

**2023-2025**

NHS Dumfries and Galloway

# PARTICIPATION AND ENGAGEMENT STRATEGY



# TABLE OF CONTENTS

<b>01</b>	Introduction	Page 3
<b>02</b>	Who is this participation and engagement strategy for	Page 4
<b>03</b>	Background	Page 4
<b>04</b>	The strategy's goals	Page 7
<b>05</b>	National and local laws, standards and advice	Page 8
<b>06</b>	Defining participation and engagement	Page 9
<b>07</b>	Development of this strategy	Page 11
<b>08</b>	Delivering and monitoring the strategy	Page 12
Appendix 1 – Legislation, Standard and Guidance – 1A National		Page 18
Appendix 2 – Significant engagement activity in last 4 years		Page 23

# INTRODUCTION

NHS Dumfries and Galloway are responsible for delivering primary and secondary care to the population of Dumfries and Galloway. However, the Health Board also works closely with Dumfries and Galloway Council and many other organisations, including Scottish Government, third-sector and private-sector, through the Dumfries and Galloway Health and Social Care Partnership, to look at and deliver the wider health and social care needs across the region.

The way health and social care is provided must be shaped by the people who deliver health and social care in Dumfries and Galloway, the people who access it, their Carers and their families. The Board wants to make sure everyone is involved in the process. It wants to make sure that engagement and communication takes place and that everyone is involved. When plans are developed in this way, they are more likely to make the best use of the resources that are available. Constant communication between the Board and the people of Dumfries and Galloway will also increase public trust and understanding. It will help the Board understand what matters to people and how the Board can improve the way that health and social care is experienced.

**The intention of this work – developing the Participation and Engagement Strategy - is to make that happen.**

We recognise that reaching our goals will mean that we have to keep making changes within the organisation. This means the Board needs to keep altering the way it works.

This development can be supported through:

- Education and training
- Changing the way the Board works
- Changing approaches to participation and engagement that are out of date. Changing how we write our documents
- Rethinking ways we communicate and engage with people
- Changing how we think about responsibility and authority
- Keeping people informed and supporting them to take part in discussions and planning





# WHO IS THIS PARTICIPATION AND ENGAGEMENT STRATEGY FOR?



This document sets out the approach to engage with several groups of people. These people are those who access and deliver health and social care and support, their Carers and families, local communities, general public, further education, universities, wider public health partners, MSPs and other elected representatives.

In Dumfries and Galloway, health care and social care are already working together under a single plan.

The region has a population of 148,000 people. Over 10,000 people work to provide health and social care and support.

Dumfries and Galloway's older population is getting bigger. Its working age population is getting smaller. On average, health and social care funds over 300,000 hospital appointments and 2 million hours of care at home service every year.

The Dumfries and Galloway Health and Social Care Partnership (DGHSCP) consists of two types of organisations. There are the statutory partners – the organisations which by law have to be part of the partnership, which are NHS Dumfries and Galloway and Dumfries and Galloway Council, overseen by the Integration Joint Board. There are also many other organisations who contribute to health and social care in the region – some are public-sector, some are charities and other members of the third sector, and some are independent companies.

The Participation and Engagement Strategy will be used by NHS Dumfries and Galloway as one of the statutory partners to manage activities.

# BACKGROUND

The Public Bodies (Joint Working) (Scotland) Act 2014 was introduced on 1 April 2014. It meant Health Boards and Local Authorities had to change the way they planned and delivered some adult health and social care functions.

NHS Dumfries and Galloway and Dumfries and Galloway Council drew up a plan for Dumfries and Galloway. It was called the Integration Scheme and it showed how they would work together. The Scottish Parliament approved this scheme in October 2015.

The Integration Scheme led to the creation of Dumfries and Galloway Integration Joint Board. It has members from both NHS and the Council, and non-voting members from many other groups. The NHS Board is responsible for planning and delivering health care within the region, through the Dumfries and Galloway Health and Social Care Partnership.

The Scottish Government has set nine objectives for integration of health and social care, which the Health Board is required to provide assurance on performance back to the Integration Joint Board.

These objectives are:

- Engagement and participation work must allow local people to influence how services are designed and delivered
- Inform, engage and respond to people and organisations as appropriate.
- Help people to take responsibility and feel they have power.
- Recognise the importance of partnership and team working.
- Work in a way that involves everyone and is accessible.
- Makes sure that engagement and participation is open and doesn't hide anything, using different methods of communicating so that as many as possible can take part
- Provide enough resources for the engagement activities.
- People from different organisations should work together.
- Organisations should encourage their people to work together and share ideas and resources.



The Integration Scheme also sets out key areas to consider in the Participation and Engagement Strategy. These include:

- How the Board communicates with people.
- How to listen to and talk to people who may be harder to reach by normal means.
- Using Plain English.
- What training and development is needed?
- Setting up and running a Public Engagement Network.
- Involving Community Councils.
- Involving specific groups who live in a certain place, or who may have something else in common, such as common lived experience.
- Talking to and listening to employees.
- Measuring the effect of its policies.

The Board needs to consider many people when developing health and social care services.

These include:

- The general public
- Local communities
- Users of health and social care
- Carers
- Interest and support groups for service users
- Health professionals
- Social care professionals
- NHS Dumfries and Galloway employees
- Dumfries and Galloway Council employees
- Dumfries and Galloway Council Elected Members
- Dumfries and Galloway NHS Board members
- Voluntary groups
- Third Sector Dumfries and Galloway
- Commercial providers of social care
- Scottish Care
- and a number of local and national agencies



# THE STRATEGY'S GOALS

These are:

- Include engagement in all the work that we do to develop and deliver care and support.
- People working for NHS Dumfries and Galloway will feel able to engage with the people they support in an open and honest manner. They will ensure that stakeholders have a say in all service planning, improvements and developments.
- Listen to the widest possible range of people, so that everything that we do is influenced by their views.
- Keep people well informed and help them when they want to give their views, so that they contribute to planning health and social care and support.
- All engagement and consultation activities must be high quality and reach a broad range of people.





# NATIONAL AND LOCAL LEGISLATION, STANDARDS AND GUIDANCE

Governments are putting more and more emphasis on community participation and engagement - and are passing new laws to ensure it happens.

As a result, NHS Dumfries and Galloway must include engagement in every stage of designing, planning and delivering health and social care and support in Dumfries and Galloway.

National standards and guidance show and tell us how to do this.

In March 2021, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) published 'Planning with People'. This is guidance on community engagement and participation for health and social care.

This guidance makes clear that community engagement and participation must take place, and why it must take place. The guidance sets out the main principles for good engagement. It also provides advice on following the human rights recommendations which are set out in the 2021 Review of Adult Social Care in Scotland.

'Planning with People' follows the National Standards for Community Engagement, which define community engagement as

**“A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.”**

The Scottish Government and COSLA have published new guidance on participation and community engagement for use by all health and social care bodies.



# DEFINING PARTICIPATION AND ENGAGEMENT

According to the Scottish Government's 2021 "Planning with People" guidance:

## **No. 01 — "Consultation"**

has a defined beginning, middle and end: it might be part of an ongoing period of engagement, but it is a process in its own right. Its remit should be finite and the scope for stakeholder input should be clear. There is a specific requirement for NHS Boards to formally consult on issues which are considered major service change – the process for that has not changed."

## **No. 02 — "Engagement"**

is a broader term, encompassing a range of activities. It is an approach that encourages productive relationships between communities and public bodies."

## **No. 03 — "Participation"**

means the activities that allow individuals and communities to shape decisions about care and support. The Scottish Government's Participation Toolkit defines participation as "...involving people in decisions about their own care, shaping and influencing service provisions as communities of interest or geography, and working in partnership with service providers."



A community can be defined in different ways.

## **Communities of place-**

the 'community' is defined by an area with physical boundaries. For example, people who live in the same town, or in the same part of a town.

## **Communities of interest-**

the 'community' is defined by a shared interest, lived experience or characteristic. For example, young people, or people with disabilities.

Individuals can belong to more than one community. And members of a community might not consider themselves part of a community.

The Board must constantly discuss health and social care with a wide range of people in order to allow them to give their views and play a part in planning and delivery. There are several ways in which someone could take part in this engagement process.

# DEVELOPMENT OF THE STRATEGY

NHS Dumfries and Galloway are adopting the strategy developed and approved by the Integration Joint Board in December 2022, as the Board is a statutory part of the Integration Joint Board and will deliver on all health aspects of their strategy.

The Integration Joint Board developed the strategy through engagement activity with people in Dumfries and Galloway over the last four years (please see Appendix 2 for details).

Other activities which have helped:

- the Consultation Institute has trained many of our senior managers, and other people at all levels of the organisation.
- we have held a series of workshops on how organisations can work together on health and social care.
- we have also held discussions with other people involved in health and social care in the region.
- Healthcare Improvement Scotland has provided guidance on Community Engagement.

Three groups worked together to develop the strategy:

- Dumfries and Galloway Health and Social Care Partnership's Consultation and Engagement Working Group.
- the Community Planning Participation and Engagement Working Group, organised by Dumfries and Galloway Council.
- DGHSCP's Strategic Planning and Commissioning Directorate.



# DELIVERING AND MONITORING THE STRATEGY

The Participation and Engagement Strategy has five main aims. We believe we can achieve each aim by performing several actions.

The tables below take each of the strategy's aims in turn and:

- identifies the key actions that will allow us to achieve them
- considers what people will have to do to achieve them, how much it will cost, and how to measure we have been successful.





**NHS Dumfries and Galloway Aim One (PE1)**

**Include engagement in all the work we do to develop and deliver care and support.**

	Key Actions	By Whom	Performance Measure	Year 1	Year 2	Year 3
KA1.1	Set up a framework to measure how well our community participation and engagement is going, similar to the one being developed by Healthcare Improvement Scotland – Community Engagement.	CEWG / H&SCLG	Develop a way to report regularly on all the partnership's engagement activities (including web hits, live demons etc.)	X		
KA1.2	Every six months, each operational Directorate should report what they have done in the last six months to engage with people and what they could and should do to engage with people over the next six months.	IJB Direction	Reports produced on schedule.		X	
KA1.3	Ensure all projects developed by the Sustainability and Modernisation Programme (SAM) have a communications and engagement plan.	SAM Director	Plans included in all projects	X		
KA1.4	Community engagement should be done regularly and should be part of business as usual from the start of the planning process rather than as an afterthought.	H&SCLG / CEWG	The Consultation and Engagement Working Group should be in charge of evaluating the success of all engagement activity and should seek the opinions of other people, groups and agencies involved as well.	X		
KA1.5	All performance management processes should include reporting on community engagement.	Strategic Planning Commissioning and Performance				

**Resource implications:**

**People who deliver health and social care and support** – Every team must spend some time and resources engaging with the people they support. The corporate business support team will support any engagement work that involves the whole partnership, or several parts of it.

**Integrated Budget** – The partnership will need to spend enough money to support all its community engagement and participation work.

**NHS Dumfries and Galloway Aim Two (PE2)**

**People working for NHS Dumfries and Galloway will feel able to engage with the people they support in an open and honest manner. They will ensure that stakeholders have a say in all service planning, improvements and developments.**

	<b>Key Actions</b>	<b>By Whom</b>	<b>Performance Measure</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
KA2.1	Staff across NHS Dumfries and Galloway should complete equality and diversity training.	Workforce Leads	Percentage of staff who have completed training will be over a target level (percentage tbc).			X
KA2.2	Information on different methods of communication and engagement should be made available to all staff, so that everyone knows how to encourage other people to provide their opinion. This should include information above changes under consultation.	CEWG / Comms Team	Engagement information published.		X	
KA2.3	Every senior manager should learn how engagement works and all managers should take responsibility for informing their teams about current engagement work and supporting participation	IJB Direction	All service leads will be able to report a range of engagement activity in their performance reviews.			X
KA2.4	People undertaking engagement work should get the right training and advice, such as: <ul style="list-style-type: none"> <li>• free workshops by Healthcare Improvements Scotland – community Engagement.</li> <li>• training from experts in best practice, the consultation institute</li> <li>• access to expertise in Plain English Easy Read, British Sign Language, Accessibility Standards</li> </ul>	Workforce Leads	We will set and attain a target for the number of people undertaking communication and engagement training each year.			X
KA2.5	Everyone carrying out engagement activities should write a report afterwards on what they did and how successful it was and make it publicly accessible. Examples of good engagement practice will be publicized to all patient/client facing staff.	H&SCLG	Reports written and published within a target period of end of engagement activity.		X	

