

DRAFT:

The Quality Framework for Community Engagement and Participation:

Supporting the delivery of effective engagement, developing practice and sharing learning

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1. Introduction

The <u>Quality Framework for Community Engagement and Participation</u> will support NHS Boards¹, Integration Joint Boards carry out effective community engagement and demonstrate how they are meeting their statutory duties for public involvement and community engagement. It provides a framework to NHS Boards and Integration Joint Boards, and those externally quality assuring and inspecting them, on what good quality engagement looks like to develop practice and share learning.

The self-evaluation will be completed on a 12-month rolling cycle by NHS Boards and Integration Joint Boards. Organisations should liaise with Healthcare Improvement Scotland – Community Engagement to discuss this cycle and confirm timescales. This self-evaluation will form the basis of organisations demonstrating its activity in line with statutory duties as set out in national guidance.

For national NHS Boards, this approach should be followed, with appropriate adaptations to take into account specific remit and purpose. Not all self-evaluation statements are applicable, and it is the responsibility of the organisation to liaise with Healthcare Improvement Scotland to identify any adaptations required.

Background

The framework is based on the Quality of Care Approach and was jointly developed by Healthcare Improvement Scotland and The Care Inspectorate, in partnership with other key stakeholders.

Healthcare Improvement Scotland has a statutory responsibility to help drive improvement in the quality of health and social care services, and to collaborate where appropriate in the delivery of these duties.

Healthcare Improvement Scotland – Community Engagement has particular delegated statutory responsibilities to support, ensure and monitor the public involvement duties in respect of health services across NHS Boards and Integration Joint Boards.

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

Development

This framework is the result of participation from, and wide-ranging consultation with, colleagues across health and social care and other key partners. As well as supporting internal and external assurance, it provides an improvement tool, developed in collaboration with, and primarily 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.

National guidance, <u>Planning with People</u>, was published in March 2021, by the Scottish Government and COSLA, on local community engagement and participation which applies across health and social

¹ Not all statements will be applicable to both territorial NHS Boards and National NHS Boards due to the individual circumstances of National NHS Boards.

care. This framework supports the principles contained within the guidance, and the practical application of this within their organisations.

The Health and Social Care Standards, published in 2017 by the Scottish Government, set out what we should expect when using health, social care or social work services in Scotland. The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation and set out the rights of people to be involved in decision making regarding the provision of care services.

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)

Regular, open and honest organisational self-evaluation using the quality framework and associated self-evaluation tool focussed on community engagement, combined with other available data and intelligence, can form the basis of supportive conversations with NHS Boards and Integration Joint Boards to diagnose where there are issues or difficulties, and identify the support needed to embed meaningful ongoing community engagement.

2. The framework:

The framework seeks to identify, support and assure engagement activity within organisations in relation to routine engagement; specific engagement activities (such as service change); and internal governance systems for community engagement activity. This will be used by both senior management and operational staff and service leads to better understand how the organisation carries out its functions for community engagement.

This approach encourages regular open and honest organisational self-evaluation as part of routine internal assurance processes and the self-evaluation tool has been developed to support this.

The framework is not designed to be a checklist. Rather, it is a reference guide to support and inform reflection, evaluation and decision making about how best to improve engagement with users of the services.

2a. Domains

It contains three areas of focus, which are referred to as domains. Each domain has associated quality indicators and prompts to guide discussion, and support evaluation with a view to answering key questions.

Domain 1: Undertaking Ongoing Community Engagement

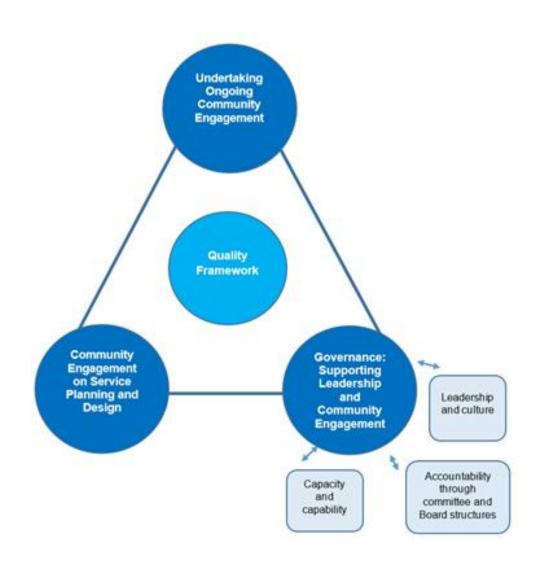
 The organisation undertakes ongoing engagement with people and communities to ensure that services meet their needs, identify sustainable service improvements and to develop trust. The approach to engagement is inclusive, meaningful and is evaluated to identify learning and the impacts.

