

# **South Lanarkshire Health and Social Care**

## **Participation and Engagement Strategy**

**May 2018**

## **1) Introduction**

This document sets out the South Lanarkshire Health and Social Care Participation and Engagement Strategy. This strategy outlines the approach that the Integration Joint Board will deploy in working with key stakeholders to strategically develop healthy and social care services in South Lanarkshire.

This strategy will not sit in isolation from already well developed methods of participation and engagement. For example, within South Lanarkshire Council, NHS Lanarkshire, the Third and Independent sectors, there are already well established and embedded approaches.

## **2) Why do we need a Participation and Engagement Strategy?**

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Joint Boards to develop a Strategic Commissioning Plan (SCP) for the integrated functions and budgets under their control. The SCP forms the basis through which the IJB directs the Council and NHS Board to operationally deliver the strategic intentions set out in the plan.

The SCP is the output of the strategic commissioning process and a key aspect of this process is how the IJB works with all key stakeholders, including service users and carers to inform the direction of travel.

Without full and meaningful participation and engagement, the aspirations outlined in the SCP will not succeed. Therefore, the IJB must ensure that all key stakeholders are full partners and contribute to the strategic direction and oversight of services.

In addition to the duties connected to the SCP, the IJB, Council and NHS Board are required to demonstrate how they are progressing health and social care services in line with the 9 National Health and Wellbeing Outcomes. The Public Bodies Act is the first piece of legislation in Scotland to legislate for outcomes and importantly, the 9 outcomes listed below were developed by people who either use or will use services in the future:

### Outcome 1



People are able to look after and improve their own health and wellbeing and live in good health for longer.

### Outcome 2



People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

### Outcome 3



People who use health and social care services have positive experiences of those services and have their dignity respected.

### Outcome 4



Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

### Outcome 5



Health and social care services contribute to reducing health inequalities.

### Outcome 6



People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

### Outcome 7



People using health and social care services are safe from harm.

### Outcome 8



People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

### Outcome 9



Resources are used effectively and efficiently in the provision of health and social care services.

### 3) Meeting Legislative Imperatives and being Inclusive

Supporting and promoting good communication, participation and engagement is reflected in much of the legislation that falls within the scope of the IJB. However, there are some very specific requirements cited in the legislation below that the IJB requires to take additional cognisance of:

- Community Empowerment (Scotland) Act 2015 – will help to empower community bodies through the ownership or control of land and buildings, and by strengthening their voices in decisions about public services
- National Standards for Community Engagement 2005
- Our Voice – Working Together to Improve Health and Social Care (Scottish Health Council)
- Chief Executive Letter (CEL) 10 (2010) Engaging and Consulting People in Developing Health and Community Services, sets out the requirement to work with the Scottish Health Council on service change within the health service

### 4) The Principles and Objectives of Participation and Engagement

Our vision for health and social care services in South Lanarkshire is *working together to improve health and wellbeing in the community – with the community*. The wording within this vision strongly reflects the role of the IJB to work with communities in developing more integrated health and social care services to support the delivery of this vision and the National Outcomes.

For participation and engagement to be effective and follow best practice, the Integration Joint Board will adopt the National Standard for Community Engagement. These standards have been widely adopted and are recognised by many of the key stakeholders who will work with the IJB and are there to ensure consistency and understanding of the approach.

The 10 standards are set out below and provide some overarching objectives that the IJB would strive to work to:

**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 the people organisations and communities affected by the engagement

**Impact** – we will assess the impact of the engagement and use what we have learned to improve our future community engagement

Through working to the above standards and objectives, this will provide assurance that current and future Strategic Commissioning Plans outline a direction of travel that all stakeholders recognise and support.

## 5) Hard to Reach Groups

Although the standards outlined above will assist in providing a consistent approach, the IJB recognises that there are individuals, groups and communities who will be harder to reach and this may require consideration of alternative form of engagement. This will be pertinent when considering how we secure involvement of:

- Those with or recovering from addictions or mental health conditions
- Homeless people
- Ethnic minorities
- LGBT
- Travelling communities

## 6) The Key Engagement Forums in South Lanarkshire

There are a number of important groups and forums already in place which provide the IJB with a solid foundation upon which to develop and agree the strategic direction as outlined below:

**Integration Joint Board** – is the key decision – making forum for health and social care services. All Partnerships across Scotland who chose to have a ‘Body Corporate’ model of integration are required to have an Integration Joint Board with a prescribed minimum membership covering voting, non-voting and advisory members. The IJB approves the Strategic Commissioning Plan and in doing so sets the overall direction of travel.

**Strategic Commissioning Group** – is similar to the IJB, in that there is a statutory requirement is responsible for preparation of the Strategic Commissioning Plan and the continued review of progress against the health and wellbeing outcomes and associated performance measures. Again, this particular forum has a mandated membership outlined in the Act covering all key stakeholders, service users and carers.

**Locality Planning Groups** – having identified localities or geographical planning areas is a central requirement of the Act. South Lanarkshire IJB agreed four localities, which all have Locality Planning Groups with all key stakeholders involved. Localities require to be effective contributors to strategic commissioning and importantly should provide strong clinical, professional and community leadership, ensuring that services are planned and led in a locally, in a way that is engaged with the community.

A full copy of the linkage across the above forums is provided in appendix 1. In summary, each of the forums outlined will have cross representation which includes the following stakeholders:

- South Lanarkshire Council
- NHS Lanarkshire
- Voluntary Action South Lanarkshire (3<sup>rd</sup> Sector interface)
- The South Lanarkshire Health and Social Care Forum (representing service users)
- Carer organisations including South Lanarkshire Carers Network and Lanarkshire Carers Centre
- The independent sector

## **7) Building and Celebrating Communities Approach**

Over and above the groups which provide forums to facilitate and enable participation and engagement, the IJB recently agreed the Building and Celebrating Communities (BCC) approach to working with local communities with the specific aim of:

- What communities can and are doing best on their own
- What communities do require help with. Sometimes that can require a very light touch or minimal involvement to get an initiative, formal or otherwise, off the ground
- What communities need the Health and Social Care Partnership and partner agencies to do for them and take a leading role in making that happen

This work is now being led through localities and should enhance the quality of participation and engagement as the Partnership continues to mature.

## **8) Methods of Engagement**

In conjunction with utilising the groups and forums outlined, the IJB in developing its strategic priorities will:

- Use the South Lanarkshire Health and Social Care website as a means to inform, communicate and encourage staff and the wider population to get in touch
- Facilitate engagement events
- Undertake wider population consultation through online questionnaires
- Prepare question and answer (Q&A) briefings
- Meet requests from specific groups of stakeholders

## **9) How we will measure the impact of the strategy**

Measuring the impact of our participation and engagement activity is not straightforward, as much of the information and feedback is qualitative. However, there are a number of important indicators of success which the IJB will reference as follows:

***The quality of the overall Strategic Commissioning Plan*** – if the SCP is deemed to be achieving the priorities which arise from developing the plan with all key stakeholders, then this could be deemed as a measure of success. To evidence this, our intention will be to build our performance reporting framework around our key priorities and National Outcomes. The ***Annual Performance Report (APR)*** provides yearly assurance to the IJB with regards to progress and impact

***Feedback from events*** – we routinely gather feedback from stakeholders who attend events, for example locality workshops and consultations

***Communications Strategy*** – the IJB has a communications strategy and intrinsic to this is ensuring we are communicating the right things at the right time. We regularly monitor the usage of the website and encourage all stakeholders to shape and inform the content of the website. This was presented and approved at a previous IJB meeting and affirms a strategic and holistic approach to communication which seeks to measurably support the attainment of the IJBs priorities and key objectives. The consistent application of the OASIS model (Objective, Audience, Strategy, Implementation and Scoring) is now being rolled out across localities to consolidate this.