



Communication and Engagement Plan 2020 - 23

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Foreword

What we do as a Health and Social Care Partnership touches the lives of many people in Angus; whether it is people who access care and support, and their families and carers; our workforce, whether that be in the public, third or independent sector. We put people at the heart of all our discussions and decisions so this means that communication and engagement is everyone's business and it needs to be what we do every day.

Effective internal and external communication and engagement has been, and will continue to be, a priority for us. It is vital that all stakeholders are aware, understand and feel involved. It is also important that our workforce feel able to celebrate their successes in the difference they have made and continue to achieve.

As with other Health and Social Care Partnerships we are addressing the challenge of how we strengthen the quality of care, reduce inequalities and improve people's experiences. We do this, while making sure services can meet growing demand with the challenge of a reduced workforce and financial restraints.

We find ourselves in a time of significant change, none more so than now as a result of the COVID-19 pandemic. Responding to Covid-19 required a swift and radical change in the way we delivered health and social care. This continues to be a rapidly changing situation and we have continued to adapt and respond at an unprecedented level to ensure we deliver high quality compassionate care and support.

Our reputation will be the result of how we inform, engage, listen, involve and interact with people. Building supportive and trusting relationships with our key stakeholders is critical to our success. I hope you find this communication and engagement plan helpful in your role as an individual and in your respective teams. Working in partnership we can reduce health inequalities and ensure Angus has an affordable and sustainable health and social care system for the future.

Gail Smith

Interim Chief Officer, Angus Health and Social Care Partnership

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1. Executive Summary

Angus Health and Social Care Partnership (HSCP) has an ambition to make a real difference to the health and care experiences of the people of Angus.

This Communication and Engagement Plan sets out how Angus Health and Social Care Partnership (HSCP) is, and will in the future, communicate and engage at all levels with its stakeholders. It sets a framework to ensure all improvement and transformation activities are aligned and informed by stakeholder feedback to provide input to and support Angus HSCP's vision and strategic priorities. The plan recognises that we will need to adapt the way we engage and communicate in response to the COVID-19 pandemic.

This plan sets out how we will:

- Focus on ensuring a positive reputation for Angus HSCP and positive experiences for users and staff. Fostering effective relationships and a culture of two-way communications with all stakeholder groups, particularly communicating ways in which interested members of the general public can become involved in informing decisions related to service improvement and transformation.
- Raise awareness of Angus HSCP as an attractive place to work, for our current workforce but also as a place to attract new staff to come and work for us. It recognises the need to listen to and involve patients/service users, the public, our partners and external stakeholders.
- Improve communication and engagement with our workforce to ensure we have staff that feel well-informed, engaged and motivated and are committed to Angus HSCP's vision and priorities.

2. Introduction

Angus HSCP was established in 2016 and is responsible for the delivery of integrated community based health and social care services for all adults in Angus. Health and social care integration is one of the biggest changes in the way health and social care services are run in decades. Further information about the background to health and social care integration can be found in Appendix 1.

We need to connect, involve and engage with our stakeholders (see section 6 for information about stakeholders) so that they understand and help shape our plans to transform the way health and social care is delivered, improve and develop services and help people understand what they can do to improve their own health and wellbeing.

The Angus HSCP's [Strategic Commissioning Plan 2019-2022](#) shapes and guides the way we work together as a local health and care system. It clarifies what Angus HSCP will do to make a difference. Effective communication and engagement is critical to our success and so it is important that we refresh our communication and engagement plan to support us to achieve our vision for the benefit of all.

OUR VISION

Working together, developing communities that actively care, promoting wellbeing and creating the best possible health and social care across Angus

