

September 2022

WORKING TOGETHER FOR A BETTER FUTURE

2021 - 2025



# Engagement Framework



Approved 29th November 2022  
To be reviewed April 2025



NHS Highland wants to have a consistent and meaningful approach to listening to and engaging with people who live, work and volunteer in the Highlands



We will do this by producing a framework that meets our statutory duties, moral responsibilities and core values

Our framework aims to:

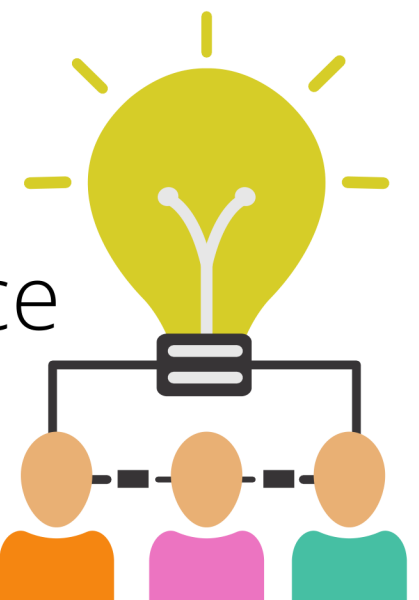
- provide clear ways for managers and staff to engage with and empower people to inform plans, decisions, policy, practice and change
- foster partnership and values based approaches to engagement with our communities and partners
- provide assurance and accountability to communities, partners and our Board, that engagement is meaningful, leads to action and demonstrates the difference it has made

# What we mean by Community and Engagement

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.





# Our Engagement Values

## Friendly

engagement will be welcoming, and appealing for, individuals, communities, partners and our staff

we want people to feel safe to share their views

## Inclusive

we will go to where people are and everyone will be able to engage with us in a way that best suits them

we will be open and sharing with information

## Timely

early engagement and participation will take place during planning and service redesign

continuous conversations with communities will be the norm

## Meaningful

lived experience and peoples views and ideas will be at the heart of our plans and decisions

feedback will be valued as a gift

## Together

redesign will be needs led and co-design will be the main approach for developing plans and services

people will be true partners

## Responsive

we will tell people how their contributions has informed plans and decisions

people will know the difference they have made





# ENGAGEMENT FRAMEWORK

## How

## Why

## What

## Who

## Governance

- Develop engagement standards and processes based on guidance and good practice
- Provide training, engagement tools and templates to support staff to engage with communities
- Regularly evaluate engagement to, learn, share and improve practice
- Utilise Care Opinion to capture experience and feedback at the point of contact
- Set up governance arrangements, to make sure engagement is meaningful, follows good practice and informs decisions
- Link feedback and complaints to engagement processes & reporting

- Duty to involve people in how services are planned, delivered and improved
- Plans for change should be based on experience of those most or disproportionately affected, as well as clinical and other important information
- Involving people early, leads to better decisions and quality services and helps to identify and address potential health inequalities - no one is left behind
- The benefits of change are recognised and supported by communities, staff and partners

- Develop different ways to communicate with individuals, groups and communities
- Build relationships with communities and trusted partners, working together on the areas that matter most to people
- Develop different ways to hear views and empower people with lived experience, to inform how we plan and deliver services
- Make sure the experience of vulnerable and disadvantaged groups and individuals are sought, valued and inform plans
- Make the most of every contact, collecting feedback and experience from people as they connect with services

- Patients, carers, people who need the health and care services we provide
- Young people and people from protected, vulnerable, disadvantaged groups and communities of experience
- People who live in remote and rural and island communities
- Trusted partners who support people who need our services
- Staff, clinicians, managers and agencies who work along side us
- Everyone who lives and works in the North NHS Highland area (Argyll and Bute HSCP has its own similar Framework)

Engagement Oversight via group or committee      Part of NHS Highland Board and Health and Social Care Partnership agendas

# What does this mean to me?

## Why



The Framework will help NHS Highland staff and people who work with us to understand our responsibilities and commitments to involving people in decisions that affect them.

It should also help communities to understand their rights to be involved in decisions about their care, medical treatment and plans for current and future services.

## Who

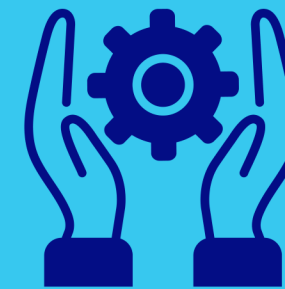


The Framework applies to all NHS Highland health and social care staff at all levels.

It also relates to everyone who lives, works and volunteers in the NHS Highland area.

It is designed to help ensure that communities of experience and vulnerable and protected groups are listened to and included within plans and important decisions.

## What

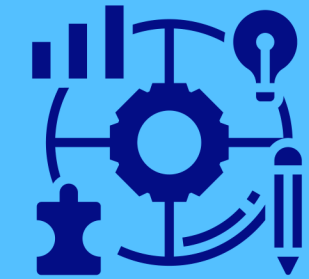


The framework will enable true partnership working to be adopted.

NHS Highland staff, people who need our services and communities will work together to identify and create engagement approaches and opportunities.

People with lived experience will be valued and empowered to inform and influence plans and decisions.

## How



The Framework will act as a blueprint mapping different ways to meaningfully engage and involve individuals and communities in important decisions.

It will provide clear pathways and governance structures that ensure engagement is meaningful and considers relative impacts.

Training and support will be provided to all, at all levels, to make sure the framework works in practice for everyone.

# Engagement Cycle



Feedback on decisions/outcome and maintain regular ongoing communication with people, organisations and communities  
**Responsive and Ongoing**

Clear purpose of engagement and what will it include and timescales involved  
**Timely**

Identify and involve people & organisations who may be affected  
**Inclusive**

work together to understand the impacts, and overcome potential barriers to engagement  
**EQIA - Friendly**

work together to plan and deliver appropriate engagement  
**(Together and Friendly)**

use methods best suited for people and purpose  
**(Together and Inclusive)**

Clear, regular communication with people, organisations and communities  
**Transparency and Responsive**

Understand impact of engagement and the difference it has made to plans and decisions  
**Meaningful and Together**

In **all** cases, the **decision-making process must be transparent** and clearly **demonstrate** that the **views** of communities **have been taken into account**. Organisations will be required to show that these principles are embedded in their practice

[Planning With People \(www.gov.scot\)](http://www.gov.scot)

Inner circle - Planning with People Engagement Cycle  
Outer circle - NHS Highlands Steps to Engagement & **values** they are linked to

# Levels of Engagement

Inform

Consult

Involve

Shared decision making

Partnership working

Involvement



Influence



Partnership



Newspaper and social media releases

Online, paper or telephone surveys

Patient/carer representation on committees and groups

Public or patient involvement at the start of service redesign or project

Joint standing on working groups

public and partners co-creating service plans, options and strategies

Co-production, experience based co-design & Scottish Approach to Service Design

Public information stands and exhibitions

Seeking comments on plans and recommendations

Focus, discussion groups & conversation cafes'

Patient stories

Citizen panels or Assemblies

Community or Partner led initiatives

Newsletters and podcasts

Public and community representatives active partners in ongoing service improvements



