come to local events with Engagement Office staff, e.g. to help man a stall.

Committee members could attend regional team meetings once or twice a year. Would form better links with operational staff (improve the iMatter scores for visibility of Board) and improve Committee members' understanding of what we do.

Lack of engagement / willingness to get involved

Is this an actual issue? How would we find out? Speak to Janice, Volunteering Scotland, etc. though recognise that there are different types of volunteering. Anecdotally, since the pandemic people are more willing to volunteer for practical things to help a neighbour etc. rather than attending yet another Zoom meeting. A future topic for a Citizens' Panel?

Go back to the people to say what the impact of their participation was. We do this in the short-term for gathering views and Citizens' Panel, but do not go back to them in the longer term to update them on changes to policy/practice. It may take 2-3 years, but we should still have their contact details… Describing the difference they made will make it more likely they'll contribute in the future

Financial Climate

How to build the Committee's understanding about Finance matters? Does not need operational detail, but disparity between the level of knowledge/information which HIS Board members have compared to other Committee members. Invite Finance colleagues to a Committee meeting to explain the high-level figures and approach? The Committee wants to understand more about how the budget is made up to aid their decision-making.

Impact of different financial scenarios? What would have to change/stop if we faced cuts of X%?

What are the benefits of HIS - Community Engagement? How do we demonstrate impact? What activity is most impactful? Hold a workshop on outcomes.

Group 2 (Sharon)

Group 2 focused on the challenge of being proactive in reaching out to communities.

- Need to be clear about who we are, what we can offer
- The comms needs to be right and increased.
- Need to be aware of competing with other organisations who are carrying out a similar role – eg The Alliance, the Consultation Institute
- We need to be doing a 12-18 month period of horizon scanning – finding out what the issues are in the communities and then presenting this to SG, rather than only reacting to commissioned pieces of work. We also need to have a symbiotic relationship with SG – they need to tell us what they're thinking/working on – what's on their horizon.
- One of our biggest assets is our national network of offices – we can truly give a flavour of what's being said around the country, in both rural and urban communities. We need to use this network better for gathering intelligence.
- We need to do something different! [when pressed, there were no suggestions of what this might be]
- The obvious risk is the financial situation – it is very challenging. We need to prioritise what we can do, as we will undoubtedly need to manage with a limited resource.
- How are we measuring our impact? Where are we making the biggest impact?
- We need a culture shift, where we're having more open and honest conversations with the public and the boards.
- I wonder what the SHCC role is in this? Are we challenging situations enough?

The group very briefly moved on to the structure/focus of the SHCC. Time was short at this point with only more questions being asked than answered:

- What is our role? Has the Committee function changed the SHC was started all those years ago?
- How do we get better and knowing what's going on? Should we have an informal element of the meeting agenda for sharing intelligence – what's going on in the offices, what happened at the Board meeting.
- An invitation to the all staff event in September was extended (and welcomed). It was also suggested that as staff are being encouraged to attend Committee meetings to learn more, then perhaps the Committee members should come along to a team meeting and hear what's going on "on the ground", to meet the staff and learn about the different teams/roles/work. Again this was welcomed.

Group 3 (Wendy)

Group 3 considered the top three challenges from the dot scoring exercise and what actions could be explored to address these.

Is the current structure and focus of SHCC able to maximise the impact it can have?
The group discussed how they could maximise the impact of the SHC Committee and use the assets of its members to the best effect:

- Identify the diversity of skillset and experience within the committee to complement the HIS CE work programme.
- Introduce informal regular contact, e.g. buddying system. This approach would align with the 3 key tests of HIS CE (add distinct value and avoid duplication, collaborate with others where there's benefit and demonstrate positive impact).
- Determine opportunities for joint development, e.g. Governance for Engagement.

The group also acknowledged the reasons why these opportunities have not yet been introduced, i.e. budget, availability, capacity.

The need to proactively reach out to the public
The group considered ways in which they can promote the work of the directorate, whilst empowering the communities they support:

- Co-ordinate services/resources to work towards the development of an information portal that helps navigate 'customers' to the right place.
- Promote the principles of the Community Empowerment Act.
- Consider how the Committee members can influence the public by undertaking some internal mapping/public relations work.

The group were mindful that the launch of HIS CE happened on the cusp of the COVID pandemic and now was the time to promote what we can offer.

'We are confident in what we do, we believe in what we do, but how do we get there.'

It was noted that we should embrace the fact that HIS CE is the only publicly funded organisation that has a direct line to general engagement and this should be our driving force in the promotion of our work.
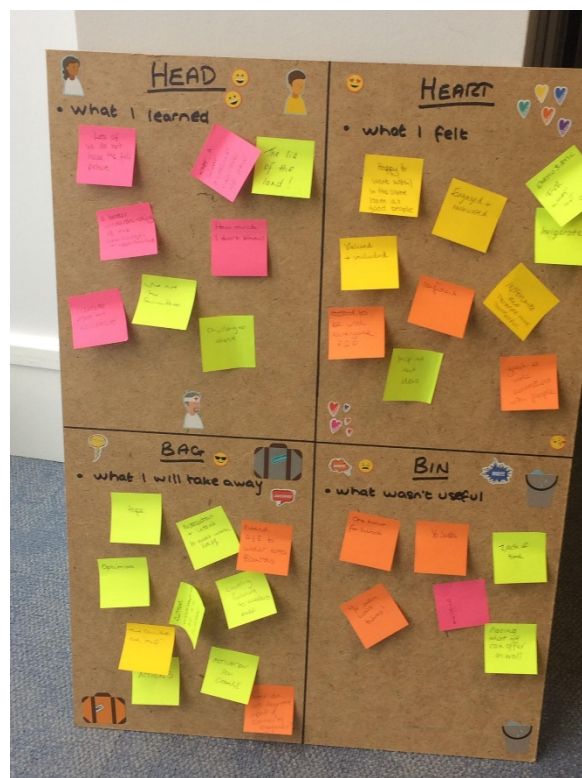
The public approach to involvement has changed during the pandemic

The group made a start on this discussion point but, due to time constraints, were unable to consider as fully as the others. The following points were highlighted:

- Encourage uptake of volunteering.
- Reinvigorate/establish new relationships with community groups.
- Determine how we can further influence/empower our communities, ask public how they want to be involved and actively listen.

Evaluation

Evaluation of the session was carried out using the head/heart/bag/bin tool from the participation toolkit. Write up of that content was positive with details as follows;

Head (what I learned)	Heart (what I felt)
I learned about my colleagues	Valued and included
A better understanding of the challenges and opportunities	Great to make connections
Lots of us do not have the full picture	Good to be with everyone
How much I don't know	Confident
What a great and varied committee we have	Happy to be in the room as good people
The lie of the land	Informed and more thoughtful
The challenges ahead	Invigorated
Who the committee are	Engaged and motivated
	Enthusiastic for what we do
	Inspired about the ideas
Bag (what I will take away)	**Bin (what wasn't useful)**
Actions	Lack of time
Optimism	Yo sushi
Hope	Yo sushi
Motivation and intent to meet the staff	One hour for lunch
Motivation for change	Nothing
That the committee are real	What is our ask/offer piece
How we demonstrate the impact of community engagement	
Better understanding of our purpose	
Looking forward to meeting staff	
Extend participation and engagement to wider NHS Boards	

02/09/2022

Active Risks - Committee Report

Healthcare Improvement Scotland

	Strategy	Risk No	Risk Director	Risk Description	Risk Appetite	Last Updated	Inherent Risk	Current Controls	Current Mitigation	Current Update	Current	Aug - 2022	Jul - 2022	Jun - 2022	May - 2022	Apr - 2022
Operational	Community Engagement directorate wide risk	1077	Ruth Jays	There is an operational risk to HIS – Community Engagement as a result of the limited launch of the directorate undertaken in April 2020 necessitated by the on-going pandemic, resulting in a lack of widespread stakeholder recognition and understanding of our new branding, and the full range of expertise, support and services offered.	Open	04/07/2022	Medium - 8	• Defined directorate communications approach to reconnect with internal & external stakeholders (brand recognition and understanding) • Design, delivery, on-going management and evaluation via Directorate communications operational group • Regular reporting via Director, Directorate Management Team, and Scottish Health Council Committee • Regular reporting via Director, and HIS Head of Communications.	The directorate has operated as HIS – Community Engagement since April 2020, and has a core narrative and well-developed website to support its branding and communication efforts. Some of the website content is legacy material from the Scottish Health Council - these are being reviewed and where necessary being brought up-to-date. These are supported by a communications operational group comprised of colleagues from all levels within the directorate. The original launch ideas pre-dating the onset of the pandemic are being revisited by the group to determine their appropriateness as part of the communications reconnection work. The directorate's senior team has been taking opportunities to present to and share with external stakeholders about our role and remit (including opportunities with the Scottish Government, NHS Boards and integration authorities).	A further refocus on the branding piece with stakeholders is necessary given the limitations of the launch arrangements in April 2020. A communications plan is being implemented during spring & summer 2022 to reconnect the directorate with internal and external stakeholders focusing on brand recognition and understanding of our remit. This is being supported by considered publication of new & existing materials including recorded webinars via social media channels. Distribution of new signage across the engagement office network estate has not been possible due to the on-going pandemic. This will be addressed during summer 2022. A review of our accommodation requirements was completed in February 2022 and discussions with host NHS Boards are anticipated for completion on new Service Level Agreements during summer 2022. The communications operational group is progressing the reconnection work during 2022 with regular reporting as set out within the Controls section. Opportunities to participate in external stakeholder events to speak about our directorate's role and remit, and how we can add value to their work continue to be maximised.	Medium - 8 Impact - 4 Likelihood - 2	Medium - 8	Medium - 8	Medium - 8	Medium - 8	Medium - 8
Reputational / Credibility	Service Change	1163	Ruth Jays	There is a risk that system pressures together with regional/national planning and COVID remobilisation and recovery reduces the priority given to meaningful public involvement and engagement in service change resulting in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS.	Cautious	11/08/2022	High - 16	"Planning with People", Scottish Government and COSLA Community Engagement Guidance', Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and Scottish Government. Development of Quality Framework for Engagement to support implementation of national guidance. Review of Planning with People Currently taking place in Q2 and Q3 of 2022.	The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the issue and last met on 31 March 2022 to consider progress. The next meeting is scheduled for 18 August 2022 with this matter on the agenda. The issue was also highlighted during an SHC committee development day in June 2022. Further actions are being developed in the light of these discussions. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS-CED. This will be picked up by Engagement Programme Managers during the process of reconnecting with Boards and Partnerships in August & September 2022. Involvement in regional and national planning structures is helping to highlight the importance of engagement in national and regional planning. HIS wide input to the review of Planning With People to reinforce the need for effective and appropriate engagement in national and regional planning is underway.	The current serious and sustained pressures in the health and social care system are having an impact on boards' ability to meaningfully engage around service change. There are also a range of service changes which were brought in on a temporary basis at the start of the pandemic and have now been in place for 24 months. We are reviewing on an ongoing basis the support we provide for boards and what more we can do to ensure relevant guidance is applied and the risks around failure to meaningfully engage are taken account of.	Very High - 16 Impact - 4 Likelihood - 4	Very High - 16	Very High - 16	Very High - 16	Very High - 16	High - 16

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	15 September 2022
Title:	Service Change Update (including Service Change Action Plan)
Agenda item:	3.2
Responsible Executive/Non-Executive:	Ruth Jays, Director
Report Author:	Denise Symington, Principal Service Change Advisor
Purpose of paper:	Discussion and Decision

1 Purpose

This paper provides the Scottish Health Council Committee with an update and overview on service change activity within Healthcare Improvement Scotland – Community Engagement.

2 Report summary

This report provides an update on specific guidance issues, general service change and practice development, including an update on National and Regional Planning and the Service Change Action Plan.

Assessment Considerations

Quality/ Care	Effective engagement and consultation in line with legislative duties and principles will help ensure high quality care services provided are robust and sustainable.
Resource Implications	N/A
Risk Management	The requirements for engagement where decisions on service provision are made on a national or regional basis (referenced in section 7.4 are included within the HIS corporate risk register, No1163).

Equality and Diversity, including health inequalities	Consideration of equality and diversity issues underpins the activity of the team in all aspects of work.
Communication, involvement, engagement and consultation	Ongoing support to deliver effective involvement, engagement and consultation is being provided.

3 Planning with People update

Planning with People was co-produced by Scottish Government and COSLA and applies to NHS Boards, Integration Joint Boards and Local Authorities. It was published in March 2021 to replace CEL 4 (2010).

NHS Boards were advised in a letter from the Scottish Government on 1st July 2022 that the review of Planning with People, which had been paused in November 2021, had been re-started.

 All NHS Boards, IJBs and Local Authorities are encouraged to apply the guidance to all engagement activities. Scottish Government are keen to assess its application and relevance among service providers and the wider public. As requested by Scottish Government, information requesting feedback on Planning with People has been shared by HIS-CE to the Engagement Practitioners Network, which was established at the request of engagement practitioners to share learning and peer support on service change and engagement. The survey was circulated by Scottish Government in August to seek views on the draft guidance and its application thus far. Responses to the survey are due to be returned by September 30.

The Service Change Team have been closely involved in delivering Planning with People awareness sessions internally to HIS colleagues, NHS Boards and Partnerships. This has allowed the Service Change Team the opportunity to input into the HIS organisational response to Planning with People.

4 Capital Investment Group

HIS Community Engagement is now a member of the Capital Investment Group (CIG) to provide advice on public engagement on emerging proposals and business cases. In addition the Service Change Team meets on a monthly basis with Head of NHS Strategic Capital Investment, Scottish Government, to discuss engagement in the development of capital investment projects. We have discussed the potential for developing a flowchart of how the two processes -

business case and service change engagement - link together.

HIS-CE have already provided advice to the CIG on the Initial Agreement for the Lochaber Redesign Programme.

In 2020 NHS Highland was able to allocate resource to move the project forward. The Initial Agreement (IA) was developed in 2021, and revised in 2022. In April 2022 the Capital Investment Group advised that they agreed to approve the Initial Agreement subject to receiving a view from HIS-CE on whether the proposals would be considered as Major Service Change.

In May 2022, having completed a series of stakeholder engagement exercises on the Lochaber Redesign Programme, NHS Highland submitted a major service change template to Healthcare Improvement Scotland – Community Engagement (HIS-CE). This template is used to inform HIS-CE's view on the impact of a proposed change, i.e. whether it meets the threshold for major service change.

The report on the submission of the major service change template was presented to the SHC Sub Committee on 18 August 2022, where the sub committee considered and agreed with the recommendation from the Service Change Team that the Lochaber Redesign Project did not meet the threshold for major service change. The major service change template is attached at Appendix 1 for consideration. **Committee is asked to provide a view on whether they agree with the recommendation of the sub-committee.**

5 Engagement Practitioner Network
The second development session of the Engagement Practitioners' Network took place on Thursday 8 September with presentations from Robert White (Golden Jubilee National Hospital) discussing co-production and practical use of the Scottish approach to Service Design and Emma Murphy (NHS Dumfries and Galloway) on the value and impact of engagement.

Since the launch on 23 May, 88 people have registered for the Microsoft Teams page. Work is being undertaken to further promote the Engagement Practitioner Network externally with support from HIS Communications Team.

6 Current Activity
The table attached at Appendix 2 provides an overview of the active, more significant changes that the team has been involved in, and further detail on wider changes at Appendix 2.1.

7   Developing Practice

7.1 Online workshops

The team has continued to deliver online workshops with partners in NHS Boards and Health and Social Care Partnerships (HSCPs) over recent months, topics include:

- Duties and Principles
- Option Appraisal
- Planning with People, and
- How to plan effective service change engagement

NHS Ayrshire & Arran has requested full four workshops (involving the three HSCPs). The team has recently held workshops with NHS Greater Glasgow & Clyde and NHS Borders.

Recent feedback (from NHS Greater Glasgow & Clyde):
"I found it useful to learn about the grounds for judicial review which emphasises the need for processes to be adhered to".
"Interesting discussions and great to learn about different principles".
"Reinforces that the options process is not about making a final decision".

In quarter three of 2022 it is intended that there will be further evaluation of the impact of workshops, including learning from feedback to ensure there is a focus on continuous improvement and development of the product provided.

The Service Change team has drafted a presentation (overview of the three workshops and the Planning with People guidance) for executive and non-executive members of NHS Boards and Integration Authorities. It is planned for this to be tested out internally and has been offered to Service Change Sub Committee members and Public Partners members for feedback on content prior to piloting this with Boards in quarter three.

7.2 Animation

The next animation on transport and access has been developed and shared with our Public Partners for feedback, with indicative date of publication of September 22. The team is considering new formats and topics to support engagement in service change/redesign.

7.3 Resources

The team is currently updating the flowchart to demonstrate how the

engagement process for service change, Equality Impact Assessment and Fairer Scotland Duty Assessment link together. A publication date is to be confirmed.

7.4 Regional and national changes

The Service Change Team presented a discussion paper to the Scottish Health Council Sub Committee outlining strengths and weaknesses found within three case studies of different approaches taken to regional planning. The Service Change Sub Committee welcomed the information outlined within the report and advised that this should be presented to the Scottish Health Council Committee for information and discussion. The discussion paper and expectations template is attached at Appendix 3 for consideration.