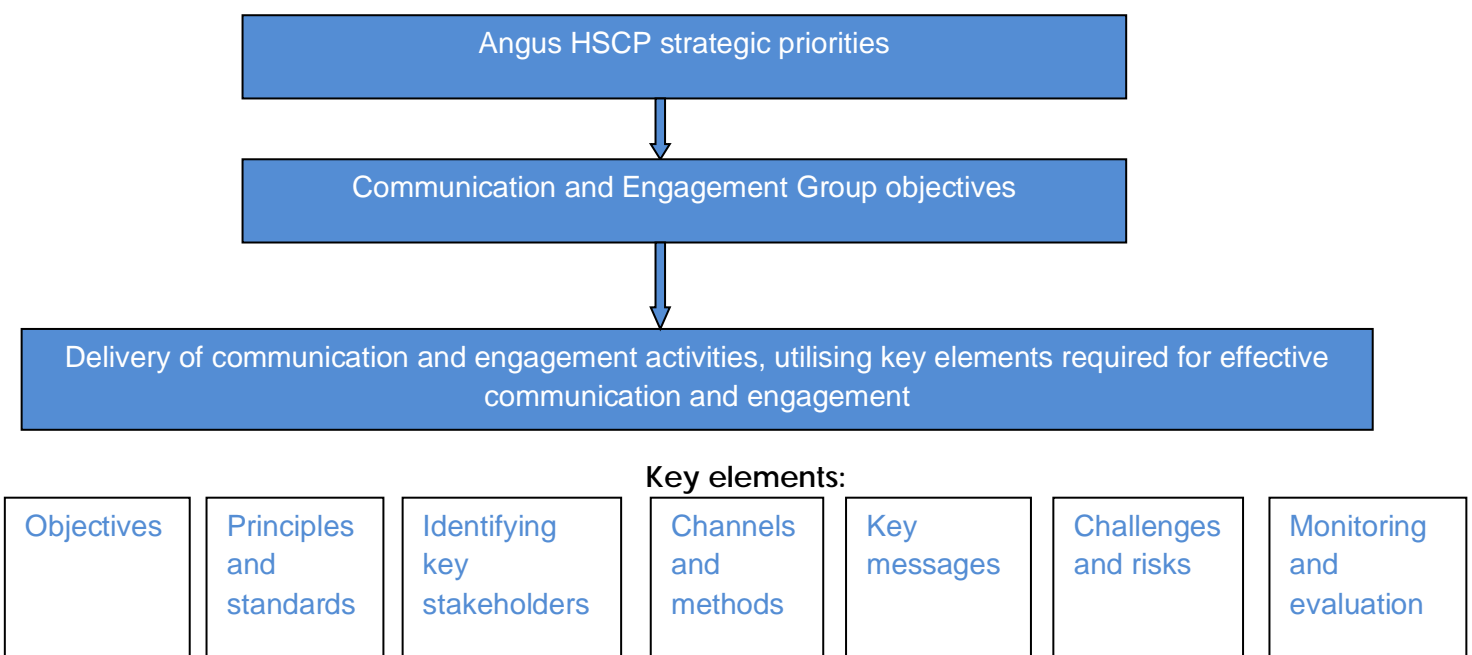


We have a legal requirement to involve patients/service users, staff and members of the public as we develop services and we will strive to ensure good engagement is at the heart of everything we do. We will continue to work closely with NHS Tayside and Angus Council alongside Healthcare Improvement Scotland (HIS): Community Engagement Team to meet our communication and engagement objectives. We will build on the good local partnerships that already exist and develop others when opportunities arise.

The purpose of this plan is to set out our approach to communication and engagement that will enable meaningful and effective stakeholder involvement in support of our delivery of priorities for 2019-2022, underpin our decision-making processes and protect and enhance the reputation of adult health and social care services in Angus.

This plan demonstrates our commitment to involving people in our decision making over the next three years. A focus of our activity will be on helping people and communities take control of their own health and wellbeing, understanding the impact that poverty and inequality have on our communities.

The diagram below shows how communication and engagement activities are driven and summarises the key elements that need to be considered when planning our activities. These will be described in more detail, throughout in this document.



The responsibility for delivering this communications and engagement plan relies on every member of Angus HSCP.

2.1 What do we mean by communication and engagement?

It is helpful to have a shared understanding of what we mean by the terms communication and engagement.

Communication describes the channels, methods and messages we use to promote our work, raise awareness of and support engagement in our activities, manage the reputation of our organisation and establish a two-way dialogue with our stakeholders.

Engagement gives people an opportunity to have their say about services and includes involvement and participation. It encompasses activities designed to collect, understand and act upon the views, experiences, priorities and aspiration of our stakeholders. By gathering people's views it helps us understand what matters to people and inform service change.

There are many ways to engage and stakeholders may wish to engage at different levels and at different times. We recognise the importance of providing opportunities for people to engage in ways which best suit them. For example some people want to receive information and be kept informed, others want to provide feedback and share their experiences with us, while others want to be more actively engaged in service redesign and decision making.

We aim to be as inclusive as possible and strive to understand the needs of the different people who live in our localities and take account of individual and collective characteristics, in particular the protected characteristics as described with the Equalities Act 2010. We will continue to do our best to use meaningful channels of communication and opportunities to engage widely with all our local communities.

The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different levels of service user/public engagement with participation becoming more meaningful at the top of the ladder. This can be found in Appendix 2.

