



## Fife Health & Social Care Partnership

Supporting the people of Fife together

# Participation and Engagement Strategy for Fife 2016-19



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# 1. Why do we need a Public Participation and Engagement Strategy?

There is a strong legislative and policy context for Participation and Engagement across Health and Social Care. These are detailed in Appendix 1. The National Standards for Community Engagement outline best practice for engaging between communities and public agencies. In health there is a legislative requirement for Boards to ensure that people have a say in decisions about their care and in the development of local health services.

The Scottish Government has also produced Localities Guidance, detailing what localities are for, the principles upon which they should be established and the ethos under which they should operate. The Guidance details the requirements of the Integrated Joint Board to involve and consult appropriate representatives of the locality in decisions concerning service change. A criticism of Community Health Partnerships was the lack of opportunity for communities and for that reason a revised model of Participation and Engagement is proposed for the Integration Joint Board.

In view of the requirements and current context it is imperative that the Integrated Joint Board has robust mechanisms in place to ensure Participation and Engagement. In implementing the strategy the Board must also meet the requirements of Equality Legislation by actively seeking to involve those within local communities who are not often heard. Collaboration with Third Sector to build capacity and develop innovative ways of working will be a precursor to the successful implementation of the Strategy. The Participation and Engagement approach proposed has been tried and tested within NHS Fife.

In 2015 NHS Fife's performance was reported (Participation Standard Assessment) as the best in Scotland, indicating the benefits in a revised model of Participation and Engagement. This approach extends to the Partnership's communications. The learning gathered through participation and engagement will be central to the new Partnership Communications Strategy and drive decisions on approach and prioritisation.

## **What this strategy is going to do for the partnership**

The Participation and Engagement Strategy, co written with public representatives sets out the underpinning principles and engagement approaches which will enable the Integrated Joint Board to communicate in a person centred way whilst meeting the legislative requirements. The Strategy also details the governance arrangements and infrastructure to support the participation and engagement process.

The Strategy will:

Ensure the partnership has mechanisms to engage with a wide range of people at locality level.

Provide a feedback mechanism to ensure the partnership is sighted on public/community views.

Provide a forum for members of the public who are committed to supporting the work of

the partnership.

Raise the profile of partnership and engagement and raise the profile of a Board who values the experience of people accessing services or supporting those who do.

Provide opportunities for collaborative working across sectors with an ability to build capacity for participation and engagement.

## 2. How the Strategy was developed

This approach to Participation and Engagement for Health and Social Care in Fife has been co-produced over the past 12 months in collaboration with public representatives from Health, Social Care and Third Sector public involvement groups as well as Service User, Care Groups and staff from NHS Fife, Fife Council, Housing and Scottish Health Council. These are detailed in **Appendix 2**. The process for developing the Participation and Engagement approach was as follows:

- Mapping and articulating the implications of the various statutory requirements, policy drivers, quality standards and legal requirements.
- Mapping out the wide range of stakeholders (service user, carers, equality groups, voluntary sector etc.) and their existing processes. These can be Fife wide or in localities and can be used for engaging with stakeholder groups.
- Identifying the criteria or principles that would underpin any new model or approach for Fife.
- Consider how existing arrangements could support the Health and Social Care Partnership moving forward in line with agreed principles.
- Identify possible new ways of Engagement and Participation, and what these can offer to meet the agreed principles.

Engagement with stakeholders has taken place through a series of events titled “The Way Forward”. This builds on previous public engagement work undertaken across the whole system.

**The ‘Way Forward’ Events:** Three participative events were held in 2015 – in January, May and November. Participants received updates on progress with Health and Social Care Integration and had the opportunity to ask questions and raise concerns regarding planned changes. Attendees generated and tested ideas for a new model of Participation and Engagement. Further detail can be found in **Appendix 2**, however a summary of the key milestones in the model development from these events is as follows:

**Event One: 29.1.15** - Participants shared individual and collective experiences of what works well and what needs to change in relation to Participation and Engagement. After the session, comments were themed and developed into a series of underpinning principles or criteria of what the new approach must deliver. A number of volunteers came forward at this event to form a working group to review the outputs from subsequent sessions and develop new model options for Participation and Engagement activity.

