



## Engagement and participation in service change and redesign in response to the COVID pandemic

### Guidance note – November 2021

#### 1. Background

*This note updates the guidance circulated by Healthcare Improvement Scotland – Community Engagement in July 2020: Engagement and participation in service change and redesign in response to COVID-19. It acknowledges the extended duration of the pandemic response and the new national guidance for NHS Boards, Integration Joint Boards and Local Authorities, [Planning with People](#).*

Healthcare Improvement Scotland – Community Engagement has a role across NHS Boards and Integration Authorities to “support, ensure and monitor” patient focus and public involvement activities relating to health services.

The initial phase of the COVID-19 pandemic required NHS Boards and Integration Joint Boards to rapidly reconfigure services and provide care in new and different ways. During the emergency response in early 2020, quick decision making was needed to increase capacity and maintain essential services, and the urgency of the situation did not allow organisations to involve or engage the public as they would normally be expected.

Involvement of people who use the service informs better decision-making. It provides an opportunity to understand the positive and negative impacts of change implemented during the emergency response. This feedback should be used to help planning for remobilisation and to identify further areas for engagement.

However, the statutory duty to involve people is as important as ever. During this next phase of the pandemic, and through the re-mobilisation planning, there is an opportunity to understand and build on the benefits brought by changes during the initial and subsequent phases and have these informed by people who are using services.

#### 2. Current context

The complexity of the current environment for health and care services cannot be understated, with services facing many competing challenges and pressures. For example, many changes have been made to urgent care to rapidly respond to the pandemic, while considering the future provision of services over the short, medium and long term. In addition, the workforce is a pressured resource that will need to recover from the pandemic, and remobilisation managed at a pace to ensure safe recovery, alongside innovations and new ways of working. Proposed changes to how and where services are delivered may emerge from local, regional or national planning, and expectations for engagement with people and communities on these service redesigns are covered in Planning with People.

In his commissioning letter to NHS Boards in December 2020 for the next iteration of remobilisation plans that will cover the period April 2021–March 2022, the Interim Chief Executive of NHS Scotland wrote:

“As we move beyond an emergency footing and into a more ‘business as usual’ approach, it is the intention to take a longer term view and many of the initiatives and transformations which are being developed and embedded now will clearly have implications for the future shape of our health and care services. So the work we are doing together now will begin to create the framework for that longer term planning”.

As well as setting out a core set of priorities, he stated that “[Re-mobilise, Recover, Re-design: The Framework for NHS Scotland](#), published on 31st May [2020], continues to provide the over-arching context for remobilisation planning, including the principles and objectives for safe and effective mobilisation.”

This details three key renewal objectives:

1. Engage the people of Scotland to agree the basis of our future health and social care system
2. Embed innovations, digital approaches and further integration, and;
3. Ensure the health and social care support system is focused on reducing health inequalities.

The steps outlined in this guidance note set out a collaborative approach to understanding what service changes have been made, what changes have been paused, and what changes may now need to be considered. The guidance should inform your approach to effective community engagement moving forward.

### 3. What is service change?

*Healthcare Improvement Scotland – Community Engagement* 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 or 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 due to the need to take immediate short-term action to deliver services.

### 4. Identifying next steps

As a result of the current pandemic, service reconfiguration or change may fall into **three** broad categories. The flowchart in appendix one highlights considerations to support proportionate engagement for each with the categories summarised in the following table:

Categories		
1. Changes made as a result of COVID pandemic	2. Changes that were put on hold due to COVID pandemic	3. Forthcoming changes that now need to be considered
a) Changes that are planned as a temporary arrangement and expected to return to the substantive model.	Changes that were paused in order to focus on the emergency response to COVID pandemic and require to re-start.*	Changes that are now considered as a result of the current situation and changing environment and unplanned prior to COVID pandemic.
b) Changes that were introduced on a temporary basis and are now being considered as a		

longer term or permanent model for service delivery.	(*the Case for change remains valid and requires to be progressed)	
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## 5. Guidance for category 1 – Changes made as a result of COVID pandemic

### a) Changes that are planned as a temporary arrangement

In order to meet expectations of effective engagement as set out in policy and guidance, *Healthcare Improvement Scotland – Community Engagement* recommends that NHS Boards and Health and Social Care Partnerships consider the following five points to inform what engagement activities need to take place, and with who.

1. **Understanding impact:** Identify those people who currently use the services that have undergone urgent change and ask them how they have been impacted and how any adverse impacts might be mitigated moving forward. This information will support understanding and response to unintended consequential impacts of change. The Scottish Government’s COVID-19- Framework for Decision Making<sup>1</sup> notes *“the harms caused by the pandemic are not felt equally. Our response to this pandemic must recognise these unequal impacts”*
2. **Communicating clearly:** Ensure that communications are clear, transparent, 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 communicating digitally or by post with others.
3. **Using feedback:** Seek ongoing 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. The World Health Organisation has proposed that one of the six conditions to implement/adapt transitioning of measures is *“Communities have a voice, are informed, engaged and participatory in the transition.”*<sup>2,3</sup>
4. **Agree approach:** For those changes that were introduced on a temporary basis, as part of the response to the COVID pandemic, NHS Boards or Integration 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, and;

<sup>1</sup> Coronavirus (COVID-19): framework for decision making, Scottish Government, (April 2020): [www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/pages/4/](http://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/pages/4/)

<sup>2</sup> [www.euro.who.int/\\_data/assets/pdf\\_file/0019/440038/StrengthAdjustingMeasuresCOVID19-infograph.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0019/440038/StrengthAdjustingMeasuresCOVID19-infograph.pdf?ua=1)

<sup>3</sup> [www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis-supporting-evidence-moving-phase-2/pages/8/](http://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis-supporting-evidence-moving-phase-2/pages/8/)

**5. Engaging differently:** Understanding the skills and capacity for staff to undertake meaningful and inclusive engagement using different engagement approaches appropriate to the circumstances. While greater attention is being given to remote and digital engagement, it is helpful to bear in mind that some people are still interacting with health and care services and there may be opportunities to also engage with them face-to-face.

