

<b>Meeting:</b>	<b>NHS Grampian Board Meeting</b>
<b>Meeting date:</b>	<b>13 June 2024</b>
<b>Item Number:</b>	<b>11</b>
<b>Title:</b>	<b>Putting People First</b>
<b>Responsible Executive:</b>	<b>Susan Webb, Director of Public Health, NHS Grampian</b> <b>Adam Coldwells, Chief Executive, NHS Grampian</b> <b>Tom Power, Director of People and Culture, NHS Grampian</b> <b>June Brown, Executive Director Nursing and Deputy Chief Executive, NHS Grampian</b>
<b>Report Author:</b>	<b>Luan Grugeon, Strategic Development Manager (Colleague and Citizen Engagement)</b>

## **1 Purpose and recommendations**

**This is presented to the Board for:**

- Endorsement
- Assurance

The Board is asked:

### **Endorsement -**

- To endorse the new Putting People First framework (attached)
- To endorse the priority areas for the next 2 years, noting that pace will be dependent on ability to secure resource to support foundation years activities and that additional resource will be required in horizon two to spread the approach
- To endorse the actions to develop this approach in collaboration with wider system partners

The report is presented for:

### **Assurance –**

- To provide assurance to the Board that the development process for this work has been diverse and inclusive and has modelled best practice for listening to and involving people, in line with the new Putting People First approach and guiding principles.

## **This report relates to:**

NHS Grampian Strategy: Plan for the Future

### **People Priority:**

- We will build on and further develop new conversations and relationships with our colleagues and communities.

### **Citizen priority**

- To live in a fair and vibrant society where individuals flourish, we will focus on improvements for all citizens, joining with them in partnership

## **Board Annual Delivery Plan**

Putting People First is a listed priority area for action in the Annual Delivery Plan submitted to Scottish Government in March 2024.

### **This aligns to the following NHS Scotland quality ambitions:**

- Safe
- Effective
- Person Centred

## **2 Report summary**

### **2.1 Situation**

NHS Grampian's Plan for the Future articulates an ambition to change the relationship with the public so we can create a more preventative system and develop sustainable models of care rooted in communities. A focused piece of work has therefore been undertaken to help refresh its approach to how we want to involve and listen to people in line with evidence on effective community engagement.

The following activities were carried out to inform the new approach:

- ✓ Evidence base review
- ✓ Sounding board of system experts established
- ✓ Mapping of staff and public engagement within NHS Grampian
- ✓ Appreciative Inquiry approach taken to listen to and involve diverse people in shaping the approach

Putting People First Framework outlines the new approach, guiding principles and recommendations for the foundation years which the board is being asked to endorse.

### **2.2 Background**

There is growing recognition that our treatment-led, hospital-dominated model of healthcare is not fit to effectively deal with the health challenges of our ageing population and changing burden of disease. There is a fundamental requirement that healthcare shifts more towards preventative approaches which prevent the development of conditions and enable individuals to manage long term health conditions effectively.

The Plan for the Future NHS Grampian's 2022-2028 strategy takes forward that ambition to create a system which delivers both changes to the population's health through 'enabling wellness' whilst still being able to provide timely and high-quality services which 'respond to illness'.

As outlined in Plan for the Future, communication and engagement includes a wide range of activities from every day interactions through to helping transform the system as follows:

1. Make every opportunity count to support people to stay well and recover faster.
2. Ensure our colleagues, patients, carers and public are kept informed and feel valued.
3. Establish a culture of co-production to ensure a range of voices, including seldom heard voices, are heard in the choice and design of services.
4. Supporting change through building relationships.
5. Enhance the Grampian health system as the place to work.
6. Making a difference (evaluation).

As well as the need to engage differently to achieve sustainable change, the organisation also has statutory duties to engage and involve people. The Putting People First approach will support best practice and encourage cross system collaboration and learning to ensure that NHS Grampian is ensuring adherence the following areas:

#### **Legislation**

- NHS Reform (Scotland) Act 2004
- Public Bodies (Joint Working) (Scotland) Act 2014 (section 36)
- Equality Act 2010
- Fairer Scotland Duty 2018
- Community Empowerment (Scotland) Act 2015
- Human Rights Act 1998
- Children and Young People (Scotland) Act 2014

#### **Guidance**

- Staff Governance Standards
- Planning with People (2023)
- Right First Time (2021)
- Integration Planning Principles (2015)
- National Standards for Community Engagement (2016)
- The Gunning principles (1985)
- PANEL principles (2015) (Participation, Accountability, Non-discrimination and equality, Empowerment and Legality)

To achieve this ambition and to meet our statutory requirements, it is recognised that effective engagement cannot belong solely to the remit of a specialist engagement team but requires commitment and action at all levels within the organisation to change culture and develop the whole workforce to create equal partnerships with the public, empowering frontline teams to be key drivers of change.

