

Meeting:	NHS Grampian Board
Meeting date:	8 October 2026
Item Number:	10.2
Title:	Putting People First Year 2 Progress Update
Responsible Executive:	Shantini Paranjothy, Director of Public Health
Report Author:	Luan Grugeon, Strategic Development Manager

1 Purpose and recommendations

This is presented to the Board for:

- Assurance

Recommendation(s)

The Board is asked to:

- Note the Putting People First Year 2 Progress Report
- Note that a further annual progress update will be provided in 2027.

This report relates to:

- NHS Grampian Strategy: Plan for the Future
- Other: Putting People First

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below)

- Strategic Risk 3650 Inability to effectively engage citizens to shape service improvement & transformation

2 Report summary

2.1 Situation

The Board is receiving the Year 2 Progress Report for Putting People First. The report highlights initial progress made during 2025/26 in strengthening public involvement, developing staff skills and confidence, and testing community-led approaches such as Community Appointment Days (CADs) and Real Time

Feedback loops. Good progress has been made despite significant operational pressures. The Board is asked to note the progress achieved, endorse the direction of travel, and support continued development and learning during 2026/27

Since the progress report was written, we have now recruited 6/7 of the NHS Grampian charity funded posts, providing temporary dedicated capacity to help us test and grow new relational approaches. The Community Appointment Day expertise in Grampian is being recognised at the NHS Scotland Conference through presentations and poster displays. Colleagues from NHS Grampian have also been invited to collaborate with HIS to inform early thinking around sub-national planning in relation to CADs. Furthermore, due to additional capacity provided by NHS Grampian charity funding, we will be operating Real Time Feedback loops in 8 clinical areas by end of September 2026, ahead of scheduled delivery date.

2.2 Background

Putting People First is NHS Grampian's agreed approach to involving people in shaping health and care. It supports the ambitions set out in Plan for the Future and responds directly to Strategic Risk 3650: Inability to effectively engage citizens to shape service improvement and transformation. The approach focuses on building trusting relationships, developing staff capability, testing community-led approaches and embedding learning across the system and is in line with Planning with People Guidance.

2.3 Assessment

Progress has been made across all three priority domains in 2025-2026. Key achievements include delivery of Community Appointment Days in a range of clinical and community settings, increased staff training and development opportunities, establishment of the HOPE Collaborative, early testing of Real Time Feedback, and expansion of the Public Involvement Network. An overarching evaluation framework is now in place to support learning and measure impact. However, challenges remain in embedding these approaches into routine practice due to service pressures, limited capacity for teams and clinicians to get involved in testing innovative approaches.

Actions underway during 2026/27, with temporary additional capacity provided by the NHS Grampian charity, include delivering pathway-embedded CAD models, strengthening community dialogue, widening use of Real Time Feedback, implementing a digital engagement platform, developing staff capability, and improving how preventative impact is evaluated

2.3.1 Quality / Patient Care

The report demonstrates positive impacts on patient experience, confidence and access to support. Community Appointment Days consistently achieved high patient experience scores and improved people's understanding of their conditions and available support. Real Time Feedback testing has also shown potential to support

immediate service improvement by helping teams act on patient feedback more quickly and this will be evaluated in the year ahead.

2.3.2 Workforce

Staff feedback has been positive across a range of learning and development activities. Training and development programmes have increased confidence in community engagement and relational approaches. Staff describe feeling more connected to their purpose and better equipped to involve people meaningfully. The main challenge remains balancing improvement activity alongside operational pressures and limited capacity.

2.3.3 Financial

There are no direct financial implications associated with this update. Additional temporary capacity to support delivery of the programme is being provided through NHS Grampian Charity funding over a two-year period, phased over 3 years. This has enabled investment in staffing, evaluation, engagement activity and the development of new approaches

2.3.4 Risk Assessment / Management

- This activity directly relates to mitigating strategic risk 3650 - Inability to effectively engage citizens to shape service improvement & transformation. This risk remains high, noting that the Putting People First programme has not yet achieved the spread and reach to embed these approaches as standard practice.

2.3.5 Equality and Diversity, including health inequalities

Putting People First aims to ensure that people who are most affected by health inequalities have opportunities to influence how services are designed and delivered. Several projects described in the report specifically focus on reducing barriers to participation and improving access for people who experience multiple disadvantage. An Integrated Impact Assessment has not been completed for this report as it provides an overview of programme activity. Impact assessments are completed where required for individual projects.

2.3.6 Other impacts

The programme continues to strengthen partnership working across NHS Grampian, Health and Social Care Partnerships, local authorities, the third sector and communities. Emerging evidence suggests that building relationships and listening to lived experience is helping to support more collaborative and preventative approaches to improving health and wellbeing. This will be further developed in the year ahead.

2.3.7 Communication, involvement, engagement and consultation

The report reflects learning gathered through a wide range of engagement activity involving patients, carers, communities, staff, third sector organisations and partner agencies during 2025/26. Governance and oversight are provided through the

Putting People First Oversight Group and through reporting every 6 months to the Population Health Committee.

- Putting People First Oversight Group (13 May 2026)

2.3.8 Route to the Meeting

This has been previously considered by the Public Health Monitoring leadership Group and the following committee:

- Public Health Monitoring Group (5 May 2026)
- Population Health Committee, (20 May 2026)

2.4 Recommendation(s)

The Board is asked to:

- Note the Putting People First Year 2 Progress Report
- Note that a further annual progress update will be provided in 2027.

3 Appendix/List of appendices

The following appendix/appendices are included with this report:

- Appendix 1 – Putting People First Year 2 Progress Report

Board Meeting
08.10.26
Open Session
Item 10.2.1



Putting People First Year 2 Progress Report

1 April 2025 – 31 March 2026

Setting Foundations for Success

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Introduction Putting People First – NHS Grampian's approach to how we listen to and involve people



"Today has given me hope."

Putting People First is NHS Grampian's approach to involving people meaningfully in how care is shaped and delivered. As outlined in the PPF Framework: [Putting People First](#), the approach is evidence-based, rooted in understanding what matters in people's daily lives, valuing lived experience, and working with staff, communities and system partners as equal contributors.

Over the past year, we have deepened our understanding of the conditions that enable meaningful involvement across Grampian. Emerging learning has reinforced the importance of providing honest information, clear purpose for involving people, creating safe and inclusive spaces for dialogue, coordinating engagement with key partners and maintaining ongoing dialogue with people.

We have seen first-hand that the financial pressures across the system are having real and tangible impacts, including service changes, reduced access to care - changes which can undermine trust and confidence in the NHS. Financial pressures also affect the ability of many services, communities, families and the third sector to engage in shaping new and more sustainable ways of working.

In this challenging context, working openly and honestly with people and partners is not optional but essential — to sustain trust, focus improvement where it matters most, and ensure limited resources are used in ways that reflect lived experience, support long-term sustainability, and respond to local priorities.

This report summarises progress over the past year and the next steps for further spreading the Putting People First approach across NHS Grampian.

Background: What is the problem we are trying to fix?

NHS Grampian's Strategic Risk:

Inability to effectively engage citizens to shape service improvement & transformation

If...



We lack sufficient systems, resources and organisational commitment to engage meaningfully with citizens.

Then...

We risk failing to understand their insight and priorities resulting in services that are not designed around the needs of the people they serve. We will also miss critical opportunities to build trust and collaborate on early interventions that address diverse community needs.



Resulting in...

Public funds being directed toward reactive responses to issues that could have been prevented. Services may fail to meet expectations, leading to poorer health outcomes — particularly among those who are most disadvantaged.

By making Putting People First a **visible organisational priority** and aligning it with community strengths, we build the foundation for a system that evolves with people and is **reflective and responsive**.

Background: The Putting People First approach follows a shared understanding of what enables meaningful change

If we...



Then...



So that...

Build trusting relationships with people and communities

Develop staff skills, confidence and permission to work differently

Test community-led approaches

Embed learning and reflection into the system

Relationships between NHS Grampian, communities and partners change

Decision-making becomes more relational, contextual and responsive

Community strengths and preventative approaches are better utilised

Staff experience greater agency and confidence in involving people meaningfully

Learning from local tests informs wider systems change rather than remaining isolated projects

Health and care becomes more human, inclusive, preventative and sustainable

Service are co-designed, not imposed, improving relevance and uptake

The system shifts from over medicalised responses

NHSG builds foundations for long-term transformation, co-owned with the public

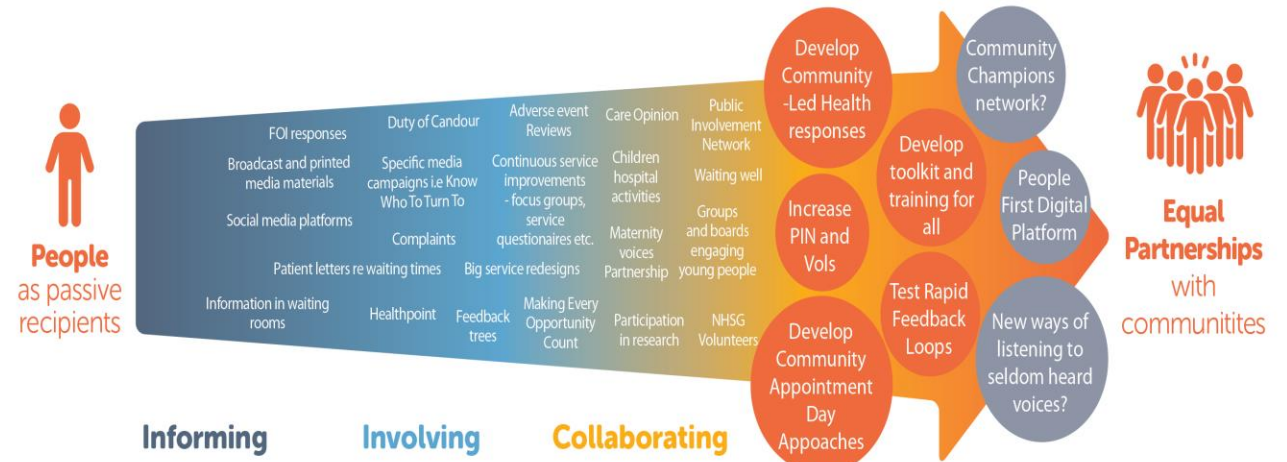
"Just having someone listen to what actually matters to me made such a difference."

What we said we would focus on in 2025 – 2026

Following from the activity in the previous year, in 2025-2026, we continued to focus activity in the areas circled in orange on the arrow diagram.

This included starting testing Real Time Feedback Loops, Community Appointment Day approaches, strengthening the Public Involvement Network, developing tools and supports to increase staff skills and confidence.

We have also secured NHS Grampian Charity funding which will enable the delivery of a Digital Engagement Platform and capacity to test more relational approaches and to help strengthen community champion networks.



These are progressed across three priority domains:

- Domain 1: Making how we involve people a visible priority across the system.
- Domain 2: Supporting people's skills and confidence in relational approaches.
- Domain 3: Developing CAD and other community led health approaches.

Overview of Progress on the 2025-2026 Delivery Plan

Delivery of the Putting People First programme which had 41 actions in progress during 2025 – 2026.

Despite the pressures of NHS Grampian being escalated to Level 4 and limited staff capacity to support, good progress has been made in this year. The recent onboarding of charity-funded PPF staff will further support the progression of activities in the year ahead.

Delivery Plan — BRAGPP Status Summary at 31st March 2026

Status Key:

Complete	On Track	Minor Delays	Significant Delays	Proposal Stage	Postponed
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Domain	Complete	On Track	Minor Delays	Significant Delays	Proposal Stage	Postponed	Total
Making how we involve people a visible priority across the system	5	3	2	0	0	2	12
Supporting people's skills and confidence in relational approaches	2	4	2	0	4	1	13
Developing CAD and other community-led health approaches	11	2	2	0	0	1	16
TOTAL	18	9	6	0	4	4	41

Domain 1: Making how we involve people a visible priority across the system

Hope grows when we slow down, listen deeply, and work alongside people. A wide range of engagement activities took place over the year, the following are notable highlights:

Over 100 staff, partners, and community members across health and social care in Grampian gathered at the **Hope Conference**, a cross-system event bringing GIRFE, Trauma-Informed Practice, Realistic Medicine, Human Learning Systems and Putting People First into one shared space.

- The day was described as **positive, collaborative, hopeful, energising and inspiring**, with **97 percent of participants** satisfied or very satisfied.
- Staff described feeling reconnected to their purpose and that the event helped them feel **reassured, uplifted, and part of a shared movement for change.**

This short [video](#) captured reflections from attendees. Their voices bring the Hope Conference to life, sharing what inspired them, what resonated most, and how focusing on what matters is shaping practice.



Domain 1: Making how we involve people a visible priority across the system

Summary of Key Messages Community Members

What needs more focus?

- General Practice access.
- Clear practical plans.
- System wide communication.
- Mental health.
- Rural equity.
- Co-ordination of care.
- Prevention focused partnerships.
- Confidence that plans will prioritise safety and be person centred.

What matters most?

- Feeling listened to.
- Fair, consistent services.
- Safe, person centred services.
- Care near home.
- Connected pathways.
- Shorter waits.
- Genuine partnerships.
- Honesty, transparency & trust.

Communication & Engagement

- Honest two-way communication.
- Clear regular updates.
- Multi-channel engagement.
- Simple, shareable materials.
- Stronger involvement structures - Patient Participation Groups (PPGs), Community Councils, local groups, etc).
- Reach out to hear diverse voices.

Community Conversations with the Executive Team:

Signalling an intent by the Executive Team to engage more regularly with our communities, in February 2026,

4 community conversations were delivered to inform NHS Grampian's 26/27 priorities.

The learning from these sessions underlined the importance of progressing the Putting People First activities and approach:

- There is a clear appetite for more **joined-up public involvement**.
- Involvement needs to be **more focused and topic-specific**, so people can clearly see where they can influence decisions and avoid engagement feeling tokenistic.
- Clear, **ongoing routes for dialogue** are needed, with a more proactive approach to building trust between NHS Grampian and our communities.

“The more the patients are involved in the process and understand the process, I think it would be a little bit easier. It won't solve everything, but I think that needs to be part of your plan as well.”

Domain 1: Making how we involve people a visible priority across the system

Listening, Sharing and Learning through Story:

Staff from the Grampian health and care system took part in a **storytelling course** with Narativ London to explore **how stories can support connection, understanding and change**. The learning focused on the power of telling stories, listening to others, and **using different story types to bring meaning** alongside data. This shared approach has begun to influence how participants communicate and reflect on their work.

- ✓ **Learning from the course was shared** at an online event, attended by approximately 50 people.
- ✓ **Monthly storytelling circles** have been established to support continued learning and practice.
- ✓ Participants are beginning to **use storytelling more** in meetings, presentations and day-to-day work.
- ✓ Storytelling is being **used alongside data and statistics** to help bring messages to life and elicit change.



“Storytelling is a practice.
You will only discover how
to use storytelling by
beginning to use it.”

Domain 2: Supporting people's skills and confidence in relational approaches

A Foundation for Better Conversations and Better Care:

Engagement 101 was created by the Public Involvement team to help colleagues feel confident, supported and empowered to involve people in shaping the services we provide.

- **A pilot session ran with 15 participants** from admin, clinical and support services.
- **The session was evaluated** to understand what worked and where improvements could be made.
- **Work is underway to host Engagement 101 on Turas**, enabling multiple training dates and easier access for the year ahead.



“The workshop was great and very interesting. This is such an important topic and I hope that more services will apply this to their practice.”

Domain 2: Supporting people's skills and confidence in relational approaches

How Collaboration has Prompted us to Break Down Barriers to Meaningful Engagement:

"The session was very engaging and informative... made me realise there are things we can and should be doing differently."

The **Foundations of Community Engagement** workshops offered a deeper dive into inclusive engagement approaches, using the Community Engagement Toolkit and reflective exercises to explore change. Over one year:

- **155 people** were upskilled and encouraged to advocate for change and improve engagement in their local area.
- Confidence to undertake community engagement in their roles rose sharply, from **30 percent to 91 percent**.
- Follow-up showed that **68 percent of respondents have used or plan to use** the community engagement skills from the workshop.



Domain 2: Supporting people's skills and confidence in relational approaches

Connecting People, Improving Practice: A Year with the Grampian Engagement Network

The **Grampian Engagement Network (GEN)** added another layer of support, giving practitioners a place to share examples, tools and challenges. Over the past year, the GEN delivered a programme of **online learning sessions designed to strengthen engagement capability** across teams, including:

- A session with Kevin McDermott on community learning approaches.
- A creative engagement workshop with SHMU showcasing methods such as podcasting, film-making, photography, mapping and poetry.

The network also deepened its shared understanding of quality engagement through collective work on the **Hallmark for Engagement**, a practical framework developed by GEN members.

These activities have:

- ✓ Helped **broaden participation** across NHS Grampian, Community Planning partners and the third sector.
- ✓ **Increased confidence** through delivery across 4 sessions with approximately 90 total participants.
- ✓ Contributed to **a growing shared language** for meaningful engagement across the system.

"GEN has helped me feel more confident in planning engagement and knowing where to start."

Domain 2: Supporting people's skills and confidence in relational approaches

From Lived Experience to More Equitable Care:

The **Health Equity and Learning Project (HELP)** explored why accessing child health services can be difficult for some families across Grampian. By centring lived experience, the project:

- ✓ Surfaced **how everyday circumstances shape access to care.**
- ✓ Challenged assumptions about non-attendance, creating a clearer foundation for **more equitable service design.**

“I felt judged for not showing up, but no one asked if I could actually afford to get there.”

Learning and early action:

- Transport limitations, including infrequent services and long journeys, were shown to affect attendance.
- Costs related to travel, parking, food and childcare emerged as significant barriers for some families.
- Digital-only systems and complex written communication were identified as exclusionary for families with access, literacy or language barriers.
- Staff developed greater awareness of the emotional and mental load families carry when navigating services.
- Early service responses include improved coordination of appointments and more flexible ways of contacting families.

Domain 2: Supporting people's skills and confidence in relational approaches

Supporting Cultural Change by Enabling Reciprocal Learning:

The **Reverse Mentoring Pilot** brought senior leaders together with colleagues from ethnically and culturally diverse backgrounds to **learn directly from lived experience**, supported by trauma-informed design and a strong focus on wellbeing. Feedback showed powerful impact:

- **100 percent of mentees rated their experience as very positive**, while mentors reported a mix of very positive, positive, and neutral experiences, reflecting valuable learning for future refinement.
- Participants described the programme as **transformative**, noting **increased confidence**, stronger listening skills, and **deeper understanding** of power and privilege.

Key learning insights included:

- ✓ The need for **clear governance** and departmental ownership.
- ✓ The importance of **protected time and dedicated resources**.
- ✓ The value of embedding **wellbeing and reflective practice** from the outset.
- ✓ The opportunity to align reverse mentoring more explicitly with leadership development and workforce strategies.

“By the end, people were speaking more openly.”

Domain 2: Supporting people's skills and confidence in relational approaches

Engaging with the NHS Grampian Domestic Workforce Teams:

The Putting People First approach was also used to deliver **engagement workshops** and create space for **Domestic team colleagues** to share honest feedback about recruitment, recognition, and day-to-day working experiences.

"I feel proud to get changed into my uniform."

These sessions **gave managers insight** into the realities of the workforce, helping them take steps to:

"Staff don't feel recognised for the work they do."

- ✓ Review recruitment webpages.
- ✓ Update work-experience policies.
- ✓ Strengthen partnerships with Aberdeen Foyer to support local people entering employment.
- ✓ Highlight Turas resources on retirement and pensions.
- ✓ Explore introducing an annual recognition day.

... with the goal to ensure Domestic staff feel **valued, heard, and supported** throughout their employment journey. Safe virtual space and protected time encouraged open dialogue.

