

**Subject:** **Participation and Engagement Strategy**

**Purpose:** For the IJB to note the process of participation and engagement with stakeholders which has informed the draft NAHSCP Participation and Engagement Strategy.

**Recommendation:** That the IJB :  
- Approve the Participation and Engagement Strategy

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
NAHSCP	North Ayrshire Health and Social Care Partnership (The Partnership)
Co-production	'Co-production is about combining our mutual strengths and capacities so that we can work with one another on an equal basis to achieve positive change' - Scottish Community Development Centre

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The North Ayrshire Integration Scheme sets out how NHS Ayrshire and Arran and North Ayrshire Council will work together to deliver health and social care services. Section nine outlines our commitment to participation and engagement and requires the development of a Participation and Engagement Strategy.
1.2	The Partnership recognises that effective participation and engagement will be an important foundation for the success of the Partnership. Successful participation and engagement will ensure that all stakeholders will have meaningful input to the way services are planned and provided and will create the framework within which the vision for co-production can be delivered.
<b>2.</b>	<b>BACKGROUND</b>
2.1	The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board to produce a Participation and Engagement Strategy to ensure that there is effective engagement with all communities and partners, in order to ensure that services are 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 are involved in the provision of health or social care.

2.2	<p>After an external review of engagement structures by Community Renewal, on the 17 September 2015, the IJB agreed to support a move towards a more dynamic and focussed approach to engagement where our citizens can choose to work collaboratively with us on issues and services that are of significance to them, this included:</p> <ul style="list-style-type: none"> <li>• Developing Locality Planning Forums</li> <li>• Developing an engagement calendar</li> <li>• Working more closely with existing engagement networks</li> <li>• Undertaking “Velcro partnerships” (small working groups) for specific engagement</li> </ul>
2.3	<p>Since then the Partnership have made considerable progress in our approach to participation and engagement including, the establishment of Locality Planning Forums with local priorities and locality engagement events. A calendar on engagement for all stakeholders and made clear links with other engagement partners including the Community Planning Partnership.</p> <p>We have undertaken a number of events to engage in a different way with local people, these have included our Mental Health Participatory Budget events and What Matters To You Day (2017 and 2018) which has captured the views of 3500 local people. Peer researchers have been trained and supported to reach marginalised groups and a Volunteering Strategy has been developed to support the growth of volunteering throughout the Partnership.</p> <p>Engagement and participation of staff has taken place through the organisational and development change process.</p> <p>The Partnership is committed to further developing the role of LPFs as conduits for community engagement and are about to commence a pilot to further enhance locality engagement through the development of engagement and communication volunteer roles.</p>
2.4	<p>As the partnership has developed, we have continued to expand the range of methods of communication. This has included the development of the @NAHS CP twitter profile, the NAHS CP webpage and the development of a range of communication and engagement networks to ensure a far wider reach. The engagement around the NAHS CP Strategic Plan in 2018 had a far wider reach and range of communication and engagement than the previous strategic plan engagement – as described at Appendix Two.</p>
2.5	<p>In June 2017, we established the Engagement Development Group with a range of local and national representatives (see Appendix Three) from a range of sectors including the public, independent and third sector. The purpose of this group was to continue to build on the participation and engagement structures already in place as well as ensure that we, as a Health and Social Care Partnership, engage with our stakeholders purposefully and meaningfully. The group also added a level of scrutiny and accountability in relation to participation and engagement. The first task of the group was to design and develop a comprehensive participation and engagement strategy which will be the foundation of our future engagement work.</p>
2.6	<p>The Engagement Development Group has met 9 times over the last 18 months to help further develop and challenge our plans for engagement and assist with the design of our Participation and Engagement Strategy. In addition, the Strategy has been circulated and discussed with the Strategic Planning Group and wider representatives,</p>

	to ensure it provides a clear framework for participation and engagement of our stakeholders.
2.7	The Partnership undertook 6 weeks on consultation from 3 July 2018 to 17 August 2018 with feedback from 18 different individuals. It was noted this Strategy had been developed overtime and along with the Engagement and Development Group and therefore a large response was not expected. At its meeting on the 16 August the IJB requested a 2 week extension for the consultation closing on 31 August. No further responses have been received and the collation of responses is filed under appendix 4 – You said – We did and the Participation and Engagement Strategy amended accordingly.
<b>3.</b>	<b>PROPOSALS</b>
3.1	That the IJB notes and approves The Participation and Engagement Strategy (included in Appendix One).
3.3	<b><u>Anticipated Outcomes</u></b>
	The North Ayrshire Health and Social Care Partnership Participation and Engagement Strategy will help improve outcomes for local people by ensuring effective engagement with all stakeholders and partners, in order to ensure that services are planned and led locally in a way which is engaged with the community.
3.4	<b><u>Measuring Impact</u></b>
	<p>The implementation of the North Ayrshire Health and Social Care Partnership Participation and Engagement Strategy and how we are engaging with all our stakeholders, including, local communities, people who use our services, their carers and families and people who are involved in the provision of health or social care, will be reported every year through North Ayrshire Health and Social Care Partnership's Annual Performance Report.</p> <p>In addition, each significant piece of engagement will be reviewed to ensure we develop and learn in accordance with the needs of local people and informs our future strategies.</p>
<b>4.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	In order to effectively engage with a wide range of stakeholders, across a range of methods, we will incur small but on-going costs in order to purchase the appropriate resources.
<b>Human Resources:</b>	As one of our stakeholders, staff will be included in the planning and design of local services.
<b>Legal:</b>	In undertaking this strategy, the Partnership will meet its requirements in terms of the Public Bodies (Joint Working) (Scotland) Act 2014.
<b>Equality:</b>	This proposal will create the opportunities for service users, carers and the public to have a greater say in how services are developed to meet the needs of all communities, ensuring a reduction in inequalities.

<b>Children and Young People</b>	This proposal will create the opportunities for children and young people to have a greater say in how services are developed.
<b>Environmental &amp; Sustainability:</b>	There are no environmental and sustainability implications
<b>Key Priorities:</b>	This proposal will enable the IJB to further progress work under its key priority; engaging communities
<b>Risk Implications:</b>	True participation and engagement should help reduce risks to the organisation in terms of planning for local services. However, it is recognised that at times, despite the outcomes of engagement, we cannot undertake the findings of the activity.
<b>Community Benefits:</b>	This is not applicable.

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction to :-</b>	
	1. No Direction Required	x
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>5.</b>	<b>CONSULTATION</b>
5.1	<p>This Participation and Engagement Strategy was developed in partnership the Engagement Development Group who were keen to avoid writing a strategy with little input from stakeholders. As a result, the development of this strategy had been achieved over some time to ensure comprehensive input from partners.</p> <p>A public consultation ran for 8 weeks between July and August 2018. By this time, the strategy had already been amended 17 times as a result of our engagement with a wide range of stakeholders. Therefore it was expected that only a small number of people would take the opportunity to feedback at this stage. Copies of the draft strategy, including feedback questionnaires were made available in every local library and on our website. This was promoted via our usual channels and networks. It is worth noting that this was not a formal consultation as such, rather an added method to further improve the strategy.</p> <p>In addition, consultation was undertaken with the Strategic Planning Group, including Locality Planning Forum representatives and specific feedback from Dr Audrey Sutton, Head of Service (Connected Communities).</p> <p>Feedback focused on removing some of the jargon and making the strategy more reader friendly. This has resulted in the language being altered to ensure a more easily digestible strategy document. More specific comments were made in relation to engagement and these will be addressed individually in the post-consultation report. Encouragingly, when asked if the strategy would help ensure that people were more involved in decision making 80% of respondents agreed that it would.</p>
<b>6.</b>	<b>CONCLUSION</b>
6.1	We have undertaken considerable development of our approach to participation and engagement. As part of this journey we have worked with a range of local and national engagement representatives to develop our Participation and Engagement Strategy.

	However, we recognise that effective participation and engagement requires continual review and evaluation to ensure it develops in line with needs of our stakeholders.
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Appendix one

North Ayrshire  
Health and Social Care Partnership



# Doing what matters, together

Participation and Engagement Strategy  
2018-2021

In partnership with

## Document Control

<b>Document Name</b>	Participation and Engagement Strategy
<b>Directorate</b>	Partnership
<b>Prepared by:</b>	Annie Robertson
<b>Authorised by:</b>	Michelle Sutherland
<b>Other documents referenced</b>	Participation and Engagement Toolkit Participation and Engagement Framework Participation and Engagement Action Plan Volunteer Policy
<b>Related documents</b>	North Ayrshire Health and Social Care Partnership - Communications Strategy

## Version Control

<b>Version Number</b>	<b>Date Issued</b>	<b>Author</b>	<b>Update Information</b>
v0.18	22/5/2018	Annie Robertson	Draft version for consultation
V1.0	04/09/18	Annie Robertson	Update from feedback for consultation

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## 1. Who are we and what do we do?

North Ayrshire Health and Social Care Partnership (the Partnership) provides community-based health and social care services for people throughout their life: from birth through childhood, teenage years and adulthood.

Our services areas include:

- Adult health and community care services
- Children, families and justice services
- Mental health, learning disability and addictions services

Our teams include: allied health professionals (dietitians, physiotherapists, occupational therapists, speech and language therapists), addictions, care at home, care homes, child immunisation, community alarm and digital health, community link workers, money matters, nurses (including specialist nurses), psychologists and psychiatrists, social workers (across all age groups), residential child care and volunteers.

In addition, Dentists, GPs, optometrists and pharmacists (primary care professionals) work hand-in-hand with us. We also work closely with local councillors, Housing Services, NHS Acute Hospitals, Police Scotland and many others.

We want to ensure people in North Ayrshire can contact the right health and social care professional, at the right time. We work together to provide high quality, safe and sustainable care, as seamlessly as possible.

*Our vision is that all people who live in North Ayrshire are able to have a safe, healthy and active lifestyle.*

The work we do focuses on five key priorities to help us reach our vision:

- Tackling inequalities
- Engaging communities
- Early Intervention and Prevention
- Bringing services together
- Mental health and wellbeing

You can find out further information about our priorities in our Strategic Plan and how well we are achieving them in our Annual Performance Reports.

## 2. Our Participation and Engagement Strategy

North Ayrshire Health and Social Care Partnership understand that meaningful participation and engagement is an important part of enabling healthier and more empowered communities. Since the Partnership began (2015), we have worked hard to evaluate how we engage (talking, listening and working) with you and our local communities.

This Participation and Engagement Strategy (the strategy) outlines the range of ways we will meaningfully involve our **stakeholders**, particularly including people who may access services, unpaid carers and families and the staff and volunteers who are involved in the provision of health or social care across all sectors including public, third and independent sectors to help improve health and wellbeing outcomes for local people.

We will use 5 key type of participation and engagement; inform, consult\*, involve, collaborate and empower (co-produce), through four key levels of engagement; individual, local, strategic and national to ensure we engage effectively and consistently. This will ensure your ideas and opinions have helped us to define, plan, design and deliver services and supports in our local communities.

We plan to build on our current approaches and what is working well. Over the next three years we will deliver our Participation and Engagement Strategy working with you, our staff and our key partners. Our Participation and Engagement Strategy seeks to:

- Work with the assets and strengths within our communities to enable them to identify and address local priorities;
- Involve individual and community stakeholders in the defining, planning, design and delivery of services and supports in our local communities;
- Support consultation, engagement and participation in localities, contributing effectively to other consultation activity and local plans across the Community Planning Partnership;
- Undertake a tailored and inclusive approach to participation and engagement by using a variety of methods;
- Ensure consultation, engagement and participation activity provides opportunities for everyone to take part including areas of inequalities, deprivation and/or communities of interest;
- Recognise that all health, social care and partner staff have a key role in promoting, supporting and taking part in stakeholder involvement as part of their work.
- Support the cultural change required to achieve co-production, by developing and improving relationships with local people and communities.

### 3. The types of participation and engagement activities

Participation and engagement covers a range of activities whose wording is often confusing and misleading. For the purpose of this strategy we will use the definitions provided by the International Association of Public Participation (IAP2) to help clarify the range and **types of participation and engagement** activities we will undertake. Please note these **types of participation and engagement** are not linear and any participation and engagement activity may use more than one **type of participation and engagement**.

	Inform	Consult*	Involve	Collaborate	Empower
	Co-production				
Public participation Goal	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
Promise to the public	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

\* We will undertake all consultation in line with guidelines from our partners in North Ayrshire Community Planning Partnership.

We will use a range of appropriate methods to engage with stakeholders depending on the activity, message and the audience. These will be further detailed in our [Participation and Engagement Toolkit](#).

## 4. Our approach to participation and engagement

To achieve meaningful participation and engagement across the partnership, we recognise four key **levels of involvement** at individual, local, strategic and national levels to ensure people are involved as widely as possible including people from groups organisations often find hard to reach:

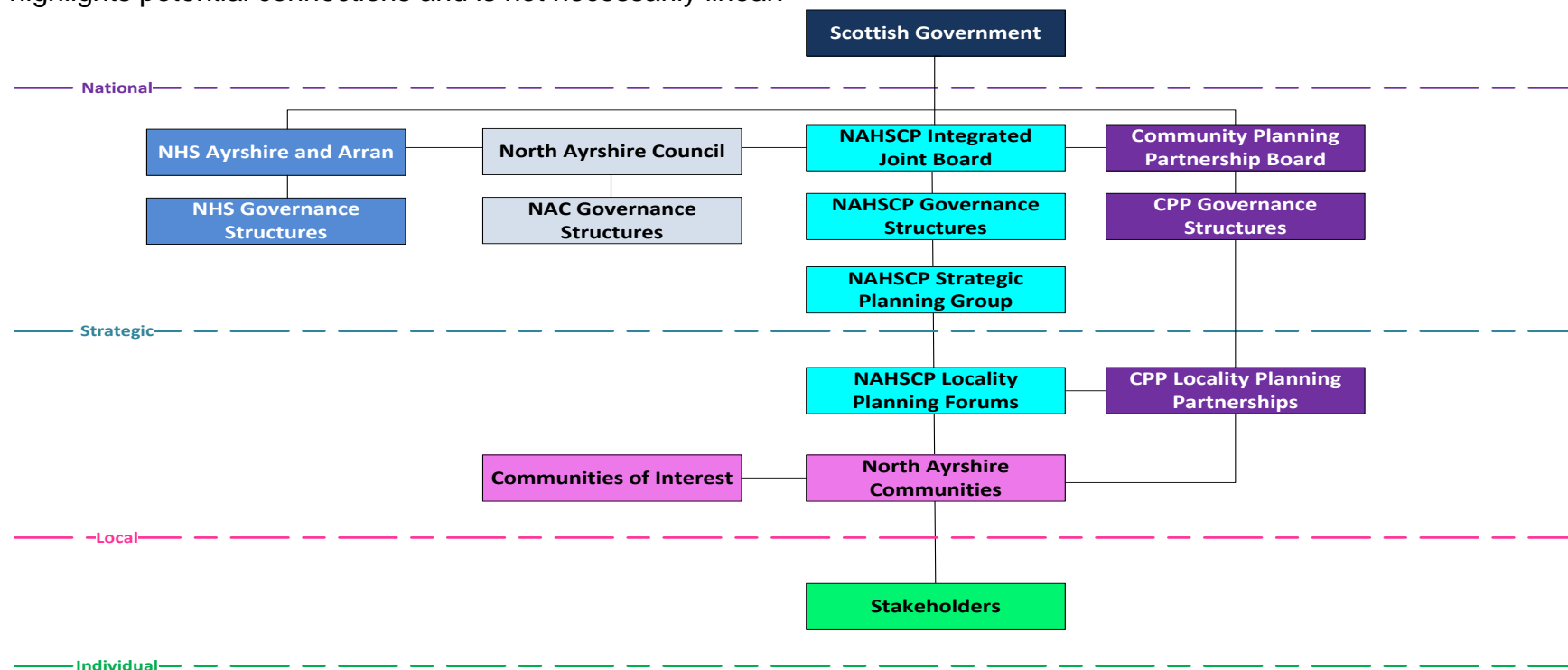
- **Individual** – Enable people to be fully involved in decisions about their care and support and are empowered to feed back about the services they receive in order to inform on-going improvement
- **Local** – Ensure communities, including communities of interest (which may cover multiple localities), are involved in active dialogue with locality planning and support communities to identify and inform local health and care priorities.
- **Strategic** – Enable stakeholders to contribute to the setting of strategic direction, organisational policy and governance through engagement or stakeholder representation in strategic groups, such as the Integration Joint Board or Strategic Planning Group.
- **National** – Enable opportunities for local people to engage in national policy by involving as wide a range of people as possible in order to improve services and drive national policy.

NAHSCP recognise it is ‘everyone’s role’ to promote and support stakeholder involvement. Effective participation and engagement should be on-going, and develop from everyday communication and conversation with all our stakeholders, at all **levels of involvement** and **types of participation and engagement**.

We will continue to develop a range of methods for participation and engagement, where individuals can contribute meaningfully at the level, pace and method that suits them best, in order to promote better health and care outcomes for the people of North Ayrshire. These will be developed in our [Participation and Engagement Toolkit](#).

The Strategic Planning and Transformational Change Team will provide additional support where participation and engagement is at **strategic** or **national** level. Where it is **individual** or **local** level, the Strategic Planning and Transformational Change Team will provide advice and guidance.

A graphic representation of our levels of involvement is outlined below with key participation and engagement structures. Please note this highlights potential connections and is not necessarily linear.



Version 0.3

We will develop a **Participation and Engagement Framework**, this will outline the key groups and structures we will engage with depending on the type of engagement, the stakeholder group and the purpose of engagement, in line with our key principles for participation and engagement.

In addition, we will work more closely with the North Ayrshire Community Planning Partnership to ensure that we operate within the wider context of Community Empowerment. We will ensure we make the most of local engagement by identifying opportunities for joint working with Locality Planning Partnerships to help improve local outcomes for the people of North Ayrshire.

## 5. Key principles for participation and engagement

We will undertake all engagement and participation in line with the National Standards for Community Engagement. However before undertaking participation and engagement – it is important to consider the following key points:

### What type of engagement are you undertaking?

- What is the goal of your participation and engagement?
- What type of engagement do you require to take (are there any statutory provision stipulating how you should engage?)
- What is being asked? (General questions to inform, specific questions to check out)?
- What can or cannot be influenced?
- What other information is required to inform the engagement?

### What stakeholders do you want to engage with?

- Which stakeholder groups/structures do you need to engage with?
- Is the information provided in an accessible format/method for the audience (locations, method, resources)
- Is the language simple and consistent?
- What barriers to engagement could there be and how can you remove them?

### Are the timescale reasonable?

- Are there specific legislative or local requirements for the duration of engagement?
- Stakeholders should be given at least 6-8 weeks' notice of the engagement
- Full and effective engagement should take place for at least 4-6 weeks
- Have you taken account of holiday's periods, etc.?

### How will the engagement activity and outputs be documented?

- Have you got the capacity to respond to the feedback and issues raised?
- A contact should be provided for coordinating the engagement activity and feedback
- You must explain how you will be using the information from the start
- You must document the interaction (There should be a summary of those who attended/responded to each engagement activity, a summary of views and any other significant comments). Where this is strategic or national in nature, this must be sent to the Strategic Planning & Transformational Change Team who have an overarching view of participation and engagement

- How will you publish individual responses and has consent been given to share it?
- Information gathered must comply with General Data Protection Regulations

#### What changes are made due to the engagement and participation?

- What is the decision making process for considering the views of the engagement?
- How will responses be analysed (method)
- How will recommendations be made and accepted? (governance structures)

#### How will the findings of engagement be fed back?

- How and where will feedback be provided?
- A feedback report should be compiled; to inform stakeholders of the outcome of engagement and any changes that are made, explain how views were taken into account and why they couldn't be (you said-we did, you said-we didn't)
- When a decision goes against public opinion the reasons for this decision also need to be clearly communicated – the Communications and Engagement Officer should be notified of any such engagement
- The information should be accessible and in a reasonable time following the end of the engagement activity.

## 6. How we have already engaged

We already have examples of effective stakeholder participation and engagement across many areas of the Partnership.

### **Individual**

Our services regularly review what care and support is provided and how people can be better supported to meet their outcomes and often have focus groups or development sessions to continually improve what they do.

We undertook What Matters to You? Day 2017, where we asked people 'What matters to you about health and social care services gathered the views of over 2500 local people on our health and care services.

### **Local**

We have developed Locality Planning Forums (LPFs) which have identified clear priorities for each of our six locality areas. Our LPFs held 6 local events 'Local Connections, Better Outcomes' around the priorities and improving local networking.

### **Strategic**

We undertook Ayrshire wide consultation and engagement on the development and delivery of our new mental health hospital Woodland View. We have undertaken significant consultation and engagement on our strategic plan supported by our Strategic Planning Group and ratified by our Integrated Joint Board.

### **National**

We have held events for the national conversation on Creating a Healthier Scotland and have held a number of consultation and engagement events on national strategies for instance The Mental Health Strategy and the Carers (Scotland) Act 2016. We gave evidence to the Health and Sport Committee on the extent to which stakeholders are being involved effectively in the work of Health and Care Partnerships.

We will continue to build on existing good practice in order continually improve participation and engagement across the partnership.



## 7. Enhancing our participation and engagement approach

Whilst we acknowledge that we have made good progress with consultation over the last three years, we recognise that our approach to participation and engagement will continue to grow as the Partnership develops.

As a result, we will develop a [Participation and Engagement Action Plan](#) to build robust consultation, participation and engagement approaches, whilst delivering our long-term goal of co-production, where possible. Our action plan highlights the key steps which are required to achieve a level of meaningful engagement across the Partnership across the following **levels of engagement**.

### Individual

- To develop effective feedback loops to ensure that individual and service feedback is represented at an organisational level
- To continue to support What Matters to You Day to ensure the dialogue continues to develop within the organisation
- To develop the website and social media presence to extend the reach of participation and engagement

### Local

- To work more closely with Community Planning Partners to improve Locality Planning and sharing of common goals
- To create Locality Plans incorporating needs, priorities and action plans
- To create locality plan priority reporting, to ensure localities are aware of progress towards priorities

### Strategic

- To develop clearer governance between the Strategic Planning Group and Locality Planning Forums
- To develop clearer links between wider governance groups and structures to ensure more effective engagement
- To capture on-going dialogues for the next strategic plan

### National

- To continue to consultation and engagement on national strategies
- To develop clearer links with the national citizen voice 'hub' and national citizens panels

Each significant piece of engagement will be reviewed to ensure we develop and learn in accordance with the needs of local people and that it informs our future strategies. In addition we will be capture engagement examples for the 'Library of Good Practice'.

We will keep a [participation and engagement register](#) of all engagement undertaken at strategic and national level. The implementation of the North Ayrshire Health and Social Care Partnership (NAHSCP) Participation and Engagement Strategy and how we are engaging with all our stakeholders, including, our partners, local communities, people who use our services, their carers and families and people who are involved in the provision of health or social care, will be reported every year through North Ayrshire Health and Social Care Partnership's performance report.

Each significant piece of engagement will be reviewed to ensure we develop and learn in accordance with the needs of local people and that it informs our future strategies. In addition, we have devised nine actions to ensure that we, as a Partnership are engaging with people as well as we can be.

### **Locality focus**

Our six Locality Planning Forums (LPFs) will provide a direct link between communities and NAHSCP. Therefore, they will be central to any future engagement with communities. Our LPFs will work alongside the Locality Planning Partnerships and in time, provide an on-going opportunity for communities to have their say on health and social care matters within their locality.

### **Engagement Audit**

An Engagement Audit tool will be developed to support the Partnership, organisations, individuals and groups to measure where they are on an engagement scale, based on the National Community Engagement Standards. The Engagement Audit will provide a helpful marker when we evaluate the impact of our engagement in the future. The audit will also serve to raise awareness of the National Community Engagement Standards.

### **Engagement Pathway**

An easy to read engagement pathway will enable local people, our stakeholders and ourselves to identify the process for engagement and involvement – such as what happens to someone's views once they are shared, or where someone's suggestion goes to and also who is responsible for taking it forward. This in turn provides the transparency and accessibility necessary for effective and meaningful participation and engagement.

### **Engagement Development Group**

This steering group would be working towards a long term goal of co-production in North Ayrshire, with a wide ranging and inclusive membership. The group will initially focus on our engagement agenda. However, the long term aim of the group would be to drive a long term co-production agenda within NAHSCP. This group meets every six weeks and ensures that the Partnership is held accountable for participation and engagement efforts. It should not attempt to be an accurate representation of the people of North Ayrshire, but rather a voice for all.

### **Capacity Building**

Design and deliver effective workshops, which will provide our staff and partners with a comprehensive understanding of engagement and our desired journey towards co-production.

### **Vision for Co-production**

The partnership will adopt a clear, long-term vision for co-production. Setting out goals and key milestones, aiming to ensure NAHSCP adopts co-production approaches across all work streams. This is something which should be communicated to people at an early stage and involve all sections of the partnership.

### **Volunteer Policy**

A clear and robust volunteer policy will be developed, detailing how expenses should be paid, how much should be paid, the training that should be provided for volunteers and opportunities for further engagement. Those who volunteer their time and engage with NAHSCP should feel appreciated and should not be out of pocket for doing so. In addition, a Volunteering Strategy for North Ayrshire is being developed, recognising best practice for engaging, supporting and resourcing volunteers. This will be linked to in our [Participation and Engagement Toolkit](#).

### **Library of Good Practice**

Recognising some of the great examples of engagement, co-design and co-production which already exists within NAHSCP, a collection of good practice examples will be compiled and shared to facilitate learning.

### **Align Our Work to the National Community Engagement Standards**

Inclusion, Support, Planning, Working Together, Methods, Communication and Impact. However, we will also recognise the principles of co-production: Assets, Facilitating rather than delivering, Reciprocity and mutuality, Peer support networks, Blurring roles, Building on people's existing capabilities.

## 8. Participation and engagement for all

We have both a moral and legal duty to ensure that everyone in our communities, has the opportunity to be involved in engagement should they wish to and that some might face particular barriers.

We will, wherever possible, undertake an inclusive approach to participation and engagement by providing information in a range of accessible formats and using plain English to reduce barriers around language. In addition, where language is unavoidably technical or complex we will provide explanations or diagrams to help promote understanding.

We will try to ensure we reduce everyday barriers to meaningfully involve our communities, particularly people who may access services, unpaid carers and families and the staff and volunteers who are involved in the provision of health or social care across all sectors including public, third and independent sectors. This will include considering travel and the cost of participation, how to support people with caring or other roles to participate, the time and day when we undertake engagement, ensuring adequate time, notice and support to undertake meaningful engagement and using a range of engagement methods and tools, ranging from local networks, to social media, to one-to-one opportunities for individual feedback.

We will provide specific focus to those whose voices who are not always heard or organisations find hard to reach for instance people with protected characteristics and those who may face barriers e.g. unpaid carers, homeless people, people and families affected by addiction. We will provide people with an equal opportunity to participate in things which will affect them, because health and social care involves everyone at some time or other, it is crucial for us to involve as many different communities as possible<sup>1</sup>.

We will use participation and engagement processes that are in line with the type, scale and pace of what we are doing. This means that often we will engage differently depending on what we are doing, who we want to involve and what we are trying to achieve.

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<sup>1</sup> <https://www.shapingourlives.org.uk/documents/BTUSReport.pdf>

## 9. Communication and engagement – a joined up approach

Effective messages and ways of communicating these messages plays a significant role in making sure we are engaging meaningfully with our stakeholders and communities. We don't use a 'one size fits all' approach. We use a wide variety of communication methods.

The Partnership must communicate effectively to enable joint working with the residents of North Ayrshire. It is vital that we communicate as clearly and as often as possible, enabling a two-way communication process. It is important for us to listen. It is important for us to share what we are doing and create an ongoing conversation with people who access our services and their carers.

The Partnership communication objectives are to:

- Ensure the organisation informs and involves staff, local people and communities and other key stakeholders before, during and after changes and improvements to services
- Publicise opportunities for engagement and involvement
- Provide information for key audiences in a format appropriate for their needs
- Identify key organisational messages and appropriate channels
- Ensure staff and other key stakeholders are aware of the objectives of the organisations, services etc. and their roles, if any, in achieving them
- Reassure stakeholders of continuity of care and improving quality of service
- Feedback the outcome of any consultation, participation or engagement in a way that is accessible to everyone

The key principles of our communication:

- Planned
- Consistent
- Fit for purpose
- Targeted
- Two-way
- Accessible

The key methods of our communication:

- Social media @NAHSCP
- Websites [www.nahscp.gov](http://www.nahscp.gov)
- Public events, including locality-based events
- Local and national media (newspaper, radio and television)
- Literature including posters, leaflets and newsletters, strategies, plans and reports

Further information on how we communicate is available from our [North Ayrshire Health and Social Care Partnership - Communications Strategy](#).

## 10. Evaluation and Review

The partnership's Strategic Planning Group will be responsible for the direction, implementation and review of our Participation and Engagement Strategy. This group provides a basis for stakeholder representation within the Partnership and makes recommendations to the Integration Joint Board.

We will regularly review our participation and engagement methods against the National Community Engagement Standards and undertake an on-going annual review of the [Participation and Engagement Action Plan](#) to ensure we continually develop the best ways to engage with local people.

The strategy and action plan will be reviewed annually, with a process for monitoring and evaluating the effectiveness of individual participation and engagement undertaken. This progress will be reported through the Strategic Planning Group and highlights captured through the Annual Performance Report.

## Appendix Two

### Strategic Plan Engagement: Comparison between 2015 and 2018

	2015	2018
Electronic responses	82	207
Face to Face Events	1 with 46	2 with 85
Peer Research	279	WMTY 2500+
Locality Sessions - Face	0	6 sessions in libraries - 60+
Hard to Reach Groups – Face to Face	0	4 sessions – 50+

**Wider reach** - both electronically (we now have the website and twitter and have good connections to other sites) - particularly to harder to reach groups and different approaches e.g. cards this time.

	2015	2018
Websites	NAHSCP	NAHSCP, NHS Ayrshire & Arran, Community Planning Partnership (CPP), Carena
	Daily Digest (NHS) and Staff News (North Ayrshire Council (NAC))	Daily Digest (NHS) and Staff News (North Ayrshire Council (NAC))
	None	Facebook (Carena, CPP localities, NAC libraries, The Ayrshire Community Trust (TACT))
	None	Twitter (NAHSCP, TACT, NAC libraries, Independent Sector) Media statement in local newspapers Radio interview on Irvine Beat FM Display on TownCentre TV, Bridgegate Irvine Display on monitors in Primary Care public spaces Display on monitors in NAHSCP public facing spaces Posters in NAHSCP public facing spaces and staff shared spaces Posters in libraries, day centres, public offices, carers centre Posters circulated via list below with request to print and display
Email with consultation link sent to	Elected members Integration Joint Board Strategic Planning Group	Elected members Integration Joint Board Strategic Planning Group Locality Planning Forum members Locality Planning Partnership members



	<p>TACT Independent Sector via Heather Molloy and Nigel Wanless CPP_ partners via Linda Brough TSI via Vicki Yuill Money Matters Mental Health Reference Group via Geoff Coleman Public Partnership Forum (PPF) via Kenny Milne Carers via Kerryanne Owens Scottish Health Council</p>	<p>Ayrshire and Arran Self Management Network via Alison Anderson TACT Independent Sector via Heather Molloy and Nigel Wanless CPP_ partners via Linda Brough North Ayrshire Council libraries via Alison McAllister Primary Care networks via Lorna McGoran North Ayrshire Carers Centre Equalities networks via Elaine Savoury (NHS) TSI via Vicki Yuill Money Matters Mental Health network via Kate McCormack Learning Disability (LD) network via Carly Nesvat Justice network via David McRitchie Recovery at Work (RaW) (including Cafe Solace, Fitba 4U etc) via Cheryl Gilmour Refugee networks via Zoe Clements Housing, Homeless/Hostels via Jill O'Rourke Housing via Tracey Wilson Alcohol and Drug Partnership (ADP) network via Mark Gallagher Centre Stage via kim.black@centrestagecommunities.org.uk Mental Health Reference Group via Geoff Coleman CPP Locality Coordinators Disability networks via Isabel Marr and Nanette Masterton Public Partnership Forum (PPF) via Kenny Milne Carers via Kerryanne Owens Scottish Health Council</p>
<b>Info cards distributed</b>	None	<p>Woodland View (Isabel Marr) Anam Cara (Isabel Marr) Bridgegate House (Tony Fisher &amp; Michelle Sutherland) All day centres (Tony Fisher) Dirrans, Intermediate Care Team (ICT) teams (Stuart Gaw) Justice Services (David MacRitchie) Ayrshire Central (Carly Nesvat) LD teams (Carly Nesvat) Caley Court (Carly Nesvat) Portal (Michelle Sutherland) District Nurses (David Thomson) Independent Sector (Heather Molloy)</p>

## Appendix Three

### Engagement Development Group: Current membership

Name	Organisation	Job Title
Annie Robertson	NAHSCP	Business Planning Manager
Eleanor McCallum	NAHSCP	Engagement & Communications Officer
Gavin Paterson	NAHSCP	Partnership Engagement Officer
Barbara Hastings	The Ayrshire Community Trust	Chief Executive
Brenda Knox	NHS Public Health	Health Improvement Lead
Kerryanne Owens	NAHSCP	Self-directed Support/Carers Project Assistant
Tracey Wilson	NAC Housing Services	Tennent Participation Manager
Heather Molloy	Independent Sector	Local Integration Lead
Sharon Bleakley	Scottish Health Council	Local Officer
Cheryl Gilmour	North Ayrshire ADP	Policy Officer
Aaran Mcdonald	Scottish Youth Parliament	Member of Scottish Youth Parliament
Gill Rogers	NHSAA	Person Centred Care Officer - Volunteering
Barbara Conner	LPF - Irvine	Locality Representative
Louise McDaid	LPF – North Coast	Locality Representative
Leona Dallas	LPF - Kilwinning	Locality Representative
Jacqueline Greenlees	CPP	Policy and Community Planning Officer
Anne-Marie Hunter	CPP	Engagement and Participation Officer
Kenny Milne	NHSAA	Person Centred Care Officer - Involvement

## Participation and Engagement Strategy Feedback

You Said	We Did
Include Addiction Services on p4 under mental health and learning disability (they always seem to get left out and just tagged on)	We added this to the list of services on page 4 as suggested
Query over how to reach further and engage with marginalised sector/sections of community not normally known to engage willingly with public bodies	The strategy itself will not ensure how we reach marginalised groups that organisations find hard to reach. However, it does highlight our intent to do this more. As we have developed our engagement processes, we have expanded our participation and engagement with hard to reach groups – but we recognise we can always do more and will learn from each participation and engagement we undertake.
I think that there are still phrases and words used that may make it harder to follow for people not normally involved in the world of Health and Social Care	We have tried to use plainer language throughout the document.
I would have made it a lot more user friendly, especially for the purpose of disseminating the information to a very broad audience. it is lengthy and time consuming at times	We have tried to use plainer language throughout the document and tried to keep the document as short as possible without losing too much content.
Use plainer language	We have tried to use more plain language throughout the document
It is clear the strategy serves a purpose but will that purpose support the people whose lives have been changed by the budget cuts to life saving programmes?	<p>The strategy will not support the people whose lives have been changed by the budget cuts to life saving programmes</p> <p>However, indirectly we hope the intent of the strategy will give people the opportunity to have more of a voice.</p>
I believe, for some members of the community, that the language used may be confusing and a little jargony.	We have tried to use more plainer language throughout the document
On p8 - too many groups and forums	The landscape of health and social care within North Ayrshire and Scotland can often be confusing. We have highlighted some key participation and engagement structures. We are committed to ensuring we maximise opportunities to undertake

	participation and engagement in a more streamlined way.
Concern over strategy for reaching unpaid carers / family carers at home with little time to engage	The strategy itself will not ensure we reach reaching unpaid carers / family carers. However, it does highlight our intent to do this more. However, we recognise we can always do more and will learn from each participation and engagement we undertake. In addition, a new Volunteering Policy should make it easier for carers to engage by providing out of pocket expenses.
Some of the strategy is easy to follow but there are elements that could be clarified	We have tried to use more plain language throughout the document and make it simpler to follow.
The document states that you will measure yourself against the National Community Engagement Standards AND the nine actions. The ninth action is to align with National Community Engagement Standards - is measure against and align the same? If that being the case it should either be 8 actions plus measuring against or 9 actions including this.	We have removed the wording to state that "We will measure our work against the National Community Engagement Standards" as this is implicit in the last point.
Page 9 - section 5 - Key principles for participation and engagement: Could this be included in the toolkit as a checklist rather than in the strategy?	We did consider this could form part of the toolkit. However we felt they were key questions to consider when deciding the level and type of engagement and therefore felt it should be included.
Page 14 section 7 - Enhancing our participation and engagement approach, action 7 - Volunteer Policy: We felt that, in keeping with the strategy that is being written for Community Planning Partners, perhaps the wording could be as follows:  Volunteering Strategy for North Ayrshire Recognising best practice for engaging, supporting and resourcing volunteers. The Volunteer Policy could then be included as part of the toolkit	We have added it under volunteer policy on page 14
On P5 third paragraph the document starts to talk about the types of engagement and I wondered if this could be done with a visual using colour similar to other diagrams i.e. on P8. Using the same colours then using these same colours on P6 where you show the activity against each of the elements of	We updated the colours on the diagram to be more clear but as they charts are not related it was too difficult to use the cross themes

<p>engagement? It may or may not work but just a suggestion.</p>	
<p><b>Please use this space to give us any other feedback relating to our Participation and Engagement Strategy.</b></p>	
<p>Previous feedback of 2500 is good from individuals/stakeholders but measured against population of North Ayrshire area does not seem substantial. Did this feedback cover all demographics? Going forward how to obtain greater feedback from all demographics in area</p>	<p>In 2017, the population of North Ayrshire was 135,790. Given that 'What Matters To You' 2017 was to gather views of local people in order to inform the partnership's new strategic plan, it was important that the response rate was large enough to be considered significant and as such represent the wider views of the North Ayrshire population.</p> <p>No sample target was set for WMTY engagement. However, post event analysis identified that the number of responses received was large enough to be considered statistically significant. At 2,500 (approx.) responses, we exceeded the recommended sample size for a 95% confidence interval (2,360 for North Ayrshire's population). That is to say, that the information gathered from responses has a 95% probability of reflecting the views of the wider population.</p> <p>The demographics used for WMTY 17 were age, gender and locality. This was to provide key information and ensure the face to face questions weren't time consuming. Whenever we undertake participation or engagement we will clarify who we need to focus on in terms of the specific piece of engagement. We have also widened the scope of who we engage with and how but recognise we can always do better.</p>
<p>I feel it is very slow and hardly noticeable for the private sector in progress. When reading it these are very longstanding issues it is trying to address but the reality is that it is even after some time still just a read not reality.</p>	<p>We have taken some time to create a Participation and Engagement Strategy that is reflective of the organisation and its stakeholders. Engagement and Participation is an on-going journey and we are committed to continuous improvement as we recognise we can always do better.</p>
<p>More than one day notice of public feedback meetings would be a start.</p>	<p>The strategy outlines an optimum 6-8 weeks' notice for engagement and participation, to ensure people get a chance to participate, if they wish.</p>

The coloured chart on P.8 is difficult to read, especially the bottom boxes in green and turquoise.

We have amended the colour schemes to try and make the chart clearer.