



# PARTICIPATION AND ENGAGEMENT STRATEGY

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

# CONTENTS

	<b>Page No.</b>
<b>1.0 Introduction</b>	<b>3</b>
<b>1.1 Principles</b>	<b>6</b>
<b>1.2 Landscape</b>	<b>7</b>
<b>2.0 Supporting Participation &amp; Engagement</b>	<b>9</b>
<b>3.0 Learning from Each Other</b>	<b>12</b>
<b>4.0 Hearing Stories</b>	<b>13</b>
<b>5.0 Governance</b>	<b>14</b>

## 1.0 INTRODUCTION

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 participation and engagement relating to the work of the Integration Joint Board (the IJB).

We committed to understanding the needs of the different communities in Dundee. This strategy recognises that meaningful engagement and participation with you requires us to take into account your individual and collective characteristics in particular the protected characteristics of age, disability status, ethnicity, gender/sex, religion/belief, sexual orientation and transgender identity. In Dundee we are committed to reducing inequalities which arise because of socio-economic status. In Dundee we will aspire to embrace the spirit of co-production, which has the following ambition:

**“No one is more equal than anyone else”**

*Scottish Co-Production Network*

We recognise that you are key partners in improving your own health and wellbeing, and reducing health inequalities. We support the vision of Integration described by “Our Voice” where:

*“People who use health and care services, carers and the public will be enabled to engage purposefully with health and social care providers to continuously improve and transform services”.*

To do this, we will create genuine opportunities for engagement which build on existing practice and structures as well actively seeking opportunities for innovation and change. This will contribute to a partnership with you that supports the following:

- We will work with you, supporting you to feel that you are at the centre and have ownership of services that you access;
- We will work with you to co-produce efficient and effective services that meet individual and locality need;
- We will work with you to create opportunities that build on and contribute to the assets of local communities;
- We will work with you to ensure you are involved and contributing to key strategic decision making structures, making your voices part of our governance arrangements.

Everyone who is involved in the delivery of health and social care, regardless of who employs them, and whether they are paid or unpaid, has a key role to play in ensuring full participation and engagement. This will be embedded into everyday practice and is not an “add-on” to the work that we do.

Participation and engagement is not achieved by stand alone pieces of work such as surveys, one off consultations, or attendance at meetings. It is an ongoing process that demonstrates the commitment to hearing and listening, recognising and acting on the voices, stories, contributions and ideas of people to improve pathways and outcomes for the health and wellbeing of communities in Dundee. It is fundamentally about creating the conditions for an open and honest dialogue that leads to and supports trust, confidence and respect.

Our strategic priorities are set out in the Strategic and Commissioning Plan, which will be agreed after consultation, in March 2016. These priorities are as follows:

1. Health Inequalities
2. Early Intervention/Prevention
3. Person Centred Care and Support
4. Carers
5. Localities and Engaging with Communities
6. Building Capacity
7. Models of Support/Pathways of Care
8. Managing our Resources Effectively

How we listen to and include you as equal partners will be key to achieving these priorities. Putting your voices at the heart of decision making will ensure that outcomes improve over time.

We will work closely with you to identify the ways that you want to be involved in, and contribute to, decision making. This will include engagement at all stages of the Commissioning Cycle i.e.:

- Planning
- Doing
- Reviewing
- Analysing

We are committed to building on successes whilst remaining an exemplar of good practice and innovation; using new and emerging tools, techniques and approaches that support excellent and meaningful participation and engagement. Dundee will remain cutting edge.

We will work with communities and organisations, including those with whom we commission, in order that a shared understanding of the principles of participation and engagement is reached. Partner organisations will be supported to show commitment to these principles which is evident in the way that their services are delivered.

We recognise the ongoing good work already in place and look forward to opportunities for increased learning from each other.

This is an ongoing and evolving document and will be reviewed to be concurrent with the Strategic and Commissioning Plan.

Progress made and milestones achieved will be reported back to the IJB through the Integrated Strategic Planning Group.

An implementation plan accompanies this strategy. This sets out actions to be taken forward over the period of the Strategic and Commissioning Plan (2016 – 2021). It will be this implementation plan which will form the basis of future reporting to the IJB and our broader participation and engagement partners.

