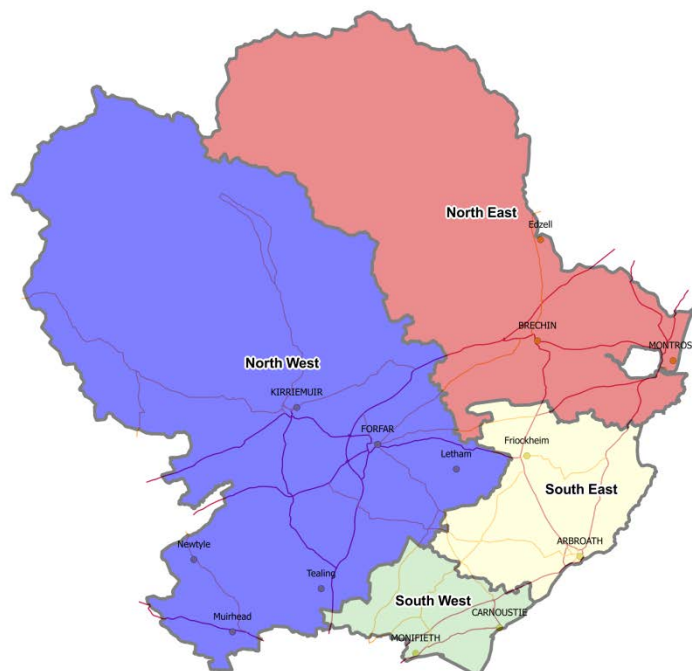




Communication, Participation & Engagement Strategy 2016-19



November 2016

1. Purpose of this strategy

This strategy sets out the Angus Health and Social Care Partnership's (HSCP) commitment to genuine approaches to work with all stakeholders impacted by health and social care integration. In particular it focuses on working with communities as evidence shows that the most effective services are those that are developed and designed in partnership with local communities. Furthermore this strategy seeks to build new approaches, which develops 'an Angus that actively cares'. The overarching aim of this strategy is to support the Angus HSCP to achieve its vision and meet the priorities for integrated health and social care services as outlined in the Angus Strategic Plan 2016 – 19. We will achieve this through being committed to cultural transformation, equal partnership and trans-disciplinary approaches towards our joint working endeavours.

"People are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting."

Angus Health and Social Care Partnership Vision for Health and Social Care

Successful implementation of this strategy will contribute to the Angus Partnership achieving the National Health and Wellbeing Outcomes. It will also contribute to the achievement of the Angus Community Planning Partnership priorities in particular the priority of 'caring and healthy' as outlined within the Angus Communities Directorate Improvement Plan 2016-19.

Now seems an ideal time to refresh our initial Involvement and Engagement Plan which was developed in 2013, to ensure there is optimal consultation, participation and engagement around how we achieve the priorities for Health and Social Care. Whilst recognising the statutory requirement to consult and engage outlined in the integration delivery principles within the Public Bodies (Joint Working) (Scotland) Act 2014, outlined in Appendix 1, We aspire to take forward this strategy based on a legacy of innovative approaches, research and a strong ethos of community development, which has built buoyant, integrated working in Angus for many years.

Our approaches to locality working will embed much of the above ensuring people most affected by integration feel closer to influencing the decisions being taken and the care movement built with communities. In essence, much of our communication and engagement philosophy is predicated on notions of civic health which takes account of the community as a living entity, is integrated, positive and comprehensive in its approach toward culture, resource and power shift. We believe that through such an approach we will achieve the overarching aims and vision as set within the priorities for integrated health and social care services as outlined in the Angus Strategic Plan 2016 – 19.

Local people, communities and co-contributors are central to the shaping and improving the delivery of outcomes in Angus. Such moves toward integration and service improvement will only become a reality if our activities are based on values of respect, asset based approaches and co-production. Genuine co-production also recognises co-consumption where we accept our position as service users as well as service providers. This helps build empathy and relationships necessary to achieving togetherness and care movements.

2. Developing an effective communication, participation and engagement strategy

The integration of health and social care is the Scottish Government's ambitious programme of reform to improve care and support for those who use health and social care services. The Angus Health and Social Care Partnership was established in April 2016. This partnership includes NHS Tayside, Angus Council, the Third sector and independent sector providers. Appendix 2 outlines both the strong legislative and policy context for communication, participation and engagement. This strategy also takes account of research and reflections on social care developments locally and nationally.

