



DUMFRIES AND GALLOWAY
Health and Social Care

Draft Dumfries and Galloway Integration Joint Board

PARTICIPATION & ENGAGEMENT

Strategy 2021-2024



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1. Introduction

Dumfries and Galloway Integration Joint Board (IJB) is responsible for the strategic planning of the functions delegated to it in respect of health and social care, and for ensuring the delivery of its functions through locally agreed operational arrangements.

To do this effectively means working in partnership with people to create, deliver and sustain new models of health and social care.

It is recognised that it is essential that the design, planning and delivery of health and social care and support within Dumfries and Galloway is shaped by the people who access and deliver it. Dumfries and Galloway Integration Joint Board is committed to embracing the principles of inclusion and ensuring good engagement and communication with the people it serves.

In undertaking this work, Dumfries and Galloway Health and Social Care Partnership (DGHSCP) aspires to achieve a level of engagement that takes us to co-produce health and social care and support with the people who access it and their families and Carers. That is working with people as partners to design, develop and deliver sustainable models of care making the best possible use of available resources.

It is believed that having an ongoing two-way conversation between DGHSCP and the people it serves will develop and strengthen relationships, trust and mutual understanding. Creating opportunities for this conversation will help us better understand what matters to people and to work with them to make the changes that seek to improve people's lived experience of accessing and delivering health and social care and support together.

We also aspire to empower the people who use health and social care and support and their families and Carers by recognising them a vital part of decision-making processes.

This is in line with the Community Empowerment (Scotland) Act 2015 which seeks to strengthen communities and people's voices in decisions about public services.

We recognise that achieving our aspirations requires ongoing organisational development. This development can be supported through:

- Education and training
- Adapting protocols and procedures
- Reviewing and revising long-held and now out-of-date approaches to participation and engagement
- Changing how we write our documents
- Rethinking the ways in which we communicate and engage with people
- Changing how we think about responsibility and authority
- Ensuring that people are informed of opportunities and challenges, and that the infrastructure is in place to support their role in ongoing engagement

2. Who is this participation and engagement strategy for?

This document sets out the approach to engage with people 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.

The context in which engagement activity takes place is a region where a person-centred, integrated model of care and support has been developed.

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

Dumfries and Galloway has an older population that is growing, and a working age population that is reducing.

Dumfries and Galloway Integration Joint Board has a budget of £409 million per year.

It funds on average over 300,000 hospital appointments and 2 million hours of care at home service.



3. Background

The Public Bodies (Joint Working) (Scotland) Act 2014 came into effect on 1 April 2014 and required Health Boards and Local Authorities to delegate planning for, and delivery of, certain adult health and social care functions of Integration Authorities.

An Integration Scheme for Dumfries and Galloway, laying out the integration arrangements for the region, was developed, signed off by the Scottish Government Minister and laid before Parliament in October 2015.

The Integration Scheme establishes the Dumfries and Galloway Integration Joint Board which is responsible for planning and overseeing the delivery of the functions that are delegated to it.

There are nine national, high level health and wellbeing outcomes which apply to health and social care integration. These provide a national framework for measuring the impact of integrated health and social care on the health and wellbeing of individuals. The aim of the Integration Joint Board is to make progress towards the delivery of these nine outcomes.

The Dumfries and Galloway Integration Scheme sets out these shared principles:

- Ensure that engagement and participation work enables local people to influence the design and delivery of services and programmes
- Inform, engage and respond to people and organisations as appropriate
- To enable people to take responsibility and feel empowered
- Recognise the importance of partnership and team working
- Work in a way that is inclusive and accessible
- Ensure that engagement and participation is open and transparent
- Respect people's privacy, dignity and confidentiality
- Use a range of methods of communication to ensure that the widest range of individuals and communities can participate
- Ensure that there are adequate resources allocated to engagement, including local people and staff with the necessary skills and confidence
- Work across organisational boundaries
- Enable organisations to be more fluid and take shared solution focused approaches encouraging cross fertilisation of ideas and resources



The Integration Scheme also sets out key areas to consider in the Participation and Engagement Strategy, including:

- Communication routes
- Hard to reach groups
- Plain English
- Training and development
- Public Engagement Network
- Community Councils
- Locality and thematic partnerships
- Employee engagement
- Impact Assessment

A large number of stakeholders are considered in approaches to the development of health and social care services.

This includes the general public and local communities, users of 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, volunteers, voluntary groups and Third Sector Dumfries and Galloway, commercial providers of social care, Scottish Care and a number of local and national agencies.



4. Strategic aims

The Participation and Engagement Strategy is based around five key strategic aims.

These are:

Engagement will be embraced organisationally as a fully integrated, everyday part of the work undertaken around the delivery and development of care and support.

People working within Dumfries and Galloway Health and Social Care Partnership will feel empowered to engage with the people they support in an open and honest manner, ensuring that the public voice is at the heart of all service planning, improvements and developments.

Achieve the best representative views, comments and opinions from diverse communities possible, so that everything that we do is inspired, influenced and shaped by their views.

Have suitable mechanisms that enable people to be well informed and that support them to voice their views, needs and wishes, able to contribute to plans, proposals and decisions about health and social care and support.

Ensure that engagement and consultation activities are broad and diverse and high quality.




DUMFRIES AND GALLOWAY
Health and Social Care

3. The model of health and social care and support



Out of region health and social care
Local hospital and residential care
Non residential health and social care
Community based social supports
Family, Friends, Carers
Personal resources
Human Rights Based
Health and Wellbeing

5. National and local legislation, standards and guidance

The approach to participation and engagement set out within this document sits within a local, national and international context where there is increasing emphasis, commitment and legislation around community participation and engagement.

As a result, it is essential that a culture of participation and engagement with people and communities in Dumfries and Galloway be embedded through every stage of designing, planning and delivering health and social care and support.

Work by DGHSCP around community participation and engagement takes place within the context of local and national expectations defined either by legislation, legal principles, standards or guidance which underpin, inform and direct this approach.

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

This guidance makes clear the requirement for, and importance of, community engagement and participation, and sets out a principles-based approach that underpins and supports robust evidence-based, high quality, meaningful engagement.

It also supports a Human Rights approach aligning to the recommendations contained within the Review of Adult Social Care in Scotland

The Scottish Government and COSLA are currently consulting on new participation and community engagement guidance intending to provide an overarching framework for engagement to apply across health and social care bodies.

Planning with People will be reviewed in January 2022.



As a public voice I felt very much included and valued.

Transforming Wigtownshire stakeholder

6. Defining participation and engagement

Engagement with communities is defined in the National Standards for Community Engagement (NSCE) as ‘A purposeful process which develops a working relationship between communities, community organisations and public bodies to help them to identify and act on community needs and ambitions. It involves a respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.’”

Participation meanwhile involves the activities, at various levels, by which individuals and communities share in the responsibility for shaping decisions and improving care and support.

A community can be defined in different ways.

- Communities of place – the ‘community’ is defined by an area with physical boundaries, e.g. neighbourhood, village, town, ward, etc.
- Communities of interest – the ‘community’ is defined by a shared interest, experience or demographic characteristic – i.e. young people, people with disabilities, working population, ethnic minorities or gay, lesbian, bi-sexual and transgender (LGBT+).

Individuals can belong to more than one community, and members of defined communities may not necessarily regard themselves as such.

An ongoing conversation is required with a wide range of stakeholders to inform the way we design, plan and deliver health and social care and support.



There are many ways in which someone might participate in engage in health and social care.

As conceived by Sherry R Arnstein, the 'Ladder of Engagement and Participation' (Appendix two) is a framework for understanding different forms and degrees of participation.

Arnstein's ladder is organised from the least rich forms of citizen engagement at the bottom to the most empowering at the top.

There is value in any degree of participation. However, the most meaningful engagement activity takes place towards the top of the ladder.

A key goal of this strategy is to engage, encourage and support stakeholders to participate in the most meaningful possible way in shaping the design and delivery of care and support.

The strategy aims to help understanding regarding why achieving higher levels of engagement is desirable and beneficial to all parties, and to promote the means by which obstacles to this higher level of engagement can be overcome.

Arnstein's ladder is organised from the least rich forms of citizen engagement at the bottom to the most empowering at the top.

DEVOLVING

Placing decision-making in the hands of the community and individuals

COLLABORATING

Working in partnership with people in each aspect of the decision, including the development of alternatives and the identification of a preferred solution.

INVOLVING

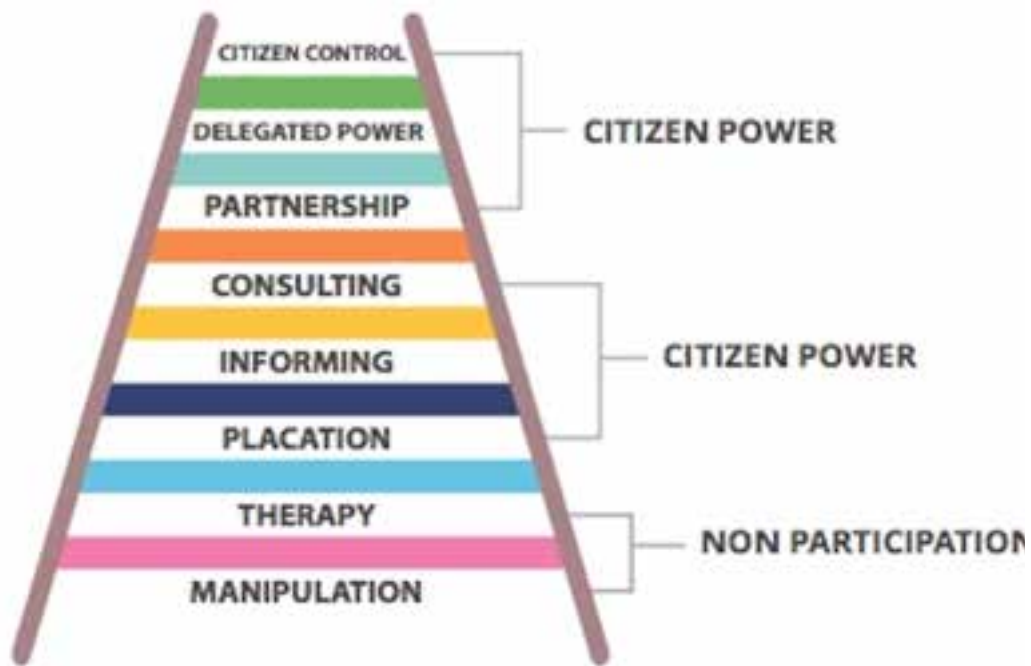
Working directly with people to ensure that concerns and aspirations are consistently understood and considered. EG reference groups and service users participating in planning groups.

CONSULTING

Obtaining community and individual feedback on analysis, alternatives and/or decisions. For example, surveys, door knocking, citizens' panels and focus groups.

INFORMING

Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.



At the lowest rung of the ladder is Manipulation, where the engagement is being carried out to the advantage of those undertaking this work. This is non-participatory engagement.

Moving up, the ladder reaches Informing, where the engagement takes the form of providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities and solutions.

Rising further we have Consultation – where people are given a genuine, meaningful opportunity to shape decision-making at the earliest stages in that process and with no pre-conceived outcomes (For a detailed step-by-step guide to undertaking consultation, read the DGHSCP document Framework for Planning and Delivering Effective Formal Public Consultation).

Rising higher up the ladder we reach Partnership. This can now be alternatively referred to as co-production. At this level, those undertaking the engagement work around service change are approaching citizens to work collaboratively, as partners.

This takes us towards to the top of the ladder, where Delegated Power sees some degree of decision-making around service change handed to the citizens, and at the very top Citizen Control where they are given total control over the decisions being made.

7. Appreciating the importance of participation and engagement

Better outcomes are achieved if you engage effectively with people and communities. The information and data that informs decision-making processes must be shared to support those engaging to do so from an informed position.