"We have a good team, we all support each other."

Domain 2: Supporting people's skills and confidence in relational approaches

Refresh of the Public Involvement Network:

Work to review and reshape the **NHS Grampian Public Involvement Network (PIN)** has continued, with a focus on widening participation and strengthening how people and organisations connect with involvement opportunities.

A new two-tiered structure has been established, alongside a refreshed PIN mailing list that now includes **over 200 contacts** across individuals, community groups and third-sector organisations.

This has enabled **wider sharing of updates, events and opportunities** across Grampian, while work continues to develop recruitment and induction processes for Public Involvement Representatives to support more active and meaningful participation.

Next steps include:

- **Finalising the recruitment and induction** requirements for Public Involvement Representatives.
- Continuing to **grow PIN membership**.
- **Increasing awareness** of both PIN and PI Representative roles.
- **Introducing and using a new digital platform** to promote opportunities, share information and support engagement.



Domain 2: Supporting people's skills and confidence in relational approaches

Beyond Data: The Human Impact of Being Heard

The **real-time patient feedback model** is being tested in clinical areas to support immediate improvements in care and the Putting People First ambition of **working in equal partnership with people**. The model:

- Combines structured feedback collection with open-ended conversations, creating space for patients to express what matters most.
- Provides anonymous feedback in real time to teams so they can hear what they are doing well and also resolve issues quickly.

In one example, a real-time feedback conversation **supported a withdrawn patient to reconnect and engage**.

This work highlights how creating intentional space for listening can **strengthen learning and improvement across services**.

“That lady in the side room has fair perked up since you spoke.”

Early progress includes:

- ✓ Real-time patient feedback moving from **concept to early testing** in one clinical area.
- ✓ A standard operating process, digital capture, rapid reporting and governance are now in place.
- ✓ Frontline teams can **see patient feedback quickly** and respond to it.
- ✓ **Learning logs and templates** are being used to shape the next stage of rollout.
- ✓ Further clinical areas have agreed to participate once new Real Time Feedback Coordinators are in post.

An Overview of CADs Delivered in 25/26

Community Appointment Days (CADs) aim to provide holistic health and wellbeing support in a community setting by bringing together health services, social care, and community partners and people with lived experience in one accessible location.

Their purpose is to empower attendees through co-designed events that focus on “What Matters to You” conversations, enabling individuals to voice priorities and make informed choices.

Embedding lived experience from the outset creates CADs that are relevant, inclusive, and responsive to local needs. The following table summarises CAD-led approaches delivered throughout the reporting period.

Community Appointment Days (CADs) Summary — 1 April 2025 to 31 March 2026					
CAD Name / Focus	Venue	Date	Attendees	Experience Score (/5)	Experience Rating ★
Dementia CAD	Aberdeen Vaccination & Wellbeing Hub	06/04/2025	93	4.52	★★★★★
COPD CAD	Elgin	16/04/2025	80	4.53	★★★★★
COPD CAD	Aberdeen Vaccination & Wellbeing Hub	21/05/2025	83	4.46	★★★★★
Chronic Pain CAD	Aberdeen Vaccination & Wellbeing Hub	01/07/2025	103	4.28	★★★★★
Podiatry CAD	Aberdeen Vaccination & Wellbeing Hub	19/08/2025	92	4.27	★★★★★
Chronic Pain CAD	Aberdeen Vaccination & Wellbeing Hub	02/09/2025	70	4.40	★★★★★
Women's Health CAD	Aberdeen Vaccination & Wellbeing Hub	20/01/2026	64	4.80	★★★★★
Chronic Pain CAD	Aberdeen Vaccination & Wellbeing Hub	02/02/2026	57	4.28	★★★★★
Mental Health CAD	Fraserburgh Community Sport Centre OP	06/03/2026	43-48	4.67	★★★★★
Men's Wellbeing CAD	Torry Greyhope Community Hub	12/06/2025	30-50	Not available	Not available
Mini Podiatry CAD	Aberdeen Vaccination & Wellbeing Hub	Nov 25, Jan-Mar 26	130	Not available	Not available

Supporting Local Teams to Deliver Community Appointment Day Approaches

The CAD Essential Ingredients, designed by **HERE** guide local approaches to ensure they are relevant to local need. We have encouraged the testing of CAD approaches in priority areas where people experience multiple disadvantage, so we learn and adapt approaches which address inequity.

In this reporting period, to support local CAD approaches to be tested and to gather learning, we have:

- ✓ Supported evaluation and learning at each CAD, summarised in the Learning Summary: [overview-of-cad-evaluation-learning.pdf](#)
- ✓ Created a CAD Companion, a digital toolkit to support teams to deliver their own CADs: [Co-designing New Community Approaches – Hi-Net Grampian](#)

Community Appointment Days - The Essential Ingredients



Personalise and humanise

Remove hurdles to humanity



Take away barriers to human and unhurried care: time constraints, appointment slots, bureaucracy, and physical doors.

See the whole person



Understanding someone's condition and health in the wider context of their life and supporting from this lens.

