



**SCOTTISH EXECUTIVE**

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Health Department

**COMMUNITY HEALTH PARTNERSHIPS:  
INVOLVING PEOPLE**

**ADVICE NOTES**

**DECEMBER 2004**

# COMMUNITY HEALTH PARTNERSHIPS: INVOLVING PEOPLE

## ADVICE NOTES

### *Introduction*

1. This paper offers guidance to Community Health Partnerships (CHPs) on involving people, including patients, carers, members of the public, community groups and voluntary organisations in order to develop a local public partnership forum (PPF). This guidance will enable and support CHPs to maintain an effective and formal dialogue with their local communities. This guidance follows the principles set out in *Patient Focus and Public Involvement*<sup>1</sup> and *Partnership for Care*<sup>2</sup> and builds on the information contained in the Community Health Partnership Statutory Guidance 2004<sup>3</sup>.
2. NHS Boards and CHPs will focus on engaging with local communities and responding to patients and carers as individuals and as key drivers for service improvements. The development of a PPF which is built around existing good practice in public involvement will enable each NHS Board and CHP to strengthen their relationships with local authorities, voluntary sector organisations, community groups and individuals. This will also allow the NHS Board and CHP to develop locality structures which integrate with community planning arrangements around natural communities.
3. The duties placed upon NHS Boards to involve and consult the public and to promote equality of opportunity will apply to CHPs and any current or future national guidance<sup>4</sup> or standards for public engagement<sup>5</sup> should underpin the work of CHPs.

### *Key Principles*

4. As PPFs develop it is important to recognise why people become involved in health services and also the valuable contribution they can make to the overall development and design of health services.
5. Development of PPFs should be based on the following principles. A commitment to:
  - **openness;**
  - **honesty;**
  - **transparency;**
  - **learning from the patients experience;**
  - **tackling health inequalities and promoting health improvement;**

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<sup>1</sup> Patient Focus and Public Involvement, Scottish Executive Health Department, December 2001

<sup>2</sup> Partnership for Care, Scottish Executive Health Department, February 2003

<sup>3</sup> Community Health Partnership Statutory Guidance 2004, Scottish Executive Health Department, March 2004

<sup>4</sup> Informing, Engaging & Consulting the Public in Developing Health & Community Care Policies and Services, Draft Guidance, Scottish Executive Health Department, March 2004

<sup>5</sup> Draft Standards for Community Engagement, Scottish Community Development Centre, March 2004

- **developing a meaningful ongoing dialogue with individuals and communities;**
  - **engaging with people;**
  - **respecting and promoting equality & diversity;**
  - **respecting and valuing the individual;**
  - **listening to, hearing and acting upon what people say;**
  - **giving and receiving feedback;**
  - **inclusion; and**
  - **learning from each other.**
6. Given the diversity of the Scottish population and the specific needs of individuals from minority communities it is essential that this work is done in line with the principles of equality and diversity which specifically addresses the needs of:
- women and men;  
black and minority ethnic people (including refugees, asylum seekers and Gypsy/Travellers);  
children and young people;  
older people;  
disabled people;  
lesbians;  
gay men;  
bisexuals;  
transgender people; and  
people from different faiths and religious backgrounds

The equality and diversity approach must also consider the needs of people who are affected by a range of cross cutting issues for example poverty and homelessness, mental ill-health, involvement in the criminal justice system and other hard to reach groups as well as complying with the requirements of the Human Rights Act<sup>6</sup>

7. CHPs as partners with local authorities, the voluntary sector, community groups and other bodies should, wherever possible, work with their local partners to determine the scope of existing community involvement within their area and to agree an approach which uses these mechanisms, as well as adopting a range of methodologies and encouraging innovation to develop a dynamic and active PPF. (see appendix one, model of good practice from North Lanarkshire Partnership).
8. PPFs must have a formal role in the decision making processes of CHPs.

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<sup>6</sup> Human Rights Act 1998 [www.legislation.hmsso.gov.uk/acts/acts1998/19980042.htm](http://www.legislation.hmsso.gov.uk/acts/acts1998/19980042.htm)

9. The work of the PPF should be integral to the public involvement structures and processes already in place to support joint planning initiatives, including Joint Future, Children's Services, and Managed Clinical Networks. The PPF should be developed in the context of community planning<sup>7&8</sup> and regional planning. This will allow for streamlining and improvement of local involvement processes.
10. NHS Boards are committed to implementing local sustainable frameworks for Patient Focus and Public Involvement, and should ensure that PPFs add value and complement local service change and community planning processes.
11. Whilst the PPF is a local network of local organisations and individuals, it is important that the Forum works in partnership with the CHP and NHS Board for the benefit of local communities. The PPF is an important part of the work of the CHP and wider health service planning and delivery and as such, must be involved, as appropriate, in all aspects of the CHP.
12. To ensure a meaningful dialogue, the PPF must be allowed reasonable time and resources to develop real and trusting partnerships and relationships with the CHP, the NHS Board and their partners.

### ***Role and Benefits of a Public Partnership Forum***

13. The PPF should be the main mechanism by which the CHP engages, communicates and maintains a meaningful dialogue with the people of the communities it serves. In order to achieve this the CHP should agree with its communities and partners the best arrangements for delivering the communication and involvement functions of the CHP, whilst recognising that the PPF alone will not necessarily enable a CHP to fulfil its statutory duty to involve the public and to promote equality of opportunity.
14. The CHP should link with specialist and hospital based services, including Special Health Boards, to ensure that the PPF is able to contribute to the wider health issues as they affect the local communities. Where appropriate, the CHP should act as a conduit between these services and the PPF.
15. The PPF should be open to all individual patients and carers, local networks, groups and organisations that have an interest in the work of, or receive services, from the CHP. All members of the PPF will have an equal stake within the Forum. The CHP should not exclude any member of an organisation or individual who wishes to be part of the PPF and indeed it should encourage involvement from all sections of the community. The specific needs of those individuals from minority communities or those who are potentially socially excluded or face discrimination must be addressed.

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<sup>7</sup> Local Government in Scotland Act 2003.

[www.scotland-legislation.hmsso.gov.uk/legislation/scotland/acts2003/20030001.htm](http://www.scotland-legislation.hmsso.gov.uk/legislation/scotland/acts2003/20030001.htm)

<sup>8</sup> Local Government in Scotland Act 2003: Community Planning Advice Notes

[www.scotland.gov.uk/library5/localgov/cpan-00.asp](http://www.scotland.gov.uk/library5/localgov/cpan-00.asp)

16. The PPF will have three main roles:

- The first will be to support and enable the CHP to, through the PPF and other means, inform local people about the range and location of services and information which the CHP is responsible for, including NHS Board wide services which are available within the CHP area. This should include the Scottish Consumer Council's template for CHPs to provide information to the public about local services. This will lead to better access to services for local communities;
- The second is to support and enable the CHP to engage local service users, carers and the public in discussion about how to improve health services, the wider health improvement agenda and raise health issues from the community perspective. This will enable the CHP to respond to the needs, concerns, and experiences of patients, carers and families. The PPF must ensure that it is able to represent the views of all members of the communities served by the designated CHP area, paying particular attention to those who could be socially excluded or face discrimination when accessing services. This will help inform the work plans of CHPs and to identify local priorities for service improvement.
- The third role will be to support wider public involvement in planning and decision making whilst contributing to the cultural change within the public sector for public involvement. This will require CHPs to work collaboratively with the NHS Board and their partners and to engage, through the PPF, with current and planned public involvement and consultation activities and structures such as appropriate NHS Board committees and working groups, local authority area committees, community councils, citizen's panels, community planning structures, community learning strategy groups, voluntary sector organisations, community groups and individual patients, carers and members of the public. The CHP should adopt a range of methods and approaches to enable them to reach all sectors of the community. This will help inform wider service planning issues and lead to more responsive services which are accountable to citizens and local communities.

17. In order to fulfil these roles the PPF may identify specific groups to deal with particular issues as they arise; e.g. local diabetes support group and patients to deal with diabetic service re-design. Members of the PPF will also be encouraged to take part in relevant CHP and NHS Board committees, steering groups, working groups as necessary and as requested by the CHP or NHS Board.

18. The PPF will be made up of existing groups and a range of individual patients, carers and members of the public. Through this arrangement the CHP will be able to formalise any involvement or engagement processes already in place and support and encourage those currently involved to become members of the PPF.

19. Whilst it is not a requirement that the PPF will meet on a regular basis, it is important that members are able to come together and communicate with each other and the CHP, especially in the development stages, in order to ensure that they can agree the structure and decision making processes, how they will fulfil their roles, develop their working agreement (see Para. 65) and agree methods of communication. The nature and extent of involvement will be determined by a range of factors including resources available to and within the group and the capacity of individuals to contribute.
20. PPF members must be able to remain in close contact with the CHP by whatever means is deemed appropriate by all stakeholders and via the day-to-day support available to them.
21. The CHP, in conjunction with the PPF, should assess the methods of engaging with people who may not already be in an existing network but who may be interested in taking part in this type of activity at a local level. The CHP must ensure that it is able to engage with all members of the communities it serves, giving consideration to issues of inclusion, available skills and people's desire to be involved.
22. The CHP comprises a wide range of partners and will be a committee or sub-committee of the NHS Board. The aspirations of *Partnership for Care* are that the CHP committee shall consist of frontline staff and other key stakeholders, who are best placed to assess the health care requirements of local communities and offer insights into how to improve the planning and delivery of services with a view to improving patient/carer experiences. The PPF will be represented on the CHP committee or sub committee.
23. As outlined in the CHP Statutory Guidance, the PPF, working as a network of existing local groups and individuals, should, by fair, open and democratic means, select at least one member of the PPF to serve on the CHP committee. The member(s) of the PPF and the CHP should agree the selection criteria for these members and the process for doing so. This should form part of the working agreement for the PPF.
24. This member will have voting rights on behalf of the PPF and therefore should not be presenting their personal views. They should have the mandate of the PPF to represent the views of members in this role. In addition, it is considered good practice to select at least two additional members to act as deputies, in the event of absence, sickness or holidays, to ensure that the PPF is always represented at the Committee.
25. By working with their local Councils for Voluntary Service (CVS) or other local network organisations, CHPs will be able to identify and support knowledgeable and appropriate people from the voluntary sector who can represent the interests of the whole sector locally.

26. In line with the Scottish Compact<sup>9</sup> and the Implementation Strategy<sup>10</sup>, NHS Boards and CHPs should be developing a partnership approach to working with their local voluntary sector. This will lead to a greater understanding between the sectors of their respective capabilities.
27. Whilst being part of the CHP decision-making process, this must not compromise the voice of the members of the PPF. For example, where the CHP or the NHS Board considers all the facts and then makes a decision which does not reflect the views of the PPF, then the PPF will be able to make their views known on this. In this situation the CHP, working through the PPF members of the CHP committee, should ensure that the reasons why such decisions were taken are shared openly.
28. It is envisaged that the members of the PPF serving on the CHP committee should be allowed some time to consolidate their role. Therefore, the PPF and CHP should periodically review the role and responsibilities of these members and ensure that the members of the PPF are receiving the appropriate ongoing support and development opportunities needed to be a fully participating member of the committee or make suitable arrangements for new members to be appointed to the committee.
29. Members serving on the CHP committee and members of the PPF will be accountable to the organisations they serve and to the wider communities served by the CHP for their actions and decisions. All members of the PPF have the responsibility to act in an appropriate manner without bias or discrimination. Formal and informal lines of accountability should be clearly identified within the working agreement.
30. All members serving on the CHP committee, including those from the PPF, will be bound by the rules as laid out in the Community Health Partnership (Scotland) Regulations 2004.
31. The PPF will be able to raise any issues, concerns and/or comments related to the overall health service provision directly with the CHP or other appropriate committee.
32. In reaching agreements or gaining consensus, members of the PPF should use whatever appropriate means is available to them to do so. The CHP must be assured that decisions taken or agreements reached by the PPF are the consensus of the majority of the PPF members and therefore mechanisms must be in place to ensure that this evidence will be available.
33. With advice and support from the local office of the Scottish Health Council, the CHP should develop a working agreement in partnership with the members of the PPF to ensure all members are clear about their role within the PPF and indeed with the wider CHP.

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<sup>9</sup> Scottish Compact: The Principles underpinning the relationship between Government and the Voluntary Sector in Scotland, The Scottish Office, 2004.

<sup>10</sup> Scottish Compact Implementation Strategy 2003 – 2006: A report by the Compact Review Group, Scottish Executive, January 2004

## **Support for the PPF**

34. PPF members should be able to gather the views of the wider community on issues which affect the work of the CHP. To ensure that the PPF is able to carry out this role, they will require ongoing support, training and development. In order for this role to be effective members of the PPF need access to a range of individuals across the CHP, NHS Board, local authority and voluntary sector.
35. Each CHP should outline within their Development Plan the support, training and development they will provide for the PPF members and who will undertake this.
36. Members of the PPF will be expected to have access to existing staff, who are already working within communities served by the CHP, for example, health promotion staff, public health practitioners, community education staff, community development staff, etc.
37. These members of staff will work with the PPF to assess their training and development needs and act on these as appropriate, i.e. providing training and development opportunities to members of the PPF whether in-house, with local authority partners and/or voluntary or community organisations. This will allow the members of the PPF to gain and/or expand their knowledge and understanding of NHS and local authority practice and services.
38. The CHP has the responsibility to ensure that the existing staff, mentioned above, are clear about their role in supporting the PPF and that the PPF members know who they are and how to access them.
39. The CHP will make available to members of the PPF access to appropriate information, staff, facilities, secretarial/administrative support and any other services necessary to allow them to fulfil their role. A support team should be available to enable the CHP to provide strategic and operational support to the PPF and this will be funded by the NHS Board through a delegated budget to each CHP and ensuring collaboration with their partners, where appropriate.
40. This team should be responsible to the General Manager of the CHP, or to an appropriate delegated member of staff, for the day-to-day operation of the PPF. However, the General Manager of the CHP is accountable for ensuring that the CHP fulfils its statutory duties in relation to involving the public and promoting equality of opportunity.
41. The support team should also be responsible for strategic and operational aspects of the PPF and ensuring that members of the PPF are able to access staff appropriately and where necessary to allow them to carry out any duties they have in relation to the PPF. This would include supporting those members of the PPF who serve on the CHP committee. This team should be the first point of contact for any member of the PPF is key to the whole development and smooth running of the PPF.

42. The support team should be able to establish the interests, skills and knowledge of the PPF members so that patient/public interest or representation to any groups, sub-groups, committees can be provided and also that particular pieces of work, including research necessary to progress the work of the CHP or the NHS Board, can be carried out. All information held by the support team in respect of PPF members should be kept in accordance with Data Protection regulations.
43. CHPs should have clear mechanisms, agreed with the support team, for gathering and implementing examples of good practice in patient focus and public involvement activity and for ensuring the effective provision of information to the PPF and the communities served by the CHP.
44. The support team should co-operate with partner agencies to establish or link into database(s) of current patient focus and public involvement activity to avoid duplication of effort and ensure that the PPF is able to access the information and advice it needs to fulfil its role.