2.2 Communication and Engagement in the context of COVID-19

In this unprecedented time of living with COVID-19, it has never been more important to communicate effectively with our stakeholders. Our statutory duty to involve people is as important as ever. We recognise that there is a requirement to engage differently with the public and stakeholders about the changes that the COVID-19 remobilisation plans will bring.

Angus HSCP has been required to rapidly reconfigure services and provide care and support in new and different ways. During the initial emergency response we were required to make quick decisions. The urgency of the situation did not allow us to involve or engage with people as we would have liked. During the next phase of the pandemic, and through re-mobilisation planning, there is an opportunity to understand and build on the benefits brought by changes and seek feedback from people who are using services. It is vital that we maintain the goodwill and mutual understanding between Angus HSCP and its many stakeholders as we address the many challenges facing our health and social care economy over the coming years.

The Angus COVID-19 emergency response was led by VAA* and saw a large number of community volunteers coming together to support people who were most vulnerable within their locality. This led to an Angus wide volunteering response which saw volunteers responding to 140 requests a day ranging from shopping/food delivery, prescription pick up and volunteer befriending. By the time lockdown was lifted it was recorded that Angus volunteers, with the guidance of VAA and the Humanitarian Assistance Angus Response Team, had supported 4535 people within their community. This highlights not only the importance of volunteering but also the benefits of community engagement to create an Angus that Actively Cares.

The [Re-mobilise, Recover, Redesign: The Framework for NHS Scotland](#) was published on 31 May 2020. One of the renewal objectives is to engage the people of Scotland to agree the basis of our future health and social care system.

Revised statutory guidance is currently being developed by the Scottish Government and COSLA on local community engagement and participation which will apply across health and social care organisations. This has been paused during the COVID-19 pandemic, but it is anticipated that this work will resume in the coming months.

COVID-19 and the requirement to ensure social distancing measures mean that we will have to adapt the ways in which we engage with our stakeholders. Although we are fortunate to live in such a connected world we must ensure that we provide opportunities for everyone to engage with us and create both an online and offline pathway for people to have a voice. By building trust, when roadblocks to engagement are present, stakeholders know there is always going to be another way to get involved.

COVID -19 specific areas of work include:

- Raise awareness of the plans to restart services and remind people of the many services which have continued to be delivered.
- Ensure people are aware of how to access services including any new arrangements which will continue to be in place for some time.
- Reinforce the importance of continuing to follow the national guidance to reduce transmission and prevent further waves of infection.
- Manage expectations and remind people that while no one can say how long COVID-19 will be with us, we must face the fact that we need to change the way we work and measures to control further outbreaks will impact on our capacity and ways of working.

*VAA provides support and services for the county of Angus, offering staff support and guidance with volunteering, third sector support and social enterprise. Their work includes providing a Third Sector interface role (TSI), a community development function and, as a key organisation, in empowering communities and combating poverty.

3. Progress made so far; 2016 – 2020

Since the establishment of Angus HSCP in 2016, we have developed our communication engagement activity across our localities and enhanced our knowledge and understanding of the needs of our communities. A genuine focus to listen and learn from local people is a key cornerstone of our partnership. The four Locality Improvement Groups play a key role in understanding the needs of the local population. We have provided a number of engagement opportunities and encouraged our workforce and communities to get involved in a wide variety of ways so that we can discuss the future of local health and social care services with local people and hear their views and experiences. Figure 1 provides examples of some of the activities we have undertaken since Angus HSCP was established.

Figure 1 Examples of communication and engagement activities.



More recently we have worked with NHS Tayside as they deliver their three-year change programme Transforming Tayside, 2019-2022, which aims to achieve redesign to ensure they can continue to deliver safe, accessible, effective, high-quality, person-centred care for everyone in Tayside. We also work closely with the Angus Community Planning Partnership and Angus Council Communities Team to deliver on key priorities to reduce child poverty, improve mental health and wellbeing and improve accessibility and connectivity.

4. Objectives: 2020 - 2023.

Our communication and engagement activities are responsible for:

- Managing Angus HSCP's reputation, building its media profile, playing a role in emergency and recovery plans and developing internal communications.
- Increasing awareness about health and social care services and healthy behaviours.
- Listening to, seeking and evaluating stakeholder feedback to help inform our plans and strategy.

The focus of our communication and engagement activity will be on ensuring all our improvement and transformational plans are aligned to the Angus HSCP vision and strategic priorities and informed by stakeholder feedback.

