COSLA

PLANNING WITH PEOPLE

Community engagement and participation guidance

for NHS Boards, Integration Joint Boards and Local Authorities that are planning and commissioning care services in Scotland

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PLANNING WITH PEOPLE – JOINT FOREWORD

Scotland's national and local governments are committed to improving the ways individual people, and communities of people, can be involved in decision-making that affects them.

Nowhere is that more vital than when it comes to the development of the health and social care services upon which we all rely.

Our response to the COVID-19 pandemic has shown that Scotland's public services can come together to address challenges. Across the country, we have been doing things differently to engage people in communities about decisions that affect them, and this guidance captures that learning for the benefit of all.

We know that by working together care providers can transform the experience of people who use services as well as the experience of those who deliver them. This guidance will help us achieve that widely and with consistency.

The days of health services and social care services operating in isolation are gone. Now, people expect their care providers to collaborate to develop 'seamless' care. That demands a joint commitment to working in partnership with people themselves to co-create services that suit everyone.

Listening to the views of people who use services, and actively involving them throughout the process of planning care delivery, is a key improvement recommendation of the recent Independent Review of Adult Social Care in Scotland.

During 2021 Planning with people will itself be subject to wide consultation, to ensure that this guidance supports the Human Rights approach and is aligned to the recommendations in Derek Feeley's report. Progress of this will be reviewed and reported over 2022.

Planning with people promotes real collaboration between NHS Boards, Integration Joint Boards and Local Authorities. It sets out the responsibilities each organisation has to community engagement when services are being planned, or changes to services are being planned, and supports them to involve people meaningfully.

Applying this guidance wholeheartedly will help to ensure these legal duties are met, and it will be used to inform assessment of organisational performance.

Fundamentally, good engagement means that services are developed which are effective, safe, value-for-money and meet individuals' needs. And there is no doubt that greater participation brings better outcomes for communities all round.

So, we encourage people in communities across the country to read Planning with people and join the drive to shape the way Scotland's citizens are engaged in shaping the care services they receive. Ultimately, it is their experience that will be the real measure of what impact it is making.

Signed

Jeane Freeman, Cabinet Secretary for Health and Sport, Scottish Government

Cllr Stuart Currie, Health and Social Care Spokesperson, COSLA

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PART 1 - PLANNING WITH PEOPLE

About Planning with People

It is more than 10 years since guidance on community engagement for healthcare was last issued by the Scottish Government. A great deal has changed since February 2010 – not least the integration of health and social care services.

This document replaces previous guidance on engagement, and represents real partnership working in action. Its content has been produced by people from right across the health and social care spectrum, and it will continue to develop as experience of collaborative community engagement grows.

Planning with People is co-owned by The Scottish Government and COSLA.

Although not legally binding, this guidance supports organisations to deliver their existing statutory duties for engagement and public involvement. Organisational leaders should therefore regard effective engagement as a priority.

This guidance applies to all care services – for children, young people and adults. It should be followed not only by health and social care providers but also by local, regional and national planners, Special Boards and all independent contractors and suppliers such as care homes, pharmacies and general practices.

To be heartfelt and effective, engagement cannot be prescriptive. So **Planning with People** represents a new way of doing things. It promotes consistency, culture change and true collaboration and encourages creativity and innovation, based on best practice. Putting people and communities at the centre of the process delivers the best results.

Planning with people sets out how members of the public can expect to be engaged by NHS Boards, Integration Joint Boards and Local Authorities. Recognising all the good work that is taking place, the guidance is designed to complement and strengthen organisations' existing engagement strategies. It also encourages close working between bodies to minimise duplication and share learning.

Reflecting the spirit of partnership, and to be inclusive of community members who might wish to refer to it, the language used in this guidance is deliberately accessible and jargon-light. Scotland's Health and Social Care Standards use 'care' to encompass both health and social care, so this terminology is used throughout.

The guidance has been developed during the COVID-19 pandemic, which has transformed methods of engagement. Digital approaches, including the use of social media, are fast being adopted and **Planning with People** acknowledges that trend.

It is important that guidance on community engagement evolves with experience, and there will be dedicated forums where people involved in consultation and engagement activity can share their learning and ask questions. Case studies will illustrate best practice and capture impacts on communities and engaging organisations.

> **Planning with People** will be reviewed in January 2022 and refreshed in the light of experience. Please share your feedback – CEdocumentfeedback@gov.scot

Defining community engagement

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

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

This defines community engagement as:

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

Purpose of the guidance

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

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

This guidance supports public service planners, commissioners and providers to consider how to continually improve the ways in which people and communities can become involved in developing services that meet their needs.

To achieve meaningful and effective engagement, leaders must demonstrate a commitment to it and take action to embed it within their organisations. As well as improving practice, this guidance supports existing legal obligations for engagement and participation.

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

Using the guidance

The guidance is intended for use by people who are experienced in engagement, and those who are new to the field. The purpose is to promote ongoing learning and development.

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

Organisations involved in developing integrated care services in Scotland are expected to follow relevant aspects of the guidance as they plan future engagement activities.

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

Key statutory responsibilities involving engagement, such as Joint Strategic Needs Assessment and Strategic Commissioning Planning can sometimes be met in the letter of the legislation but not the spirit of the legislation. Organisational barriers to 'walking the talk' must be identified and addressed by effective leadership.

> In recognition of health and social care integration this guidance updates existing guidance and replaces Chief Executive Letter 4 (2010) for NHS Boards.
>
> **The established major service change decision-making process for NHS Boards remains unchanged.**

When to use the guidance

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

It can be applied in any context where community engagement might inform service planning, from large-scale to local initiatives. Key steps in the community engagement process that should be followed in any engagement cycle are outlined below, and more detail can be found in Part 3 - Supporting Information.

NHS Boards, Integration Joint Boards and Local Authorities should explore the opportunities for joined-up engagement activities. Where a number of organisations are undertaking community engagement in a local area the engagement activity should be aligned, where possible. This can help reduce 'engagement fatigue' among communities.

Organisations should work collaboratively to draw on their existing collective expertise and infrastructures to support community engagement. For example, there will be parts of Health Boards and Local Authorities with a strong track record of engaging with specific communities and this knowledge should be shared.

Before embarking on the community engagement improvement journey, it is important for organisations to objectively assess how they currently involve and engage with people. Tools to support honest self-reflection can be found in Part 4 – Policy, legislation and principles.

Policy and legislative context

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

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

All relevant public bodies are expected to demonstrate how they are engaging with communities, and to evidence the impact of engagement.

This guidance takes account of relevant recent policy drivers and legislation (see Part 4) and promotes a shared understanding among Scotland's care planners and commissioners to support consistently high-quality engagement with communities.

- Statutory duties of community engagement

The duty to involve people and communities in planning how their public services are provided is enshrined in law in Scotland. This guidance supports care organisations to meet their legal responsibilities.

NHS Boards are bound by duties of public involvement set out in the NHS (Scotland) Act 1978 as amended by National Health Service Reform (Scotland) Act 2004.

For **Integration Joint Boards** engagement and participation duties are specified by the Public Bodies (Joint Working) (Scotland) Act 2014. Integration Joint Boards are expected to apply this guidance and work with colleagues in Health Boards and Local Authorities to share learning and develop best practice.

The duty to involve people in the design and delivery of care services was strengthened with the introduction of the Community Empowerment (Scotland) Act 2015.

Participation is also a key element of a Human Rights based approach, which requires that people are supported to be active citizens and that they are involved in decisions that affect their lives.

Assurance, support and oversight

Healthcare Improvement Scotland and the Care Inspectorate have statutory responsibilities to assure and support improvement in the quality of care services. Where appropriate they collaborate in the delivery of these duties.

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

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

Healthcare Improvement Scotland and the Care Inspectorate are working with stakeholders to develop a Quality Framework for Community Engagement. This will support NHS Boards, Local Authorities and Integration Joint Boards to carry out effective community engagement and demonstrate how these organisations are meeting their statutory responsibilities to engage. In addition the Quality Framework will provide opportunities to develop practice and share learning.

In partnership with other scrutiny bodies, Healthcare Improvement Scotland and the Care Inspectorate also carry out joint strategic inspections for care services of NHS Boards, Local Authorities and Integration Joint Boards. These inspections examine how integrated services are planned, commissioned and delivered to meet people's needs, and meaningful engagement is taken into account.