**Resource implications:**

**People who deliver health and social care and support –**

Every team must spend some time and resources engaging with the people they support. The Business Support Team will support any engagement work that involves the whole partnership, or several parts of it.

**Integrated Budget** – The partnership will need to spend enough money to support all its community engagement and participation work.

Consideration should be given to developing tools which front-line staff can use to conveniently collect staff, patient and service user feedback.

<b>NHS Dumfries and Galloway Aim Three (PE3)</b>						
<b>Listen to the widest possible range of people, so that everything that we do is influenced by their views.</b>						
	<b>Key Actions</b>	<b>By Whom</b>	<b>Performance Measure</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
KA3.1	Listen to people who use our services but whose views are seldom heard, or whose health is poor even afterwards, so that we can learn what we do well and what could be improved.	CEWG	Annual report covering performance against this aim, with reference to existing equality targets.			X
KA3.2	Use existing groups, networks and services where possible to contact people and involve them from the start of the engagement process. If necessary, establish new groups to represent people who aren't well-represented already – they should help plan engagement work and help assess how successful it is.	CEWG	Through the annual report we will be able to show that different organisations within the partnership are working together to communicate with stakeholders including the public, staff and anyone else affected.			X
KA3.3	Make a list of everyone who says they'd like to take part in more engagement work in future, under proper data protection safeguards.	CEWG	List produced and regularly updated under proper data protection safeguards.	X		
KA3.4	Produce engagement material in several different formats to cater for the accessibility requirements of different groups and to balance brevity and detail for different stakeholders.	CEWG	This will support the accessibility objective of KA3.1 and will be covered in the annual report.			X

**Resource implications:**

**People who deliver health and social care and support** – Setting up and managing the new groups will take a lot of staff time and effort.

**Integrated Budget** – The partnership will spend money on testing new ways of communicating and engaging with people.

**NHS Dumfries and Galloway Aim Four (PE4)**

**Keep people well informed and support them when they want to give their view, so that they contribute to planning health and social care and support.**

	<b>Key Actions</b>	<b>By Whom</b>	<b>Performance Measure</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
KA4.1	Maintain and publicise a public list of all past, present and future community participation and engagement activity, with full details on how people can take part.	CEWG	We will set out in advance of an engagement which groups we intend to reach and conduct an audit after the engagement to see if we have been successful in reaching them.		X	
KA4.2	Establish a group of people who represent everyone in the region to oversee our engagement work.	CEWG			X	
KA4.3	Encourage people to use the Care Opinion website, social media and other methods of communication such as GP message boards and methods that do not rely on internet or phone access.	H&SCLG	We will test new ways of communicating with people and report back on whether they are effective.			X
KA4.4	Decide how best to publish information on our performance so that it is available at least as widely as the engagement itself.	CEWG		X		

**Resource implications:**

**People who deliver health and social care and support** – Setting up and managing the new groups will take a lot of staff time and effort.

**Integrated Budget** – The partnership may need to spend money on communications



**NHS Dumfries and Galloway Aim Four (PE5)**

**All engagement and consultation activities must be high quality and reach a broad range of people.**

	<b>Key Actions</b>	<b>By Whom</b>	<b>Performance Measure</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
KA5.1	We must know what the national standards around engagement are and make sure that we keep up to date with any changes.	CEWG	We will report annually on whether what we are doing is the best way to engage.			X
KA5.2	We will ask engagement experts to assess how well we are doing and we will learn what the best ways to engage are.	CEWG	We will report annually on whether what we are doing is the best way to engage.			X
KA5.3	If anyone engages with us, we will let them know directly what we are doing about what they told us.	CEWG	People who communicate with us will get a reply within a set waiting period.			X
KA5.4	We will develop guidance on defining adequate engagement in terms of the number and breadth of stakeholders reached.	CEWG	A guidance document will be produced and approved by CEWG.	X		

**Resource implications:**

**People who deliver health and social care and support** – These key actions will take a lot of staff time and effort. Adequate consultation and engagement takes time and this needs to be incorporated in planning.

