



Participation and Engagement Strategy 2022-2023

Shetland Health and Social Care Partnership

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Participation and Engagement Strategy

1 Our Principles of Participation and Engagement

Our Strategy is focused on supporting Shetland’s Health and Social Care Partnership to deliver on its vision:

The people of Shetland are supported by their community to live longer, healthier lives, with increased levels of well-being and with reduced inequalities.

This strategy has been written in line with the ‘[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.’ and is rooted in the [National Standards for Community Engagement](#), a set of good-practice principles designed to improve and guide the process of community engagement. The strategy aims to be a pragmatic document that can guide work in this area and support us to build on our local relationships and networks to continue to improve.

Our approach will be strengths based, agile and responsive, promoting choice and independence, and working collaboratively. We want to listen to understand people’s needs and work with them to fulfil those needs.

What we will do:

- Build capacity:
 - Support our local population and workforce to build on their existing strengths, skills and ability to participate and engage
- Increase opportunities:
 - A greater number of meaningful opportunities to participate and engage
- Culture of participation and engagement:
 - Make participation and engagement the norm in our day to day work
- Work together:
 - Maximise and nurture existing networks and relationships within and out with our own organisation, developing new routes to reach people who find it less easy to participate, where necessary

2 Background

2.1 Participation and Engagement in Shetland

As a Health and Social Care Partnership, along with our composite bodies, we have statutory duties to involve communities in shaping our services. However, our principle reason for involving communities in our processes is because we see the value communities add to discussions, and the great improvements in health and care services that come from having people involved in planning and decision making processes.

We have a strong history of engaged communities and individuals shaping improvement in health and care in Shetland. These strong foundations have been built on in recent years with relationships developing and representation improving following work in various localities, as well as Shetland-wide engagement and consultation.

Feedback suggests we could be more consistent in inviting and enabling participation and engagement, we could share learning and experiences better to make the most of our collective community resource, and we could improve communication and feedback on engagement processes to demonstrate impact. This feedback has informed the key strands of our strategy.

2.2 Communities

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. We must also remember that not all individuals or communities will want, or be able, to engage in the same way, and those who may find it more difficult to share their views could be more easily identified and supported through existing, trusted networks. We must consider the methods we use to invite and engage.

2.3 Stakeholders

The HSCP has a great range of stakeholders and it will continue to be challenging to engage meaningfully with everyone we need to. Having a clearly focussed, inclusive and consistent approach to participation and engagement will help to build the networks, relationships and channels of communication we need to do this more effectively.

Our key stakeholders for participation and engagement include:

- Individual members of the public, identified communities and protected characteristics groups (including marginalised groups, refugees and asylum seekers, prisoners, Black Asian and Minority Ethnic groups, non-English speakers, those who are non-IT literate)

- Public, third and independent sector organisations and networks who have a health and social care remit or interest
- Patients, service users, unpaid carers, their families and their representatives or advocates
- Shetland Islands' Council Elected Members
- Providers/contractors of health and social care services
- Shetland Partnership
- Equality group representatives and networks
- HSCP staff and linked professionals (for example GPs)
- Community Councils
- Professional networks, advocacy services, care/patient opinion bodies
- Shetland Community Planning Partners
- MPs/MSPs
- Volunteers and the volunteer community
- Shetland HSCP IJB Members
- The media

2.4 Community Empowerment

In 2015 the Scottish Parliament passed the Community Empowerment (Scotland) Act 2015 (the Act) to give new rights to community bodies and new duties to public sector authorities (i.e. the Council and Health Board). The Act outlines the duties placed on public bodies in relation to the formation of Community Planning Partnerships for local authority areas and the importance of participation with communities to inform the community planning process.

The Act also seeks to empower community bodies, such as Community Councils, by strengthening their voice in decisions about public services. The main method for doing this through the legislation is by Participation Requests. Participation Requests enable community bodies to request involvement with public authorities about local issues and decisions about local services where they believe they can improve the outcome to be delivered. Public authorities must consider the request and facilitate involvement unless there are appropriate grounds for refusal.

The Integration Joint Board is not listed as one of the public authorities to which a Participation Request can be made. However a request to be involved in a decision making process that relates to a service delivered by the HSCP can be made to either Shetland Islands' Council or to NHS Shetland the HSCP is committed to working with any public service authority that receives a Participation Request relevant to the services provided by it.

General guidance on how to submit a [Participation Request](#) to the relevant public body was developed by the Scottish Government and can be viewed on its website.

The Act provides a helpful tool for community participation and engagement but since the passing of the Act community bodies have not actively used the legislation to request involvement. The HSCP is committed to making participation in the local decision making

process straightforward and recognises the burden this formal approach can place on community members. The HSCP will enable the community to be involved in decision making to influence decisions around areas that are important to them be this through use of the legislation or through other means.

