DRAFT:

The Quality Framework for Community Engagement and Participation:

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

Contents

1. Introduction

The [Quality Framework for Community Engagement and Participation](#) will support NHS Boards[1] and 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 inspecting them, on what good quality engagement looks like to develop practice and share learning.

It is suggested that the self-evaluation is completed on a 12 month rolling cycle by NHS Boards and Integration Joint Boards. However, some improvement activity may take longer than a year to undertake, therefore organisations can decide the frequency of completion of the tool and which domains to include. This self-evaluation will form the basis for organisations demonstrating how their engagement activity is in line with statutory duties, as set out in national guidance.

Regular self-evaluation should form part of good internal governance and is a key driver for local improvement work. Improvement plans should also be monitored and regularly reviewed.

Organisations should liaise with Healthcare Improvement Scotland – Community Engagement to discuss and confirm their approach in order for us to provide timely advice and support.

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 – Community Engagement to identify any adaptations required.

Background

The framework is based on the Quality of Care Approach designed by Healthcare Improvement Scotland in collaboration with The Care Inspectorate and 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.

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

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[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.

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, *Planning with People*, was published in March 2021, by the Scottish Government and COSLA, on local community engagement and participation which applies across health and social care. 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 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- the outcomes to be measured

The self-evaluation should tell a story about where you perceive your organisation to be overall against each domain in the framework.

This self-evaluation tool has been developed to enable organisations to self-evaluate their performance against three areas of focus, called domains, which are outlined within the framework.

It contains three areas of focus, which are referred to as domains. Each domain has two associated quality indicators and statements to guide discussion, and support evaluation with a view to answering key questions. They could be considered to be the outcomes to be measured.

Domain 1: Ongoing engagement and involvement of people	• 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: Involvement of people in service planning, strategy and design	• The involvement of people and communities has had a positive impact on service change and strategy development and has been planned as part of the organisation's wider engagement strategy. • People representing communities have been involved throughout the development, planning and decision-making process for service change and strategy development.
Domain 3: Governance and leadership- supporting community engagement and participation.	• Robust corporate governance arrangements are followed for involving people, founded on mutuality, transparency, equality, diversity and human rights principles. • To engage effectively and inform decision making, the organisation supports and improves the participation of people by dedicating resources (both in people, time and budget).
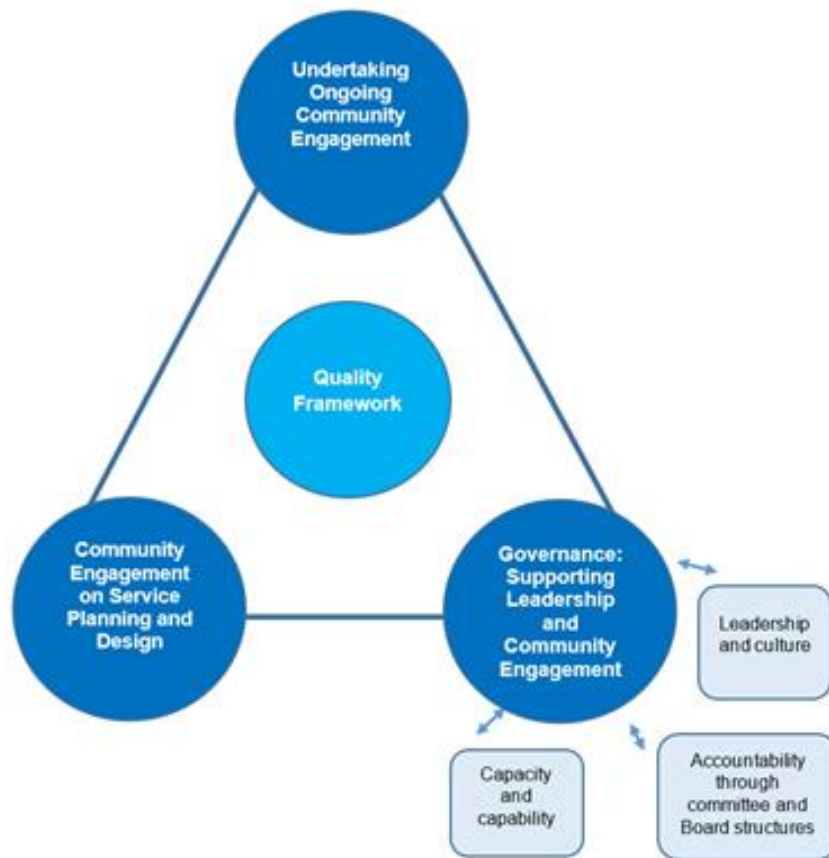
Fundamental Principles

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.