An effective engagement process provides opportunities to co-create realistic and sustainable solutions. It can also help educate local staff and stakeholders about the factors influencing the need to change, with a co-productive approach potentially leading to acceptance, support and co-ownership of the ultimate measures taken.

Effective communications, participation and engagement will result in

- stronger stakeholder and partner relationships
- higher levels of trust among people who access and deliver health and social care and support and the public more generally
- better solutions and outcomes for people
- outcomes that have been shaped by stakeholders, with the potential for them to be more achievable.
- effective partnership relationships
- meeting the required statutory duties in relation to engagement
- co-produced health and social care and support

Without effective communications, participation and engagement there is a risk of

- creating mixed messages, particularly from different working groups
- reduced clinical support and failure to create a clinically/practitioner safe and sustainable care model
- pre-empting essential human resource conversations with individual staff and bypassing staff side representation
- missing out key stakeholders who can benefit the process, bringing to it the benefit of their own lived experience
- alienating important stakeholder groups that need to be able to effectively represent their members/constituents
- failing to help people understand the potential benefits of the service change
- not meeting legal duties on involving people in major service changes
- not understanding the impact of potential changes on different groups in the population
- greater resistance to change if people are unable to understand the need for change and the vision of the future
- unsustainable and unaffordable health and social care and support

8. Development of the Strategy

Development of this document has been informed by experiences and feedback resulting from some of the most significant pieces of engagement activity which have been undertaken within Dumfries and Galloway Health and Social Care Partnership over the last three years (Please see Appendix 2.)

Development of the strategy has also been influenced and informed by:

- the training which has been provided to staff within the last three years at a senior management level and throughout the organisation via training courses commissioned on three occasions from The Consultation Institute.
- a series of co-production workshops.
- discussion with stakeholders with whom this document has been developed
- guidance from Healthcare Improvement Scotland – Community Engagement

Work has also taken place with Dumfries and Galloway Health and Social Care Partnership's Consultation and Engagement Working Group and DGHSCP's Strategic Planning and Commissioning Directorate to develop the strategy.



9. Delivering and monitoring the strategy

A range of actions are recommended to ensure that the strategy's aims are achieved - fully in line with all standards, legislation and guidance.

The table below takes each of the Strategy aim in turn and

- identifies the key actions that will underpin them
- considers the implications of these for workforce, finance and performance

Dumfries and Galloway IJB Aim One (PE1) Engagement will be embraced organisationally as a fully integrated, everyday part of the work undertaken around the delivery and development of services					
	Key Actions	By Whom	Timescale		
			21/22	21/22	22/23
KA1.1	Adopt and embed a community participation and engagement 'Self-Assessment Framework' which aligns with that currently being developed by Health-care Improvement Scotland – Community Engagement	Consultation and Engagement Working Group/ HSCPSMT		X	
KA1.2	Establish a requirement for the various Directorates which form the Health and Social Care Partnership to: <ul style="list-style-type: none"> • regularly demonstrate the community participation and engagement IJB direction undertaken within the past three months in their directorate • identify and consider all requirements and opportunities to engage over the forthcoming three months 	IJB direction	X		
KA1.3	Ensure all future projects developed by the Sustainability and Modernisation Programme (SAM) require a Communication and Engagement Plan	SAM Director	X		

	Key Actions	By Whom	Timescale		
			21/22	22/23	23/24
KA1.4	Consistently promote a protocol that all significant pieces of community engagement and participation should be referred in the first instance to Dumfries and Galloway Health and Social Care Partnership's Consultation and Engagement Working Group to have oversight of, co-ordinate, and support this work – and to provide authority for it to move forward.	HSCPSMT	X		
KA1.5	Establish regular, ongoing engagement opportunities, so that this becomes an ongoing, standard part of work within the partnership	HSCPSMT	X		
KA1.6	Ensure any performance management processes include reporting related to community engagement	Strategic Planning, Commissioning and Performance		X	

Resource implications:

People who deliver health and social care and support – All service leads will be expected to dedicate resource within their own

team to effectively engage with the people they support. Partnership-wide pieces of work will be supported by the corporate business support team.

