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

Planning with People – Joint Foreword

Scotland's national and local governments are committed to involving people and communities in the decision-making that affects them. Nowhere is that more vital than in the development of the health and social care services, which we all rely on.

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

Planning with People has been updated taking account of recommendations and feedback from people working in and using health and social care services, community and equality groups, and the third sector. We would like to thank everyone who took part in the review for their time and input.

By working together with people and communities, care providers can transform the experience of people who use services, as well as the experience of those who deliver them. Planning with People will help us to achieve that widely and with consistency.

During the pandemic, many new and different ways of working were developed to support the continued delivery of critical services. We want to build on these new and different ways of delivering health and care to ensure that more individuals receive person centred care in the right place, at the right time. As our recovery from the pandemic gathers momentum, the duty to involve people is as important as ever to guarantee delivery of high quality care.

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 considered, and supports them to involve people meaningfully.

Fundamentally, good engagement is essential to good service planning. And there is no doubt that greater participation brings better outcomes for communities all round. We encourage everyone in Scotland to get involved 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,

Michael Matheson MSP, Cabinet Secretary for NHS Recovery, Health and Social Care

Councillor Paul Kelly, Health and Social Care Spokesperson, COSLA

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Planning with People – Joint Foreword

Part 1 – Planning with People

'Planning with People – Community engagement and participation guidance' (Planning with People) represents a new approach to engagement. It promotes consistency, culture change, and true collaboration, while encouraging creativity and innovation, based on best practice. It places people and communities at the centre of care service design and change, to deliver the best results. The guidance is co-owned by the Scottish Government and the Convention of Scottish Local Authorities (COSLA).

When 'Planning with People' was published in March 2020, it marked the first time in ten years since guidance on community engagement for healthcare was last issued by the Scottish Government. Much has changed since February 2010 – not least the integration of health and social care services and the coronavirus pandemic. The virus and the public health measures necessary to suppress it had, and continue to have, a substantial, wide ranging impact on our lives, and our public services[1].

This edition of 'Planning with People' (February 2023) follows a review of the guidance to make sure it meets the needs of those for whom it is designed, and is aligned to the recommendations of [The Independent Review of Adult Social Care in Scotland](#). 'Planning with People' has been updated following consultation and feedback from the wider Scottish public, individuals, organisations representing the equality sector, and health and social care (HSC) engagement professionals. A summary of the above consultations, including Healthcare Improvement Scotland – Community Engagement Citizens' Panel Survey Nine, can be found in Annex A.

'Planning with People' also contains additional supporting information for public bodies, including the Quality Framework for Community Engagement, which was developed by Healthcare Improvement Scotland – Community Engagement and the Care Inspectorate. The guidance 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.

NHS Boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run.

'Planning with People' replaces previous guidance on engagement, and replaces the Chief Executive Letter 4 (2010) for NHS Boards.

The established major service change decision making process for NHS Boards remains unchanged.

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[1] Scottish Government Covid Recovery Strategy: for a fairer future (2021) [Covid Recovery Strategy: for a fairer future](#)

'Planning with People' 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 health boards and all independent contractors and suppliers, such as care homes, pharmacies and general practices.

'Planning with People' sets out how members of the public can expect to be engaged by NHS Boards, Integration Joint Boards and Local Authorities. By 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 was developed before, during, and after the coronavirus pandemic, which transformed methods of engagement. Digital approaches, including the use of social media, are acknowledged by 'Planning with People'.

Healthcare Improvement Scotland – Community Engagement (HIS-CE) has a range of case studies to help illustrate best practice and capture impacts on communities and engaging organisations, Healthcare Improvement Scotland - Community Engagement, sharing-practice, case-studies

1.1 Defining community engagement

Effective services must be designed with and for people and communities – not delivered, top down for administrative convenience.[2] In order to be effective, community engagement must be relevant, meaningful and have a clearly defined focus. NHS Boards, Integration Joint Boards and Local Authorities 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 that 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.'

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[2] Christie Commission on the future delivery of public services (2011) Christie Commission on the future delivery of public services

1.2   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 'Planning with People' 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.

Supporting Leadership

The duty to involve people and communities in planning how their public services are provided is enshrined in law in Scotland.

> Key statutory responsibilities, such as Joint Strategic Needs Assessment and Strategic Commissioning Planning must be fulfilled both in the letter and in the spirit of the legislation. *Planning with People* supports care organisations to meet their legal responsibilities.
>
> 'Planning with People' 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 to ensure that engagement is undertaken effectively.
>
> To achieve meaningful and effective engagement, leaders must demonstrate a commitment to it and take action to embed it within their organisations. Organisational barriers that could hinder or impact negatively on engagement must be identified and addressed by effective leadership.

> 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.

1.3   Policy and legislative context

'Planning with People' 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, 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.