1. **Increase awareness, understanding and reputation of Angus HSCP** among the local population, staff and key stakeholders about who we are and how we are working to improve local health and social care services for adults in Angus and deliver the best care for the best value.
2. **Our workforce and people who access health and social care services, families, unpaid carers and the public are involved in shaping health and care proposals and plans.** Maximise opportunities for meaningful engagement.
3. **Empower people to improve their health and wellbeing.** We will increase our focus on encouraging people to take greater responsibility for their own health and wellbeing rather than services that mostly focus on people experiencing ill-health or a crisis.
4. **Make the most of digital information** by enhancing our digital presence and increasing the number of people engaging with us through our digital platforms i.e. website and FaceBook.
5. **Prioritise communications and engagement to break down health inequalities.** Effective public involvement particularly those who are seldom heard, such as people from minority groups, will ensure that we are truly making the right decisions about our health and care services for everyone.
6. **Improve the way we use feedback, including compliments and complaints** to improve local services and refine the effectiveness of our communication and engagement approach.

5. Principles and Standards

5.1 Principles

The implementation of this communication and engagement plan will ensure our communications and engagement activities are targeted at the right audience and use the most effective and appropriate blend of channels and communication techniques. The following principles summarise our approach to communicating and engaging and will help us to build and maintain good relationships and develop trust in what we do:

- **No surprises** – honest, open, ongoing communications, sharing new and emerging issues in good time. We will continue to clarify who we are, what we do and our plans for the future.
- **It's not a one-off** – working with our stakeholders is an ongoing process. We need to keep our stakeholders involved and informed about what is going on through all phases of our programmes and work with them to deliver change.
- **Focus on improvement** – any proposals for change must be about improving service quality, access and outcomes. We will provide opportunities for people to get involved and help shape our services.
- **Be clear about what people can and cannot influence.** For example, participatory Budgeting events provide an opportunity for the public to influence how health and social care resources are allocated. Sometimes however, there is no other option but to make a change, which may not be popular with everyone. We will make sure we explain the reasons behind a decision.
- **One size does not fit all** – we will create an environment for honest and open debate with the opportunity to influence Angus HSCP's decision making processes, particularly around areas of proposed investment and disinvestment. We will offer different ways to engage with and talk to different audiences and explore all opportunities. Co-production and experience-based design will be core to our approach for our long-term redesign plans.
- **Listen and reflect before decisions** – we will explore options and possibilities offered to us by our stakeholders before agreeing a way forward. We will ensure any feedback we receive is fed back to the right people in an open and transparent way and that these views are taken into account when making decisions.
- **Communicate widely and in the right ways** – we will use a variety of methods appropriate and proportionate to the context and circumstances of the issue we are considering.
- **Continuing the communications loop** – we will keep checking understanding and providing feedback to all stakeholders in the way they want.

5.2 Standards

To effectively engage with our partners and stakeholders we will apply the following standards to all our interactions:

Standard	This means that
Clear	<p>We will use plain English, jargon free, easy to understand and not open to interpretation.</p> <p>Sometimes there is no other option but to make a change which may not be popular with everyone. We will make sure we explain the reasons behind our decisions.</p>
Consistent	<p>The messages we communicate are consistent with our vision, aims and objectives.</p> <p>Working with our stakeholders is an ongoing process, we will keep them involved and informed and work with them to deliver change.</p>
Credible	<p>Our messages will always mean something and we will make sure that recipients can understand and trust the content.</p>
Efficient	<p>We will use methods that are 'fit for purpose', cost effective and delivered on time. We will continually review our approach and proactively look for opportunities to make our activities more effective.</p>

Honest, open and transparent	<p>We will be honest, open and transparent in all of our communications and engagement activities. Decision makers are accessible and ready to talk and listen to people. When we cannot share information, we explain the reasons fully and clearly.</p> <p>We will explore options and possibilities offered to us by our stakeholders before agreeing a way forward.</p>
Realistic	Any proposal for change must be achievable and focused on improving service quality, access and outcomes.
Targeted	We will communicate widely and in the right ways using a variety of methods appropriate and proportionate to the context and circumstances of the issues being considered. Our focus will be on making sure the right message reaches the right people, in the right format, at the right time.
Timely	<p>We provide information when it is needed, sharing new and emerging issues in good time, making sure information is relevant to the people receiving it.</p> <p>We will keep checking, understanding and providing feedback to all stakeholders.</p>
Two-way	<p>We will create opportunities for open and honest dialogue – encouraging people to contribute their ideas and opinions and we will listen.</p> <p>We will use different ways and explore all opportunities to communicate and engage with different audiences.</p>

6. Our Stakeholders

There is a mutual dependency between Angus HSCP and its stakeholders; those that are directly affected by what we do and/or those that can influence our partnership and what we do. It is crucial to identify and understand who our key stakeholders are, mapping influence and interest so we can plan and tailor our communication and engagement most effectively.