### ***Role Of The Scottish Health Council***

45. In April 2005, the Scottish Health Council will be established. Its role will be to quality assure the Patient Focus and Public Involvement activity of NHS Boards through 3 main functions: assessment, development and feedback<sup>11</sup>. The Scottish Health Council will have a local office in each of the 15 geographical Health Board areas. This office will be made up of professional staff and a local advisory council.
46. The role of the Scottish Health Council locally in relation to CHPs will be to :
  - provide a quality assurance role in terms of whether or not NHS Boards are effectively carrying out their statutory duties to involve the public and promote equality of opportunity through the work of PPFs and other public involvement activity;
  - ensure that the CHP is able to respond to the needs of individuals and local communities in relation to service planning, design and provision;
  - to provide a source of advice and support to PPFs to identify its supports needs and how these will be met by the CHP and in particular the development of the working agreement between the CHP and the PPF;
  - ensure that the CHP operates effectively in accordance with standards developed by the Scottish Health Council and according to the guidance *Informing, Engaging and Consulting the Public in Developing*

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<sup>11</sup> Scottish Health Council Implementation Team, Draft Strategic Framework, September 2004

*Health and Community Care Policies and Services*<sup>12</sup> and the *Standards for Community Engagement*<sup>13</sup>; and

- ensure the wider equality and diversity approach being developed by Scottish Executive Health Department is taken into account, paying specific attention to the requirements of the *Equality & Diversity Impact Assessment Tool*<sup>14</sup>.

47. The Scottish Health Council locally, in carrying out its functions, will have an important external scrutiny role. Where a CHP is not effectively engaging with the local communities it serves through the PPF, then the local office of the Scottish Health Council may ask the NHS Board to take action to ensure the CHP is discharging its statutory duty.
48. In order to fulfil this scrutiny role it is important that members of the Scottish Health Council local advisory council are able to engage with the PPF members and, if they wish, be part of the PPF itself. This will allow the local advisory council members to be kept abreast of developments of the CHP and, in particular, how the CHP is engaging with the local communities it serves.
49. Any potential conflict of interest that may arise out of this arrangement should be declared by the local advisory council member and they should agree with the local office of the Scottish Health Council how this will be addressed.
50. Due to the Scottish Health Council role in quality assuring the PFPI activity of the CHP, members of the local advisory council who are members of the PPF will not be eligible for serving on the CHP committee.
51. The Scottish Health Council locally will assess the evidence provided by the CHP of its engagement with the PPF. This evidence should form part of the overall assessment of the NHS Board in relation to its PFPI activity in line with the NHS Performance Assessment Framework, Section 5 and any standards as defined by the Scottish Health Council nationally.

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<sup>12</sup> Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services, Scottish Executive Health Department, August 2004

<sup>13</sup> Standards for Community Engagement, Scottish Community Development Centre & CoSLA, April 2004

<sup>14</sup> Equality & Diversity Impact Assessment Toolkit, Scottish Executive Health Department, August 2004

## ***Membership of the PPF***

52. Membership of the PPF is open to anyone who:

- receives services;
- cares for someone who receives services;
- is a potential user of services.

and who lives, works or has a substantial connection in the area served by the CHP.

53. Membership is also open to all:

- voluntary sector organisations;
- community groups;
- support groups;
- self-help groups;
- community councils;
- local forums; and

any other group with an interest in the services provided by the CHP and how they are delivered to local communities.

54. Members of the PPF should declare if they are representing an organisation/group and ensure that they are able to gauge/gather and present the views of their members when representing the organisation/group. Lines of accountability should be agreed between the member and their organisation/group.

55. Declarations of interest and potential conflicts of interest must be declared and agreement reached by all parties on how these will be dealt with. For example, journalists, locally elected members, MSPs, existing or recently retired NHS staff.

56. The PPF should be clear about the mechanisms for dealing with such circumstances and all members aware of their responsibilities in this regard. This is particularly important if any such member of the PPF is selected to serve on the CHP committee and these issues must be addressed in line with the CHP regulations and in the working agreement

57. As the PPF is a network of existing and emerging groups there should be no time line for members of the PPF as long as they fulfil the criteria outlined above. Members of the PPF who serve on the CHP committee will be bound by the same arrangements as other members of the CHP committee and therefore will be time-bound with individuals eligible for re-appointment.

58. To maximise the capacity and expertise of local people available within local communities, it is possible that an individual or group may be a member of more than one CHP.

### ***What the PPF is not?***

59. Whilst outlining the role of the PPF and the support it should receive, it is important to state what the PPF is not or should not do.
60. The PPF has no legal status and will not be a constituted organisation; therefore it will have no management committee. It will not employ staff, acquire assets or incur any liabilities.
61. The PPF or its individual members must not be involved in raising or dealing with individual complaints about NHS staff and/or services. The PPF should encourage patients, carers, families and members of the public to raise their concerns with the appropriate member of staff/department or signpost them to the independent advice and support service or advocacy service available within each NHS Board area.
62. Individual members of the PPF must not act on behalf of the PPF, except where directed or agreed by the majority of the members of the PPF. Where PPF members, including those who are serving on the CHP committee, are seen to act in isolation, the PPF in conjunction with the CHP must be able to deal with such circumstances and mechanisms must be agreed on how this is dealt with.
63. The PPF must not be involved in matters relating to individual members of NHS staff. Any issues relating to staff is a matter for the CHP to address. If members of the PPF have any issue in relation to members of the support team then this should be raised with the CHP General Manager.

