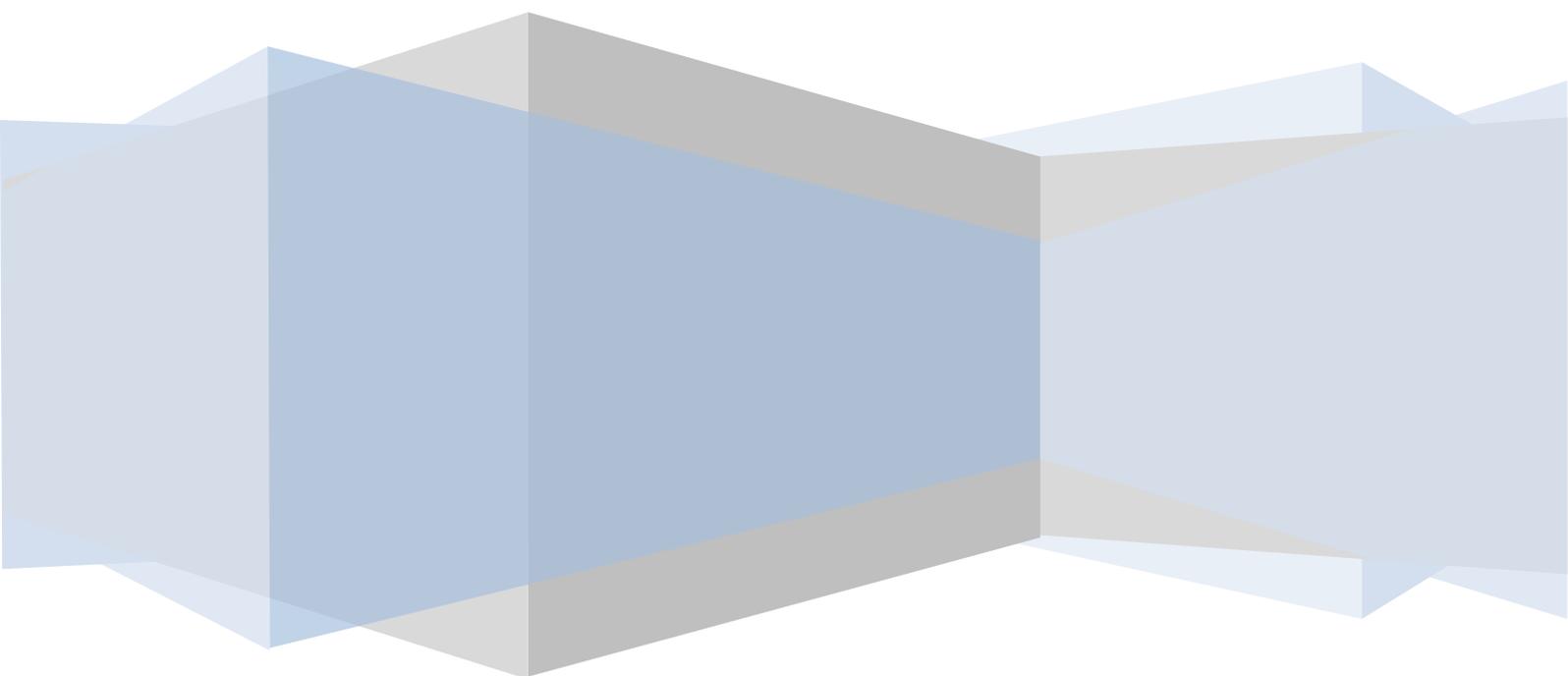


East Lothian
Integration Joint Board



Engagement Strategy



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Section 1: East Lothian Health and Social Care Partnership Strategic Aims

Introduction

The East Lothian Shadow Integration Joint Board (IJB) carried out the first major health and social care engagements between 2013 and 2015, when we undertook an extensive programme of information and engagement sessions for staff on what the new East Lothian Health and Social Care Partnership would look like. During the same period, we consulted with the general public, service-users, the third and independent sectors, staff and elected representatives on the strategic vision for the East Lothian Integration Joint Board. This enabled us to set out the following strategic aims. East Lothian IJB and East Lothian Health and Social Care Partnership (ELHSCP) are committed to ensuring that services:

- are joined-up for service-users
- take account of the particular needs of individual service-users and their circumstances in different parts of the county
- respect our service-users' rights and take account of their dignity
- take account of the way that our service-users participate in their communities
- protect and improve our service-users' safety
- improve the quality of our services and ensure that they are planned and delivered locally in a way that is engaged with our communities
- anticipate needs and prevent them from happening
- make the best use of the available facilities, people and other resources.

Engagement plays a key role

Engagement is key to everything that we do and the purpose of this strategy is to ensure:

- we have a clear and effective participation and engagement approach which is at the heart of reforming health and social care services locally
- enables the Partnership's vision and how it works to become a reality
- Inform decision making processes that drive strategy and inform the carrying out of delegated functions.