## 1.1 Principles

These are based on those contained within the National Community Engagement Standards and have been adapted after local consultation. The principles:

- Give a clear message of our intentions
- Set expectations and guide our practice
- Set a mutual context and understanding of our approach to participation and engagement
- Support embedding of principles of engagement in the way we do things

### Dundee Health and Social Care Partnership – Principles of Engagement

1. We will use a variety of ways to engage to make sure that everyone is involved
2. We will make sure that those who provide services and support to people in Dundee are involved. This will include all staff including those from the third sector, the private sector and unpaid carers and volunteers.
3. We will build on what we already know works.
4. We will let people know what difference their involvement has made as soon as possible.
5. We will develop ways to measure the differences engagement and participation has made, linking these to what we have already said we will do and what people have told us is important to them.
6. We will make sure that staff are confident, well trained and are able to engage with communities, service users and their carers.
7. We will make sure that local communities, carers and service users are supported to feel confident and able to engage with us.
8. We will make sure that the IJB can measure the difference that engagement is making and keep improving, by evaluating our activities to improve our practice and outcomes.

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## 1.2 The landscape of participation and engagement

### National legislative and policy context includes:

- Public Bodies Joint Working (Scotland) Act
- Community Empowerment (Scotland) Act
- Patient Rights (Scotland) Act 2011
- NHS Reform Act (Scotland) 2004
- 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
- Carers Strategy
- The Participation Standard for the NHS in Scotland

**Ways this happens locally include:**

- Community Learning and Development Strategy
- Pan Tayside Communications and Engagement Framework (April 2015-April 2016)
- Local Community Planning Partnerships Plans & Structure
- Dundee Partnership Community Engagement Model
- Voluntary Sector Networks & Forums
- Private Providers Forum
- NHS Tayside Public Partners
- Public Reference Group
- Care Group Strategic Planning Group Engagement plans and mechanisms

**What does this mean for the Strategy?**

This strategy sits within, and contributes to, the implementation of a well developed local and national framework. It does not replace any of these but will add value to existing methods of participation and engagement, and support seamless connections between these.

As much of the local guidance is still emerging, the strategy will be sufficiently flexible to respond appropriately to this continually evolving landscape.

**Areas for further development**

As a result of a review of the above landscape and the existing work, the following sections have been identified as priorities to support our maturing participation and engagement. These sections have been identified as being key to adding strength and depth to existing relationships. It is recognised that this work is not exclusive and that other activities will be taking place; the strategy is not intended to constrain innovation.

You have a unique contribution to make in shaping, improving and developing health and social care service. You are the “experts” by experience, bringing skills, qualities, knowledge and life experience. You live in families and communities, and have common or shared experiences and as such know the strengths of your communities and where the assets and opportunities lie.

## **How will we support meaningful participation and engagement?**

### **Co-Production at the Centre**

A continuum of participation and engagement exists. This strategy recognises that different types of engagement are appropriate depending on the individual situation. However the integration of health and social care services gives us the opportunity to shift the balance more towards co-production and to allow services and communities to develop tests of change which help us make co-production “the norm”.

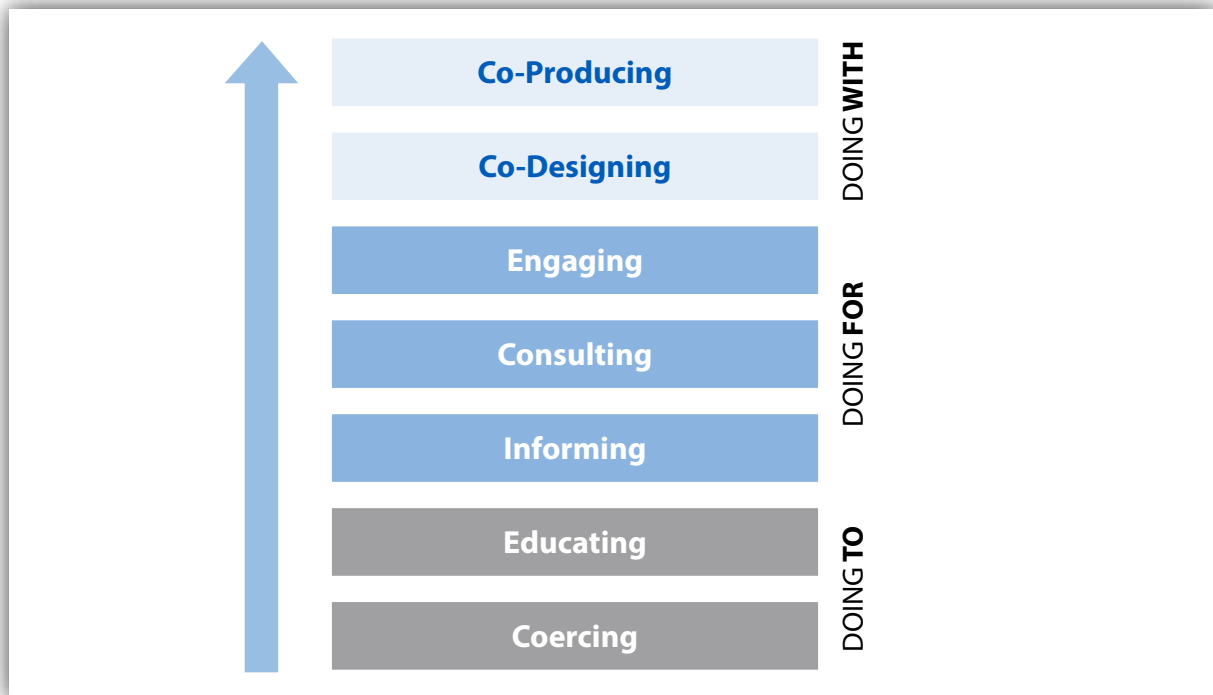
Co-production is at the centre of integration. Co-production is about engaging people (patients, service users, citizens and staff) in the planning and design of services, in assessing their own needs, and deciding which supports would best meet those needs.

Co-delivering is about the way that services are undertaken and delivered so that they enable you to make the best use of, and further develop, your own strengths and assets, and those of your local communities, to improve the health and wellbeing of yourself and others.

Implementing co-production and co-delivery requires a genuinely different and creative change in perspective. This change is one that moves from a “narrow” health and social care technical fix, to one that puts co-production or outcomes at the centre of the integration agenda. It requires people and communities to be treated as equal co-producers of outcomes, and the rethink of the use of organisational resources so that they complement and support the development and use of individual and community assets.

The ladder of participation has become a well recognised model to describe the journey towards co-production. It sets out the stages of participation moving from a stage of ‘doing to’ to ‘doing with’. While the practice currently varies across the different agencies our current practice for the integrated partnership would indicate that we are generally currently sitting within the ‘doing for’ area of the ladder.





Source: New Economics Foundation

## Information:

**We will provide Dundee citizens with the information they need to:**

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

This will be supported by the Pan Tayside Communication and Engagement framework and by the work of the Communication and Engagement Sub Group Dundee.

## Involvement at all levels:

We will involve you throughout your journey of care and all stages of planning. This will include involvement in relation to planning for your own care, how services and supports are delivered in your local communities, and how services and supports are commissioned for the whole City. You will be supported to be involved. We will ensure that people from all backgrounds are involved and that everyone has an equal opportunity to participate.

We will ensure that you are involved as equal partners in your own care. We will actively seek to hear feedback about your care and services in order to make improvements and learn from your experiences. This will be done within existing legislative and policy frameworks.

Services will involve and include you at a local level, by linking with existing locality and engagement structures. You will be supported to choose what the best mechanism for you is. By strengthening the links with and helping to build the capacity of these engagement groups the IJB will ensure that the full range of different voices are heard.

We will ensure that you are fully involved in developing, monitoring and reviewing Commissioning Strategies by ensuring that each of the Strategic Planning Groups has its own Engagement Framework.

This practice will contribute to and inform developments across Tayside and at a national level, with Dundee continuing to be noted as an exemplar of best practice.

## 3.0 LEARNING FROM EACH OTHER TOGETHER

We aspire to embody a learning organisation which continuously transforms itself by expanding its capacity to change and evolve and “where people are continually learning to see the whole together”. (Peter Senge 1990)

We will create the conditions where the following areas become the “learning norm” across the organisation.

