

Overview guide - Health and social care - Planning with People: community engagement and participation guidance

This document summarises the key elements and steps of the engagement process for service change¹ and should be read alongside Planning with People: community engagement and participation guidance for NHS Boards, Integration Joint Boards and Local Authorities, Scottish Government and COSLA, 2023 [guidance](#).

1. Identify both the issue and stakeholders who may be affected by the issue and plan engagement

1a. Planning:

- Contact Healthcare Improvement Scotland for preliminary discussion on approach. If appropriate, discuss the potential scope of the proposals with the Scottish Government.
- Develop a background paper identifying engagement objectives, outcomes and the scope of the engagement. This must be the first step of engagement planning. The remit of the engaging organisation should be finite and the scope for stakeholder input and influence should be clearly stated.
- It is important to explain clearly the process of engagement, including how and when decisions will be made, to allow people² to understand how their involvement will be taken into account.
- Undertake [stakeholder mapping](#) to identify the people who have an interest in, or who are potentially affected by the design /re-design of a service. It is important to involve community representatives as part of the engagement planning team so they can help to inform the design of an inclusive process.
- Complete an initial [Equality Impact Assessment \(EQIA\)](#) to ensure an inclusive approach at this early stage in the engagement process. This is the right time to ensure the right people are involved.
- Plan [evaluation](#): it is important to evaluate continuously, not just at the end of the engagement process. Evaluation should be prioritised and factored into the initial plan for engagement and implemented throughout.
- Work collaboratively with partner organisations to draw on existing collective knowledge, experience and infrastructures to support community engagement. Existing networks can help to identify potentially affected people, including those who do not find it easy to share their views.

¹ 'Planning with People' applies when decisions are being made about the planning or development of all care services, including temporary service change ^[8]. From large-scale plans to local initiatives, it can be applied in any context where community engagement might inform service planning. (For further detail on all aspects of service change, including temporary, regional and national, please see '[Part 5 – Governance and decision-making](#)')

² The word 'people' should be interpreted to refer to health service users, patients, staff, members of the public, carers, volunteers, and the voluntary organisations that represent them.

1b. Information:

- Gather and review patients', service users' and carers' feedback and take this into account in informing service review. Existing stakeholder feedback should be taken into account when developing the materials for engagement.
- Share information with stakeholders who may potentially be affected by any change proposal.

1c. Timeframes and budgets:

- The length of time it will take to engage the community, and the budget required, is dependent on a range of factors, including the level of impact, level of public participation required, and the community engagement tools and techniques chosen for each stakeholder group.
- Consideration must also be given to any legislative requirements and timeframes which may apply. Timeframes must take into account key events such as school holidays, public holidays or religious festivals.
- To engage effectively, organisations must be committed to supporting and improving the participation of people. That means dedicating resources to engagement activity, which may include skilled staff, engagement leads at senior level, dedicated budgets and sufficient time.

2. Engage people potentially affected

2a. Engagement methods:

- [Identify the best approaches](#) to reach the people whose views need to be heard and shared. Involving community representatives from the outset of planning, and encouraging their ideas, results in better engagement, and robust and sustainable outcomes.
- The methods and medium used should take into consideration the needs of the people you are trying to reach and the topic of engagement.
- Choosing a method, or combination of methods, for engaging both digitally and/or in person, is a critical step in the planning process. Online and digital engagement should not replace all face-to-face approaches.
- Undertake Impact Assessment: impact assessment examines how policy or service design proposals may affect different communities taking into consideration equality, human rights, sustainability and environment. Impact assessment should inform and be an integral part of engagement plans, which should also make it clear which assessments have been identified and how engagement will inform these.

2b. Options Appraisal:

- Local people should be involved in developing options that are robust, evidence based and person-centred. Engagement plans should consider how and when an [options appraisal](#) will be used, what will happen with the outcome, and how engagement will influence the selection of options that will then be consulted on.
- There may be occasions where the number of practical options is limited, for example, by requirements to comply with national policy or legislation. Where this is the case, the option development process should still be used to involve potentially affected people and communities, and to seek to achieve a consensus around the limited number of practical options.
- Be ready to revisit assumptions or decisions following discussions with the community, or the emergence of new evidence.