Building supportive and trusting relationships with our key stakeholders is critical to its success. Some stakeholders will be content to be engaged with as and when needed whilst others who are critical to helping us achieve our objectives may require higher levels of engagement. Figure 2 maps out some of our key stakeholders.

It is worth noting that the adult population of Angus is around 95,000, all of whom can have their say about how health and social care services are provided in Angus if they choose to do so or are given the opportunity to do so. Around 1400 people are employed by NHS Tayside or Angus Council and directly support the planning and delivery of health and social care services for Angus HSCP. It is also recognised that a considerable number of people are employed by other organisations delivering a wide range of health and social care services in Angus.

There are around 1700 identified unpaid adult carers who also provide vital care and support and are receiving support in their caring role. However, we know that there are significantly more unpaid carers who carry out a vital role.

There is a vibrant Third Sector in Angus, made up of more than 900 organisations. These vary from community groups; charities, big and small; local associations; social enterprises and campaign groups. The groups are diverse, vital and an essential fabric of society. They grow from people with a passion coming together to support their community, to address an issue or concern and deliver change. Doing so is rarely easy but with the right support, expertise and connections the challenges can be overcome and the third sector can and often is at the heart of transforming communities. The Third Sector in Angus would not be able to achieve half of what they do if it was not for the fantastic partnership working between Angus HSCP and Angus Community Planning Partnership. Most of the work carried out by Third Sector organisations would not be possible without the input from a large number of volunteers. In Angus there are currently 3400 registered and active formal volunteers. We believe the number of actual volunteers is much larger than this as communities come together and help each other and often people do not recognise this as volunteering .

Figure 2. Our stakeholders
Influence/critical to success
 High

<p>Keep satisfied/meet needs</p> <ul style="list-style-type: none"> • MP • MSPs • Local Media 	<p>Key players – active engagement</p> <ul style="list-style-type: none"> • Workforce, including Third and Independent Sector • Patients/service users • Unpaid carers • Integration Joint Board members • Strategic Planning Group members • NHS Tayside • Angus Council • Health and Social Care Scotland • Healthcare Improvement Scotland – Community Engagement • Locality Improvement Groups • GPs • Elected Members
<p>Monitor/Inform</p> <ul style="list-style-type: none"> • General public • Harder to Reach Groups • Wider staff Groups 	<p>Keep informed/involve as required</p> <ul style="list-style-type: none"> • Dundee, Perth and Kinross and Grampian HSCPs • Community Planning Partnership • Staffside partners, trade unions and professional organisations • Community Councils • People with protected characteristics • Public partners • Scottish Government • Care Inspectorate • Mental Welfare Commission • Scottish Social Services Council • Condition specific charities

High

Interest/impact

N.B. Individual work-streams and work programmes will be required to consider who their specific stakeholders will be and their level of interest/impact versus their level of influence.

6.1 Equality and Diversity

We want to make sure that our communication and engagement activities reach every part of the local community. It is also a legal requirement that we consider the needs of the local population in our planning and delivery of services.

Angus HSCP undertakes an Equality Impact Assessment (EIA) on all of its key decisions, policies and service redesigns to ensure the impacts on those with protected characteristics are understood and adverse impacts are mitigated.

We are committed to reducing inequalities which arise as a result of socio-economic status and impact on health and wellbeing outcomes. We will continue to take account of individual and collective characteristics, in particular the protected characteristics as described within the equalities Act 2010:

- Age
- Disability Status
- Ethnicity
- Gender/sex
- Religion/belief
- Sexual orientation, and
- Transgender identity.

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

We know that there are still some sections of our population that we do not reach. Over the coming months and years we will look to extend the reach of existing mechanisms and introduce new ones wherever possible and work to further galvanise the strong relationship we have built with VAA and other Third Sector Collaborative organisations.

