

Participation and Engagement Strategy

2026–2029

Dumfries and Galloway Health and Social Care Partnership



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PART 1 – STRATEGIC FRAMEWORK

1. Introduction, Context and Purpose

Dumfries and Galloway Health and Social Care Partnership (DGHSCP) is committed to strengthening how it works with people in shaping health and social care. Participation is not an additional process or procedural requirement – it is central to how the Partnership makes decisions, improves services and builds trust with the communities it serves.

Participation and engagement are fundamental to the delivery of safe, effective and person-centred health and social care. They are central to democratic accountability, transparency and the realisation of people's rights to influence decisions that affect their lives. This strategy builds on that foundation and signals a commitment to engage differently – supporting more inclusive, relationship-based and transparent approaches to involvement.

The Partnership intends to develop an ongoing, collaborative relationship with its population – one that moves beyond one-off engagement exercises towards continuous dialogue, shared understanding and, where appropriate, collaboratively produced approaches to service development and reform. As set out in this strategy, this involves people who use services, communities, and those with a role in providing services – including both Carers and professionals – working together to shape, design or improve services, sharing influence and responsibility where there is genuine scope to do so.

This Participation and Engagement Strategy sets out how DGHSCP will work with people who use services, Carers, communities, staff and partners over the period 2026 to 2029. It reflects national statutory obligations, legal requirements and best practice expectations alongside local experience and learning, and establishes a clear and consistent framework for participation, engagement, consultation and co-production across the Partnership. This strategy is a key enabler of delivery of the Integration Joint Board's Strategic Commissioning Plan, strengthening how people and communities influence priorities, service design and improvement.

1.1 Strategic context

Health and social care services are operating within a context of increasing demand, financial constraint, workforce pressures and changing population need. Decisions about how services are delivered, redesigned or prioritised cannot be taken in isolation from the communities affected by them. There is a strong local expectation that the Partnership should engage widely and visibly – not only when major changes are proposed, but as part of an ongoing relationship with the population it serves. National direction similarly emphasises continuous dialogue, trust and transparency.

Experience over recent years has highlighted important areas for development:

- the breadth of services requires careful prioritisation to ensure engagement is proportionate and meaningful
- some strategically important topics require clearer communication to support relevance and understanding
- there is a continuing need to demonstrate clearly how engagement influences decisions
- coordination across services is essential to avoid duplication and make best use of people's time and capacity
- there is further opportunity to capture and share insight from day-to-day interactions between staff and people who use services
- expectations around collaborative working are clearly set out, and require developing methods and learning to strengthen this approach

This strategy responds by strengthening coordination, capability and organisational culture rather than relying solely on new structures or processes.

1.2 Vision

The Partnership's vision is to establish participation and engagement as a confident, transparent and routine part of how health and social care operates across Dumfries and Galloway.

This means:

- people can influence decisions affecting their lives
- staff feel supported and confident to engage
- communities understand how their views inform decisions alongside clinical standards and financial performance
- engagement activity is purposeful, proportionate and inclusive

1.3 Principles

Participation and engagement across 2026-2029 will be:

- Wide and inclusive – open to all using varied approaches
- Ongoing – a continuous process rather than isolated events
- Purposeful – clear about why engagement is taking place
- Proportionate – appropriate to scale and impact
- Collaborative – delivered with partners where possible
- Respectful of capacity – coordinated to minimise fatigue and duplication
- Impactful – enabling meaningful contribution

1.4 Equality and Inclusion

The Partnership recognises that not all voices are heard equally. Some individuals and communities face additional barriers to participation because of socio-economic disadvantage, geography, disability, health status, caring responsibilities, digital exclusion, language barriers or previous experiences of public services.

Particular attention must therefore be given to engaging under-represented communities and ensuring activity is inclusive of people with protected characteristics, in line with equality duties.

Engagement has historically attracted those who are older, retired or already confident engaging with public bodies. While these voices remain important, this strategy recognises the need to strengthen engagement with all stakeholders, including protected characteristic groups such as children and young people who often engage differently and require tailored, flexible approaches.

The establishment of a Youth Health Advisory Forum is a significant development, providing an important mechanism for young people to influence priorities and future models of care.

1.5 Definitions

To ensure clarity and shared understanding:

Participation

Being involved in decisions and activities that affect your life.

Engagement

Activities that encourage and enable people to be involved in decisions affecting them.

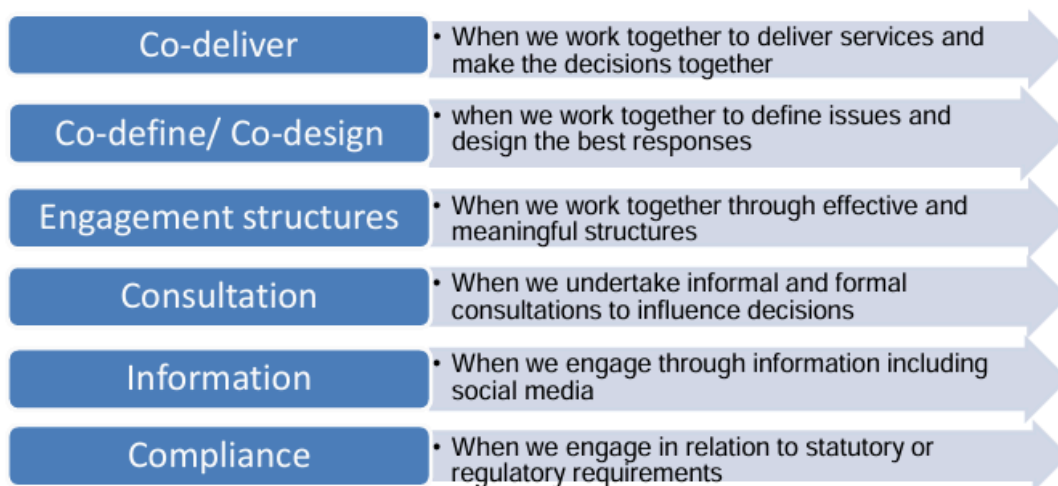
Consultation

A defined process around significant developments, with a clear beginning, middle and end and stated scope for influence.

Collaborative working

An approach in which people who use services, Carers, communities and professionals work together to shape or improve services, sharing power and responsibility where there is genuine scope to do so.

We will also draw on definitions provided by the Consultation Institute:



PART 2 – PRACTICE FRAMEWORK

2. Core model for Participation and Engagement

Participation and engagement activity takes place across all services delivered and commissioned by DGHSCP. This ranges from individual conversations between staff and people who use services, to targeted engagement on service developments, to formal consultation on strategic plans or major service change. Engagement is planned proportionately, taking account of:

- the nature and scale of the issue
- who may be affected
- the scope for influence
- statutory requirements
- available time and resources

There is no single method that will reach everyone. A range of approaches will therefore be used, selected according to purpose and context.

All engagement will be clear about:

- what is being discussed
- why involvement is taking place
- what influence participants can expect
- how feedback will be provided

3. Workforce-Enabled Engagement

3.1 Everyday Insight

Staff interact daily with people who use services, Carers, families and communities. These interactions generate valuable insight into what works well, what creates barriers and where improvement is needed. This everyday engagement is one of the Partnership's most significant yet under-utilised assets. Learning from the previous strategy showed that while staff are generally supportive of engagement, expectations were not always clear and activity could feel additional to core roles. National guidance emphasises embedding engagement into normal practice, supported by culture, leadership and proportionate systems.

This strategy therefore places workforce-enabled engagement at its core.

3.2 What We Mean by Workforce-Enabled Engagement

Workforce-enabled engagement refers to ways staff:

- listen to and learn from people in routine interactions
- reflect on lived experience as evidence
- share insight within teams
- contribute to improvement and planning

This can include:

- routine intelligence gathering
- supporting formal engagement messaging
- co-production activity
- targeted insight collection

It does not require staff to undertake formal consultation or research. Instead it recognises engagement already taking place and builds it into continuous service improvement.

3.3 Organisational Expectations

Across 2026–2029, DGHSCP will:

- clearly articulate that listening to lived experience is good professional practice
- ensure staff understand role boundaries in engagement
- support managers to create reflective learning space
- identify existing meetings and supervision where insight can be discussed
- support teams to use engagement learning to improve services
- strengthen links between frontline insight and planning
- avoid unnecessary bureaucracy that deters engagement

3.4 Capability and Support

Capability will be built through a blended approach using national and partnership resources. This includes:

- promoting free engagement training from Healthcare Improvement Scotland
- drawing on training developed by other NHS Boards
- working with the Patient Experience Team to support staff to undertake Easy Read training and develop accessible information
- developing short practical internal guidance that complements external training
- continuing to explore the potential of digital technology and AI in collecting and analysing the results of engagement, always ensuring proper safeguards against digital exclusion and analytical error

3.5 Workforce Actions 2026–2029

- develop guidance on recognising and using insight from everyday engagement
- promote access to training opportunities
- align expectations across partner organisations
- strengthen opportunities within governance processes to reflect lived experience

4. Inclusive and Ongoing Community Engagement

4.1 Existing Feedback Mechanisms

The Partnership already uses a range of established mechanisms to gather feedback and insight, including:

- feedback platforms such as Care Opinion
- service-level feedback, compliments and complaints processes
- engagement led by services and partners
- learning from advocacy, third sector and community organisations

These complement planned engagement and provide valuable real-time insight.

4.2 Learning from Experience

Recent learning highlights that:

- multi-topic events may attract low attendance if relevance is unclear
 - outreach engagement often reaches more diverse participants
 - outreach approaches require significant planning and resource
- The strategy therefore shifts emphasis towards flexible, place-based and opportunistic engagement while maintaining openness and inclusivity.

4.3 What Inclusive and Ongoing Engagement Means

It means:

- maintaining regular dialogue rather than relying solely on consultations
- using varied approaches to reach different people
- recognising willingness to engage varies depending on relevance and circumstance
- ensuring opportunities are accessible and welcoming

It does not assume the same people will participate repeatedly or that formal groups represent all views.

4.4 Engagement Approaches 2026–2029

The Partnership will adopt a mixed model including:

- opportunistic outreach in everyday settings
- place-based engagement aligned with local priorities
- service-level engagement
- digital and written approaches

Different approaches will be selected according to purpose and context.

4.5 Managing Relevance and Capacity

People are more likely to engage when:

- the issue feels relevant
- purpose is clear
- participation fits easily into daily life

To support sustainable engagement the Partnership will:

- coordinate activity across services
- avoid repeatedly engaging the same groups unnecessarily
- share intelligence with partners
- plan outreach carefully

4.6 Partnership Working for Inclusive Engagement

DGHSCP will:

- work with NHS, Council and third sector partners
- use trusted community organisations to reach people
- jointly deliver outreach where possible
- plan engagement collaboratively where issues cut across organisations

4.7 Community Engagement Actions

- expand outreach and innovative engagement approaches
- strengthen place-based engagement
- improve coordination and visibility of activity
- review approaches based on learning

5. Working Collaboratively

5.1 Rationale

A collaborative approach combines lived experience and professional expertise to achieve positive change. It addresses the risk of services being designed for people rather than with them.

DGHSCP has had success particularly when working with participants who:

- have relevant lived experience
- bring knowledge or motivation
- can commit time

Participants could include members of a community of place (those who live or work in a certain geographical area) or a community of interest (those who share a particular interest, experience, or demographic characteristic).

Collaborative approaches work best when purposeful, supported and appropriately scoped. Attempts to apply it too broadly risk frustration.

5.2 Role of Collaborative Working in Decision-Making

Collaborative working can:

- shape early thinking
- identify priorities
- develop options

Consultation may then test proposals more widely or meet statutory duties. In some cases consultation alone may be most appropriate, particularly where proposals are already defined or constrained.

Clarity about purpose, stage of decision-making and level of influence is essential to maintaining trust.

5.3 What Collaborative Working Means in This Strategy

It involves:

- people and staff working together as partners
- shared exploration of issues and solutions
- genuine influence
- clarity about scope

It is distinct from routine engagement, consultation or information-sharing.

5.4 When Collaborative Working Will Be Prioritised

Where:

- significant service redesign is planned
- new models of care are being developed
- place-based approaches require deep insight
- shared problem-solving is needed

5.5 Scaling Approach

The Partnership will:

- use smaller groups for depth
- complement this with wider engagement
- share learning transparently

5.6 Supporting Collaborative Working

The Partnership will:

- provide clear information about expectations
- ensure accessibility
- recognise contributions
- work with partners to provide support

5.7 Collaborative Working Actions

- develop shared guidance
- identify priority areas
- support staff and participants
- capture and share learning

6. Communications to Support Participation

Effective communication is essential to meaningful participation. Communication will be planned alongside each engagement activity, considering purpose, audience, geography, timescales, accessibility and resources.

A mix of methods will be used, including digital, in-person and partner-led approaches. Participants will, wherever possible, be informed about:

- how their views were considered
- what changed
- what will happen next

Engagement will also support ongoing relationships with communities, including development of participation networks.

Communications will be proportionate, transparent and compliant with data protection requirements.

7. Working with Partners

Many ambitions can best be achieved collaboratively. The Partnership will:

- work with third sector, independent sector and community partners
- support the Participation and Engagement Working Group to share programmes of engagement activity with local partners
- engage with national and regional bodies
- make use of shared resources
- avoid duplication by sharing learning and approaches

PART 3 – DELIVERY FRAMEWORK (2026–2029)

Implementation will take place through a phased approach.

Year 1 – Foundations and Alignment

Focus:

- confirming shared principles
- promoting training opportunities
- mapping engagement activity
- developing guidance

Year 2 – Embedding and Piloting

Focus:

- embedding workforce-enabled engagement
- strengthening outreach and place-based work
- expanding co-production
- improving feedback mechanisms

Year 3 – Consolidation and Learning

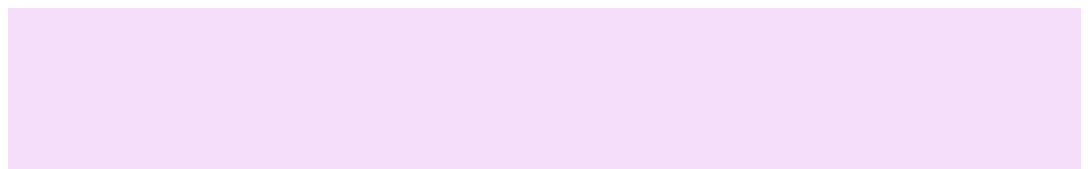
Focus:

- reviewing effectiveness
- sharing learning
- strengthening sustainability
- informing next strategy

Core Actions Across the Strategy Period

- develop guidance on using lived experience insight
- promote training opportunities
- draw on partner learning
- support accessible communication skills
- coordinate engagement activity
- expand outreach approaches
- improve communication of outcomes
- expanding co-production initiatives
- capture learning

Delivery will be undertaken through existing governance arrangements.



3.1 Actions 2026–2029

The table below sets out the key actions to be delivered over the life of this strategy. Actions will be delivered through existing governance and partnership arrangements.

Strategic theme	Action	Lead/ partners	Delivery period
Workforce-enabled engagement	Develop practical guidance on recognising and using insight from everyday engagement	DGHSCP	Year 1
Workforce-enabled engagement	Promote access to HIS Community Engagement training	DGHSCP / Partners	Years 1–3
Workforce capability	Draw on engagement training developed by other Boards and partners	DGHSCP	Years 1–2
Accessibility	Support uptake of Easy Read and accessible information training	Patient Experience / DGHSCP	Years 1–3
Inclusive engagement	Map and coordinate engagement activity across the Partnership	DGHSCP / Partners	Year 1
Inclusive engagement	Expand outreach and place-based engagement approaches	DGHSCP / Partners	Years 2–3
Engagement quality	Improve feedback and communication of engagement outcomes	DGHSCP	Years 2–3
Collaborative working	Develop shared guidance on collaborative working	DGHSCP / Partners	Year 1
Collaborative working	Pilot time-limited collaborative working linked to priorities	DGHSCP	Years 2–3
Feedback	Improve feedback and communication of engagement outcomes	DGHSCP	Years 1–3
Learning	Capture and share learning from engagement and collaborative working	DGHSCP	Years 2–3