Why it is important to consult and engage

*Engagement is about 'developing and sustaining a working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences'. **National Standards for Community Engagement***

'The duty of public involvement covers all Health Boards, Special Health Boards and the Common Services Agency when they are providing a service to the public which they are responsible for. This also includes when services are provided on their behalf, for example by a contractor, to the public.' **CEL 4 (2010)**

'The Community Empowerment Act will help to empower community bodies ... by strengthening their voices in the decisions that matter to them. It will also improve outcomes for communities by improving the process of community planning, ensuring that local service providers work together even more closely with communities to meet the needs of the people who use them.' **Community Empowerment Act (Scotland) 2015**

Section 2: What does 'involvement' look like?

In this section, we will look at different types of involvement, and the legal and policy background that we are working in.

Engagement

So let us begin by looking at what is understood by 'engagement'. It is now accepted that public services that involve their users are likely to be of higher quality and more relevant to the communities they serve. The Scottish Government has built the principle of community engagement into policy and guidance to public services. This is most notable for Community Planning through which the Local Government Scotland Act requires all public services to work together. The guidance on the act states:

'Community planning is essentially a process to secure greater engagement from communities in the planning and delivery of services'.

In addition, the Best Value 2 Community Engagement Framework produced by Audit Scotland emphasises the need for good quality community engagement practice at all levels and in particular in relation to:

- Commitment of organisations to engaging with communities
- How well organisations understand the needs and aspirations of communities
- How well communities are involved in decision-making
- How well communities are involved in planning, monitoring and evaluating services
- Demonstrating what community engagement has achieved.

So that we are clear about what we mean by engagement, we intend to work to the [National Standards for Community Engagement](#). These are good-practice principles designed to support and inform the process of community engagement, and improve what happens as a result. They also underpin the NHS CEL4 Guidance issued in 2010.

National Standards for Community Engagement

- Inclusion – We will identify and involve the people and organisations that are affected by the focus of the engagement
- Support – we will identify and overcome any barriers to participation
- Planning – there is a clear purpose for the engagement which is based on a shared understanding of community needs and ambitions
- Working together – we will work effectively together to achieve the aims of the engagement
- Methods – we will use methods of engagement that are fit for purpose
- Communication – we will communicate clearly and regularly with people, organisations and communities affected by the consultation.

Figure 2: National Standards for Community Engagement



The Community Empowerment Act (Scotland) 2015

Overall, the Act empowers community bodies through the ownership or control of land and buildings, and by strengthening their voices in decisions about public services.

Designated community planning partners must now include the whole range of public services that engage and work with communities. Partners include colleges, Police Scotland, health boards, enterprise agencies such as Scottish Enterprise and Highlands and Islands Enterprise, Historic Environment Scotland, health and social care integration joint boards, national park authorities, regional strategic bodies in further and higher education, Scottish Environment Protection Agency, the Scottish Fire and Rescue Service, Scottish Natural Heritage, Scottish Sports Council, Skills Development Scotland, regional transport partnerships and Visit Scotland.

We must work together as partners to produce a Local Outcomes Improvement Plan (LOIP). This sets out the local outcomes with greatest priority, forming the agenda for action. These proposed outcomes will be described, along with a statement on how it is proposed they will be achieved, when actions will be carried out, and how the plan responds to the needs and circumstances of people in the area. In preparing a local outcomes improvement plan, a community planning partnership must consult appropriate community bodies and must take account of any representations in this way. LOIPs complement the IJB's strategic vision.

Participation requests

Participation requests are potentially of great value for communities that:

- Have identified a need, issue or opportunity to tackle inequality,
- Want to contribute to regeneration or economic development
- Want to improve health or wellbeing.