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

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

Statutory duties of community engagement

NHS Boards and Integrated Joint Boards have a statutory duty to involve people in the planning and development of services, and in the decision making process. This guidance supports care organisations to meet their legal responsibilities. It also supports delivery of obligations in respect of clinical and care governance. This includes NHS Boards duty of quality[3] and requirements of NHS Scotland in respect of clinical governance. [4] [5] [6]

> NHS Boards are bound by duties of public involvement set out in the NHS (Scotland) Act 1978, Section 2B
>
> 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 NHS 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 – Community Engagement (HIS-CE), Healthcare Improvement Scotland - Community Engagement and the Care Inspectorate, 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 ensures people and communities are engaged in shaping health and care services. It has a legal duty to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement, including quality assurance of changes being made by

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[3] National Health Service (Scotland) Act 1987
https://www.legislation.gov.uk/ukpga/1978/29/section/12H
[4] Scottish Executive Clinical Governance Letter October 2001
http://www.sehd.scot.nhs.uk/mels/HDL2001_74.htm
[5] Scottish Executive Clinical Governance Letter June 2000
http://www.sehd.scot.nhs.uk/mels/2000_29final.htm
[6] The Scottish Office Clinical Governance Letter November 1998
http://www.sehd.scot.nhs.uk/mels/1998_75.htm

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Integration Joint Boards and in primary and community health services. HIS-CE is overseen by the Scottish Health Council, a governance committee of the HIS Board.[7]

> Healthcare Improvement Scotland – Community Engagement (HIS-CE) considers service change to be a service development or change in the way in which patients and service users access services. This may include the enhancement of a service through increased access, new resources and technologies, or new build facilities. It may also include the reduction, relocation or withdrawal of a service or the centralisation of specialist services. Some changes are made on a long-term or permanent basis while others are provided on a temporary basis.

> 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 – Community Engagement (HIS-CE) and the Care Inspectorate, together with stakeholders, have developed the Quality Framework for Community Engagement (the Quality Framework). This supports 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.

Further details on the Quality Framework can be found in 'Part 5 – Governance and decision-making'.

Joint Strategic Inspections

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, Integration Joint Boards and Local Authorities. 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.

Capital Investment Projects

Where capital is required, engagement with people and communities, as set out in this guidance, should be taken forward, in alignment with the Scottish Capital Investment Manual process.

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[7] The NHS Quality Improvement Scotland (Establishment of the Scottish Health Council) Regulations 2005
https://www.legislation.gov.uk/ssi/2005/120/regulation/2/made

Part 2 – Engaging with People

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

> 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.

Healthcare Improvement Scotland – Community Engagement (HIS-CE) 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, and offer guidance on the evaluation process.

Individual engagement projects must be planned as part of an organisation's wider engagement strategy. It is important that community groups are involved from the earliest opportunity, and throughout the development, in the planning and decision-making process for service change. Involving community representatives in the engagement planning team at the earliest possible stage informs an effective approach.

Throughout this section, 'Planning with People' references the growing body of expertise in community engagement that is developing within Scotland's public organisations. Further information is listed in Annex B 'Supporting Information'

2.1 Defining community engagement

The principles that inform this guidance promote a change of focus from a culture of 'telling' to one of '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.

2.2   The case for community engagement

Effective and ongoing engagement brings many benefits, including:

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

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

3. Improved public confidence and less resistance to change due to better understanding of the reasons for change

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

Other important considerations:

Co-production
The involvement of people in the design of care services should be central to all community engagement activity. Co-production is defined by the Scottish Co-Production Network as the process of active dialogue and engagement between people who use services and those who provide them. Co-production requires people to act together on an equal basis, contributing their lived experience, skills and ideas about what works to make our communities better. By adopting a Co-production approach, decisions affecting people are made **with** them, **not for** them.

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
Consultation also forms an essential element of structured engagement and participation plans, for any change process being considered, as having 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 and influence should be clearly stated.

> 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. See 'Part 5 – Governance and decision-making'

Part 3 – When to use Planning with People

'Planning with People' applies when decisions are being made about the planning or development of all care services, including temporary service change [8]. From large-scale plans to local initiatives, it can be applied in any context where community engagement might inform service planning. (For further detail on all aspects of service change, including temporary, regional and national, please see 'Part 5 – Governance and decision-making').

The guidance complements and supports existing local engagement plans, providing a foundation of shared principles that NHS Boards, Integration Joint Boards and Local Authorities can adapt to meet specific needs. It intends to further benefit those experienced in community engagement whilst also providing a comprehensive framework for those new to the field.

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

Key steps in the community engagement process that should be followed in any engagement cycle are outlined below. Further information is highlighted in relevant 'Supporting Information', Annex B.

3.1 Service change or re-design

NHS Boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run.

Service change can occur at local, regional and national level and in degrees of scope. It can involve reviewing existing services and planning new services, or it may be consulting people on changes to the way in which services are delivered.

Is essential that **all** planned service change or design, including temporary arrangements, must be communicated clearly and at the earliest opportunity, to the people affected potentially by the service.

3.2 Collaborative working / partnership

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

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[8] 'temporary change'- e.g., including those that are time limited (temporary), or trialled through a pilot initiative, which will have an impact on the way in which people access or use services.

will be parts of NHS Boards and Local Authorities with a strong track record of engaging with specific communities, e.g., third sector, and this knowledge should be shared.

3.3   Self-evaluation

Before embarking on the community engagement improvement journey, it is important for organisations to assess objectively how they currently involve and engage with people.

Self-evaluation is central to continuous improvement. It enables organisations to reflect on past and current engagement activity to help identify what they do well and what they need to do better. A 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.

A self-evaluation tool has been developed by Healthcare Improvement Scotland - Community Engagement (HIS-CE) and the Care Inspectorate. The tool accompanies the Quality Framework for Community Engagement.

Further details on the Quality Framework can be found in 'Part 5 – Governance and decision-making'.

Part 4 – How to use Planning with People

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

The National Standards for Community Engagement are a set of clear principles that describe the main elements of effective community engagement. The standards are not designed to replace existing community engagement or participation frameworks. They are intended to act as a benchmark for best practice and are helpful for organisations across public, third and private sectors to reference during community engagement and user involvement.

The engagement cycle illustrated below is underpinned by principles of the National Standards for Community Engagement, and should be followed in order to demonstrate good practice. Each stage is important and should be applied proportionately to the scale of the activity and level of change proposed.

Engagement Cycle
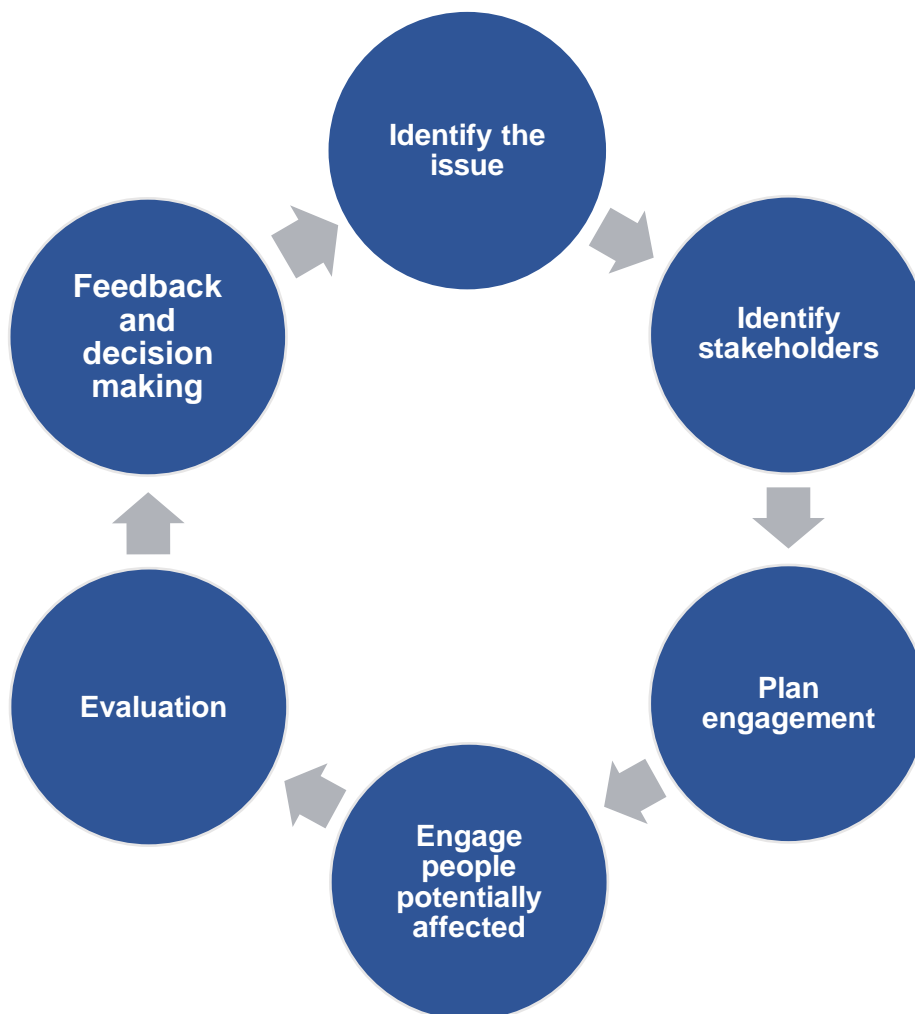
Identify the issue
Agree a clear purpose to identify engagement objectives, anticipate outcomes, and to help determine the scope of the engagement. There should be clarity and a shared understanding of the objectives at the outset to help shape the process and identify the best methods to reach people and communities. Project goals may evolve as engagement progresses, but they are necessary to keep the process focused.

Identify stakeholders who may be affected by the issue
Stakeholder mapping is important to identify all groups and individuals within the community who may be affected, or who might have an interest in the proposal. Existing networks can help to identify potentially affected people, including those who do not find it easy to share their views. Recruiting representatives of communities to the engagement planning team at the earliest possible stage will help to inform the process and ensure an effective approach.

Plan engagement
Identifying the best approaches to reach the people whose views need to be shared is vital. *All steps in the cycle*, including an early EQIA, as well as an evaluation of the project's development so far, should be considered to ensure an inclusive approach from the outset. By involving community representatives, providing any support they may require, will help to encourage the flow of ideas and suggestions, resulting in better engagement and robust and sustainable outcomes.

Engage those potentially affected
Every effort should be made to engage with the right people throughout planning, development and options appraisal of potential options or models. There are many different engagement methods and no one method will suit all engagement purposes. A range of methods should be considered at the planning stage. This ensures that all views are heard and considered.

Evaluation
It is important to carry out evaluation throughout the engagement process to ensure that outcomes set at the beginning, are being met. On-going evaluation also demonstrates that people are being listened to by adapting the approach where appropriate. Evaluation can also identify areas for improvement and will help you understand what works and what doesn't. All information gathered from the engagement process should be captured and evaluated to support future learning.

Feedback and decision making
It is important to keep participants informed about a project's development throughout the engagement cycle and to encourage on-going feedback. This helps to improve project and programme management by supporting two-way communication, as well as continuous review and reflection. It also 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. 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 reaches conclusion, it is the responsibility of NHS Boards, Integration Joint Boards and Local Authorities that must approve or reject recommendations. The quality of the engagement process should be taken into account by decision makers.

4.1   Identify the issue

The objective of all care service change should be to achieve an improvement in the quality, safety and sustainability of person-centred services.

Agreeing a clear purpose to identify engagement objectives, anticipate outcomes and determine the scope of the engagement, must be the first step of engagement planning. 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 they must be heard. **Regardless, the remit of the engaging organisation should be finite and the scope for stakeholder input and influence should be clearly stated**. It is important to explain clearly the process of engagement, including how and when decisions will be made, to allow people[9] to understand how their involvement will be taken into account.