PART 4 – GOVERNANCE, ASSURANCE AND REVIEW

Oversight

Delivery will be supported through established governance structures. The Consultation and Engagement Working Group will:

- oversee significant engagement and consultation activity
- bring together partner representation
- provide advice and support
- support alignment with standards and legal requirements
- provide assurance to the Integration Joint Board by reporting to the Strategic Planning, Finance and Commissioning Committee

Monitoring and Review

Progress will be reviewed annually and informed by:

- feedback from communities
 - staff insight
 - partner learning, including through relevant bodies such as the Community Planning Partnership and Participation and Engagement Working Group
- Monitoring will focus on learning, assurance and improvement rather than additional reporting burden. The results of any engagement exercise, along with details of how the exercise was conducted, will be promptly published online on an accessible webpage.

Statutory and Policy Context

The strategy aligns with relevant legislation, policy and national guidance relating to participation, community engagement, equality, and health and social care reform. These frameworks provide the statutory and best-practice context for the approach described.

Conclusion

This strategy sets out a realistic, sustainable and collaborative approach to participation and engagement across 2026–2029. By building on existing practice, strengthening capability and working with partners, DGHSCP aims to ensure participation continues to inform better decisions, better services and better outcomes for the people of Dumfries and Galloway.

Appendix 1: National Policy, Guidance and Frameworks

This strategy has been informed by a range of national policy, legislative and good practice guidance relevant to participation, engagement and co-production in health and social care. These include:

- Planning With People: Community Engagement and Participation Guidance (Scottish Government / COSLA) <https://www.gov.scot/publications/planning-people-community-engagement-participation-guidance-updated-2024/>
- National Standards for Community Engagement (Scottish Community Development Centre) <https://www.scdc.org.uk/what/national-standards>
- Public Bodies (Joint Working) (Scotland) Act 2014 <https://www.gov.scot/collections/public-bodies-joint-working-scotland-act-2014-statutory-guidance-and-advice/>
- NHS (Scotland) Act 1978 and Patient Rights (Scotland) Act 2011 https://www.publications.scot.nhs.uk/files_legacy/sehd/pca/20190222Direct.pdf
- Community Empowerment (Scotland) Act 2015 <https://www.gov.scot/publications/community-empowerment-scotland-act-summary/>
- Equality Act 2010 <https://www.gov.uk/guidance/equality-act-2010-guidance>
- Quality Framework for Community Engagement and Participation (Healthcare Improvement Scotland / Care Inspectorate) <https://www.hisengage.scot/engaging-communities/quality-framework/>
- Scottish Government Participation Framework <https://www.gov.scot/publications/participation-handbook/>
- Fairer Scotland Duty 2018 <https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/pages/2/>
- Scotland's Public Service Reform Strategy (PSR): Delivering for Scotland (June 2025) <https://www.gov.scot/publications/scotlands-public-service-reform-strategy-delivering-scotland/>

- Health and Social Care Service Renewal Framework (SRF) 2025–2035
<https://www.gov.scot/publications/fairer-scotland-duty-summary-service-renewal-framework-2025-20235/>

- NHS Scotland Operational Improvement Plan (2025)
<https://www.gov.scot/publications/nhs-scotland-operational-improvement-plan/>

- Consumer Scotland Act 2020 <https://www.gov.scot/publications/consultation-consumer-duty-public-bodies/pages/5/>

- UNCRC (Incorporation) (Scotland) Act 2024
<https://www.gov.scot/publications/statutory-guidance-part-2-uncrc-incorporation-scotland-act-2024/pages/3/>

These frameworks provide the statutory and best practice context for the approach set out in this strategy.