



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 27 JUNE 2024

SUBJECT: PUTTING PEOPLE FIRST – NHS GRAMPIAN’S NEW APPROACH TO LISTENING TO AND INVOLVING PEOPLE

BY: STRATEGIC DEVELOPMENT MANAGER, NHS GRAMPIAN

1. REASON FOR REPORT

1.1 To update the Board of the new NHS Grampian’s Putting People First framework and to consider opportunities to collaborate around listening to and involving the public in improving services and creating more preventative and sustainable models of care.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board (MIJB):

- i) note NHS Grampian’s Putting People First framework, ambition, guiding principles and priorities for the foundation years, and**
- ii) consider opportunities for collaboration around the new approach including the proof of concept areas.**

3. BACKGROUND

3.1 NHS Grampian’s Plan for the Future articulates an ambition to change the relationship with the public so NHS Grampian 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 NHS Grampian wants to involve and listen to people in line with evidence on effective community engagement.

3.2 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

- 3.3 Putting People First Framework outlines the new approach, guiding principles and recommendations for the foundation years. This is going to the NHS Grampian for support in June 2024.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The Putting People First framework gives the direction of travel and ambition for NHS Grampian, but it is recognised that in order to succeed, this will need to be developed further with local HSCPs and Community Planning Partnerships. This paper is an opportunity to have early sight of this work and to consider how Moray IJB and HSCP can collaborate around this agenda, recognising the good work already happening locally in Moray.

The Putting People First Ambition and Principles

- 4.2 Our new ambition, Putting People First is for NHS Grampian to lead the way in how, as an organisation, we welcome, involve, and invite all colleagues and citizens to contribute to improving services and to improving the health of people locally.
- 4.3 This requires us to nurture relationships, valuing the expertise of people seeking care as much as those providing it. NHS Grampian will grow conditions for participation which starts with what is strong not what is wrong, and engage with the talent and expertise which exists within staff teams, the wider community and the third sector.
- 4.4 NHS Grampian will see more opportunities for people to feedback and help shape existing services, and see more opportunities for communities (communities of place or communities of shared identity) to connect with health to shape more preventative approaches.
- 4.5 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

4.6 Mindful of the culture change required and the financial pressures facing NHS Grampian, the 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.



4.7 In collaboration with key stakeholders, the priority areas for NHS Grampian for the next two foundation years are:

1. Increasing peoples' skills and confidence in listening to and involving others

To develop staff and to improve patient experience, NHS Grampian 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, NHS Grampian will test Community Appointment Day (CAD) approaches which brings clinicians into community settings¹. 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 the same environment. Evidence has shown that not only do these provide what people need to enable wellbeing, but they have also reduced waiting

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

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 NHS Grampian 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

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

The Putting People First approach is fully aligned with Partners in Care 2022-2032 vision to come together as equal and valued partners in care and with the intent to deliver more care and support in homely community settings. In addition, Putting People First is strongly aligned to Moray’s Wellbeing Pledge.

(b) Policy and Legal

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 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 and across the wider system to change culture and develop the whole workforce to create equal partnerships with the public, empowering frontline teams to be key drivers of change.

(c) Financial implications

None arising from this report.

(d) Risk Implications and Mitigation

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 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.

(e) Staffing Implications

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. 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.

(f) Property

Nothing arising from this report.

(g) Equalities/Socio Economic Impact

An EQIA checklist has been completed. No potential negative impact has been identified, therefore a full EQIA or FSDIA has not been carried out.

(h) Climate Change and Biodiversity Impacts

Nothing arising from this report

(i) Directions

None arising directly from this report.

(j) Consultations

The engagement process followed by NHS Grampian in developing the Putting People First framework was 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.

6. CONCLUSION

6.1 This provides an update to the Board of the new NHS Grampian's Putting People First framework and to consider opportunities to collaborate around listening to and involving the public in improving services and creating more preventative and sustainable models of care.

6.2 It is clear from an NHS Grampian perspective, that a whole system approach is needed to better involve the public in how we do things and the board are asked to consider what opportunities there might be to collaborate and to use this new approach as an enabler for positive change.

Author of Report: Luan Grugeon Strategic Development Manager (Colleague and Citizen Engagement), NHS Grampian

Background Papers: **Appendix 1** Summary document – Putting People First
Ref: