



NHS Grampian Policy for Dealing with Participation Requests received under the terms of the Community Empowerment (Scotland) Act 2015

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The provisions of this policy, which was developed by a partnership group on behalf of NHS Grampian, apply equally to all employees of NHS Grampian except where specific exclusions have been identified.

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This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on Aberdeen (01224) 551116 or (01224) 552245.

This Policy has undergone Equality and Diversity Impact Assessment.

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In the event of comment or query please contact NHS Grampian's Public Involvement Team:

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1. Policy Statement

In short, the Community Empowerment (Scotland) Act 2015 legislates for asset-based coproduction as a norm across all NHS planning, decision-making and service delivery:¹

- services are person-centred – *‘working with’ not ‘being done to’*
- decisions are collaborative – *‘no decision about me without me’*
- the wisdom of people with lived experience is included in service design and delivery – *asset-based coproduction*

The Christie Commission² recommended that public services should be built around people and communities, their needs, aspirations, capacities and skills, and that action should be taken to develop community autonomy and resilience. The subsequent Community Empowerment (Scotland) Act (‘the Act’) received Royal Assent in July 2015.³ The Act gives community bodies the right to work with all public sector organisations to help improve outcomes, and places a duty on public sector organisations to ensure these rights. Outcomes are the changes, benefits, learning or other effects that result from what the organisation makes, offers or provides. For example, community bodies might discuss with service providers how they could better meet the needs of users, to offer volunteers to support a service or even propose to take over the delivery of the service themselves.

Part 3 of the Act gives community bodies the right to make **participation requests** in respect of all NHS services in Grampian.

2. Scope

This policy sets out how NHS Grampian will meet its statutory duties in respect of part 3 of the Act.

3. Roles and Responsibilities

Corporate communications will ensure that information about participation rights under the Act are widely and freely available to all patients and carers.

The **Public Involvement Team** within corporate communications are the organisational point of entry for all participation requests, coordinating communication and involvement across the system as required.

- For most participation requests this will primarily involve identifying the relevant clinical lead(s) and manager(s) whose service(s) are implicated, ensuring that an

¹ www.coproductionscotland.org.uk/about/what-is-co-production/

² www.gov.scot/About/Review/publicservicescommission

³ www.gov.scot/Topics/People/engage

outcome improvement process is established, and offering support and guidance.

- For participation requests to become involved in / take over the delivery of NHS service(s) the lead will be modernisation;
- For participation requests with implications for other public sector organisations the Public Involvement Team will make contact and arrange their involvement;

Senior clinical and nonclinical managers are responsible for setting up an outcome improvement process and seeing this through to completion, including the delivery of a final outcome report to the Public Involvement Team.

NHS Grampian Learning & Development are responsible for necessary workforce education and development to support staff to work with participants in coproduction.

Modernisation are responsible for outcome improvement processes involving requests to participate in or take over service delivery from the NHS, and for seeing this process through to completion, including the delivery of a final outcome report to the Public Involvement Team.

The Public Involvement Team will engage with relevant **Integration Authority and Health & Social Care Partnership colleagues** to ensure guidance and support is available to community bodies who accept the offer to receive this.

All NHS employees involved in an outcome improvement process are responsible for collaborative working with community group representatives to coproduce a successful result.

4. Detailed Procedures

4.1 Participation Requests

Participation requests can be made by 'community controlled bodies', which include community councils, incorporated or non-incorporated community groups, with or without a written constitution, or loosely associated groups with similar **features of a community controlled body**:

- a definition of the community to which the community body relates
- the majority of members of the body are members of that community
- the body is open and controlled by members of that community
- stated aims and purposes, including the promotion of a benefit for that community
- funds and assets of the body are used for the benefit of that community

Participation requests are to be made in writing, and are expected to state the outcome to be improved, the community body's reasons for being involved in improving the outcome (including their knowledge, expertise or experience), and the improvement that its participation is expected to produce.

4.1.1. Receiving a participation request

All requests, whether verbal or written, on behalf of a community body, should be directed to the Public Involvement Team. The Public Involvement Team will also be the point of entry for requests routed through Community Planning Partnerships or other public sector organisations.

The Public Involvement Team will assess all requests (and will obtain this in writing in the case of verbal requests) and will seek any missing information from those making the request. Assessment may require input from relevant senior managers.

The assessment will consider:

- whether there has been a similar outcome improvement process undertaken in the previous two years; and if so, whether a repeat process would be detrimental in any way
- whether the request is likely to promote or improve:
 - economic development
 - regeneration
 - public health
 - social wellbeing
 - environment wellbeing
- whether agreeing to the request would be likely to:
 - address inequalities of outcome which result from socio-economic disadvantages
 - enhance participation
 - realise any other benefits

The general expectation is that participation requests will be granted, with requests declined only in exceptional circumstances. The Act provides that participation requests can be declined where the same request has been made in the previous two years, even if the request was made by a different community body.

4.1.2. Responding to a participation request

Once all the required information is received, the Public Involvement Team will acknowledge receipt of a participation request. This receipt will include a 'validation date' from which all other timescales will be measured.

The Public Involvement Team will contact the relevant senior manager(s) for the service, who will establish the named person who will be responsible for the outcome improvement process, and request that a proposed outcome improvement process be drafted in writing (including whether a new or existing process; its stage of progress; how those making the participation request will be included in the process; who else is involved and how they will participate).

