NHS GRAMPIAN'S
PLAN FOR THE FUTURE (2022-2028)

Summary Report of the Engagement Process Including Evaluation, Learning and Feedback Received

PHASE 1: 28 June - 31 August 2021
PHASE 2: 01 October - 31 December 2021

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Introduction

In April 2021, NHS Grampian commenced a process of ongoing engagement with the public, staff and partners to co-create the development of the Plan for the Future 2022-2028.

Building on previous good engagement practice and networks in NHS Grampian, guidance from the Engagement and Participation Committee (EPC), Planning with People Guidance[1] and King's Fund, enabled us to shape the development of a Communication and Engagement Plan to underpin the co-creation of the Plan for the Future.

In particular, it was acknowledged that a different approach and multiple mechanisms would be required to move beyond what had been done before, in order to develop a different relationship with the public, support effective and meaningful 'conversations' and to hear from the seldom heard and those with experience of using services.

Whilst there were two distinct phases of engagement during 2021, it has been communicated from the outset that these were not an end point but the start of conversations and ongoing engagement working together with our staff, public and partners to shape future direction for our health and care services.

Purpose of this Report

This report provides an overview summary of the level and reach of engagement and the key themes identified based on the feedback received during both Phase 1 and Phase 2 from staff, the public and colleagues from partner organisations. There are separate more detailed reports for each stage covering the feedback, themes, analysis and evaluation (appendices 1-4).

Aim of Engagement

Key to developing our Plan for the Future was gathering the views of our staff, partners and public on what matters to them.

Specific objectives were to:

- Focus on inclusivity, broad and meaningful engagement (beyond consultation) and a proactive approach to hearing the 'seldom heard'.
- Reach key population/stakeholder groups, members of the public and partnership groups to elicit views and experiences of using health services before and during the first 18 months of COVID-19, what worked well and

[1] Planning with People Community engagement and participation guidance for NHS Boards, Integration Joint Boards and Local Authorities that are planning and commissioning care services in Scotland, March 2021 (www.cosla.gov.uk) (www.gov.scot)

what caused worries or concerns, and what is important for people's health and wellbeing moving to the future.
- Build joint process with partners (public, statutory, voluntary and independent sectors), which would contribute to maximising engagement opportunities whilst also reducing the risk of consultation fatigue.

Key Success Criteria

- Good participation from stakeholders in engagement activities
- Complement partners' strategies and engagement processes
- Ensure bespoke approaches to enhance participation/engagement by groups
- Equality and equity
- Co-ordinate and track engagement delivery

Measuring Success

We have applied the staged approach and principles set out in the National Standards for Engagement when planning for and evaluating our engagement to date and will continue to do so to demonstrate good practice.

Success will be reflected by the level of ongoing engagement and co-production of our plan with staff, public and communities.

Phase 1 Engagement Process

The survey had six qualitative questions for use in both an online survey and facilitated discussions with groups (staff and public). The questions were developed and refined with NHS Grampian's Public Involvement Network (PIN) prior to use with the public and key groups during Phase 1.

Development of materials prior to the launch of Phase 1 of the process on 28 June 2021:

- An online survey tool using Lime Survey.
- Presentation/promotional packs with key messages to encourage participation.
- Feedback forms for use with staff and public groups.
- Microsoft Word/paper version of the survey was made available for those who could not/did not have access to responding to the survey online.

Facilitated group *discussions* were held with:

- Staff at varying levels of the organisation and service providers across the health and care system.
- Community groups with a focus on seldom heard groups, e.g. ethnic minorities/gypsy travellers, carer groups, adults with sensory and/or learning disabilities, mental health and alcohol and drugs service user groups.

__Public involvement/engagement__

A cascade model of engagement was utilised to reach the wider population through established networks. This involved holding discussions and meetings with key partners and stakeholders identified in the stakeholder analysis and covered each of the local authority areas in Grampian (Aberdeen City, Aberdeenshire and Moray), as well as Grampian-wide groups and organisations:

- Public Health Teams
- Health and Social Care Partnership (HSCP) staff
- Community Planning Partnerships (CPPs)
- Third Sector Interfaces (TSIs)
- NHS Grampian Equalities Groups
- NHS Grampian Public Engagement/Involvement Groups (Mental health and learning disabilities)
- Grampian Regional Equality Council (GREC)

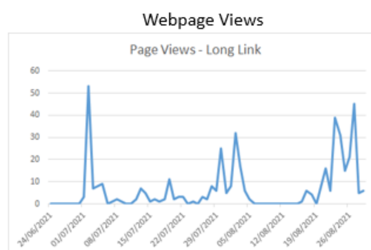
Phase 1 Engagement Results and Themes

Engagement Phase 1

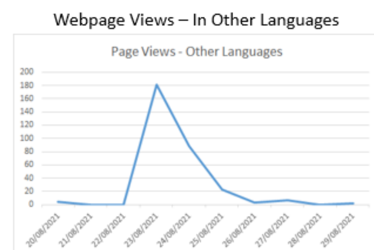
- **3905 Total responses /2113 for analysis**** (as at 31/08/21)
- **2964** responses from general public/ public groups
- **941** responses from staff/groups

** 1,792 (54%) of the 3905 responses only answered the demographic question. Analysis has been undertaken on the remaining ***2,113*** responses with data submitted against survey questions.

