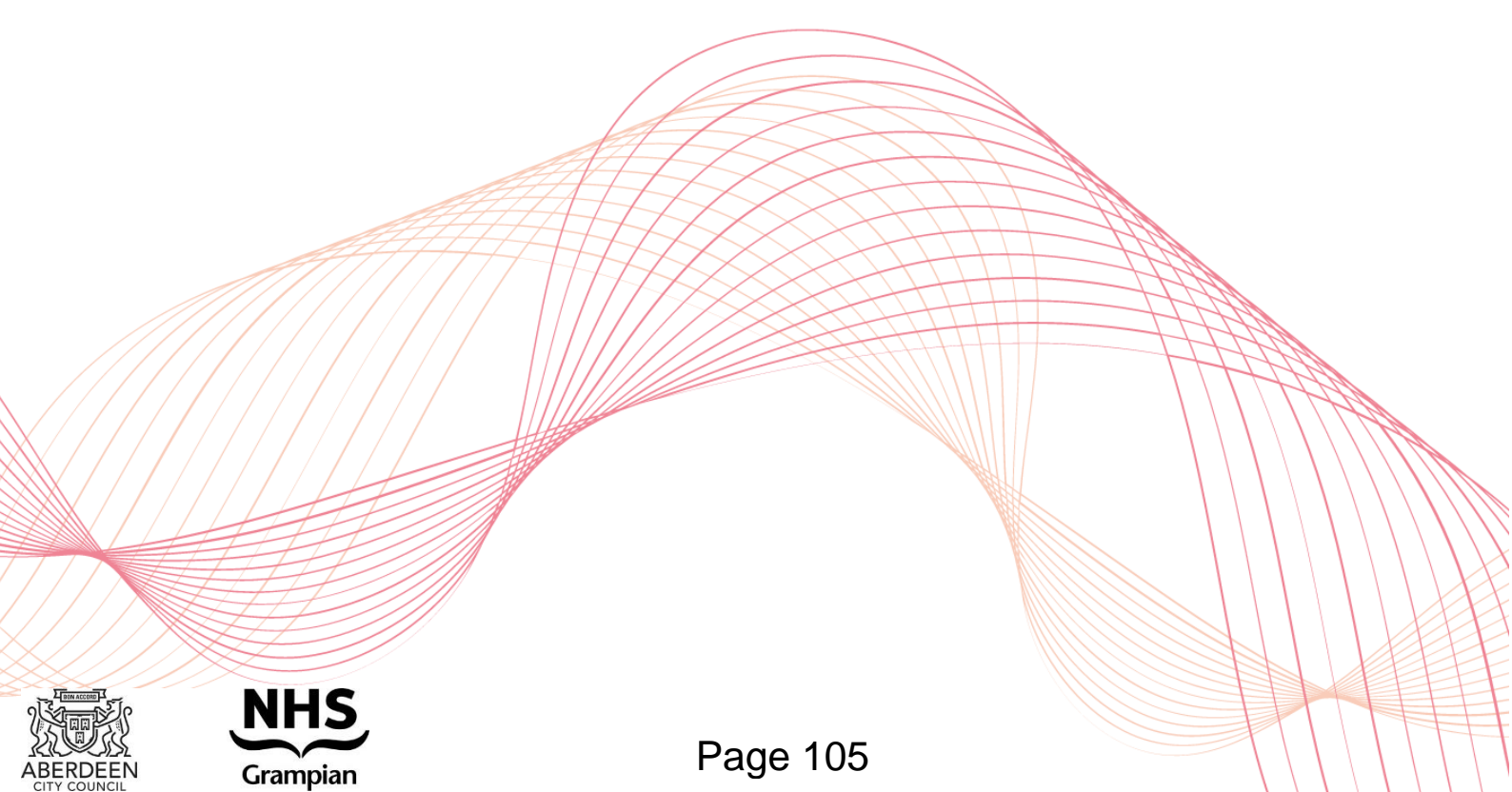# Aberdeen City Health & Social Care Partnership

A caring partnership

Our Guidance for Community Engagement Human Rights and Equalities

2024 - 2026

ABERDEEN
CITY COUNCIL

NHS
Grampian

Index

Introduction

"Our Guidance for Community Engagement, Human Rights and Equalities" provides information on how the Aberdeen Health and Social Care Partnership (ACHSCP) will plan and deliver effective engagement. It will also describe why effective community engagement is important in relation to relevant law, policies, guidance, and the values of the ACHSCP.

This guidance is primarily for colleagues who work within ACHSCP.

It can also be used by voluntary sector organisations, community groups and individuals to help plan and inform their engagement work.

> It is important to note some of the links within this document (for example, the template for ACHSCP's "Integrated Impact Assessments") can only be accessed by people working within the ACHSCP. Where possible, publicly accessible alternatives of those documents will be highlighted.

Purpose of this Guidance

1. To ensure that the statutory regulations, national and local standards, and guidance in relation to Community Engagement are clearly described.
2. To provide step-by-step information on how these principles and standards translate into practice.
3. Supporting leadership: to provide accurate, up-to-date information to colleagues within the Aberdeen City Health and Social Care Partnership (ACHSCP) and Integration Joint Board (IJB).

Outcome

For the appropriate steps and processes within this guide to be used consistently in any Community Engagement activity initiated by the ACHSCP when collaborating with their partners (e.g. Aberdeen City Council (ACC)/ National Health Service Grampian (NHSG), other key stakeholders (e.g. Voluntary Sector organisations) and the public.

To achieve the Purpose and Outcome, this guidance will:

1. Define Community Engagement and outline the differing 'levels' of engagement (e.g. from consultation to co-production)
2. Outline our statutory requirements: To make clear the legal requirements upon Health and Social Care Partnerships (HSCP's) and IJB's in respect of Community Engagement.
3. Link our approach to Community Engagement to Human Rights
4. Outline our responsibilities in respect Data Protection and the delivery of Community Engagement activity.
5. Provide information and guidance on the planning, delivery, and assessment of Community Engagement activities.
6. Describe the ways that we will value those who engage with us.
7. Learning & Development: Outline the training required when working with the public and people who may have experienced trauma.

Defining Community Engagement

The Scottish Community Development Centre (SCDC) provide the following definition, and the National Standards for Community Engagement (NSfCE) in Scotland. This definition is supported and cited by: Healthcare Improvement Scotland – Community Engagement (HIS-CE), the 'Convention of Scottish Local Authorities,' (COSLA) and the Scottish Government.

"A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change."[1]

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[1] Taken from 'The National Standards for Community Engagement'
https://static1.squarespace.com/static/5943c23a440243c1fa28585f/t/63c6badff203e74f2ba4c4d3/167396835 6909/NSfCE%2Bonline_October.pdf

Defining Community Engagement

The Scottish Community Development Centre (SCDC) 'National Standards for Community Engagement' (NSfCE) are based upon seven broad principles:

These principles and the NSfCE will function as a guide for evaluating and improving the quality of our engagement work. They provide us:
   - A foundation for effective engagement
   - Tools for planning, conducting, and evaluating engagement activities.
   - Ways to identify areas for development and ways to improve practice.
   - A nationally recognised and accepted framework for all engagement activity

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[2] Taken with permission from: https://www.scdc.org.uk/what/national-standards/

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Defining Community Engagement

"Effective services must be designed with and for people and communities – not delivered, top down for administrative convenience. To be effective, community engagement must be relevant, meaningful and have a clearly defined focus. NHS Boards, Integration Joint Boards and Local Authorities should engage with the communities they serve, following the principles set out in the National Standards for Community Engagement." [3]

Levels of Engagement

There is a recognition that the length and intensity of engagement activities can vary. This may be due to, for example the…

1. Scope, scale, or complexity of a project
2. Predicted impact of a service change or redesign
3. Sensitivity of the issues being engaged upon
4. Time available for the completion of a project to a set deadline

The ACHSCP will strive to increase the influence and maximise the meaningful involvement people, communities, groups, and organisations in its community engagement work.

Wherever possible we will 'empower' and 'coproduce' with all stakeholders. However, it is important to recognise there will be circumstances where those approaches are not appropriate. For example - when responding to emergency situations (see appendix 1, p23.,) or where strategic decisions and plans have already been made, in which case 'consulting' or 'engaging' would be more transparent, and therefore preferable options.

For any projects that are initiated and managed in the ACHSCP, the following table (based on the IAP2 spectrum of public participation)[4] will be used to help inform the appropriate level of engagement. The ACHSCP will also liaise at an early stage with HIS-CE to help establish the appropriate level of engagement.

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[3] Taken from p.5 of : Planning with People – Community Engagement and Participation Guidance (2023)
[4] https://www.iap2.org/general/custom.asp?page=pillars

Defining Community Engagement

Levels of Engagement

Communities and the public have increasing influence and impact on project design and decision making →

|	Inform	Consult	Involve	Collaborate	Empower
Participation Goal: We will...	- Provide accurate, up-to-date information and support on proposals to understand: 1. The issue(s), 2. The solutions being considered 3. The reasoning behind the proposed solutions(s) 3. Any opportunities to shape and influence the proposed solutions	- Obtain public and community feedback on the: 1. analysis, 2. alternatives 3. range of practical solutions... ...that have been considered in relation to a particular project.	- Work directly with affected communities and public members throughout the process. - Ensure that community and public concerns and aspirations are understood and have been thoroughly considered.	- Partner with the public and affected communities in each aspect of a project - Develop alternatives and the identify the preferred solution(s) in partnership with communities and the public.	- Place final decision making in the hands of the communities and public affected by a project
Commitment to those involved: We will...	- Keep people regularly updated on the progress of a project	- Regularly update all those involved. - Listen to and acknowledge concerns and aspirations. - Provide feedback on how communities and the public influenced the decision	- Work with communities and the public to ensure that their concerns and aspirations are clearly reflected in any alternatives developed - Provide feedback on how communities and the public input influenced decisions.	- Look to communities and the public to share insights, refine solutions. - Incorporate community and public advice and recommendations into decisions, as far as possible	- Implement what the affected communities and members of the public decide
	Informing	**Consulting**	**Engaging**	**Coproduction**	**Self Determination**

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Planning and Delivery of Community Engagement

"There is no point in engagement if the process is not meaningful for participants and effective in terms of outcomes. If an engagement does not have an impact that participants feel is worthwhile, they may lose faith." [5]

Organisations such as HIS-CE, the Scottish Community Development Centre (SCDC) and Convention of Scottish Local Authorities (COSLA) all provide supporting documentation and advice on how we engage effectively with people.

The steps we take to achieve effective meaningful engagement, advocated by these organisations, are outlined in the graphic, and summarised descriptions below.

[6]
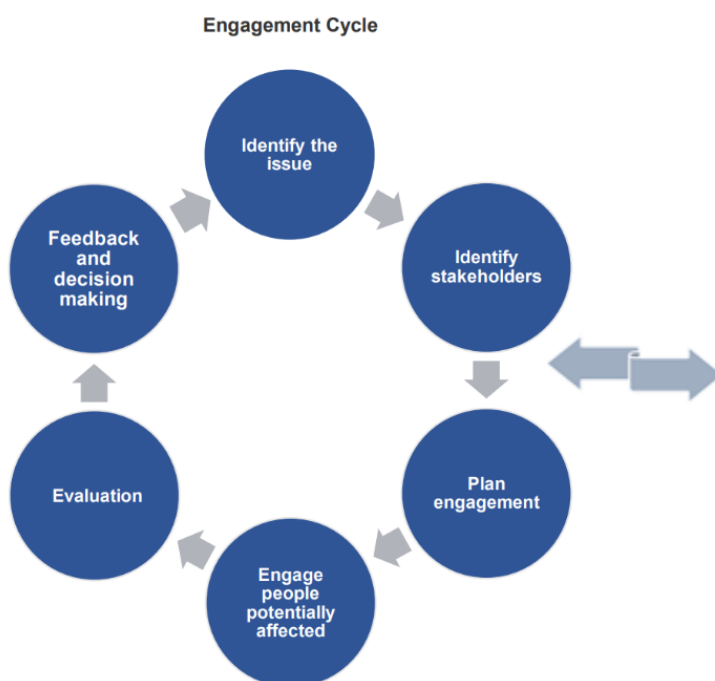
Engagement Cycle

The 'engagement cycle' links strongly to the definition for Community Engagement:

"A **purposeful process** which develops a working relationship between **communities, community organisations and public and private bodies** to help them to **identify and act on community needs and ambitions**. It involves **respectful dialogue** between everyone involved, aimed at **improving understanding** between them and taking **joint action** to achieve **positive change**."

As far as possible, the ACHSCP will seek the early involvement of stakeholders, including people with lived or living experience, in planning the approach to engagement, and in developing solutions to the issues identified.

The ACHSCP will enter into early conversations with HIS-CE regarding any proposed service change or redesign. This partnership working will make agreements on (1) what the appropriate level of engagement will be for health delegated services, and (2) allow HIS-CE and ACHSCP to quality assure the engagement process as it develops.

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[5] Taken from 'What Works Scotland,' "How to design and plan public engagement processes," p.16.
https://policyscotland.gla.ac.uk/wp-content/uploads/2020/04/WWSPublicEngagementHandbook.pdf
[6] Taken from p.13 of 'Planning with People: Community Engagement and Participation Guidance' (2023)

Planning and Delivery of Community Engagement

The Engagement Cycle

1. **Identify the issue(s):**

    a. Agree a clear purpose to identify engagement objectives and anticipated outcomes to help determine the scope of the engagement.

    b. There should be clarity and a shared understanding of the objectives at the outset to help shape the process and identify the best methods to reach people and communities.

2. **Identify Stakeholders:**

    a. Stakeholder mapping is important to identify all groups and individuals within the community who may be affected, or who might have an interest in the proposal.

    b. Existing networks can help to identify potentially affected people, including those who do not find it easy to share their views.

    c. Representation in planning engagement, at the earliest possible stage, will help to inform the process and ensure an effective approach.

3. **Plan the engagement.**

    a. Identifying the best approaches to reach the people whose views need to be heard is important.

    b. An early Inequalities Impact Assessment (IIA) will be considered to ensure we are being inclusive. The IIA will help us to identify the people and groups we need to engage with, and to understand the potential impacts upon them.

    c. By involving community representatives, providing any support they may require, will help to encourage ideas and suggestions, resulting in better engagement and robust, sustainable outcomes.

4. **Engage with people potentially affected.**

    a. Every effort should be made to engage with the right people throughout planning, development, and consideration of options/models.

    b. No one method will suit all engagement purposes.

    c. A range of methods should be considered at the planning stage. This ensures that all views are heard and considered.

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Planning and Delivery of Community Engagement

The Engagement Cycle

5. **Conduct an evaluation.**

   a. Conduct evaluation throughout the engagement process.

   b. On-going evaluation also demonstrates that people are being listened to by adapting the approach, where appropriate.

   c. All information gathered from the engagement process should be captured and evaluated to support future learning.

6. **Feedback and decision making**

   a. Keep participants informed about a project's development to encourage on-going feedback and two-way communication, continuous review, and reflection.

   b. The quality of the engagement process should be considered by decision makers.

   c. Depending on the scale of a project, it will be the responsibility of the IJB to approve or reject the recommendations that emerge from engagement work. Whether or not IJB approval is required should be clear at the inception of a project.

Planning and Delivery of Community Engagement

VOiCE Planning Tool

To support the planning and delivery of Community Engagement activities, a useful resource is the VOiCE planning software.[7] The VOiCE website is operated by the Scottish Community Development Centre (SCDC).

The VOiCE resource supports us to work through each step of the 'Engagement Cycle' described above, i.e.,

1. Plan community engagement and service user participation.
2. Monitor and record the process.
3. Evaluate the process against the National Standards for Community Engagement (Scotland) and principles for good quality engagement.

If required, paper versions of the VOiCE planning tool are available from the VOiCE website[7].

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[7] See https://www.voicescotland.org.uk/

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Planning and Delivery of Community Engagement

Options Appraisal

"Engagement plans should consider how and when an 'Options Appraisal' will be used, what will happen with the outcome, and how engagement will influence the selection of options that will then be consulted on"[8]

An Options Appraisal can be part of the engagement process to help develop and assess a range of viable solutions when redesigning or creating new services.

There should be a proportionate representation of people involved from both community and professional groups that the service change may affect.

Those involved should be given enough information to take a balanced view on the options that could realistically be developed. The people potentially affected may have helped to develop those options.

The next step would be to score those options, based on what is best for the communities affected – not the presence of individuals.

The overall scoring from an Options Appraisal does not dictate the final decision. However, the process helps to evidence the views and preferences of those consulted on what the preferred option might be.

Guidance on conducting an Options Appraisal is available from HIS-CE.[9]

Digital Engagement

Our workplace practices have become increasingly reliant on digital forms of communication. As a result, many people are skilled in the setting up and running of online meetings.

Where needed, HIS-CE that provides information for holding meetings online.

Guidance for meetings: https://www.hisengage.scot/equipping-professionals/participation-toolkit/online-meetings/

Guidance or 'digital icebreakers': https://www.hisengage.scot/equipping-professionals/participation-toolkit/digital-ice-breakers/

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[8] Taken from p.20 of 'Planning with People: Community Engagement and Participation Guidance' (2023)
[9] https://www.hisengage.scot/service-change/resources/involving-people-in-option-appraisal/

Planning and Delivery of Community Engagement

Social Media

The ACHSCP is making increased use of the social media platforms (X, Facebook, and LinkedIn). Where appropriate, those platforms will be used to help facilitate effective community engagement.

For colleagues who want support to organise, initiate and run online meetings, the ACHSCP 'Development Officer – Consultation and Engagement' will seek, or offer appropriate support and advice.

Organisational Self-Evaluation

Healthcare Improvement Scotland – Community Engagement (HIS-CE) have produced comprehensive guidance on how we can self-evaluate our community engagement work at an **organisational level**.

"*Self-evaluation is a process by which organisations and services reflect on current practice to identify areas where action could drive improvement in service delivery and, in outcomes for people experiencing and accessing their services.*

The process should also celebrate what is going well in terms of community engagement, what can be learned and spread across the organisation." [10]

Taken from: The Quality Framework for Community Engagement and Participation

The self-evaluation tool could enable ACHSCP to broadly evaluate the effectiveness of all the community engagement work it is responsible for. It is recommended that the self-evaluation is conducted on an annual basis, and that it should focus on outcomes, rather than activities. The self-evaluation process is founded on 3 key domains, namely:

The ongoing engagement and involvement of people.	**The involvement of people in service planning, strategy, and design.**	**The governance and leadership- supporting community engagement and participation.**

A fuller description of the foundation for, and to access the resources to support the process of organisational self-evaluation can be found here: https://www.hisengage.scot/quality-framework

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[10] Taken from p6., of The Quality Framework for Community Engagement and Participation

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Legal Obligations, Policy, and Guidance

"NHS Boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run" [11]

All our engagement activities must be based on the most recent laws, policies, and national guidance in Scotland. The following section outlines those and summarises their relevance to Community Engagement.

The 'Gunning Principles'

These principles set the legal foundation. As such, they are a useful starting point in considering the lawfulness of any engagement activities initiated by the ACHSCP.

A summary of the 'Gunning Principles':

1. **Proposals are still at a formative stage** – a final decision has not been made, or predetermined, by the decision makers.
2. **There is sufficient information to give 'intelligent consideration'** – the information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response.
3. **There is adequate time for consideration and response** – There must be sufficient opportunity for consultees to participate in the consultation. There is no set period for consultation, despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation.
4. **'Conscientious consideration'** decision-makers should be able to provide evidence that they took consultation responses into account. [12]

Legislation

A. The Local Government (Scotland) Act 2003 seeks to ensure that people and communities are genuinely engaged in decisions made on public services which will affect them.

B. 'Integration Joint Boards' (IJB's) engagement and participation responsibilities are in the Public Bodies (Joint Working) (Scotland) Act 2014. Integration Joint Boards use this guidance to effectively collaborate with colleagues in the NHS and Local Authorities.

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[11] Taken from p.27 of 'Planning with People: Community Engagement and Participation Guidance' (2023)
[12] Taken from the Local Government Association:
https://www.local.gov.uk/sites/default/files/documents/The%20Gunning%20Principles.pdf

Legal Obligations, Policy, and Guidance

Legislation

B. The following integration principles have been adopted by the ACHSCP from the [Public Bodies (Joint Working) (Scotland) Act 2014](). Our partnership:

1. Is integrated from the point of view of recipients.
2. Takes account of the needs of different recipients
3. Takes account of the needs of recipients from distinct parts of the area in which the service is being provided.
4. Takes account of the characteristics and circumstances of different service users
5. Respects the rights of service users.
6. Takes account of the dignity of service users
7. Takes account of the participation by service users in the community in which service users live.
8. Protects and improves the safety of service users.
9. Improves the quality of the service.
10. Is planned and led locally in a way which is engaged with the community (including service users, those who look after service users and those who engage in the provision of health or social care)
11. Best anticipates needs and prevents them arising.
12. Makes the best use of the available facilities, people, and other resources.

C. The duty to involve people in the design and delivery of care services is strengthened within the [Community Empowerment (Scotland) Act 2015]().

Oversight of our Legal Obligations

The Care Inspectorate (CI) conduct joint strategic inspections with Healthcare Improvement Scotland (HIS), based upon length of time since services were last inspected, shared intelligence and the level of any identified risks.

The CI need to see evidence that Health and Social Care Partnerships (HSCP's) are consulting with communities, involving them in planning and improvement activity, and are making changes in respect of those views. They need to understand how communities are being involved, listened to, and valued. The CI will also seek evidence that communities know who the senior leaders are, or where to find this information should they be interested to find out.

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Legal Obligations, Policy, and Guidance

Oversight of our Legal Obligations

Healthcare Improvement Scotland – Community Engagement (HIS-CE) has a legal duty to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement, including quality assurance of changes proposed by Integration Joint Boards (IJB) and in primary and community health services.

The ACHSCP will routinely liaise and seek advice from HIS-CE at an early stage for advice and support when considering any engagement work.

The CI and HIS use the "Joint Inspection of Adult Services Integration and Outcomes: Quality Improvement Framework" to help assist in, amongst other things, the quality of engagement work within HSCP's.

"This jointly produced quality improvement framework is designed to support health and social care partnerships (HSCPs) to improve integrated health and social care services for adults. It is focused on people's outcomes and experiences and how the HSCP is working to deliver seamless services that achieve good outcomes." [13]

The CI and HIS produce a joint inspection report on integration and outcomes, which is made publicly available and goes before Scottish government ministers.

For any identified areas for improvement in those reports, HSCP's are expected to produce an improvement plan. In those circumstances the CI's Link Inspector would meet with senior leaders regularly and provide support in reviewing the inspection improvement plan.

Please note: additional information and resources relating to our legal obligations, policy, and guidance in respect of community engagement are available in **Appendix 1**

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[13] Taken from page 3. of 'Joint Inspection of Adult Services Integration and Outcomes: Quality Improvement Framework'

Human Rights and Equalities

"*The Equality Act 2010 and Human Rights Act 1998 should be considered as early as possible to help identify people and groups who should be involved, as well as highlight any potential barriers or imbalance of power that may need to be considered*".[14]

Participation is a key element of a Human Rights based approach, which requires that people be supported to be active citizens and that they engage in decisions that affect their lives.

The PANEL Principles

'The Panel Principles' are a set of five principles from the Scottish Human Rights Commission (SHRC) which guide a human rights-based approach in policies and practices.

"*Taking a human rights-based approach is about making sure that people's rights are put at the very centre of policies and practices. The PANEL principles are one way of breaking down what this means in practice. These are: Participation, Accountability, Non-Discrimination, Empowerment and Legality.*" [15]

1. **Participation:** People should be involved in decisions that affect their rights.
2. **Accountability:** There should be monitoring of how people's rights could be affected, as well as remedies when things go wrong.
3. **Non-Discrimination and Equality:** All forms of discrimination must be prohibited, prevented, and eliminated. People who face the biggest barriers to realising their rights should be prioritised.
4. **Empowerment:** Everyone should understand their rights and be supported to take part in developing policy and practices which affect their lives.
5. **Legality:** Approaches should be based on the legal rights that are set out in domestic and international laws."

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[14] Taken from p.19., "Planning with People: Community engagement and participation guidance" (2023).

[15] Taken from https://www.scottishhumanrights.com/projects-and-programmes/human-rights-based-approach/

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Human Rights and Equalities

Integrated Impact assessment (IIA)

At an early stage, for any engagement activity, we consider the impact on peoples Human Rights when making strategic decisions (i.e. when creating, redesigning, or decommissioning services). The IIA helps ensure we will take a human rights-based approach in our engagement activities.

To ensure we meet our obligations, an IIA. (insert link) should be completed at an early stage and submitted to the ACHSCP's 'DiverCity Officers Network' (insert link) for review and support to make any necessary changes.

By competing the IIA, we will be considering:

1. Protected Characteristics, [16]
2. The Fairer Scotland Duty, [17]
3. Health inequalities, [18]
4. Human Rights, [19] and.
5. The United Nations Convention on the Rights of the Child [20](UNCRC).

With the completion of an IIA, we can be certain that the ACHSCP is meeting its legal and ethical duties in respect of equalities and human rights.

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[16] Link from https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics
[17] Link from https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/
[18] Link from https://www.healthscotland.scot/health-inequalities/what-are-health-inequalities
[19] Link from https://www.scottishhumanrights.com/your-rights/human-rights-in-scotland/
[20] Link from https://www.parliament.scot/bills-and-laws/bills/united-nations-convention-on-the-rights-of-the-child-incorporation-scotland-bill

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Data Protection

Data Protection Impact Assessment (DPIA)

A DPIA Screening Questionnaire must be completed before gathering information deemed necessary for engagement activities. Depending on the range/ depth of information required, there will then be a need to complete either a:

- − 'Data Protection checklist,' or,
- − 'Brief Data Protection Impact Assessment' (DPIA) or.
- − 'Full DPIA.'

Please note: For community-based organisations and charities out with the ACHSCP, a DPIA may not be required. Information regarding the need for DPIA's can be found on the Scottish Government website here. Templates for a DPIA can be found on the Information Commissioners Office here.

Privacy Notices

A Privacy Notice is how we tell people how we are managing the information they share.

When we complete a DPIA for a project, and decided how we will gather the necessary data, the next step is to complete the Privacy Notice – these must accompany, for e.g. an online questionnaire hosted on Citizen Space.

Aberdeen City Councils Data Protection Officer, who works withing the "Customer - Data and Insights" team can provide, where necessary, further information and support for the completion of these.

All documents and guidance for DPIA's and Privacy Notices within ACHSCP can be found here.

Out with the ACHSCP, guidance and documentation relating to DPIA's and Privacy Notices can be found on the Information Commissioner's Office (ICO) website here and here respectively.

It is important to note: within the ACHSCP, the use of '3rd party software', such as Microsoft Forms or Eventbrite, are not recommended when gathering information from the public. To ensure we manage such information safely and effectively we must use Citizen Space.

The Benefits of Effective Engagement

By using the steps outlined in the "Planning and Delivery of Community Engagement" section in our engagement activities, and in the spirit of both the ACHSCP values and the 'National Standards for Community Engagement,' we will derive benefits.

"*Evidence shows that when…(people)… are involved, decisions are better, health and health outcomes improve, and resources are allocated more efficiently.*" [21]

Effective, ongoing engagement brings many benefits, including:

− Organisations hear innovative ideas and understand all the issues for communities, creating opportunities to identify sustainable solutions to service challenges.

− Communities, especially vulnerable and seldom-reached groups, are connected and engaged with services, improving access to care services and health outcomes.

− Improved public confidence and less resistance to change due to better understanding of the reasons for change.

− Reduced risk of legal challenge resulting from concern about the process of engagement [22]

> Please invest time in relationships and let us develop good working practices with consistency

> Talk to us - and talk to us early. Don't make decisions and then get it approved by us. Communities have knowledge and skills to know what's best for us. We're the local experts about our places.

Quotes taken from training delivered by the SCDC (Scottish Community Development Centre), which was organised by Community Planning Aberdeen for community members and professional groups in early 2023.

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[21] Taken from https://www.kingsfund.org.uk/insight-and-analysis/reports/people-control-own-health-care
[22] Tane from p10. of *Planning with People - Community engagement and participation guidance* (2023)

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How we value lived experience

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Maya Angelou

One way in which we value lived experience is in respect of the ACHSCP organisational values of honesty, transparency, respect, equity, and empathy. They guide how all ACHSCP colleagues will work and interact with individuals, groups, communities, and stakeholders in all aspects of our engagement work.

The ACHSCP recognises and respects that importance of peoples lived experiences. The unique insights, ideas, and questions they bring to discussions in the issues they are expert in are vitally important for the Partnership to make robust, effective decisions.

Communication – regular, open, and honest communication is a key ingredient for effective engagement. Regardless of the level, or stage of engagement the Partnership will ensure that the information it provides is relevant, clear, timely and in a format, or language, which is needed by anyone involved in our engagement activities.

Renumeration – recently published guidance on paying people who are contributing their time to participatory activity is being actively reviewed and considered by the ACHSCP.

Learning, Development and Support

It is important to recognise the sometimes-sensitive nature of the issues being discussed with communities and colleagues when there are services being commissioned, decommissioned, and redesigned.

The ACHSCP values will guide our interactions both with colleagues and the public.

| Honesty | Empathy | Equity | Respect | Transparency |

When working with the public it is important that **colleagues** have support in the following areas of learning and development:

- **Adult Support and Protection**
- **Child Support and Protection**
    - o Both above are a requirement for everyone working within ACHSCP and can be accessed here: https://learn.aberdeencity.gov.uk/login/index.php
- Being **'Trauma Informed'** working. It is recommended that all AHSCP colleagues have accessed and completed the TURAS National Trauma Training Programme (NTTP) and completed the 'Informed' level of training. https://learn.nes.nhs.scot/37898
- Where needed, to become competent in the use of Citizen Space. The ACHSCP 'Development Officer – consultation and engagement' can support this as and when required.
- Bespoke **training, delivered by HIS-CE**, can be arranged on an ad-hoc basis. Training from HIS-CE can cover for e.g., (1) Duties and Responsibilities; (2) the planning of engagement activities and (3) the evaluation process in respect of engagement activities.
    - o The HIS-CE website hosts many easily accessible learning resources which describe all aspects of community engagement. https://www.hisengage.scot/equipping-professionals/

It is also important to consider the need for ACHSCP colleagues to be equipped to collaborate with people who could be considered vulnerable, or at risk of harm. For example, when collaborating with people who have been through an Adult Support and Protection process, or when collaborating with people who have experienced trauma. In such instances, colleagues should be…

- **PVG registered** when working with groups who could be considered at risk of harm, it is advised that ACHSCP colleagues are PVG (Protection of Vulnerable Groups scheme) registered. In circumstances where colleagues are not PVG registered and must collaborate with people at risk of harm, they should be supported by a team member who does have this registration.

If there are any concerns regarding the planning, delivery, evaluation and/ or self-assessment of engagement activities, ACHSCP colleagues can call upon the Development Officer – Consultation and Engagement' for advice, information, and operational support.

To help support the above, the 'Development Officer – Consultation and Engagement' will curate the links within this document on a quarterly basis to ensure they are up to date.

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Appendix 1

Legal Obligations, Policy, and **Guidance**

Planning with People – Community Engagement and Participation Guidance (2023) – "*sets out how members of the public can expect to be engaged by NHS Boards, Integration Joint Boards and Local Authorities. the guidance is designed to complement and strengthen organisations' existing engagement strategies.*" [23]

The Quality Framework for community engagement and participation – is designed to support self-evaluation, quality assurance and improvement activity in relation to routine engagement, specific engagement activities (such as service change) and, organisations' governance systems for community engagement activity.

The National standards for community engagement – are good-practice principles designed to improve and guide the process of community engagement.

The Charter for Involvement – was written by the National Involvement Network - a group of people who receive support from different social care organisations across Scotland. It explains how people who use support services want to be involved and details twelve statements to improve involvement practice.

Community Planning Aberdeen's Community empowerment strategy 2023-26: - "*provides a framework to guide how we work together in innovative ways for the benefits of our communities through engagement, participation and empowerment*".[24]

Health and Social Care Standards (H&SCS) – both Healthcare Improvement Scotland (HIS) and Care Inspectorate (CI) use the H&SCS to assess services. The ACHSCP will uphold "*the rights of people to be involved in decision-making regarding the provision of care underpin the joint standards, which also require people to be supported to participate fully*."[25]

Grampian Engagement Standards – the Grampian Engagement Network (GEN) (which is hosted by NHSG, and now includes 40 members e.g., Community Planning Aberdeen, Aberdeenshire and Moray Council's and Aberdeenshire's and Moray's Health and Social Care Partnerships) co-created the 'Charter for Engagement.' The Charter can be used as a benchmark for effective engagement as it has been developed locally and considers: National Standards of Community Engagement, Scottish Approach to Service Design, and "Planning with People: Community engagement and participation guidance."

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[23] Taken from p.5 of 'Planning with People – Community Engagement and Participation Guidance' (2023)
[24] Taken from p.3 of Community Planning Aberdeen's 'Community Empowerment Strategy 2023-2025'
[25] https://www.gov.scot/publications/planning-people-community-engagement-participation-guidance/pages/2/

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Appendix 1

Legal Obligations, Policy, and Guidance

Major Service Change

"*NHS boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run.* " [26]

"*HIS-CE will not provide a view on whether a change is considered major if a decision on the proposals will be made by an **Integration Joint Board (IJB**); as the major service change decision-making process applies only to NHS boards. However, this guidance can also be used by IJBs when considering the potential impact on people and communities of any proposed changes to delegated health services.*" [27]

HIS-CE's 'Service Change Team' can provide advice on using the "Guidance on identifying major health service changes"[29] to help support IJB's and Health Boards to identify whether a service change would be deemed as 'major'.

The following is a summary of the areas that will be considered to help identify if a service change is 'major.' A more detailed breakdown can be found in HIS-CE's Guidance and on their website.[28]

1. Impact on patients and carers
2. Change in the accessibility of services.
3. Emergency or unscheduled care services
4. Public or political concern
5. Alignment with national policies or professional recommendations
6. Change in the method of service delivery.
7. Financial implications
8. Consequences for other services

As with any engagement activity within the ACHSCP, we will contact HIS-CE at the earliest possible stage. We will seek their advice and support on all aspects of the subsequent planning, roll-out and evaluation of the required engagement work.

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[26] Taken from p.4 of HIS-CE's (March 2023) "Guidance on identifying major health service changes" which cites: the National Health Service Reform (Scotland) Act 2004, section 7 and the Public Bodies (Joint Working) (Scotland) Act 2014 and Planning and delivering integrated health and social care: guidance

[27] Taken from p.4 of HIS-CE's (March 2023) "Guidance on identifying major health service changes"

[28] https://www.hisengage.scot/service-change/resources/identifying-major-service-change/

Appendix 1

Legal Obligations, Policy, and **Guidance**

Temporary Arrangements and Emergency Situations

"It is essential that all planned service change or design, **including temporary arrangements**, must be communicated clearly, and demonstrably influence engagement at the earliest opportunity, to the people who may be affected by the proposal." [29]

Community Engagement may need to take place at short notice, because of, for example.

- Infection prevention and control measures (environmental concern, outbreak of infection/virus, either within a limited or confined space such as a ward or wider community outbreak)
- Interim changes, because of staffing pressures that could impact on service delivery.

Any emergency or temporary engagements should follow the guidance within section 5.2, p28., of "Planning with People," i.e.,

Understand the impact: Identify those people who currently use, or could potentially use, the service(s) that have undergone urgent change and ask them about potential impacts and potential mitigations moving forward.

Communicate clearly: Ensure that communications are clear, transparent, and accessible, and include information on how to access services and the support available.

Use feedback: Seek on-going feedback from people and communities on the interim and urgent changes and consider how this can be used to inform current practice and future service design.

Agree the approach: ACHSCP Colleagues should contact Healthcare Improvement Scotland – Community Engagement (HIS-CE) to discuss our approach in such circumstances.

The 'Planning with People' guidance recognises the need to make temporary changes, but there is an expectation of further engagement if permanent changes are to be made.

In responding to emergency situations and 'temporary arrangements,' the steps outlined on pages 7 – 9 of this document (the engagement cycle), remain as a starting point for ACHSCP engagement activities.

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[29] Taken from page 11, section 3.1 of' Planning with People - Community engagement and participation guidance' (2023)

Appendix 1

Legal Obligations – case law.

McHattie v South Ayrshire Judicial Review[30] – this case centred on the closure of The Kyle Centre day care service. It was found to be lacking for an Equalities Impact Assessment (EQIA) and as such, a breach of the local authority public sector duty, and around the specific duties under the 2010 Equality Act.
In this case, Lord Boyd also found the consultation to be lacking.
This case has also been highlighted by the Equality and Human Rights Commission (EHRC)[31]

There was a similar case brought in the Borders around Hawick day care centre.[32]

Appendix 2

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[30] . See https://scotcourts.gov.uk/docs/default-source/cos-general-docs/pdf-docs-for-opinions/2020csoh004.pdf?sfvrsn=0
[31] See https://www.equalityhumanrights.com/sites/default/files/mchattie_v_south_ayrshire_council.docx
[32] See https://www.scotcourts.gov.uk/docs/default-source/cos-general-docs/pdf-docs-for-opinions/2022csoh68.pdf?sfvrsn=261fb57a_1

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Useful Resources

An overview of the Planning with People guidance in relation to service change/ redesign: The engagement process for service change | HIS Engage

Integrating service change and impact assessment: HIS-CE document includes a useful flowchart that takes account of new guidance and policy: Integrating service change and impact assessment | HIS Engage

Animations that can be used to explain key stages of the engagement process to stakeholders: Animations | HIS Engage

Person-centred design is being embedded across the public sector in Scotland. Information on the design of person centred services for housing social care and health can be found here: Person-centred service design | HIS Engage

There are many tools that can be used art each stage of the engagement design process. This directory indexes the tools and allies them with each design stage: Tool Directory | HIS Engage.

Case Studies which link the value of engagement with Service Design approaches can be found here: Service Design | HIS Engage.

To help consider the needs of the people we work with in our engagement activities, HIS-CE have produced a useful resource: Ethical engagement cards | HIS Engage.

The Health and Social Care Alliance Scotland published a report in 2022 that looked at the best practice, challenges, and opportunities when engaging with people. It looks at both the value that people can bring to engagement work, and how organisations can acknowledge that value.

That report can be found here: https://www.alliance-scotland.org.uk/blog/news/new-report-engaging-people-with-lived-experience/

The Scottish Coproduction Network have a 'resource hub' which provides useful information in respect of working with and valuing: vulnerable groups, peer groups neurodivergent people and younger people. It explores paying participant expenses and the ethical consideration we need to make in all our engagement activities.[33]

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[33] https://www.coproductionscotland.org.uk/

Many thanks for reviewing and suggesting amendments to earlier versions of this document to…

- Healthcare Improvement Scotland – Community Engagement
- The Scottish Community Development Centre
- Moray Health and Social Care Partnership
- Aberdeenshire Health and Social Care Partnership
- The Care Inspectorate
- NHSG Public Involvement Team
- ACHSCP colleagues
- Aberdeen City Councils Customer - Data Insights team.
- Aberdeen City Councils Customer – Early Intervention and Empowerment team.

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If you want and more information about this document, or if you require it in a different format, please contact:

Aberdeen Health and Social Care Partnership,

Marischal College,

Broad Street,

Aberdeen, AB10 1AB

Email: ACHSCPEngagement@aberdeencity.gov.uk

Website: https://www.aberdeencityhscp.scot/home

X/ Twitter: https://twitter.com/HSCAberdeen/status/1499756723057344521

Facebook: https://www.facebook.com/AberdeencityHSCP/

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