Domain 2: Community Engagement on Service Planning and Design

- There is supported and effective involvement of people in service planning, strategy, design
 and improvement. Individual engagement projects are planned as part of the organisation's
 wider engagement strategy.
- People representing communities are involved throughout the development, planning and decision-making process for service change and strategy development.

Domain 3: Governance: Supporting Leadership and Community Engagement

- Robust corporate governance arrangements are in place for involving people, founded on mutuality, transparency, equality, diversity and human rights principles.
- To engage effectively, the organisation makes a commitment to supporting and improving the participation of people by dedicating resources (both in people, time and budgets) to support effective engagement and inform decision making.



Fundamental Principles:

The principles for engagement are drawn from statutory duties, best practice and supporting documentation.

- **Proportionate** the scale of the engagement should be related to the impact of the change or policy.
- •Robust the information shared is evidence based and there is sufficient information to give 'intelligent consideration'. The process makes full use of available methods for engagement.
- •Collaborative genuine opportunity for people to influence decisions and undertaken when proposals are still at a formative stage.
- •Inclusive- involving the people most affected by change or policy from the beginning and ensuring that the engagement process is fully accessible to all.
- •Timely- engagement from the outset and ensures that there is adequate time for consideration and response
- •Transparent- information is accessible and publicly available, and there is due consideration of the engagement feedback when coming to a decision.

Links with statutory duties and national guidance

The framework has been developed to reflect and align with current policy, guidance and standards and will be a reference guide for evaluating and should be considered in conjunction with them when considering public involvement duties and the delivery of community engagement.

The relevant duties, guidance and standards that informs this framework are noted in appendix 1.

NHS Boards, Integration Joint Boards and Local Authorities all have a statutory responsibility to involve people in developing and delivering care services. All relevant public bodies are expected to demonstrate how they are engaging with communities, and to evidence the impact of engagement. The *Planning with People* guidance supports care organisations to meet their legal responsibilities.

The organisational approach

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

- What role do communities have in your organisational structures?
- How do people respond when you communicate with them?
- Are levels of public satisfaction and trust high or low?
- How does your organisation view engagement?
- Is it regarded as important and is there a shared view of what it means?
- Has there been a culture of tokenism?
- Has engagement influenced decisions?

Self-evaluation is a process by which organisations and services can reflect on current practice to identify areas where action could drive improvement in service delivery and ultimately, in outcomes for people experiencing and accessing their services. Improvement on the basis of self-evaluation, rather than that which is solely mandated by external agencies, can inspire greater local ownership of issues and design of more effective solutions.

The organisation should consider public representative input to this process, and the relevant governance or committee structure to provide oversight.

We recommend that public representatives play an active role in the completion of the self-evaluation and identification of areas for improvement.

The diagram below highlights the key steps in the process with the self-evaluation step providing an important first stage in the quality improvement process.



Self-Evaluation Consessess Consensus Session	The organisation collates individual submission and shares the compiled self-evaluation with participants (and Healthcare Improvement Scotland – Community Engagement) to consider strengths and areas for improvement (AFIs). This informs the next steps, the Consensus and Improvement Planning Session(s). Strengths in performance are identified and areas for
Improv	ning session will aim to work with the findings from the earlier
Improvement Planning	session to inform key areas of action and improvement. The participants should seek to identify around 5/6 areas for improvement focusing on: • what actions need to happen to achieve the improvements • what are the risks/resources that need to be considered • what are the timescales for each of the actions • who will lead in taking this forward; • what are the milestones that will signify that the actions have been achieved, and • what is the outcome/impact that achieving this improvement will provide for the service/organisation.
Draft Improvement Plan	ement and improvement planning, is a draft improvement plan
Engage Improv Action Activity	ement the improvement plan to develop practice and activity to

3. The self-evaluation process:

Self-evaluation is a process by which organisations and services reflect on current practice to identify areas where action could drive improvement in service delivery and ultimately, in outcomes for people experiencing and accessing their services.