The (Public Bodies) (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014, clarify the Integration Authority's responsibility in relation to the influence that localities must have, and must be shown to have had, on the strategic commissioning plan and service delivery. Whilst it is important that the Integrated Joint Board has robust mechanisms in place to ensure effective communication, participation and engagement, this requires a new determination to build delivery through dialogues with communities.

Our vision for Health and Social Care in Angus is one where:

"People are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting."

3. Localities

In order to deliver for the future we will devolve local planning and delivery to the four localities within Angus. We want our health and social care partnership to have a positive impact on the lives of everyone it serves and we have a corporate responsibility to clear, consistent and transparent communication and engagement. As the Partnership spends public money we recognise our responsibility to help people understand, at locality level, more about our organisation, become more involved in how we make decisions and provide opportunities to share our progress.

In July 2015 The Scottish Government published Localities Guidance which sets out what localities are for, the principles upon which they should be established, and the ethos under which they should operate. The Guidance also details the requirements of the Integrated Joint Board to involve and consult, at locality level, with the following partners:

- General Practice
- Primary Care
- Secondary Care
- Housing
- Social Work and Social Care
- Third, voluntary and independent sector
- Communities

We want to build on our efforts to ensure that we value the impact and assets of local people, volunteers, families and neighbours to ensure that health and social care services are of high quality, good value for money and meet the needs of the people who live in Angus. It is essential that we empower people to better understand and inform how health and social care services can be delivered in

the context of increasing numbers of older people, fewer people of working age and growing financial pressures. In doing so, this will lead to better outcomes for our local population. We also want to create the conditions which empower people and communities to actively care, broadening the base of delivery.

Each locality is uniquely placed to consider local needs and communication, participation and engagement methods will need to vary across each area. Therefore we respect that our endeavours must bring people most affected by services closer to influencing decision making and also open up opportunities for voluntarism. It is vital that these groups understand their communities in terms of economy, people and place. Localities must be resourced and supported to build dialogues and engagement activities.

Commitment to building our engagement as part of the wider Community Planning agenda will be essential as we strive to develop locally-influenced services which reflect the needs of our communities. As a statutory member of the Community Planning Partnership the Integration Joint Board has a significant role to play within the Community Planning Process and is working with all partners and communities to create innovative approaches to working with communities to improve health and wellbeing.

4. Overarching standards and expectations

The Angus Health and Social Care Integration Joint Board will commit to:

- Placing individuals and communities at the heart of our service planning and delivery to ensure we can deliver person centred outcomes. In planning for the future we are committed to working together with people as assets and resources who have a greater responsibility to co-produce services that affect how they live their lives and meet their needs. This collaboration will help us to build a good understanding of what really matters to people. It will also help us to build community capacity by promoting health and wellbeing, reduce isolation, promote active ageing, improve our understanding of what works and support us to do more of it.
- Meaningful communication, dialogue, participation and engagement which is embedded into our Partnership's culture. This will enable all stakeholders to become fully informed and involved in taking an active role in effective and meaningful communication and engagement. We will reciprocate by ensuring people have the ability to influence service planning and decision making process of the Angus Health & Social Care Partnership.
- A genuine commitment to equality of esteem where all partners are involved in all aspects of leadership and strategy.
- Understanding the needs of the different people who live in our localities. We are committed to reducing inequalities which arise as a result of socio-economic status. In doing so we must take account of individual and collective characteristics, in particular the protected characteristics, as described within the Equalities Act 2010, of:
 - Age
 - Disability status
 - Ethnicity
 - Gender/sex
 - Religion/belief

- o Sexual orientation, and
- o Transgender identity.

In addition we choose to take account of poverty and social deprivation.

- Develop a common and agreed language, which is shared across agencies and professions who work with people who use services and community-based care and support.
- Encourage a learning from experience approach, sharing information and feeding back the results of our participation and engagement activities, demonstrating how people's views have been considered and impacted upon change. We will encourage channels for a two way free flow of information, both listening and informing, which will provide clarity about what we can do and importantly what we sometimes cannot do and why.
- Where service change is proposed that will have an impact on the community, we will involve and consult appropriate representatives of that locality and will support reasonable costs to enable those representatives to give their view.
- Develop collective media relations to promote a positive public image that builds and maintains public confidence in Angus community health and care services.
- Comply with legislation and guidance relating to informing, engaging, involving and consulting people.

5. Communication

5.1 Principles

- Communications and engagement activity must follow a consistent approach and standard to help us to fully reflect the values of the Angus Health and Social Care Partnership. In turn this will influence the actions of the organisation and the behaviours of our staff and members.
- When planning communications and engagement we need to commit to communication which reflects the audience it involves .
- Ensure open, honest, meaningful and appropriate communication using appropriate methods which are accessible. We aim to overcome barriers to involvement. This will include support to be able to engage with us through, for example, supporting reasonable costs, assisting with travel, child care accessibility etc.
- Develop a shared and compelling explanation for local health systems about how integration will improve outcomes for people in the future, building upon the knowledge, skills and confidence of all who take part. This will be clear, easy-to-understand and consistent information that takes account of the needs of people with physical and learning disabilities, sensory impairment, individuals with literacy problems, people from minority ethnic communities and individuals from hard to reach/vulnerable groups. In addition this will improve the information and communication across health and social care services creating a knowledgeable and well-informed workforce.
- We will work in partnership with other organisations to make sure that when communicating and engaging with the general public of Angus we do so in the most appropriate, co-ordinated and effective way possible.

- Information will be in plain English, without jargon and with minimal use of acronyms, which are explained. Readability and disability guidance will be used to analyse our external communications and documents to help us to recognise the potential limitations of our communication i.e. reading difficulties, dyslexia, blindness and colour blindness, and English not a first language.
- Published material will be developed with the public, patients, staff, partner organisations, carers, volunteers, Third and Independent sector organisations. Written messages will be clear and concise, using short sentences and avoiding management language.
- The right messages will reach the right people, in the right format, at the right time.
- Credibility is earned by responsible, honest and timely communication.

5.2 Our Key Messages

Key messages will be used to convey our vision, values and qualities of the Angus Health and Social Care partnership. It is important that we reflect these key messages in all our communications with our key stakeholders to ensure a consistent approach. These are:

- We are committed to placing people at the heart of our organisation and building a culture of Angus being a partnership that 'actively cares'.
- We are proud of the achievements we have made and confident that we will continue to make Angus a great place to live and work.
- We will develop innovative ways of engaging with our stakeholders.
- We are committed to working with people to design and commission high quality, safe accessible local services which meet the needs of the communities within our localities.
- We are committed to developing effective partnership working to help to improve the health and well-being of local people.
- We will work with people to prevent them from becoming ill, support them to detect conditions early, manage their conditions, make life style changes and access the right service, in the right place at the right time.
- We will support people to live independently in their own homes and community for as long as possible.
- We are committed to research and innovation leading to continual improvement for the people of Angus.
- We are committed to raising standards of care and support.
- We are committed to fully involving the health and social care workforce whether they be from the public, third or independent sectors in the planning and provision of health and social care services.

5.3 Methods of Communication

- Through the Locality Improvement Groups
- Newsletters e.g. Integration Matters, VAA and Angus Carers publications
- Face-to-face discussions
- Cascading of information through organisations and groups
- Media Coverage

- NHS Tayside and Angus Council Internet and Intranet pages
- Social Media channels e.g. Facebook and Twitter
- Highlight reports and briefings
- Leaflet and poster distribution in easy read and plain English versions
- Presentations

6. Participation and Engagement

6.1 Principles

We are proud of the progress we have made to involve and engage with the people of Angus to shape service and we have built up a sound knowledge base, skills and experience, for example; Public Partnership Forums, Patient Participation Groups, volunteer and carer groups third sector dialogues, third sector collaborative. However, we know that improvements can be made and that participation and engagement is a two way process with a focus on creating and maintaining open dialogue. We will:

- Develop an active community dialogue approach to understand what really matters to the people who live and work in our communities which will help us to create and improve services / building an Angus that actively cares.
- Go to where people are rather than expecting them to come to us.
- Redesign service delivery so that our organisation is more flexible in meeting the needs of all people
- Build upon established relationships to ensure strong networks are established in each of our four localities so that we understand the specific needs of each locality and better understand people's experiences. These networks will be built on trust and a shared understanding that we want to improve services in Angus. In turn, this will help us to develop services around the health and care needs and aspirations of each locality.
- Engage people who use services, carers, families and the wider public in plans for better integrated care. This involves ensuring that people who use services, or their representatives, are members of decision-making boards, and that people who use services shape, deliver and evaluate the services we provide.
- Ensure that volunteers, patients and carers know how to give feedback, are appropriately supported to do so and that they regularly receive reports on how this feedback has been used to improve services.
- Learn from other organisations about their approach to participation and engagement and share our learning with others.