Organisational commitment and buy-in

The framework requires organisational commitment and buy-in to the process to ensure the appropriate resources are allocated, input to the self-evaluation in relation to domain 3 (Governance: Supporting Leadership and Community Engagement) and support with implementing the improvement plan.

We would also recommend that the self-evaluation and improvement plan are validated with any designated community engagement/public involvement committee and with the Board.

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.

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.

Self-Evaluation	**Self-Evaluation tool** NHS Boards and Health and Social Care Partnerships share the self-evaluation tool with identified people within their organisation. Initial discussion with Healthcare Improvement Scotland Community Engagement (HIS-CE).	**How are we doing?** Do you understand how good your engagement is and the impact it has?	• Organisations decides who to send the survey to, for individual completion- 2/3 weeks for individuals to complete the self-evaluation. • Schedule dates for consensus session and improvement planning. • Pre-meeting with participants to provide background, expectations and agree approach.
Consensus Session	**Consensus Session** Individual responses are collated by the organisation and the results are shared with the relevant people taking part in the process, and HIS-CE. Consensus meeting to review the self-evaluation results to discuss and identify strengths and areas for potential development. Agree key priority areas. **Improvement Planning** Discussion session to develop key priority areas for improvement, focusing on; Actions to achieve improvements, risks/resources to be considered, timescales for each of the actions, leads for each action & intended outcome/impact that achieving this improvement will provide.	**How do we know that?** Do you have evidence to show how good you are? You can look at performance measures, outcomes and processes but you should also speak to the people undertaking and taking part in your engagement activity. **What do we plan to do next? –** What is your improvement plan? What are your improvement priorities? What changes do you plan to test out?	• Share collated self-evaluation results and evidence ahead of meeting. • Suggested that session takes place one month after the survey is sent out. • Plan to split session into two facilitated sessions. • HIS-CE can attend to help facilitate and/or provide advice on improvement plans.
Draft Improvement Plan	**Draft Improvement Plan** Development of a draft improvement plan for the 12 months ahead. Identification of where HIS-CE		• Informed by discussion at the improvement planning session. • Identify a lead person for each of the actions in order to lead on activity and provide updates on progress. • HIS-CE share support tools and training, or signpost to other relevant tools.
Engagement Improvement Activity	**Engagement Improvement Activity** Activity to deliver the local improvement activity – led by the NHS board or Health and Social Care Partnership with support from HIS-CE.		• Improvement plan should be approved by the relevant committee or Board. • Publish plan and agree process for regular monitoring and progress.

The self-evaluation tool

The approach, layout and prompts are based on the [Quality of Care Approach](#) so will be familiar to organisations that 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
- Allow 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 [a guide](#) 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.
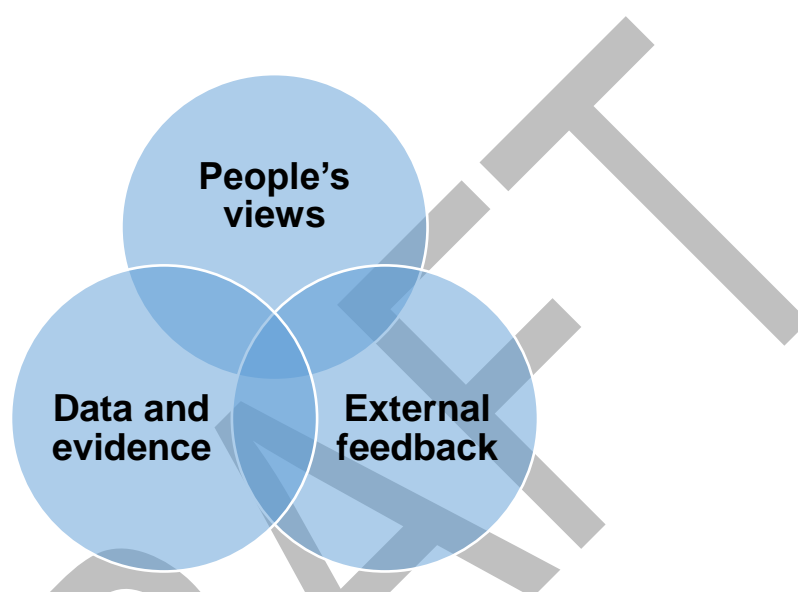
Demonstrating engagement activity in line with statutory duties

The statements provided within self-evaluation reflect and align with current policy, guidance and standards. On completion of the self-evaluation, the organisation can use the feedback to inform the Improvement planning, and subsequent activities and also support ongoing internal governance and assurance.

3. 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 Planning with People guidance provides overarching guidance for engagement across health and social care, and replaces Chief Executive Letter 4 (2010) for NHS Boards.