7. Channels and methods

We have a number of tools and communication channels that we can utilise to support effective communication and engagement with our stakeholders

Website and intranet.	<ul style="list-style-type: none"> • Angus HSCP website <p>In addition to direct communication with stakeholders, the Angus HSCP website is one of our primary engagement channels. We use this website to provide signposting information about Angus HSCP and our work, how we are performing, promote opportunities to get involved as well as messages from the IJB Chair and Chief Officer.</p> <ul style="list-style-type: none"> • The website provides a platform to host surveys which are designed to collect feedback on specific topics to inform improvement. • NHS Tayside and Angus Council intranet.
Social Media	<ul style="list-style-type: none"> • Angus HSCP Facebook and Twitter pages provides regular updates about Angus HSCP and other health and wellbeing related materials and signposts to specific services.
Publications and Newsletters	<ul style="list-style-type: none"> • The partnership newsletter, Integration Matters, released quarterly, features articles about a wide range of service areas provided by Angus HSCP.

	<ul style="list-style-type: none"> • Angus IJB meeting papers are available on the Angus Council website
Meetings	<ul style="list-style-type: none"> • The Continuing the Conversation events provide an opportunity for people to meet members of the Angus HSCP team and provide feedback about a range of topics. Such events are on hold during the COVID-19 pandemic but other ways to engage with the public are being explored. • Angus IJB meetings are held in public. To ensure transparency, minutes and Board papers are published on the Angus Council website.
Compliments and complaints	<ul style="list-style-type: none"> • Compliments and complaints are a valued source of information to inform improvement.
Case Studies	<ul style="list-style-type: none"> • We seek to collect real life feedback to inform case studies to help us and others understand people's experiences of care and support.
Media	<ul style="list-style-type: none"> • We take a proactive approach to working with the media and will continue to use the media as a way of reaching our local population and updating them on our progress and plans for the future.

8. Key messages

Using input from consultations, clinical and other reputable evidence to explain why change is needed and how it will improve care and outcomes will be crucial.

Our key messages will need to be tailored to suit any given project or programme of work. General messages and explanations relating to service redesign and the delivery of the Strategic Commissioning Plan and how our services are responding to the COVID-19 pandemic, can be summarised as follows, with a key focus on:

- Improving the overall health and wellbeing of our local population, reducing ill health and addressing variation in care and outcomes
- Focus on prevention and enablement, identifying problems early and support more people to manage long-term conditions at home, promoting technology enabled care to achieve this
- Encouraging people, where possible, to take control of their own health and wellbeing by keeping active, maintain a healthy weight, being mindful of the wellbeing of others in the community and getting involved in the local community.
- Being realistic, providing safe and effective services in an increasingly challenging financial environment and in the context of an ageing population and reducing workforce.
- Join our conversations to help shape health and social care services for the future.
- Re-designing services and care pathways to improve outcomes and increase efficiency.
- Delivering care closer to home
- Delivering better and more integrated care, working closely with Third and Independent Sector providers.
- COVID-19 specific messages include:
 - A wide range of health and social care services have continued to be delivered across Angus throughout the pandemic.
 - Where services have been stopped they will restart as appropriate, on phased basis to ensure they are delivered as safely as possible.

9. Risks and issues

It is important that we are aware of the communication and engagement challenges that we face and place measures to mitigate them wherever possible. There is little risk in fully communicating and engaging with our stakeholders. There is, however, a high risk of failure to achieve our objectives if we do not engage our wide stakeholder audience, which includes employees, service users, delivery partners and many other groups. Appendix 6 describes the key risks to achieving the communication and engagement objectives.

The majority of issues relate to obtaining funding or identifying a dedicated resource with the Partnership to develop and sustain effective communication and engagement. Angus HSCP has a very small communication and engagement team but receives strong support from NHS Tayside and Angus Council. We therefore need to be realistic about what we can achieve within the resources currently available.

Monitoring and evaluation

Evaluation of our communication and engagement activities is of vital importance because without this we do not know how effective we have been in achieving our objectives.

Effectiveness of communications and engagement activities will be measured by:

- How feedback given by all stakeholders has influenced our proposals – this will be demonstrated by regular ‘You said – we did’ communications
- Results from staff surveys
- Results from public surveys
- The number of people engaging on our website and Facebook page
- The number of compliments and complaints
- The number of enquiries from Elected Members, MPs and MSPs
- The number of press releases issued, medial queries responded to and the amount and tone of media coverage
- The number of external publications, posters exhibited, external speaking opportunities

Conclusion

This Communication and Engagement Plan sets out how we will improve how we communicate and engage in clear, open, timely, relevant and meaningful ways. This will enable Angus HSCP to be recognised as a partnership that:

- Involves the public in decisions about health and care services we provide.
- Listens to people who use services and stakeholders as well as its workforce and works collaboratively with its partners.
- Helps people to understand what they can do for themselves to improve their health and wellbeing.
- Listens to its staff and responds and acts on feedback to make improvements
- Is a great place to work and people feel valued and motivated and have opportunities to develop.
- Known for providing excellent care and support.

Appendix 1.

Background to Health and Social Care Integration

The way health and social care services are planned and delivered across Scotland has changed as a consequence of the Public Bodies (Joint Working) (Scotland) Act 2014. In Angus, Angus Council and NHS Tayside have integrated all adult community health and social care services. This work is directed by the Angus Integration Joint Board (IJB) with Angus Council and NHS Tayside delivering services under the banner of Angus HSCP. The IJB has local responsibility for the planning and monitoring the delivery of the integrated services through the Strategic Commissioning Plan.

Integration is the most significant change to health and social care services in Scotland since the creation of the NHS in 1948. Integration aims to improve care and support for people who use services, their carers and their families, with a greater emphasis on joining up services and focussing on anticipatory and preventative care. It aims to:

- Improve the quality and consistency of services for patients, service users, carers and their families
- Provide joined up quality services where people are cared for in their own homes or in a homely setting where it is safe to do so and
- Ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer-term and often complex needs, many of whom are older.

Angus IJB established Locality Improvement Groups to provide a voice for local people, organisations and professionals, acting together, to identify and communicate local needs and to prioritise and implement improvements.

The strong legislative and policy context for communication and engagement is outlined in Appendix 2. In addition we will adopt the National Standards for Community Engagement to support and inform our engagement activities and improve what happens as a result.

As we continue to develop the Angus Care Model it is important that people living in our localities feel able to influence the decisions that are being taken and feel part of an Angus that actively cares. Local people and communities are central to the shaping of further improvements and it is important that we all accept our position as service users as well as service providers. Our communication and engagement activities will continue to be based on the values of respect, asset based approaches and co-production. We will continue to listen to what matters to people recognising their strengths and aspirations.

We have used the PEST tool to look at the political, economic, social and technological factors that affect Angus HSCP. This is helpful in understanding the landscape we are working in and how best to use communication and engagement techniques for the benefit of the Partnership. This is illustrated in Appendix 4.

We have also undertaken a SWOT analysis to look at the internal factors (strengths and weaknesses) and the external factors (opportunities and threats) that have an impact on Angus HSCP and the communication and engagement activities that we plan to deliver. This can be found in Appendix 5.

Appendix 2. Ladder of Engagement and Participation.

Level	Description	Tools
Empowering (decision making)	Placing the final decision making in the hands of communities and individuals	<ul style="list-style-type: none"> • Self-directed support • Participatory budgeting • Asset transfer
Collaborating (working together)	Working in partnership with communities and service users in all aspects of a decision, including the development of alternatives and the identification and delivery of the preferred solution	<ul style="list-style-type: none"> • Locality Improvement Groups • Representation on Integration Joint Board and Strategic Planning Group
Involving (participating)	Working directly with communities and individuals to ensure that their concerns and priorities are understood and considered in the planning, design and delivery of services	<ul style="list-style-type: none"> • Reference Groups and forums • Workshops • Service users participating in service improvement groups
Engaging/consulting (asking opinions)	Obtaining feedback and views on services and future plans, proposals and decisions	<ul style="list-style-type: none"> • Focus Groups • Citizens Panels • Surveys • Service user experience stories
Informing (giving information)	Providing balanced and objective information to assist people to understand challenges, opportunities, alternatives and decision that might affect or interest them	<ul style="list-style-type: none"> • Fact sheets • Leaflets • Posters • Newsletters • Press releases • Displays/exhibitions

Appendix 3. 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.

National Standards for Community Engagement. These were originally launched in 2005 and subsequently reviewed and updated in 2015/16 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.

Carers (Scotland) Act 2016. This act came into effect on 1 April 2018 and ensures better and more consistent support for carers and young carers so that they can continue to care, if they wish so, in better health and to have a life alongside caring. Measures include a requirement to have information and advice service for carers which includes information and advice on, amongst other things, emergency and future planning, advocacy, income maximisation and carers' rights.

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.

The **Public Sector Equality Duty** requires public bodies to pay due regard to all individuals when they carry out their day to day work such as shaping policy, designing, commissioning and developing services and in relation to their own employees. It makes a legal requirement to evidence how different people will be affected by their activities to ensure that policies and services are appropriate and accessible to all and meet different people's needs.

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.