Integrated Budget – The partnership will invest in appropriate levels of corporate support to ensure there is a robust infrastructure for effective community engagement and participation.

Performance –

- Develop a regular reporting mechanism for scope and breadth of engagement activities across the partnership (including web hits, live demos, etc.)
- Develop the role of the Consultation and Engagement Working Group to serve as a means of formally assessing and evaluating the success of the engagement activity being undertaken, linking in with stakeholder groups and other agencies for third party benchmarking as appropriate.
- Demonstrate, through examples, the levels of engagement (Arnstein Ladder) achieved



I found it immensely interesting and loved being involved.

Transforming Wigtownshire stakeholder

Dumfries and Galloway IJB Aim Two (PE2)

People working within Dumfries and Galloway Health and Social Care Partnership will feel empowered to engage with the people we support in an open and honest manner, ensuring that the public voice is at the heart of all service planning, improvements and developments

	Key Actions	By Whom	Timescale		
			21/22	22/23	23/24
KA2.1	Ensure all people working within DGHSCP are required to undertake equality and diversity training	Workforce leads		X	
KA2.2	Develop mandatory training module for all people promoting our various routes for communication and engagement so that everyone knows how to signpost people and colleagues to feed back	Workforce leads		X	
KA2.3	Adopt a policy that training around engagement principles and techniques becomes a part of every senior manager's development plan	IJB Direction		X	
KA2.4	Ensure appropriate training and advice are available to people undertaking engagement work, such as: <ul style="list-style-type: none"> • free workshops by Healthcare Improvement Scotland – Community Engagement • training from experts in best practice, The Consultation Institute • access to expertise in Plain English, Easy Read, British Sign Language, Accessibility Standards 	Workforce leads		X	
KA2.5	Require those carrying out the engagement activity projects to carry out reflective analyses and assessments of the specific engagement activities undertaken, and also make these publicly accessible.	HSCPSMT	X		

Resource implications:

People who deliver health and social care and support. All service leads will be expected to dedicate resource within their own team to effectively engage with the people they support. Partnership-wide pieces of work will be supported by the corporate business support team.

Integrated Budget – The partnership will invest in appropriate levels of corporate support to ensure there is a robust infrastructure for effective community engagement and participation.

Key Actions	By Whom	Timescale		
		21/22	22/23	23/24
<p>Resource implications:</p> <ul style="list-style-type: none"> · We will achieve and maintain a minimum number of people undertaking training each year for good conversations and, once established, communication and engagement · The number of people engaging through our various communication channels will increase. · All services leads will be able to demonstrate a range of engagement activity through their performance reviews 				



Dumfries and Galloway IJB Aim Three (PE3)					
Achieve the best representative views, comments and opinions from our diverse communities that is possible, so that our work is inspired and shaped by people's views					
	Key Actions	By Whom	Timescale		
			21/22	22/23	23/24
3.1	Engage with people with lived experience of services who are 'seldom heard' and/or have poor health outcomes in relation to our existing engagement and communication activities to learn from what we do well and what could be improved	Consultation and Engagement Working Group	X		
3.2	Ensure all people working within DGHSCP are required to undertake equality and diversity training	Workforce leads		X	
3.3	Establish new stakeholder groups where representation is low, with key roles in informing, advising and helping to oversee community participation and engagement activity – as well as contributing to the self-assessment work.	Consultation and Engagement Working Group		X	
3.4	Establish a stakeholder register of all parties who record an ongoing desire or willingness to play an active role in participation and engagement activity.	Consultation and Engagement Working Group		X	
<p>Resource implications:</p> <p>People who deliver health and social care and support – Setting up and managing new stakeholder groups will require substantial corporate support resource.</p> <p>Integrated Budget – The partnership will identify a budget to resource trailing new communication innovations to support effective engagement</p>					
<p>Performance:</p> <ul style="list-style-type: none"> - We will be able to demonstrate engagement with various seldom heard groups · We will achieve and maintain a minimum number of people undertaking training each year for equality and diversity · We will report the effectiveness of a new innovative communication method, at least once each commissioning cycle. 					