**Event Two: 13.5.15** - Participants voted on the key principles which would underpin the Participation and Engagement approach. A number of key principles were identified as being the most important. These are: improved service user experience, a cultural shift to a person centred / personal outcomes approach and going where people are to seek views. The draft model options developed by the working group were reviewed and suggestions for change captured. This advanced the development of the approach to be sent out to the wider participation network for comment. A graphic artist was commissioned to attend this event and represented visually the ideas, thoughts and feelings of those present. Many of these illustrations have been incorporated into the final approach.

**Event Three: 17.11.15** - Participants reconvened to finalise the new approach to Participation and Engagement and hear feedback from the wider consultation on the proposed approach. A key element of this session was testing the proposed model of participation and engagement using live examples of change. Participants were asked to identify and explore possible participation and engagement activities for Children's Occupational Therapy under each of the new participation and engagement approach headings. The identified activities have been included as examples in this Strategy document to illustrate how the new approach will work in practice. Whilst the supporting infrastructure for the new model has still to be finalised, it was agreed that this will build on current arrangements.

### **Establishment of Models Working Group**

A smaller working group was established from interested participants who attended the first Way Forward event. This group had a number of public representatives who worked together in between the Way Forward events to review outputs from these events. Group members were also involved in reviewing / validating feedback from the wider consultation on the proposed new model and worked closely with the Health and Social Care Integration Change Managers and Way Forward organising team in planning and designing each event.

### **Consultation on Proposed New Model of Engagement and Participation**

The proposed model was sent out to the wider participation network in Fife in July 2015. Of the 169 respondents, 84% agreed with the 10 principles of the approach, with 74% agreeing the approach would make it easier to have their voice heard. The implementation of the approach was seen as being the main challenge. In addition, resources, leadership and clarity of supporting structure would be critical to the implementation of the approach.

The above activity has informed and ensured a co-production approach to producing a proposed Participation and Engagement strategy for Fife and will ensure that future activity will meet with legislative requirements as outlined above and the Partnership's development expectations for locality planning.

### **3. The underpinning principles of Participation and Engagement**

The following ten principles, will underpin the participation and engagement approach and working practices for the Health and Social Care Partnership in Fife.

1. Influence and support an overall 'cultural change' towards a person centred, personal outcomes approach with service users. Actively develops the knowledge, skills and experience of all staff to work in this way and develops service user and public confidence in providing input and feedback to our systems.
2. Go to where the people are – not expecting them to come to the Partnership. Engage with 'Hard to Reach Groups' using the networks and places people trust e.g. current community assets, groups and networks including specific care groups.
3. Produce positive changes in individual service user's experience. Provide a clear point of access to provide feedback, make complaints or suggestions for improvement for users of services and the public. Feedback should be efficient, open and transparent – e.g. why an issue happened, how it will be resolved and details of how any change will be implemented. If feedback cannot be acted upon, an explanation is provided. Carer and service users' needs and expertise should be reinforced.
4. Value and hold on to our existing knowledge, skills and experience from the established groups: like volunteers, members of Public Partnership Forums, People's Panel and Care Representation Groups. Take account of the best of systems previously in place but use these resources differently. Participation and engagement should be a two way process with a focus on creating and maintaining partnerships.
5. Be a flexible, evolving model making most of social media – focused on making step changes and continually improving, experimenting and drawing upon input and feedback.
6. Be appropriately resourced and involve all stakeholders.
7. Learn from other organisations and systems of participation and engagement and share our own learning and experiences with others.
8. Aim to remove unacceptable levels of bureaucracy. Monitoring, information, reporting and governance are focused on the use of plain English and what will make a difference to service users.
9. Make best use of users of services and public feedback to address issues proactively with local and national politicians.
10. Consider all relevant legislative requirements, standards and guidance. Where appropriate, have requirements defined and made clear in policies and procedures for organisations and staff. It must be influenced by the experience of those who use services.

## 4. The Approach for Participation and Engagement for Health and Social Care in Fife

The agreed Participation and Engagement approach is made up from six identified key areas of activity. These activity areas link together to form an overall framework that coordinates the citizens voice. This ensures that citizens are heard in the participation and engagement activities, decision making and feedback processes of the partnership and work within the set of ten principles.

### 1. Gathering views and community knowledge

This type of activity was identified as one of the most important components of our approach. The aim is to ensure that individuals within communities can deliver their perspective on current and future service provision in a way that suits them. There should also be a focus on engaging with groups not often heard.



### 2. Individual Experience

The individual's opinion and experience is of high importance. It needs to drive culture change towards a more person centred approach. It takes into account the value of the individual experience and its potential to influence service change.