8 Recommendation

The Committee is asked to:

i.   discuss the content of the Major Service Change Template and associated EQIA attached;
ii.   approve the recommendation from the Service Change Sub-Committee that the   proposed redesign does not meet the threshold for Major Service   Change
iii.   Note the current activity on service change
iv.   Consider the strengths and weaknesses within different approaches to Regional and National Planning

9 List of appendices

The following appendices are included with this report:

- Appendix 1:   Lochaber Health and Social Care Redesign paper to SHC Sub Committee 18 August 22
- Appendix 1.2:   Lochaber Major Service Change Template
- Appendix 1.2:   Lochaber Redesign EQIA
- Appendix 2:   Significant Service Change August 22
- Appendix 2.1:   Service Change Overview August 2022
- Appendix 3:   Regional and National Planning paper to SHC Sub Committee 18 August 22
- Appendix 3.1:   Regional and National Action Pla

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
	Service Change Sub Committee
Meeting date:	18 August 2022
Title:	Lochaber Health and Social Care Redesign
Agenda item:	2.1
Responsible Executive:	Ruth Jays, Director of Community Engagement
Report Author:	Denise Symington, Principal Service Change Advisor
	Carmen Morrison, Service Change Advisor
Purpose of paper:	Discussion and decision

1.   Situation

This paper provides the Service Change Sub Committee with an update on Lochaber Health and Social Care redesign. The proposals will see the provision of a new hospital building on a new site, to improve service provision with no reduction in services currently delivered As members of the Capital Investment Group, HIS-CE have been asked to provide a view on whether the proposals meet the threshold for Major Service Change.

2.   Background

NHS Highland has been in a process of community engagement on service redesign for the Belford Hospital since early 2000s. The current hospital was opened in 1965 and has been extended on a number of occasions. However the internal layout and structure, restrict physical improvements and limits the ability to develop the services offered in line with modern healthcare practice.

Lochaber Health and Social Care Redesign

The proposal is for a new Rural General Hospital on the Blar Mor site, which is 2.5 miles from the current site, enabling provision of an improved service model. The service model retains all service currently provided locally. It uses an ambulatory approach to both elective day case and emergency activity to reduce unnecessary hospital admissions. This includes an intensive rehabilitation service, with a combination of outpatient and inpatient (where distance will impact on viability of day attendance).

In 2020 NHS Highland was able to allocate resource to move the project forward. The Initial Agreement (IA) was developed in 2021, and revised in 2022. In April 2022 the Capital Investment Group advised that they agreed to approve the Initial Agreement subject to receiving a view from HIS-CE on whether the proposals would be considered as Major Service Change.

In May 2022, having completed a series of stakeholder engagement exercises on the redesign of Belford Hospital, NHS Highland submitted a major service change template to Healthcare Improvement Scotland – Community Engagement (HIS-CE). This template is used to inform HIS-CE's view on the impact of a proposed change, i.e. whether it meets the threshold for major service change.

3. Assessment

After full and detailed discussion at Service Change Team meetings in May and June 2022, the Service Change Team came to a view that the proposed changes to Belford Hospital did not meet the threshold for major service change, in line with national guidance.

The proposals have received broad support politically and from local communities. There has been representation to elected members that plans are taking too long to realise.

Assessment considerations

Quality/ Care	The proposed service model will maintain all current services (with potentially additional services)
	The impact on patients will be that services are provided in a modern, fit-for-purpose facility that will comply with access legislation for people with disabilities.
	The new facility will be compliant with COVID-19 and infection control policies.
Resource Implications	Financial implications are set out in detail in the Initial Agreement. Capital costs are expected to be in the range of £89-144 million.

Lochaber Health and Social Care Redesign

	Revenue consequences vary by service option but are currently estimated at an increased cost of £3-4million annually. Much of this is driven by depreciation costs and so is linked to the capital costs of the building.
	The new hospital will provide an improved environment for all services, including maternity services and the accident and emergency department, which is currently severely restricted in terms of space, patient facilities and dignity. The proposed site is adjacent to the Ambulance Station.
Risk Management	The proposals intend that out of hours care will move from the health centre to be provided at the new hospital – this is a more sustainable solution in terms of staffing resourcing, lone working, staff support.
Equality and Diversity, including health inequalities	The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland. We have provided advice and support to NHS Highland in undertaking their EQIA and how to mitigate against any unintended negative impacts that may arise from this. In its EQIA NHS Highland highlights positive impact of the proposed service development on a range of stakeholders. Some of the positive impact areas are around transport and access, facilities compliant with access legislation (disability). It is planned to include a quiet room, for the use of patients/visitors and also for faith observance and reflection. There is no presumed impact on minority communities, for example; gender re-assignment, race or sexual orientation. The EQIA states an intent to continue engagement with communities and groups through the next phase of development in order to mitigate any potential negative impact.
Communication, involvement, engagement and consultation	The Service Change Advisor has recommended service user/public representative involvement in updating the EQIA as the project develops and that the communication and engagement plan is also updated regularly to identify any mitigating actions.

Lochaber Health and Social Care Redesign

	Stakeholder involvement in the development of the communication plan for the consultation process. Lochaber Stakeholder Group are active participants in the process since 2015. HIS CE regularly attend Stakeholder meetings.

4 Recommendation

The Sub Committee is asked to:

1. discuss the content of the Major Service Change Template and associated EQIA attached; and

2. approve the recommendation from the Service Change Team that the proposed redesign does not meet the threshold for Major Service Change.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1.1, Major Service Change Template.

- Appendix 1.2, Equality Impact Assessment.

Guidance on identifying major health service changes

Recording template

Service change project/title:
Lochaber Health and Social Care Redesign

Submitted by: NHS Highland May 2022

Introduction

Healthcare Improvement Scotland – Community Engagement has published a guidance paper, *Guidance on Identifying Major Health Service Changes*[1], which sets out issues to consider when identifying whether a proposed service change ought to be regarded as 'major'. It is intended to provide a shared framework for discussion which can be used by NHS Boards, Healthcare Improvement Scotland – Community Engagement, the Scottish Government and local community groups. It was developed following discussion and engagement which enabled key stakeholders to have a say on the content and format.

Please note that in the following document, information provided by NHS Highland is included in black, and HIS-CE's assessment and comments are in blue.

Background to proposed service change:

The last 10-15 years have seen significant change in the way services have been delivered in Lochaber, with a general move away from physical facilities (closure of Glencoe Hospital and Belhaven Ward) and towards community-based services. This reflects the national health and social care strategic, focussed on preventative care and care in a homely setting.

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[1] https://www.hisengage.scot/service-change/resources/identifying-major-service-change/

Healthcare Improvement Scotland – Community Engagement   2
Identifying major health service changes – Recording Template

The Belford Hospital is a Rural General Hospital in Fort William and the one remaining inpatient facility serving the population of Lochaber (approximately 20,000). The current hospital was opened in 1965 and has been extended on a number of occasions, however the internal layout and structure, combined with a restricted site pinned between the A82 and a steep bank, severely restrict physical improvements and limit the ability to develop the services offered in line with modern healthcare practice.

There have been several attempts to replace the Belford and in the mid 2000's a community action group was established to push for replacement. In 2015, following a major supermarket pulling out of a site at Blar Mor to the north of Fort William, the Highland Council agreed to purchase the site and in the mixed-use masterplan which received planning permission in principle in 2018 (planning reference 18/03647/PIP), the supermarket site was allocated for a replacement hospital.

A 'guiding group', now terms the Lochaber Stakeholder Group, was established in 2015, and in 2018, a workshop was held with wide representation from the community, NHS and other public and third agencies to develop a Strategic Assessment and agree the principles underpinning the service change.

It's safe to say there has been frustration locally around the lack of progress, however in 2020 NHS Highland was able to allocate resource to move the project forward. An Initial Agreement (IA) was developed in 2021, and revised in 2022, receiving a positive response that the Capital Investment Group meeting in April 2022.

The IA set out a proposal for a new Rural General Hospital on the Blar Mor site, enabling provision of an improved service model. The service model retains all service currently provided locally. It uses an ambulatory approach to both elective day case and emergency activity to reduce unnecessary hospital admissions which can be disabling and reduce independence. There will also be an intensive rehabilitation service, using a combination of outpatient and inpatient (where distance will impact on viability of day attendance) treatment to support people to live independently in a homely setting for as long as possible.

	Area and services affected	
	NHS Board(s)	NHS Highland
	Changes proposed *(in broad terms)*	New hospital building to enable improved service provision, no reduction in services proposed.
	Information available *(list key documents - strategy papers etc)*	Initial Agreement v. 1.15 Equality Impact Assessment_v5_DRAFT

In the sections below contain information which has been submitted by NHS Highland. HIS-CE's comments/assessment is included beneath each section and these comments have been shaded blue for ease of reference.

	Assessment of the issues referred to in the guidance on identifying major health service changes
1. **Impact on patients and carers** Include estimated numbers of people affected if possible. *This should be informed by evidence from the equality impact assessment of the proposals and engagement to date with people – for example communities, people with lived experience, staff.*	The proposals will affect all residents of Lochaber (20,000 approx.) including staff and patients travelling for elective treatment from outside the area.
Service Change Advisor/Local Office Comments:	The proposal will impact on all residents covered by the Belford Hospital catchment area – approx 20,000 (not including visitor numbers). The proposed service model will maintain all current services (with potentially additional services) though these may be delivered on a day case/outpatient/remote rather than on an inpatient basis. The impact on patients will be that services are provided in a modern, fit-for-purpose facility that will comply with access legislation for people with disabilities. While some people may be adversely impacted by the move in location, others will benefit from more convenient transport routes and improved access (e.g. parking). The proposed new location is close to the ambulance station, police station, health centre and other facilities. In its EQIA NHS Highland highlights positive impact of the proposed service development on a range of stakeholders. Some of the positive impact areas are around transport and access, facilities compliant with

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access legislation (disability). It is planned to include a quiet room, for the use of patients/visitors and also for faith observance and reflection.

There is no presumed impact on minority communities, for example; gender re-assignment, race or sexual orientation.

The EQIA states an intent to continue engagement with communities and groups through the next phase of development in order to mitigate any potential negative impact. Local population including equality groups; mental health; gypsy/traveler and disability groups have been identified as groups/communities for continued engagement.

The EQIA has been updated at different stages of the project.

Suggested action

HIS-CE would recommend;

Service user/public representative involvement in updating the EQIA as the project develops and that the communication and engagement plan is also updated regularly to reflect specific pieces of engagement work that address any mitigation actions identified.

Stakeholder involvement in the development of the communication plan for the consultation process

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Change in the accessibility of services

For example, does the proposed change involve relocation, reduction or withdrawal of a service; or closure of a hospital?

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The proposal will see the Belford Hospital replaced on the Blar Mor site which is a greater distance from the town centre. The proposed site is approximately 2.5 miles from the current hospital site (7 mins by car in light traffic, approx. 10-15 mins by bus on the basis that the bus route will be extended to the new hospital site by the time it's built). The hospital has been included in the site masterplan for Blar Mor, which received planning permission in 2018, and the proposal was discussed by Highland Council

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	Consider evidence from the equality impact assessment of the proposals, any assessment of transport and access issues, and engagement to date with people.	in 2015 when the land was purchased. There is strong support for the proposed location, this is reinforced by the Lochaber Stakeholder Group. The proposed site is adjacent to the police and ambulance stations with the health centre also close. The proposed site will be shared with the University of the Highlands and Islands STEM centre, providing opportunities for joint working which we're actively exploring.
		The proposed service model will see improved quality of services locally, with no loss of services proposed. One of the two preferred service options also sees an increase in elective activity in Fort William over time.
		In order to meet carbon reduction commitments there is an emphasis on reducing patient travel wherever possible and appropriate (e.g., by digital consultation, by moving services to the community where this is the best location)
	Service Change Advisor/Local Office Comments:	Travel and access is a regular item on the stakeholder group meeting agenda and there is ongoing discussion on this topic at the regular stakeholder group meetings. The distance (2.5 miles) between existing and proposed sites has not been raised as an issue in discussions with the stakeholder group – the main issue of concern, in terms of transport, is bus stop location and cycle/footpath access. The EQIA states an intention to continue to engage on the issue both with stakeholders and other organisations including HiTrans.
		The Stakeholder Group have not raised concerns about the proposed location of the hospital – there appears to be a consensus that there will be benefits to the community with the proposed location in terms of potential of shared facilities with other organisations (UHI, Islands STEM centre) who share the proposed site.
		A workshop to identify potential options to improve access to health and social care for Lochaber residents took place on 14 June. Lochaber

Healthcare Improvement Scotland – Community Engagement   7
Identifying major health service changes – Recording Template

		Stakeholder Group members were invited to attend. Further information about the output from this workshop is awaited.
		Suggested actions;
		HIS-CE would expect to see continued engagement on the issue of transport and parking both within the stakeholder group and the wider community.
3.	**Emergency or unscheduled care services** Consider if the proposals involve, or are likely to have a significant impact on, emergency or unscheduled care services, such as Accident and Emergency, Out-of-Hours or maternity services. *Take account of evidence from any assessment of transport and access issues and, if applicable, discussions with the Scottish Ambulance Service.*	The Scottish Ambulance Service have been included in the Stakeholder Group and in key discussions. The proposed site is adjacent to the Ambulance Station. The proposals intend that out of hours care will move from the health centre to be provided at the new hospital – this is a more sustainable solution in terms of staffing resourcing, lone working, staff support, and it prevents situations where patients attend OOH at the health centre and are then sent 2.5 miles to the hospital (on its current site). The new hospital will provide an improved environment for all services, including maternity services and the accident and emergency department, which is currently severely restricted in terms of space, patient facilities and dignity.
	Service Change Advisor/Local Office Comments:	The Scottish Ambulance Service is represented in the Stakeholder Group. HIS-CE has no evidence that significant negative impact will be caused on other services as a result of the changes – the stakeholder group is supportive of the development on the Blar Mor site.

4.	**Public or political concern**	The proposals have received board support politically and from local communities, the replacement Belford Hospital featured in the SNP manifesto. There has been representation to elected members that plans are taking too long to realize.
	Assess whether proposals will attract a substantial level of public interest or concern, whether across the local population, or amongst particular patient groups or third sector organisations.	
	Consider evidence from engagement to date with people.	
	Service Change Advisor/Local Office Comments:	HIS-CE has not noted any concerns raised by members of the Stakeholder Group about the proposed site for the development/building of the new hospital. Concern has been raised on a number of occasions around the length of time taken to progress the development of the hospital new build.
		Concern around possible/potential reduction of services has been expressed by members of the stakeholder group on occasion and NHSH has provided verbal reassurance at stakeholder meetings that services will not be reduced.
		A press article from 1 Dec 2021 reports endorsement of IA proposal by NHSH as a 'positive step' by MSP for Lochaber Kate Forbes.
		Suggested actions;
		HIS-CE advises NHS Highland;
		Develop communication to provide reassurance to community about the level of service delivery – that services might be delivered in a different way i.e. closer to home (identified as important to patients surveyed by NHSH in July 2021); use of technology; aligns with direction of travel of healthcare provision.

		Involve people in the development of communication and engagement plan going forward – as per Planning with People.
5.	**Conflict with national policy or professional recommendations**	None.
	Service Change Advisor/Local Office Comments :	The new facility will be compliant with COVID-19 and infection control policies. The proposed use of digital/NearMe technology fits with Technology Enabled Care.
6.	**Change in the method of service delivery**	Changes to services are outlined in detail in the Initial Agreement. These will include the introduction of an Intensive Rehabilitation Service, and adoption of a more ambulatory approach to care intended to prevent inappropriate admissions which can reduce a patient's ability to live independently. The second preferred option sees an increase in elective activity locally.
	Service Change Advisor/Local Office Comments:	Evidence submitted by NHSH suggests that stakeholders were involved in the development and appraisal of service delivery options. The preferred options (3&4) both include the development of an intensive rehabilitation service (as noted both above by NHSH and in the IA). Some elements of service delivery within the preferred options are still to be discussed and confirmed at the consultation stage. **Suggested actions;** HIS-CE advises NHS Highland;

		Engage with affected people and communities in the next stages of the process for example access panels. Update EQIA with involvement from stakeholders and develop a plan to address any mitigating actions. Provide clear communication for the consultation process on preferred options – provide context on proposed improvements.
7.	**Financial implications**	Financial implications are set out in detail in the Initial Agreement. At this early stage there is a lot of uncertainty in the high-level figures with optimism bias set at 35.7% Capital costs are expected to be in the range of £89-144 million. Revenue consequences vary by service option but are currently estimated at an increased cost of £3-4million annually. Much of this is driven by depreciation costs and so is linked to the capital costs of the building.
	Service Change Advisor/Local Office Comments:	Information supplied by NHSH with the completed MSC template.
8.	**Consequences for other services** For example, does the proposal emerge from a clinical model developed regionally/nationally; consider cumulative impacts on services, other NHS board areas, IJBs. *If the proposals have emerged from a national or regional decision then consider the feedback from any local equality impact assessment and*	No adverse impact identified. Proposal has been developed in partnership with all NHS Highland services operating locally, including primary care service and the Scottish Ambulance Service.

	engagement to date with people – for example communities, people with lived experience, staff.	
	Service Change Advisor/Local Office:	The scope for the Initial Agreement is acute services. There is a work stream focussing on community services – non hospital which will run in conjunction with the IA and be led by Tara French, Head of Strategy, Highland Health and Social Care Partnership. The engagement on the care services element is not as advanced as the work on the Belford Hospital Acute Services work stream. No direct impact on the Belford replacement project is anticipated.
Conclusion		
	Is it major service change? *(Provide reasons for your view.)*	NHS Highland feel that the current scope of the project is not major service change based on the reasons below: The replacement of Belford Hospital will not lead to any loss of services locally. Some services may be delivered differently within the hospital (e.g. an ambulatory approach where appropriate) and the service model will continue to build on remote delivery of services accelerated by the Covid pandemic, however the vast majority of services currently delivered from the hospital will continue to be delivered from the new hospital. Those that do change delivery location will change to remote delivery or to delivery from health centres which are more local to patients. This will always be as appropriate, i.e. no loss of quality or effectiveness, and, as now, can usually choose remote or in-person consultations. Depending on the eventual service model selected, elective services may increase at the new hospital which aligns with feedback received from community stakeholders around prevention of travel out with Lochaber. The new facility will remain in Fort William. While the proposed Blar Mor site is further from the town centre, there are no available sites closer to the

		centre which are large enough and the current hospital site has no potential for expansion or redevelopment of the hospital. NHSH are working with HiTrans to understand and where possible mitigate the transport impact of the move. Public opinion, as evidenced by political interest and feedback from the Lochaber Stakeholder Group, strongly supports construction of a new hospital on the Blar Mor site. There has been no representation against the proposal, only that it's taking too long to achieve.
	Date of completion	13th May 2022
	Service Change Advisor/Local Office Comments:	The view of HIS-CE service change team is that the proposed Lochaber Service Redesign, Belford Hospital replacement (NHS Highland) does not meet the threshold for major service change. The replacement of the old Belford Hospital on the proposed Blar Mor site is generally viewed by the community as a positive step – there has been no adverse community or political concern – other than dissatisfaction at the time taken to deliver the project. There will be positive impacts to the community served by the hospital with new fit-for-purpose facilities which will reflect current infection control and COVID-19 requirements. Information provided to date suggests there will be no reduction in services provided – with the potential for change due to continuous improvement. NHS Highland have stated their intention to address any negative impact on the community through further engagement during the consultation phase. (detailed in EQIA dated 5 May 22)

		The proposed new build site, Blar Mor, Fort William, is close to the existing health centre hub and ambulance service facility. Compared to other MSC proposals the relocation distance is minimal at 2.5 miles. HIS-CE has listed within its comments some suggested actions for consideration by NHS Highland as they move forward into the consultation stage.
	Staff involved in submitting this assessment	Heather Cameron, Senior Project Manager David Main, Project Manager

Further information

Any questions should be directed in the first instance to the Service Change Advisor. Completed templates should be sent to the service change team – his.engageservicechange@nhs.scot

EQUALITY IMPACT ASSESSMENT

Title of work:	Date of completion/update:	Completed by:
Lochaber Redesign: Post-Initial Agreement Update	V4 _15th Dec 2021 V5_5th May 2022	Heather Cameron, Senior Project Manager David Main, Project Manager Josie Thomson, Clinical Advisor **Approved by:** Lochaber Redesign Project Team – 13th May 2022

Description of work:

The combined impacts of our ageing population alongside the physical limitations of the current Belford Hospital, mean that the current model of health and social care delivery in Lochaber is not sustainable in the long term.

The project aims to review and redesign existing health and social care services across Lochaber to ensure that services are safe and sustainable, as well as effective and efficient for the future. It is proposed this his will result in

- Review and redesign of hospital and community-based services.
- A replacement Belford Hospital

It is acknowledged that the project has been ongoing in some form for several years, however it is considered to have been reset from 2021 with a new governance structure and leadership appointed.

In light of the poor condition of the Belford Hospital and the physical and operational constraints it imposes on working practices, and planned wider work on community services across NHS Highland, the Initial Agreement focuses on acute services: replacement of the Belford Hospital and the impact of the new acute service model on community-based services.

The wider work on community-based services will be carried out in parallel, with the project board ensuring integration of both workstreams. Both areas will consider preventative healthcare across all sectors of the population, from older people to children and young people; it seeks to address health inequalities by adopting a Place Based approach.

1

The EQIA will be updated regularly as the redesign progresses, aligned with key decision points and at each business case stage as a minimum.

Outcome of work:

The redesign as a whole will move more towards a place-based care model aligned with the 'Place Principle' (as published by the Scottish Government in April 2019) to ensure care is 'person-centred, flexible and adaptable, effective and efficient'. Such a place-based approach facilitates a focus on social factors such as housing, education, employment, wider planning partners, social connectedness and community assets. Taken together, these they will have a greater impact on wellbeing and health compared to that of care and health services alone. It promotes a more proactive approach to care, focussing on strengthened and better integrated primary and community services designed to enable people to self-manage their care and seek appropriately support, avoiding a reactive response and hospitalisation or long-term social care whenever possible.

The intent is to develop a local care model that enhances the approach to prevention and self-care, primary care, and community services with less reliance on acute and institutional care. These will be delivered in collaboration with key public-sector partners, the independent and voluntary sector, and by empowering and enabling individuals and communities.

In terms of acute services, this has meant ensuring that services are delivered in the most appropriate setting, whether that is hospital or community based; focussing on prevention of admissions through an ambulatory approach (where appropriate) and adoption of an intensive rehabilitation model to minimise loss of independence through unnecessary hospitalisation.

The new service model emphasises delivery of services as locally as possible, whether that's at the Belford rather than Raigmore, in a local health centre rather than a hospital setting, or at home through remote consultation such as Near Me. This approach will reduce the impact of travel on people's lives and finances and is particularly important in this remote and rural locality.

Who:

The proposed changes will impact on the population across Lochaber (approximately 20,000 people) and beyond, including tourists and those travelling for elective care or to visit patients in the Belford Hospital. This will inevitably include those with protected characteristics, carers, and people living in rural and remote communities and in areas recognised to be disadvantaged (SMID).

2

The demographics are described in more detail in the Initial Agreement document. Specific impacts on protected characteristics are identified below.

Staff may also be affected by changes, notably by a change of base, therefore consideration of the impact of any change on ability to travel to and from work will be included. Sustainability of services has been an issue and by changing/redesigning the service, there are opportunities to improve staff experience as well as creating a more sustainable service model.

Other key stakeholders include:

- Adults in the community (and by association children and young people)
- Older people
- Those accessing maternity services – expectant mothers and their families
- Care home residents and day care users
- Carers
- Wider NHS service providers
- Lochaber Community Partnership
- Community organisations / third sector services / private care providers
- Isolated rural communities and individuals
- People living with mental health challenges and people who experience periodic or new episodes of mental distress – strong anecdotal evidence, and community observation since the outbreak of Covid-19 and associated lockdown measures, have revealed a rise in mental distress.
- The Lochaber Stakeholder Group is facilitated by NHSH and includes representation from the Lochaber community.

How do you know:

- Analysis of demographic data and postcode analysis on those accessing our services.
- Knowledge of the services accessed/provided in area.
- Stakeholder engagement: See appendix 1 for details of stakeholder engagement carried out in July and August 2021 and used to inform clinical workshops.

3

- See Appendix 3: Equality Evidence document which includes key evidence relating to other groups of people who share protected characteristics.

Collectively the outputs from stakeholder engagement, and the issues and actions within the equality evidence document provide an overview of how people in Lochaber may be impacted by the redesign of services and the potential opportunities to improve service planning and delivery to address inequalities.

What will the impact of this work be?

- Transport and access – relocation of services will mean they are more convenient and easier to access for some people, and less convenient and potentially more difficult to access for others. Delivery of services as locally as possible will assist in mitigating this.

- Age - older adults are clearly affected by this redesign process. Care needs of the aging population underpin this work. Also, it is necessary to include young people if we want to improve services for the future. Digital connectivity can vary significantly for different age groups and should be considered in conjunction with digital delivery of services.

- Disability – severe access restrictions have been identified in Belford Hospital. New facilities will comply with current access legislation. Engagement with access consultant during building design, close consultation with local access panel and community representatives is required.

- Gender reassignment – remote and rural provision of specialist services and support is known to be challenging. No additional, new impacts or barriers are identified for this population group.

- Marriage and civil partnership - no additional, new impacts or barriers are identified for this population group.

- Pregnancy and maternity – maternity services will be located in the new Belford Hospital, which will benefit from modern, compliant facilities.

4

- Race – whilst general research and experience highlights that additional race and cultural sensitivity and awareness is required to ensure services are accessible, no additional, new impacts or barriers are identified for this population group.

- Religion or belief - whilst general research and experience highlights that additional religious and cultural sensitivity and awareness is required to ensure services are accessible, no additional, new impacts or barriers are identified for this population group, although the new hospital will include an improved quiet room which can be used for religious observance and reflection.

- Gender – whilst general research and experience highlights that additional gender awareness is required to ensure services are accessible, no additional, new impacts or barriers are identified as a result of service redesign. The exception to this consideration is around caring responsibilities, which fall disproportionately to women. Due to this fact the proposal to minimise travel should benefit women overall across Lochaber

- Sexual orientation - no additional, new impacts or barriers are identified for this population group

Successful economic and social generation and regeneration can only be achieved through a whole system approach, of which NHS is a key player. Engagement with the local population, including people representing equality groups will continue throughout the next phase of the redesign. This will ensure that decisions made in relation to this programme of work respond to, where possible, the needs of the local population including people who experience lower health and wellbeing outcomes.

Given all of the above what actions, if any, do you plan to take?

ACTION: Transport and travel planning, including active travel opportunities. Engage with HiTrans to carry out review of current transport & access arrangements and opportunities for mitigation of any adverse impact. Ongoing promotion of local delivery of services and remote consultation options (where appropriate) to reduce/remove need to travel.

ACTION: Mental health services, alcohol and drug services developed in closer alignment with ongoing community conversations. New hospital will provide place of safety for patients in crisis.

5

ACTION: Collaborative working through the Lochaber Community Partnership will need to ensure that life circumstances are addressed, as well as lifestyle. This would include equality of access for everyone, including those with multiple and complex needs; providing universal services that are responsive to and meet the needs of the community; investing in communities and groups who experience inequality, and identifying and building on local strengths within communities. Developing interventions that are inequalities sensitive and measuring the impact of these is a fundamental aspect of developing fairer communities and improving health outcomes. Therefore, maintaining close relationships across sectors and services. To achieve our goals, a broad range of services and stakeholders will require be involved. Continued networking and collaboration are essential, particularly in terms of the work to develop community services.

ACTION: Several protected characteristics identified above are currently perceived to have no additional, new impacts or barriers brought about through this redesign process, however it is recognised that small population numbers and lower visibility (BAME, LGB, Trans) risk assumptions that no barriers exist. This should be regularly reviewed, and design of the new hospital should be sensitive to different cultural and gender requirements (e.g., provision of gender-neutral facilities)

ACTION: Technology Enabled Care (TEC) team is to promote technology that helps people self-manage their own health and wellbeing, and enable them to stay happy, safe and independent in their own homes. We will be reviewing the use of TEC services in Lochaber. The ongoing development of 'NHS Near Me' offers benefits for all of the population. This also brings considerations around digital access, requiring continuation of support for digital inclusion initiatives, with particular attention to additional support required by those who may be less confident using technology.

ACTION: to ensure that contact is made with the site manager and tenant participation officer from Gypsy/Traveller sites to facilitate conversations with residents on behalf of the health board.

ACTION: to consider languages and alternative formats in the engagement and consultation of the redesign, and in the planning and delivery of services.

ACTION: Ensure that those with disabilities, including physical disabilities, sight impairment and the hard of hearing/deaf community are involved in planning the redesign and improvements are made to help ensure effective communication between NHS staff and people using our services. Ensure inclusion of access consultant in design team for new building.

6

ACTION: Ensure that local networks, including the LGBT+ staff network are engaged with the redesign. To consider the resources available (Diversity Champion toolkit, training, Rainbow badge etc.) to help address some of the challenges, ensuring services are welcoming and inclusive.

ACTION: Access to services for remote and rural communities to be identified as a key issue for the Lochaber population – especially those who are not digitally connected.

ACTION: To consider the needs of deprived populations within Lochaber, as per the Fairer Scotland Duty, and to involve these communities in engagement and consultation to help identify and address challenges.

ACTION: See appendix 1 for actions from engagement.

ACTION: Engagement: to review and update the engagement plan to inform the next phase of the redesign, and to ensure that people with protected characteristics are represented.

ACTION: Governance: The project team to review this EQIA on a quarterly basis and to take account of issues in proposals presented to the programme board.

Approved by:

7

APPENDIX 1: Lochaber Health and Social Care Redesign: New Hospital Engagement and Communication Activity to May 2022

<u>Stakeholder group monthly meetings:</u>

Cross section of community stakeholders. Held monthly from December 2020. Upcoming meetings in 2022:

- 26th May
- 23rd June
- 21st July
- 18th August
- 22nd September
- 27th October
- 24th November
- 22nd December

<u>Press releases:</u>

- 1st June 2021
- 18th June 2021
- (Planned) May 2022

Future media releases will be scheduled throughout engagement phase and following NHS Highland Board decision.

<u>Newsletters/ newspaper column:</u>

- July 2021 (newsletter only)
- May 2022

8

Newsletters will be produced monthly with frequency reviewed as the project progresses. From May 2022, a regular column will appear in the Lochaber Times, the content of which will also be issued as a newsletter.

Public Stakeholder review meetings:

- 25th May 2021
- 9th June 2021

Identified additional groups to be added to the Lochaber Stakeholder Group and to participate in key events.

Patient experience survey (8th – 29th July 2021):

- 39 surveys responses
- Talking to patients and handing out surveys at Belford (22nd and 28th July)

Seldom heard groups survey (15th July – 9th August 2021):

- 34 surveys responses

Trusted partners supporting seldom heard survey and engagement included:

- Highlife Highland
  - young people, (combining collective feedback on behalf of young people and discussion groups to be arranged for later in the process)
  - adult education, (Community Engagement Manager attended and collected feedback from members of local ESOL group (28th July) as well as the Thursday drop-in community group 29th July)

9

- Key – supported living – supported residents and people they support to complete survey
- Ewen's room – mental health community organisation – distributed survey with members
- Age Scotland - (30 surveys & newsletters to Lochaber Care - 25 surveys & newsletters to lunch club)
- Lochaber Action on Disability - (50 surveys & newsletters shared with members at clubs and local cafe)
- Highland Council Housing Officers –supporting Homeless People to take part

National Design Assessment Process:

Workshops with key NHSH and community stakeholders including protected groups to establish quality benchmarks for new facility.

- 4th August 2021 - AEDET (Achieving Excellence Design Evaluation Toolkit) workshop
- 1st September 2021 - Design Statement workshop 1
- 8th September 2021 - Design Statement workshop 2
- Outputs circulated for comment and approved by project team.

Service Design workshops:

- 10th August - Case for Change workshop attended by stakeholder group members (approximately 30 mixed stakeholders)
- 30th August 2021 - Case for change report issued for stakeholder review and comment
- 6th October – Long List of proposed service solutions attended by mixed stakeholder group
- 25th February 11th March – Clinical modelling workshops attended by clinicians, informed by stakeholder survey results
- 22nd March – Option Appraisal workshop to shortlist service options, attended by mixed stakeholder group, informed by output from clinical modelling workshops. Output issued for review/comment.

Business Case Approval:

- Lochaber Project Team
- Lochaber Project Board

10

- 12th November - Capital Investment Group
- 30th November - NHS Highland Board meeting

(Updated IA v.1.15)

- 4th April - Lochaber Project Team – by email
- 4th April - Lochaber Project Board – by email
- 27th April - Capital Investment Group

Feedback to community to follow once confirmation of approval received, via Lochaber Stakeholder Group, website/Facebook and press release.

Engagement:

Wider engagement around service model to follow confirmation of IA approval.

Protected Characteristic	Groups connected	Identified Gaps	Action
age		Young people, Parents and families	Highlife Highland added to Stakeholder Group. Contacted schools network
disability	Access Panel	disabled people not connected to access panel	Liaise with day centre services Sense Scotland Contacted See, hear, highland education and learning service Contacted Key housing

11

gender reassignment		Not known	Contact national groups for local contacts
pregnancy and maternity		Pregnant or new mums	Contact via local midwifery team
Race		Syrian Refugees, Polish and other migrant communities	TEFL course? – speak to Highlife Highland Contact migrant community support worker 01349 781410
religion and belief	Church of Scotland	Other faiths	
sex	None identified	Non-binary groups	Ensure gender mix in all decision groups
sexual orientation		Non-binary groups	Contact national group for local contacts (contacted Highland Pride), Staff group
Homelessness			Morag Cameron, local housing officer
Gypsy traveller community			Local site manager

12

Initial engagement

Engagement to establish the current usage, how people access services and patient experience during covid-19 – also help establish what's needed and give understanding of what's important for people (key themes and priorities for design principles and inform service planning)

Capturing current patient experience via short survey and one to one interviews

Inpatients, Out or day patients – staff at Belford (Anne)

Care home and day centres – local staff (Karen-Anne)

Re-enablement – Local staff (Karen-Anne)

Care @ home – local staff (Karen-Anne)

Targeted engagement with key groups (contacts beginning to be made)

Have they used health and care services during last 12 months?

What service – care, GP, hospital outpatient, inpatient, or community service

How did they access the service? Virtual (phone/video consultation) or in person visit?

What was the experience – both good and what would have made the experience better

What matters to them about the new hospital?

Wider engagement – consultation - post option confirmation

13

Telling people about the preferred option and how it was chosen – checking with people if have any questions or concerns about the option and/or suggestions, which should be used to inform development of service model during OBC and communications material.

Methods - mixed approaches – virtual events with different stakeholder groups – attending established group meetings, sharing information via networks and media, inviting views.

Suggested communication

- Talking head after each stakeholder meeting to give 1 minute summary of the meeting and what will happen next - to be shared with group and distributed via their networks, to staff and our community contacts list.
- Regular newspaper column/newsletter with updates on plans, opportunities for people to get involved and to feedback on any engagement that has taken place – shared via media, SG and our networks, via services and to staff
- Meeting notes on webpage - publicly available
- Refresh question and answer document.
- Periodic press releases at key stages and to promote engagement opportunities

14

APPENDIX 2

Census 2011 Table: KS201SC
Ethnic identity by broad groupings

Based on a best fit of 2011 data zones to Community Partnership areas (received from Ian Douglas, Public Health 2019)

	All people	White: Scottish	White: Other British	White: Irish	White: Gypsy/Traveller	White: Polish	White: Other White	Asian, Asian Scottish or Asian British	Total Other Ethnic
Argyll and Bute	88166	69497	14675	721	96	515	1563	565	534
Highland	232132	185430	34135	1389	291	3425	4311	1866	1285
NHS Highland	320298	254927	48810	2110	387	3940	5874	2431	1819
Caithness	26486	22306	3490	84	41	129	237	110	89
Lochaber	19987	15699	3069	147	22	258	554	147	91
Scotland	**5295403**	**4445678**	**417109**	**54090**	**4212**	**61201**	**102117**	**140678**	**70318**

	All people	White: Scottish	White: Other British	White: Irish	White: Gypsy/Traveller	White: Polish	White: Other White	Asian, Asian Scottish or Asian British	Total Other Ethnic
Argyll and Bute	88166	78.8	16.6	0.8	0.1	0.6	1.8	0.6	0.6

15

Highland	232132	79.9	14.7	0.6	0.1	1.5	1.9	0.8	0.6
NHS Highland	320298	79.6	15.2	0.7	0.1	1.2	1.8	0.8	0.6
Caithness	26486	84.2	13.2	0.3	0.2	0.5	0.9	0.4	0.3
Lochaber	19987	78.5	15.4	0.7	0.1	1.3	2.8	0.7	0.5
Scotland	**5295403**	**84.0**	**7.9**	**1.0**	**0.1**	**1.2**	**1.9**	**2.7**	**1.3**

APPENDIX 3 (*Prepared by Helen Sikora,* Principal Officer Health Inequalities, Equality and Diversity, *NHS Highland)*

Lochaber Redesign - Equality Evidence

1. Gypsy/Travellers:

The joint action plan by the Scottish Government and the Convention of Scottish Local Authorities (COSLA) 'Improving the lives of Gypsy/Travellers: 2019-2021' acknowledges that Gypsy/Travellers experience poorer outcomes in terms of living standards, education, health and employment, and often face extreme and persistent stereotyping and hostility as they go about their lives. The plan includes a number of actions including making sure Gypsy/Travellers understand their rights and have positive experiences of accessing services.

In Lochaber there are two Gypsy/Traveller sites - Spean Park (14 pitches) and Kintallen (7 pitches). Each of these sites has a Site Manager and Tenant Participation Officer, employed by Highland Council Housing Team.

ACTION: to ensure that contact is made with the site manager and tenant participation officer as they are happy to facilitate conversations with residents on behalf of the health board.

2. People whose first language is not English:

16

The School Census 2018 recorded 62 different languages spoken by pupils in Highland schools whose main home language is neither English, Gaelic nor Sign Language. In Glasgow the figure was 127 languages.

ACTION: to consider languages and alternative formats in the engagement and consultation of the redesign, and in the planning and delivery of services.

3. Hard of hearing/ deaf/ Deaf:

According to the 2011 Census the population in Highland was 232,132 and the number of people with hearing loss was 16,249. This is 7.0% of the population. 42% of deaf and hard of hearing people who had visited hospital (nonemergency) had found it difficult to communicate with NHS staff. This increased to 66% amongst BSL users. 77% of BSL users who had visited hospital could not easily communicate with NHS staff. The proportion who had experienced difficulty was the same for both emergency visits and non-emergency overnight stays. 70% of BSL users admitted to A&E units were not provided with a BSL/English interpreter to enable them to communicate.

ACTION: Ensure that the D/deaf community are involved in planning the redesign and improvements are made to help ensure effective communication between NHS staff and D/deaf people using our services.

4. People who identify as LGBT+:

Research has demonstrated that lesbian, gay, bi, trans and non-binary people often experience stigma and discrimination through the life course. Many LGBT+ people report that they have experienced fear or discrimination because of their sexual orientation or gender identity and evidence shows they continue to face discrimination (often inadvertent), across the NHS. Experiencing stigma and discrimination can impact on health and wellbeing and can also create a barrier to receiving appropriate care and treatment which can exacerbate this problem.

The NHS Highland LGBT+ service user survey 2017 found that:
- 38% of trans people, including non-binary, said their gender identity had stopped them accessing NHS Highland services; and
- 10% of lesbian, gay and bi people said their sexual orientation had stopped them accessing health services.

17

ACTION: Ensure that local networks, including the LGBT+ staff network are engaged with the redesign. To consider the resources available (Diversity Champion toolkit, training, Rainbow badge etc.) to help address some of the challenges, ensuring services are welcoming and inclusive.

5. Deprivation/ fragile areas:

Almost 80 percent of the Lochaber population live in the most 20 percent of access deprived areas in Scotland with the data zone areas of Ardnamurchan & the Small Isles and Ardgour, Sunart and Morven ranked the most and sixth most access deprived areas nationally.

Three areas within Lochaber are within the 20% most deprived in Highland (Fort William North, Fort William Central and Caol Southeast).
Deprivation impacts on child development, people's lifestyle choices, healthy life expectancy, including living with an illness or chronic condition, and life expectancy. A consequence of deprivation and poverty is generally an increased demand for health and social care services.

ACTION: Access to services for remote and rural communities to be identified as a key issue for the Lochaber population – especially those who are not digitally connected.

ACTION: To consider the needs of deprived populations within Lochaber, as per the Fairer Scotland Duty, and to involve these communities in engagement and consultation to help identify and address challenges.

18

Significant Service Change, August 2022

Organisation	Summary of change	Update	Action taken	Escalation required?	Status
					R A G B
NHS Grampian	**Review of Maternity services model at Dr Gray's (DGH), Elgin:** service has been downgraded due to staffing issues and patient safety. It has been agreed the Consultant led service will be reinstated.	**Decision Making** NHS Grampian have had direction from the Scottish Government. A timescale for moving to model 4 (Community Maternity Unit linked mainly to Raigmore-Moray Networked Model) for Summer 2022 has been set by the Scottish Government. A timescale for moving to Model 6 (Consultant-led Maternity Unit) will be announced later in the summer. **Key Dates Forthcoming Period** The board are carrying out engagement over July and August with service users and communities to inform their wider work Dr Gray's and the impact assessment of the interim model.	**Key Successes** Attending the Grampian Maternity Communication & Engagement group to give advice on the need for ongoing engagement in the move to model 4 (interim) and model 6. **Key Challenges** There is ongoing community concern about the safety of the interim model and timescales for the reinstatement of the service. **Evaluation of Engagement to Date** No evaluation has been carried out by us as this is an interim model. The Board is carrying out engagement and getting feedback on their approach via the Grampian Maternity Communication & Engagement group.	No	Amber

Significant Service Change, August 2022

NHS Ayrshire and Arran	**Review of Chemotherapy Services:** proposal to make the current interim model, permanent. This involves all Tier 2 chemotherapy treatments and inpatients being delivered from Crosshouse; Tier 3 chemotherapy delivered from Crosshouse and Kyle Ward, Ayr Hospital	**Decision Making** Following a decision at Scottish Health Council Committee on 17 February, HIS-CE confirmed (by letter) its view that these proposals met the threshold for major service change and made recommendations to inform next steps **Key Dates Forthcoming Period** The West EPM/Head of Service was advised that due to operational pressures, NHS A&A's strategic lead for this project is being changed to Derek Lynsey, Finance Director. He is meeting with their Engagement Manager end July and will then discuss next steps with the service change advisor (SCA). HIS-CE anticipates consultation will commence within the next 3 months. **Specific Consideration if Major Service Change** HIS-CE to provide advice on engagement/ consultation and assess activity to confirm whether this meets national guidance.	**Key Successes** As part of a package to build relationships and support internal engagement, the SCA and NHS A&A Engagement Manager met on 15 July and agreed to scheduling four workshops for the NHS A&A and three associated HSCPs. These will be co-delivered by the SCAs and Engagement Officers. **Key Challenges** SCA has had no direct or detailed discussion with NHS A&A re Chemotherapy service since April 2022. Chemotherapy has been an agenda item for meetings between the EPM/Head of Service and NHS A&A's Director of Transformation (last met 15.07.22). **Evaluation of Engagement to Date** HIS-CE's letter of 12 May 2020 recognises engagement undertaken by NHS A&A and makes recommendations for next steps re consultation. NHS A&A captured patient	No	Blue

Significant Service Change, August 2022

feedback on the interim model (2020-21), which generally appears very positive, with HIS-CE restating its recommendations for consultation (24 February 2022).

| NHS Greater Glasgow and Clyde (NHS GGC) | **Institute of Neurological Sciences (INS):** Redesign of patient pathways and refurbishment /rebuild facilities. The five shortlisted options propose that INS remains on the QEUH site. | **Decision Making**

The IA was presented to CIG on the 24 August and will move to the next stage as agreed in principle

Key Dates Forthcoming Period

The SCA has not had further contact with NHS GGC re INS. | **Key Successes**

HIS-CE met with NHS GGC to discuss further engagement (as outlined in our January 22 letter).

NHS GGC April Board paper included HIS-CE letter on engagement to date and advice on next steps.

Key Challenges

New ways of working between NHS GGC and HIS-CE to be established. This means we do not currently have a further update on engagement plans for INS.

Evaluation of Engagement to Date

HIS CE have confirmed that engagement to date was within guidance | No | Green |
| NHS Highland | **Lochaber Hospital:** replacement of the | **Decision Making** | **Key Successes** | No | Amber |

Significant Service Change, August 2022

	current facility with a new build within Fort William.	Initial Agreement approved by CIG in May 2022. Major Service Template completed by NHSH and submitted to HIS-CE on 9 May 2022 re view on the status of the proposal. **Key Dates Forthcoming Period** 18 August – Service Change Sub-committee consideration of MSC template submission	Stakeholder meeting to discuss transport issues held on 14 June 22 Regular monthly stakeholder meetings held throughout project Advice from HIS on stakeholder involvement in option appraisal process **Key Challenges** Submission of MSC Template out with SHC meeting cycle **Evaluation of Engagement to Date** HIS recognised NHS Highland had met engagement expectation for the Initial Agreement process.		
NHS Forth Valley	**Primary Care Premises review:** review of GP services to reflect the new GMS contract and 'right person, first time' ethos.	**Decision Making** Initial Agreement to be submitted to SG.	**Key Successes** A meeting was held for July 2022 with regular meetings agreed thereafter. Meeting held on 12 July with NHSFV Engagement lead to discuss further engagement	No	Green

Significant Service Change, August 2022

	50 GP practices in 6 localities with the potential for many practices to be impacted by change		**Key Challenges** Each locality will be reviewed as a separate project – this may overlap but project could run for some years before completed **Evaluation of Engagement to Date** May 22 HIS-CE submitted an email with a view on engagement to date and a view on next stages**.**		
NHS Western Isles	**Neurological Service** Review of delivery of service to patients. Proposed Neurology team lead by a band 7 Neurological Nurse and Specialist nurse covering all neurological conditions	**Decision Making** Lead for Neurology has proposed a new service delivery model as a result of the loss of two members of the specialist nurse team **Key Dates Forthcoming Period** Proposed engagement in Uist and Barra in September 2022 Proposed Patient Panel meeting with Lead and Neurology Consultant in September 2022	**Key Successes** Established regular 2 weekly meetings with HIS-CE Fairness assessment and Communication and engagement Plan drafted was shared with HIS-CE and comments provided on the content. **Key Challenges** Limited uptake from NHS WI on the advice given around engagement.	Not at present	Amber

Significant Service Change, August 2022

Local press have carried a number of articles about the proposed change

Evaluation of Engagement to Date

HIS CE were informed that the Minister for Health held a meeting with patients in July 22 and a follow up meeting with NHS Western Isles has been arranged to discuss engagement to date

Service Change Overview, August 2022

	Service Change overview	Current Status
National Waiting Times Centre	**Scottish Adult Congenital Cardiology Service**	Patient feedback being collated and 1-2-1 interviews with patients.
NHS Ayrshire and Arran	**Caring for Ayrshire** – a transformational change programme for health and care services across Ayrshire and Arran over the next 10 years.	Caring for Ayrshire – SCA provided feedback on draft approach and engagement plan. This will be collated with HIS-CE comments and submitted 28.07.22
	Vascular Services	NHS A&A issued media statement on 19 July 2022 informing people that complex inpatient vascular procedures will be delivered from Hairmyres Hospital (move from Ayr Hospital) from 1 August 2022. Following engagement with four people in the support group Finding your Feet in summer 2021, HIS-CE made recommendations for wider engagement and consideration of the EQIA (August 2021) – we have seen no further detailed information on engagement to date.
	Trauma and Orthopaedics	All trauma Orthopaedic inpatient activity is now provided at UH Crosshouse (as part of Major Trauma Network) – autumn 2021.

Plans under development - for all elective orthopaedic activity at |

		UH Ayr. HIS-CE made recommendations for engagement and EQIA August 2021 –awaiting further detailed information. In April 2022 the Scottish Government and NHS A&A confirmed the purchase of Carrick Glen Hospital (private) as a National Treatment Centre, to be used initially for elective orthopaedics.
NHS Lanarkshire	**General Surgery** (interim arrangement)	Board approval for continuity arrangement in place from August 2022 with plans to take forward option appraisal as part of service development (2023-24). Draft EQIA shared for comment 25.07.22.
	Our Health Together	NHS Lanarkshire is commissioning research to identify priority areas for redesign and improvement. Work streams are being progressed, with each being asked to include engagement. NHS Lanarkshire aims to have a discussion document by autumn 2022.
NHS Grampian	**National Treatment Centre**- development of a centre in Aberdeen in line with national development of network to provide additional capacity.	Option Appraisal undertaken early 2022 to identify the site. Further work to be undertaken before a site is identified to move forward to consultation.
NHS Borders	**Podiatry Service**	Option Appraisal on Podiatry services undertaken to consider how to meet identified need utilising partnership agencies.

	Cancer Care Services	Establishing patient groups for Borders patients who have to date not been engaged with in relation to development of Lothian Cancer Services, as part of internal governance and reporting.
	Chirnside Branch Surgery	GP Practice advised that due to being unable to fill GP staff vacancies they wish to close the Chirnside Branch Surgery. NHS Borders seeking patient representation as they establish options prior to going out to consultation.
NHS Highland	**Primary Care provision in Inverness**	No updates from NHSH for some months due to staff illness
NHS Shetland	**Gilbert Bain Hospital-** replacement of the existing hospital and services in line with NHS Shetland's Clinical Strategy.	Process at pre-Initial Agreement phase. HIS CE due to meet the project lead in August to discuss community engagement in the development and appraisal of options.
Scottish Ambulance Service	**Strategy Development Framework 2021-2030**	Advice and support provided through meeting and email on the communication and engagement around the SAS Strategy for 2030.
	Air Ambulance Re procurement	Advice and support provided via meeting and email on engagement for the Air Ambulance re-procurement service change.
NHS Tayside	**National Treatment Centre-** development of a centre in Perth in line with national	Working towards the Outline Business Case (OBC) stage with communication and engagement with the community re the

	development of network to provide additional capacity.	building works at Perth Royal Infirmary and further engagement, as the OBC is submitted, about the impact assessment and design of the building.
	Mental Health Services Strategy implementation	An external Oversight and Assurance Group for Mental Health Services in Tayside, providing quarterly reports to the Minister for Mental Health, including the implementation of a previous decision about inpatient provision. The Engagement Officer sits on the Strategy Communication & Engagement Group and HIS CE contributing to a HIS wide discussion about Mental Health service in Tayside.
NHS Lothian	**Edinburgh Cancer Centre replacement** **Ward 20 replacement- Western General Hospital**	Due to service pressures, awaiting further information meeting tbc for Autumn 22 Due to service pressures, awaiting further information. A meeting to discuss may take place in the autum but this is to be confirmed.
NHS Western Isles	**Mental Health Strategy** - development of a Mental Health Strategy for the Western Isles	Workshops were held in December for staff/3rd sector and other stakeholders. Offer of further support was given by HIS-CE after the lifting of emergency footing – offer has been accepted but no date agreed.

	St Brendan's Hospital/Hub - proposed development of an integrated health and community hub	NHSWI carried out engagement historically but no update in recent months. In partnership with Local Authority engagement is being conducted by Hub North on proposals with a focus on non-health elements of the hub project.
Integration Authority		
Aberdeenshire Health and Social Care Partnership	**Insch Strategic Needs Assessment-** Aberdeenshire Health and Social Care Partnership strategic review of service needs of Insch and the surrounding areas to develop options for future health and social care services delivery models.	Option Appraisal undertaken early 2022. The IJB agreed June 22 to move forward with engagement on a 'wellbeing hub' and clinical space at the Insch War Memorial Hospital whilst work on a business case for capital investment for longer term solutions. An alternative in-patient facility for the locality is being considered in the interim.
	Deeside Strategic Needs Assessment- Aberdeenshire Health and Social Care Partnership carried out a survey and focus group to inform a strategic review of service needs for residents of Deeside to develop options for fit for the future health and social care services delivery models.	A survey was undertaken with residents with 15 focus groups planned for July and August, and outreach to seldom heard groups; to inform the solutions put forward to the option appraisal process. This will take place over the autumn.
Angus Health and Social Care Partnership	**Review of Specialist Dementia discharge pathway-** review of the discharge pathway	An Option Appraisal to develop pathways was put on hold due to staffing availability but is expected to move forward later this year. Surveys have been

	from in-patient services	used to gather feedback from families and carers to inform the process.
	Care of the Elderly inpatient beds- review of bed structure put in place due to the pandemic. The IJB has asked the HSCP to undertake engagement re making the interim model (moving all beds to Whitehills Forfar and closing beds at Stracathro) due to the ward at Stracathro no longer meeting standards.	We gave advice to the HSCP on engagement and they have held two engagement events and are using the feedback received to inform an impact assessment and Fairer Scotland Duty Assessment. The findings are expected to go to the August IJB meeting for a decision.
Argyll and Bute Health & Social Care Partnership	**Dementia Review/Housing and Care Home review**	Initial advice and support offered meetings were not attended by IJB and have not continued – LA delegated service.
Fife Health and Social Care Partnership	**Review of Inpatient Mental Health Services-** review of number of in-patient beds sites across Fife due to staffing and the wards no longer being fit for purpose.	Three workshops to inform the option appraisal have taken place with staff, service users, carers and third sector input. The last session to score the model expected to take place in August. There will then be further engagement about the locations of service before wider consultation.
North Ayrshire Health and Social Care Partnership	**Arran Integrated Island Services**	Paused: Initial Agreement
North Lanarkshire Health and Social Care Partnership	**Hospital Based Complex Clinical Care** – proposal to	SCA has asked for clarity around process and opportunities for people to influence

	transfer HBCCC beds from Cumbernauld Care Home to Hatton Lea, Bellshill. This will result in closure of Cumbernauld Care Home.	proposals/ask questions. Provided advice re option appraisal and meaningful engagement – July 2022.
Dumfries & Galloway Health and Social Care Partnership	**Strategic Review**	Ongoing Time to Talk exercise undertaken over Summer 2022, this will be developed into workstreams and form further engagement on identified areas of quality improvement work Community Development Approach to reach wider demographic HIS CE feedback on Participation and Engagement Strategy
	Carers Strategy Implementation	12 week engagement on local implementation delivery plan of national carers strategy is being planned, themes are consistent with consultation on local carers strategy
	Community Model Programme	Awaiting confirmation of follow up meeting on detailed plans
	West Region Maternity Services	Issues around staffing of planned perinatal service, developing engagement strategy
East Lothian Health and Social Care Partnership	**East Lothian In-patient Bed review**	Due to Service Pressures - awaiting further information meeting tbc for Autumn 22
West Lothian Health and Social Care Partnership	**St Michaels Hospital**	St Michaels Hospital was closed during the pandemic and staffing resources reallocated to support staffing pressures. Due to

		ongoing staffing pressures. The Board are undertaking an exercise looking at the number of staff required to support a small number of beds and have advised that there are ongoing staffing pressures so are looking to undertake community engagement on the future of the cottage hospital. Advice provided July 2022 re Community Engagement EQIA and Fairer Scotland
Forth Valley – Falkirk and Clackmannanshire HSCP	**Review of Community Hospital and GP service**	Falkirk Community Hospital Masterplan – HIS-CE attended meetings with NHS FV and HSCP. Some engagement has taken place via on-line workshops and discussions including members of the public (Led by Buchan Associates). HIS provided information on PwP guidance and highlighted useful resources on the HIS website.
Moray Health and Social Care Partnership	**Keith Health Centre and Turner Hospital-** review of the GP premises and linked Cottage Hospital to ensure they are fit for the future. review	The engagement process has restarted after it was paused during the pandemic. There are plans for a series of workshops to inform the options with community representation. The review has been paused due to wider in-patient bed review across Moray.
	Burghead and Hopeman- Branch Surgery Review- the branch surgeries were closed during the pandemic as they did not meet requirements. There are ongoing issues with the age of the buildings and main surgery's ability to staff	Surveys and focus groups have been used to inform a review of models, access considerations and there will be a consultation over the next few months to inform the IJB decision.

	it due to ongoing staffing issues.	

Healthcare Improvement Scotland

Meeting:	Service Change Sub-Committee
Meeting date:	18 August 2022
Title:	Regional and National Planning
Agenda item:	2.4
Responsible Executive:	Ruth Jays, Director of Community Engagement
Report Author:	Louise Wheeler and Emma Ashman, Service Change Advisors

1   Purpose

To provide the Sub-Committee with an update on service change activity within Healthcare Improvement Scotland – Community Engagement relating to National and Regional Planning.

This is presented to the Sub-Committee for:
- Awareness

This report relates to:
- Regional and National Planning

This aligns to the following HIS priorities:
- Access to care
- Safe, reliable and sustainable care

2   Summary

This paper provides a position paper on regional and national guidance. An updated regional and national action plan is attached at Appendix 1.

3   Why services are planned on a regional or national basis

Some health services need to be planned and delivered on a regional or national basis. This can be for reasons[1] including:

- Larger population gives clinicians sufficient opportunity to undertake more specialist services more often, which results in better outcomes for patients
- Workforce pressures – recruitment and retention of clinicians and the supporting team
- Financial pressures – this may relate to equipment, pharmacy and supporting services, suitable accommodation and space
- Consistency in service provision e.g. emergency care pathways across the NHS in Scotland.

Statutory duties and principles

The NHS Reform (Scotland) Act 2004 states that NHS boards must "*take action with a view to securing, as respects health services for which it is responsible, that persons to whom those services are being or may be provided are involved in, and consulted on—*

(a) the planning and development, and
(b) decisions to be made by the body significantly affecting the operation, of those services."

Healthcare Improvement Scotland – Community Engagement[2] has a statutory role[3] to 'support, ensure and monitor' NHS boards in meeting these duties.

Planning with People[4] aims to support NHS boards, Integrated Joint Boards and Local Authorities, meet their statutory duties in relation to public involvement. The guidance "*should be followed not only by health and social care providers but also by local, regional and national planners*".

The Gunning principles[5], which form the basis for whether a consultation may be considered robust in terms of administrative (or public) law, are:

i. Proposals are still at a formative stage
ii. There is sufficient information to give 'intelligent consideration'
iii. There is adequate time for consideration and response

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[1] National Clinical Strategy for Scotland, 2016, Scottish Government,
https://www.gov.scot/publications/national-clinical-strategy-scotland/
[2] Healthcare Improvement Scotland – Community Engagement is the operational name for Scottish Health Council
[3] Scottish Statutory Instruments, Scottish Government 2005 No.120,
https://www.legislation.gov.uk/ssi/2005/120/made
[4] Planning with People, Scottish Government and COSLA, March 2021,
https://www.gov.scot/publications/planning-people/
[5] The Gunning Principles, Local Government Association
www.local.gov.uk/sites/default/files/documents/The%20Gunning%20Principles.pdf

iv. 'Conscientious consideration' must be given to the consultation responses before a decision is made.

4   What we have found

Regional planning groups for some specialist services have operated for a long time but the launch of the Health and Social Care Delivery Plan[6] in December 2016 re- asserted an ambition to look across boundaries and plan and deliver services that would meet the triple aim of:

- improving the patient experience of care
- improving the health of populations; and
- reducing the cost of health care.

At a meeting with the West of Scotland regional planning leads in November 2019, some areas discussed were:

a. At what point does engagement occur on the regional model to enable it to be meaningful?
b. Information needs to be clear on why the service needs to change
c. Three potential aspects for regional planning/ local implementation
    1. **Co-design** the model and then an informed position to the NHS Boards.
    2. **Governance** – what needs to be done locally – regional structure is not an accountable body with governance responsibility sitting with geographic NHS boards.
    - engage with people on whether the regional model is the right model e.g. conversation is not on the need for change but the proposed model and understanding any potential impacts of this.
    3. **Service critical** – driven by what's right for patients and may be short or long term.

HIS – CE is sometimes advised by their NHS board colleagues that there is no opportunity to involve people in the development of options, as there is only one viable option. Planning with People guidance states that:

"If there are areas that the engaging organisation believes cannot be influenced, for instance safety, 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".

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[6] Health and Social Care Delivery Plan, December 2016, Scottish Government, https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2016/12/health-social-care-delivery-plan/documents/00511950-pdf/00511950-pdf/govscot%3Adocument/00511950.pdf

Similarly, by approving a regional clinical model separately, specific requirements to the regional model may subsequently limit the number of viable options.

Planning with People recognises that "*the more non-negotiable elements there are, the less likely members of the community will want to participate*".

Over the past three months HIS - CE have explored three case studies[7] to understand the regional approaches taken by NHS boards. These are:

- Cardio-thoracic service (NHS GG, NHS Lanarkshire and Golden Jubilee Hospital 2005);
- Chemotherapy Systemic Anti-Cancer Therapy (SACT) WoSCAN and NHS Ayrshire and Arran (2018-22); and,
- Vascular Surgery (West of Scotland and NHS Ayrshire and Arran, 2019-21)

An initial SWOT analysis was undertaken of each case study individually that can be used for further discussion. We then considered the strengths and weaknesses between the case studies and some learning from this exercise is identified below:

Strengths

- Information being made widely available at an early stage to people and the public, such as:
  - press release on the feasibility of the project shared at the outset of the process
  - webpage was set up, which contained information on the proposal for people to access
- "NHS boards capturing the feedback from people in their catchment areas (on the clinical model and service configuration in their area)
- People and communities being involved early in the process to inform the development of options.
- Being able to demonstrate how boards have taken into account feedback from the consultation.
- Visits for participants to existing and proposed facilities
- Clarity around the potential impact for each specialism e.g. cardiac surgery, thoracic surgery and patient journeys.

Weaknesses

- Having developed the clinical model at a regional level (with patient involvement), some factors determined where Tier 3 services could be delivered i.e. limited scope for local people and communities to influence.

- No public information about the feasibility/development of the proposal until the NHS board made its decision on the clinical model.
- Having engaged on local configuration, limited engagement with people on how adverse impacts may be mitigated.
- None of the NHS boards did a full option appraisal on the local arrangements for chemotherapy services.
- Clinical model signed-off by NHS boards without clarity on how it will impact on people in their local areas.
- Conversations with people can sometimes tend to be 'start-stop' – this has an impact on the momentum for change, project progression and meaningful engagement. We recognise that Covid-19 may be a contributing factor – this lack of updated information and communication aligns with some Public Partner feedback we have also received.

Recognising that regional planning is undertaken by a group of individuals and health professionals from geographic NHS boards to consider clinical and workforce considerations, HIS-CE developed an expectations template that sets out a template for discussion with NHS boards and regional/national planning leads on how these service redesigns can include communication and involvement with people (including patients) at this early stage.

As regional and national planners follow Planning with People guidance when planning and commissioning care services in Scotland, it is clear there is no 'fast' or 'minimal' track, therefore HIS–CE expectations for patient and public involvement would be similar to those for geographic NHS boards, including:

a. public involvement in option appraisal (location and design).
b. wider communication about the process and proposal taking place from the outset (website, social media, media, newsletter).
c. equality impact assessment of the involvement process and preferred option (good practice to consider this with people who have experience of the service e.g. travel and access).
d. proportionate consultation (this may take into account impact on people, whether relating to unscheduled care, location.
e. Fairer Scotland Duty assessment before decision.
f. people's feedback is used to inform the decision-making process.
g. provide feedback to people on the decision reached and an explanation of how this decision was made, and continue to engage with people during the implementation of the proposal/next steps.

5   National Treatment Centres

The Engagement Programmes Manager and the Principal Service Change Adviser have been in contact with colleagues from the Scottish Government to confirm that the expectations around engagement for the establishment of

the National Treatment Centres should be in line with Planning with People. Further conversations will continue to support effective and appropriate engagement as work to develop these centres continues.

6   Recommendation

The service Change Sub Committee is asked to:

1.   discuss the content of the expectations template; and

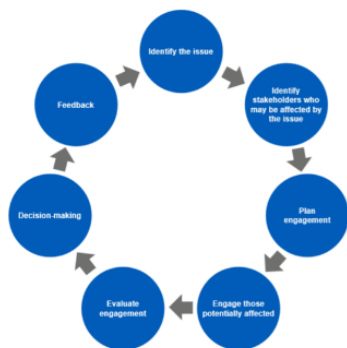2.   approve for use the expectations template with NHS Boards.

7   Appendices and links to additional information

The following appendices are included with this report:

•   Appendix 1, regional and National Action Plan.

	NHS boards – expectation template Regional planning		Healthcare Improvement Scotland | Community Engagement
STAGE	**EXPECTATIONS**	**OUTPUTS** (*these are the outputs likely to be seen at each stage in process*)	**EVIDENCE** (*section to be completed by NHS board at relevant stage in process*)
Identify the issue	The scope of the review and drivers for change have been communicated.	• Background paper detailing the rationale for change, any known timescales, the reasons for engagement and shared understanding of objectives. • *A practical example may be to enable people to tour existing and proposed facilities to create a shared vision at the outset (Resistance to change)*	

	The process of engagement, including how and when decisions will be made, is clearly explained and people[8] understand how their involvement will be taken into account.	- Project plan, which includes indicative timescales and governance arrangements for engagement and decision-making - Project group/Stakeholder Reference Group and focus groups	
Identify stakeholders who may be affected by the issue	An engagement planning team has been established, with community representatives involved from the earliest stage, to oversee process for service change. Stakeholders have been identified.	- Stakeholder analysis and mapping - Planning team Terms of Reference	
	A representative and inclusive approach to participation is undertaken, which is supported by an involvement and	Involvement and communication plan	

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[8] The word 'people' should be interpreted to refer to health service users, patients, staff, members of the public, carers, volunteers, and the voluntary organisations that represent them.

	communication plan. Evaluation of engagement activity should be continuous and arrangements for this are part of the initial plan for engagement.		
	Use existing feedback to gather together and review patients', service users' and carers' experiences and expectations and take this into account in informing service review and proposed change.		
Plan Engagement	Develop an Equality Impact Assessment (EQIA) of the engagement and describe how you have used it to inform the planning of the engagement process.	• Equality impact assessment of engagement process (including actions to address any barriers to engagement)	
	Demonstrate how you have worked collaboratively with partner organisations to draw on existing collective knowledge, experience and infrastructures to support community engagement		

	Consider how proposals affect people in other areas and work collaboratively with these NHS board/IJB areas.		
HIS- CE ANALYSIS OF EVIDENCE/ RECORD OF DISCUSSION			

STAGE	EXPECTATIONS	OUTPUTS (*these are the outputs likely to be seen at each stage in process*)	EVIDENCE (*section to be completed by NHS board at relevant stage in process*)
Engage those potentially affected	People potentially affected can access accurate information to enable them to engage effectively. The information clearly describes the reasons for proposed change, planned timetable for engagement and includes other relevant background information.	• Involvement and communications plan	

	This approach has been guided by the involvement and communications plan, *which includes a range of engagement and communication methods*.		
	People potentially affected have been sufficiently informed to support their participation – the information is balanced, written in plain language and easy to understand. To promote equity all information should be made available in a variety of formats and languages.	• Information materials on the review	
	The areas that cannot be influenced for example safety, working practices or budgetary restraints, have been explained and evidence has been provided for this.		
	Provide regular updates and feedback to participants as part of the engagement activity. All information should be co-produced, presented clearly and made widely available.		

	Questions or issues about the information/evidence that has been shared with people are proactively addressed by the Board as appropriate to inform the process moving forward.		
	Local people have been involved in developing and considering a wide range of options to identify sustainable solutions; heard new ideas and understood all the issues for communities.		
	People have been given the information and support they need to effectively participate in the process.		
Evaluate engagement	The process has been robust, inclusive and representative. The impact of the engagement has been routinely assessed to ensure that the right people were involved, and their experience was monitored.		
	Impact assessment of policy or service redesign proposals have been undertaken to consider the impact on different communities taking into	• Equality impact assessment of the service model	

	consideration equality, human rights, sustainability and the environment. Actions have been identified *(with people potentially affected by the proposal)* to mitigate adverse impacts.		
	People have been meaningfully involved in an open and transparent process to determine the service model(s) that should be taken forward and new evidence and *people's suggestions/feedback have been considered to inform next steps in the process*.		
HIS- CE ANALYSIS OF EVIDENCE/ RECORD OF DISCUSSION			
	NHS Boards should not move to consultation until confirmation received from the Healthcare Improvement Scotland - Community Engagement that engagement up to that point has been in accordance with guidance. A proportionate approach may include a form of consultation for proposals not considered to be major.		

STAGE	EXPECTATIONS	OUTPUTS (these are the outputs likely to be seen at each stage in process)	EVIDENCE (section to be completed by NHS board at relevant stage in process)
Consultation	The information provided on the consultation was available, accessible, and easy to interpret to enable consultees to provide an informed response.	• *Consider synergy in timing, governance and information across the regional/ NHS board areas* • *e.g consultation paper and supporting information e.g. equality impact assessment, transport analysis, Fairer Scotland Duty assessment*	

	There was sufficient opportunity for consultees to participate.	• *Consultation plan, which sets out:*
		   o *scope for consultation*
		   o *activity to date (including development of proposal and engagement)*
		   o *stakeholder analysis*
		   o *methods of consultation*
		   o *timelines*
		   o *decision-making process and feedback*	

Specific considerations for Major Service Change:	There was at least a three month public consultation HIS-CE would recommend a 'mid-way review' to discuss the process to date and identify any additional actions that may be helpful to respond to issues raised.		

HIS- CE ANALYSIS OF EVIDENCE/ RECORD OF DISCUSSION			

STAGE	EXPECTATIONS	OUTPUTS (these are the outputs likely to be seen at each stage in process)	EVIDENCE (section to be completed by NHS board at relevant stage in process)
Decision making	There was a full meeting of the NHS Board where the proposals were considered and a decision was made that took account of the responses to the consultation. **For major change-** • The report from HIS-CE was used to inform the Board's decision.		
Feedback	The Board took into account the quality of the engagement process.		
	The Board provided speedy information explaining the		

	impact of community engagement on the outcome.		

Healthcare Improvement Scotland

Healthcare Improvement Scotland- Regional and national action plan

The following actions were put forward for consideration and agreed by the Committee and form the basis of our work programme to support national and regional service change in 2022/23.

Action	Expected output	Date	Lead	Comments
Regional				
Review learning and HIS-CE advice from recent regional changes.	Case studies to support understanding	22.10.21	SCT	Three case studies were completed (national/west)
Meet with SG sponsor unit to discuss approach and expectations for regional and national change.	Agree approach to engage with policy leads across SG.	11.10.21	Ruth Jays	NHS Lanarkshire was invited to attend meeting with HIS-CE and SG
Meet three regional planning leads to discuss engagement (in relation to the National Recovery plan and ongoing service planning)	Further informed to develop an effective and practical approach to engagement on proposed regional and national service change/redesign.	July/August	Derek Blues and Denise Symington	Meeting delayed and to be rearranged.
Invite HIS CE Committee members to roadtest workshops on: duties and principles for	To support a shared understanding across the Directorate/HIS and	tbc	SCT/SMT	Initial slides drafted. Consider most accessible approach

engagement; planning effective engagement; and option appraisal (a co-design approach) and non-executive workshops	explore potential risks to HIS-CE and our SG, NHS and IJB partners.			and timelines with Committee members for testing sessions.
Review learning and feedback from discussions and develop a position paper setting out HIS-CE expectations for regional planning that supports engagement with people and communities in line with Scottish Government's guidance, *Planning with People.*	Paper would be presented to the November SHC Committee meeting for consideration and approval. Appendix one	August 2022	SCT/SMT	Draft Paper written and template developed. Share with DMT and SHC Sub-committee-August 20220203 Regional_National F
Explore with colleagues from Centre for Sustainable Delivery a viable approaches to community engagement.	Share paper and approach once approved through internal governance process.	September 2022	SMT	
Update the COVID pandemic guidance and position statement on remobilisation and recovery.	Re-issue COVID pandemic guidance and position statement on remobilisation and recovery.	29.10.21	RJ/SMT/SCT	Revised guidance was published Nov-21
Offer presentations/workshops on the Scottish Government's guidance *Planning with People* and aspects of engagement in service design/change at three levels, with three areas of focus:	Support shared learning and understanding across public bodies and practitioners (links with workshops)	ongoing	SCT/EOs	We have continued to promote and offer workshops on the three topics + Planning with People + Evaluation. These have mainly

Governance (duties and principles to support the development of an engagement culture), Strategic (planning engagement) and Operational (to support those tasked with option appraisal/redesign and co-design).				been with geographic boards and IJBs.
National				
Arrange programme of regular meetings with national colleagues.	• Develop overview/landscape of upcoming service planning and redesign • Build clear understanding of HIS-CE support and quality assurance role	Jan 2022	?SMT/EPMs/ SCT	Capture key learning points to inform revise of Planning with People
Meet with colleagues from the Centre for Sustainable Delivery to discuss the need for community engagement in regional and national redesign, as set out in the NHS Recovery Plan.	Ensure that vision, strategic objectives and priorities across services are being developed with people and communities	Initial meeting to discuss Accelerated National Innovation Approach set up for August 2022	SMT	

Plan work programme for local, regional and national service change for 2022/23 and beyond.	Work programme – with flexibility built in to support responsiveness to needs of stakeholders.	Feb 2022	SMT/SCT	
Consider development of a Community of Practice for practitioners involved in local, regional and national planning.	• Greater collaboration to share practice and learning • Share the support we can offer and identify what else would be helpful for example co-produce new tips for engagement.	May 2022	SCT	First Engagement Practitioner Network in spring 2022 and MS Teams page set up. This will initially form small test of change.
Develop resources to national planning.	Possible outputs may include: focused webinars, case studies and further support tools. Plan, develop and execute roll out of workshops internally and externally.			

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**15 September 2022**
Title:	**Remobilisation and Operational Plan 2022-23: Progress Update Q1**
Agenda item:	**3.3**
Responsible Executive/Non-Executive:	**Ruth Jays, Director of Community Engagement**
Report author:	**Richard Kennedy-McCrea, Operations Manager**
Purpose of paper:	**Discussion**

1. Situation

This paper provides the Committee with an update on the Directorate's progress with our work outlined in the Operational and Remobilisation Plan for 2022-23 and carried out during Quarter 1 of 2022-23. The Committee is asked to discuss the contents of the paper.

2. Background

In the first quarter of 2022-23 we have continued to support the remobilisation and recovery of health and care services at a pace that is consistent with the continued pressures in the system. We have been responsive to requests from NHS Boards and Health and Social Care Partnerships, particularly in relation to development of new engagement strategies and plans and service change issues that were put on hold during the pandemic.

We have continued to contribute to proposals to provide a consistent package of engagement support to Healthcare Improvement Scotland's key delivery areas, for example Children and Young People. The Governance for Engagement approach, piloted in the previous financial year, will help ensure we embed engagement and equalities across the organisation.

3. Assessment

The pandemic has presented both challenges and opportunities for staff and the directorate as a whole. Although some challenges have eased as we move out of the pandemic, and we are able to engage with health and care services more proactively as the emergency footing is lifted, nevertheless there remain significant pressures on the health and care system. These are being exacerbated by the increased cost of living and

financial uncertainty, conflict and the effects of climate change. The health and wellbeing of our staff continues to be a focus. There have been considerable opportunities for learning from and collaborating with other colleagues across the organisation and health and social care more generally, and for career progression opportunities due to the location-neutral nature of our work during the period of the pandemic. We are keen that these opportunities continue.

We continue to deliver a broad range of high quality programmes of work and our staff are to be commended on their commitment and dedication to their work as well as their enthusiasm and willingness to respond to whatever is asked of them.

We continue to deliver the work outlined within the organisational Work Programme 2022-23 whilst still responding to significant requests from across the organisation and Scottish Government to undertake national engagement exercises to support remobilisation and recovery of NHS Scotland.

In 2022-23 we have changed our approach to reporting, in line with our Performance Measurement Framework (Appendix 1). Rather than describing activities on a team-by-team basis, as in previous years, we describe in the Q1 Update (Appendix 2) how our work contributes to 10 outcomes, under three main aims:

- building capacity
- raising awareness
- increasing diversity and inclusion

Assessment considerations

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 that the voices and lived experience of people and communities are at the heart of decisions in relation to their own care and development and delivery of services.
	We are embedding improvement methodologies within our own work to ensure we foster a culture of continual improvement moving forward.
Resource Implications	The resource implications for the directorate's work programmes have been reflected in the 2022-23 budget.
	Finances continue to be reviewed regularly and proactively, in line with the wider organisational approach, to ensure that the effects of upcoming financial reviews are anticipated and mitigated wherever possible.

	Additional funding was secured from Scottish Government to support Citizens' Panels for 3 years from 2022-23, and to replace the current Volunteer Information System.
	We 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 home working policy, which will continue until for the foreseeable future.
	We have been testing out new Ways of Working (WoW) for the future, ensuring we understand staff preferences in relation to working location. We have supported staff who have chosen to do so to move to hybrid working in Q1 of 2022-23 with the reopening of offices.
Risk Management	Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed on a regular basis by our Directorate Management Team.
	An additional risk has been added to the HIS risk register in relation to the impact of the COVID-19 pandemic.
Equality and Diversity, including health inequalities	The directorate has a specific role in supporting equality and diversity within HIS 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 pandemic and are able to demonstrate the impact of these through our work.
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.

4   Recommendation

The Committee is asked to note the Community Engagement directorate's Performance Measurement Framework, and to discuss the content of its 2022-23 Quarter 1 Update.

5   Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1 – Community engagement Performance Measurement Framework
- Appendix 2 – Community Engagement 2022-23 Quarter 1 Update

Performance Measurement Framework

During 2022-23, we have revised our approach to reporting on our directorate's progress and impact. Rather than listing activities on a team-by-team basis, we will instead describe the difference we have made in terms of 10 outcomes grouped under 3 main aims:

- **building capacity** – equipping people with the knowledge, skills and tools they need for meaningful engagement
- **raising awareness** – publicising the benefits of community engagement (and Community Engagement)
- **increasing diversity and inclusion** – understanding and overcoming barriers to engagement, making sure all voices are heard

The 10 outcomes cover the short-, medium- and longer-term:

1. Professionals have the information, resources and skills they need to effectively engage with communities and deliver volunteering [S]
2. Health and care services can demonstrate compliance with policy and legislation [M]
3. Health and care services can evidence a robust approach to community engagement and volunteering which seeks to continually improve [M]
4. Our staff build an evidence base of good practice in community engagement and volunteering and support a learning network for engagement [M]
5. People and communities are empowered to participate in health and care [L]
6. Stakeholders have an increased awareness of good engagement and volunteering practice [S]
7. Stakeholders have an increased awareness and understanding of our role, work and impact [S]
8. People have increased opportunity to share their views and experiences [S]
9. Engagement and volunteering activity carried out by health and care services is accessible and includes a wide diversity of voices [S]
10. The views and experiences of users of health and care services in Scotland and members of the public influence the design and delivery of healthcare services [L]

Each team in the directorate has considered the activities it undertakes and how these align under the aims and outcomes. The tables overleaf describe how our staff will collect quantitative and qualitative data which demonstrates our positive impact.

Aim I. Building Capacity

Outcome 1. Professionals have the information, resources and skills they need to effectively engage with communities and deliver volunteering

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments

1. Provide training to external stakeholders e.g.
  • Visioning Outcomes in Community Engagement (VOiCE)
  • Voices Scotland
  • VIS training for volunteer managers
  • Workshops for Non-execs
  • Ketso
	Number of sessions held
	
	Number of attendees
	
	Feedback from attendees
	
	Annual survey of volunteer managers
	
	Log of requests for helpdesk support
		Customer Relationship Manager (CRM)
		
		Surveys
			Regional teams
			
			Volunteering
				Cross-directorate approach to evaluation being developed

2. Provide training to internal stakeholders e.g.
  • Equality & Diversity awareness training for colleagues, volunteers, and non-Exec members, updated Equality monitoring guidance
  • advice and guidance on surveys
  • Theming and analysis
  • UNCRC/children's rights/human rights based approach to training and resources for colleagues
	Number of sessions held
	
	Number of attendees
	
	Feedback from attendees
	
	Completion rates for mandatory training
		CRM
		
		Surveys
		
		Training data from OD&L
			Public involvement
			
			Research team
				Volunteer practice development sessions 4/year

3. Information on good practice gathered and added to website(s) e.g. case studies, blogs, videos, animations etc.	Number of downloads from website Number of views Number of topic areas covered % of repeat visits	Google Analytics	All teams WMTY Engaging Differently Comms Group	
4. Provide resources on The Source e.g. Equality & Diversity, People's Experience	Number of views and downloads	Google Analytics	National team leads	

	Aim I. Building Capacity			
	Outcome 1. Professionals have the information, resources and skills they need to effectively engage with communities and deliver volunteering			
Action/Key Deliverable What are we going to do?	**Outcome measures/indicators** How will we know the change is happening?	**How we'll collect the information**	**Who will do this** Team / Individual	**Comments**
Volunteers, engagement impact, Equality monitoring, inclusive language guide			HIS Comms Team	
5. Share information and resources with professionals: • Input at board and partnership meetings • Strategic conversations and development sessions with professionals e.g. GGC PEPI development session • Ongoing advice and support	Number of meetings held Number of attendees Narrative around information, advice and support shared and feedback from contacts	CRM	Regional teams Service Change EPMs	Number of new contacts?
6. Webinars relating to good engagement practice	Number of webinars Number of attendees Feedback from attendees	CRM Surveys	Participation Network All teams	
7. Develop and facilitate communities of practice/networks to provide peer support and share good practice e.g. • Volunteer Managers • Research network • Engagement Practitioners • Public Partners • WMTY networking events	Increase in number of members Feedback from members Number of sessions	Annual survey	Volunteering Participation Network Public Involvement WMTY Regional teams	Annual event for PPs has strong element of learning. Also annual conversations. Staff equality networks
8. Support the development of Once for Scotland resources, guidance, training and education:	Number of modules developed Number of people completing modules	Annual survey	Volunteering National teams	

Aim I. Building Capacity				
Outcome 1. Professionals have the information, resources and skills they need to effectively engage with communities and deliver volunteering				
Action/Key Deliverable What are we going to do?	**Outcome measures/indicators** How will we know the change is happening?	**How we'll collect the information**	**Who will do this** Team / Individual	**Comments**
• On engagement good practice for Health and Social Care staff in collaboration with NES and other national organisations • For volunteer managers and volunteers, in partnership with NES • Equalities topics				
9. Provide a volunteer management platform for NHS Scotland	Log of requests for helpdesk support Number of active users	Team records Volunteer Information System (VIS)	Volunteering	Replacement for VIS underway

Aim I. Building Capacity

Outcome 2. Health and care services can demonstrate compliance with policy and legislation

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments
1. Support health and care services to evidence compliance with Planning for People guidance	Numbers using the Quality Framework to evidence compliance with Planning with People	Team records CRM	Service Change Regional teams	e.g. support to NHS A&A and North and South Ayrshire HSCPs following collective interest in Quality Framework
2. Support health and care services through the Quality Framework self-evaluation process	Number of support sessions Number of participants Feedback from participants	CRM surveys	Service Change Regional teams	
3. Provide tailored support and advice to boards and partnerships undertaking service changes so they understand what their duties are and what they should be doing to comply.	DMT/committee updates Major Service Change reports Quality Assurance plans	CRM Expectations template (N: drive)	Regional teams Service Change	e.g. A&A Review of chemo services, Changes to vascular Services and Trauma and Ortho Inpatient services e.g. capital investment group
4. Provide advice to regional and national planning bodies in relation to service change, to support shared understanding and inform practice and expectations	Narrative describing advice given	Expectations template (N: drive)	EPMs Service Change Regional teams	e.g. Development of core requirements around National Treatment Centres
5. Help external stakeholders understand their duties (non service change) and what they should be doing to comply e.g. • Equality monitoring	Number of support sessions Number of attendees	CRM Surveys	Regional teams Service Change	

Aim I. Building Capacity				
Outcome 2. Health and care services can demonstrate compliance with policy and legislation				
Action/Key Deliverable What are we going to do?	**Outcome measures/indicators** How will we know the change is happening?	**How we'll collect the information**	**Who will do this** Team / Individual	**Comments**
• EQIAs • Equality and diversity • Information governance • Fairer Scotland • Island Impact Assessment	Feedback from participants shows increased confidence			
6. Help internal stakeholders understand their duties (non service change) and what they should be doing to comply e.g. • Equality monitoring • EQIAs • Equality and diversity • Information governance • Fairer Scotland • Island Impact Assessment	Number of support sessions Number of attendees Feedback from participants shows increased confidence	CRM Surveys	Public Involvement	
7. Healthcare Improvement Scotland's statutory activity and reporting e.g. • Children's rights and corporate parenting • Equalities • Duty of user focus	Publication of reports at appropriate deadlines (through governance routes) Action plans and tracking (working group)	3 key points from committees and working groups	Public Involvement	Over a 4-year timescale with different reporting at stages

Aim I. Building Capacity

Outcome 3. Health and care services can evidence a robust approach to community engagement and volunteering which seeks to continually improve

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments
1. Support external stakeholders to use the VOiCE tool	Number of support sessions Feedback from stakeholders	Discovery conversations	Regional teams	
2. Support health and care services through the Quality Framework self-evaluation process; provide guidance on the development and implementation of improvement plans	Narrative about support provided e.g. workshops Number of improvement plans supported	CRM Healthcare Improvement Scotland's self-evaluation report and action plan	Service Change Regional teams Public Involvement	includes pilot areas and roll-out
3. Support health and care services to implement Planning with People guidance	Numbers using the Quality Framework to evidence compliance with Planning with People	Team records	Service Change Regional teams	
4. Hold regular engagement with boards to set out our expectations regarding community engagement, and the support we can give, for national developments and remobilisation plans	Narrative	Expectations template (N: drive)	EPMs Service change Regional teams	
5. Provide advice on evaluating participation, refreshed Evaluation Guide, case study advice	Narrative Publications and number of downloads Feedback from staff	Team records Google Analytics	Participation Network Evaluation guide SLWG Regional teams Service change	

Aim I. Building Capacity

Outcome 3. Health and care services can evidence a robust approach to community engagement and volunteering which seeks to continually improve

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments
6. Implement a quality improvement approach for the volunteering programme	Staff training undertaken Examples of pilot projects	Team records CRM	Volunteering	e.g. pilot to develop discharge volunteer role in Tayside
7. Provide advice and support to teams across Healthcare Improvement Scotland	Narrative Completed Quality Framework self-assessment	Team records Governance for Engagement processes	Public Involvement	

Aim I. Building Capacity

Outcome 4. Our staff build an evidence base of good practice in community engagement and volunteering and support a learning network for engagement

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments
1. Information on good practice added to the website(s) e.g. case studies, blogs, videos, using tools etc.	Number of downloads from website Number of views Number of topic areas covered % of repeat visits	Google Analytics	All teams	
2. Develop and facilitate communities of practice/networks: • Volunteer Managers • Research network • Engagement Practitioners • Public Partners • WMTY networking events	Number of Practice Development sessions Number of attendees Feedback from attendees	CRM Surveys	Volunteering Participation Network Public Involvement WMTY Regional teams	Peer Support sessions for volunteer managers 6/year
3. Webinars relating to good engagement practice	Number of webinars Number of attendees Feedback from attendees	CRM Surveys	Participation Network	
4. Advice on evaluating participation, refreshed Evaluation Guide, case study advice	Narrative Publications and number of downloads Feedback from staff	Team records Google Analytics	Participation Network Evaluation Guide SLWG	

Aim I. Building Capacity

Outcome 5. People and communities are empowered to participate in health and care

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments
1. Deliver training and awareness sessions to people and communities: • Voices Scotland training sessions • VOiCE	Number of sessions held Number of attendees Feedback from attendees	CRM Surveys/ discovery conversations/ AARs	Regional teams	Cross-directorate approach to evaluation being developed
2. Develop, test and roll out the People's Experience Volunteer role	Number and diversity of people involved Number of activities contributed to	Equality monitoring CRM	Public Involvement Regional teams	In pilot stage (Fife and Grampian)
3. Community Engagement visits and presentations to community groups: provide information for public on how to have their say at a range of different levels.	Number of visits/presentations Number of attendees Feedback from attendees e.g. increased confidence	CRM	Regional teams	
4. Promote and champion accessibility, Easy Read, translations, plain English and other alternative formats	Number of people trained Documents produced in alternative formats	Team records	DMT Public Involvement	
5. Citizens' Panel – giving people across Scotland the opportunity to participate and influence in healthcare services and policy	Response rates to surveys Feedback from Panel members	CRM Panel surveys	Research team	Panel member feedback questions included in CP9
6. Promote the Public Partner role: range of opportunities presented for PPs to be involved in the work of HIS.	Number of Public Partners New people attracted to the role Number of activities contributed to Feedback from staff and Public Partners	Team records (N: drive) Governance for Engagement report	Public Involvement	New VIS will help gather info more easily

Aim II. Raising Awareness

Outcome 6. Stakeholders have an increased awareness of good engagement and volunteering practice

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments
1. Share information, best practice guidance and resources with external stakeholders: • meetings • workshops • presentations • posters	Number of interaction activities Feedback from stakeholders 3 key learning points shared	CRM Log of advice and info provided (N: drive)	EPMs Regional teams Participation Network Service Change	
2. Webinars relating to good engagement practice	Number of webinars Number of attendees Feedback from attendees	CRM Surveys	Participation Network All teams	
3. Case studies on good engagement and volunteering practice published on our website(s)	Number of new case studies Number of views	Google Analytics	Engaging Differently Participation Network Regional teams WMTY team Volunteering	
4. Provide training to external stakeholders e.g. • Visioning Outcomes in Community Engagement (VOiCE) • Voices Scotland	Number of sessions Number of participants Feedback from attendees	CRM Surveys/discovery conversations/AAR or debrief sessions	Regional teams	
5. Develop networks to share good engagement and volunteering practice. • Volunteer managers	Number of sessions Number of members		Volunteering Participation Network	

Aim II. Raising Awareness				
Outcome 6. Stakeholders have an increased awareness of good engagement and volunteering practice				
Action/Key Deliverable What are we going to do?	**Outcome measures/indicators** How will we know the change is happening?	**How we'll collect the information**	**Who will do this** Team / Individual	**Comments**
• Engagement Practitioners • Participation Research	Interactions on Teams channel Feedback from members			
6. Support the development of Once for Scotland resources, guidance, training and education: • On engagement good practice for Health and Social Care staff in collaboration with NES and other national organisations • For volunteer managers and volunteers, in partnership with NES • Equalities topics	Number of modules developed Number of people completing modules	Annual survey	Volunteering National teams	
7. Campaign/ awareness activity • Volunteers' Week and international volunteer managers day • WMTY • PPG week	Narrative Number of tweets, engagements, etc.	CRM Social media analytics	Volunteering Comms Participation Network	

Aim II. Raising Awareness

Outcome 7. Stakeholders have an increased awareness and understanding of our role, work and impact

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments
1. Deliver presentations and workshops to explain our role and responsibilities and the impact we have e.g. • Voices Scotland workshops • presentations to non-execs • Posters and presentations at conferences	Number of presentations/workshops Geographic and audience spread Number of attendees Feedback from stakeholders, e.g. increased understanding, effectiveness of strategic relationships	CRM Discovery conversations	Regional teams National team leads DMT	Stakeholders demonstrate understanding in their interactions with us
2. Share communication around who we are and what we do; reconnecting with stakeholders e.g. • Website • Social media activity • Blogs • Publications e.g. Annual Report for Volunteering Programme • Email newsletters	Website views and downloads Social media followers and engagements Number of newsletter subscribers and open rates	Google Analytics Social media analytics MailChimp analytics	All teams Comms group	
3. Webinars relating to good engagement practice	Number of webinars Number of attendees Feedback from attendees	CRM Survey	Participation Network Regional teams	
4. Develop resources and information for our Public Partners and internal stakeholders	Induction pack Role descriptors (Service Change sub-committee) Equality resources	Team records	Public Involvement	

Aim III. Increasing Diversity and Inclusion

Outcome 8. People have increased opportunity to share their views and experiences

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments
1. Gathering Views • Chronic Pain	Number of gathering views carried out Number of policy areas covered Number of people engaged	CRM	Regional teams Participation Network	
2. Citizens' Panel	Number of Panel surveys carried out Number of people engaged, response rates Number of policy areas covered	CRM Team records Research Resource files	Participation Network Regional teams	
3. Develop the People's Experience Volunteer role	Number and diversity of people involved Number of activities that volunteers have contributed to	Equality monitoring CRM	Regional teams National team leads Public Involvement	Still in pilot stage (Fife and Grampian)
4. Share information about engagement opportunities and rights to be involved	Narrative describing what information shared with whom	CRM Team records	Regional teams	
5. Recruit and develop Public Partner volunteers	Number of Public Partners Number of activities that Public Partners have contributed to Evaluation with staff and Public Partners	Team records VIS	Public Involvement	New volunteer management platform will support this

Aim III. Increasing Diversity and Inclusion

Outcome 9. Engagement and volunteering activity carried out by health and care services is accessible and includes a wide diversity of voices

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments
1. Gathering Views exercises collect the opinions and experiences of the general public and particular communities	Equality monitoring Examples of adjustments or additional support	CRM Gathering Views reports	Regional teams	
2. Ensure that our materials, products and events are accessible and inclusive	Provision of information in alternative formats Examples of adjustments or additional supports	Team records	All teams Participation Network Comms group	
3. Support teams across Healthcare Improvement Scotland to ensure engagement in their work is accessible and includes a wide diversity of voices	Number of EQIAs completed Examples of support provided	Team records	Public Involvement	
4. Build links with community and stakeholder groups (stakeholder mapping)	Number of new connections made Evidence of communities' participation in future work	CRM	Regional teams	
5. Promote Equality and Diversity across the organisation, including the Board, Executive Team and staff networks	Evidence of equalities being considered Updated guidance and polices	Minutes and action logs The Source	Public Involvement DMT	Includes the Pride, Race & Ethnicity and Disability networks
6. Share learning from accessibility pilot work across the directorate, organisation and our partners	Narrative describing the learning Resources produced	Team records	Public Involvement	

Aim III. Increasing Diversity and Inclusion

Outcome 9. Engagement and volunteering activity carried out by health and care services is accessible and includes a wide diversity of voices

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments
7. Embed equality, diversity and inclusion within NHS volunteering in Scotland	Content of new strategy Increase in diversity of volunteers	Team records Volunteer management platform	Volunteering Public Involvement	5-year volunteering strategy currently in development e.g. development of national breastfeeding peer support role
8. Ensure the Citizens' Panel is as demographically representative as possible	Number of Panel members Demographic make-up of Panel Refresh activity to increase diversity and address gaps in representation	Equality monitoring by Research Resource	Research team Regional teams	

Aim III. Increasing Diversity and Inclusion

Outcome 10. The views and experiences of users of health and care services in Scotland and members of the public influence the design and delivery of healthcare services

Action/Key Deliverable What are we going to do?	Outcome measures/indicators How will we know the change is happening?	How we'll collect the information	Who will do this Team / Individual	Comments
1. Gathering Views exercises collect the opinions and experiences of the general public and particular communities • Chronic Pain	Report with recommendations published Response from commissioners and updates	Published report Discovery conversation	Regional teams Research team	
2. The Citizens' Panel is a demographically representative group of the Scottish public • User testing of questions • Regular Panel surveys	Numbers involved in user testing Updated question set Report published Feedback from commissioners 6, 12, 18 months after publication	CRM Discovery conversation	Research team Regional teams	
3. Develop, test and roll out the People's Experience Volunteer role	Number and diversity of people involved Number of activities contributed to	Equality monitoring CRM	Public Involvement Regional teams	In pilot stage (Fife and Grampian)
4. Ensure the work of Healthcare Improvement Scotland is influenced by public views and experience: • Provide advice and support to directorates on inclusive engagement • Public Partners	Number of activities contributed to Feedback from staff and Public Partners	Minutes and action logs Governance for Engagement process	Public Involvement	
5. Other examples of where people's views have influenced national policy e.g. revision of Planning with People	Number of policy areas influenced Narrative describing public contribution	Discovery conversations with policy leads	Service change Research team	Public Partners and Citizens' Panel 9 both contributed to PWP

Quarter 1 Update: April – June 2022

Outlined below is a summary of the work undertaken by the directorate between April and June 2022.

In 2022-23 we have changed our approach to reporting, in line with our Performance Measurement Framework. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

- **building capacity** – equipping people with the knowledge, skills and tools they need for meaningful engagement

- **raising awareness** – publicising the positive impact of community engagement (and of Community Engagement)

- **increasing diversity and inclusion** – understanding and overcoming barriers to engagement, making sure all voices are heard

Building capacity

We equip people with the knowledge, skills and tools they need for meaningful engagement. This includes both professionals who have a duty to carry out engagement or to support volunteering, and also community groups and individuals who wish to get involved in health and care.

3 volunteering peer support sessions	33 attendees	53 volunteer manager support sessions	50 attendees at Engagement Practitioner Network

Professionals have the information, resources and skills they need to effectively engage with communities and deliver volunteering

The **resources on our website** are regularly reviewed to ensure they remain relevant to staff wishing to engage communities and take account of any changes to Scottish Government guidance. Our guide to identifying 'major' service change was updated at the end of March and has since been downloaded 26 times. The service change pages on the website accounted for 12% of total website traffic during the quarter.

The **Volunteering in NHS Scotland** team continues to support robust and effective volunteering programmes. During Q1, the team delivered 3 peer support networking sessions to 33 participants, and

provided one-to-one support to volunteer managers on 53 occasions. A new Community of Practice was launched to enable volunteer managers across Scotland to share ideas and collaborate. In May, the team published guidance for volunteering following the removal of COVID-19 restrictions in Scotland.

Funding was secured in 2021-22 from Scottish Government to develop a **volunteer management platform** to replace the current Volunteering Information System (VIS). The Stage 1 scoping for a replacement system was completed in May. The volunteering team delivered 3 training sessions on VIS for 15 new users.

The service change team has delivered **online workshops** with partners in NHS boards and health and social care partnerships, covering topics such as duties and principles, option appraisal, Planning With People and how to plan effective service change engagement. Attendees have given positive feedback, describing the workshops as "useful" with "interesting discussions". A more in-depth evaluation will be carried out in Q3 to find out about the longer-term impact and learning from the workshops.

Health and care services can demonstrate compliance with policy and legislation

The **Quality Framework for Engagement** is being piloted with NHS Ayrshire and Arran and 3 Health & Social Care Partnerships (HSCPs); NHS Greater Glasgow & Clyde; Aberdeenshire HSCP and East Renfrewshire HSCP. Planning sessions have been held with the Ayrshire and Arran teams and Aberdeenshire HSCP.

Our service change team continues to monitor and provide advice and support to NHS boards and partnerships undertaking service change. During Q1, the team was closely involved with 34 **service changes** across all board areas (see separate report for more detail).

Health and care services can evidence a robust approach to community engagement and volunteering which seeks to continually improve

During Q1, regular **strategic meetings** were re-established with key contacts in boards and partnerships, to support their remobilisation. Meetings with Engagement Programme Managers have helped to rebuild relationships and explore potential areas of collaboration in the future. Board and partnership staff have begun to request more advice and support for particular projects and changes to services, and they have been put in touch with local Area Managers and Engagement Office staff to take this forward. Where appropriate, requests for support have been forwarded to the service change team so that additional workshops and tailored support can be arranged.

In May, the **Governance for Engagement** sub-committee published its report following the conclusion of the first full cycle of meetings with directorates across Healthcare Improvement Scotland. The meetings with individual directorates helped to identify examples of good practice and meaningful engagement that influenced the organisation's work – particularly in the directorates and teams which had a more outward-facing focus. For the next cycle of meetings in 2022-23, the sub-committee recommended that directorates consider how to capture more data which would sit alongside the narratives. They also wanted a greater focus on understanding the impact of equality and other impact assessments on the organisation's work – especially what has been informed, changed, or re-developed as a result of the learning from the impact assessments.

Our staff build an evidence base of good practice in community engagement and volunteering and support a learning network for engagement

The inaugural development session of the **Engagement Practitioners' Network** took place on 23 May with presentations from Sandie Dickson (State Hospital) discussing EQIA in service redesign engagement and Shaun Maher (Scottish Government) on sharing approaches to What Matters To You. Around 50 people took part. The network will support Engagement Practitioners from across Scotland to share experiences (including how they might respond to 'wicked' problems), collaborate and support peer learning and development across the health and care system and geographic boundaries. Quarterly development sessions are planned, and are supported by a private MS Teams channel which allows members to communicate and collaborate in a "safe space".

People and communities are empowered to participate in health and care

Staff in our Fife office have been piloting an approach to the **People's Experience Panel**. Rachel Lee and Niamh McIver held a stakeholder day on 7 April, meeting with staff from 3 local voluntary organisations to discuss how to recruit volunteers. Learning so far is that it takes time to recruit and build relationships but our willingness to invest this time is being recognised and valued by third sector organisations and is also helping to raise awareness of our work and role. Work is also ongoing to identify suitable questions and topics for the Panel to consider once it is established.

Raising awareness

We publicise the positive benefits of high-quality and meaningful community engagement, share examples of how volunteers contribute to the NHS and help stakeholders to understand our role.

129 webinar attendees	**3** national conferences	**4** awareness campaigns	**3,687** website visits 16.2% return visits

Stakeholders have an increased awareness of good engagement and volunteering practice

We held 2 **webinars** during Quarter 1. In April we shared *feedback and learning from the eighth Citizens' Panel* covering the mobilisation of dentistry and the recovery of planned and urgent care (45 attendees). In June we hosted a webinar on *inclusive volunteering - turning intent into action* (84 attendees). 91% of respondents rated the webinars excellent or good, and 91% agreed that the webinars had increased their knowledge about a topic. Recordings of both webinars were added to our website afterwards and will be a resource that people can continue to refer to.

Every June is an opportunity to tap into **national awareness campaigns** in order to champion good practice and to share positive examples.

- Pride Month (June) – members of the Pride network wrote 6 blog posts for website and the staff intranet, on topics including celebrating 50 years of Pride, how to be a better ally and why pronouns are important. Staff took part in Pride marches in Aberdeen, Glasgow and Edinburgh.

- Volunteers' Week (1-7 June) – staff shared 3 blogs on the HIS website about what volunteering means to them, and to acknowledge the contribution of volunteers across NHS Scotland. We also hosted a webinar on inclusive volunteering.

- Patient Participation Group (PPG) Week (6-13 June) – two Engagement Officers (North East region) facilitated a networking event for 9 PPG members to discuss communication and collaboration between PPGs and GP practices and how to increase engagement with patients. 75% of respondents said they would take part in similar networking events in the future.

- What Matters to You Day (9 June) – a very successful day, with lots of activity taking place across Scotland and internationally. All boards and organisations who had requested promotional materials received packs to enable them to raise awareness locally. The 2022 WMTY report will be published at the end of September and will include an interesting staff focused case study from NHS Tayside. We are also planning our first WMTY Networking event in January 2023.

Stakeholders have an increased awareness and understanding of our role, work and impact

The NHS Scotland event on 21-22 June was a good opportunity to showcase our work and contribution to a national audience. Janice Malone (volunteering team) and Val Ewan (NHS Tayside) co-presented a **spotlight session** to approximately 50 people on the topic of 'Bridging the gap between hospital and home through innovation in volunteering'. This shared the progress to date on the Discharge Support Volunteering Pilot which supports patients in the early days after hospital discharge via telephone. Gary McGrow and Joy Vamvakaris (research team) also submitted **two posters** on Citizens' Panel 8 and 9.

Other presentations to **national conferences** included a "learning bites" session at the Scottish Government (April), a talk about the Scottish approach to Citizens' Panels at the NHS England / Picker Institute conference (May) and a presentation to Scottish Government Health and Social Care about research projects at Healthcare Improvement Scotland (May).

Increasing diversity and inclusion

We provide more opportunities for people to get involved in health and care, identify and overcome the barriers that prevent effective engagement, make sure all voices are heard and track the influence which people's views and experiences have had on policy and practice.

40	507	1
people sharing views	Citizens' Panel respondents	BSL interpreter used

People have increased opportunity to share their views and experiences

During May we carried out 4 discussion groups, ran an online survey and facilitated a discussion with Public Partners on the **draft strategy for Healthcare Improvement Scotland**. A total of 40 people provided their views and comments. The feedback will be considered alongside that from internal and external stakeholders in the drafting of the final strategy.

Fieldwork for the 9th **Citizens' Panel** was carried out between January and April 2022. A total of 507 responses (53% response rate) were received, either by post, email or by telephone. Members of the public from across Scotland provided their feedback on public engagement in health and social care service design and change, COVID-19 vaccination programme inclusion and COVID Status Certification. The report is due to publish in July.

Engagement and volunteering activity carried out by health and care services is accessible and includes a wide diversity of voices

In response to a request from an attendee, **British Sign Language (BSL) interpretation** was made available for our June webinar on inclusive volunteering. This was much appreciated by the individual, and attracted favourable comments from other attendees. Useful learning will be taken on board for future webinars so that accessibility support can be provided sensitively and without creating a less engaging environment for other participants.

Our staff continue to contribute to **accessibility** discussions across Healthcare Improvement Scotland. We actively share our knowledge and experience making events more accessible, and ensure that our website and social media content is accessible through consistent use of subtitles and transcripts for videos, alternative text on images and using CamelCase to increase the readability of hashtags.

Funding was secured from Scottish Government to enable a refresh of the **membership of the Citizens' Panel** in Q2, with a particular focus on increasing representation from groups that are currently under-represented – including men and people from ethnic minority backgrounds.

The Area Manager and Engagement Officers in the West region have been undertaking **stakeholder mapping** to refresh links and relationships with local groups sharing protected characteristics in Ayrshire & Arran, Greater Glasgow & Clyde and Lanarkshire. This exercise will underpin future planned work with communities in the region.

The Scottish Government launched Scotland's Volunteering Action Plan in June. It aims to create a Scotland where everyone can volunteer, more often, and throughout their lives. Janice Malone (volunteering team) chairs the **Inclusive Volunteering** working group.