Quality improvement on the basis of self-evaluation, rather than that which is solely mandated by external agencies, can inspire greater local ownership of issues and design of more effective solutions.

The framework is not designed to be a checklist. Rather, it is a reference guide to support and inform reflection, evaluation and decision making about how best to improve outcomes for users of services. The self-evaluation tool is available on our website.

The self-evaluation tool

The approach, layout and prompts are based on the <u>Quality of Care Approach</u> so will be familiar to organisations have undertaken the self-evaluation or had a strategic inspection.

- The self-evaluation should tell a story about where you perceive your organisation to be overall against each domain in the framework. The following key questions should guide responses to the statements:
- How are you doing in respect of this statement?
- Do you understand how good your engagement is and the impact it has?
- How do you know this?
- Do you have evidence to show how good you are?
- What do you need to do better or differently? (For example, what are the key next steps or areas for improvement the organisation needs to take forward to improve engagement?)
- A comments section is available at the end of each domain for NHS Boards and Integration Joint Boards to highlight additional relevant information.

It is the responsibility of NHS Boards and Integration Joint Boards to be open and honest in their response and to consider the self-evaluation in collaboration with relevant staff and stakeholders. This will provide opportunities to:

- Review what progress has been made and what development and learning has happened
- Allows for reflection and challenge with key stakeholders
- Provide assurance to the service providers, the NHS Boards and Integration Joint Boards and the public about the quality of engagement
- Highlight areas of good practice for sharing both internally and externally, and
- Highlight areas for improvement and levels of priority.

Organisation can also consider the additional measures and factors in **Appendix 1** when considering their evaluation against each domain and statement.

Undertaking self-evaluation

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.

We have developed <u>a guide</u> to support evaluation and provide practical guidance and advice on how to approach this process.

Evidence

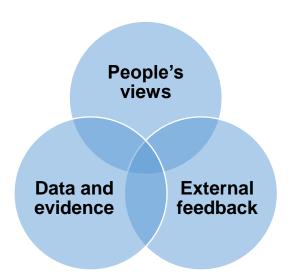
When reviewing evidence it is important to always consider the outcome:

- what happened as a result of implementing a particular policy, service change or improvement activity.
- what was the impact on those receiving and relying on the service, those delivering the service or those supporting the organisation to deliver the service.
- what learning was achieved and how was learning shared with relevant people, across the organisation and wider, to support ongoing quality improvement.

Triangulation of evidence

People completing the self-evaluation are encouraged to use information from different sources to triangulate evidence of the quality of engagement. For example, evaluation feedback, direct observations, consultation reports, discussions with staff and people experiencing and using services. You should use a blend of qualitative and quantitative evidence.

As no one part of the triangle might provide you with the full information, the key is to triangulate all the information you can to inform the self-evaluation process.



Demonstrating engagement activity in line with statutory duties

The statements provided within self-evaluation reflect and align with current policy, guidance and standards. In completion of the self-evaluation, Healthcare Improvement Scotland – Community Engagement will provide the organisation with feedback based on this, and any supporting materials. This will provide the organisation with information based on statutory duties and policy to inform the Improvement planning, and subsequent activities and also support ongoing internal governance and assurance.

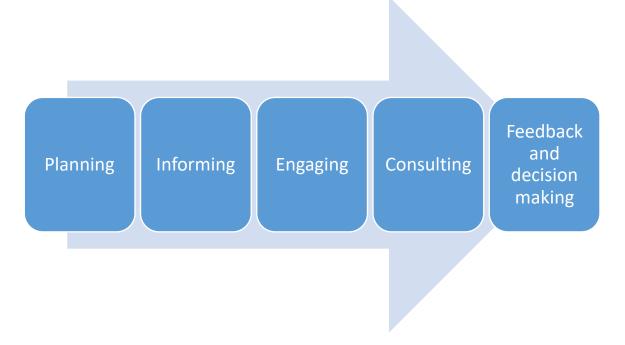
4. Engagement when carrying out service change

Service change

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

The <u>Planning with People guidance</u> provides overarching guidance for engagement across health and social care, and also replaces Chief Executive Letter 4 (2010) for NHS Boards.