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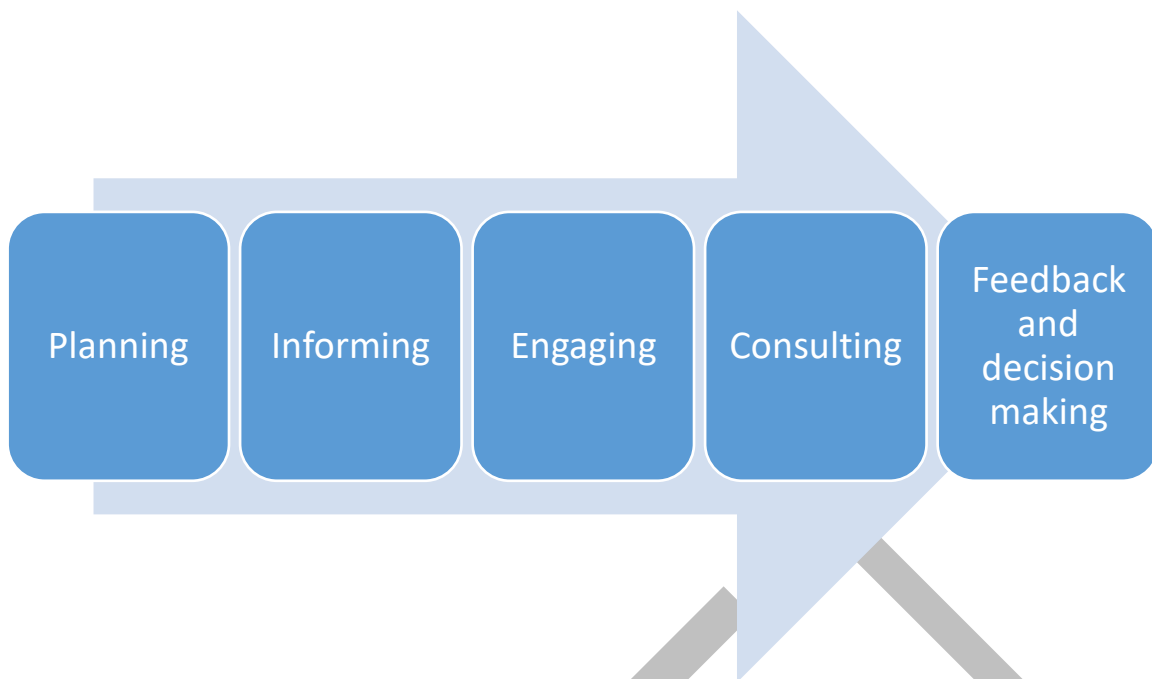
Major service change

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 guidance 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 Scottish Government.

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

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.

Statutory duties

- NHS Reform (Scotland) Act, Section 7: Duty to encourage public involvement - www.legislation.gov.uk/asp/2004/7/contents
- Public Bodies (Joint Working) (Scotland) Act 2014, section 36 - https://www.legislation.gov.uk/asp/2014/9/section/36/2014-04-02?timeline=false
- Equality Act 2010 - www.legislation.gov.uk/ukpga/2010/15/contents
- Fairer Scotland Duty (2018) - https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/
- Islands (Scotland) Act 2018 - www.legislation.gov.uk/asp/2018/12/contents
- Community Empowerment (Scotland) Act 2015 - https://www.legislation.gov.uk/asp/2015/6/contents/enacted
- Human Rights Act 1998 – https://www.gov.scot/policies/human-rights

Guidance

- 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
- 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
- Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care, Final Report, February 2019 - www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/
- COSLA's New Blueprint for Local Government - www.cosla.gov.uk/__data/assets/pdf_file/0021/19551/LG-Blueprint.pdf
- Planning and delivering integrated health and social care: guidance - www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/
- Audit Scotland expectations for auditing Best Value in IJBs/HSCPs - www.audit-scotland.gov.uk/our-work/best-value

- Community Empowerment Act (CEA) Guidance, Part 2 Purpose of Community Planning - www.gov.scot/publications/community-empowerment-scotland-act-2015-part-2-community-planning-guidance/
- Gunning Principles - www.consultationinstitute.org/the-gunning-principles-implications/
- Inclusion health principles and practice, Public Health Scotland - https://publichealthscotland.scot/media/2832/inclusion-health-principles-and-practice.pdf
- Gaun Yersel – Self Management Strategy for Scotland - www.alliance-scotland.org.uk/blog/resources/gaun-yersel/
- 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 - 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%20discourse%20around%20the%20actions%20of%20public%20bodies.
- Principles of Community Empowerment, Audit Scotland - www.audit-scotland.gov.uk/report/principles-for-community-empowerment