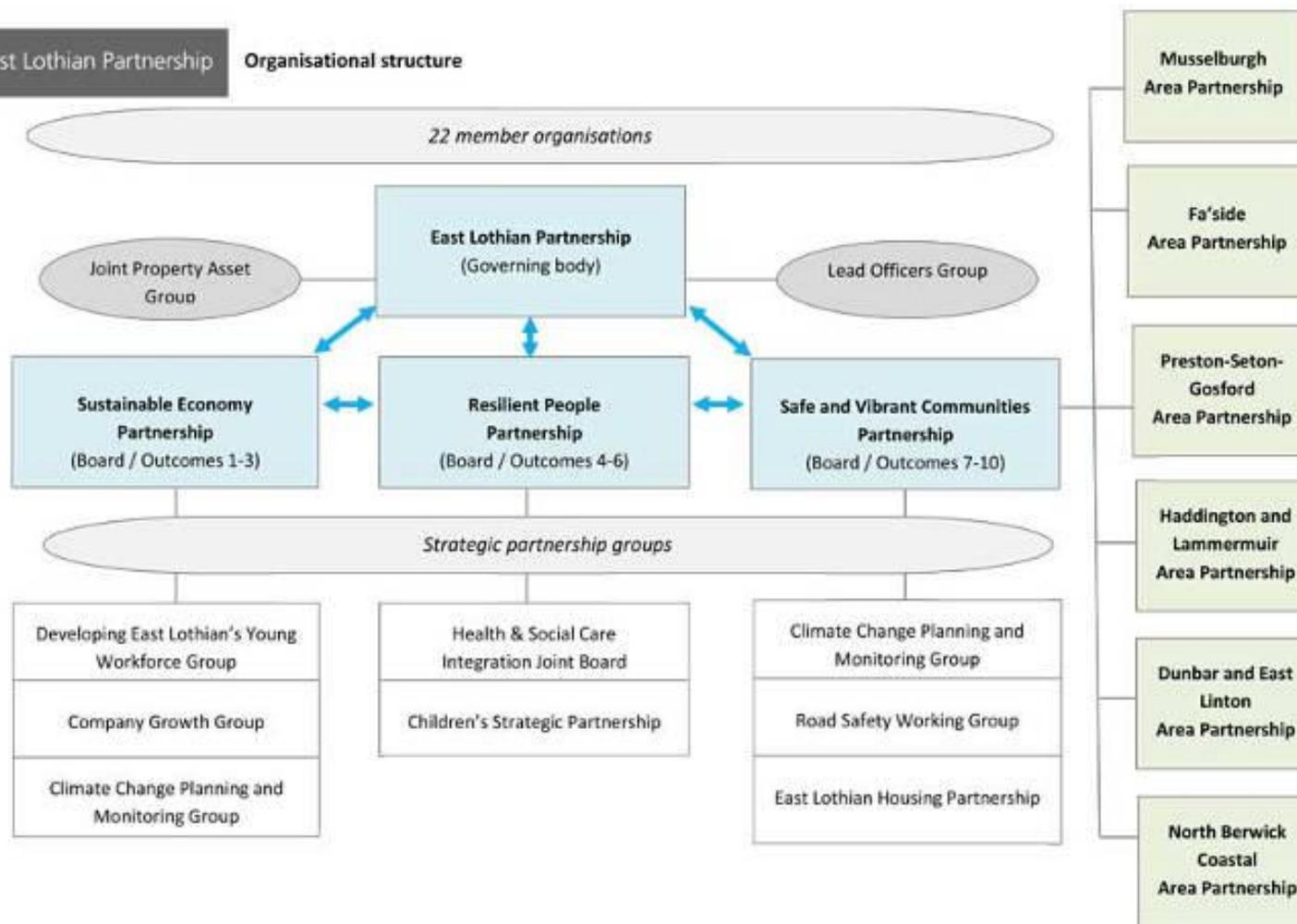
The Act gives communities the power to set the agenda and the way needs, issues or opportunities are understood. It also sets out a process whereby a community body can request that a service is improved, or to help improve a service, if it believes this is needed. The Act is clear that the public sector body that provides the service 'must agree to the request unless there are reasonable grounds for refusing it.'

Public service providers include local authorities, colleges and universities, health boards, Scottish Enterprise, HIE, the police, the fire service, Scottish Natural Heritage, regional transport partnerships, national parks, and the Scottish Environment Protection Agency must service participation requests when they are made in line with the legislation. IJBs may have responsibilities for those services delegated to them by the local authority and NHS Health Board.

However, participation requests are not a substitute for having an engagement strategy. Any feedback gained through facilitating a participation request would play a role in informing future strategic development

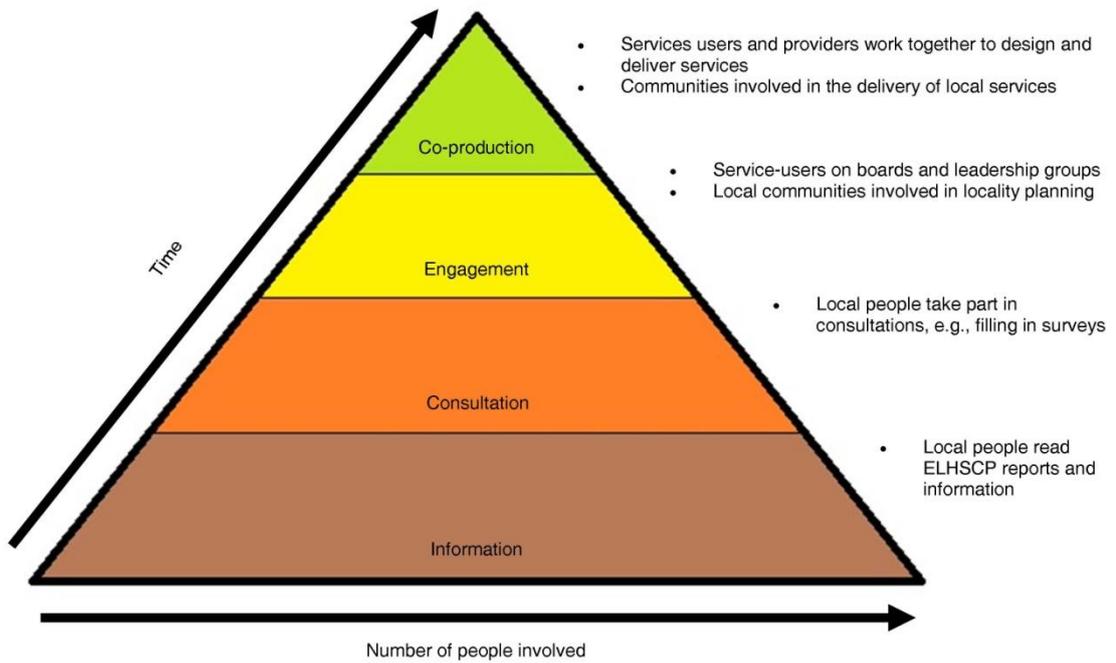
Consultation and co-production

- **Consultation** is the process by which people are asked their opinions. Consultation requires a commitment to listen, give due weight to the views expressed and feedback outcomes to the people consulted.
- **Co-production** means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change. [New Economics Foundation].