### Tests of Change – Experimentation

We will continue to use tests of change to produce incremental gains in knowledge. We will support the development of a culture where it is acknowledged that there is permission to create innovative ways to include and involve you. We will seek to capture the learning from these tests of change in order to learn from these as widely as possible.

### Learning from Past Experience

We will make best use of feedback received by ensuring that learning is shared across the organisation and beyond. We will learn from what has worked well and from what could have been done better and will share this learning with others.

### Learning from others

We will continue to widen the range of those with whom we engage, making sure that we actively seek contribution and involvement from those whose voices are less likely to be heard. Engagement will be purposeful and will contribute to achieving the wider outcomes of the Integration body. This will mean that we develop learning from:

- engagement with individuals
- engagement with communities
- examples of best practice across the City
- practice and developments outwith Dundee

### Sharing knowledge and learning

We will ensure that the broad range of methods, tools, models and examples of participation and engagement, and the learning from this, are captured in what will emerge as a “virtual” Toolkit. You will be encouraged to contribute to this and to make active use of the resources captured. As well as using existing methods of communication such as e-mail, newsletters, e-briefings etc, we will explore the use of social media such as Facebook and Twitter to create a platform for engagement and participation. We will build on the existing shared approach to learning and development that ensures formal and informal opportunities to learn from each other are accessible to all.

Stories are an incredibly rich, powerful but underused source of information. They bring to life issues that really matter to people, in their own words.

*“There is evidence that, when they are properly gathered and used, personal stories empower storytellers. People who share their experience, and know how the learning from their stories has been applied, feel that they have been positively involved in service development and improvement. Organisations that use stories to improve services develop a culture of participation and a reputation for listening and acting upon what they learn.”*

*(NES – Listen Learn Act)*

## How are we going to hear stories and how will we act on them?

We will support people to tell their stories. We will set expectations for how they will be heard. Staff, citizens, their families and carers will have a common understanding of these expectations. We will create a safe and supportive environment in which people can have their stories heard.

We will create a range of opportunities for more people to tell us their stories including making better and safe use of social media such as Facebook and Twitter (via the on-line toolkit referred to above). We will also use these platforms to share information.

Before we share stories we will ensure that the story teller and the story sharer have a joint understanding of what that story is telling us and how it can contribute to service redesign.

We will be clear about how we are going to use the information people give us in their stories ensuring that the principles of confidentiality, consent, dignity and respect are core to this.

We will have a clear route by which stories can be fed into existing planning and improvement mechanisms.

We will ensure that support is available to story tellers and those listening to their stories – particularly where those stories may cause potential distress or emotional concern.

We will continue to develop “Tom’s Story”, which will incorporate the learning from stories which we hear, making it more and more relevant to people in Dundee, to ensure that it reflects their lived experiences. We will use the developing story to inform:

- Citizens about emerging changes to health and social care services
- Evaluation of service improvement

## 5.0 GOVERNANCE

We have overall strategic responsibility for ensuring that the principles of this strategy are adhered to across Dundee. The IJB itself has wide representation from across Partner agencies, the voluntary sector, staff, patient and carer representatives.

Progress on and review of this strategy will be reported regularly to the IJB as per the agreed implementation plan, and reporting arrangements will be in line with those of the agreed Strategic and Commissioning Plan.

The ISPG will retain responsibility for overseeing progress of this strategy and are 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.

### **At an operational level, integration managers will be responsible for:**

- Ensuring that operational and strategic managers engage and evidence co-production
  - Supporting the development and embedding of participation and engagement activities across services areas in accordance with the principles and outcomes in this strategy
  - Monitoring progress on the intended outcomes set out in this strategy
  - Evaluating the quality of participation and engagement across the Divisions
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## **Evaluation and Service Improvement:**

### **Citizen Role**

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

### **Planning and decision making**

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

### **What else?**

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









The Dundee Strategic and Commissioning Plan and associated documents were produced, on behalf of the Dundee Integration Joint Board, in partnership with a wide range of stakeholders and was overseen by the Integrated Strategic Planning Group.

## GET IN TOUCH:

If you have any questions about the information contained in this document, please email:

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