

## Appendix 1

### HEALTH AND SOCIAL CARE PARTNERSHIP: COMMUNITY ENGAGEMENT SELF-EVALUATION AUGUST 2022-23

#### HOW WELL ARE WE DOING? HOW DO WE KNOW? WHAT DO WE NEED TO DO NEXT?

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.

National guidance, Planning with People, was published in March 2021, by the Scottish Government and COSLA, on local community engagement and participation which applies across health and social care <https://www.gov.scot/publications/planning-people/pages/1/>

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](#).

#### *What is community engagement?*

*“Community engagement is 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.” (The National Standards for Community Engagement, Scottish Community Development Centre)*

The HSCP want to self-evaluate their work in relation to Community Engagement and Participation, to do so we will use the Quality Framework for Community Engagement and Participation: Supporting the delivery of meaningful engagement in health and social care Self-evaluation tool. [20220624-quality-framework-self-evaluation-tool-june-22-10%20\(3\)](#) This has been designed to support NHS Boards, Health and Social Care Partnerships and Local Authorities to meet their statutory duties regarding public involvement and community engagement in the planning and provision of health and social care. It provides a framework for statutory planning and commissioning authorities, and those quality assuring them, on what good quality engagement looks like and how this can be evaluated and demonstrated.

The development of the framework and self-evaluation tool takes account of related community engagement guidance, duties, and frameworks (please see appendix 2 for a full list) and Scottish Government and COSLA's new joint Planning with People guidance on local community engagement and participation.

A self-evaluation tool <https://www.hisengage.scot/media/2180/20220624-quality-framework-self-evaluation-tool-june-22-10.pdf> has been developed to enable organisations to self-evaluate their performance against three areas of focus, called domains, which are outlined within the Quality Framework. Each domain has two associated quality indicators and statements to guide discussion and support evaluation with a view to answering key questions. The quality indicators could be considered to be the outcomes to be measured.

It is proposed that the HSCP Strategic Planning Group focuses on three key domains over the course of August 2022 – January 2023 using the template within Appendix 1.

It is proposed that the timetabling and order of the self-evaluation activity should be as follows and should include ongoing engagement activity in between Strategic Planning Group meetings, with an expectation that the SPG membership will share the self-evaluation template with the groups they represent:

August 16th – October 11th:	Domain 1 - Ongoing Engagement and Involvement of people
October 11th – 29th November:	Domain 2 - Involvement of people in service planning, strategy, and design
November 29th – end January 2023:	Domain 3 - Governance and leadership - supporting community engagement and participation

The completed self-evaluation should focus on outcomes rather than activities. This could include a description of the impact of engagement, changes made as a result of feedback, or information on how potential impact is being monitored. The self-evaluation should tell a story about where you perceive your organisation to be overall against each domain in the framework.

The Strategic Planning Group alone will not complete the self-evaluation but will contribute to and oversee all associated activity, this will include:

### People's views

Assessing the views of all stakeholders is essential and to understand the quality of your engagement activity you need to know the views of the people who participate or have participated. Feedback should be sought from patients, the public, service users, family, carers, staff, communities, third sector and wider stakeholders.

## Data

Many organisations may currently use the VOiCE tool (which is based on the National Standards for Community Engagement), or other methods, to evaluate their engagement activity. It may be useful to consider a mixture of both quantitative and qualitative data; from formal mechanisms for capturing feedback from staff and people involved in engagement and captured through discussion with individuals and groups.

## External feedback

It will be useful to consider which information and evidence you may have already collated for other reviews and self-evaluation, such as recent reviews or inspections by Healthcare Improvement Scotland or The Care Inspectorate reports and feedback, recent Major Service Change reports and Audit Scotland reports.