ELP organisational structure and member participation / July 2015

Figure 1: A model for community engagement



Section 3: Developing this strategy

This strategy supersedes the 2014-2018 Communications and Engagement Strategy adopted by the East Lothian Shadow IJB in 2014. ELHSCP consulted with the public and a wide range of third sector and other providers in March 2017 and the feedback was encouraging but there was clearly a lot of work still to be done. The key findings from feedback included:

- Making the list of stakeholders more explicit, including groups and individuals that represent carers, and patients and service-users
- Paying of out of pocket expenses would be appreciated (and a big step forward) but if you start adding in replacement care and transport there is a danger that the process becomes so costly and unwieldy that it could actually become a barrier to engagement.
- Scheduling meetings at mutually convenient times and then not rearranged to fit the convenience of paid staff
- Issuing papers in good time to allow non-professionals an opportunity to familiarise themselves with the issues
- Encouraging support networks for users and carers to enable them to explore issues and extrapolate from their personal experience to the wider policy issues at hand
- Welcoming the stress on using the most appropriate tools (and the imagination and range of options outlined) but most of the methods listed are short term, consultation style tools. Consultation is undoubtedly part of what is needed but if we want to move towards engagement and coproduction we need to find other tools
- Welcoming the commitment to providing feedback and to monitoring and reviewing the quality of engagement
- Reporting on what had happened under the engagement process. There is a requirement that papers to the IJB outline cost and equalities implications (although in many instances these will be nil). Could we also make it an expectation that the papers list engagement processes have informed the paper? In many instances these may be nil but in other areas it would be important to know
- Strengthening the strategy sharing feedback, impact and evaluation
- Having the vision and the confidence to involve service users/patients and carers as 'partners'
- The routes of engagement with the H&SC Partnership seem to be a one-way system where stakeholders are

Feedback

East Lothian Community Care Forum welcomes this document. In general we support the full document and its intention and aspiration to follow the guidelines set down through the standards of Community Engagement. However, we think the document falls short of having a specific local agenda and commitments for East Lothian residents who use health and social care services. It is an aspirational document and lacks the vision and the confidence to involve service users/patients and carers as 'partners'. It shows ways of how it will consult with service users/patients and carers but not at a level of real engagement or co-production.

Cares of East Lothian: Make the list of stakeholders more explicit, including groups and individuals that represent (1) carers, (2) Patients and service-users

and

Most people are generally happy to participate provided they feel that their input is respected and will influence the outcomes as appropriate. Payment of out of pocket expenses would be appreciated (and a big step forward) but if you start adding in replacement care and transport there is a danger that the process becomes so costly and unwieldy that it could actually become a barrier to engagement.

invited to give views through a variety of means as stated in the National Standard - Method.

We have taken what you told us to heart and have tried to provide the level of information you have asked for.

Section 4: The East Lothian IJB Engagement Strategy 2017- 2020 – Engagement mechanisms

Stakeholders

We are all stakeholders in health and social care. Therefore, as many of us as possible need to be engaged in strategic planning for health and social care in East Lothian. This includes through:

- Area Partnerships
- Community Councils
- East Lothian Tenants and Residents Panel and Tenants and Residents Associations
- Patient involvement groups (Scottish Health Council, local Patient Participation Groups)
- Third-sector organisations
- Interest and advocacy groups (for example, Carers of East Lothian , East Lothian Community Care Forum, CAPS, EARS, CHANGES, STRIVE)
- Service-providers (through the East Lothian Providers’ Forum)
- Community Planning groups (for example, Resilient People)
- Our staff and unions (for example, Unison)
- Elected members, MPs, MSPs
- Professional regulatory bodies.

Strategic groups

As well as this, we have established a number of strategic groups to help us to deliver our Strategic Directions. Directions are the instructions about resources that the East Lothian Integration Joint Board (IJB) issues to East Lothian Council and NHS Lothian each year to allow the IJB and the Partnership to deliver integrated health and social care in East Lothian. The new strategic structure comprises a multi-stakeholder themed Strategic Group and a corresponding Working Group, which consists of key officers from the Partnership. Each group has a proposed-focused remit as set out below.

East Lothian Health and Social Care Partnership Director David Small says:

‘This is a real milestone in ELHSCP’s development. It means that we can start working closely with stakeholders to plan for what’s happening this year, next year and years ahead. Working strategically will help us to make the best of our resources, which is critical in the current financial climate. More importantly, the planning groups give us the opportunity to make sure that stakeholders are equal partners in planning, enabling us to develop innovative, flexible and responsive answers that really meet the health and social care needs of people in East Lothian.