### ***Contact with the Media***

64. No individual member of the PPF should speak to the press or represent the PPF without the prior consent of the majority of the members. All press contacts should be made in the first instance through the PPF support team. The support team must ensure that the CHP is aware of any correspondence the PPF has with the press, and vice versa, and that the CHP is given the opportunity and is able to respond to this, prior to publication.
65. This does not preclude any individual or organisation speaking to the press but they must be clear that they are not representing the PPF when they do so.

### ***Working Agreement***

66. The CHP must ensure that the members of the PPF are aware of their role and responsibilities. With support from the Scottish Health Council locally, the CHP and members of the PPF should draw up a working agreement which should be adhered to by the CHP and members of the PPF.

67. This working agreement should include such things as:

- Aim of the PPF;
- Expected outcomes of the PPF in relation to participation in the CHP;
- Roles and responsibilities of the CHP and PPF members, including those serving on the CHP committee;
- Structure for the PPF;
- Process for selecting and agreeing the members of the CHP committee;
- Outline of decision making processes;
- Formal and informal lines of accountability;
- Role of Scottish Health Council locally in relation to CHP and PPF;
- Role of support team and appropriate access to it by members of the PPF;
- Code of conduct for PPF members;
- Communication processes of and between members; and
- Time commitments of PPF members; and

also arrangements for:

- Membership of PPF;
- Reimbursement of reasonable expenses to PPF members in relation to their role;
- Handling declarations of interest and any potential conflicts that may arise;
- Raising issues with CHP including any comments or concerns;
- Dealing with inappropriate behaviour of PPF members;
- Contact with the media;
- Support for PPF members;
- Access to information and appropriate use of such;
- Gathering information from PPF members and how this will be used;
- Identifying groups, sub-groups or being members of any established by Community Health Partnership; and
- Ensuring commitment to equality and diversity.

### ***Next Steps***

68. As part of the Schemes of Establishment **an action plan** for the development of the PPF should be included. It is envisaged that as CHPs evolve so will their respective PPFs.

69. NHS Boards and CHPs **must examine current good practice** on involvement locally and nationally and learn from this. (see appendix attached) There is no blueprint for engaging local people in the work of the CHP. The example attached is one way of delivering a community engagement strategy that encompasses health, local authority, patients, carers, voluntary sector, community groups and individual members of the public.

70. Each CHP in conjunction with their NHS Board and local communities must agree a way forward that is right for their local circumstances. In order to develop the real partnership that is needed to address the health needs of the local communities; time must be allowed to develop the PPF to ensure that it is truly representative of the local communities, both geographic and social, that the CHP serves. **Consideration must be given to the issues of equality and diversity** as outlined previously. We would expect the PPF to be fully established with all appropriate support mechanisms and structures, at the latest, by 31<sup>st</sup> March 2006.
71. CHPs as they evolve should begin to **map the current patient focus and public involvement activity of their area**. This will allow the CHP to assess organisations, groups, individuals, etc available within their community, who could potentially become members of the PPF.
72. In the absence of the Scottish Health Council locally prior to 1<sup>st</sup> April 2005, the CHP and NHS Board should **work in conjunction with the existing Local Health Council** to establish their role in relation to development of the PPF.
73. NHS Boards and CHPs should **establish mechanisms for collecting examples of good practice and evidence** of their involvement and interactions with the PPF. This evidence should form part of the NHS Boards submission for the Performance Assessment Framework.

**NORTH LANARKSHIRE PARTNERSHIP**

**COMMUNITY ENGAGEMENT STRATEGY**

**INTRODUCTION**

Our 'Vision' provides a framework for ensuring efficient and effective community engagement in the undertaking of all activities of North Lanarkshire Partnership.

The key features of our 'Vision' focus's upon:

- clarifying the **Purpose** and expected outcomes
- ensuring the adherence of key **Principles**
- satisfying the needs of all **People** in all **Places**
- recognising the diversity of **Processes and resources**
- agreeing key **Priorities**

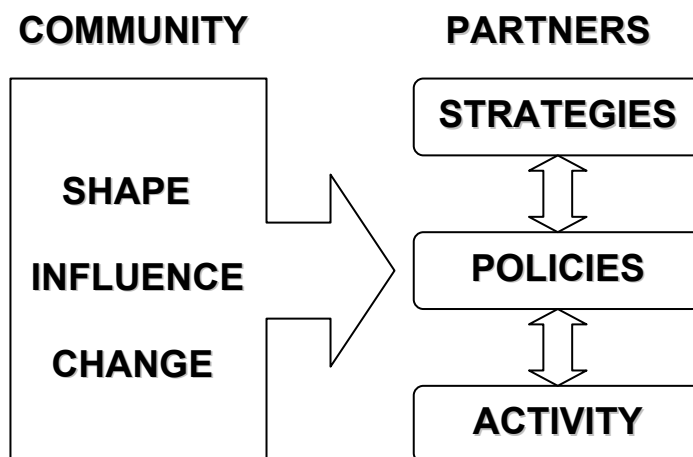
**Background**

Our 'Vision' reflects the Scottish Executive's policy on effective community engagement and views community planning as a process to secure:

*"greater collective engagement by agencies with communities in assessing needs, policy development and delivering services which best meets these needs. Communities should be at the heart of community planning"*

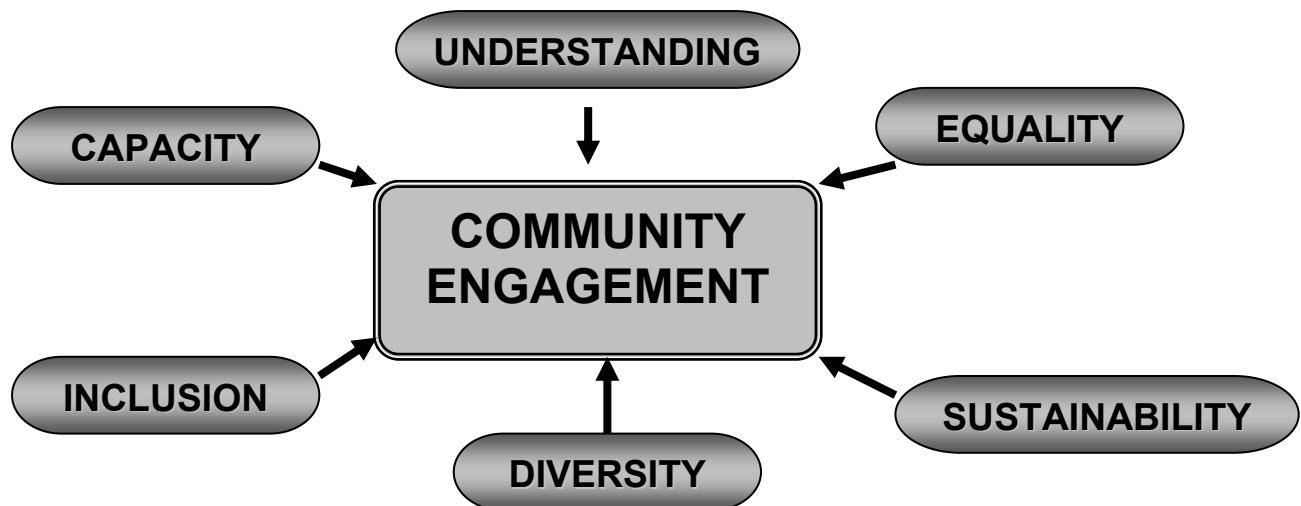
**PURPOSE**

The purpose of Community Engagement is to ensure that local people have the opportunity and ability to shape and change the design and delivery of the services that impact on their lives. Furthermore engagement must influence our strategic priorities and objectives.



## PRINCIPLES

Fundamental principles have been agreed that must be encapsulated in the delivery and undertaking of all Community Engagement activity. These will in turn be enhanced in due course to include key standards of engagement.



### **Capacity**

Need to ensure that the ability of local groups and individuals to identify and address their community's issues and problems continues to be increased and improved.

### **Inclusion**

Ensures that people and communities, who are marginalised or neglected, enduring poverty and disadvantage, are supported by policies, strategies and practice designed to remove or lower unnecessary or avoidable barriers and that economic and social opportunities are accessible to all.

### **Understanding**

Communities must clearly recognise and acknowledge the specific purpose and goals of the engagement, their roles and responsibilities within it.

### **Equality**

Recognises that fair and equitable treatment is a right of all, and is a fundamental element of community engagement

### **Diversity**

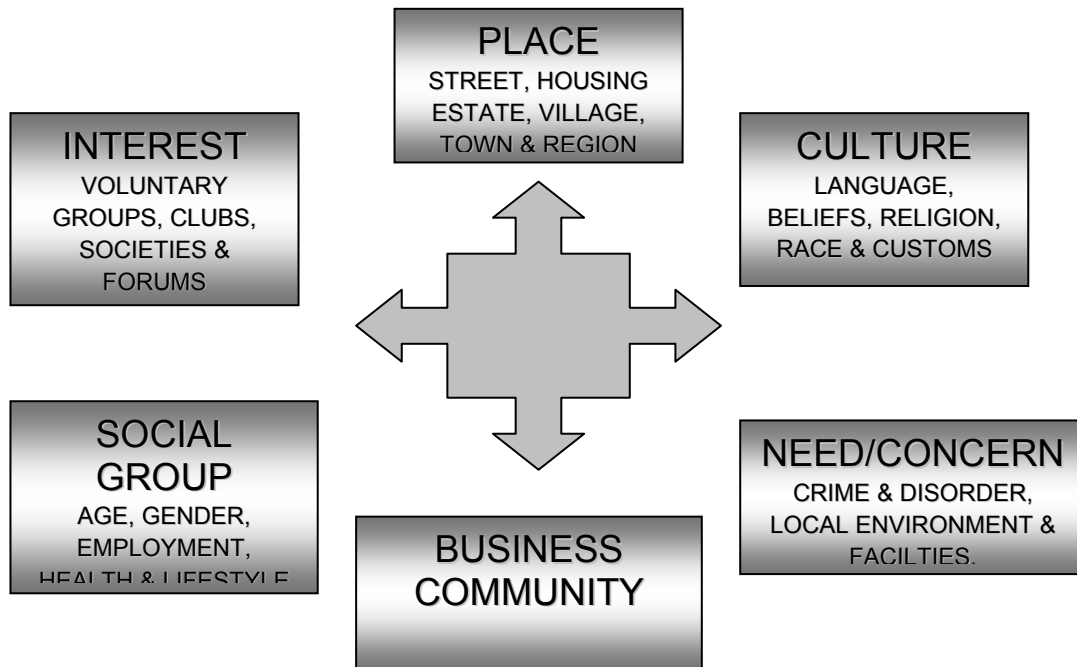
Addresses issues of opportunity for groups and individuals who are marginalised through disability, literacy and language, sexual orientation, religion, race and culture.