Healthcare Improvement Scotland and the Care Inspectorate both work to the Health and Social Care Standards in their scrutiny and improvement activities. The rights of people to be involved in decision-making regarding the provision of care underpin the joint standards, which also require people to be supported to participate fully.

PART 2 - ENGAGING WITH PEOPLE

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

Engagement should not be a one-off event or only used for high-profile projects. High-quality and ongoing community engagement builds relationships and trust.

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

It is important that community groups are involved throughout the development, planning and decision-making process for service change. Involving representatives of communities to the engagement planning team at the earliest possible stage informs an effective approach.

The purpose of engagement will influence the methods to be used, and in most cases a range of different engagement tools will be necessary to reach the right people. Further information is attached in Part 3 - Supporting information.

Healthcare Improvement Scotland - Community Engagement can provide advice on the type of involvement it would expect to see for proposed engagement by health bodies. It can give views on similar work and best practice elsewhere, support meaningful engagement to take place at a distance, and offer guidance on the evaluation process.

The Participation Toolkit published by Healthcare Improvement Scotland – Community Engagement also provides detail on a range of engagement methods, tools and best practice.

Alongside Healthcare Improvement Scotland – Community Engagement, the Care Inspectorate can provide advice and guidance on community engagement to local authorities and Integration Joint Boards through its link teams.

Link teams recognise multiple services of different types, and the need for regular planned contact to discuss emerging issues. They consist of a strategic inspector, responsible for scrutiny carried out at authority or strategic partnership level; a relationship manager for adult care services and complaints about care services; and a relationship manager for children's care services and registration.

Digital engagement – pandemic learning

The onset of COVID-19 inspired greater collaborative working across all health and social care organisations, and a more joined-up approach in terms of communications and engagement has been evident.

Due to COVID-19 limitations on face-to-face meetings and events, organisations have had to adapt their approach to engagement and have used digital technology, including social media, more than ever before. Although digital technologies will not meet everyone's needs, a growing number of people find digital engagement easier.

Organisations have worked together to develop digital-first approaches to engagement and detailed guidance is being drafted, drawing on the pandemic experience.

Healthcare Improvement Scotland has completed an [Equality Impact Assessment of a digital-first approach to community engagement](#) which will be of value in planning and designing such activity.

> Healthcare Improvement Scotland produced [Engaging Differently](#) for digital engagement during the pandemic.

Steps to good engagement

[The National Standards for Engagement](#) set out a staged approach to the engagement journey. Each step in the process is underpinned by principles that should be followed in order to demonstrate good practice.

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

Links to more detailed implementation guidance can be found in [Part 3 - Supporting information](#).
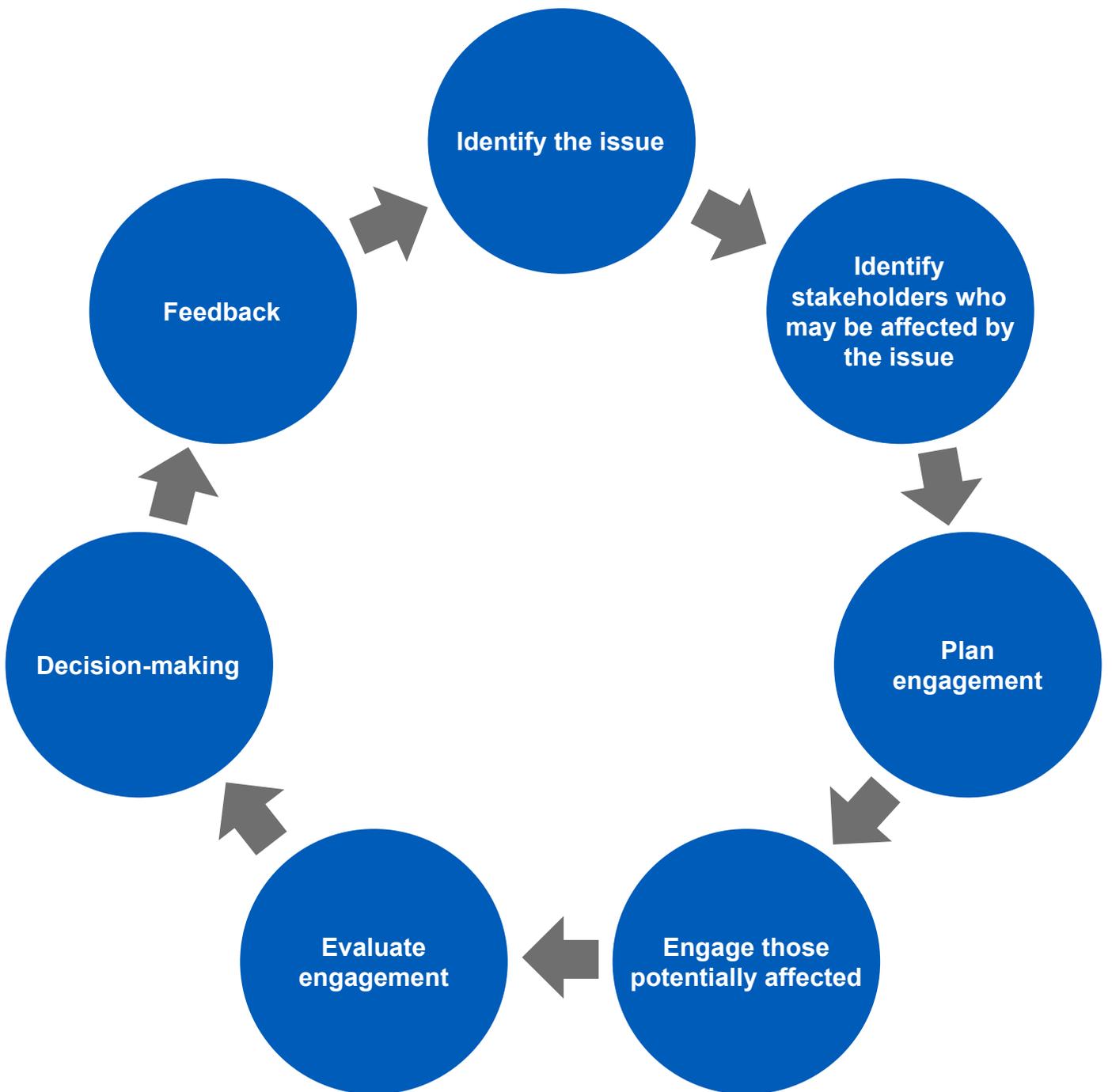
- **Identify the issue** Clarity about the reason for engagement is essential. Shared understanding of the objectives will inform the planning process and determine the engagement methods to be used, maintaining focus throughout. Rigorous and wide-ranging impact assessment is vital.

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

- **Plan engagement** Identifying the best approaches to reach the people whose views need to be shared is vital. Involving community representatives from the outset of planning, and encouraging their ideas, results in better engagement and robust and sustainable outcomes.

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

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

- **Decision-making** Throughout the engagement process, decisions will need to be made and community representatives must be involved so that robust, evidence-based and person-centred outcomes are achieved. When engagement activity concludes it is NHS Boards, Integration Joint Boards and Local Authorities that must approve or reject recommendations. The quality of the engagement process will be taken into account.

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

Governance and decision-making

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

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

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

NHS Boards and Integration Joint Boards should have 'engagement leads', members of staff who can provide relevant links.

The Quality Framework for Community Engagement, developed by the Care Inspectorate and Healthcare Improvement Scotland, is aligned to this guidance. It supports NHS Boards, Integration Joint Boards and Local Authorities to meet their legal duties with regard to community engagement, and to continually improve their engagement practices.

The Quality Framework is designed to support both self-evaluation and external quality assurance and improvement activity in relation to routine engagement; specific engagement activities (such as major service change); and organisations' internal governance systems for community engagement activity.

The framework will be used to identify and support improvement in community engagement practice, as well as identify and share good practice.

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

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

Integration Authorities were established under the Public Bodies (Joint Working) (Scotland) 2014 Act and include Integration Joint Boards and, in the case of Highland, lead agency partnership agreements. The Act does not identify a process for engagement that must be adhered to for community engagement. It recognises that Integration Joint Boards will have the local knowledge to undertake engagement that best suits their local population.

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

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

PART 3 – SUPPORTING INFORMATION

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

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

Defining community engagement

The principles that inform this guidance promote a change of focus from a culture of 'telling' to one of really listening when it comes to community engagement. Consistent, relevant, open communication between all parties is vital, and there is an expectation for organisations to do more.

- **Community** refers to a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse and that people can belong to several at one time.

- **Engagement** covers a range of activities that encourage and enable people to be involved in decisions that affect them. This can range from encouraging communities to share their views on how their needs are best met and influence how services should be delivered, to giving communities the power to inform decisions and even provide services.

> Co-production is key to successful community engagement. It has been described as the process of active dialogue and engagement between people who use services, and those who provide them.

The case for community engagement

Effective and ongoing engagement brings many benefits:

- Organisations hear new ideas and understand all the issues for communities, creating opportunities to identify sustainable solutions to service challenges

- Communities, especially vulnerable and seldom-reached groups, are connected and engaged with services, improving access to care services and health outcomes

- Community ownership of decisions and 'direction of travel'

- Reduced public resistance to change due to better awareness and understanding of the reasons for change

- Improved public confidence and less protest

- Reduced risk of legal challenge resulting from concern about the process of engagement

- Change that can be implemented and services that meet the needs of communities

Clarity of purpose

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

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

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

Organisational self-evaluation

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

- What role do communities have in your organisational structures? How do people respond when you communicate with them? Are levels of public satisfaction and trust high or low?

- How does your organisation view engagement? Is it regarded as important and is there a shared view of what it means? Has there been a culture of tokenism?

- Has engagement influenced decisions?

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

The Quality Framework supports self-evaluation in three areas:

- Ongoing engagement and service user involvement

- Involvement of people in service planning and design

- Governance/Organisational Culture and Leadership

The framework will be a guide for improving the quality of engagement. It will help NHS Boards, Local Authorities and Integration Joint Boards to understand what good engagement involves and how it can be evaluated and demonstrated.

Planning engagement

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

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

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

Questions to consider:

- What are the challenges you want engagement to address?

- What would you like engagement to achieve?

- What level of engagement is considered proportionate?

- Who will be making final decisions?

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.

Trusted and open dialogue achieves:

- Clear communication and information sharing to achieve mutual understanding of challenges

- Agreement about what is out of scope - the more non-negotiable elements there are, the less likely members of the community will want to participate

- Realistic expectations and reduced risk of conflict or disappointment

Who to involve

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

Existing networks can help to identify potentially affected people, including those who do not find it easy to share their views. Support for stakeholder mapping may come from community groups, localities, third sector organisations or Community Councils. Identifying and building relationship with key individuals who can act as links for information-sharing makes a huge difference.

Consider:

- Who is directly impacted by this work?

- Who is indirectly impacted?

- Whose engagement is essential?

- What are the key issues or areas of interest?

- What is the level of public interest?

- Who are the key contacts?

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

In time, effective engagement should become routine, with fewer decisions being challenged and referred for review, which can carry significant costs.

> NHS Health Scotland Stakeholder Mapping Template
>
> VOiCE Tool a planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement
>
> The Engagement Matrix guidance for improving engagement between health boards and the third sector
>
> The National Involvement Network

Impact assessment

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

> The Equality and Human Rights Commission guidance to help public authorities in Scotland meet their public equality duties.
>
> Scottish Government guidance on the Fairer Scotland duty.

Methods of engagement

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

Consider:

- The scope, context and improvement sought

- Who you seek to engage, and the local context

- Budget, timeline and resources allocated

- Skills of team and their availability to lead events at times and in locations to maximise attendance

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

Consider:

- Given the timeframe, budget and resources which engagement technique(s) might work best?

- What are the strengths and weaknesses of these?

- Will the people to be engaged feel comfortable with this approach?

- Will it reach the target group?

- Will it help to achieve the stated improvements sought?

Ideally, engagement is personal and relational and should be ongoing. Sometimes, however, it may be appropriate to seek independent external support. Consideration must be given to whether this a 'quick fix' option, potentially less effective than using existing methods and working with people who are known to the community. Alternatively, independence of the organisation can be an advantage if there is community mistrust.

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

> Healthcare Improvement Scotland – Community Engagement Participation Toolkit
>
> The Place Standard is useful in helping generate the discussions required to understand the assets of a place and ensuring the experiences of people living in a particular place are captured, valued and integrated into the heart of decision-making processes.

There are specific considerations for consultations:

- No final decision must have been reached

- The information provided must relate to the consultation and must be available, accessible, and easy to interpret to enable consultees to provide an informed response

- There must be sufficient opportunity for consultees to participate

- Decision-makers must be able to provide evidence that they took consultation responses into account

> Right First Time: A practical guide for public authorities in Scotland to decision-making and the law

Options appraisal

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

Options Appraisal Guidance

Timeframes and budgets

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

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

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

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

There is no handy formula to work out what an engagement project might cost. Each element has to be assessed separately to project an accurate budget.

Resourcing engagement

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

• **Engagement and inclusion champions** – senior staff to promote and support meaningful engagement and inclusion. Executives and Board non-executives need to understand why engagement is essential and may require training in order to ensure effective delivery.

• **Engagement and inclusion leads** – members of staff who know how to help individual services to reach communities and access any support that may be required.

• **Skilled staff** – the right number of skilled staff ensure that engagement activity is conducted in depth, monitored and evaluated. Training may be required.

• **Dedicated budget** – there are costs associated with community engagement, depending on the scale. Realistic budgets have to be agreed.

• **Sufficient time** – effective engagement cannot be rushed. Adequate time is required to reach affected community members, and flexible and innovative approaches may be required.

Depending on the capacity within organisations and the scale of the engagement activity it may be appropriate to procure the services of specialist providers to deliver some services. Any independent or external contractors will be expected to follow this guidance and to adhere to its principles.

Accessible information

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

For some people the headline facts are sufficient, while others prefer to analyse raw data. So, it is important to present background information in a variety of formats – online, on paper or by another means – on request.

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

Communication and feedback

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

The Scottish Co-production Network describes co-production using a variety of sources.

Privacy and confidentiality must always be observed. Reporting and feedback must be anonymised unless there is the written consent of each individual to publish or release their personal information.

Patient and Service User Feedback

Producing a report of findings

Scottish Co-Production Network: What is Co-production?

Evaluation

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

- Surveys

- Reports

- Themes

- Audio and/or video recordings

- Graphics

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

Consider:

- Are we meeting our objectives?

- Are we reaching all the people we need to reach?

- Are we developing our knowledge of communities and gathering useful data?

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

> Evaluation Toolkit
>
> VOiCE Tool a planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement.

Governance and decision-making

While different organisations may have evolved with different ways of working, and may have different statutory functions to fulfil, the Community Empowerment (Scotland) Act 2015 requires equal duties when it comes to participation.

NHS Boards: major service change

- Identifying major service change

Healthcare Improvement Scotland - Community Engagement provides guidance to help identify potentially major service changes. There is a range of factors that NHS Boards will consider to be important drivers for change, including workforce issues and clinical standards. However the guidance concentrates on key issues that are relevant for identifying when a proposed service change might be classed as major.

These include:

- The impact on patients and carers

- Changes to the accessibility of services

- Emergency and unscheduled care

- Public or political concern

- Changes to how services are delivered

- Financial implications

- Consequences for other services.

NHS Boards can designate proposals as major change themselves, as informed by the Healthcare Improvement Scotland - Community Engagement guidance, and then follow the process detailed below.

While Healthcare Improvement Scotland - Community Engagement can offer a view on the designation of specific proposals, if a final decision is required as to whether proposals should be considered major, this should be sought from the Scottish Government.

- Major service change process

Proposals for major service change in the NHS must be subject to at least three months of public consultation and, ultimately, Ministerial approval.

Where a proposed service change will have a major impact, Healthcare Improvement Scotland - Community Engagement is required to quality assure the process. It can advise on the nature and extent of the process considered appropriate in similar cases.

For any service changes considered to be major, NHS Boards should not move to the consultation stage until they have confirmation from Healthcare Improvement Scotland – Community Engagement that their engagement up to that point has been in accordance with this guidance.

Following the public consultation, a full meeting of the NHS Board will then consider the proposals and make a decision. A range of information, including responses to the consultation and a report from Healthcare Improvement Scotland – Community Engagement, will help to inform the Board's decision.