Organisations should consider using current / recent data to help provide clarity, e.g. use existing feedback to gather together and review patients', service users' and carers' experiences and expectations and take this into account in informing service review.

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.

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?

4.2   Identify stakeholders

'Stakeholder mapping' or identifying the people who have an interest in, or who are potentially affected by the design /re-design of a service, is an essential part of effective communication and engagement. Stakeholders can be internal, such as members of your organisation's staff (e.g., hospital managers and clinicians) or external, such as patients, carers, the general public, third sector and community groups.

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.

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

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Identifying and building relationship with key individuals, who can act as links for information-sharing makes a huge difference.

Consideration should be given to carrying out an initial EQIA to ensure an inclusive approach at this early stage in the engagement process. This is the right time to ensure the right people are involved.

Equality Impact Assessment (EQIA) – in brief

Not everyone will identify themselves as 'stakeholders', so organisations need to ensure they have fully considered everyone who may have an interest in a particular matter. Wider impact assessment, including Equality Impact Assessments, are discussed in section 4.4, however, organisations should consider carrying out an EQIA at this stage to ensure that all potential stakeholders have been identified.

Individuals, groups and communities that may have an interest or be affected by the proposed changes should include:

- Patients and people who may be directly affected by change, including family members and carers
- Groups or organisations who support people who may be affected
- Health and social care staff who deliver services being considered for change
- Managers of services being considered for change
- Members of the local community who may not be affected directly but have an interest in potential changes, including the media
- Elective representatives and government officials

It is good practice to involve people in this exercise, including members of the public, to ensure the list is inclusive and considers everyone who may have an interest.

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.

Healthcare Improvement Scotland – Community Engagement has developed a range of supporting tools to support the process HIS-CE: Stakeholder Identification.

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?

Don't forget to evaluate – it is important to evaluate continuously, not just at the end of the engagement process. Evaluation should be prioritised and factored into the initial plan for engagement and implemented throughout.

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.

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

4.3   Plan engagement

People and communities who may be affected by a proposed service development or change should be involved at the earliest opportunity and throughout the development of the engagement plan. It is vital that the best approaches for engaging with individuals and groups are identified. This will help to ensure that views are shared, and ideas encouraged. This will result in better engagement and robust and sustainable outcomes.

Timeframes and budgets

The length of time it will take to engage the community, and the budget required, 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. The higher the level of impact and more stakeholders there are, the more time and resources will need to be allocated to community engagement. Existing stakeholder feedback should be taken into account when developing the materials for engagement.

Consideration must also be given to any legislative requirements and timeframes which may apply. 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.

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 must ensure that

engagement is undertaken effectively. Organisational barriers that could hinder or impact negatively on engagement, should be identified and addressed by effective leadership.

- 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.

- Collaboration – organisations should embrace partnership working to help promote efficiency and effectiveness of engagement.

Additional support

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.

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 independent or external contractors will be expected to follow this guidance and to adhere to its principles.

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.

4.4   Impact assessment

The Scottish Government: Health and Social Care Standards set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

Impact assessment examines how policy or service design proposals may affect different communities taking into consideration equality, human rights, sustainability and environment. Impact assessment should inform and be an integral part of engagement plans, which should also make it clear which assessments have been identified and how engagement will inform these.

Healthcare Improvement Scotland – Community Engagement has developed a range of supporting information to help guide organisations through this important key step

on the engagement journey, HIS-CE: Integrating Service Change and Impact Assessment

Equality Impact Assessment (EQIA)
Nobody should be treated unfairly because of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other status. These are known as 'protected characteristics'.

The Equality Act 2010 and Human Rights Act 1998 should be considered as early as possible to help identify people and groups who should be involved, as well as highlight any potential barriers or imbalance of power that may need to be considered.

Undertaking an Equality Impact Assessment (EQIA) can help to identify potential disadvantages and offer an opportunity to take appropriate actions to remove or minimise any adverse impact. People who face the biggest barriers to realising their rights should be prioritised when it comes to taking action.

Fairer Scotland Duty
The Fairer Scotland Duty (The Duty) came into force in April 2018. The Duty seeks to tackle socio-economic disadvantage and reduce the inequalities that are associated with being disadvantaged. It places a legal responsibility on named public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Fairer Scotland Duty guidance for public bodies should be consulted for advice on undertaking assessment – Scottish Government: Fairer Scotland Duty: guidance for public bodies

Island Communities Impact Assessment
An Island Communities Impact Assessment (ICIA) should also be considered were relevant, to ensure improved outcomes for island communities. This is particularly relevant when planning regional or national services. The Island Communities Impact Assessment guidance should be consulted for advice before undertaking assessment – Scottish Government: Island Communities Impact Assessment guidance (and tools)

4.5   Engage people potentially affected

Choosing a method, or combination of methods, for engaging both digitally and/or in person, is a critical step in the planning process.

Organisations have adapted their approaches to engagement and are using 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.

However, organisations should consider the appropriateness of a 'digital-first, not digital only' approach to engagement. The methods and medium used should take into consideration the needs of the people you are trying to reach and the topic of

engagement. While the use of online engagement has increased, it should not replace all face-to-face approaches. There will continue to be a role for traditional engagement, as this type of activity allows for deliberative engagement and building trust over the long term.

Healthcare Improvement Scotland-Community Engagement has completed an HIS-CE 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 – Community Engagement has produced Engaging Differently for digital engagement during the pandemic. HIS-CE Engaging Differently

Healthcare Improvement Scotland – Community Engagement has also developed the HIS-CE Participation Toolkit to support organisations to select the most appropriate methods of engagement.

'Our Place' has developed the Place Standard assessment tool. It 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.

Options appraisal

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

> Engagement plans should consider how and when an options appraisal will be used, what will happen with the outcome, and how engagement will influence the selection of options that will then be consulted on.

> There may be occasions where the number of practical options is limited, for example, by requirements to comply with national policy or legislation. Where this is the case, the option development process should still be used to involve potentially affected people and communities, and to seek to achieve a consensus around the limited number of practical options.

> If there are areas that the engaging organisation believes cannot be influenced, for instance safety, working practices, national policy decisions 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.

Healthcare Improvement Scotland – Community Engagement (HIS-CE) has produced an Options Appraisal guide HIS-CE Options Appraisal Guide

By this stage, you should have considered:

1. The scope, context and improvement sought
2. Identified the people and communities potentially affected.
3. Budget, timeline and resources required
4. 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.

Also 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?
- Is the information provided balanced, written in plain language and easy to understand.
- Does it require to be translated into other languages?
- Are updates and feedback provided regularly and made widely available?
- Is all the information co-produced?
- Do people have the information and support they need to effectively participate in the process.
- Local people have been involved in developing and considering a wide range of options to identify sustainable solutions; heard new ideas and understood all the issues.

Everyone needs access to accurate information in order to engage effectively. It should be co-produced, presented clearly, and made widely available. 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 different languages and formats – online, on paper or by another means – on request.

4.6 Evaluation

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 evaluate progress and act on lessons that emerge during the process.

Evaluating an engagement process will help you to consider if it has met the outcomes set out at the beginning of the project, and the difference that engaging with communities has made. It demonstrates that you are listening to people and

flexible in your approach to engagement. Evaluation can also identify areas for improvement and will help you understand what works and what doesn't. All information gathered from the engagement process should be captured. That can be done by:

- Surveys
- Reports
- Themes
- Audio and/or video recordings
- Graphics

Consider:

- Did we meet our objectives?
- Did we reach all the people we needed to reach?
- Did we develop our knowledge of communities and gather useful data?

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

Healthcare Improvement Scotland – Community Engagement has developed an HIS-CE Evaluation guide and toolkit for health and social care practitioners. A partner to the HIS-CE Participation Toolkit, the evaluation guide is a stand-alone support for assessing the way in which engagement has been undertaken (process) and the results of that activity (outcomes). It does not set out to be a definitive guide to evaluation, but aims to provide resources, references and tools to help you to develop your own approach to evaluation.

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

4.7   Feedback and decision-making

It is important to keep participants up to date and informed about the engagement process as it develops.

Throughout the engagement cycle, 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 reaches conclusion, it is the responsibility of NHS Boards, Integration Joint Boards and Local Authorities to approve or reject recommendations. The feedback received and the quality of the engagement process will be taken into account.

When decisions are reached, speedy information sharing should be provided as a priority explaining the impact of community engagement on the outcome.
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.

Organisations must explain clearly the rationale for decision making and the impact this has had on the outcome. Transparency is essential to generate trust.

The feedback stage is of vital importance in maintaining public confidence and trust in the integrity of the involvement process. Stakeholders who take part in a consultation must be given feedback to:

- inform them of the outcome of the consultation process and the final agreed development or change.

- provide a full and open explanation of how views were taken into account in arriving at the final decision.

- provide reasons for not accepting any widely expressed views.

Privacy and confidentiality must always be observed. Reporting and feedback must be anonymised unless consent has been given by individuals to publish or release their personal information.

Part 5 – Governance and decision-making

NHS Boards, Local Authorities and Integration Joint Boards are required to make decisions about how any proposed service changes and developments 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. Overall, the decision-making process must be transparent and clearly demonstrate that the views of communities have been taken into account. Organisations should ensure that they have evidence to assure these principles as practically embedded and effectively implemented in practice.

Healthcare Improvement Scotland (along with the Care Inspectorate) has statutory responsibilities to assure and support improvement in the quality of care services.

Additionally (and as outlined earlier in this guidance), Healthcare Improvement Scotland – Community Engagement ensures people and communities are engaged in shaping health and care services. It has a legal duty to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement, including quality assurance of changes being made by Integration Joint Boards and in primary and community health services. This legal duty has been operationalised by the establishment of the Scottish Health Council, within the corporate governance structure of HIS, as a sub-committee of the HIS Board.[10]

When an NHS Board or Integration Joint Board proposes a service change, it should work with Healthcare Improvement Scotland – Community Engagement, to ensure that people and communities potentially affected have the information and support they need to play a full part in the consultation process. Where appropriate, they should collaborate in the delivery of these duties.

Where a proposed service change will have a major impact on a patient or carer group (including where changes are proposed by Integration Joint Boards), members of equalities communities or on a geographical community, Healthcare Improvement Scotland – Community Engagement can advise on this. Where a proposed service change being considered by an Integration Joint Board has a clearly identifiable health component that is being provided under delegated authority from an NHS Board, Healthcare Improvement Scotland-Community Engagement has a duty to undertake quality assurance of engagement.

This approach reflects the requirements of guidance and advice supporting the implementation of the Public Bodies (Joint Working) (Scotland) 2014 Act and in particular, the expectations on partners across the health and social care landscape, and their stakeholders to focus together on their joint responsibility to improve outcomes for people.

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[10] The NHS Quality Improvement Scotland (Establishment of the Scottish Health Council) Regulations 2005 https://www.legislation.gov.uk/ssi/2005/120/regulation/2/made

This approach is also recommended as best practice in corporate governance as outlined in Scottish Government: The Blueprint for Good Governance in NHS Scotland (second edition)(sections 4.26 and 4.27) in recognition of the key role of Healthcare Improvement Scotland – Community Engagement, in supporting NHS Boards and Integration Joint Boards to meaningfully engage with people and communities to shape national policies and health and social care services; and the requirement on NHS Boards to collaborate with Healthcare Improvement Scotland in support of the statutory duty to review existing services and planning new services or care pathways, ensuring appropriate engagement with local communities throughout changes to services.

NHS Boards should be assured that actions and decision-making in respect of changes to services (proposed by them or as a consequence of changes proposed by stakeholders) reflect the requirements of the 'Engaging Stakeholders' section of The Blueprint for Good Governance in NHS Scotland (Second Edition).

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.

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

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.

5.1   The Quality Framework for Community Engagement and Participation

Healthcare Improvement Scotland – Community Engagement and the Care Inspectorate have developed a Quality Framework for Community Engagement and Participation. The Quality Framework is aligned with 'Planning with People' and supports NHS Boards, Integration Joint Boards and Local Authorities to meet their statutory responsibilities to engage, and to continually improve their engagement practices.

The Quality Framework is designed to support self-evaluation and improvement activity in relation to routine engagement; specific engagement activities; and organisations' internal governance systems for community engagement activity.

> The Quality Framework should be used to identify and support improvement in community engagement practice, as well as identify and share good practice.

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 Quality Framework should be used as 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.

The Quality Framework is an improvement tool, developed in collaboration with, and for the use of health and social care providers. It has been designed to support reflection and self-evaluation, which is an important first stage in any quality improvement journey.

Organisational self-evaluation

It is important to understand how well your organisation is currently engaging. Senior leaders within the organisation should support the use of the Quality Framework's self-evaluation tool, to provide assurance to their Board members on the quality of their community engagement activity. Health and care services should complete a self-evaluation, which 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.

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 view 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. 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.

Healthcare Improvement Scotland- Community Engagement can discuss how best to apply the framework to an organisation. Further information on the Quality Framework for Community Engagement and Participation, as well as a Guide to self-evaluation can be found in the supporting information section at the end of this section.

5.2   Service change

NHS boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run.

It is essential that **all** planned service change or design, including temporary arrangements, must be communicated clearly and demonstrably influence engagement at the earliest opportunity, to the people who may be affected by the proposal.

Healthcare Improvement Scotland – Community Engagement has produced guidance to help NHS Boards to identify major service change, as well as a flowchart to support the service change process HIS-CE service change resources-flowchart .

Further detailed information on major service change, including links to previous reports can also be found on the Healthcare Improvement Scotland – Community Engagement website, HIS-CE Major service change reports

Healthcare Improvement Scotland – Community Engagement can provide a view on proposed major service changes by NHS Boards, and also on proposed major service changes by Integration Joint Boards, but only when the service change has a clearly identifiable health component that is being provided by the Integration Joint Board under delegated authority from an NHS Board.

Other service change, including temporary change

Services delivered by general practitioners (GPs) etc, through Primary and Community Care are delegated services to Integration Joint Boards. While services are provided by independent contractor GPs, dentists, optometrists and pharmacists, Boards are still required to adhere to 'Planning with People' when they are considering changes to the contractual, and other, arrangements for primary care services.

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While independent contractors are responsible for running their own practices they are also expected to engage in a proportionate way with their patients and relevant community groups, when planning any changes to the way they deliver services.

Temporary service change

Some changes are made on a long-term or permanent basis, while others are provided on a temporary basis, due to the need to take immediate short-term action to deliver services, for example:

- Infection prevention and control measures (environmental concern, outbreak of infection/virus, either within a limited or confined space such as a ward or wider community outbreak)

- Interim changes, as a result of staffing pressures that could have an impact on the configuration of services.

- Pilot projects where patients have an expectation that this is part of service (patients do not differentiate between pilot projects and day to day service delivery, they just see that a service has been withdrawn)

Temporary changes also need to be implemented with due regard to 'Planning with People' and should take account of the following:

Understanding impact: Identify those people who currently use, or could potentially use, the service(s) that have undergone urgent change, and ask them about potential impacts and potential mitigations moving forward. This information will support understanding and response to unintended consequential impacts of change.

Communicating clearly: Ensure that communications are clear, transparent, and accessible, and include information on how to access services and the support available to people remotely or in person. Communications may give an indication of how the service is being evaluated and indicative timescales for the temporary arrangement being in place. It may be helpful to consider that communication can be undertaken with service users and their carers face-to-face when they interact with the service, as well as digitally or by post with others.

Using feedback: Seek on-going feedback from people and communities on the interim and urgent changes and consider how this can be used to inform current practice and future service design. Feedback may be gathered from people when using services, at the point of service delivery, through surveys (postal or digital) or via Care Opinion Care Opinion, what's your story?

Agree the approach: For those changes that were introduced on a temporary basis, due to service pressures (such as part of the response to the COVID-19 pandemic), NHS Boards or Integrated Joint Boards should contact Healthcare Improvement Scotland – Community Engagement to discuss the approach to move forward in line with national guidance and policy on community engagement and participation. The period of temporary change may have enabled the collection of valuable service user experience and evidence to support a case for change.

5.3   NHS Boards and Major Service Change

> The established principles and requirements for major service change decision-making process for NHS Boards, remain unchanged from those outlined in CEL 4 (2010).