## Domain 2: Involvement of people in service planning, strategy, and design

### Fulfilment of statutory duties and adherence to national guidelines

- Community representatives have been meaningfully involved in planning and designing the engagement process to ensure that it is inclusive and timely.
- The organisation has meaningfully involved people and communities throughout the development, planning and decision-making process for service change and strategic planning (in line with current guidance and statutory duties to involve people in the design and delivery of care services).
- The people and communities who may be affected by a proposed service development, change or plan have been involved in developing, and appraising options that are robust, evidence-based, and person-centred.
- How confident are you that the organisation, Board members, and senior leaders can demonstrate how they have taken account of the views of people and communities when making decisions on policy and service design and fully explained the reasons for not accepting any widely expressed views?

### Co-production and design

- The organisation has worked in collaboration with partner organisations to share expertise and structures to support community engagement on service change and strategy.
- The organisation has taken a co-design approach to the preparation, publication, and review of plans to redesign services, involving people and communities from the start of any process through to decision-making.
- The organisation has supported capacity building in communities to ensure people are able to participate to inform the decision-making process that affects their lives and their communities (in line with the Health and Social Care Standards).

### Support/Equalities

- How confident are you that the organisation's engagement processes are accessible, inclusive and reflects the diversity of communities, and is informed by Equality Impact Assessment (which is undertaken with consideration given to stakeholder input), before engagement activity begins, and is updated throughout the engagement process?
- The people and communities who may be affected by the proposed service development, change or policy have been provided with relevant and accessible information, using appropriate communication methods that meet their identified support needs.
- The organisation has undertaken Equality Impact Assessments of how policy or service design proposals may affect different communities, taking into consideration equality, human rights, and used this to inform the engagement process.
- The organisation has pro-actively sought participation from seldom heard, under-represented people and communities, and supported people and communities to participate in service redesign and strategy development (for example, meeting the new duties under UNCRC incorporation to involve children in decision making).

### Evaluation and learning

- Evaluation arrangements are part of the initial plan for engagement and ongoing evaluation has been undertaken, and acted on, to address feedback during the engagement process.
- The organisation has evaluated the effectiveness of its engagement in service redesign and strategic planning and shared the learning across the organisation to inform future practice.

## Perth and Kinross Community Engagement Self-Assessment 2022-23

### Domain 2

#### Involvement of people in service planning, strategy, and design

- The involvement of people and communities has had a positive impact on service change and strategy development and has been planned as part of the organisation's wider engagement strategy.
- People representing communities have been involved throughout the development, planning and decision-making process for service change and strategy development.

#### Session 1 questions

- Community representatives have been meaningfully involved in planning and designing the engagement process to ensure that it is inclusive and timely.
- The organisation has meaningfully involved people and communities throughout the development, planning and decision-making process for service change and strategic planning (in line with current guidance and statutory duties to involve people in the design and delivery of care services).
- The organisation has worked in collaboration with partner organisations to share expertise and structures to support community engagement on service change and strategy.
- How confident are you that the organisation's engagement processes are accessible, inclusive and reflects the diversity of communities, and is informed by Equality Impact Assessment (which is undertaken with consideration given to stakeholder input), before engagement activity begins, and is updated throughout the engagement process?
- The people and communities who may be affected by the proposed service development, change or policy have been provided with relevant and accessible information, using appropriate communication methods that meet their identified support needs.