Webpage Views



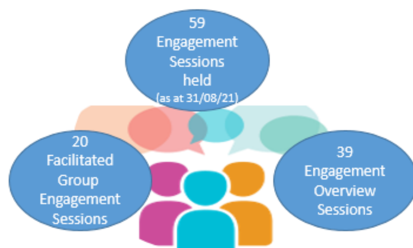
Webpage Views – In Other Languages



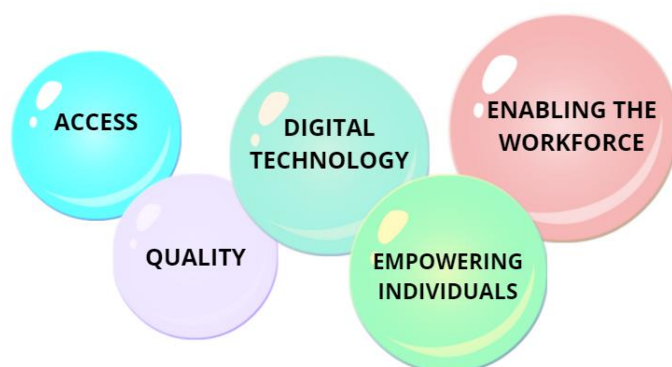
9402 impressions
425 video views

28051 reached
7341 clicked to view video

Other Languages
49795 reached 2431 engagements
1989 impressions



Five key themes emerged from analysis of survey responses and group discussion:



These were identified as the themes with the highest number of references in the survey responses and feedback from the group discussions showed a similar pattern. These main themes, along with relevant subthemes, are shown in Table 1 and expanded upon more fully in the detailed separate report (appendix 3).

Table 1: Main themes and sub-themes derived from the survey

Themes & sub-themes	Number of references*
Access	
Primary Care	1,448
Availability of services	1,382
Local/Community services	650
Waiting times	576
Quality	
Care	728
Face-to-Face contact	1,064
Digital technology	815
Empowering individuals	2,692
Enabling the workforce	1,350

** There may be multiple references to a theme within one response so numbers of references will be different from overall numbers of response*

The themes were closely inter-related and there was a natural overlap between several, e.g. digital technology and face-to-face contact.

Analysis of these themes and sub themes informed the questions used in focus groups and engagement sessions during Phase 2, in order to flesh out the detail further to understand the context and barriers and begin looking towards potential solutions.

Relevant elements of the feedback were also shared with other teams, services and partners to help inform their own planning and service development. In the interests of making best use of such detailed and valuable feedback that respondents had taken the time to provide, it was important to ensure it was fully utilised and we minimise duplication. This included the development of a series of ‘Positivitree’ resources, where positive comments praising staff and services were shared with our workforce to highlight that while we received many concerns, we also received many expressions of appreciation.