### 3. Specific topics

Activity needs to focus on specialist areas as well as on general concerns. This is both at national and local level. The users of these specialist services have knowledge and experience which can be used to re-design services and make changes when needed.



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#### 4. Governance and Accountability through formal meetings

Formal meetings have been a dominant part of our Participation and Engagement approach in the past and whilst these have been valued, their limitations are recognised. This indicates that although some activity will need to continue through formal meetings, it should play a smaller, more focussed part in our future approach.



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#### 5. Social Media

To date social media has played a minor role in our approach to participation and engagement, however its potential has been acknowledged when done well. We recognise the need to experiment and continue to improve our use of current and emerging digital applications to help maximise public feedback and engagement.



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#### 6. Internal and external supporting infrastructure

Once agreed, our new approach must be appropriately resourced and designed to effectively deliver the approach against the underpinning principles.



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It is anticipated that Participation and Engagement activity for services will comprise of these six elements albeit that engagement activities will be bespoke to each service and therefore look different.

## The proposed approach in more detail:

### 1. Gathering community views and knowledge

This type of activity is acknowledged as one of the most important components in the Participation and Engagement approach. The aim is to ensure that individuals within communities can deliver their perspective on current and future service provision in a way that suits them.

The main aim is to go out into local communities to engage, inform and help shape services. It links with the Community Ambassador role to identify and explore important topics raised by the public e.g. themes from comments made online and through complaints and suggestions. This may help in identifying common issues in a community or across several communities.

**Community Ambassadors** – already exist in our communities through community organisations such as community councils and in the form of existing Public Partnership members. The Community Ambassadors will have standing and will be actively involved in their local communities. We want to enhance the Community Ambassadors role to be the eyes and ears of the health and social care system. It is recognised that some support from the Partnership will be required.

#### Features of this role:

- Work in and with local communities.
- Gather information from individuals and existing local groups.
- Run 'community surgeries' for people to come and talk.
- Be a clear route to feedback and exchange of information.
- Go to see specific or identified people/groups
- Support increased public dialogue about issues:
  - Expand the voice of all communities
  - Actively seek input from those seldom heard
  - Support work on areas of concern
  - Use willing existing Public Partnership members to undertake the role although others could also be involved.
  - Gathering stories on specific topics or experiences.
  - Use voluntary organisations to contribute differently to enhance this style of work.

#### Locality Planning

Locality arrangements must be fair, accountable, practical and proportionate. Strategic and locality level planning must work together to create the best possible working arrangements and to enable them to take account of local, and often deep rooted, issues such as inequalities and poverty.

The views and priorities of localities must be taken into account in the development of the strategic commissioning plan produced by the Integrated Joint Board.

People and communities will be enabled to flourish only where all parts of the system work collaboratively to empower local decision making and active citizenship.

When setting up and running its strategic planning group, the Board must include a person to represent the interest of each locality. One person can represent more than one locality, where that is agreed locally to be appropriate.

## **2. Individual Experience**

Every interaction matters. Every visit to a service provides an opportunity for people to participate in their own health and wellbeing. How we talk with each other helps or hinders the aspiration for a collaborative relationship.

The individual's opinion and experience is of high importance, and needs to drive culture change towards a more person centred approach.

Support is therefore required for every member of staff to work towards a person centred approach in all interactions.

This approach takes into account the value of the individual experience and how this can influence service change and achieve positive outcomes.

### **Individual feedback mechanisms**

- Mechanisms will include online feedback systems - Patient Opinion and Care Opinion, where general comments as well as specific issues can be raised and responded to quickly.
- Through seeking to better understand our clients or patients more extreme experiences, (positive and negative) rather than just focus on the more common issues experienced.
- General surveys of people who use services.
- Concerns/complaints/compliments processes.
- Analysis of feedback to identify common themes.
- Use feedback to inform possible Community Ambassador or Common-Health work.
- Clear feedback processes for the public in relation to what has changed as a result of their experience and input.

## **3. Specific topics, special interests and service redesign**

The users of specialist services have the knowledge and experience which will increasingly be used to enhance or re-design services and make changes when needed. We will use networks that are knowledgeable and have access to the right people for the topic.

- We will; Use voluntary organisations and existing networks e.g. for specific conditions.
- Make more proactive use of the People's Panel and its members.
- Use the people who have the conditions, illnesses or concerns for real engagement with them and where the issue or change has an impact on that group or their carers.
- Use appropriate agencies where their input is part of a possible service change.