6.2 Methods of participation and engagement

These will include:

- Locally based dialogue on what matters to people
- Face to face meetings
- Street surveys and co - investigations
- Events and focus groups
- Facebook, Twitter, Online discussion groups/e-panels, webpages and newsletters.

- Compliments and complaints received by the Partnership will also be a valued source of information to inform change.

We will also seek to use real life stories as case studies to help us and others to understand people's experiences of care and support.

7. How will this strategy be implemented?

To make this strategy work, the approach described above will be resourced through the existing infrastructure aligned to the Angus HSCP.

The Communication, Participation, Engagement Group (CPEG) will oversee progress of this strategy within the four localities of Angus. The CPEG will also ensure that links across the broader Angus Partnership are developed and sustained.

Progress on and review of this strategy will be reported regularly to the IJB.

Each Locality Improvement Group will be responsible for demonstrating how they communicate, participate and involve people who live and work in their locality. A representative from each locality will sit on the CPEG so that ideas can be shared, problems addressed and consensus achieved on the big decisions – priorities, commissioning or otherwise, that the Partnership needs to make.

8. How will we know this strategy has been successful?

- Stakeholders consistently report back to us their high levels of satisfaction and recognise our commitment to excellence.
- Communities demonstrate cultural change through the growth of voluntarism.
- All stakeholders feel better informed about health and social care in Angus.
- People know how to contribute to participation and engagement activities and feel that they have made a valued contribution.
- People in Scotland and beyond want to work in Angus because we have a reputation for being a great place to work, find creative solutions, make things work better and make a difference.
- Reduced numbers of patient complaints

Appendix 1

Public Bodies (Joint Working) (Scotland) Act 2014. Section 31 Integration delivery principles

- (1) The integration delivery principles are:-
- (a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,
 - (b) that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:-
 - (i) is integrated from the point of view of service-users,
 - (ii) takes account of the particular needs of different service-users,
 - (iii) takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
 - (iv) takes account of the particular characteristics and circumstances of different service-users,
 - (v) respects the rights of service-users,
 - (vi) takes account of the dignity of service-users,
 - (vii) takes account of the participation by service-users in the community in which service-users live,
 - (viii) protects and improves the safety of service-users,
 - (ix) improves the quality of the service,
 - (x) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),
 - (xi) best anticipates needs and prevents them arising, and
 - (xii) makes the best use of the available facilities, people and other resources.
- (2) In subsection (1), "service-users" means persons to whom or in relation to whom the services are provided.

Appendix 2

Legislative and policy context for communication, participation and engagement

The **Public Bodies (Joint Working) (Scotland) Act 2014** places a legal requirement upon the IJB to involve and consult and our annual performance report must include a description of the arrangements made in relation to consulting and involving localities.

The **Community Empowerment (Scotland) Act, 2015**, gives people a stronger voice in their communities by giving communities more of a say in how public services are to be planned and provided, new rights enabling communities to identify needs and issues and request action to be taken on these, and extends the rights of communities to buy or otherwise have greater control over assets.

The new **National Standards for Community Engagement**, launched in September 2016, outline best practice for engagement between communities and public agencies. The Standards have been simplified to seven Standards, reflecting the main elements of good community engagement - Inclusion, Support, Planning, Working Together, Methods, Communication and Impact.

The **Patients' Right (Scotland) Act 2011** aims to improve patients' experiences of using health services and supports people to become more involved with their health and healthcare.

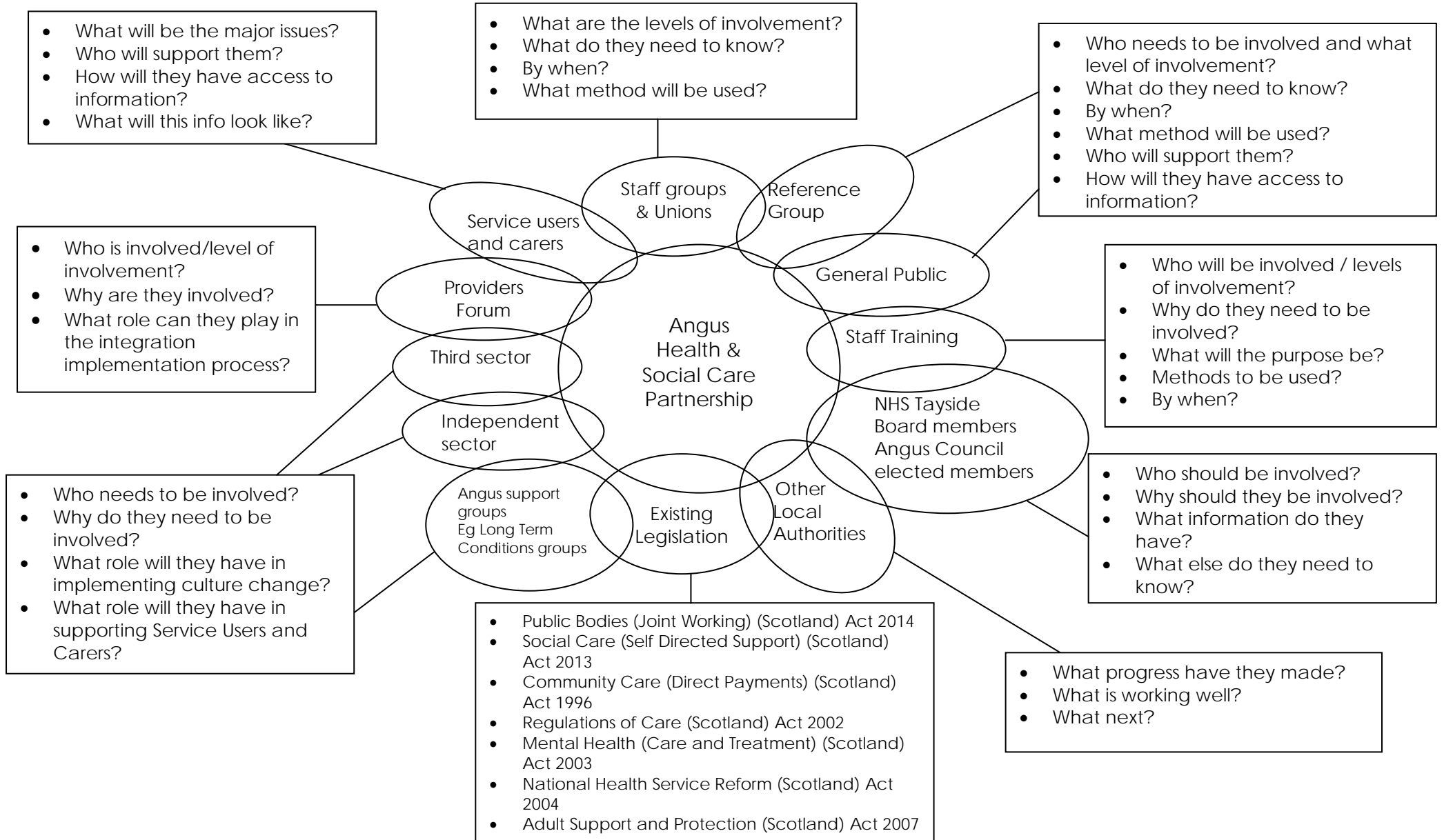
The **Equalities Act (2010)** sets out a public service duty to ensure that when planning and delivering services we contribute to eliminating discrimination, harassment and victimisation, advancing equality of opportunity and foster good relations between groups.

Scottish Health Council's **Participation Standard, 2010**. The Participation Standard builds on an agenda that has been developing over a number of years. To reflect the importance of participation, duties of public involvement and equal opportunities were placed on NHS Boards in the NHS Reform (Scotland) Act 2004.

This strategy supports the vision of the Scottish Health Council "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."

APPENDIX 3 How we will support effective and meaningful communication and engagement with all stakeholders



APPENDIX 4

**ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP
COMMUNICATION, PARTICIPATION & ENGAGEMENT IMPLEMENTATION PLAN 2016-19**

Table below has 2 columns and 12 rows. Row 1 has headings.

| SERVICE AREA: | ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP |
|---|---|
| 1. Service Lead | Gary Malone – Community Dialogue and Engagement Sally Wilson – Communication |
| 2. Name Of Service | Health & Social Care Partnership Communication & Engagement Planning |
| 3. Description of Service | The Angus Health and Social Care Partnership aims to place individuals and communities at the heart of our service planning and delivery to ensure we can deliver person centred outcomes. |
| 4. Aim / Purpose Of Engagement: Involving, engaging and informing | Involving and engaging our staff and communities in the service improvement work so our stakeholders are able to influence and shape health and social care services in Angus. |
| 5. Stakeholders: Identify and list service users groups, carer’s forum, patient groups; public partners; voluntary organisations; general public; staff; clinicians etc. | Service users/patients/carers General Public People with protected characteristics Vulnerable/hard to reach groups Community Organisations/Groups Third sector independent sector Elected Members and NHS Board members Staff – Service Managers, Allied Health Professionals, Nursing staff groups, Clinical Partnership; General Practitioners; General Practice groups. Community pharmacists, social care officers; home care managers/assessors; care/case managers; occupational therapists; day centre officers; service managers; senior managers; union representatives. Staff outwith Health & Social Care Partnership, e.g. Community Learning and Development, |

