



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
17 DECEMBER 2019**

REPORT ON: PARTICIPATION AND ENGAGEMENT STRATEGY

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB49-2019

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the reviewed Participation and Engagement Strategy to the Integration Joint Board for approval.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Approve the Participation and Engagement Strategy attached as Appendix 1.
- 2.2 Instructs the Integrated Strategic Planning Group to further develop the Framework for Engagement referred to at section 4.5 of this report.
- 2.3 Instructs the Chief Finance Officer to ensure that progress in implementation of the Participation and Engagement Strategy is reported to the IJB as part of its ongoing governance arrangements.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

- 4.1 At its meeting on 29 March 2019 the Integration Joint Board approved the Strategic and Commissioning Plan 2019-2022 and noted progress being made in revising the suite of companion documents to the plan. The Strategic and Commissioning Plan includes a commitment to revise the Participation and Engagement Strategy of the IJB by the end of 2019. The reviewed Strategy (attached as Appendix 1) is submitted to the IJB in fulfillment of this commitment.
- 4.2 The review of the Participation and Engagement Strategy has been overseen by the Communication and Participation Sub-Group of the Integrated Strategic Planning Group. This group includes representation from the Health and Social Care Partnership, Dundee City Council, NHS Tayside, Dundee Carers Centre and the Third Sector Interface.
- 4.3 During the review it was identified that two complementary resources are required by the Health and Social Care Partnership to support effective Participation and Engagement with patients, service users their carers and families, and our workforce. Firstly the Partnership needs a clear and succinct Strategy which sets out the overall vision for our engagement work; this requirement is fulfilled through the Participation and Engagement Strategy. Secondly the

Partnership requires an operational framework which provides tools and resources to help services and supports to actively engage.

4.4 The Participation and Engagement Strategy has been simplified significantly to make it more accessible and relevant to those with whom we wish to engage. It has been updated to take into account the developments which have taken place over the last 3 years, particularly within the Community Planning Partnership.

4.5 Work has begun on the development of an Engagement Framework, again under the leadership of the Communication and Engagement Sub-Group. The sub-group aim to make best use of technology to provide a comprehensive resource to all within the Health and Social Care Partnership to support engagement work. This will link with the Community Planning Partnership's development of CONSUL (an on-line engagement tool widely used nationally and internationally). This work will be overseen on behalf of the IJB by the Integrated Strategic Planning Group.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	The development of services and supports for health and social care are not adequately well informed by the knowledge skills and experiences of service users, carers, communities and the workforce.
Risk Category	Operational, Governance, Political.
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is Medium risk level).
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Implementation of Participation and Engagement Strategy. • Development and implementation of Engagement Framework. • Continued operation of Communication and Engagement Sub-Group.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level).
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level).
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

7.0 CONSULTATIONS

7.1 This paper has been developed by the Communication and Engagement Sub-Group, which includes representation from the Health and Social Care Partnership, Dundee City Council, NHS Tayside, Dundee Carers Centre and the Third Sector Interface. The draft strategy has been circulated widely throughout the Partnership and input actively sought from our Partners. The Head of Service – Finance, Business Planning and Strategic Commissioning, Head of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

David W. Lynch
Chief Officer

DATE: 17 December 2019

Allison Fannin
Planning and Development Manager

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PARTICIPATION AND ENGAGEMENT STRATEGY – 2019-2022 Introduction

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**Ensuring that the voices of the citizens of Dundee are heard and listened to,
to improve their health and well being and the
quality and delivery of health and social care services.**

This strategy outlines how Dundee Health and Social Care Partnership (the Partnership or “we”) will ensure that those who use health and social care services in Dundee, their families and carers (“you”), will remain at the centre of our work.

We are committed to understanding the needs of people from different communities in Dundee and believe that meaningful engagement and participation with you means we need to take into account your individual and collective characteristics; in particular the protected characteristics of age; disability; gender reassignment; race; religion or belief; sex; sexual orientation. We also want to make sure that people who are affected by poverty and its effects (such as poor mental health and substance misuse) are key partners.

You have a unique contribution to make in shaping, improving and developing health and social care service. You are experts by experience, bringing skills, qualities, knowledge and life experience from the communities you are part of.

Our colleagues in the public and voluntary sectors already have well developed frameworks for engagement, locally and nationally. This strategy is complementary to our Partners’ arrangements and our Partnership arrangements.

We are always aiming to improve our systems, services and supports in an ever changing world. Reform never stops, and neither should engagement. It is an ongoing process that demonstrates our commitment to listening, and acting on the voices, stories, contributions and ideas which we gather.

It is fundamentally about us all working together to maintain an open and honest dialogue that supports trust, confidence and respect.

We will

1. Build on what we already know works.
2. Use a variety of ways to engage, to make sure that everyone who wants to be is involved
3. Make sure that those who provide services and support to people in Dundee are involved and have opportunities to engage. This will include finding ways to offer opportunities across our entire workforce including those from the third sector, the private sector and unpaid carers and volunteers.
4. Develop ways to measure the differences engagement has made, linking these to what we have already said we will do and what people have told us is important to them.
5. Let people know as soon as possible what difference their involvement has made
6. Make sure that the workforce is confident, well trained and is able to engage with people in local communities, service users and their carers.
7. Make sure that people in local communities, carers and service users are supported to feel confident and able to engage with us.

We provide services in different ways. The Partnership provides some health and social care services directly and others are delivered through the independent sector and many voluntary sector organisations. This means that engagement happens in different ways and, in every circumstance, our Principles of Engagement (shown above) apply.

People who use our services

People who receive a service from us should be equal partners in their own care. As well as having a say in planning their own care, individuals and their carers should be able to contribute to the way services are delivered in their own localities and across the city.

We will ensure that our Strategic Planning Groups are given support to engage effectively with the people who use the services they commission. We want the people who use our services and their carers to be engaged in improving the services and supports we provide.

When we receive feedback on any aspect of our work, we will share the learning across the organization. Our practice will inform colleagues in Tayside and nationally.

With health and other inequalities in mind, we will actively encourage contributions and involvement from people whose voices are less likely to be heard and will consider how best to learn from people most likely to experience health inequalities and other barriers and disadvantages.

Our Workforce

Engaging with our workforce helps create a workplace where all colleagues are involved in decisions, feel valued and are treated with dignity and respect. It also allows our workforce to share ideas and have good open communication with everyone around us. We recognise that there will be many people within our workforce who will also have experience of health and social care matters as patients, service users and carers. We will implement ways to communicate and engage with our workforce, irrespective of who employs them. We will do this in Partnership with any formal staff engagement structures already agreed by employers of our workforce.

This Strategy should be read alongside our Workforce and Organisational Development Strategy which details how “we will support and develop our whole workforce to work in a co-productive, engaged, flexible way to improve outcomes for the citizens of Dundee”.

In summary

We will learn from ...

- engagement with individuals
- engagement with communities
- engagement with our workforce
- examples of best practice across the City
- practice and developments from outside Dundee

We recognize that innovative and effective methods of engagement are already happening, and we want those to continue.

We have identified some priorities for further, complementary, development.

Information

We will provide Dundee citizens and their carers with the information they need to:

- Maintain and improve their health and wellbeing
- Make the best use of available services and supports
- Contribute to service development and improvement.

Locality Engagement

We will work with our Community Planning Partners to communicate well with people in their own localities. We will share our learning across the Health & Social Care Partnership. By working within the Dundee Community Learning and Development Strategy, we can use all of our resources most effectively.

Sharing knowledge and learning

We will capture the broad range of methods, tools, models and examples of participation and engagement, and the learning from this, in a “virtual” Toolkit. This will be available for everyone to use.

We will use e-mail, newsletters, online briefings and other relevant media as appropriate. Dundee Partnership and the Third Sector have developed engagement processes, and we will use these to ensure our work is coordinated and effective.

We will ensure that formal and informal opportunities to learn from each other are accessible to all.

Monitoring and Evaluating our Performance

We will evaluate our engagement activity to ensure that people are given the opportunity to provide feedback on what worked well and where improvements are needed.

We will evaluate how our engagement has impacted on our service planning and delivery and identify areas for improvement.

We will evaluate the impact of this strategy to identify successes and areas for improvement.

Role of the Integration Joint Board

The Integration Joint Board (IJB) has overall strategic responsibility for ensuring that the principles of this strategy are adhered to across Health and Social Care Dundee. The IJB itself has wide representation from across Partner agencies, the voluntary sector, staff, patient and carer representatives.

Support is available to enable IJB members to make effective contributions.

We will review this Strategy and report progress regularly to the IJB in line with an agreed implementation plan.

Role of the Integrated Strategic Planning Group

The Integrated Strategic Planning Group (ISPG) will retain responsibility for overseeing progress of this strategy and is responsible for ensuring that links across the broader partnership in Dundee are developed and sustained, in line with the agreed principles of participation and engagement.

This is an ongoing and evolving document. We will review it along with the Strategic and Commissioning Plan.

The ISPG will report progress made and milestones achieved to the IJB.

Strategic Priorities

Our strategic priorities are set out in our second Strategic and Commissioning Plan 2019-2022, which was agreed in March 2019.

These are:

1. Health Inequalities
2. Early Intervention and Prevention
3. Localities and Engaging with Communities
4. Models of Support/Pathways of Care

National legislative and policy context

- Public Bodies Joint Working (Scotland) Act 2014
- Community Empowerment (Scotland) Act 2015
- Patient Rights (Scotland) Act 2011
- Equality Act 2010
- Chief Executive Letter (CEL) 4 (2010) Informing, Engaging and Consulting people in developing health and community care services
- Chief Executive Letter (CEL) 8 (2012) -Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Health
- Our Voice
- Listen, Learn Act, (National Education for Scotland)
- Public Sector Reform Act 2010
- Carers (Scotland) Act 2016
- The Participation Standard for the NHS in Scotland
- The National Standards for Community Engagement

Local structures and supports include:

- Dundee Partnership Community Learning and Development Strategy
- Local Community Planning Partnerships Plans & Structures
- Dundee Partnership Community Engagement Model
- Voluntary Sector Networks & Forums
- Learning Disability Providers Forum
- Mental Health Providers Forum
- Private Providers Forum
- NHS Tayside Public Partners
- Care Group Strategic Planning Group Engagement Plans and mechanisms