Understand what *really* matters



Front-ended and highly skilled What Matters To You (WMTY) conversations are the key to unlock everything which follows.

Power participation and connection

Conversation not consultation



De-medicalise the interaction between people, the content of what is said and the environment.

Explicitly community-powered



Grow conditions for participation in care which is asset-based, engage with the passion and skill of the community and voluntary sector.

Let go of ego



Honour the expertise of people seeking care as much as those providing it.

Purpose-led design

Data led



Deeply understand the population, who is accessing services and their experiences, who is not and the barriers to equitable care. Demonstrate impact.

Local flavour



Tailor delivery to the local population, tapping into the vibrant community roots.

Everyone culture



Care includes colleagues, create purposeful opportunities to nurture, connect, and develop.

Underpinning approach: • Listen and consult • Clear and devolved decision making • Comfort in failing fast • Capture learning

Domain 3: Developing CAD and other community-led health approaches

Bringing Womens Health Support Closer to Women Across Grampian:

Sixty-four women arrived at the **Women's Health Community Appointment Day** focused on menstrual health, menopause, and endometriosis services, some with appointments and others walking in.

The day began with "What Matters to You" conversations before women moved between clinical teams, community organisations and wellbeing services.

Many said it was the **first time someone had taken time** to help them make sense of symptoms they had been **worrying about alone**.

"I finally understand my symptoms and know where to go for help."

"Just having someone listen to what actually matters to me made such a difference."



Overall experience -

★★★★★ 4.83/5 (29 responses)

Domain 3: Developing CAD and other community-led health approaches

Piloting a New Approach to Person-Centred Post Diagnostic Support for People Living with Dementia:

At the **Dementia Community Appointment Day**, **89 people** attended, including 39 with a diagnosis and 50 support partners. The event was supported by 23 statutory and voluntary sector partners.

- People described it as the **first moment they felt able** to take practical steps, such as applying for benefits, arranging Power of Attorney or joining dementia-friendly groups.
- The four-zone layout gave attendees time to explore conversations **on their own terms**, though some found the busy venue overwhelming, a key learning now shaping plans for smaller locality versions.



“Meeting [those] who were informed. I started a journey.”

“Direct interaction with specific + specialised services. I have taken away a lot of useful info.”

Domain 3: Developing CAD and other community-led health approaches

Improving Self-Management and Holistic Care for patients living with COPD:

The **COPD Community Appointment Days** were designed with people living with COPD to address the gap between routine clinical reviews and the day-to-day reality of managing a long-term condition.

By focusing on what mattered most to patients, the events brought education, peer support and non-medical services together in one place, creating time and space for unhurried, person-centred conversations.

The approach supported patients to:

- Better understand their condition.
- Feel less alone and **gain confidence** in managing their symptoms.
- Enable staff and partners to **engage more meaningfully and holistically** with people living with COPD.

- ✓ At least **70 percent of attendees** reported feeling much better or a bit better in their knowledge, confidence and ability to self-manage COPD.
- ✓ Overall patient experience was rated **4.5 out of 5**.
- ✓ Patients reported **improved understanding** of COPD, breathlessness, fatigue, anxiety, physical activity and available support beyond their GP practice.

"I started to feel I'd slipped through the cracks... Today has been a stepping stone to all the help you can get."

Domain 3: Developing CAD and other community-led health approaches

A Voice at Last: How Joined-Up Action Is Transforming the Chronic Pain Conversation

The **Chronic Pain Community Appointment Days**, co-designed with people living with pain and partners across primary care, specialist teams and the third sector, brought prevention-focused support closer to communities through **3 events attended by 230 people** in the past year, bringing the total to 5 events attended by over 500 people.

Built around 'What Matters to You' conversations, practical education, allied health input and peer-led spaces, the CADs offered clear information, early guidance and access to multiple professionals in one place.

- Most participants reported improved understanding of self-management, medication, and local support, with **over 92 percent recommending the events**.
- If maintained, this upstream approach **may reduce reliance** on GP appointments and acute pain pathways over time.



"I now know I am not going mad — speaking to people with similar issues really helped."

Domain 3: Developing CAD and other community-led health approaches

Chronic Pain CADs – the Value of Collaborating:

The Chronic Pain CADs have also generated a range of **unexpected but highly valuable benefits across the system**, strengthening local support networks and widening access to activity-based interventions for people living with persistent pain.

- **Growth of the Pain Café**, which was consistently described as a safe, welcoming space where people feel heard, understood, and less isolated .
- Establishment of the **Pain Pod**, which offers a quieter, more **personalised space** for guided self-management techniques and supported conversations.
- Increased participation in **supported activity classes** at Sport Aberdeen.
 - In 2025/26, the number of Good Boost Aqua classes increased from 8 to 12 each week with over **4,155 participants** in the programme.
 - **Sixty percent** reported an improvement in their **overall health and wellbeing**.
 - Five groups of people have completed the **12-session ESCAPE-Pain programme**.
 - Increase in people living with chronic pain completing the **Counterweight Core programme**.