## **4. Governance, Accountability and Review**

Formal meetings have been a dominant part of our approach in the past and whilst they have been valued, their limitations are recognised. This indicates that although some activity will need to continue through formal meetings this should play a smaller, more focussed part, in any future approach.

### **Developing a Participation and Engagement Network**

At present there are various patient and service user representative groups. To avoid confusion or duplication, these need to be redesigned using the skills and people within them. A structured and supported forum for Community Ambassadors and other public members is set out in section 6. It is proposed that the current Public Partnership Fora and Public Reference Group will come together to form a new Integration and Participation Network. Established Carers Centre networks will be aligned to this forum. Input from Third Sector will be critical in terms of building capacity to deliver on the new model for Participation and Engagement.

### **Public Representation on Committees**

Each recognised committee will have public representation.

### **Service User and Carer on the Integration Joint Board**

The regulations state that the Integration Joint Board must have a Carer and Service User as Integration Joint Board members.

### **Review and Monitoring**

The implementation of the strategy will need to evolve with the development of the locality structures. Reporting will be through the Clinical and Care Governance Committee with the health element reporting via the Patient Focus Public Involvement Standing Committee.

## **5. Social Media**

We recognise the need to experiment and continue to improve our use of current and emerging digital applications to help maximise public feedback and engagement. Currently limited use is being made of Facebook and Twitter. We also have Patient and Carer Opinion.

### **Social Media – making the most of all digital communications to suit all ages**

Social Media is a rapidly changing environment that is the norm for some groups, but less so for others. The outcomes from the third Way Forward workshop recognised more information regarding where digital applications and social media can be used with good effect is required – not one size fits all. Examples of potential use have been identified including the possible use of closed discussion groups using social media as a means of gathering feedback, or the use of Skype/ Facetime applications which may especially suit carers.

Social media provides an effective means of communication for many people, and it is recognised that this would offer a means to reach more individuals and groups in a way that suits them. The need for people to feel connected to services is essential to encourage feedback and participation.

Further exploration and development is needed with the public across all ages to establish the best way to use this media for public participation in health and social care service design and change. Currently the Communications Department of NHS Fife and Fife Council provide advice/support on media possibilities to staff who are leading work on behalf of the Partnership. An example of this is the use of closed Facebook groups to gather feedback from a specific group of people who use services.

## **6. Putting in place an internal and external supporting infrastructure**

The above approach will be resourced through the existing infrastructure previously aligned to the Community Health Partnerships and the Public Reference Group of Health and Social Care Partnership. To make this new strategy work, experience from the Community Health Partnerships and the expectations set out within the Legislation, indicates that an identified lead with capacity to undertake engagement activity within each Division is required along with Administrative support. This will form a Fife Partnership Support Team. The Patient Relations Manager in NHS Fife currently has a designated lead role in coordinating activity and would continue to do so. Additional funding has been identified to support the implementation of the Strategy across Health & Social Care.

The supporting model has two main components which would be delivered by an internal team.

## **1. A Participation and Engagement Network**

The existing public participation groups, previously part of the Community Health Partnership arrangements, and the Public Reference Group, will be reconfigured and developed to form the new Integration and Participation Network. While the new arrangement will need to have some flexibility, the proposal is to establish the Network by meeting twice a year. It is recognised that, in addition, there will need to be input at a locality level. Each locality will work to understand current issues, drive responses and determine where further public participation is needed and how public members can participate. This model would be in line with the agreed principles of reaching out to the communities and involving seldom heard groups.

The topics for discussion would focus mainly on the Partnership receiving information from the public but also to share information – two way communication is vital.