3 Levels of Involvement

It is important that our communities have a clear understanding about the purpose of any activity that is designed to involve them, so that it is clear to them whether, and to what extent, they can influence decisions being made. The following sets out different types of activities we may use, what we want to achieve and how we will go about achieving it:

| Involvement | What we want to achieve | How will we do it? |
|--------------------|--|--|
| Inform | <p>Providing appropriate (balanced and objective) information about services, policies and decisions to highlight the issues or problems to be solved, and the solutions being considered</p> <p>Or</p> <p>Collecting or using existing information about the views and needs of local people to inform services, policies and decisions</p> | <p>By using the appropriate communication and engagement methods to keep communities informed and by keeping information about the views and needs of local people accurate and updated to best inform the decision making process across services</p> |
| Consult | <p>Offering an appropriate (one-off or time limited) opportunity to have a say about a service, policy or decision</p> | <p>By keeping communities informed, offering timely opportunities to raise concerns and provide feedback, and by demonstrating the impact of engagement on decisions made</p> |
| Involve | <p>Providing opportunities to have a say and get involved in activities in a more influential way (on an ongoing basis)</p> | <p>By working with communities to ensure their concerns and their ambitions directly influence the options considered, and by demonstrating the impact of engagement on decisions made</p> |
| Collaborate | <p>Working in partnership in each aspect of the decision making process, including developing and selecting the preferred solutions to issues or problems</p> | <p>By actively seeking advice and innovative ideas from communities to develop options for consideration and by incorporating that advice and those ideas into the final decisions taken</p> |
| Empower | <p>Where appropriate, empowering partners to lead decision making processes and/or placing the final decision in the hands of the community or relevant stakeholders</p> | <p>By listening to what those empowered have to say, accepting constructive feedback and comments and implementing what those empowered to drive decision making decide or recommend</p> |

4 Building Capacity

We will support our workforce to build on their existing strengths, skills and ability to participate, engage and invite engagement effectively. This will include frontline staff, management and IJB members, among others. This will be done through a variety of means including formal training, use of existing support and resources (for example [Healthcare Improvement Scotland Equipping Professionals](#) workshops and resources), opportunities to take part and experience effective engagement with colleagues and sharing of learning across the whole Shetland Partnership. We will make it easier for colleagues to initiate and organise participation and engagement by strengthening and sharing existing networks and processes for communication.

We will support teams to be responsive to feedback, give them helpful routes to be able to share and act on feedback, and maximise opportunities for them to share their patients or clients experiences where necessary. We will also support them to engage meaningfully as professionals in decisions affecting their services and clients/patients.

We will support our communities to build on their existing strengths, skills and ability to participate and engage effectively by offering opportunities to learn about participating and engaging as a citizen (for example [Voices Scotland training](#) workshops), and by making the participation and engagement process clear and transparent with meaningful feedback about the impact made by activities. We will actively empower people who may find it more difficult to take part by utilising trusted relationships with partners who may have contact with these individuals. We will also seek to give people more opportunities to be confidently involved in the decision making process, for example through user panels, or membership of committees or planning groups.

5 Increasing Opportunities

We will increase opportunities for participation and engagement. Increase in number, and in quality. To be meaningful these opportunities to participate will:

- Be accessible and inviting – those organising will routinely identify and work to overcome any barriers to participation. This may include methods of participation, times and venues for engagement events, and will take consideration of costs to participants of being involved, where socioeconomic disadvantage may inhibit someone's ability to participate.
- Be available to people from all backgrounds and walks of life – this will be made possible through mixed methods for participation, and through careful advertisement of opportunities to reach those likely to be affected
- Have a clear purpose and be well communicated – the level of involvement, influence, and process will be clear from the beginning, and outcomes and feedback will be communicated to those who have participated and the wider community as part of an ongoing dialogue

6 Culture of Participation and Engagement

We will make participation and engagement the norm within our culture of improvement. While we have a strong history of participation and engagement, and listening to understand is a key value for us we need to support our staff and build our structures and processes to make this a part of day to day practice. We must work to reduce barriers to everyday participation and engagement and develop our improvement culture to build relationships where people's views are valued and listened to and they are encouraged to participate in shaping change and decision making at the right time to make a meaningful difference.

By assessing our progress and gathering ongoing feedback about participation and engagement activities we will work together with communities to continually improve these processes. We hope to be able use the Healthcare Improvement Scotland [Quality Framework for Community Engagement and Participation](#) and Self-Evaluation Tool to benchmark, hold ourselves accountable and inform future action plans.

As well as case-by-case benefits of improving these processes, opening up an ongoing dialogue helps us be attuned and responsive to the needs and views of our communities improving our daily practice and decision making in other areas, and making future change better informed from the outset.

7 Working Together

We recognise the desire of our community to be involved in decision making, and the efforts made by individuals and communities to engage in these processes over recent years. We also understand the need to provide feedback and have dialogue with those participating to demonstrate how useful and meaningful their input has been.

In the same way that we aim to provide services with an ethos of “no door is the wrong door” we will endeavour to use the outcomes and learning from participation or engagement activities across the whole Shetland Partnership to inform decisions in other relevant areas in a recognition of the personal toll sharing lived experience can have and the effort and energy involved in participating or representing community groups. In this way we hope to try and protect communities from “participation fatigue”. We will endeavour to make best use of existing networks through our partners to allow a breadth of participation and engagement in contexts where people feel secure and supported, as well as initiating representative participation groups for particular projects or time periods where appropriate, e.g. user panels and consultation groups.