communication

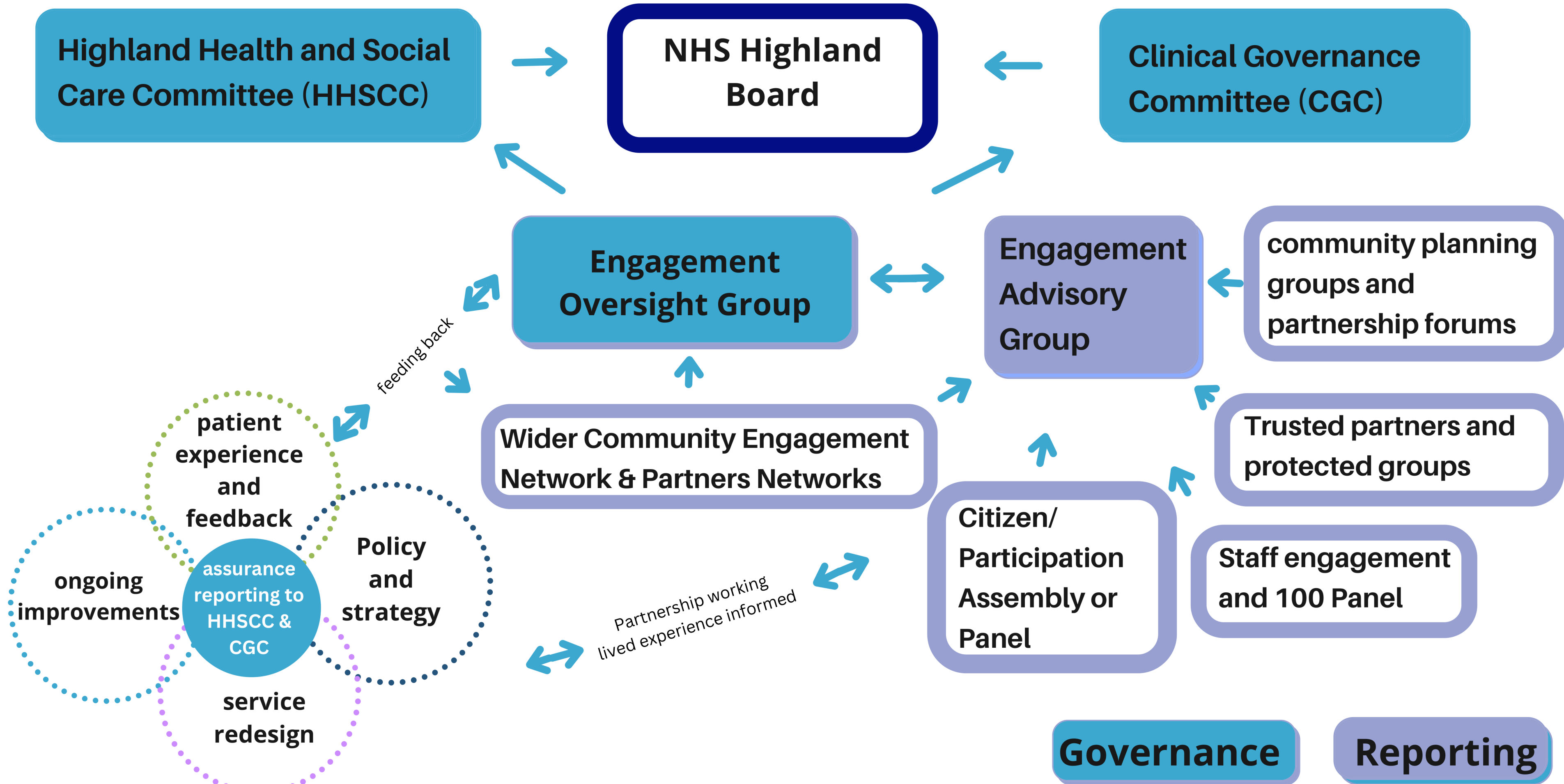


Empowerment





# Proposed Governance Structure



# Suggested Functions

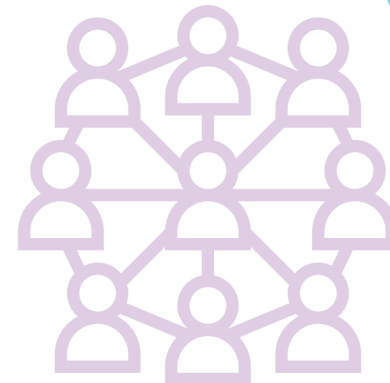
## Engagement Advisory Group

*Provides feedback and advice , shares good practice and Informs development of procedures, networks and training.*