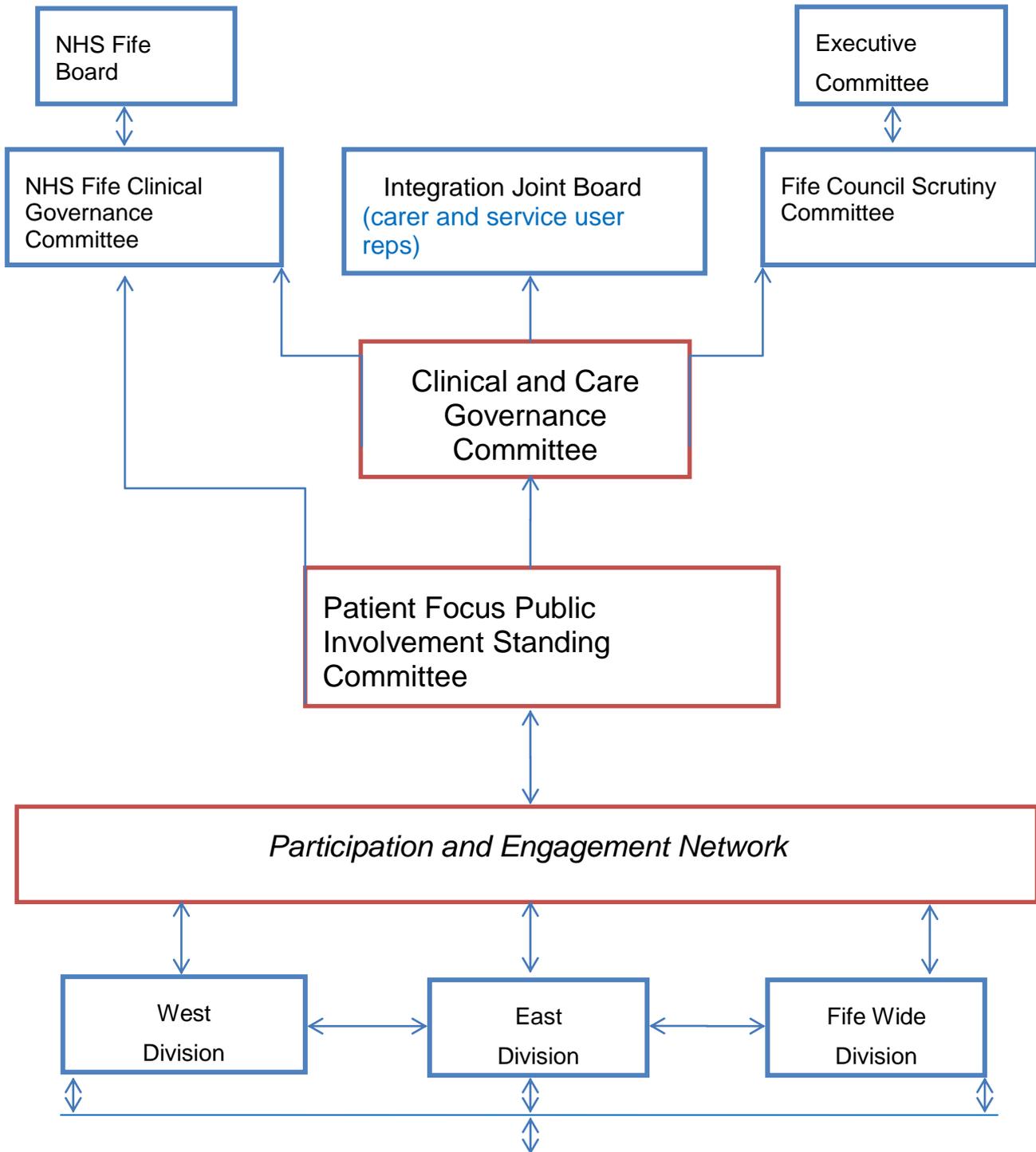
- Consider specific topics emerging through information gathered from a wide range of sources.
- Understand where we need to do more work using the themes emerging from Complaints and from Patient & Care Opinion
- Hear feedback from Localities/Communities
- Consider any Equalities issues
- Understand any emerging themes for carers
- National Update “Our Voice”
- Feedback from the Integration Joint Board
- Service Changes Planned & Underway.

The Network will plan the work required for the following 6 months and ensure that the public voice is heard in line with the agreed principles and to support changes being developed in line with the agreed approach. They will also be key to the ongoing evaluation of the model.

## **2. Governance and formal meetings**

The Governance arrangements are detailed in the following diagram;

# Governance Arrangements for Participation and Engagement in Health & Social Care



- North East Fife (takes in Auchtermuchty, Cupar, Taybridgehead, St Andrews Crail and Anstruther)
- Glenrothes (takes in Thornton, Kinglassie and Leslie)
- Kirkcaldy (takes in Burntisland and Kinghorn)
- Levenmouth (takes in West Wemyss, Buckhaven, Methil, Methilhill, Kennoway and Leven)
- City of Dunfermline
- South West Fife (takes in Inverkeithing, Dalgety Bay, Rosyth, Kincardine, Oakley and Saline)
- Cowdenbeath (takes in Lochgelly, Kelty and Cardenden).