7.1 Local Engagement

Shetland is small but diverse – we will use existing networks and relationships, bearing in mind that different things work well in different communities (of place, identity, interest) – we will share good practice to help nurture networks that may be less established or effective. Local engagement may involve users of services in a particular area, Community Councils, informal community groups and users of community assets.

7.2 Shetland-Wide Engagement

While the majority of our participation and engagement activity will take place at a local level through groups and individuals, there is also an important role for Shetland-wide activity.

This may include public events and engagement sessions, online and paper-based surveys, use of social media and use of the current planning and engagement structures that exist across the Partnership.

An example of Shetland-wide participation and engagement that is actively influencing service planning and delivery includes consultation on the development of the Integration Joint Board's Strategic Plan, which has been developed by the Strategic Planning Group and consulted with various other groups and bodies in the process.

The HSCP will work to better understand engagement networks and opportunities across Shetland through work with our partners in the Shetland Partnership to ensure appropriate levels of representation and identify and remove any potential barriers to engagement.

As part of this process we will consider our current routes and means of communication and improve on the targeted nature of these as needed to reach the right people at the right time.

7.3 Engagement with the Integration Joint Board

We will support members of the IJB to understand their role in regards to Participation and Engagement and, considering the national guidance, will help to maximise the opportunity meetings and seminars present to us for participation and engagement.

7.4 Engagement with the Third and Independent Sectors

Our Third Sector partners in Shetland have always played a vital role in supporting our population, and more recently have played a key role in engaging to develop and improve services, advocate for and share with their communities, and develop the Strategic Commissioning Plan particularly.

Representatives of the Third and Independent sectors are key partners in the engagement and decision making structures of the IJB, with members on the Strategic Planning Group as well as being part of key programmes to transform health and social care provision and support across Shetland.

Our third and independent sector partners are of fundamental strategic importance to the HSCP but there is always more that we can do to make better use of the experience and knowledge they bring, we will look at our processes for sharing learning, and our means and calendar of engagement opportunities to ensure we are giving our partners adequate time and opportunity to discuss with their networks and provide measured, informed, representative input.

7.5 Community Planning

The Integration Joint Board is a statutory partner on the Shetland Community Planning Partnership, which presents a significant opportunity to work with other Partners in engaging with people and communities. We will continue to engage with our Community Planning partners to develop this evolving relationship, align the engagement structures of the HSCP with those of the Community Planning Partnership and embrace the opportunities that working in partnership presents.

This will include actively sharing resources and learning, being active members of network events, and may include sharing online engagement space to make engagement on meaningful matters easier and more joined up for citizens.

8 Equalities and Human Rights

The Integration Joint Board, along with the Council and Health Board, are committed to promoting an equality and human rights based approach across Shetland and fulfilling its public sector duty under the Equalities Act (2010). We are also committed to actively consider how we can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions, in line with The Fairer Scotland Duty (2018), informed by the [Public Bodies statutory guidance](#).

Both the Health Board and Local Authority have processes in place to impact assess policies and practices (Equalities Impact Assessment and Integrated Impact Assessment, respectively). Support is available within each body for implementation of these to consider potential effects of our actions on local communities and individuals, and to inform mitigating actions. Any participation and engagement activity should be viewed through this same lens, with impact assessment (brief or full) being carried out as required.

9 Action Plan

| No. | Action | Key Principle | Owner | Timescale |
|-----|---|---|---|---|
| 1 | Complete Healthcare Improvement Scotland Quality Framework for Community Engagement and Participation self-evaluation tool (currently in draft) to benchmark current situation, reflect on progress and inform next steps. | Building Capacity; Culture of Participation and Engagement | Lucy Flaws | As soon as practical after finalisation of tool |
| 2 | Identify and map current local engagement networks and groups with a view to improve information sharing on the work of the IJB/HSCP both to inform and to invite participation/engagement, with the intention of nurturing ongoing dialogue through these routes | Increasing Opportunities; Working Together | Lucy Flaws | June 2022 |
| 3 | Share Participation and Engagement Strategy throughout HSCP, with an invite to share examples of good practice | Building Capacity; Working Together | Lucy Flaws | Following agreement of strategy |
| 4 | Collate helpful information to begin dialogue with networks – including sharing of good practice, profiles of partners and services, upcoming and ongoing engagement opportunities | Building Capacity; Increasing Opportunities | Lucy Flaws | June 2022 |
| 5 | Consider available development opportunities for workforce and how these fit with other statutory training requirements and strategic objectives. | Building Capacity | Work with Staff Development/Workforce Development in respective organisations | Ongoing Process |
| 6 | Include Participation and Engagement strand within induction for IJB members | Building Capacity; Culture of Participation and Engagement | Brian Chittick | Within upcoming induction process |