### **Sustainability**

Effective, well-organised and supported community engagement must provide participants with a legacy of transferable skills, knowledge and understanding of processes. And present opportunities for proactive future engagement by participants.

## PEOPLE & PLACE

Our 'Vision' recognises the reality that individuals are a part of many different 'communities'. Some of these are acknowledged by the individual e.g. a voluntary group, other communities are not as easily acknowledged e.g. victims of crime. The 'communities' that will engage are:



The diversity of our communities clearly demands the need for non-prescriptive engagement models. Our 'Vision' supports the need for dynamic, inclusive and relevant processes.

The current policies and processes within our Partnership that demonstrate our commitments to the principles of community engagement and the diversity within our communities are illustrated with examples from two partners in **Matrix One – Principles, People & Place**.

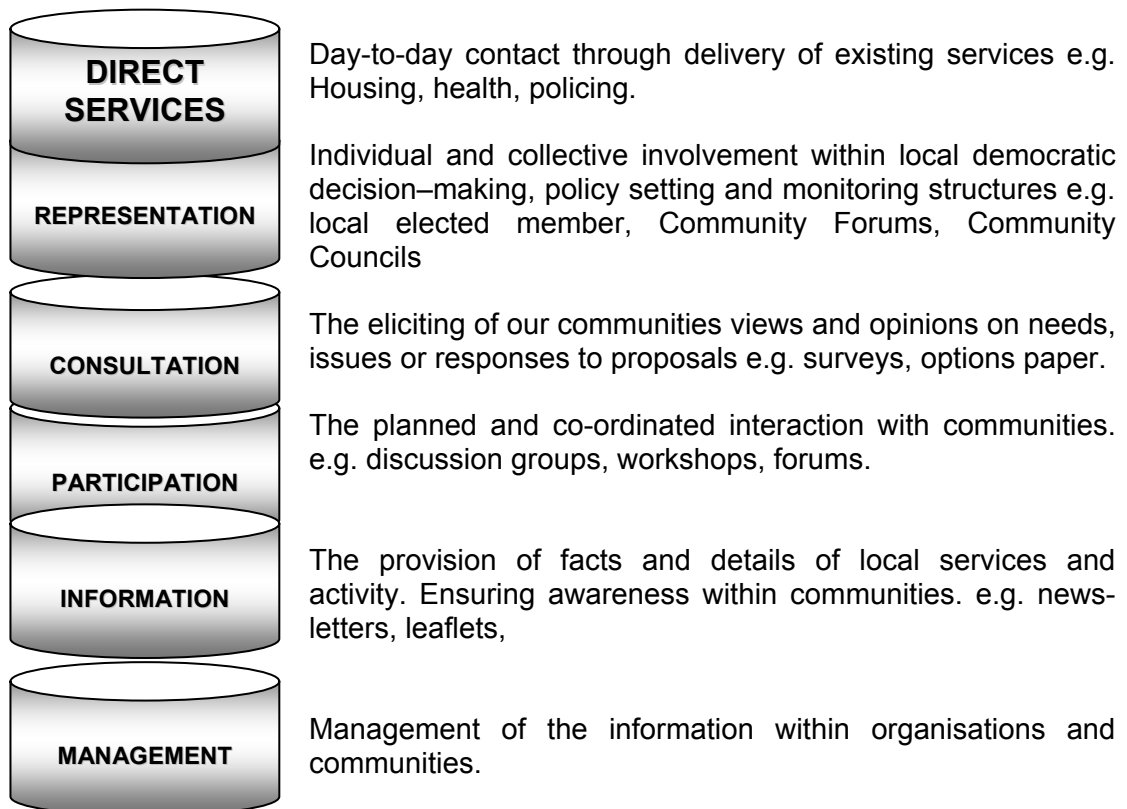
## PROCESS

Community learning and development approaches that tackle issues of power and equality; develop community activity and organisation; and influence decisions of public organisation are essential to Community Planning.

Effective community engagement must reflect the circumstances and ambitions of everyone. The processes employed will clearly reflect the desired goals and outcomes. In practice processes will often overlap and a mix may be required to ensure value of input.

A variety of techniques and approaches are at our disposal. These though not exclusive will provide the opportunity to assess our current levels of engagement within an agreed framework. Thus leading to the identification of gaps and areas of duplication.

The form that engagement can take will be both Formal and Informal. It will be undertaken on a continuous ongoing basis or as part of a specific task. Finally, engagement will be both proactive and reactive.



