

Engagement and Participation Committee

Committee Report to Grampian NHS Board - Committee Meeting 9 September 2020

Purpose of Report

This report updates the Grampian NHS Board on key issues arising from the Committee meeting on 9 September 2020 which the Committee considered would be of interest to Board members. The Board is asked to note the following key points:

1. Renewal and Development of the Board Role of Engagement and Participation Committee (EPC)

Risks identified:

The committee discussed and agreed that the role of the EPC is to provide strategic direction, quality assurance and monitoring of progress on all aspects of engagement and participation. They also agreed that if NHS Grampian does not have a clear strategic intent for engagement and participation, there is a risk that there may be too much focus on operational detail and not enough on the strategic overview.

Opportunities identified:

Board Short Life Working Group - Renewal

A Board level short life working group (SLWG) came together over the summer to consider what the key areas of focus should be for the Board going forward into the 'Renewal' phase of the COVID-19 pandemic.

'People-Powered' Health

One of the key recommendations made by the SLWG is that NHS Grampian should place a greater importance on our ability to listen, engage and co-produce services, with the Board taking a role to support and scrutinise our achievement of this, ensuring the population we serve, our staff and stakeholders are at the centre of everything we do.

As part of this recommendation it was acknowledged that the EPC is well placed to support the Board in this endeavour by taking a lead role in NHS Grampian's ambition to achieve 'People-powered health', and have oversight of the fundamental change that is needed in the "ownership" or "power base" of our health and care system.

This could usefully involve working more closely with non-statutory bodies and community groups, enabling changes in commissioning approaches and intent, co-producing implementation and delivery plans with our population.

Other recommendations made by the SLWG, which the EPC considered integral to delivering against a '**People-powered health**' agenda were; **greater collaboration and connectivity** (working more closely with non-statutory bodies and community as well as H&SCPs), **reducing health inequalities** (which should be reflected in all engagement and participation activities), **maximising digital solutions** (intended to enable the public and patients to help shape future health care services) and **working with other Committees** (working in collaboration with the Chairs of the other NHSG to develop a cohesive approach).

The EPC committee discussed the recommendations made by the SLWG and agreed that:

- Existing assurance and governance arrangements should be reviewed.
- Engagement and participation needs to be embedded as a core part of business throughout NHS Grampian, and not just the business of a standalone committee.
- The introduction of an NHS Grampian Involvement Charter would support achievement of our strategic intent and should be considered.
- Introducing an accreditation for excellent engagement and partnership working, such as a gold standard Engagement Watermark should also be considered.
- The formation of an operational group, which sits under the Committee, to ensure that the Committee only receives/considers higher-level assurance reports was discussed and would be considered.
- Rewriting of the Constitution will be required to take into account of any changes in structure or reporting arrangements and form the last piece of the jigsaw of the large piece of work the Committee will undertake.

Health Improvement Scotland – Community Engagement (HIS-CE) had attended the committee following an invitation to attend, and reported being delighted at the enthusiasm of the Committee, and felt the introduction of a Gold Engagement Watermark was an excellent standard to aim for and that linking with third sector would also be key for us.

2. Strategic Engagement Update

Risks identified:

Before COVID-19 the Public Involvement (PI) Team's main focus was supporting engagement and consultation activities for service reviews and other redesign projects. Most projects were paused for a time during COVID-19, allowing the team to reflect on where their support creates most value and is most needed. The PI Team have created new standard operating procedures, commissioning and project support documents with the aim of encouraging less reactive and more meaningful engagement activities.

Opportunities identified:

- Continue to develop system wide working relations established due to COVID.
 - Have a new focus on setting up Patient and Staff Empowerment Groups (PEGs and SEG's), which can be short, medium and long term virtual focus groups, which can feed into be used by decision making groups across the system.
 - Explore opportunities to work more closely with the universities and new research.
 - Continue to use the Engagement Leads Forum established in Grampian to support engagement required for system wide service reviews.
 - Expand this Forum to include engagement leads from other Boards and Partner Organisations from the North of Scotland to support regional engagement activities.
 - Continue work underway to identify where harder to reach groups are located geographically, which Health Intelligence has been supported with.
 - Ensure liaison with Community Planning Groups, Community Public Health and close collaboration with IJBs to improve participation and tap into existing groups.
- 3. Equality Impact Assessment Scrutiny – Care provision during COVID**

Risks identified:

The committee discussed and acknowledged the potential risks for inequality existing with increased use of Digital Consultations/Near Me. The aim of Fairer Scotland Duty is to ensure public bodies take steps to reduce the inequality of health outcomes for people living in socio-economically deprived areas, when decision making and allocating resource.

The importance of having had the draft NHS Grampian Digital Health and Care Strategy 2020 – 25 Equality and Diversity Impact Assessed (EDIA) was acknowledged, to ensure compliance with all current equality and diversity legislation and the Fairer Scotland Duty.

Opportunities identified:

- Following EDIA of the draft Strategy it was identified that some patients in socio-economically deprived areas may not be able to afford the cost of a smart phone or tablet to access Near Me, and measures were suggested for inclusion in the Strategy to address this.
- The needs of non-English speaking patients who required “Language Line” and patients with sensory impairment who required communication support, such as British Sign Language, had also not been included but will also now be addressed.
- The Ethical Advice Support Group (EASG) have recently discussed the various digital communications available which were not suitable for a whole range of people to access, and are happy to provide ethical advice on any strategy being developed through submission of an SBAR paper to their Committee.
- The Strategy was also found not to be clear on digital literacy, which was a valuable insight which will also be taken forward and addressed.

The agreed the importance of public involvement and equality and diversity colleagues being included in all reviews of Strategy as early as possible.

Amy Anderson
Engagement and Participation Committee Chair

November 2020