There are specific requirements for public consultation on proposals that will have a major impact on people and communities, and Healthcare Improvement Scotland – Community Engagement is required to quality assure this process. For any service changes that are considered to be major, NHS boards should not start the consultation stage until HIS-CE has confirmed that their engagement to that point has been in accordance with 'Planning with People'.

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.

An inclusive process should encourage and stimulate discussion and debate. While it may not result in agreement and support for a proposal from all individuals and groups, it should demonstrate that the NHS listens, is supportive and genuinely takes account of views and suggestions. Ultimately, Boards should demonstrate that there has been a wide-ranging consultation, which has taken all reasonable steps to take account of differences of view.

Responsibility for identifying a major service change

NHS boards have responsibility for identifying if a potential service change or design proposal should be considered 'major service change'.

Healthcare Improvement Scotland – Community Engagement has developed guidance to help identify major service change. HIS-CE: Guidance, Identifying 'major' health service changes

Identifying a major service change:

- NHS boards can categorise proposals as major service change themselves, as informed by Healthcare Improvement Scotland – Community Engagement guidance.

- NHS Boards are advised to contact Healthcare Improvement Scotland-Community Engagement at the outset for preliminary discussions on approach.

- NHS Boards should consider a range of issues to help identify major service change, (see box below). As a general rule, the more issues that apply, the more likely it is that a service change should be considered major.

- Healthcare Improvement Scotland – Community Engagement can offer a view on the categorisation of proposals. In the absence of an agreed consensus, the NHS Board should seek a final decision from the Scottish Government.

- A proportionate approach may include a form of consultation for proposals not considered to be major.

There are other factors that NHS boards will consider to be important drivers for change, including workforce issues and clinical standards. However, the key issues listed must be taken into account when identifying if a proposed service change might be classed as **major**:

- The impact on patients and carers
- Changes in the accessibility of services
- Emergency and unscheduled care
- Public or political concern
- Alignment with national policy or professional recommendations
- Changes in the method of service delivery
- Financial implications and consequences for other services

The process for identifying a major service change is the same for all service change, whether driven by local decisions or national policies.

If considered major service change:

There is a specific requirement for NHS Boards to consult formally on issues which are considered to be major service change.

For any service changes that are considered to be major, NHS Boards should not start the consultation stage until Healthcare Improvement Scotland – Community Engagement has confirmed that their engagement to that point, has been in accordance with 'Planning with People'.

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 is required to quality assure the process and can provide advice on the nature and extent of the process being considered. The final decision on the way forward, following a consultation, requires Ministerial approval.

Proposed change affecting two or more NHS Boards

Where a proposed service change would impact on the public in another area, the Board proposing the change should lead the public involvement process. The Board, and any other affected Board(s), should aim to maximise the involvement of affected individuals and communities in the process.

Proposed changes to regional or national services

Proposed changes to regional or national services should follow the principles set out in this guidance and, as above, the Board proposing the change should lead the involvement process, ensuring that it engages with the public and its wider stakeholders.

Regional Planning Groups are made up of NHS board staff from across the region, who are working on behalf of the constituent NHS boards. All proposals and decisions must be referred to individual NHS boards for consideration and approval.

This means there is a clear responsibility on the Planning Groups to make sure there is effective engagement in the planning and development of service models. The statutory duty to involve people and local communities in the planning and development of services, and in the decision-making process for regional services rests with NHS Boards. Each NHS Board should consider the differential impact of the proposed changes in their local area.

The practical implications of service changes that reflect national policy or regional planning still require engagement at a Board level. NHS Boards operate within a wider national policy context set by Ministers and will seek to ensure that there is a close alignment between local plans and the objectives of Scottish Government.

In developing the policy options, Scottish Government will, of course, ensure meaningful and active engagement with the people of Scotland as per the Scottish Government's 'Participation Framework' published in February 2023. Boards must then undertake engagement with communities in their Board area about the local impact of implementing the policy. Healthcare Improvement Scotland-Community Engagement will provide advice on the engagement required by the Board, taking a proportionate approach which takes into account any earlier engagement undertaken at a national or regional level.

5.4   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.

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 Planning with People.

> 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. Further detailed information on major service change, including links to previous reports can also be found on the Healthcare Improvement Scotland-Community Engagement website, HIS-CE Major service change reports

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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.

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.

5.5   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.

Healthcare Improvement Scotland-Community Engagement (HIS-CE) major service change guidance may be helpful when Integration Joint Boards are considering the potential impact on people and communities of any proposed changes to delegated services to help inform their engagement process.

> 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 at least every three years with the involvement of the Strategic Planning Group. This requires close working with professionals and local communities to deliver sustainable 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

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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. The Strategic Commissioning Plans Guidance is currently under review and updated guidance is expected to be published in 2023.

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 'Planning with People' to help develop their approach to engagement.

Strategic Commissioning Plans must be published and it is best practice for Integration Joint Boards to also publish the Strategic Commissioning Plan in easy-read format.

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 Scottish Government: Health and social care integration - localities: guidance.

Significant decisions out-with 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, out-with 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.

5.6 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 Commission on the future delivery of public services (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.

Annex A – Surveys

Introduction

The purpose of the wider review of 'Planning with People' was to ensure that the guidance supports a Human Rights-based approach and is aligned to one of the key improvement recommendations of the Independent Review of Adult Social Care in Scotland – to listen to the views of people who use services and actively involve them throughout the process of planning care delivery.
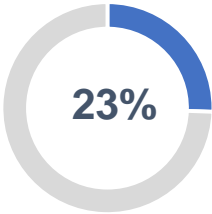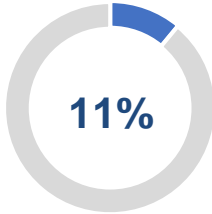
As part of the wider review of 'Planning with People – Community Engagement and participation guidance', three consultations were undertaken in 2022.