*comments on draft engagement plans and road tests public facing information and surveys*

- Representatives of people who need services
- Carer representatives
- Communities of interests and experience
- Young people
- Trusted partners (like HIS-CE, THC, TSI )
- Staff and service representatives

meets bi-monthly via Teams with periodic face to face meetings



## Engagement Oversight Group

*Provides assurance that NHS Highland meets its statutory duties, the National Standards for Community Engagement and our core values to involving people in important decisions that may affect them, the people they care for or their community.*

- Sets and oversees Key Performance Indicators
- Ensures proportionate, meaningful engagement informs decision making in key projects and service redesigns, considering impacts and vulnerable/protected groups
- Ensures appropriate evaluation of engagement
- Shares engagement metrics with services for improvement purposes

meets quarterly with exception reporting, as needed

## Citizen's Panels or Assembly & Staff Engagement & Panels

Population & staff representative panels to provide feedback and suggestions on key topics and themes, to support strategic planning and understanding of what is important to our population and workforce.

Digital and face to face periodic engagement, with identified members

## Community Engagement and Partner Networks

An honest, transparent, two-way space, between our communities, population and our partners. Various engagement opportunities to support different interests, projects and preferred methods for engagement will exist, in partnership with others, where possible.

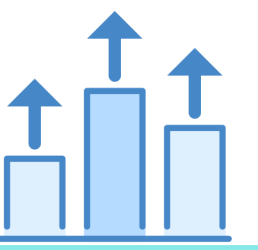
variety of ways and frequencies for engagement

People and groups will share and select topics of interest for exploration and improvement, that will be community led, and supported by us. Periodic communications and 'gatherings' will take place to provide updates and sense checking that people are being heard and accurately understood.



# Key performance indicators

How will we know we are getting it right?



## Strategic level

- Services feel more confident they are engaging well
- People who need services will report an improvement and say they feel their input made a difference
- Services receive a regular stream of feedback from people who access services from a range of sources
- We can show that feedback and lived experience has been used to inform strategy at the highest level

## Service redesign level

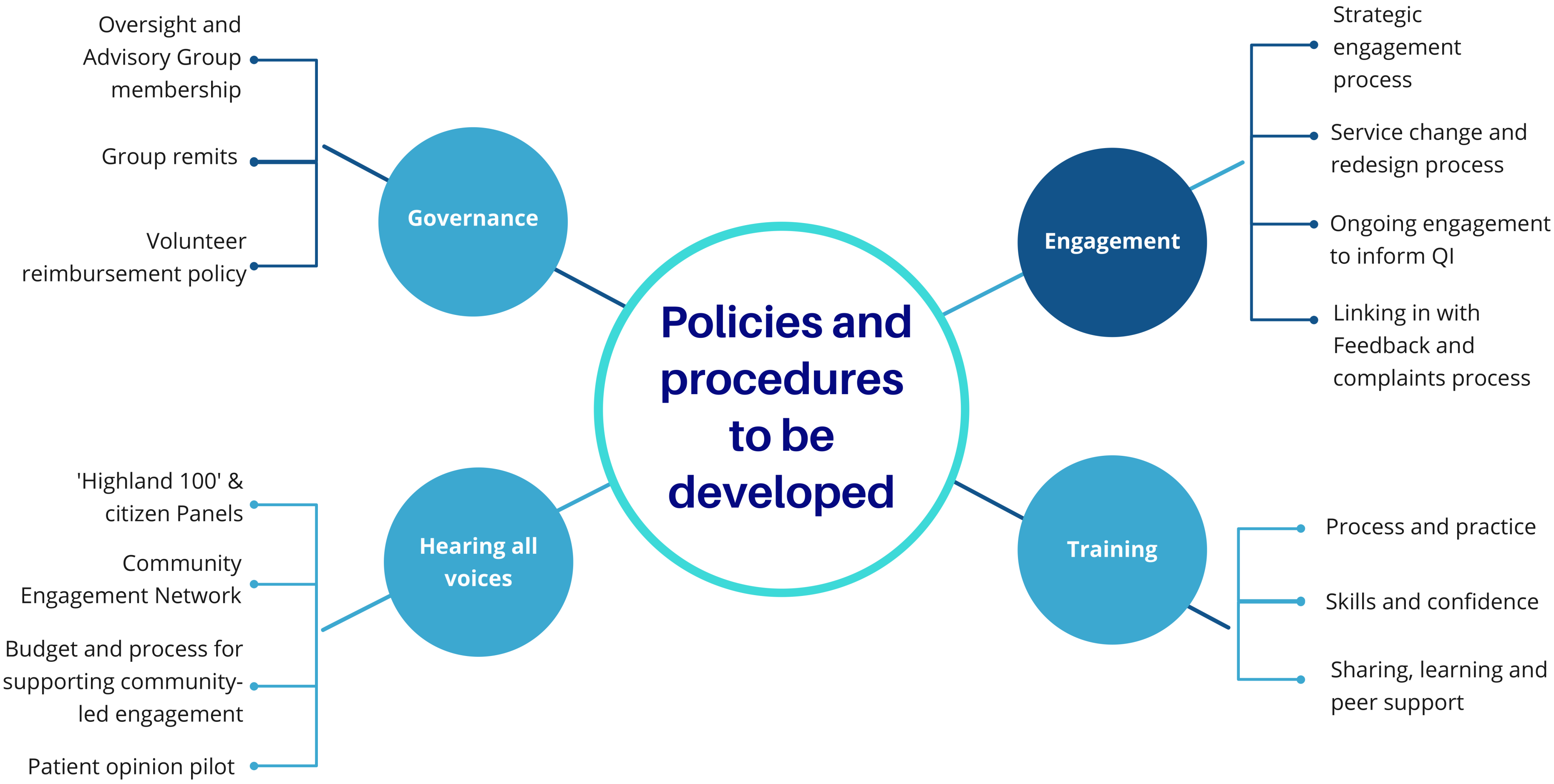
- Service redesign programmes are using the Engagement Framework and process, including required timeframes and sufficient notice, and have an appropriate, dedicated budget for engagement
- We can show that early, timely and ongoing engagement with everyone impacted by these programmes
- We can show that protected and vulnerable groups have been appropriately included (*to include numbers of people involved and support provided to enable meaningful participation*)
- We can show that feedback and lived experience has had an impact on redesign outcomes

## Service improvement level

- Service improvement projects are using the Engagement Framework and process, including appropriate timeframes and sufficient notice, and have a budget for engagement
- Impact assessments will inform engagement plans and activity
- We can show that engagement, based on each project's bespoke objectives, has listened to feedback from appropriate audiences
- We can show that feedback and lived experience has had an impact on service improvement and changes made

## Operational level

- Training and awareness sessions are well received, and templates and support materials well used
- Relationships with stakeholders improve and new relationships are forged
- People will be supported and empowered to share their lived experience and feedback in a range of ways
- People will be empowered and supported to identify and lead on improvement areas important to them
- Improvements are informed by ongoing, regular conversations with people, communities & partners



# Implementation

A three stage plan

## 2021- 2022 Foundations

- Start developing networks
- Start developing connections & joint working opportunities
- Establish working groups
- Agree success criteria and measurement plan
- Establish channels for regular updates
- Start developing engagement processes
- Agree governance and oversight process
- Agree central engagement channels
- Identify potential test sites

## 2022 -2023 Building

- Develop guidance, SOPs and mentoring approach to support tests
- Set up and test governance and reporting structures
- Test engagement processes & protocols
- Set up and test central engagement channels
- Evaluate test areas and make relevant changes
- Draft awareness raising and training materials - focusing on test examples
- Draft implementation plan
- Draft ongoing evaluation tools