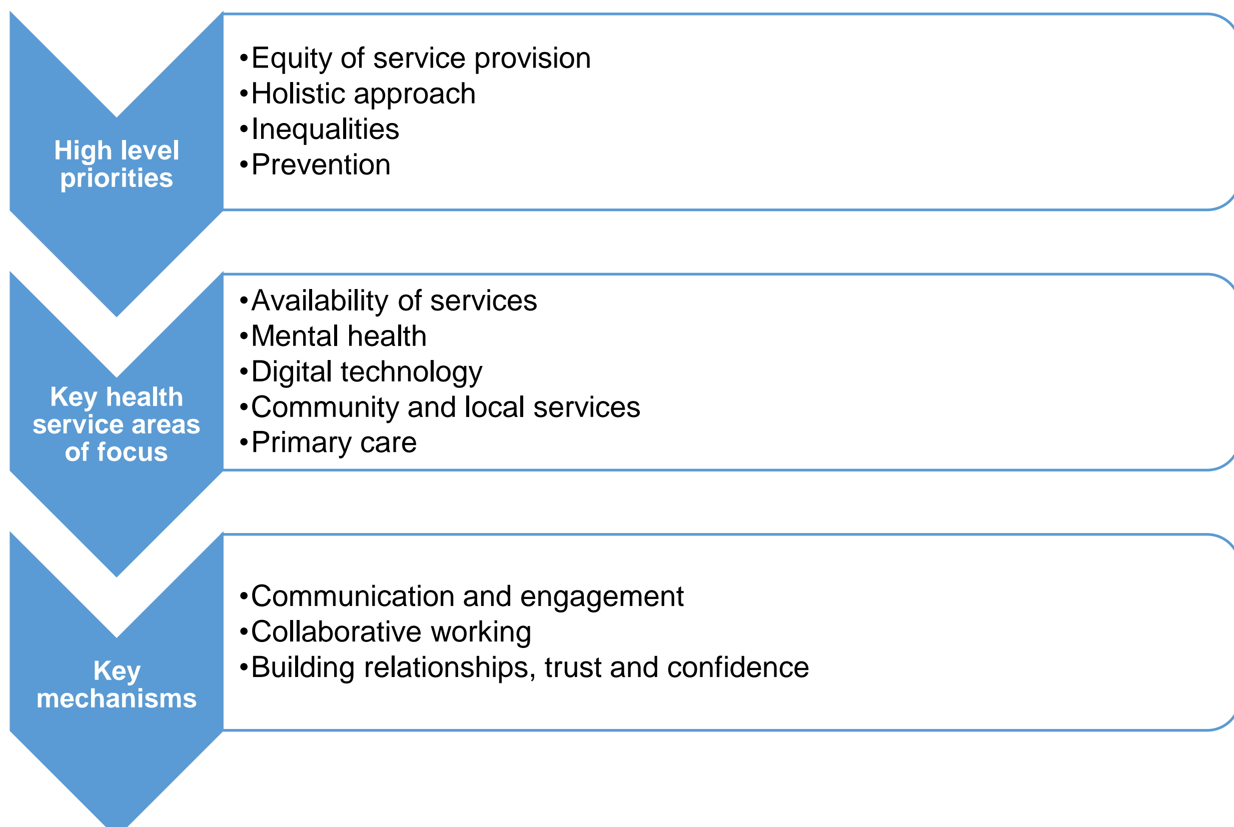
Phase 2 Engagement Process

Phase 2 was undertaken between October and December 2021 and consisted of 16 facilitated focus group discussions held with staff, partners in health (Community Planning, Local Authorities' Councillors and Officers as well as our colleagues in Health and Social Care Partnerships (HSCPs)), local communities and key priority groups.

We were able to have in-depth conversations in these sessions, in a safe space and heard real stories and experiences. This allowed us to validate what we heard in Phase 1, while also expanding on that feedback by hearing about the barriers and challenges that the people of Grampian are facing. We also heard suggestions for moving from our current situation during the pandemic and what is important for the future in planning, developing and delivering health services, both in the short and long term. We continued to work with our partners to engage with and support participants and, by doing this, we continued to build on existing good working relationships to keep moving towards longer term engagement and involvement on health service planning.

Phase 2 Engagement Themes

Using summarised notes from the focus group sessions, our qualitative approach allowed us to summarise the analysis into 12 themes covering high level priorities, key health service areas of focus and mechanisms to strengthen our relationship with our people, communities, partners and health service providers.



In the more detailed report (appendix 4), the themes were split into 'what is important' and, if covered through discussions, 'suggestions and ideas for the future'. There was some repetition and endorsement of feedback we heard in Phase 1, particularly about the health service areas of focus, but we were also able to expand further on what we had already heard.

Evaluation of Engagement including Lessons Learned

In line with best practice guidance, we have undertaken regular review throughout both phases of engagement to monitor uptake and reach of our activities and make any adaptations as required. This enabled us to identify gaps in the reach of Phase 1 to identify areas of focus for Phase 2. This included equalities and seldom heard groups, ethnic minorities, young people, gypsy travellers, lived experience groups, those experiencing poverty and disadvantage, community resilience groups and veterans.

It is of note that, within specific ethnic groups, a wide range of other engagement activity undertaken by partners in HSCPs, Community Planning and NHS Grampian has already been undertaken with support from GREC and NHS Grampian's Public Involvement Team. This meant that we could review previous engagement feedback to save duplication of effort. This provides an example of working together with partners to overcome consultation overload among those groups and individuals that are considered a priority for engagement across all our organisations.

Feedback from group sessions indicated that the public attending have welcomed the joining up of engagement on strategic planning and that partners are supportive and endorsing our approach.

Engagement and learning logs were developed and maintained to monitor and capture lessons learned through the process of engagement during Phase 1 and 2.

Separate reports are available detailing the review and evaluation undertaken for both Phase 1 and 2 (appendix 1 & 2). A summary of key learning points is captured below.

What worked well

- ***Promotion and awareness raising*** through groups and networks via social media (community Facebook groups); community radio; articles in identified newsletters (internal and external, e.g. ACVO, GREC, SHMU Radio, Health and Social Care newsletters and NHS Grampian Staff Intranet). Members of the Working Group also attended various staff groups and committees to deliver overview sessions on the development and signpost to the various mechanisms available to provide feedback.
- ***Facilitated public group discussion sessions*** - external partners were supportive and willing to co-facilitate the sessions, which included shared note-taking. Taking a collaborative approach to joint engagement on strategic

plans with partners was embraced and accepted by the communities taking part, as this was perceived as trying to overcome consultation overload.

- ***Facilitated staff group discussion sessions*** were scheduled when requested to suit the staff group. These sessions were evaluated and were very well received – teams especially appreciated the time to reflect on their experiences in what they felt was a 'safe space'.
- ***Developing bespoke approaches*** to meet the needs of specific groups. For example, sessions with Syrian Scots involved having interpreters and smaller break out groups (one for men and one for women), which worked well.
- ***Role of support/development staff*** - staff from GREC, for example, were invaluable in providing the connect with participants, ensuring confidentiality and offering to follow up specific issues raised out with the session. This also worked well when holding facilitated group sessions with adults with learning disabilities and service involvement representatives of Alcohol and Drugs Services.
- ***Inclusion of survey in Aberdeenshire's Community Planning Partnership's Citizens' Panel*** generated a significant increase in responses from Aberdeenshire. As this worked well, there is the potential to adopt a consistent approach with all three community planning areas (Aberdeen City and Moray as well as Aberdeenshire) for future communication and engagement activities.
- ***Online survey was made available in other languages*** on request. In addition, and following a mid-engagement review during August, the survey was also made available in Polish, Russian and Lithuanian to expand reach and ease of access.
- ***The focussed discussions were supported*** *by staff from partner organisations which made the process achievable and demonstrated commitment from partners to work collaboratively.*
- ***Phase 2 built on the information gathered in phase 1*** *and of note was the range of information on what were considered potential solutions and suggestions for improvement.*
- ***The involvement of General Practice representatives in some of the sessions*** *as this enabled them to hear the feedback, concerns and issues being experienced by the public. Being involved in this process prompted the Primary Care Management Interface Group (PCMIG) to roll out a short term action to communicate more effectively with their practice populations and communities.*

What could have been improved

- ***Earlier introduction of surveys available in additional languages****,* which were made available toward the latter part of Phase 1. At the start of the process, these were made available only on request.
- ***Timescale for undertaking this broader approach to the engagement*** was during summer holidays when many groups were not meeting which gave limited scope for engaging with them during Phase 1.
- ***COVID-19 restrictions*** also meant many groups were not meeting face to face and meeting virtually was not always a viable alternative particular for some seldom heard groups, e.g. sensory impaired groups.

Reflections

- Seldom heard groups were reached better than in previous engagement activities but can do better still.
- Including non-digital approaches during COVID-19 was challenging. Paper copies of questionnaires had a limited return rate.
- Relationship and trust building takes time before meaningful engagement can take place. This is particularly the case for many of the seldom heard and more vulnerable groups where partner organisations advise it has taken years to develop relationships and trust with certain groups.
- Community interest in specific facilities/sites (e.g. Aboyne, Insch Hospitals) resulted in significant amount of input which is not directly applicable to the Plan for the Future.
- Whilst still room for improvement, genuine and significant progress has been made towards closing the historic gap between episodic/ ‘time and place’ and continuous engagement at NHS Grampian as per the aspirations outlined by the EPC in June 2021.

Next Steps

The feedback from both phases of engagement has also separately been analysed in terms of ‘personas’ (appendix 5) illustrating the findings from the perspective of different identified population groups:

- Adults with Learning Disabilities
- Carers
- Minority Ethic Communities
- New Scots
- Young Parents

The analysis of themes from both phases will be triangulated with what we already know about population health needs, local and national policy and other drivers in order to inform the strategic intent of NHS Grampian, which will be set out in the Plan for the Future 2022-2028.

How we continue these conversations will form a key part of the way forward, in order to build on relationships and move away from ‘a moment in time’ engagement for a project towards the goal of collaboration and co-design of services.

Plan for the Future Project Team
April 2022

Appendices

- Appendix 1 – Communication & Engagement Phase 1 Evaluation Report

- Appendix 2 – Communication & Engagement Phase 2 Evaluation Report

- Appendix 3 – Analysis & Evaluation Phase 1 Report

- Appendix 4 – Analysis & Evaluation Phase 2 Report

- Appendix 5 – Personas