Healthcare Improvement Scotland – Community Engagement, Citizens' Panel Survey 9

Citizens' Panel Survey 9 concerned the general public's view on health and social care community engagement, and was carried out by Healthcare Improvement Scotland – Community Engagement between January and April 2022.

At the time of the survey, there were 949 Panel members from across all 32 local authority areas. A total of 507 responses (53% response rate) were received, either by post, email or by telephone. A full report on the Citizens' Panel 9 results was published in July 2022.

Key findings:

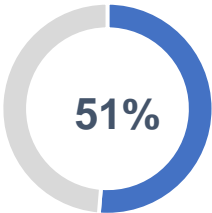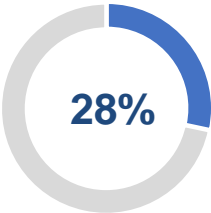| Public engagement in health and social care service design and change		
Awareness about the right to be involved	Engagement in the last three years	Methods of engagement
23%	**11%**	**66%** Online surveys **28%** Postal surveys **13%** Discussion group or focus group in person
Only **23%** of respondents were aware that they have the right to be involved in the design and delivery of new health or social care services, and to comment on changes to existing services.	**11%** have been asked to give feedback or opinion on service design or change in the last three years. On a range of services such as: • GP services • Mental Health • Support and care services	

Recommendations:

1. Incorporate the findings of the above survey into the review of 'Planning with People – Community Engagement and participation guidance'

2. Continue to develop existing strategies for public engagement to encourage all communities to participate in health and social care service design, including:

   - raising awareness of the public's right to get involved in the design and delivery of new health and social care services

   - informing the public about proposed changes to health and social care services throughout an engagement process, and

   - providing feedback on the results and/or impact of the engagement to those who took part.

3. Healthcare Improvement Scotland – Community Engagement to work collaboratively with partners to develop training opportunities for staff to increase confidence when involving people
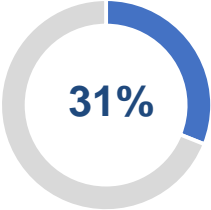
Citizen Space 'Service User' Survey

A second survey was conducted between August and September 2022 to assess the views of individuals and organisations representing the equality sector as it relates to health and social care service design or change. The consultation was carried out on 'Citizen Space', Scottish Government's recommended platform for consultations.

Scottish Government (SG), Participation Team, carried out a series of engagement sessions to identify potential organisations that represented individuals with protected characteristics. Scotland's 32 Third Sector Interface organisations and a further 21 charities were invited to participate. 114 responses were received.

Key findings:

Public engagement in health and social care service design and change		
Awareness about the right to be involved	Engagement in the last three years	Methods of engagement
51%	**28%**	**52%** Discussion group or focus group online

48% Discussion group or focus group in person

41% Online surveys |
| **51%** of respondents are aware that they have the right to be involved in the design and delivery of new health or social care services, and to comment on changes to existing services. | **28%** have been asked to give feedback or opinion on service design or change in the last three years. On a range of services such as:
• GP services
• Health strategies
• Support and care services | |

Planning with People

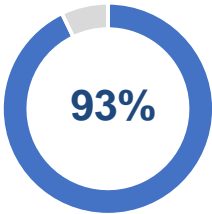| Experience of engagement		What matters about engagement
31% **31%** said their experience of engagement was very positive or positive.	Positive experiences of engagement were due to: • Having the opportunity to share one's views comfortably and privately • Being actively listened to • Working with very keen engagers and agents of change	**70%** Knowing that your feedback could lead to changes and inform decision-making **68%** Being able to improve local services **65%** Having a say on health and social care issues that matter to you

Citizen Space 'Service Provider' Survey

A third survey was conducted between August and September 2022 to capture the views of 'service providers' (NHS Boards and Integrated Joint Boards) on public engagement and the draft guidance 'Planning with People' March 2020. The consultation was carried out on 'Citizen Space', Scottish Government's recommended platform for consultations.

Scottish Government, Participation Team, invited NHS boards and Integrated Joint Boards to take part in the survey to share their views on public engagement and the 'Planning with People' document. As a result, 21 responses were received from engagement professionals representing 10 NHS Boards and 11 Health and Social Care Partnerships (HSCPs).

Key findings:

Public engagement in health and social care service design and change		
Application of 'Planning with People'	**Engagement tools**	**Methods of engagement**
71% **71%** of respondents applied 'Planning with People' to their organisation's engagement activities.	**67%** EQIA **62%** National Standards for Engagement **57%** PwP Tools	**70%** Online surveys first preferred method of engagement **50%** Other first preferred method of engagement **25%** Discussion group or focus group online first preferred method of engagement

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Experience of 'Planning with People'		Areas of improvement
93% **93%** said their experience of using 'Planning with People' was very positive or positive.	Positive experiences of 'Planning with People' were due to: • The guidance being friendly to people new to the job • Constituting a useful distillation of what good engagement means	• Provision of case studies • Better formatting • Too many links

Annex B – Supporting information resources

In addition to national policy, each NHS 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

Planning with People

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.

Right First Time: a practical guide for public authorities to decision-making and the law - second edition, January 2021 Right First Time: a practical guide for public authorities to decision-making and the law - second edition

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

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

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG