

IJB Strategic Planning, Finance
and Commissioning Committee

1st September 2026

This Report relates to
Item 11 on the Agenda

IJB Participation and Engagement Strategy 2026-2029

Paper presented by Alec Campbell

For Approval

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List of Background Papers:	
Appendices:	Appendix 1 - Draft Participation and Engagement Strategy, 2026-2029

1.	Introduction
1.1	This paper introduces the Draft Participation Strategy which sets out how Dumfries and Galloway Health and Social Care Partnership (DGHSCP) will strengthen participation, engagement and co-production across the period 2026–2029.
1.2	Participation and engagement are central to how the Partnership improves services, supports person-centred care and builds trust with communities.
1.3	The strategy provides a clear and consistent framework for how the Partnership will work with people who use services, Carers, communities, staff and partners, aligned to national policy and local priorities. The Integration Joint Board is asked to consider and approve the strategy.
2.	Recommendations
2.1	The IJB Strategic Planning, Finance and Commissioning Committee is asked to: • Note the Draft Participation and Engagement Strategy 2026–2029 • Note the proposed approach to delivery through existing governance arrangements • Note that progress will be subject to ongoing monitoring and annual review
3.	Background and Main Report
3.1	Participation and engagement are fundamental to the delivery of effective, person-centred health and social care and underpin democratic accountability, transparency and people’s ability to influence decisions that affect their lives.
3.2	The Partnership operates within a challenging context of increasing demand, financial pressures and workforce constraints. In this context, decisions about service delivery, redesign and prioritisation must be informed by meaningful and proportionate engagement with the communities affected.
3.3	The Participation and Engagement Strategy 2026–2029 has been developed to provide a clear framework for how this will be achieved. It builds on previous learning and responds to identified areas for improvement, including the need to: • strengthen coordination of engagement activity • clearly demonstrate how public and staff insight informs decisions • improve communication and understanding of complex or strategic issues • make better use of insight generated through day-to-day interactions between staff and people who use services
3.4	Input has continued into the Draft Strategy from stakeholders, with the document in the process of being refined into a final form.
3.5	The strategy sets out a model based on three key elements: • A strategic framework, establishing vision, principles and expectations • A practice framework, covering workforce-enabled engagement, inclusive community engagement, co-production and communications

	• A delivery framework, outlining phased implementation over 2026–2029
3.6	A central feature of the strategy is the emphasis on workforce-enabled engagement, recognising that staff interactions with people who use services generate valuable insight which can inform service improvement and planning.
3.7	The strategy also strengthens the Partnership’s approach to inclusive and ongoing engagement, shifting towards more flexible and place-based methods, alongside existing feedback mechanisms and formal consultation where required.
3.8	Co-production is identified as a key approach where appropriate, particularly in relation to service redesign and development of new models of care, with clarity about scope and influence to maintain trust.
3.9	Delivery will be undertaken through a phased approach over three years, focusing on establishing foundations, embedding approaches and consolidating learning. Key actions include developing guidance, strengthening coordination, expanding outreach approaches and improving communication of engagement outcomes.
3.10	Oversight will be provided through existing governance arrangements, including the Consultation and Engagement Working Group and reporting to the Strategic Planning, Finance and Commissioning Committee.
3.11	The strategy supports delivery of the Integration Joint Board’s Strategic Commissioning Plan by strengthening how people and communities influence priorities, service design and improvement.
4.	Conclusions
4.1	The Participation and Engagement Strategy 2026–2029 provides a clear, proportionate and deliverable framework for strengthening how the Partnership works with people and communities.
4.2	It builds on existing practice, responds to identified learning and aligns with national expectations, while remaining focused on practical implementation through existing structures.
4.3	Approval of the strategy will support a more consistent, coordinated and transparent approach to participation and engagement across the Partnership.
5.	Resource Implications
5.1	Delivery of the strategy will be undertaken within existing resources. The approach focuses on strengthening coordination, capability and use of existing insight rather than introducing significant new structures or resource requirements.
5.2	Any specific resource implications associated with individual engagement or co-production activity will be managed through existing service and programme budgets.
6.	Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1	The strategy supports the National Health and Wellbeing Outcomes, particularly those relating to person-centred care, community engagement and reducing inequalities.
6.2	It directly contributes to delivery of the Integration Joint Board's Strategic Commissioning Plan by strengthening how people and communities influence priorities, service design and improvement.
7.	Legal and Risk Implications
7.1	The strategy aligns with relevant legislation and national guidance relating to participation, consultation, equality and health and social care delivery.
7.2	There is a potential reputational risk if engagement activity does not demonstrate clear influence on decision-making or is perceived as tokenistic. The strategy mitigates this risk through an emphasis on clarity, transparency and feedback to participants.
8.	Consultation
8.1	The strategy has been developed through engagement with colleagues across DGHSCP, taken forward by the Consultation and Engagement Working Group and its members from across the partnership including Healthcare Improvement Scotland – Community Engagement, Third Sector Dumfries and Galloway and Dumfries and Galloway Council.
8.2	Learning from previous engagement activity, feedback mechanisms and partnership working arrangements has been incorporated into the development of the strategy.
9.	Equality Impact Assessment
9.1	The strategy recognises the need to engage with under-represented groups and reduce barriers to participation, in line with equality duties.
9.2	A screening Equality Impact Assessment (EQIA) has been undertaken for the Participation and Engagement Strategy. The Strategy does not introduce direct service changes but sets out how individuals and communities are engaged in decision-making, and therefore has potential implications for inclusion and accessibility across protected characteristics and socio-economic groups. In line with the Public Sector Equality Duty, consideration has been given to ensuring that engagement approaches do not inadvertently exclude or disadvantage any groups.
9.3	The screening has identified that the Strategy is likely to have a positive impact by strengthening inclusive and accessible engagement, with a focus on reaching under-represented and seldom-heard communities. No significant adverse impacts have been identified at this stage. On this basis, a full EQIA is not considered necessary; however, impacts will be kept under review as the Strategy is implemented, and a full assessment will be undertaken if future delivery actions introduce material changes.
10.	Consumer Duty

- 10.1 The strategy supports the principles of the Consumer Scotland Act 2020 by promoting fairness, accessibility and inclusion in how people are involved in decisions that affect them.
- 10.2 No separate Consumer Duty impact assessment has been completed at this stage, as the strategy establishes a framework rather than specific service changes.

11. Glossary

EQIA	Equalities Impact Assessment
IJB	Integration Joint Board
DGHSCP	Dumfries and Galloway Health and Social Care Partnership