This could be in acute, primary care or community settings and NHS Boards and Integration Joint Boards may consider what additional training or processes would be helpful to support this activity. *Healthcare Improvement Scotland – Community Engagement* has developed new resources to support people to engage differently.

**b) Changes that were introduced on a temporary basis that are now being considered as a longer term or permanent model**

For changes that were initially planned as temporary arrangements that are now being considered as a longer term or permanent model for service delivery, NHS Boards and Integration Joint Boards should consider the five points above and how they will meet the expectations of effective engagement as set out in national policy and guidance and fulfil their statutory duties to encourage public involvement.

The current national guidance for NHS Boards and Health and Social Care Partnerships should be applied in a proportionate and realistic way to involving people in service redesign, recognising that temporary models may not always reflect the previous ‘status quo’ for the service and therefore there is need to reflect on any substantive model as well as the current situation.

In doing this, it will be important to work towards achieving a shared understanding with people and communities about what the current position is and why. For example, decisions taken to respond to the initial phase of the pandemic where change was implemented, will have formed a new temporary status quo, which will be different for as long as it is in place and this current situation or interim model may be materially different. The longer the temporary change remains effective, the greater risk that the status quo prior to the pandemic response is unable to be restored, for example, infrastructure that may have been put in place to make temporary arrangements safe and sustainable.

Service change proposals should be informed by individual people and communities of people with lived experience and feedback should be sought on temporary models to inform potential future redesign. Consideration should also be given to any ongoing engagement activity in related areas that may be taking place at regional or national levels and how this feedback can be used to inform next steps.

**6. Guidance for Category 2 – Changes that were paused due to COVID pandemic**

Similarly for those changes that were paused due to the pandemic, consideration should be given to reviewing emerging data and developments to understand if the case for change remains valid to enable these processes to re-start. It is anticipated that some engagement activity, undertaken prior to the COVID pandemic lockdown, will be protected and activity may therefore be resumed in line with guidance.

However, there may be opportunities to gather learning, creativity and innovation from practice during COVID pandemic and service user experience to inform the evidence base moving forward.

If you plan to review previous proposals then it would be useful to discuss where in the engagement process you are, and any parts of the process that may need to be reviewed or revisited.

## 7. **Guidance for Category 3 – Forthcoming changes that now need to be considered**

This category considers ‘new’ changes unplanned prior to COVID pandemic. For proposed changes in this category NHS Boards and Integration Joint Boards should consider the five points highlighted above to inform engagement activities.

The case for change for any proposal should be informed by the engagement undertaken with a shared understanding of the key drivers for change and potential benefits and areas of impact that may arise from proposed change.

It would be expected that proposals within this category are referenced in the remobilisation plans, or at a later date as part of the renewal programme. Any engagement activity already undertaken as part of the remobilisation plans should be reviewed to inform and agree the most appropriate next steps for proportionate engagement.

**Please contact *Healthcare Improvement Scotland – Community Engagement* to discuss the approach to engagement moving forward in line with national guidance and good practice.**

## 8. **Equality Impact Assessment (EQIA)**

The introduction of physical distancing in response to the COVID pandemic, and a shift away from face-to-face engagement, may remove barriers for some people while introducing new barriers for others.

In accordance with equalities legislation, including the public sector duties<sup>4</sup>, organisations are responsible for:

- Ensuring that the informing, engaging, consulting process is fully accessible to all equality groups; and
- Ensuring that any potential adverse impact of the proposed service change on different equality groups has been taken into account by undertaking an equality impact assessment and that this informs the planning and delivery of engagement activity.

Previous EQIAs may also need to be updated to take account of the new potential impacts and to check that this work is still valid. Due regard should be given when making strategic decisions as to how NHS Boards and Integrated Joint Boards can reduce inequalities as set out in the Fairer Scotland Duty guidance.

[www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/pages/1/](http://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/pages/1/)

## 9. **Tools and resources**

As well as the advice and support provided by our Service Change team, our staff based within the Engagement Office network across the country are available to provide ongoing advice and support in relation to your engagement and involvement activity.

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<sup>4</sup> Equalities and Human Rights Commission: [www.equalityhumanrights.com/en/advice-and-guidance](http://www.equalityhumanrights.com/en/advice-and-guidance)

The support we can provide will enable NHS Boards and Integration Joint Boards to revisit their current engagement and involvement strategies and consider what amendments are required in light of COVID pandemic restrictions. This can include the consideration of different methods and technologies for engagement and involvement, and how to reach the people who use services and the wider communities. Contact details for our Engagement Office network can be found [here](#).

We have been considering the use of digital and other alternative methods of engagement, including the re-purposing of more traditional engagement approaches and we will continue to build this knowledge and expertise and share our learning. You will find tools and information on our website to support you to engage differently [here](#).

To discuss any information within this, or specific considerations regarding service change please contact the team at: [his.engageservicechange@nhs.scot](mailto:his.engageservicechange@nhs.scot)

To discuss any advice and support regarding ongoing engagement and involvement activity please contact the Engagement Office for your area. Details can be found [here](#).

Further information on *Healthcare Improvement Scotland – Community Engagement* can be found at: [www.hisengage.scot](http://www.hisengage.scot)

Appendix one:

Service change and redesign flowchart for engagement and participation in response to COVID-pandemic