THINK
CHRONIC PAIN
THINK CAD



Domain 3: Developing CAD and other community-led health approaches

A Step in the Right Direction: Our Journey to Planning, Developing, and Integrating CADs into the Podiatry Service Model

Aberdeen City Health and Social Care Partnership Podiatry Service is undergoing a radical redesign of how care is delivered. The **Podiatry CAD** model became a central part of a whole-system redesign.

These events provide opportunities for service users to:

- Speak with **health professionals and third sector organisations** about what matters to them and their health. And where appropriate, see a Podiatrist for a brief, **person-centred consultation**.



The **next steps** in our CAD journey include:

- ✓ **Embedding CADs** within the referral pathway.
- ✓ Expanding CAD applicability across **specialist areas**.
- ✓ Introducing miniCADs **at locality level**, targeting education and advice using SIMD insights.
- ✓ **Developing community engagement focus groups** to invite people with lived experience into **The Big Conversation** — a collaborative engagement event designed to cocreate and shape the future Podiatry Service Model.

"I have found the service and the knowledge and assistance fantastic."

Domain 3: Developing CAD and other community-led health approaches

Bringing Health, Wellbeing, Local Services and Support Together in the Community:

Over **40 people** attended the **Fraserburgh Wellbeing CAD**, where bringing services together in a welcoming community space helped people feel more informed, confident, and supported. Activities included:

- A 'what matters to you' conversation to better understand what support people were seeking.
- A wide range of local health, wellbeing, advice and community organisations in one place.
- Short wellbeing talks on topics such as stress and anxiety, breathing techniques, chronic pain, digital tools, food and mood, and volunteering.
- Opportunities for informal conversations, practical advice and follow-up support.

Overall participant experience was 4.6 out of 5.

- ✓ **92 percent would recommend** a Community Appointment Day to friends or family.
- ✓ **94 percent felt more confident** accessing services and support after attending.
- ✓ **94 percent said they had better knowledge** of local services and support.



Domain 3: Developing CAD and other community-led health approaches

Finding His Way Back: How a Men's Wellbeing Day Helped a Participant Reconnect

The **Torry Men's Wellbeing Day** piloted a CAD model to better engage vulnerable men in Torry. Events like this are opportunities to **rebuild trust, reduce barriers and isolation**, and help people take the first steps toward a healthier, more **hopeful future**.

- An estimated **30-50 participants** attended, with **34 stalls/activities** available.
- **Two Healthpoint referral forms** were submitted, and **9 enquiries** were made for Torry Health Matters activities (breakfasts, men's shed, cooking classes, computing classes).

One powerful experience came from a man who arrived early, **unsure he had the confidence to go inside**. Staff offered calm, person-centred support, taking time to reassure him and letting him move at his own pace, **offering choices rather than expectations**. He stayed for the full afternoon and in the months that followed, began attending men's groups, adult learning classes and cooking sessions.



"I almost turned back at the door... but once I spoke to people, I realised I wasn't alone. It felt good to be part of something again."

Domain 3: Developing CAD and other community-led health approaches

High Risk Substance Users of ARI's Emergency Department: Building local system connections to drive change – improving outcomes for people and increasing system effectiveness.

We have established a **system-wide stakeholder group** to improve how we support people who experience multiple disadvantage and high levels of unscheduled care, starting with people affected by substance use.

Throughout this work, we are taking time to build trust and relationships across services and provide spaces **to think together about what we could do differently.**

We have agreed to **test the Liberated Method** as a potential way of working differently across the system, with a focus on sustainable change rather than short-term fixes.

The next phase will be to listen to frontline ED and community staff as well as people with lived experience, with learning shared through the system-wide stakeholder group and Unscheduled Care governance to inform next steps.

Rules & Principles of the Liberated Method from Changing Futures Northumbria [Changing Futures Programme](#) | [Who we are](#)

Rules	
1. Do no harm	
2. Stay legal	
Principles	
What we do	What we are trying to avoid
1. Understand, not assess	Standardised assessments that avoid what matters
2. Pull for help (or refer and 'hold')	Doing our bit and passing someone on
3. Decisions about the work made in the work	Referrals to managers who have no knowledge of context
4. The caseworker/citizen set the scope	Missing nuances that could unlock engagement and progress that are not pre-specified, e.g., carpentry,
5. The caseworker/citizen set the timescales	Restricting support to arbitrary timescales

NHS Grampian Charity Support

The Charity has provided additional temporary capacity to support the delivery of the Putting People First programme over 2 years. Posts are being phased in, with all posts appointed by summer of 2026.

Key funded areas:

Leadership and coordination

- Supporting system-wide alignment, oversight and coordination of Putting People First activity.

Engagement, feedback and lived experience

- Building capacity for public and community engagement, real-time feedback, and relational approaches.

Learning and evolving CADs and other approaches which work with the public as equal partners.

Data, evaluation and insight

- Strengthening analytical and research capacity to support learning, evaluation and reporting.

Progress in 2025/26:

- ✓ Strategic partnerships developed and early testing under way.
- ✓ Governance arrangements in place.
- ✓ Agreed reporting measures and milestones developed in line with charity requirements.
- ✓ Job descriptions agreed for all charity-funded posts, aligned to approved purposes.
- ✓ Recruitment progressed, with 5 of 7 post-holders in roles by 31 March 2026.