| | |
|---|---|
| | <p>Housing and Leisure & Recreation, etc</p> <p>Media: newly formed cross sector media</p> |
| <p>6. Support Needs: Identify the barriers to involvement and how they may be overcome.</p> <p>Timings of events, travel expenses, crèche facilities and carer provision must all be considered.</p> | <p>Engagement toolkits are available from NHS Tayside and Scottish Health Council that provide resources to use when engaging with service users, patients, their families, carers, staff groups and the public. Areas will include, for example:</p> <ul style="list-style-type: none"> ▪ Health & Social Care Partnership newsletter ▪ Third sector media and training ▪ Dedicated website/Facebook presence and Twitter feed ▪ Dedicated email address and freepost address ▪ Links to other tools or materials that can support communication involvement and engagement ▪ Reimbursement of expenses ▪ Recognition of the needs of carers ▪ Building inclusive volunteering cultures ▪ Translation and interpretation as required |
| <p>7. Methods Of Engagement: Consider methods appropriate for the target audience.</p> | <p>We want to make sure that everyone in Angus can engage. Different methods of engagement will be used as appropriate for each activity that is undertaken. The list is varied and very long from the tried and tested to new and innovative. Each method will have its merits and the activity plans for each stage will provide the detail. Examples include:</p> <p>Presentation to groups across Angus; Information on Angus Council/NHS websites/Online question and answer opportunities; Media/press releases/Radio Tay; Peer support to access or provide information; Twitter/Facebook presence; Leaflets, factsheets, and booklets as appropriate; Conferences/seminars/workshops; Use existing publications such as Angus Life to provide real life examples of what integration will mean to individuals; Integration Matters. Face to face contact through staff contact; carers group contact and email direct to individuals.</p> |
| <p>8. Working Together: consider how to enable participants to work with one another effectively and efficiently.</p> | <p>There are many good examples of effective partnership working in Angus and we will build on what works well to develop even more effective partnership working between individuals, communities, health and social care, the third sector and private sector.</p> |
| <p>9. Working with Others: Consider who needs to be part of the involvement</p> | <p>We will establish a reference forum with our partners in the Third and independent sectors, communities and individuals and health and social care colleagues work will be undertaken to</p> |

| | |
|--|--|
| <p>and engagement process across Angus. What are the desired outcomes?</p> | <p>create genuine opportunities for meaningful involvement and engagement across Angus. We will develop a range of ways in which we can connect with all stakeholders to increase opportunities for effective dialogue and feedback.</p> |
| <p>10. Feedback: Use appropriate feedback methods to ensure that all stakeholders are aware of the outcomes from the involvement and engagement activity.</p> | <p>Feedback will be encouraged in all communication with internal and external stakeholders and the range of ways in which communities, groups and individuals can comment or share ideas will be explicit in all involvement and engagement activity.</p> <p>This will be done through:</p> <p>The development of a specific Angus Health and Social Care website; the development of a joint newsletter for staff; information on Your NHS and in Angus Life; Provide 'keep me informed' request forms at every event; provide information via Facebook and Twitter;</p> <p>A new cross sector media will be developed. We will work collaboratively and innovatively with our stakeholders, using existing expertise across the partnership for example from within the Third Sector and Community Learning and Development and through evaluation on an ongoing basis from stakeholders to assess and improve our engagement and feedback.</p> |
| <p>11. Previous Record: How does this relate to/follow on from any earlier related involvement and engagement activity</p> | <p>Follows on from:</p> <p>Joint engagement activity to promote the establishment of Integration of Health & Social Care during 2014-16.</p> <p>Previous, separate work by Angus CHP and Angus Council Social Work & Health Department that influenced our locality model development:</p> <ul style="list-style-type: none"> - Angus CHP work on Community Medicine & Rehabilitation Redesign Project 2008-2015 - Angus Council Social Work activities in relation to developing the Community Care Change Programme 2012-15. <p>Takes cognisance of existing work relating to Health Inequalities Strategy and Self Directed Support.</p> |