Dumfries and Galloway IJB Aim Four (PE4)					
We will have suitable mechanisms to enable people to be informed and voice their views, needs and wishes and to be able to contribute to plans, proposals and decisions about health and social care and support					
	Key Actions	By Whom	Timescale		
			21/22	22/23	23/24
4.1	Establish regular, ongoing communications around all community participation and engagement activity with communities – for example the Community Planning Participation and Engagement Working Group, the network of community councils and voluntary groups	Consultation and Engagement Working Group		X	
4.2	Maintain and actively promote a publicly-accessible log of all historic, current and upcoming community participation and engagement activity, with full details on how to play an active role	Consultation and Engagement Working Group		X	
4.3	Establish a stakeholder steering group comprised of representative individuals from across our communities to help provide oversight and assurance around the quality of engagement work being undertaken	Consultation and Engagement Working Group		X	
4.4	Actively promote the use of Care Opinion, Social Media and other routes of communication such as GP message boards	HSCPSMT	X		
4.5	Ensure there is clear sign-posting around how people can take up opportunities for participation through statutory partner agencies	HSCPSMT	X		
4.6	Collaborate with partner agencies to make best shared use of existing resources, including the knowledge database developed within the Community Planning Partnership	Consultation and Engagement Working Group		X	
4.7	KA4.7 Develop mechanisms for publishing public performance information	Consultation and Engagement Working Group		X	
<p>Resource implications:</p> <p>People who deliver health and social care and support – Setting up and managing new stakeholder groups will require substantial corporate support resource.</p> <p>Integrated Budget – The partnership’s commitment towards existing communications infrastructure may need to be supplemented</p>					

	Key Actions	By Whom	Timescale		
			21/22	22/23	23/24
Performance:					
Meet timescales targets for feeding back to people who communicate their experiences					
We will be able to demonstrate collaboration across the partnership in relation to community engagement					
The number of people engaging through our various communication channels will increase.					



Dumfries and Galloway IJB Aim Five (PE5)					
We will ensure that engagement and consultation activities are high quality					
	Key Actions	By Whom	Timescale		
			21/22	22/23	23/24
5.1	Ensure an ongoing awareness of national standards around engagement, and ensure that any changes in these standards are reflected quickly, effectively and appropriately within local approaches.	Consultation and Engagement Working Group		X	
5.2	Undertake consultation with engagement experts to assess our communication estate and commit to learn from best practice	Consultation and Engagement Working Group		X	
5.3	Adopt approaches which ensure that all the significant engagement activity and all relating materials is documented, evidenced and readily available to anyone, and ensure that everyone who takes part in engagement activity remains fully informed of developments	Consultation and Engagement Working Group		X	
5.4	Provide direct feedback to all those who participated in the engagement activity	Consultation and Engagement Working Group	X		
<p>Resource implications:</p> <p>People who deliver health and social care and support – There is a substantial level of corporate support required to ensure the processes required to deliver the key actions are achieved.</p> <p>Integrated Budget – The partnership’s commitment towards existing communications infrastructure may need to be supplemented may need to be supplemented</p>					
<p>Performance:</p> <ul style="list-style-type: none"> · We will be able to demonstrate that people engaging with us have had feedback · We will undertake self assessment in relation to best practice on a regular basis 					

Appendix 1. - Legislation, Standards and Guidance

1.A - 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 the public 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, have been taken account of in the final proposal
4. Providing evidence of the impact of this public involvement on the final agreed service development or change. Where a proposed service change would impact on the public 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 \(R v London Borough of Brent ex parte Gunning 1985\)](#) - 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 every body 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.

1.B 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 3 years

Development of this document has been informed by experiences and feedback resulting from some of the most significant pieces of engagement activity which have been undertaken within Dumfries and Galloway Health and Social Care Partnership over the last three 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
North West 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