Proposed Strategic Group 2018/19 Priorities

Discussion in the Strategic Planning Programme Board and the Strategic Planning Group has acknowledged the need to ensure financial and officer resources are focussed in 2018/19 financial year on a more limited range of priorities. The priorities below are those which deliver against financial pressures and which support service change and delivery of local, regional and national priorities:

- Development and delivery of the Financial Plan for 2018/19 and beyond, by developing the IJB role in taking the decisions required to operate within the resources available
- Commence re-provision of Abbey and Eskgreen Care homes and Edington and Belhaven hospitals and provision of extra care housing after reaching a final decision on the strategic direction and priority actions by locations following conclusion of consultation in June 2018. Establish projects to produce and implement business cases, with a target date of March 2019 for production of the first business case
- Review Community Services for Adults with complex needs to develop a transformation programme. This will encompass: day services; housing; repatriation of out of area placements; night-time support/use of technology enabled care; alternatives to statutory services; and Royal Edinburgh Hospital bed numbers
- Implement the Carers Strategy, in conjunction with all relevant partners
- Deliver the Primary Care Strategy/New GP Contract Implementation Plan, following completion of the local Implementation Plan by July 2018. This will set out the phasing of clear priorities developed in agreement with GP sub-committee and NHS Lothian, covering local workforce issues and evaluation of the 2016/17 and 2017/18
- Review actions intended to deliver Delayed Discharges/ Emergency Admissions/A&E improvements, including: delayed discharge trajectory; impact of Hospital at Home 24/7 on A&E and admissions; proposed use of empty beds at East Lothian Community Hospital to support whole system capacity and a review of the impact on set aside budgets.
- Commence review of 2016-19 Strategic Plan, following consultation with all partners, as well as community, third sector and service users' representatives.

These priorities will be supported by the Workforce Plan, the Finance Plan and the Engagement Plan. The continuing refocusing of work away from strategy development in the remainder of 2017/18 and through 2018/19 will slow up, but not suspend entirely, progress in the important areas of:

- Palliative Care
- Dementia
- Mental Health
- Learning Disabilities
- Physical Disabilities and Sensory Impairment
- Older People's Day provision.

Opportunities will be taken through the year to support operational colleagues in all the above areas to carry out service improvement work that does not require formal strategy development. In all the work through the year care will be taken to ensure the existing cross cutting priorities of prevention and reducing inequalities articulated in the East Lothian Health and Social Care Partnership Strategic Plan will feature throughout the delivery of the priorities described above, but will not be developed as separate strategies.

Voluntary sector representation on the seven strategic groups is being coordinated through Strive. They have developed a system which will provide a pool of nominated voluntary sector organisations that the groups can draw upon to ensure voluntary sector representation. Strive will also develop a system whereby outcomes and key messages from the work of the strategic groups will be disseminated to the wider voluntary sector. Voluntary sector organisations who are not members of Strive will be invited to join groups by partnership officers.

Service-user representation on the seven strategic groups is being coordinated through East Lothian Community Care Forum (ELCCF). As well as supporting individual service users to attend groups, ELCCF will also feed back and link with wider service user groups.

Carer representation on the seven strategic groups is being coordinated through Care of East Lothian (CoEL). As well as supporting individual carers to attend groups CoEL will also feedback and link with wider carer groups.

Any voluntary sector organisations, service users and carers who are still involved in the previous planning groups will be contacted by officers within the partnership to discuss their future involvement.

People who are interested in becoming involved in these group can find out more by contacting

- East Lothian Health and Social Care Partnership - elhscp@eastlothian.gov.uk
- Strive - info@strive.me.uk
- East Lothian Community Care Forum - info@elccf.org
- Carers of East Lothian - centre@coel.org.uk

It has been decided that some of the groups will be foregrounded for periods of time, for example, the Carers' Strategy Group meets most frequently of all the groups at present as it has to facilitate the implementation of the Carers' Act. Other groups will meet more and less frequently in line with priorities.

Local Health and Social Care Forums

We want to make sure that local communities can engage with us **on major health and social care** developments that affect their immediate areas. This is particularly important given the work now underway to reprovide the services in the Dunbar, North Berwick and Musselburgh.

We have already established as forum to engage on matters at Belhaven hospital. We hope to expand the remit of this Forum soon and have already set up North Berwick Area and Musselburgh Health and Social Care Forums. We would initially be establishing them for a period of two years that can be extended if ELHSCP and the Forums deem it necessary. The new forums will contribute to the vision of the reprovioning process. The vision will inform the business case for the reprovion and will include:

- Development of a proposed model of care
- Strategic assessment of extra care housing need for older people and a review of sheltered housing
- Assessment of future NHS bed requirements in the new East Lothian Community Hospital
- Assessment of the scale care home provision and the care home market in East Lothian

- Establish how the reprovion will deliver the ELHSCP strategic vision and directions, the Council Plan, the Single Outcome Agreement, the NHS Lothian Plan, and the health and social care delivery plan.

The vision will focus on:

- Current issues with the physical environment of Belhaven, the Edington, the Abbey Care Home and Eskgreen Care Home
- Best practice and innovation in how to meet the needs of older people in East Lothian
- Best practice and innovation in health and social care integration and joint working
- A joint strategy to meet health and social care needs
- Financial matters.

We hope that the Forum process will run as set out below.

- Forums should be broadly representative and equitable.
- The forums will discuss and agree action plans with ELHSCP. The plan should contribute to ELHSCP decision making and service provision and development.
- The forums will provide feedback on the community's needs, concerns and interests, and challenge ELHSCP constructively whenever necessary.
- The forums should give the community a voice in the organisation and delivery of their local health and social care.
- The forums should promote good health and higher levels of health and social care literacy by encouraging and supporting activities within the community and promoting public awareness of good health and social care, delivery and planning.
- The forums should liaise with local patient participation groups, community groups and the Local Area Partnership in their areas.