The general steps for engagement in service change are outlined below.



Major service change

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.

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

NHS Boards can designate proposals as major change themselves, as informed by the Healthcare Improvement Scotland - Community Engagement guidance.

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

Appendix 1: Guidance, duties and standards reviewed to inform the Quality Framework for Community Engagement

The development of the framework and self-evaluation took account of the following guidance, duties and guides. Therefore, it may be useful to consider which information and evidence you may have already collated for other reviews and self-evaluation, such as recent inspections by Healthcare Improvement Scotland, recent service reviews, Audit Scotland.

- 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, Scottish Government and COSLA (March 2021)www.gov.scot/publications/planning-people/pages/1/
- Health and Social Care Standards: my support, my life, Scottish Government (2017) www.gov.scot/publications/health-social-care-standards-support-life/
- CEL 4 (2010) Informing, Engaging Consulting People in Developing Health and Community Care Services, Scottish Government 2010- www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf
- Equality Act (2010)- www.legislation.gov.uk/ukpga/2010/15/contents
- The National Standards for Community Engagement (2016), Scottish Community Development Centre: www.scdc.org.uk/what/national-standards/
- NHS Scotland Health Boards and Special Boards Blueprint for Good Governance DL 02 (2019): www.sehd.scot.nhs.uk/dl/DL(2019)02.pdf
- The Fairer Scotland Duty (2018)- www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/pages/1/
- The Islands (Scotland) Act, (2018) <u>www.legislation.gov.uk/asp/2018/12/contents</u>
- Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care, Final Report, February 2019www.gov.scot/publications/ministerial-strategic-group-health-community-care-reviewprogress-integration-health-social-care-final-report/
- COSLA's New Blueprint for Local Governmentwww.cosla.gov.uk/ data/assets/pdf file/0021/19551/LG-Blueprint.pdf
- Community Empowerment (Scotland) Act 2015- www.gov.scot/publications/community-empowerment-scotland-act-summary/
- Public Bodies (Joint Working) (Scotland) Act 2014www.legislation.gov.uk/asp/2014/9/contents
- Planning and delivering integrated health and social care: guidancewww.gov.scot/publications/guidance-principles-planning-delivering-integrated-healthsocial-care/
- Audit Scotland expectations for auditing Best Value in IJBs/HSCPs- www.auditscotland.gov.uk/our-work/best-value
- Community Empowerment Act (CEA) Guidance, Part 2 Purpose of Community Planningwww.gov.scot/publications/community-empowerment-scotland-act-2015-part-2community-planning-guidance/
- Gunning Principles- www.consultationinstitute.org/the-gunning-principles-implications/
- Inclusion health principles and practice, Public Health Scotlandhttps://publichealthscotland.scot/media/2832/inclusion-health-principles-and-practice.pdf

- Gaun Yersel Self Management Strategy for Scotland- <u>www.alliance-scotland.org.uk/blog/resources/gaun-yersel/</u>
- Third Sector Engagement Matrix- https://mk0voluntaryheaenrww.kinstacdn.com/wp-content/uploads/2013/05/Engagement Matrix ed2 web.pdf
- Equal and Expert Best Practice Standards for Carer Engagement www.carersnet.org/wp-content/uploads/2014/06/Equal-Expert-3-best-practice-standards-for-carer-engagement.pdf
- Charter of Patient Rights and Responsibilities- www.gov.scot/publications/charter-patient-rights-responsibilities-2/
- Right First Time, Scottish Government- <a href="https://www.gov.scot/publications/right-first-time-practical-guide-public-authorities-scotland-decision-making-law-second-edition/#:~:text=Right%20First%20Time%20is%20a%20practical%20guide%20for,public%20 discourse%20around%20the%20actions%20of%20public%20bodies
- Principles of Community Empowerment, Audit Scotland- www.auditscotland.gov.uk/report/principles-for-community-empowerment