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

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

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

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

Integration Joint Board decision-making

Specific requirements (known as Planning Principles) are laid out for involvement and participation of a range of stakeholders. Integration Joint Boards are required to have as members a carer representative, a person using social care services, a patient using health care services and third sector representatives.

Each Integration Joint Board should have its own strategy for community engagement and participation, which should be taking place on a regular and routine basis and not just at time of change. Strategies must take this guidance into account.

- Strategic Commissioning Planning

Decision-making by Integration Joint Boards takes place within the context of strategic commissioning, and so it is important that community engagement is part of this process.

Strategic commissioning is the term used for all activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services, and working in partnership to put these in place.

There is a duty on Integration Joint Boards to create strategic commissioning plans for the functions and budgets they control, which must be reviewed every three years. This requires close working with professionals and local communities to deliver sustainable new models of care and support that are focused on improving outcomes for people.

A key principle of the commissioning process is that it should be equitable and transparent. Therefore it must be open to influence from all stakeholders, including the community, via ongoing dialogue with people who use services, their carers and service providers.

During the development of their strategic plan, each Integration Joint Board is required to run consultations on various drafts of the document.

> The role and minimum composition of a Strategic Planning Group can be found in Strategic Commissioning Plans: Guidance.

It is important that Integration Joint Boards develop agreed communication and engagement plans at an early stage to suit the needs and makeup of their community. Boards should use this guidance to help develop their approach to engagement.

- Localities

Another important route for community engagement is through locality arrangements. Each Integration Joint Board divides its geographical area into at least two localities, and the views of people who live there must be taken into account as part of the strategic commissioning process to inform strategic thinking.

Many Integration Joint Boards have well established locality planning forums that bring together professionals and local community representatives involved in strategic commissioning planning.

> Further information can be found in Health and social care integration - localities: guidance.

- Significant decisions outwith the Strategic Commissioning Plan

Sometimes, an Integration Joint Board must make a decision that would have a significant effect on the provision of an integrated service, outwith the context of the strategic planning cycle. It must then involve and consult its Strategic Planning Group, along with users (or potential users) of the service.

- Decisions for specific services and functions

While the Strategic Commissioning Plan provides the direction of travel and ambition for the Integration Joint Board, decisions about service change, service redesign, and investment and disinvestment may be made at regular meetings. These are open to members of the public who may attend but not participate, with papers and minutes available online.

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

Local Authority decision-making

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

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

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

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

- Community Planning Partnerships

There are 32 Community Planning Partnerships across Scotland, one for each council area, which represent all the services that come together to take part in community planning. Each focuses on where partners' collective efforts and resources can add the most value to their local communities, with particular emphasis on reducing inequality.

PART 4 - POLICY, LEGISLATION AND PRINCIPLES

In addition to national policy each Health Board, Integration Joint Board and Local Authority will have local policies on communication and engagement that should be referred to.

This guidance takes account of relevant legislation, including:

NHS (Scotland) Act 1978 as amended by the NHS Reform (Scotland) Act 2004

Equality Act 2010

Public Services Reform (Scotland) Act 2010

Patient Rights (Scotland) Act 2011

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

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

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

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

Principles of Engagement and Participation

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

Health and Social Care Standards

Joint Strategic Needs Assessment

Strategic Commissioning Planning

Link Inspectors

Planning Principles The Public Bodies (Joint Working) (Scotland) Act 2014 contains the 'Planning Principles': Planning and delivering integrated health and social care: guidance'

Localities Guidance

Co-production Scotland

Participation Toolkit

Reporting on participation

Engaging Differently

Evaluating Participation Toolkit

Producing a report on findings

Quality Framework for Community Engagement

Scottish Community Development Centre - The National Standards for Community Engagement

National Involvement Network

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

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

Place Standard a simple framework to structure conversations about place, this tool provides prompts for discussions.

The Scottish Approach to Service Design a framework to guide how to design user-centred public services.

Gunning Principles a strong legal foundation from which the legitimacy of public consultations is assessed.

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

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

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

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

Christie Report

Scottish Government
Riaghaltas na h-Alba
gov.scot

This publication is available at **www.gov.scot**

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