Membership of the forums will be open to include:

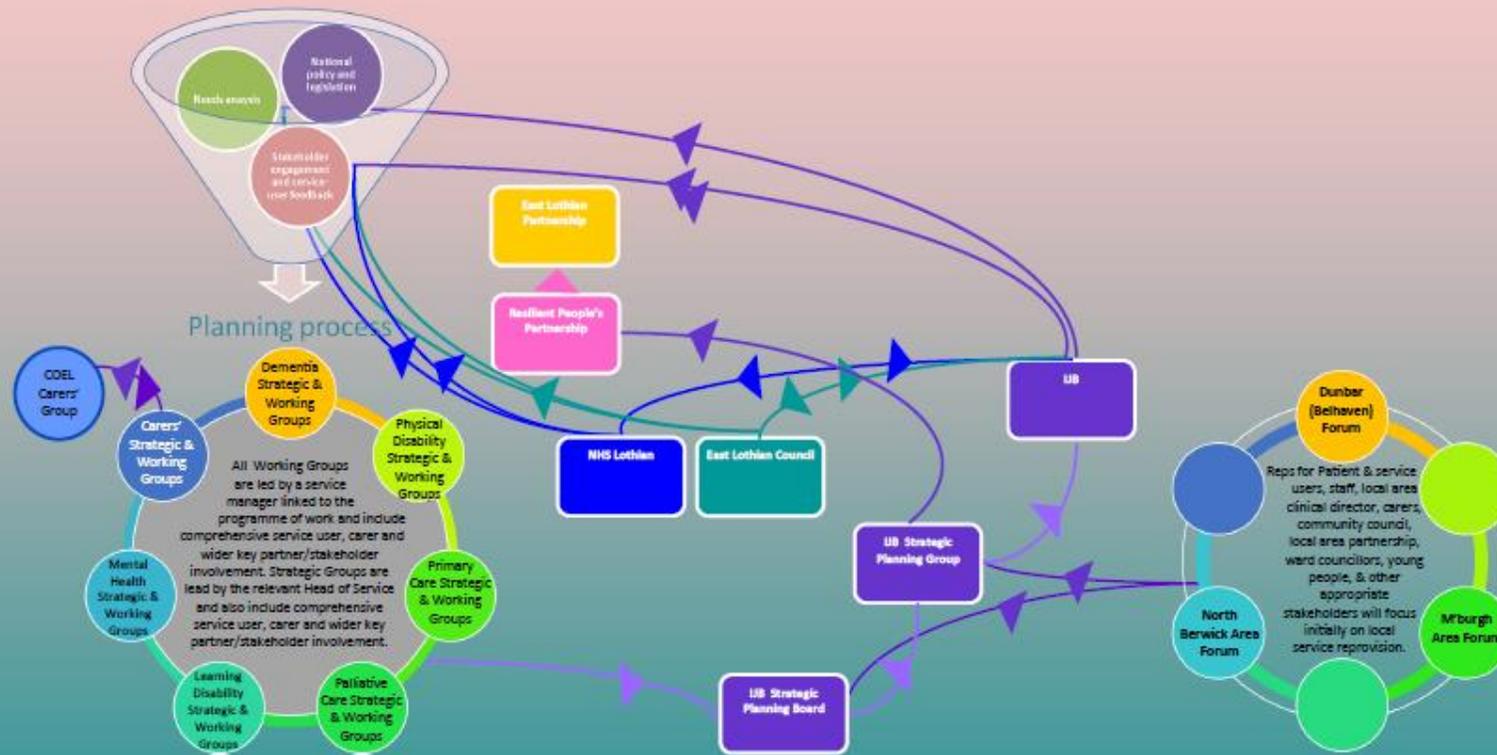
- patient and service users representatives
- staff representatives
- the local area clinical director/s
- community councils
- local area partnership representative
- ward councillors
- young people's representatives
- carers
- other appropriate stakeholders, for example third sector advocacy and advice groups.

East Lothian
Health & Social Care Partnership



EAST LoTHIAN INTEGRATION JOINT BOARD/ EAST LoTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

ENGAGEMENT AND PLANNING STRUCTURE 2017



Section 5: The way forward

Being clear

In this time of ever-increasing austerity, staff shortages and growing demographic pressures, we need to be very clear when we are engaging that everyone taking part is clear what financial or resource restrictions apply, so that the result of the engagement is achievable. Some of the information will not always be palatable or what people want to hear. However, at this critical time, it is more important than ever that people are fully engaged, understand the financial and resource impacts of decisions on their services and services that other people use which will be affected by the shifting of resources. Engagement should be about the long-term impact of decisions about services on service-users and the wider community. It is our job to make sure that people have as much information as possible help them to reach informed and thoughtful conclusions.