**Integrated Budget** – The partnership may need to spend money on communications



# Appendix 1- Legislation, Standard and Guidance

## 1A. National

CEL 4 - Chief Executive Letter 4 (CEL 4) is guidance relating to engagement required for Informing, Engaging and Consulting People in Developing Health and Community Care Services is set out in the Scottish Government document CEL 4, (Appendix 1). NHS Boards are required to involve people in designing, developing and delivering the health care services they provide for them. A Board is responsible for ensuring that the informing, engaging, consulting process is fully accessible to all equality groups and ensuring that any potentially adverse impact of the proposed service change on different equality groups has been taken account by undertaking an equality impact assessment.

Where a Board is considering consulting stakeholders about a service development or change, it is responsible for:

1. Informing potentially affected people, staff and communities of their proposal and the timetable for engagement and decision-making
2. Ensuring that the process is subject to an equality and diversity impact assessment
3. Ensuring that any potentially adverse impacts of the proposed service change, on, for example, the travel arrangements of patients, carers, visitors and staff, service development or change. Where a proposed service change would impact on stakeholders in another area, the Board proposing the change should lead the public involvement process. The Board, and any other affected Board(s), should aim to maximise the involvement of affected individuals and communities in the process.

**The Community Empowerment (Scotland) Act (CE(S)A) 2015** and associated Guidance and Regulation - This legislation has a specific focus on promoting effective engagement and participation to help communities achieve greater control and influence in the decisions and circumstances that affect their lives, particularly to tackle socio economic disadvantage.

### **Equalities Act 2010**

- The Duties of the Equality Act include: **‘taking reasonable steps to involve persons in the development of the set of equality outcomes who share a relevant protected characteristic...’**

**Health and Social Care - The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014**, sets out the requirement for the development of a Participation and Engagement Strategy by Integration Joint Boards by 1 April 2016.

**Commission on Strengthening Local Democracy** - This Commission, chaired by the COSLA President, outlined in its final report in 2014 why local democracy matters and set out key principles for a stronger democracy in Scotland. It included the **‘principle of participation. All communities must be able to participate in the decision-making that affects their lives and their communities’**

### **Commission on the Future Delivery of Public Services**

- This Commission, chaired by Campbell Christie, highlighted that, if they are to be effective, public services must empower individuals and communities by involving them in both the design and delivery of services. Such an approach requires understanding the needs of communities and working together. It advocated a fundamental overhaul of the relationships between institutions responsible for delivering public services and the needs of individuals and communities.

**2021 Independent Review of Adult Social Care** - A key recommendation from this independent review led by Derek Feeley and published in 2021 was to listen to the views of people who use services and actively involve them throughout the process of planning care delivery.

**Planning with People** - In March 2021 the Scottish Government and COSLA published Planning with People. This document provides guidance which applies to all care services. It supports organisations to deliver their existing statutory duties for engagement and public involvement, with a direction that it should be followed not only by health and social care providers but also by local, regional and national planners, Special Boards and all independent contractors and suppliers such as care homes, pharmacies and general practices.

### **National Standards for Community Engagement**

- National Standards for Community Engagement (Scottish Development Community Centre) applies to all engagement. The seven National Standards for Community Engagement as set out by The Scottish Executive are **INCLUSION, SUPPORT, PLANNING, WORKING TOGETHER, METHODS, COMMUNICATION, IMPACT.**
  
- **The Gunning Principles are the founding legal principles applicable to public consultation in the UK. They consist of four principles, which if followed, are designed to make consultation fair and lawful:**
  - 1: Consultation must be at a time when proposals are still at a formative stage
  - 2: Sufficient reasons must be put forward for any proposal to permit 'intelligent consideration' and response
  - 3: Adequate time is given for consideration and response,
  - 4: The product of consultation is conscientiously taken into account by the decision maker(s).
  