<p><b>HOW WELL ARE WE DOING?</b></p> <p>Good examples such as <b>learning disabilities day service redesign</b> – who decides what is meaningful? Positive Behavioural Support Framework underpinning co-design work</p> <p>Use of <b>Care Opinion</b></p> <p>Development of <b>SCOPE</b> working with IRISS to support evaluation to hear and tell the story of people's experiences.</p> <p>No barriers to being part of committees but unable to demonstrate results and impact of this.</p> <p><b>Living Well Team</b> – good example of making things happen.</p> <p><b>Alzheimer's Scotland using the single quality questionnaire developed</b> by FOD, HIS, and AlzScot to capture people with dementia and their carers for PDS and Day Care.</p> <p>What do we understand as engagement? Is it meaningful because people say it is different</p> <p>Alzheimer's Scotland has purchased a new centre in Perth and positively business proposal with three options. Excellent relationships with post diagnostic support for people with dementia with PKHSCP – very positive.</p>	<p><b>HOW DO WE KNOW?</b></p> <p>Individual views and feedback about being involved.</p> <p>People's feedback and stories.</p> <p>SPG used as a consultative body once strategies determined and not enough time to influence.</p> <p>Feedback loop, accountability and communication not working well.</p> <p>Raising awareness - reports going to IJB to evidence at every level and increases ability to influence funding patterns.</p> <p>Equality Impact Assessment -</p> <p>Example of Pitlochry Cottage Hospital raised - where locality discussions are ongoing.</p> <p>Care at Home Transformation Programme, External Care at Home in the community - until recently C@H Providers were not involved in planning discussions however now they are there has been a marked improvement in trust and engagement to positive change. More understanding and recognition of barriers and solutions is possible when people are present.</p>	<p><b>WHAT DO WE NEED TO DO NEXT?</b></p> <p>New conversations and moving on from entrenched positions – building trusting relationships</p> <p>Need to be clear about unintended consequences of decisions – example given of charging increases for day care thus reducing uptake and pushing need and demand onto other services.</p> <p>Better communication in relation to change and improvement.</p> <p>True partnership is working together – parity and equality of views. How do we know there is a different conversation? More time to get this right.</p> <p>Importance of trust building and how this is improved in person. There was agreement in the group around the trust building.</p> <p>Discussed the consequences of the 3<sup>rd</sup> Sector always being in a competitive market for funding and commissioning. Less focus on competition and short projects, 1-3yrs, means 3<sup>rd</sup> Sector can deliver in confidence and have their value recognised.</p> <p>More comments about the power dynamics of roles and responsibilities when meaningful connections are made</p>
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<p>Services require to be robust, evidence-based, person-centred.</p> <p>The group talked about the importance of "keeping it human" and feeling the energy in the room so that empathy and connection can happen to enable different decision-making.</p> <p>Evaluation: 3<sup>rd</sup> Sector partners are familiar with regular reporting and monitoring to funders.</p> <p>Health Improvement Scotland - how accessible is this? Talked about how to present info through video for other teams/services. "How can we innovate to increase connections?" - social media.</p>		<p>person-to-person and authentic 'storytelling' can happen. Stories reflecting experience. Reference to project " Coming together for a Good Life"</p> <p>Alzheimer Scotland, reported their requirements to evaluate their performance etc. Talked about Support &amp; Supervision techniques.</p> <p>Building Capacities - need to refresh the Strategic Commissioning Jan '24 -</p> <p>Three further sessions to happen.</p>
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**Session 2 questions**

- The people and communities who may be affected by a proposed service development, change or plan have been involved in developing, and appraising options that are robust, evidence-based, and person-centred.
- The organisation has taken a co-design approach to the preparation, publication, and review of plans to redesign services, involving people and communities from the start of any process through to decision-making.
- The organisation has undertaken Equality Impact Assessments of how policy or service design proposals may affect different communities, taking into consideration equality, human rights, and used this to inform the engagement process.
- The organisation has evaluated the effectiveness of its engagement in service redesign and strategic planning and shared the learning across the organisation to inform future practice.



<p>Community engagement team help carer and service user reps. Service user perspective -formed a reference group to take views to feedback to the IJB.</p> <p>Community engagement team provide admin support. Valued input although limited capacity if considering level of engagement required.</p> <p>Meaningful consultations good to consult the organisations or providers where the individuals have a trusting relationship on it. Best to go places where people trust. Good to work in partnership with agencies and areas to do it well.</p> <p>Engagement events do not allow enough discussion or debate. Not given people enough time to digest or fully understand to offer constructive ideas.</p> <p>Situation mental health services particularly Murray Royal and dementia services – consultation happened however the outcome of it was not what most people wanted. It is fine to do consultation however if you have not listened to what they have asked then it is waste of time and makes people think</p>	<p>Operational perspective – like to see previous positive consultations that see positive outcomes. When you do not see the difference, it is making it makes it difficult.</p> <p>Example of external organisation come in to take view and opinion of people's experiences relating to care home programme – discovery workshops done in an independent nature. Attendees – timing of them were not great – Covid issues stopped care homes going even though online platform. Engagement – how do we do this in a way that suits the needs of the wider stake holders. Need to have options of engagement to give true inclusion. Members of the group reflecting on their own experiences of engagement and skill in working with particular groups, learning to be sought from this.</p> <p>Accessibility of approach discussed.</p> <p>Provide honest consultation – people to give the options. Options to say this is the pros and cons with the options. Managing expectations. If the reality is people</p>	<p>You can reach out, but you may not get people engaging or reaching back despite the best intent to try in early stages. Depends on individual, group and interest and time to do this. From groups perspective have we have made enough intent to engage with people in meaningful way?</p> <p>Unpaid carer perspective - so many requests to be involved in consultation in the past while. improvements appear limited in relation to level of engagement activity. The more you see no change or things worsen then less incline to be involved in consultations. Fatigue experienced.</p> <p>Partnership perspective – community engagement team – does this service connect in a timely way and inclusively with the wide range of partners in the right time?</p> <p>Wider question of engagement – personal view public partner – consultation perspective the IJB working harder to reach harder to consult.</p>
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<p>what's the point taking part. Dementia services – supporting carers through difficult times however not addressing it properly.</p> <p>Valuing people's energy and participating into consultation to listen to their voices. Feedback from people is wondering why people are given them options which will never happen – need to be transparent.</p> <p>Consultation can be done in different ways – as part of the design should be what is the intention of it. People being actively involved in the design of projects.</p>	<p>cannot get what they fully want why make people believe that? Builds trust and honesty in the process</p>	<p>Strategic developments have progressed despite feedback that was not supportive of proposals (MH).</p> <p>When there is strong feedback must be considered. User and carer feedback not felt to be valued as it should. Recommendations not taken on board. Feeling of no outcome coming from them, feeling of thoughts and opinions not being heard.</p> <p>Ability and perceptions of people who you engage with – can differ. Clarity of what the engagement is about rather than just getting views. “Professionals being able to present it in a way that shows we have a choice.”</p> <p>When you go to consultation meetings – usually there is a speaker speaking for 30 mins in general time – then your left 10/15 mins for ideas/solutions. First thing to look at to give audience view and exception of what they are trying to do with consultation.</p> <p>How do we learn from previous consultations.</p>
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<p><b>Session 3 Questions</b></p> <ul style="list-style-type: none"> <li>• How confident are you that the organisation, Board members, and senior leaders can demonstrate how they have taken account of the views of people and communities when making decisions on policy and service design and fully explained the reasons for not accepting any widely expressed views?</li> </ul>	<p>Membership of IJB – members and public partners as part of the membership. Membership of IJB not sure if it has capacity to take on people's views. A lot of the decisions have already been made by the time it comes to the board. As public partners we do have opportunity to contribute. Third session planned could be opportunity for SPG and IJB come together so we have a shared understanding of the current position – suggestion for Nov session in person possibility.</p>
<ul style="list-style-type: none"> <li>• The organisation has supported capacity building in communities to ensure people are able to participate to inform the decision-making process that affects their lives and their communities (in line with the Health and Social Care Standards).</li> </ul>	<p>As role as chief executive – when things come to IJB that the evidence work is seen in the paper. How do you evidence at every level that you have had conversations – displaying positive and negative.</p>
<ul style="list-style-type: none"> <li>• The organisation has pro-actively sought participation from seldom heard, under-represented people and communities, and supported people and communities to participate in service redesign and strategy development.</li> </ul>	<p>Third sector and partnership working are increasing in recent times. Should be getting message out there to work together to make differences to people's lives. Revisiting engagement strategy. Does it meet with our ambitions here and what we can do about it – could be brought to our next session. Kindness in the workplace – giving people space and time for team development.</p>