## 2.3 Assessment

The evidence base review highlighted the link between listening and engaging well to quality and safety of care provided, staff satisfaction, patient satisfaction as well as financial performance.

In relation to staff, there is a large body of evidence that staff who are well engaged deliver better care and support: [Staff engagement | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/staff-engagement)

Higher engagement levels with staff have lower levels of sickness absence, and also have lower spend on agency and bank staff and also is linked to increased patient satisfaction ([www.england.nhs.uk/wp-content/uploads/2018/03/wres-engagement-absence-agency-spend.pdf](https://www.england.nhs.uk/wp-content/uploads/2018/03/wres-engagement-absence-agency-spend.pdf))

In addition, the evidence base review highlighted that engaging with people in communities can help make the shift towards creating a more preventative system, a clear ambition in Plan for the Future.

Changing the relationship between public services and the people who use them can be transformative and allow people to take greater control of their health and wellbeing [A citizen-led approach to health and care: Lessons from the Wigan Deal | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/citizen-led-approach-to-health-and-care-lessons-from-the-wigan-deal)

A shift towards sharing power with communities is a key enabler for how we will create preventative solutions at this time of demand crisis: [A Community-Powered NHS - New Local](https://www.kingsfund.org.uk/community-powered-nhs-new-local)

In addition, the key findings from the scoping work which has informed the new approach are as follows:

- There is strong support for having a shared approach to how we listen to and involve people, particularly due to current pressures and the need to create more preventative solutions.
- There are many pockets of good practice around listening and involving people, but there is not an infrastructure which supports cross system learning to spread good practice and to identify areas which require action.
- It is recognised that senior leadership commitment making listening and involving people a visible priority will be critical to success in embedding a shared new approach.
- Much of the listening and communicating with the public is transactional, episodic, based on specific projects and does not support relational working between people.
- There is a gap in how NHS Grampian connects on an ongoing and meaningful way with communities. Local experience and the evidence base suggests this is most effective when there is a targeted approach with communities, involving trusted third sector, local services and focussing on issues which really matter to people.
- Many staff will need support to develop skills, confidence and capacity to play their part.
- NHS Grampian requires to connect with young people, families on low incomes and other groups who tend to experience poorer health outcomes. Better connections

to priority groups need to be made via existing networks where they already exist in communities

- How we involve and engage staff has a heavy reliance on people opting in or relies on local leaders to innovate and prioritise listening and involving people. Local leaders will need to be supported to nurture and grow a listening culture.
- There are highly skilled teams within corporate services who can support teams to involve the public. A key focus will be how to deploy these specialist resources to support local areas to shape their own context-specific approaches

## **The Putting People First Ambition and Principles**

Our new ambition, Putting People First is for NHS Grampian to lead the way in how we welcome, involve, and invite all colleagues and citizens to contribute to improving services and to improving the health of people locally.

This requires us to nurture relationships, valuing the expertise of people seeking care as much as those providing it. We will grow conditions for participation which starts with what is strong not what is wrong, and engages with the talent and expertise which exists within staff teams, the wider community and the third sector.

We will see more opportunities for people to feedback and help shape existing services, and we will see more opportunities for communities (communities of place or communities of shared identity) to connect with health to shape more preventative approaches.

The Putting People First guiding principles are:

### **1. We Put People First**

We strengthen the voice and expertise of lived experience within existing services and support local staff to act on what they hear

### **2. Collaboration always**

We are clear on the unique role and expertise offered by NHS Grampian and collaborate within wider the local system

