

Meeting:	Grampian NHS Board Meeting
Meeting date:	7 October, 2021
Item Number:	10
Title:	Engagement and Participation Committee 'Strategic Intent' Paper
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1 Purpose

This is presented to the Board for:

- Decision
- Endorsement

This report relates to a:

- Emerging issue
- Legal requirement

This aligns to the following NHS Scotland quality ambitions:

- Effective
- Person Centred

2 Report summary

2.1 Situation

The Engagement and Participation Committee has recognised that it requires a refresh of its strategic intent and purpose to better clarify the priorities of the Committee and how it contributes overall to the Board's assurance.

The Committee considered a framework for conducting that refresh at its meeting in August 2021 and agreed principles that should be taken into account when doing the refresh.

This paper gives details of the Committee's decision in August and makes recommendations for the Board to consider to approve the work programme to refresh the Committee's strategic intent within the wider work to update the Board's framework of assurance.

2.2 Background

Engagement and Participation in NHS Grampian to date

The role of EPC is to seek assurance on behalf of the Board that the organisation is meeting the legislative requirements pertaining to involving our population in the services it provides. (See Appendix 1)

NHS Grampian has always placed a high importance and value on public engagement. To ensure meaningful engagement was a priority and had the status it needed in the organisation, a committee with a focus on public involvement was established in 2004 in response to the development of CEL 4 (2010) Guidance.

Originally this committee was called the Patient Focus and Public Involvement (PFPI) Committee, whose remit included Public Involvement, Equality and Diversity, Patient Experience, Feedback and Complaints, Volunteering, Advocacy and Carers.

Following health and social care integration in 2016, the Committee was re-shaped and renamed the Engagement and Participation Committee (EPC) and has reported to the Board on public engagement and equality and diversity.

Evolving the role of the EPC Committee

In 2020 the Committee identified that it needed a stronger 'strategic intent' to assure the Board more fully about the scope and quality of engagement and participation – and critically, how the Committee and Board are sighted on the impact of these efforts on the design and delivery of services.

The Board's clear ambition emerging in the light of the COVID-19 pandemic is to promote a culture that values listening and engagement to inform decision making to ensure services are designed and created:

- To be as person centred and the best they can be
- To widen and deepen the focus on equalities
- To meet our Fairer Scotland Duty
- To approach engagement and participation in a way that enables people, where possible to self-manage their health conditions and to actively support good population health and wellbeing.
- To maintain and enhance NHS Grampian's reputation as a caring, listening and improving organisation.

One of the key strengths to further build on is our good relationships with Partnership colleagues, principally the three Health and Social Care Partnerships, our statutory partners and Community Planning Partnerships to ensure that our approach to involving and planning with people, including our workforce is aligned to patient pathways.

Also of significance will be working more co-productively with our vibrant third sector, the heterogeneous range of charities, social enterprises and voluntary groups across Grampian who play such a vital role in supporting people at a neighbourhood level delivering essential services and helping to improve people's wellbeing.

Our ability to deliver People Powered Health will be reliant on how these relationships are developed and the capacity of the third sector to work with us to shape services. Our engagement approaches need to be agile and iterative, building on relationships with stakeholders, moving away from 'moment in time' engagement and using a wide spectrum of engagement methods fitting to the objectives of individual workstreams and audiences.

It has been acknowledged that NHS Grampian should place a greater importance on listening, engaging and co-producing services and on demonstrating how engagement leads to service change. The EPC can support the Board in this endeavour by leading NHS Grampian's ambition to achieve People Powered Health.

People Powered Health

The term People-Powered Health is used widely as a short-hand description for a vision of the health and care system that seeks to mobilise people and recognises their lived experience and opinions as a valuable asset.

The vision aspires to bring people together to work alongside healthcare professionals, the community and voluntary sector in order to support patients to live well with long-term conditions. It is a redefined relationship, one which seeks to place people and healthcare professionals in a partnership of equals and puts people more in control of their health and wellbeing.

However, it is noted that the term 'People-Powered Health' is already in widespread use and interpreted differently in different settings and is more an approach than a prescribed process. The following are key characteristics of a People Powered Health approach.

- The development of leadership from grassroots rather than a top-down leadership approach, thus the growth of 'new power' over 'old power'

- More equal power balances between NHS professionals, third sector providers, patients and carers in decision-making.
- Creation of decision-making based on trust, mutual respect, inclusion and equality, at an organisational level.
- The fostering of a more collaborative environment between clinicians, other staff, patients and carers that takes account of social, cognitive, emotional, physical and cultural context or 'human factors' in our system.

With a people powered health approach, it is accepted that the types of engagement and participation should reflect the respective needs of patients, staff and the capacity of services, and responses to needs will be wide-ranging, and will include the spectrum of engagement and participation activity which is appropriate for the patient group and service. <https://www.hisengage.scot/equipping-professionals/participation-toolkit/>

Governance and Assurance

It is important that engagement and participation is at the heart of the Board's assurance processes. Therefore, the EPC seeks direction and instruction from the Board on the Committee's strategic intent around this new approach. EPC has already been delegated to lead on the engagement aspects of the development of the new NHS Grampian Strategy 2021-26.

The Committee proposes to redefine its assurance framework including revised Terms of Reference and a new assurance map for relevant services, using the Scottish Approach to Service design as a template. This aspires towards a shared, participatory approach to designing public services in Scotland with, and not only for, the people of Scotland.

To fulfil this ambition to have a participatory approach to its Strategic Intent, the Committee wishes to commission an initial gap analysis on the nature, scope and quality of engagement and participation activity in NHS Grampian and the results of this analysis will inform the Committee's priorities as reflected in the revised Terms of Reference.

The Committee's revised strategic intent and Terms of Reference will also incorporate a renewed focus on monitoring equalities duties and the impact of service redesign and prioritisation on those duties, including the Fairer Scotland and Equality Act 2010 protected characteristics.

When further developing the Committee's terms of reference and assurance framework, it will need to align with the Blueprint for Good Governance and the wider piece of work to review NHS Grampian Board and committee structure and arrangements alongside the emerging strategy and portfolios.

2.3 Assessment

Proposed activity to develop the strategic intent and revised Terms of Reference

- Commission an initial gap analysis on NHS Grampian engagement and participation activity.
- Updating the Term of Reference (ToR) for the Committee and to ensure it aligns with the wider development of committee arrangements for NHS Grampian.
- Produce an Assurance Map for the Committee to fulfil the strategic intent.
- Develop an operational group to support the Committee and provide assurance on processes, systems and risk.
- Consider Committee membership, including external members, to fulfil reflect its revised strategic intent.
- Develop an NHS Grampian Policy to implement the Board’s commitment to effective engagement and participation and define its expectations of engagement activity undertaken on behalf of the organisation.
- To embed a commitment to equality and inclusion across all NHS Grampian engagement activity and ensure representation from diverse audiences are a core element of our work.

Below is an indicative timescale for completion of these milestones, subject to the continued emergency response.

Gap analysis	Updating ToR	Assurance Map	Operational Group	Committee Membership	Policy Development
Oct 21-Feb 22	Oct-21-Feb 22	Oct-21-Feb 22	Sept 2022	Sept 2022	Dec 2022

Co-Production

Co-production is a term that is often used when describing the ambition to work together to create a service of value. A definition of the co-production of services is

“the process of active dialogue and engagement between people who use services and those who provide them... which puts service users on the same level as the service provider. It aims to draw on the knowledge and resources of both to develop solutions to problems and improve interaction between citizens and those who serve them.

Co-produced services work with individuals in a way that treats individuals as people with unique needs, assets and aspirations, but also as people that want support tailored to their needs.”

Working with people and not doing things to them. [Co-Production in Health and Social Care, Governance International - Achieving Citizen Outcomes \(2012\)](#).

The new Engagement Guidance '[Care services - Planning with People](#)' developed by the Scottish Government and COSLA, (March 2021) lays out the ambition for continuous participation and co-production of services that we should all be aiming for and is a clear shift from the CEL4 guidance which had a snapshot or 'moment in time' approach to engagement.

There is therefore a requirement for us to shift our focus forwards and outwards and place a higher priority on reaching communities and members of the public who we do not usually hear from – the seldom heard communities. This requires an approach that allows realistic timescales for engagement and involvement activity and embeds engagement practices across services, pathways and teams. It will require the development of the Public Involvement Team to have a more enabling role for service leads and patient pathway teams.

2.3.1 Quality/ Patient Care

Representative information on lived experience leads to meaningfully informed decision making and allows services to be designed and redesigned in an efficient and effective way, making them fit for purpose and sustainable.

2.3.2 Workforce

The time needed to achieve meaningful engagement and involvement activity will need to be planned for and supported as this needs to be embedded in our service planning, change and redesign practice and culture. It is acknowledged that the timing of this needs to be sensitive to the significant systemic pressures staff are under at the time of writing.

2.3.3 Financial

The requirement for us to shift our focus forwards and outwards and place a higher priority on reaching communities and members of the public who we do not usually hear from, will need some dedicated time and resource commitment for this to be meaningfully achieved. The operational structures supporting a more strategic EPC committee may also require time, redesign and resource.

2.3.4 Risk Assessment/Management

Services being designed or changed without the proper engagement required, leading to:

- A lack of representative information to meaningfully inform decision making.
- Services being redesigned in an inefficient or ineffective way – making them unfit for purpose and/or unsustainable.
- Service redesign being open to political and/or legal challenge.
- Reputational damage arising from criticism (internally and externally – e.g. politically and publicly) of change made without adequate engagement.

- Previously interested/engaged members of staff, patients and the public feeling disempowered and apathetic about the services provided to them.
- Lack of willingness among staff, patients and the public to engage with future initiatives and organisational priorities.
- Capacity of patient groups/community groups/third sector organisations to take part in co-productive activities
- The resources needed to support the Committee to become more strategic and less operational.

The approach described in the Paper should support the mitigation of these risks and support the opportunities to develop the longer-term relationships with our partners and stakeholders that we are seeking as a Board.

2.3.5 Equality and Diversity, including health inequalities

The programme of work described in this paper will support achievement of the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes. This will be achieved by; ensuring how risks are identified; embedding proactive consideration of how inequalities of outcome can be reduced in decisions made. This will be evidenced through written assessments that demonstrate areas of challenge, lessons learned and the celebration of successes.

2.3.6 Other impacts

No other relevant impacts have been identified at this stage but this will be reviewed and updated throughout the process.

2.3.7 Communication, involvement, engagement and consultation

This paper has been co-produced and developed with input from the Engagement and Participation Committee members which includes public representation.

- Engagement and Participation Committee, 9 June 2021
- Engagement and Participation Committee, 11 August 2021

2.3.8 Route to the Meeting

This has been previously considered by the Engagement and Participation Committee as part of its development, who support the content and whose feedback has informed the development of the content presented in this report.

- Engagement and Participation Committee, 9 June 2021
- Engagement and Participation Committee, 11 August 2021

2.4 Recommendation

The Board is asked to:

- **Decision –**
 - i. Agree the programme of work to redefine the Committee's strategic intent.
 - ii. Agree that the Committee work with the Board Secretary and Directors of Strategy, Public Health and Communications to produce a draft assurance framework for the Committee, based on the Scottish Approach to Service Design and taking account of both (a) the board development work being done with King's Fund and the review of the Board's framework of assurance led by the Board Secretary and (b) the emerging strategic priorities of the Board which will be considered by the Board in February 2022; and
 - iii. Agree that the new Committee framework will be considered as part of the Board's revised Framework of Assurance by the Board at its meeting in February 2022.

- **Endorsement –**
 - i. Endorse the Committee's ambition to develop an NHS Grampian Engagement Policy that defines a shared understanding of 'people powered health' and 'co-production' and inclusive working in respectful collaboration with partners and stakeholders.
 - ii. Discuss and approve a renewed strategic intent for the Engagement and Participation Committee incorporating a 'People Powered- Health' system approach and culture, Engagement Policy that defines a shared understanding of 'people powered health' and 'co-production' and inclusive working in respectful collaboration with partners and stakeholders.

3 List of appendices

The following appendix is included with this report:

Appendix 1 - **Statutory and Policy Context**

Appendix 1

Statutory and Policy Context

There are a number of publications that legislate and guide Boards on what is required, expected and what they are responsible for in regard to people's rights, entitlements and what best, evidence-based engagement involves and aims to achieve. The key documents and publications are shown below.

Statutory duties

The duty to involve people and communities in planning and changing how their public services are provided is enshrined in law in Scotland. The new 'Planning with People' guidance supports care organisations to meet their legal responsibilities under the [NHS \(Scotland\) Act 1978](#) as amended by [National Health Service Reform \(Scotland\) Act 2004](#).

Equalities

NHS Boards also have a responsibility under the [Equalities Act \(2010\)](#) to ensure that engagement opportunities are fully accessible to all equality groups, that any potentially adverse impact of the proposed service change on different equality groups has been taken account by undertaking an equality impact assessment.

Christie Report

The publication of Campbell Christie's Commission on the [Future Delivery of Public Services \(2011\)](#) was considered the beginning of a radical roadmap to better public services. A key recommendation from this report was to "empower individuals and communities receiving public services by involving them in the design and delivery of the services they use".

Integration Joint Boards

In regard to Integration Joint Boards (IJBs), engagement and participation duties are specified by the [Public Bodies \(Joint Working\) \(Scotland\) Act \(2014\)](#). IJBs are expected to apply this guidance and work with colleagues in Health Boards and Local Authorities to share learning and develop best practice.

Community Empowerment

The [Community Empowerment \(Scotland\) Act 2015](#) came into force to empower community bodies through the ownership or control of land and buildings, and by strengthening their voices in decisions about public services. Part 10 of the Act (Participation in public decision-making) requires that members of the public must be made aware of opportunities and supported to take part to influence decisions. Involving people and communities in making decisions helps build community capacity and identifies local needs and priorities to target budgets more effectively.

Fairer Scotland Duty

The [Fairer Scotland Duty](#), Part 1 of the Equality Act 2010, came into force in Scotland in April 2018. It places a legal responsibility on particular public bodies in Scotland (including health boards, IJBs and Local Authorities) to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.

Human Rights

Participation is also a key element of the [Human Rights Section in the National Health and Wellbeing Outcomes Framework \(2019\)](#), which requires that people are supported to be active citizens and that they are involved in decisions that affect their lives.

National Standards for Community Engagement

In order to be effective, community engagement must be relevant, meaningful and have a clearly defined focus. To achieve this 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 \(2020\)](#) (the Standards).

The Standards 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.'

Independent Review of Adult Social Care

As well as supporting Boards to meet their statutory duties, the updated engagement guidance promotes real collaboration between NHS Boards, Integration Joint Boards and Local Authorities in Scotland. It sets out the responsibilities each organisation has to community engagement, to ensure people are meaningfully involved when health services are being planned or changed. The new guidance supports a Human Rights approach and is aligned to the recommendations in Derek Feeley's report - [Independent Review of Adult Social Care - gov.scot \(2020\)](#)