This project is supported by



Enhancing healthcare together

Our Approach to Learning and Evaluation

This year, we focused on building the evaluation foundation so learning could happen consistently across Putting People First activities.

We reflected on what we were trying to change, how we would know it was working, and how learning would be shared and used.

What we did:

- Agreed a shared theory of change.
- Defined high-level outcomes.
- Developed an overarching evaluation framework aligned with the Population Health framework.
- Completed a system-wide CAD evaluation synthesis.
- Agreed evaluation metrics for real-time feedback.
- Developed skills and confidence in using storytelling alongside data.

The focus was on creating an overall evaluation structure that supports tailored, project-level learning, so teams can grow and adapt their work while still contributing to a shared understanding of impact across Putting People First.



We have also emphasised a **Human Learning System approach**, which is a person-centred way of working that focuses on improving outcomes for people as opposed to services.

This approach embraces the complexity of the real world and aims to enable staff to be more adaptive in supporting the people we care for.

Challenges and What We Learned

We have learned a lot in the past year. This has helped clarify what enables relational, preventative work to succeed and where the system still needs to adapt.

What challenged us

- Limited capacity to design, deliver and evaluate new approaches alongside core service pressures.
- Challenges in sustaining successful CAD approaches where they were set up as standalone events and clinical ownership or pathway integration was unclear.
- Financial pressures affecting communities, the third sector and health services simultaneously means reduced capacity to give time to engagement and testing new approaches.
- Long waits, access barriers and system complexity affecting trust, confidence and staff morale.
- Ongoing challenges in evidencing preventative and upstream impact within traditional service KPI models.

Challenges and What We Learned (continued)

This learning has helped set the plans for the year ahead:

What we are learning

- We need to work with services to identify how relational approaches can help reduce core service pressures.
- Relational approaches work best when they are embedded into clinical pathways, not delivered alongside them.
- Staff and communities want to work differently and be part of solutions, even when things are difficult.
- Building trust takes time, visibility and follow-through, not one-off engagement.
- Clear feedback loops are essential to sustain dialogue, build trust and avoid engagement fatigue.
- We need to better understand barriers to engagement so we can take steps to overcome.
- Collaborative, cross-system working against shared priorities is critical if we are to maximise the impact we can have for our communities.

Through Putting People First, we are hearing:

“Knowing that I am not alone and learning that medication does not always help.”

“When staff took time to understand what our day looked like, everything changed.”

“Finding out there are so many organisations I didn’t know about.”

“Meeting people in a neutral setting allowed us to support them in a relaxed way.”

“The ease of accessing everyone on the same day was brilliant.”

“Great for reconnecting with third-sector partners and meeting people interested in research.”

“I enjoyed the way that it was delivered, not just someone talking through slides but opportunities throughout to ask questions and participate.”

Priorities for 2026 and 2027

With additional capacity provided through NHS Grampian charity funding, and building on learning to date, we will use 2026/27 to explore opportunities, test approaches and continue learning:

- **Explore pathway-embedded CAD models alongside local approaches**

We will continue to support locally developed CAD models that work for local communities. We will also explore opportunities to test more pathway-embedded CADs in priority primary and secondary care areas, where there is clinical interest and unmet need. Learning will be used to better understand what clinical ownership and integration are required for sustainability.

- **Strengthen links with communities and community champion networks**

We will build on recent community conversations to support regular two-way dialogue between communities and NHS Grampian, moving beyond one-off engagement to build trust and better understand what matters most to communities.

- **Embedding listening and learning in everyday care through real-time patient feedback loops**

We will build on early testing of real-time patient feedback, working with 10 clinical areas to test and learn how rapid feedback can best support local learning and improvement.

- **Test relational approaches for people with complex needs**

We will deliver the next phase of the High Risk ED Users project, using this as a learning opportunity to better understand how relational, cross-system approaches can support people at risk of harm and inform wider system practice.

Priorities for 2026 and 2027 (continued)

- **Strengthen public involvement linked to planned change**
We will work with the Programme Boards to explore more relational approaches to public involvement on planned improvement work.
- **Use digital tools to widen access and support engagement**
We will implement the digital engagement platform to improve access to information, opportunities to get involved, and routes for feedback and communication.
- **Building skills and confidence in teams**
We will embed PPF principles in the Management Fundamentals and strengthen staff capability through ongoing training, practical toolkits and relational learning.
- **Use the HOPE Collaborative to support shared learning and connection**
We will continue to develop the HOPE Collaborative across health, social care, communities and partners as a shared space; sharing emerging impact and learning, and use lived experience and stories to support reflection and improvement throughout the year, including through the annual Hope Conference.
- **Strengthen how we evidence preventative and upstream impact**
We will continue to use the Putting People First evaluation framework to explore more rounded ways of evidencing impact, combining quantitative data with lived experience, qualitative insight and regular 'pause and reflect' learning sessions to adapt approaches over time.

Learning → adapting → embedding → learning again