## 2023 - 2024 Living

- Start awareness and training sessions in a tiered approach, *including; NHS Highland Board, Health & Social Care Partnerships (HSCPs), governance committees, senior managers and operational and clinical leads and project teams*
- Governance and reporting structures go live
- Process and protocols go live
- Engagement channels are in place
- Supportive structures are in place
- Ongoing evaluation and feedback mechanisms are in place

## RESOURCES & SUPPORT

### Additional staff resource

- 1x FT Engagement Manager
- 1x PT Engagement Coordinator
- 1x FT Administrator (fixed term March 23)
- 1x FT Web Manager (developing new website)

**Providing ongoing & adhoc advice & support to staff** (like RNI & Ruthven Ward Refurbishment)

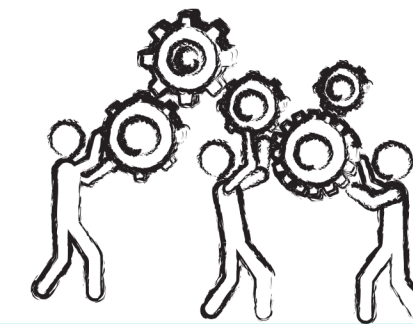
### Specialist engagement advice and support for;

- Skye, Lochaber and Maternity Redesigns
- NHS wide Strategies (like Together We Care)
- Delivering on Anchor Well action(s) within ADP

**External resources, training and support, available,** like Care Opinion, Healthcare

Improvement Scotland-Community Engagement (HIS-CE), Scottish Recovery Network, The Alliance & others

## Progress so far



### TRAINING & AWARENESS

- 3x engagement & EQIA in redesign (recorded)
- 2x digital inclusion (recorded)
- 1x planning with people for lay reps
- Voices training for lay reps planning for late 2022
- Sign posting to external training and resources

### TEMPLATES AVAILABLE

- existing EQIA material
- engagement strategy & action plans
- Canva infographics explaining change, processes and timelines
- Sway newsletters internal & community facing
- survey templates for patients & communities
- Argyll and Bute engagement spec template

### NETWORKS & CONTACTS

Building connections with

- key partners, including; HIS-CE, The Highland Council (THC), Third Sector Interface (TSI), University of the Highlands & Islands (UHI)
- vulnerable and protected groups
- internal networks
- localities to support redesign work
- developing an overarching network

Starting conversations with key contacts about approaches and ways we can work together - effectively communicate and meaningfully engage

### PROCESS

- established people for short life working group to help progress elements within the framework
- gained learning and examples from successful examples
- connected with THC, TSI & Police Scotland about joint engagement opportunities
- working up and trying out engagement processes for Skye redesign and Mental Health & Learning Disability Strategy
- Collecting examples of practice and 'how to' type information to support practice
- drafting roles and remits for groups within governance process & overarching engagement network functions
- exploring how Argyll and Bute HSCP & NHS Highlands processes can align



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NHS Highland would like to thank the everyone involved in creating this document and the frameworks within. We would particulalry like to thank the individuals, groups, communities, partners and members of staff, who took the time to share their feedback and suggestions on the draft version, as part of our initial consultation.

Credit and reference goes to, Argyll and Bute HSCP, The Highland Council, NHS Greater Glasgow and Clyde, NHS Lothian, NHS Borders, Fife HSCP, East Renfrewshire HSCP, NHS Wigan, Healthcare Improvement Scotland - Community Engagement, The Scottish Recovery Network, The Alliance, and Cope Scotland, whose shared practice, learning and advice form part of our approaches and governance structures.

Special thanks goes to our short life working group members, that include Non-Executive Board members, NHS Highland staff, managers, local partners and public representatives, who helped to coproduce this framework and the suggested models within.