### **3. We value each other equally**

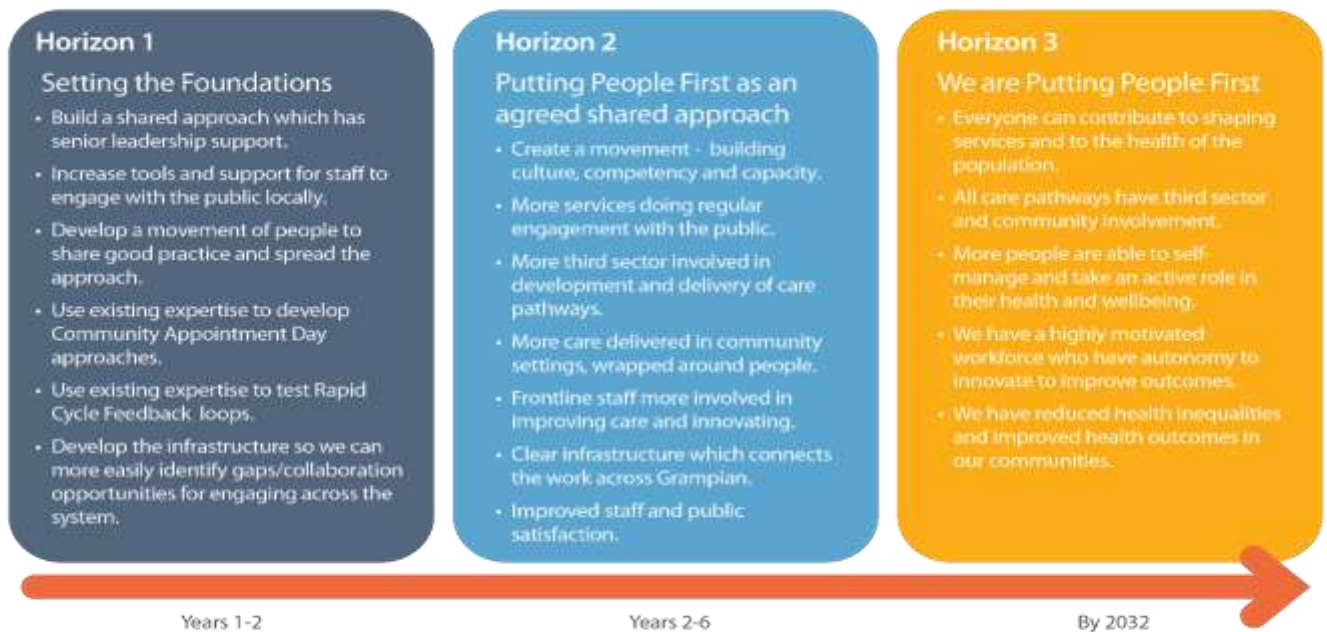
We equally value the expertise of people seeking care, the third sector alongside the expertise provided by clinicians and celebrate our diversity, using flexible inclusive approaches to support diverse involvement

### **4. We care about our purpose and learn together**

We focus on learning and developing together and we elevate the value of human stories to rebalance a target focused NHS culture

## A three horizons approach to change – starting with setting the foundations

Mindful of the culture change required and the financial pressures facing the board, McKinsey's three horizons model provides a framework where over the next 2 years, the focus is on setting the foundations, carrying out proof of concept work, building evidence, learning as a whole system and spreading the approach over the medium to longer term.



The priority areas for the next two foundation years are:

### 1. Increasing people's skills and confidence in listening to and involving others

To develop staff and to improve patient experience, we will develop good practice toolkits on effective engagement, developing effective materials to support courageous conversations and deliver these in a range of ways which are accessible to diverse people (staff and community members).

### 2. Developing Community Appointment Day and other community led health approaches

In order to innovate new models of care through developing equal partnerships with communities, we will test Community Appointment Day (CAD) approaches which brings clinicians into community settings<sup>1</sup>. Community Appointment Days are not just about hosting services closer to home - they enable wellbeing by taking a strengths-based and community powered approach to identify non-medical issues that might be causing or exacerbating medical conditions and have services available there who can support the fundamental basic needs people have in addition to providing specialist medical input in

<sup>1</sup> [Joint venture: how an NHS physio waiting list was shrunk in just two days - New Local](#)

the same environment. Evidence has shown that not only do these provide what people need to enable wellbeing, but they have also reduced waiting lists by one third and improved patient and clinician satisfaction as evidenced here: [Joint venture: how an NHS physio waiting list was shrunk in just two days - New Local](#)

3. Increasing the feedback we receive from the public and acting on what we hear at all levels of the organisation

We will increase the contribution from our public involvement network (PIN) and from volunteers and we will have more public involvement/lived experience informing service improvements and transformation activity. We will test Rapid Cycle Feedback Loops in some service areas, supporting teams to be able to receive feedback and act on what they hear and provide opportunity to escalate as appropriate for action and wider learning.

4. Making listening to and involving people a visible priority and growing a movement of collaborators and sharing learning across the system

We will also develop a learning network where the insights and themes gathered from the Putting People First activities can be considered at a wider organisational level to inform more systemic strategic decision making based on what really matters to people.

### **By the third horizon, this will lead to a situation where, in Grampian:**

- ✓ Everyone can contribute to improving services and be involved in improving the health of the population
- ✓ All care pathways having third sector and community involvement
- ✓ More people are able to self-manage and take an active role in their health and wellbeing
- ✓ We have a highly motivated workforce who have the autonomy to innovate to improve outcomes
- ✓ We have reduced inequalities in health outcomes and improvements in the overall health of the population

#### **2.3.1 Quality/ Patient Care**

Positive impact –

**Rapid cycle feedback loops** will be tested to support teams to focus on what really matters to patient/service users and to provide teams the skills to take action on feedback.

**Community Appointment Days** will be developed in collaboration with teams and people with lived experience to create more effective models of care.

**Communities of practice/learning loops** will be developed to ensure there is the opportunity to learn and evolve approaches across the system.

Negative impact – these proof of concept areas of work as described above will not be delivered across all areas due to resource constraints and will require increased resource allocation in Horizon 2 to ensure equitable spread across the organisation.

### **2.3.2 Workforce**

Positive impact – improved access to training, tools and advice to help teams better engage with the public will be developed.

New models of care will be tested to better meet local need. Platforms for sharing and learning about how to listen and involve people effectively will be developed to support teams.

Negative impact – capacity in teams to prioritise this learning may be a challenge. Some colleagues may find this new way of working a large cultural shift.

Senior leadership support will be needed to make this agenda a priority and flexible approaches to reaching into and supporting teams will be developed. Starting with a small number of test of change areas, the work will be evaluated to demonstrate impact on outcomes and learning and this will be shared across the system.

### **2.3.3 Financial**

In the first foundation setting 2 years, the intention is to as much as possible to work within existing resources within teams, collaborating on areas of shared priorities with Wellbeing Culture and Development, the Engagement team, Public Health, Transformation, Corporate Communications, Planning Innovation and Projects being a critical partners to support teams.

Some initial funding may be required to cover start-up, research and evaluation costs and action will be taken to source this.

Based on the learning from elsewhere, over time, it is anticipated the proof of concept work, such as Community Appointment Days and Rapid cycle feedback loops will lead to more effective services delivery and resources will be required to support systemic spread in Horizon 2.

### **2.3.4 Risk Assessment/Management**

A new strategic 'engagement' risk is being developed. This is being developed with the relevant teams including Culture, Wellbeing and Development, Engagement and Public Health to ensure appropriate mitigations and controls are in place to manage the risk. The Putting People First approach, focussing on building the foundations over the next 2 years will be a core to addressing this risk.



### **2.3.5 Equality and Diversity, including health inequalities**

An EQIA (Equality Impact Assessment) checklist has been completed. No potential negative impact has been identified, therefore a full EQIA or FSDIA (Fairer Scotland Duty Impact Assessment) has not been carried out.

### **2.3.6 Other impacts**

None.

### **2.3.7 Communication, involvement, engagement and consultation**

Wide engagement across the system has taken place to shape the approach (full details are contained in a background report which can be provided) including most recently:

- Grampian Area Partnership Forum (GAPF) 21<sup>st</sup> March 2024
- GP leads group 27<sup>th</sup> March 2024
- System Wide SLT 29<sup>th</sup> January 2024
- Meetings with Chief Officers of Health and Social Care Partnerships (HSCPs) in March 2024
- Meetings held with Chief Executive Officers of the 3 Third Sector Interfaces (TSIs) Feb and May 2024
- Area Clinical Forum (ACF) 1<sup>st</sup> May 2024
- Staff open sessions and Daily Brief updates
- Nursing and Midwifery Leadership Council 3<sup>rd</sup> May 2024
- Public Health Leadership Group 30<sup>th</sup> April 2024
- Portfolio Executive Leads (PEL) meeting 25<sup>th</sup> April 2024
- Meetings with key leaders within the 3 HSCPs

Upcoming:

- Clinical Board 22<sup>nd</sup> May 2024
- HSCP and Community Planning Partnership (CPP) dialogues are in progress to determine collaborative opportunities

It is recognised that in order to achieve success, the Putting People First approach will require to be done in collaboration with the 3 HSCPs and CPPs in Grampian. The next step in the development will be to connect further with the wider system and identify opportunities for collaboration to improve listening to and involving people from a place based perspective.

### 2.3.8 Route to the Meeting

This has been previously considered by the following committee as part of its development:

- Population Health Committee 14<sup>th</sup> March 2024
- Staff Governance Committee 24<sup>th</sup> April 2024
- Board seminar 9<sup>th</sup> May 2024

## 2.4 Recommendations

The Board is asked:

### Endorsement -

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**Future reporting** – Progress will be overseen by a newly established Putting People First Oversight Group and will report regularly to the Population Health Committee.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Putting People First Framework
- Appendix 2 – Putting People First Summary