The views and experiences of users of health and care services in Scotland and members of the public influence the design and delivery of healthcare services

In April, Scottish Government approached us to explore how we could gather views from people about access to audiology services and a perceived stigma about receiving support from Community Audiology Services. Discussions are currently underway to agree whether the topic would lend itself to a Gathering Views exercise and/or a Citizens' Panel survey. Fieldwork is anticipated to take place later in the year.

A **Gathering Views** exercise on chronic pain is planned to commence in Q2.

The 8th **Citizens' Panel** report – seeking public views on dentistry services, urgent care and unplanned care – was published in March 2022. The feedback helped to deepen policy-makers' insight into patient experiences across Scotland and identified that greater promotion of local complaints resolution was required. Recommendations on urgent and unscheduled care have already been built into national and local work plans. Findings on planned care will be used to support Scottish Government policy decisions as well as a fundamental review of Waiting Times Guidance, led by the Scottish Government in collaboration with health boards.

Engagement offices carried out user testing of the questions for the 10th Citizens' Panel during May, on topics including eye care and NHS branding. Fieldwork for the survey will be carried out during Q2, with an expected publication date in November.

Staffing

4 new staff

10 completed FIS course

During Q1, 4 **new staff** joined the directorate:

- 2 x Administrators
- 1 x Engagement Officer
- 1 x Public Involvement Advisor

10 staff from 3 teams across the directorate completed Cohort 4 of the **Foundation Improvement Skills** course in June (with a consolidation event planned for August). Improvement projects being done as part of Cohort 4 include setting up sustainable external networks to share learning and practice, improving the quality of MS Teams meetings and increasing participation in the monthly webinars. A total of 54 directorate staff have now undertaken the course, which is making a significant difference to staff in terms of their confidence in delivering improvements within their own work, and will support planned improvement activity across the organisation.

Meeting of the Scottish Health Council Service Change Sub-committee

Date: 18 August 2022
Time: 10.00 - 12.00
Venue: MS Teams

Present
Suzanne Dawson, Chair
Ruth Jays, Director, Community Engagement

Dave Bertin, Member
Nicola Hansen, Member
Christine Lester, Member

In Attendance
Claire Curtis, Acting Head of Engagement Programmes
Denise Symington, Principal Service Change Advisor
Louise Wheeler, Service Change Advisor
Emma Ashman, Service Change Advisor

Observers
Lindsey McNeil, Interim Programme Director for Quality Assurance Strategy
Wendy McDougall, Acting Engagement Programmes Manager

Service Change Sub-committee support
Denise Worrall, Service Change Administrator

Apologies
Elizabeth Cuthbertson, Member
Alison Cox, Member
Tony McGowan, Head of Engagement and Equalities Policy
Derek Blues, Engagement Programmes Manager- Service Chang
Carmen Morrison, Service Change Advisor

ITEM	NOTES	ACTION
1	**WELCOME & APOLOGIES FOR ABSENCE**	
1.1	**Welcome**	
	The Chair of the Scottish Health Council welcomed everyone to the meeting, in particular Nicola Hansen who has joined as a member of the SHC committee and is a non-executive director and Vice Chair of HIS. She also welcomed Lindsey McNeil who is here as an observer today. Lindsey is taking up the interim director role, from the 12 September, when Ruth moves back to the Scottish Government. Lindsey is currently seconded to HIS as programme director with the Quality Assurance Directorate. A welcome was also extended to Denise Symington, Principal Service Change Advisor.	
1.2	**Apologies for Absence**	
	Apologies were received from Tony McGowan, Derek Blues, Elizabeth	

	Cuthbertson, Alison Cox and Carmen Morrison. The Chair took the opportunity to pass on good wishes to Tony from the sub-committee. She also expressed good wishes to Jane, who is very poorly at the moment. **Minutes of Previous Meeting of 31 March 2022 and matters arising** The accuracy of the note of the meeting on 31 March 2022 was approved. John Glennie although retired from HIS still wishes to meet with the service change team in relation to regional and national planning but due to personal circumstances this meeting has been delayed. **Action Log** Standing items will be addressed in the agenda.	**Engagement Programmes Manager**
2	**STRATEGIC BUSINESS**	
2.1	**Service Change updates** **Lochaber Health and Social Care redesign project** Denise provided an overview of the case outlined within the paper and Major Service Change template. The Initial Agreement set out a proposal for a new Rural General Hospital on the Blar Mor site, which is approximately 2.5 miles from the current hospital site. Capital costs are expected to be in the range of £89-144 million. The proposed service model will see improved quality of services locally, with no loss of services proposed. The Stakeholder Group have not raised concerns about the proposed location of the hospital – and there appears to be a consensus that there will be benefits to the community. It was recorded at the last stakeholders meeting that there was a delay on moving the project forward as awaiting a decision by HIS. HIS SCT recommended that the proposal did not meet the threshold of Major Service Change and the reasons for reaching this conclusion were outlined to members of the committee for discussion. HIS SCT have recommended that additional engagement and communication as per Planning with People to support engagement should be carried out once a decision has been made on the new site. The Chair expressed her thanks to Denise and the Service Change Team for the helpful summary of the paper. Regarding the expressed	

| | concern about a delay in giving a view on the impact of change, HIS- CE informed NHS Highland that their submission had fallen outwith the subcommittee meeting cycle and that this would be considered at the next scheduled meeting. This circumstance will also be reflected within any future Terms of Reference for the sub-committee.

It is anticipated that the service change team will be very much involved with the engagement offices and programme managers, on the service redesign process.

The Chair noted that it highlights the need for us to be working closely with the NHS Boards in a more general sense rather than focused simply on service change, and that the public are involved at every stage of the process going forward.

Ruth thanked Denise for capturing the HIS-CE perspective. The request to provide a view on the project came to the team via HIS – CE's involvement in the Capital Investment Group. This is a new and emerging element of work for us and raises the profile of HIS-CE.

Ruth shared the following comments from Elizabeth in her absence:
•would like confirmation that there is no change of service
•all EQIA's would be followed and
•engagement and consultation will still be undertaken and notes that it is important to identify what can be influenced and that being clear distance and transport as it relates to major thresholds.

The sub-committee agreed with the recommendation that the project did not meet the threshold for Major Service Change.

Denise advised that the recommendations would be included within future communication to NHS Highland. A draft of the letter will be shared if the recommendation is ratified by the SHC committee. | |
| | | **Principal Service Change Advisor** |
| 2.2 | **NHS Ayrshire & Arran chemotherapy major service change**

Louise gave a verbal update on the reviews NHSA&A had conducted on chemotherapy services over a number of years, with a wider public engagement exercise carried out in 2020.

The proposals for chemotherapy services have come about as a result of regional planning and this includes SACT (Systemic Anti-Cancer Therapy) Tier 2 services delivered from one centre in Ayrshire and Arran, and SACT Tier 3 services, which would be outpatients and less complicated treatments being delivered from satellite sites, for example Ayr hospital.

In May 2020 HIS-CE had written to NHSA&A and advised them that we viewed the proposals for chemotherapy services to be a Major Service Change. They did not move forward with consultation at that time due to the pandemic. However, in response to operational pressures during the pandemic, they made a number of changes that were very similar to the proposal that they had planned to make as part of that engagement exercise in January 2020. This had one difference in that the Tier 3 | |

	service being delivered from the Kyle ward rather than Station 15 i.e. moved to a different site on the same campus.	
	At the end of 2021, NHSA&A contacted HIS-CE to say that interim changes had been made in response to Covid 19 and they now wanted to move forward to make those changes permanent.	
	They did engagement with around 150 patients and did not appear to envisage very much more engagement or consultation. We considered the evidence that had been presented and in February 2022 The Director of Community Engagement wrote to NHS Ayrshire and Arran to confirm that it was still the view of HIS-CE that the proposal for chemotherapy services met the threshold for Major Service Change.	
	At the service change sub-committee meeting in March, a paper was presented setting out our recommendations and expectations and how we would take forward our quality assurance approach.	
	HIS-CE met with NHS A&A in April to discuss their plans for consultation. This focussed on what 'meaningful' engagement looks like and to develop a consultation plan. Two particular areas of focus for NHS A&A were: purpose of consultation when scope of influence is limited as this has been defined by regional model; where does the interim model sit, as opposed to the substantive? At the April meeting, a schedule of regular meetings was agreed, however this has not been taken forward due to a change in strategic lead and operational pressures within NHS A&A.	
	Claire shared that due to system pressures and a change in staffing, the Chemotherapy Oversight Group had to be temporarily stood down in March and subsequently this has delayed progress. The Oversight Group has now reconvened and met on the 21st July to resume planning and undertake the preparatory work required. The provisional timeline discussed at the July meeting was to commence the consultation from 1st October 2022 and conclude by 31st January 2023 (this extended timeframe is to allow for the festive period). The preparatory work is a crucial element and therefore the engagement planning team is currently scoping out and engaging a steering group to take forward the consultation planning. The key initial priorities underway include refreshing the EQIA, stakeholder analysis and recommencing our patient engagement and involvement activity. Both Wendy and Louise will be part of those conversations. Claire also added that there have been other interactions with HIS and NHS A&A following the recent inspection at University Hospital Crosshouse Hospital that will be progressed.	**Service Change Advisor/ Engagement Programme Manager**
	The Chair thanked both Claire and Louise. Picking up on the final point, she noted that it emphasises the need for HIS working in an aligned way. It is really good to see that there is that alignment and discussion with our other colleagues across HIS.	
	Members agreed this was a reassuring and helpful update.	

2.3	**General update on Service Change Activity check against agenda number** Denise gave a verbal update on some of the key activities from the paper. Borders Chemotherapy Service – Following a period of quiet, it had been brought to HIS-CE attention media coverage in relation to the Lothian Cancer Centre. There had been previous discussions on how our expectations around patients travelling outwith the region for treatment to be engaged in relation to regional service delivery. This has since been revisited with colleagues in NHS Borders and they have confirmed that they are now re-establishing their Cancer Experience Group and feedback will be reported through their governance committee. Western Isles – There is a lot of patient and public interest in the neurology service. Patients have met the Health Minister to discuss their concerns. The Service Change Advisor and Engagement Officer meet with NHS Western Isles to provide support and advice on engagement activity in relation to Neurology. The Board has now committed to undertaking engagement in the Southern Isles during September 22. Practitioners Network – Interest in the network has continued to grow with 69 members now registered. Members have provided positive feedback on the approach to sharing of resources across geographic boundaries and between engagement practitioners e.g. one page information sheet on how to apply Planning with People. Workshops –Since Q1, we have delivered 12 workshops with a further 4 planned with Ayrshire and Arran. Grampian have also approached us to provide workshops to their Public Health Directorate within Q3. Non-Executive Workshop – Service Change Team developed the content of the non-executive workshop to be delivered in partnership with the Engagement Programme Managers. This will form part of the offer from the reconnecting piece of work to Boards and HSCPs. In advance of rolling this out, it was recommended that this was tested internally with members of the sub-committee to provide a view on content and provide recommendations for improvement. This was agreed by the subcommittee and a date is to be identified. The Chair suggested that this may be of interest to the wider HIS Board and will discuss this with the Chair of HIS. We are anticipating a surge in service change activity in the months ahead following reconnection work with the boards. The Chair expressed her thanks to Denise, and noted that finding out about activity through the media is very late in the process and what steps can be taken to mitigate against this. Claire replied that we have had some staffing issues but the Engagement Programme Managers are working closely with the Boards now that we are no longer on emergency footing. Regular meetings with the boards are strengthening these conversations. Ruth agreed as an action to discuss with Communications Team the	

| | | media monitoring they provide.

Christine enquired why a service change for Forth Valley was identified as the Board when the owner is HSCP and asked for clarity to be provided on this going forward. . | **Director Community Engagement**

Principal Service Change Advisor |
|---|---|---|---|
| 2.4 | **Update on position on national and regional service change**

Louise gave a verbal update on some of the key activities from the paper.

The paper builds on previous updates to the SC Sub-Committee**.**

Whilst recognising the need for services planned on a regional and national basis, giving clinicians the opportunity to undertake more specialist services. Part of the issue around regional and national planning, in terms of engagement, has been getting a balance between local autonomy and regional responsibility for engagement and this is critical for success.

An HDL letter in 2004 fully explored and bottomed this out since and there have been further suggestions over the years whereby Boards come together to agree a regional planning agenda each year, which would set out individual Board's responsibilities for wider involvement with communities. To date this is something that has not necessarily been taken forward consistently.

Governance in relation to Regional Planning is an additional factor in that the NHS Reform Act places the responsibility on Boards to involve people in planning and development of services and in decisions made by the body responsible for these services. That model may or may not have included involvement with people and communities because it's been done at a regional level. That then means essentially the NHS Boards may not be meeting their statutory duties. It is trying to understand what the current context is and what the guidance currently says.

A previous meeting between the Service Change Team and the West of Scotland regional planning leads set out very specific questions that they had around what meaningful engagement should look like, when it should take place and how it might be organised.

There was a hope that Planning with People guidance would give clarity around how engagement may be taken forward on a regional and national basis - '*Regional and national planners should also follow planning with people guidance'*.

To assist in coming to a more informed position, the Service Change Team looked at three examples of regional planning to understand what the positives where and were potential weaknesses in process. We also considered what it says in Planning with People at present which is that the regional planners should be following Planning with People guidance and therefore we have taken the expectations template that we use for | |

	NHS Boards and Health and Social Care Partnerships and adapted that slightly to take into account regional planning. The template also takes into consideration the Gunning Principles, which set out what would be expected in terms of meaningful engagement, to get a sense of what our expectations might look like.	
	The Planning with People guidance is currently being reviewed with a closing date in September. Within its feedback the Service Change Team will be putting forward for HIS to consider including in the final submission that there is more clarity and detail needed around regional and national planning.	
	The Service Change Sub Committee is asked to consider the content of the discussion paper and the expectations template, and approve the expectations template for future use.	
	Claire advised that the conversation with Boards in relation to this can be very challenging and the reality is that we are sometimes asking NHS Boards to retrospectively look at this and whilst recognising current and emerging workforce pressures, the current financial context and service consistency. She advised Boards to include in their feedback on the review of Planning with People, the need for further information and guidance on Regional and National planning, in particular consideration of requirements on changes that have been made during Covid.	
	The Chair and Claire expressed their thanks to Louise for the work in preparing this paper.	**Principal Service Change Advisor**
	Members expressed the view that the content of the report should be shared more widely than the subcommittee and should be included within the Service Change report to the SHC Committee for their consideration and possible presentation to the HIS Board for information.	
2.5	**Update on Quality Framework for Engagement** Emma provided a verbal update. HIS-CE have developed a Quality Framework for community engagement over the last couple of years with a number of staff from NHS Boards and staff from Social Care Partnerships. This provides a tool to allow them to do an organisational review of the quality of the engagement they are doing and to consider how they are meeting statutory requirements. The SCT have taken Planning with People guidance and looked at a number of existing guidance and duties, and brought that into one framework. The framework is a self-evaluation process. There are 7 test site areas, including a mix of boards and partnerships across Scotland including NHS Shetland and A&A, Aberdeenshire Social Care Partnership, East Renfrewshire and NHS GG&C. They are all at different stages now with some having sent out their self-evaluation.	

	The first consensus session was recently held by East Renfrewshire health and social care partnership and supported by HIS-CE. This was a very positive process and feedback has been extremely positive and learning will be shared with other test sites. This will be combined with additional feedback from the other sites as they progress around how they felt using the tool, what went well, what we could improve, anything we need to add to the guidance document and also any amendments we need to make to the self-evaluation tool itself. So far, the indication is that no major amendments are required. Overall, pilot areas appear to be using the tool to re-evaluate where the engagement is post Covid. We aim to publish later in the year alongside Planning with People if timing allows. The Chair thanked Emma for this update and expressed how good it was to see progress with the test sites and the positive feedback. It would be good if we can achieve publication in line with Planning with People as they are linked.	
2.6	**Update on the planned evaluation of the Internal and External workshops** Denise gave a verbal update. We have been undertaking ongoing evaluation of the workshops, but as they have been running for well over 12 months the Service Change Team considered it a good time to reflect on learning and feedback. We intend to carry out additional targeted work on our evaluation methodology. This will be done in partnership with wider HIS colleagues and we intend to set up a short life working group to provide an update on progress which will be shared at the next subcommittee meeting. We welcome any comments or feedback from the committee on how this evaluation should be carried out and if any member would like to participate in this area of work. Dave advised that he would be interested in being involved and the Chair thanked Dave for putting his name forward to join the short life working group and is looking forward to hearing any feedback at future meetings.	**Service Change Team**
2.7	**Service Change Sub Committee Terms of Reference** The Chair shared that as mentioned earlier, the Terms of Reference for the Sub Committee need to be updated We are now sitting in a very different context to where we were when the committee was originally established. It is a suggestion that we review these Terms of Reference and bring them back to the next Sub Committee and then on to the following SHC Committee for approval.	

	With the agreement of members, the team will prepare a first draft for consideration by the chair in the first instance for follow up through HIS-CE governance structure. This aligns with current activity for service change including the planned audit and review which is due to take place in Q3. Christine suggested that we should take into consideration developments of the National Care Service when we look at this and that while we may not have statutory role, we should be brave and bold and say what is needed to be said within the Terms of Reference. The Chair thanked Christine for her comments.	**Principal Service Change Advisor**
3.	**Any other Business** The Chair thanked everybody for their participation in the meeting and was sorry Alison and Elizabeth were not able to join the meeting. The Chair noted that today is the last meeting that Christine Lester will attend. Christine has been an extremely active member of this Sub Committee and the Chair wished to extend her thanks for her dedication that she has provided to the role and her contribution to the subcommittee. Christine shared her thanks to the Chair and expressed that she will miss the Healthcare Improvement Scotland and working with the Community Engagement Directorate. The Chair brought the meeting to a close.	
	Date of next meeting – 20 October 2022 – 10 to 12noon via MS Teams	