- **Freedom of Information (Scotland) Act 2002** - An Act of the Scottish Parliament which gives everyone the right to ask for any information held by a Scottish public authority
  
- **Human Rights Act** - In Scotland, civil and political rights are protected by the Human Rights Act 1998 and provisions in the Scotland Act 1998. These rights come from the European Convention on Human Rights (ECHR).
  
- **NHS Reform (Scotland) Act 2004** - The Act of the Scottish Parliament contains a section on Public Involvement. Under Duty to Encourage Public Involvement, it states, 'It is the duty of everybody to which this section applies to take action with a view to securing, as respects health services for which it is responsible, that persons to whom those services are being or may be provided are involved in, and consulted on - (a) the planning and development, and (b) decisions to be made by the body significantly affecting the operation, of those services. (2) This section applies to - (a) Health Boards, (b) Special Health Boards, and (c) the Agency. (3) For the purposes of subsection (1) a body is responsible for health services if they are health services.



- **Fairer Scotland Duty 2018**

- The Fairer Scotland Duty, Part 1 of the Equality Act 2010, places a legal responsibility on particular public bodies in Scotland to actively consider

(‘pay due regard’ to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.

- **Healthcare Improvement Scotland Community Engagement participation toolkit**

The Participation Toolkit suggests a range of tools, guidance and resources which can be useful for planning community engagement.

- **Healthcare Improvement Scotland Quality Framework for Community Engagement**

This framework developed by NHS Healthcare Improvement Scotland is currently being tested by a mix of partnerships and health boards.



## 1B. Local

### **Dumfries and Galloway Council Community Participation and Engagement**

**Strategy** - This document sets out the local authority's strategic approach to community participation and engagement.

**Community Planning Participation and Engagement Working Group** - This group was established in December 2016 and brings together eight local partners, including NHS and local authority, with a remit to improve the co-ordination of engagement activity for the benefit of local people and also to make best use of resources.

### **Dumfries and Galloway Local Outcomes Improvement Plan and Locality Plans -**

New Plans require to be produced by the Community Planning Partnership as set out in the CE(S) A 2015. A particular focus is on tackling socio-economic disadvantage and the engagement of communities in their development, monitoring and reporting.

**Dumfries and Galloway Participation and Engagement Network** - Founded on the NHS Public Partnership Forum and designed as a form of citizen's panel, it was refreshed in December 2016 and offers one route to engage with local people who have expressed an interest in being consulted by public sector organisations.

### **Centre of Excellence for Community Participation and Engagement -**

In December 2014, Dumfries and Galloway Council's Reshape Programme established a Centre of Excellence for Community Participation and Engagement.

## Appendix 2- Significant engagement activity in last 4 years

Development of this document has been informed by experiences and feedback taken within Dumfries and Galloway Health and Social Care Partnership over the last four years.

**This includes:**

- Transforming Wigtownshire
- Macmillan Cancer Pathways and Palliative Care Improvement Project
- Moffat Health and Social Care Options Review
- Lockerbie and Lochmaben medical practices public engagement
- Upper Nithsdale Medical Practice engagement, Sanquhar and Kelloholm
- Looking Back, Leaping Forward event, Dumfries
- Have Your Say in 60 Seconds
- Wigtownshire Women and Cancer event, Stranraer
- Navigating Life's Journey event, Stranraer
- Stranraer pharmacy consultation
- Northwest Dumfries engagement sessions
- Screening Inequalities Engagement Programme
- Keys to Life events, Dumfries and Stranraer
- Planning Life's Journey event, Stranraer
- Get Up, Get Dressed, Get Moving engagement
- Third Sector Dumfries and Galloway Roadshows
- Short Break Services review
- NHS recruitment open days
- ShELF the Sugar campaign
- Menopause engagement event
- Professor Gore Lifecurve event, Stranraer
- Technology Enabled Care engagement activities
- DGHSCP Three Year Strategic Plan engagement and formal consultation