The order shown above is not an indication of relative importance of each process; rather each process is equally important in its own right.

## **PRIORITIES**

Within the context of the development of our Vision for Community Engagement our priorities will be to:

- to develop clear and effective standards of engagement ensuring access and transparency for all;
- to minimise duplication of engagement and in doing so improve efficiency for resources and targeting within Partnership; and
- to increase accountability within the Partnership to the communities we represent through the creation of a culture where all staff have the duty to engage with, and respond to, the legitimate needs and aspirations of those communities.

## **ACTION PLAN**

Work on this strategy has continued through the Officers Working Group and the Information sub-group.

It is recognised that greater co-ordination between partners offers potential for improving quality and delivery of services through efficiency of consultation and reducing duplication of effort.

It is therefore intended that the Action Plan should be a twin track process, both at Strategic and at Local level.

### **Strategic Community Engagement**

At present different agencies undertake their own research surveys mostly for their own rather than shared purposes.

It is the intention of the information sub-group to create an 'information clearing house' whereby a register of planned surveys would facilitate moves towards joint development and ownership of research surveys in the NLP area.

This would not prevent, or remove the need for, individual agencies to carry out their own agency specific research but would provide an effective integration of resources, prevent duplication and readily identify gaps in knowledge and information required to provide better services.

### **Local Community Engagement**

The Officers Working Group have assessed that there are a multitude of existing community consultation and engagement mechanisms across North Lanarkshire.

Many of these suffer from under-representation, lack of support, single-issue existence or lack of motivation/direction.

To this end it is suggested that the existing Community Fora would be the most appropriate vehicle to use for this purpose.

It is accepted that some of these Fora suffer from the aforementioned problems. They do however provide clear links to local areas with understanding of local issues and service delivery, Council Area Committees and the existing and proposed Local Area Community Planning Teams.

It is therefore proposed to develop Community Fora as the single partner mechanism for community engagement at a local level.

## USEFUL LINKS AND FURTHER READING

## APPENDIX TWO

Patient Focus Public Involvement, Scottish Executive Health Department, December 2001 [www.scotland.gov.uk/library3/health/pfpi-00.asp](http://www.scotland.gov.uk/library3/health/pfpi-00.asp)

Equality & Diversity Impact Assessment Toolkit, Scottish Executive Health Department, due to issue September 2004. (currently available in draft format from Involving People Team on 0141 249 6586)

Informing, Engaging, Consulting the Public in Developing Health and Community Care Policies and Services, Scottish Executive Health Department, due to issue August 2004. (currently available in draft format from Involving People Team on 0141 249 6586)

NHSScotland – Building Strong Foundations – Involving People In The NHS  
[http://www.shstrust.org.uk/publications\\_reports.htm](http://www.shstrust.org.uk/publications_reports.htm)

NHSScotland – Sustainable Patient Focus And Public Involvement  
<http://www.show.scot.nhs.uk/sehd/viewpublication.asp?PublicationID=961>

Scottish Executive – Partnership For Care – Scotland’s Health White Paper: Summary  
<http://www.scotland.gov.uk/library5/health/hwps-00.asp>

Scottish Executive – Equality Strategy  
<http://www.scotland.gov.uk/library3/social/wtem-00.asp>

Scottish Executive – Fair Enough? Fair For All Progress Report  
<http://www.scotland.gov.uk/library5/justice/feffap-00.asp>

Scottish Executive – Scottish Compact Implementation Strategy 2003-2006  
<http://www.scotland.gov.uk/library5/government/scimps-00.asp>

SHS Trust – Making It Happen – Conference Report  
<http://www.shstrust.org.uk/pdf/servicesforall1.pdf>

Standards for Community Engagement, Communities Scotland and CoSLA,  
<http://www.scdc.org.uk/standards.htm>

What It Means to You – A Guide For Disabled People, Disability Rights Commission, 2004  
<http://www.drc-gb.org/publicationsandreports/publicationdetails.asp?id=143&section=0&all=1>

What It Means To You – A Guide For Service Providers, Disability Rights Commission, 2004  
<http://www.drc-gb.org/publicationsandreports/publicationdetails.asp?id=148&section=0&all=1>

Improving Disabled People’s Access To Health Provision, Disability Rights Commission  
<http://www.shstrust.org.uk/pdf/drcreport1.pdf>

DRC – Inclusive Design – Products That Are Easy For Everybody To Use  
<http://www.drc-gb.org/publicationsandreports/publicationdetails.asp?id=154&section=0&all=1>

DRC – Making Access And Goods And Services Easier For Disabled Customers  
<http://www.drc-gb.org/publicationsandreports/publicationhtml.asp?id=318&docsect=0&section=0>

NHSScotland – Adding Life To Years – Report On The Expert Group On Healthcare Of Older People <http://www.show.scot.nhs.uk/sehd/publications/alty/alty-00.htm>

Scottish Executive – Older People In Scotland: Results From The Scottish Household Survey 1999-2002 <http://www.scotland.gov.uk/cru/resfinds/hcc37-00.asp>

Stonewall Scotland – Towards A Healthier LGBT Scotland  
<http://www.lgbthealthscotland.org.uk/Stonewallopt3.pdf>