Resources

We commit to:

- drawing up individual engagement strategies for all major projects that have Project Initiation Documents (PIDs)– these can be requested by anyone wishing more information
- including information about budget (for example, room hire, events, travel expenses, catering)
- including information about any work that other agencies are undertaking for us in relation to engagement on such a project
- including information about what engagement has taken place in the relevant IJB, Lothian NHS Board and East Lothian Council papers
- sharing this information online wherever we can
- using, area partnership, citizens' panel, schools, tenants' networks, third-sector and provider networks to engage with patients, service-users and families
- making as much use of free channels, for example, media releases, social media etc to gain publicity and stimulate participation and engagement
- making better use of existing resources, for example, feedback for comments and complaints, customer satisfaction post cards
- making better use of staff who visit patients and service-users to help administer questionnaires

Meetings

- Ensuring that meetings are arranged at times that suit participants (bearing in mind that there will still be people who have difficulty attending)
- Looking at other ways people can take part, for example, by videoing and sharing meetings
- Having online meetings (chat room or Skype/FaceTime), particularly for focus groups
- Sharing the discussion at meetings with a wider audience soon after so that people who are interested still have time to consult
- Ensuring that people have access to any papers to be discussed at meeting at least 5 working days beforehand so that they have adequate time to prepare

- Ensuring that there is a single point of contact – anyone wishing to find out more about meetings, schedules, engagement opportunities – should email elhscp@eastlothian.gov.uk or phone 01620 827 750

Support networks

- Encouraging users and carers to be more aware of support networks to enable them to explore issues and personal experiences (for example, the Carers of East Lothian group supporting the Carers' Strategy development)

Engagement methods

- We will identify and overcome any barriers to participation - we will ensure that there is suitable transport, carer in place for dependants where necessary, personal assistance or personal care, suitable and accessible venues and appropriate catering, access to interpreters, communication aids
- We will use a wide range of engagement techniques appropriate to people's needs (for more information, see Appendix 1 and also the Scottish Health Council Engagement Toolkit), and will carry out both short- and longer-term engagement
- We will make full use of the East Lothian Consultation Hub as a central point of information to ensure that stakeholders and the general public can follow the consultation and engagement process for each project and be able to comment and access feedback

Monitoring and evaluating engagement activities

- We will ensure that we find out how people feel about the various engagement activities they take part in, monitor uptake and usefulness of feedback from various sources, and continue to work with partners in the third sector for their feedback and experience.

Building capacity

- Working with partner organisations to access new representative voices from their networks
- Sourcing training, for example, Scottish Health Council/Chest, Heart and Stroke Association modules for patients/service-user representatives joining strategic groups and forums for the first time
- Issuing guidance to ELHSCP staff about the National Standards for Community Engagement to ensure that engagement is carried out to a consistently high standard
- Providing access to the appropriate training for staff undertaking engagement (for example, VOICE)
- Encouraging medical practices in East Lothian who do not currently have their own Patient Participation Groups (PPGs) to consider setting them up (in line with their obligations under the new GP contract) and the ELHSCP will provide advice and some limited support to help them in this. (Currently, only six out of 16 practices have established PPGs)
- Encouraging the work of the Routes to Community Engagement Group in stimulating interest amongst service-users to set up their own groups independently of ELHSCP, which would enable them to raise matters with ELHSCP rather than always being approached by us

- Making strenuous efforts to locate new voices in the harder to reach communities – this could be people who are physically or socially isolated. This might be something we could pursue with a partner agency like STRiVE.

Section 6: Conclusion

We want engagement to be a key element of every project plan, big or small, and be able to report what engagement process was undertaken in committee papers and reports. We want to make sure that staff and participants understand the standards to which they should work and build capacity where necessary. Resources have to be allocated and barriers to access taken down. Our chief aim must be to make sure that any engagement process provides participants with all the facts in a clear and impartial manner so that people can make truly informed judgments.

Much of the good practice outlined here has been demonstrated in projects like the Care at Home procurement consultation (more info at http://www.eastlothian.gov.uk/info/1347/social_care_and_health/1746/developing_care_at_home_services/4) and the current Carers' strategy engagements (see East Lothian Consultation Hub - <https://eastlothianconsultations.co.uk/>) but we want to be able to build our engagement activities, ensure consistency and good practice, reach new audiences and make sure that our strategic vision is demonstrably backed by good quality engagement activities that enable people to express themselves, and use their both own experiences and impartial and unimpeachable information and data to make informed choices. These choice will be about the services they use, the services they want and the impact of maintaining or reshaping services on the groups they represent and on the wider community.

Appendix 1 – meeting the National Standards for National Engagement

National Standard: Inclusion

We will identify and involve the people and organisations that are affected by the focus of the engagement

Our stakeholders

We are all stakeholders in health and social care. Therefore, as many of us as possible need to be engaged in strategic planning for health and social care in East Lothian. This includes through:

- Area Partnerships
- Community Councils
- East Lothian Tenants and Residents Panel and Tenants and Residents Associations
- Patient involvement groups
- Third-sector organisations
- Interest and advocacy groups
- Service-providers
- Community Planning groups (for example, Resilient People)
- Our staff and unions
- Elected members, MPs, MSPs
- Professional regulatory bodies.

National Standard: Support

We will identify and overcome any barriers to participation.

It is key that we remove or reduce any practical barriers which make it difficult for people to take part in engagement activities.

Examples of support issues to be addressed include:

- Suitable transport
- Caring for dependants (for example, childcare or care of older people)
- Personal assistance or personal care
- Suitable and accessible venues and appropriate catering
- Access to interpreters
- Communication aids
- Meetings and events organised at appropriate times
- Access to social media, video conferencing and online resources where appropriate
- Out-of-pocket expenses

National Standard: Planning

There is a clear purpose for the engagement, which is based on a shared understanding of community needs and ambitions.

To meet this standard, we need to ensure that:

- Partners are involved at the start of the process in identifying and defining the focus that the engagement will explore
- There is a clear and agreed engagement plan in place
- All available information which can affect the engagement process has been shared and used to develop the community engagement plan
- Partners agree what the outcomes of the engagement process should be, what indicators will be used to measure success, and what evidence will be gathered
- The timescales for the engagement process are realistic
- There are sufficient resources to support an effective engagement process.

National Standard: Working Together

We will work effectively together to achieve the aims of the engagement.

To meet this requirement, we have to ensure that:

- The roles and responsibilities of everyone involved are clear and understood
- Decision-making processes and procedures are agreed and followed
- The methods of communication used during the engagement process meet the needs of all participants
- Information that is important to the engagement process is accessible and shared in time for all participants to properly read and understand it
- Communication between all participants is open, honest and clear
- The community engagement process is based on trust and mutual respect
- Participants are supported to develop their skills and confidence during the engagement.

National Standard: Method

We will use methods of engagement that are fit for purpose.

We will use:

- Methods that are appropriate for the purpose of the engagement
- method are acceptable and accessible to participants
- A variety of methods throughout the engagement to make sure that a wide range of voices is heard
- creative methods which encourage maximum participation and effective dialogue.

We will evaluate and adapt methods, if necessary, in response to feedback from participants and partners.

- targeted short-life working groups
- focus groups
- Citizens/Health panels
- public meetings
- questionnaires
- online surveys
- social-media campaigns
- video case studies
- partner and stakeholder group consultation and engagement networks.

We would also like to look at other approaches such as participatory budgeting and community action research, blogs and My Place events.

National Standard: Communication

We will communicate clearly and regularly with the people, organisations and communities affected by the engagement.

To meet this requirement, we need to ensure that:

- Information on the community engagement process, and what has happened as a result, is clear and easy to access and understand
- Information is made available in appropriate formats
- Without breaking confidentiality, participants have access to all information that is relevant to the engagement
- Systems are in place to make sure the views of the wider community continuously help to shape the engagement process
- Feedback is a true representation of the range of views expressed during the engagement process
- Feedback includes information on: the engagement process; the options which have been considered; and the decisions and actions that have been agreed, and the reasons why.

Examples of current good practice include providing regular feedback through the Consultation Hub, on the ELHSCP web pages, in newsletters and by video and podcast. These are all areas we are very keen to explore further.

National Standard: Impact

We will assess the impact of the engagement and use what we have learned to improve our future community engagement.

How will we know we have met this Standard?

- The outcomes the engagement process intended to achieve are met
- Decisions which are taken reflect the views of participants in the community engagement process
- Local outcomes, or services, are improved as result of the engagement process
- Participants have improved skills, confidence and ability to take part in community engagement in the future
- Partners are involved in monitoring and reviewing the quality of the engagement process and what has happened as a result
- Feedback is provided to the wider community on how the engagement process has influenced decisions and what has changed as a result
- Learning and evaluation helps to shape future community engagement processes.

East Lothian Health and Social Care Partnership is keen to ensure it uses the right channels and materials to engage with different groups. We will identify, listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded or vulnerable.

Where required and appropriate we will use methods such as easy read formats of literature, offer translations of information and go along to community groups to talk about the work of the HSCP rather than relying on people to read material. **(East Lothian Communications and Engagement Strategy 2014 –**

Appendix 2: Scottish Health Education Participation Toolkit

The Participation Toolkit, now in its third edition, has been compiled to support NHS staff to involve patients, carers and members of the public in their own care and in the design and delivery of local services. It offers a number of tried and tested tools along with some more recently developed approaches.

Contents

Before you start:

- [Participation: what is it and why do it?](#)
- [Planning your engagement activity](#)
- [Checklist of ethical issues](#)
- [Venue accessibility checklist](#)
- [Useful resources and websites](#)
- [Ice breakers to get a discussion started](#)
- [Selecting a suitable tool for your purposes](#)

The Participation Tools

- [After Action Reviews](#)
- [Ask Me 3 and Ask 3 Questions](#)
- [Citizens' Juries](#)
- [Comments Cards](#)
- [Digital Stories](#)
- [Displays and Exhibitions](#)
- [Dragons' Den](#)
- [Electronic Questionnaires](#)
- [Electronic Voting](#)
- [Emotional Touchpoints](#)
- [Focus Groups](#)
- [Graphic Facilitation](#)
- [Head, Heart, Carrier Bag and Dustbin](#)
- [Mystery Shopping](#)
- [Nominal Group Technique](#)
- [Open Space](#)
- [Patient Diaries](#)
- [Planning for Real](#)
- [Presentations and Talking to Groups](#)
- [Process Mapping](#)
- [Public Meetings](#)
- [Reflective Log](#)
- [Remote Service Futures Game](#)
- [Round-Table Workshops](#)
- [Solution Circles](#)
- [Storytelling](#)
- [Surveys and Questionnaires](#)

- Talking Mats
- Teach-back
- Users' Panels
- World Café
- Written Information

What next?

- Producing a report of findings
- Patient and service user feedback