## **The Fife Partnership's Support Team**

- Provides a point of contact and day to day support and advice for Community Ambassadors and other volunteers involved in participation and engagement work. Training for the Community Ambassadors, Volunteers, other community participants and staff will be required. This may also include other partner agencies delivering health and social care
- Provides guidance and governance to support a system that has minimal bureaucracy but is safe, effective, legal and sustainable.
- Provides administration and organisation to support all of our participation and engagement work.
- To work closely with recognised groups that this is a valuable resource and should be used more regularly to gather public views and as a source of volunteers for specific work or topics.

## **The approach and how it will be applied in practice (2016-2019)**

Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement.

Localities must be well organised, and with sufficient structure to co-ordinate their input to strategic planning.

The principle of moving away from top-down planning will only work if each locality is organised and supported to make an effective contribution. The Integration and Participation Network will hold its first meeting in July 2016 to consider how it best supports participation and engagement at a locality level

The implementation of the strategy will need to evolve with the development of the localities; however the priorities for application of the new approach for next three years will be:

- Those agreed within the Strategic Plan for Fife
- The priority areas set out within the NHS Fife Clinical Strategy
- Any priorities emerging from service changes or identified by the public

## Appendix 1

### Legislative and Policy Context for Participation and Engagement

#### **Policy**

Dr Campbell Christie, in the introduction to the Christie Commission report on the Future Delivery of Public Services (2010) stated that:

“Reforms must aim to **empower individuals and communities** receiving public services by involving them in the design and delivery of the services they use”.

The current legislative and policy landscape summarised below, strongly reflects this view and strengthens the National Standards for Community Engagement and Scottish Government’s Policy Circular ‘CEL 4’ Inform, Engage and Consult, which places a duty on Health Boards to involve the public in formal consultation in relation to major service redesign and change.

#### **Legislation**

**The Community Empowerment (Scotland) Act 2015.** It sets a requirement that public bodies should engage with ‘community bodies’ as they now have a right to participate in processes to improve outcomes. The Bill requires the Fife Health and Social Care Partnership to put in place a participation process, and in due course report on the outcomes, including how engagement has shaped the result.

#### **Guidance**

**The National Standards for Community Engagement** outline best practice guidance for engagement between communities and public agencies.

Inform, Engage, Consult CEL4 (2010) provides detailed requirements for participation.

**The Patients’ Rights (Scotland) Act 2011** aims to improve patients’ experiences of using health services and to support people to become more involved in their health and health care.

**The Public Bodies (Joint Working) (Scotland) Act 2014** requires the Fife Health and Social Care Partnership to produce a Participation and Engagement Strategy to ensure that there is effective engagement with all communities and partners in relation to the work of the partnership. This requirement is set out within the Fife Integration Scheme.

**The Equalities Act 2010** sets a public service duty to ensure that in the planning and delivery of services we contribute to: Eliminating discrimination; harassment and victimisation; advancing equality of opportunity and fostering good relations between groups.

## **National Conversation**

From August 2015 to April 2016 the Scottish Government is holding a national conversation on health and social care services in Scotland. The conversation is seeking views on what a healthier Scotland should look like in the next 10-15 years from now and how people in Scotland can be supported to be as healthy as they can be.

To help get the conversation started three broad questions have been issued:

- What support do we need in Scotland to live healthier lives?
- What areas of health and social care matter most to you?
- Thinking about the future of health and social care services, where should our focus be?

**Our Voice** is a national programme which has a clearer stated vision “People who use health and social care services, carers and the public will be enabled to engage purposefully with health and social care providers to continuously improve and transform services”.

The Fife Strategy is in line with the key themes emerging from the “Our Voice” programme

## **The Fife Conversation**

The Fife conversation took place in December 2015. Emerging key themes, when published will contribute the local approach to determine priorities for the future. It will also support the Partnership to identify where further local work should be taken forward to better understand what changes are needed to service delivery and strategic planning.