2c. Information:

- Ensure access to accurate information in order to engage effectively. It should be co-produced, presented clearly, and made widely available. To promote equity all information should be available in a variety of formats and languages.
- Be clear if there are areas that cannot be influenced for example; safety, working practices or budgetary restraints, and explain and provide evidence of this.
- If there are reasons why information cannot be shared (for instance it would allow identification), that must be clearly explained. For some people, the headline facts are sufficient, while others prefer to analyse raw data.
- Provide regular updates and feedback to participants as part of the engagement activity.

2d. Evaluation:

- It is important that you continually [evaluate progress](#) of the engagement activity and act on lessons that emerge during the process. It will help to demonstrate that you are listening to people and flexible in your approach to engagement.

2e. Identifying major service change:

- NHS boards and Integration Joint Boards can categorise proposals as major service change themselves, as informed by Healthcare Improvement Scotland [guidance](#).
- Healthcare Improvement Scotland can offer a view on the categorisation of proposals. If a final decision is required, this should be sought from the Scottish Government, by the NHS board or Integration Joint Board.

2f. If considered major service change:

- NHS boards and Integration Joint Boards should not move to consultation until confirmation has been received from Healthcare Improvement Scotland that the engagement up to that point has been in accordance with [guidance](#).
- A proportionate approach may include a form of consultation for proposals not considered to be major.
- Healthcare Improvement Scotland is required to quality assure the process and can provide advice on the nature and extent of the process being considered.

3. Engage with those potentially affected (consultation) and evaluation

3a. Specific considerations for public consultations:

- No final decision must have been reached.
- The information provided must relate to the consultation and must be available, accessible, and easy to interpret to enable affected people to provide an informed response.
- There must be sufficient opportunity for affected people to participate.
- Decision-makers must be able to provide evidence that they took consultation responses into account.

3b. Specific considerations for major service change:

- Proposals for major service change must be subject to at least three months of public consultation and, ultimately, Ministerial approval.

3c. Integration Joint Boards - significant decisions out with the Strategic Commissioning Plan:

- Integration Joint Boards must involve and consult their Strategic Planning Group, along with users or potential users of the service.

- For changes to health services delegated by the NHS board to the Integrated Joint Board, Healthcare Improvement Scotland can assess the engagement process in line with guidance and good practice.

4. Decision making and feedback

4a. Feedback:

- Keeping participants informed about the progress of engagement is an important part of the process and should take place throughout.
- When engagement activity concludes it is NHS boards, Integration Joint Boards and Local Authorities that must approve or reject recommendations. The quality of the engagement process will be taken into account.
- When decisions are reached, information should quickly be provided explaining the impact of community engagement on the outcome.
- Views should be sought from communities on the effectiveness of any engagement to encourage two-way feedback and learning.

4b. Decision making

NHS boards:

- Following the public consultation, a full meeting of the NHS board will consider the proposals and reach a decision. A range of information, including responses to the consultation and a report from Healthcare Improvement Scotland, will help inform the Board's decision.
- Following the Board's decision, the major service change proposal must be submitted to Scottish Government Ministers for final approval. Ministers will take all the available information and representations into account, including the report from Healthcare Improvement Scotland.
- The proposals may ultimately be approved or rejected by Scottish Government Ministers. Where appropriate, they may also instruct the relevant NHS board to carry out further engagement activity.

Integration Joint Boards:

- Decisions about service change, service redesign, and investment and disinvestment may be made at regular meetings. These should be open to the public who may attend but not participate, with papers and minutes available online.

4c. Learning:

- NHS boards and Integration Joint Boards should consider undertaking an After Action Review with Healthcare Improvement Scotland to identify learning and good practice.

Throughout the process contact should be maintained with Healthcare Improvement Scotland for advice on good practice, tools and resources.

For more information, visit: <https://www.hisengage.scot/service-change/resources/>