Where the request involves a proposal to take over NHS services modernisation will have the lead role.

Within 30 working days of the validation date the Public Involvement Team will respond to the participation request with a 'decision notice'. The decision notice will detail the decision to accept the participation request and will provide details of the proposed outcome improvement process. Those making the request will be asked to confirm their acceptance of the proposal or suggest changes to be made. Any suggested changes must be received within 28 working days. The Public Involvement Team will ensure that any suggested changes are taken into account by the named person.

Once agreed by all parties the Public Involvement Team will issue a decision notice that confirms the outcome improvement process. The Public Involvement Team will ensure that information relating to the decision notice is published online. This information will include the names of the community participation bodies and public service authorities which are involved in the outcome improvement process; the outcome to which the outcome improvement process relates; and how the outcome improvement process is to operate.

Some community bodies will be more articulate and self-confident in their dealings with public sector organisations and the professionals who work within them than others. Some community bodies may value some preparatory support to help them understand and 'navigate' the system. Such support is most likely to take the form of information (e.g. about organisational arrangements and processes) and reassurance.

The Public Involvement Team will offer and co-ordinate guidance and support to those making participation requests.

Other public sector organisations can also receive participation requests, and can request contributions from partner organisations where this is relevant. Requests to contribute from another public sector organisation will also be received by the Public Involvement Team, who are required to notify the requesting authority of the NHS decision to participate (or not) within working 14 days..

4.1.3. Outcome Improvement Process

An outcome improvement process involves discussions between staff and representatives of the community body. The discussions are intended to result in agreed actions intended to improve the outcome identified by the community body in its participation request. The actions might be for staff or for members of the community body or for both. The important thing is that they are negotiated and agreed upon. This is likely to involve skilled active listening and negotiation skills on all sides. An Outcome Improvement Process must be started within 90 days of the decision notice.

To assist staff to communicate with community groups and individuals who have a limited command of English or who have a communication disability, assistance is available. The *Language Line* telephone interpretation service is widely available and can be used in any setting. By prior arrangement, "face to face" interpreters can also be provided and material in translation. If members of a community group or an individual has a communication disability, appropriate communication support such as British Sign Language (BSL) interpreters can be provided.

Staff guidance, training and support is available through the Public Involvement Team.

The membership of the outcome improvement process will consist of staff representatives likely to have a role in implementing agreed actions. Staff involved will have to have the authority to implement agreed changes. The membership may change as the process proceeds. It may be decided to incorporate the outcome improvement process within existing processes, or it may be decided to set the process up as a series of standalone meetings.

Once established, it is possible for the Outcome Improvement Process to be amended. Where amended, regulation requires the Public Involvement Team publish: the names of the community participation bodies and public service authorities involved in the modified outcome improvement process; the outcome to which the modified outcome improvement process relates; the outcome improvement process which has been modified; how that outcome improvement process has been modified; how the modified outcome improvement process is to operate.

It is not possible to identify in advance the outcomes that might be sought, nor the actions that might improve them. However, for example, representatives of the community body may bring the perspective of their lived experiences to the service, and make suggestion as to how the service provision might be improved; they may offer volunteers to support a service, requiring discussion of how this would be implemented; or they may raise the possibility of taking over the delivery of the service themselves.

Coproduction works best through discussions characterised by the frank and open exchange of views within relationships of mutual trust and respect. Strict organisational formality can impede such discussions. However, while a more informal manner can be facilitative, a note of all meetings and discussion points must be made in every case, including a clear and unambiguous set of agreed actions.

4.1.4. Completion reports

The completion of every outcome improvement process requires a written report to be published. The report will include the views of those who made the participation request as well as others involved. The responsibility for the completion of the written report will sit with the agreed Chair of the outcome improvement group.

The report must summarise the outcome of the process, including whether the outcome to which it related has been improved, and describe how the community participation body that made the request influenced the process and outcomes. It must also explain how NHS Grampian will keep the community participation body and others informed about changes in the outcomes of the process and any other matters relating to the outcomes.

4.1.5. Annual reporting

The Public Involvement Team will publish an annual report detailing:

- the number of requests received
- the number of requests agreed and refused
- the number of requests which resulted in changes to a public service provided by, or on behalf of, the public service authority
- any action taken by the public service authority to promote and support the use of participation requests

Community Participation Request Form

To make a community participation request please provide the following information in writing or by email:

1. Details of the Community Participation Body (CPB) (name and address)
2. Details of the lead public authority the request is directed towards
3. Details of any other public authorities who should be involved in the process
4. Describe the outcome the CPB want to improve
5. Describe why the CPB should be involved in improving the outcome
6. Describe the knowledge, expertise and/or experience the CPB has in relation to the outcome
7. Describe how the CPB expect the outcome will be improved because of their involvement
8. Is the community participation body a community controlled body (if not, please explain the basis on which the body making the request is a community participation body)

For help or advice please contact the Public Involvement Team on 01224 558098 or at the details below

Please send written requests to:

Public Involvement Team
Foresterhill House
Ashgrove Road West
Aberdeen
AB25 2ZB

Alternatively please email requests to:

nhsg.involve@nhs.net