## **Appendix 2**

Participation Groups involved to date:

- Dunfermline Advocacy
- Public Partnership Fora
- Health and Social Care Integration -Public Reference Group
- Fife Voluntary Action
- Fife Elderly Forum
- Service User/Carer Group
- Mental Health Strategy Group
- Disabilities Fife
- Fife Centre for Equalities
- FRAE Fife
- Peoples First Fife
- Al-Anon Family Groups
- Carers Centre
- Circles Network
- Crossroads Fife Central
- Respite Fife
- People's Panel

### Appendix 3 - Timeline of H&SCI Participation and Engagement Strategy Development 2015/16

	Activity	Date	Process	Outcomes / Next Steps
1.	Initial Way Forward Event	29.1.15	<ul style="list-style-type: none"> <li>• Mapping of current landscape for Public Engagement &amp; Participation.</li> <li>• Input on impact of Legislative requirements, Integration Scheme, Strategic &amp; Community Planning Priorities on Participation &amp; Engagement.</li> <li>• Questions &amp; Answers in relation to the above.</li> <li>• National guidance on Participation &amp; Engagement e.g. Stronger Voices</li> <li>• Cafe style conversations exploring individual &amp; collective experiences of what works well &amp; what needs to change re Participation &amp; Engagement, bearing in mind above guidelines &amp; context.</li> <li>• Groups identify Next Steps and Volunteer to work in Sub Group to develop new model options.</li> </ul>	<p>Volunteers identified to develop potential new model</p> <p>Examples of Key Themes identified during the session include:</p> <p><b>Best of current practice:</b> e.g. established Participation &amp; Engagement groups: PPF's, PRG, People's Panel, Service User involvement at ward &amp; department level; commitment from Fife Council &amp; NHS Fife; good examples of integrated working already in ICASS, Hospital at Home.</p> <p><b>What must change:</b> Model of Engagement – expanding breadth of engagement to smaller under - represented groups; going out to public and groups and not expecting them to come to us; less bureaucratic; use of technology / social media; information sent out to the public is summarised and made accessible. Feedback and complaints process to be transparent, faster, simpler and easy to use.</p>

	Activity	Date	Process	Outcomes / Next Steps
				<p><b>What would excite you:</b> single point of entry to express a view; joined up transparent participation and engagement; meaningful engagement that isn't tokenistic; model is so successful that we no longer refer to 'hard to reach groups'; there is information and signposting to a Services Directory that is up to date.</p> <p>Themes and next steps collated into a summary document and shared with Models Working Group, IJB and all event participants. Outputs made available on Integration web site.</p>
2.	Model Sub-Group Meeting (1)	17.4.15	<p>Introduced idea of 'design principles' for new model – i.e. what it must do, what we would like it to do.</p> <p>Shared our initial thoughts on 'design principles' based on analysis of output from Way Forward event, legislative requirements and best practice guidance.</p> <p>Group conversations to explore, test and add to the design principles – generating a draft list.</p> <p>Group work to draft options for future model bearing in mind design principles.</p>	<ol style="list-style-type: none"> <li>1. Two draft models drafted for exploration at 2<sup>nd</sup> Way Forward event in May.</li> <li>2. Draft design principles generated and issued to participants attending the 2<sup>nd</sup> Way Forward event in May for discussion and validation at the event.</li> </ol>

	Activity	Date	Process	Outcomes / Next Steps
3.	2 <sup>nd</sup> Way Forward Event to consider key principles and possible models	13.5.15	<p>Update on H&amp;SCI generally and on progress in developing new model of engagement and participation.</p> <p>Group conversations to review proposed design principles and then individual voting to prioritise their top 5.</p> <p>Update from Scottish Health Council on the Our Voices Model.</p> <p>Sharing of Model Working Group draft models and group work to review the models using the design principles.</p> <p>Graphic Artist was commissioned to attend the session and capture thoughts of the group in pictures.</p>	<ol style="list-style-type: none"> <li>1. Graphic artist produced a series of illustrations capturing the ideas, thinking and themes from the session. These have been subsequently used in the development of the new model.</li> <li>2. Key design principles agreed by voting.</li> <li>3. More volunteers to be part of the models working group identified.</li> <li>4. Outputs from session including recommendations from group work sent to all session participants.</li> <li>5. Models sub group to incorporate feedback from 2<sup>nd</sup> Way Forward event into a revised draft model for issue to existing public network for comment over the summer.</li> </ol> <p>When reviewing the design principles, participants prioritised improved Service User experience, going where people are and supporting cultural change to a personal outcomes approach as most important. In reviewing the draft models, participants requested that the models group give more thought to how to</p>

	<b>Activity</b>	<b>Date</b>	<b>Process</b>	<b>Outcomes / Next Steps</b>
				engage with individuals not part of any group and to think more creatively about how the models were described and represented using simple imagery and language.
4.	New (enhanced) models sub-group meeting –	2.6.15	<p>Organising team review feedback from 2<sup>nd</sup> Way Forward event and draft revised model using the illustrations generated by Graphic Artist at the May event.</p> <p>Enhanced models sub group meet to review and further develop revised model, taking account of conversations at Way Forward events.</p>	Draft Participation and Engagement Model.
5.	Options sent for comment to existing public network	Mid-June – July	Organising team prepare paper outlining proposed new Participation and Engagement model for issue to existing public network for comment.	<p>169 participants returned feedback and comments.</p> <p>Feedback collated, analysed and themed and a paper prepared setting out the initial findings from the consultation.</p> <p>84% agreed with the 10 design principles in the model with 74% agreeing the proposed model would make it easier to have their voice heard. Implementation of the model was seen as the main</p>

	<b>Activity</b>	<b>Date</b>	<b>Process</b>	<b>Outcomes / Next Steps</b>
				challenge with resources, leadership & clarity of supporting structure identified as being critical for successful implementation.
6.	Sub-group (as 4) reconvened to consider comments from public network.	16.9.15	<p>Models sub group meet to review and validate findings from the consultation process.</p> <p>Models group also explore possible scheduling, process and agenda for 3<sup>rd</sup> and final Way Forward event.</p>	<p>Paper detailing findings from consultation process finalised and issued to Way Forward participants and wider network.</p> <p>Final Way Forward event to be scheduled for late October / Early November 2015 and to include opportunities for participants to 'test' new model using live work – e.g. early implementation sites for H&amp;SCI.</p>
7.	3 <sup>rd</sup> Way Forward event to consider models and agree key aspects of strategy	17.11.15	<p>Update on H&amp;SCI generally – including strategic plan consultation, new structure and key managers, early implementation sites.</p> <p>Progress update on Engagement &amp; Participation work including key themes from the wider consultation.</p> <p>Reminder of current supporting infrastructure for Engagement and Participation – explaining that future arrangements for infrastructure will need to be confirmed in light of new structure – East, West &amp; Fife Wide, however these are likely to be a development of what we already have.</p>	<p>Complaints Process and Paediatric Occupational Therapy to be used in the final strategy document as illustrative examples of how the proposed Participation &amp; Engagement Strategy will work in practice.</p> <p>Draft Participation &amp; Engagement Strategy to be finalised, incorporating feedback from group work in testing the model. This is to be issued to Way Forward participants for comment in January 2016, prior to presentation to IJB.</p>

	Activity	Date	Process	Outcomes / Next Steps
			<p>Presentation of a live example of change – Review of Complaints process and the engagement activity that has been undertaken under each of the headings of the Model of Engagement to complete this work.</p> <p>Presentation of a second live example of change - Paediatric Occupational Therapy. Participants work in groups to identify their 'ideal' approach to participation and engagement for this example drawing upon the key headings of the model. Groups share their ideas for practical engagement activity to the whole room.</p>	
8.	Paper to IJB for approval	February 2016		

## Appendix 3 - Participation and Engagement Template for Service Use

**Name of Service:**

**Description of Service Change / Initiative:**

**Lead:**

**Date:**

**Please refer to full participation and Engagement Strategy for detail on this approach**

### **1. Gathering views and community knowledge**

This type of activity was identified as one of the most important components in terms of our approach. The aim is to ensure that individuals within communities can deliver their perspective on current and future service provision in a way that suits them. Examples include use of community groups and ambassadors.



### **2. Individual Experience**

The individual's opinion and experience is of high importance. It needs to drive culture change towards a more person centred approach. It takes into account the value of the individual experience and its potential to influence service change. Use of complaints information and feedback from individual service users and staff are examples.



### 3. Specific topics

The users of these specialist services have knowledge and experience which can be used to re-design services and make changes when needed. Information will be available locally and sometimes nationally.



### 4. Governance and Accountability through formal meetings

Partnership management arrangements and Public Participation forum may all play a role in governance.

Formal accountability sits with the Integration Joint Board through the PFPI Standing Committee.



### 5. Social Media

We recognise the need to experiment and continue to improve our use of current and emerging digital applications to help maximise public feedback and engagement.



### 6. Internal and external supporting infrastructure

Indicate what support you will need.