Our Voice which is a framework driven by the Scottish Government, the Scottish Health Council, Healthcare Improvement Scotland, The Alliance and COSLA. It supports people who use health and social care services, carers and members of the public to engage purposefully with health and social care providers to continuously improve and transform services. The vision of the Scottish Health Council "Our Voice" is:

“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 4. PEST Analysis

The PEST tool looks at the political, economic, social and technological factors that affect Angus HSCP. This is helpful in understanding the landscape we are working in and how best to use communication and engagement techniques for the benefit of Angus HSCP.

Political	Economic	Social	Technical
<ul style="list-style-type: none"> • Public Bodies (Joint Working) (Scotland) Act 2014 • Health and Social Care Delivery Plan 2016 • The Health and Social Care (Staffing) (Scotland) Act 2019 • Social Work (Scotland) Act 1968 • The Self-directed Support (Scotland) Act 2013 • Carers (Scotland) Act 2016 • MPs • MSPs • Elected Members • Care Inspectorate 	<ul style="list-style-type: none"> • Strategic Commissioning Plan 2019 – 22 • Angus HSCP Financial Plan • Current economic climate as a result of COVID-19 and its effect on the overall Health and Social Care budget • 	<ul style="list-style-type: none"> • Ageing demographic • Life expectancy gap between and within Angus localities • Impact of deprivation • Impact of COVID-19 pandemic • Variations of lifestyle factors e.g. drug and alcohol consumption, smoking etc 	<ul style="list-style-type: none"> • Technology enabled care • Increase in Near Me virtual consultations • Increase in virtual meetings via Teams or Zoom • Increase in use of social media • Angus HSCP website • Scottish Services Directory • Introduction of Care Opinion web-based feedback tool

Appendix 5. SWOT Analysis

The SWOT analysis looks at the internal factors (strengths and weaknesses) and the external factors (opportunities and threats) that have an impact on Angus HSCP and the communication and engagement that we plan to deliver.

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Strong vision and direction for Angus HSCP to drive communications • Good working relationships with NHS Tayside and Angus Council. • Good working relationships with Dundee and Perth & Kinross HSCPs • Close alignment with NHS Tayside and Angus Council Communications Teams • Good working relationships with Staff Partnership • Strong links with Third Sector • Strong links with Independent providers • Good relationships with Locality Improvement Groups • Culture of accountability and openness • Strong foundations in delivering communications • Established corporate publications • Established internal communication tools • Access to In house design resource • Established communication route with GPs 	<ul style="list-style-type: none"> • Formal process to collect feedback from patients, service users, unpaid carers and staff to be established • Little direct input with people with protected characteristics • Lack of media and public recognition of Angus HSCP • Staff reluctance to engage with internal communications • Learning from patient and service user experience not fully embedded in service development and improvement 	<ul style="list-style-type: none"> • Raise visibility of role and membership of Integration Joint Board, Strategic Planning Group, Executive Management Team and Senior Leadership Team. • Create and share case studies to illustrate the work that is undertaken • More engagement in localities • Using social and digital media • Enhancement of internal staff communications • Using patient and service user experience gathered through social and digital media • Growing empowerment of staff leading to Angus HSCP ambassadors 	<ul style="list-style-type: none"> • Entrenched culture/public opinion on how health and social care services should be provided • National pressures on health and social care system as reported in the media could lead to mixed messages to patients/service users and staff. • Impact of COVID-19 on engagement activities • Capacity to deliver on increased expectations with limited resources • Reputation damage from negative press coverage • Financial challenges

Appendix 6. Risks

Risk	Mitigation
Unwillingness/lack of interest from stakeholders to engage	Ensure a regular supply of engaging communication and promotional materials. Responding well to enquiries, listening to feedback and seeking to engage on areas on interest for stakeholders
Unwillingness of media to engage and run our stories	Create a regular supply of stories on our website and social media channels. Working with NHS Tayside and Angus Council to build positive relationships with journalists and responding well to media enquiries.
Negative media coverage	Build positive media relations and invite media to informal discussions and explain key issues to aid understanding
Opposition from key influencers e.g. MPs	Ensure regular communication with key influencers. Always offer to meet face to face.
As a result of the challenging financial climate and recruitment challenges, there may be areas that potentially carry reputational risks.	Ensure timely and consistent public messaging.
Limited capacity and competing priorities to support effective communication and engagement	Ensure every service area is aware of their responsibility to communicate and engage with stakeholders
Conflicting messages and/or gaps in communication/engagement leads to rumour and inaccurate messaging	Ensure a steady stream of communication and engagement. Always being quick to refute and correct misinformation.
Lack of buy-in from partner communication and engagement colleagues	Regular meetings and sharing of information.
Unwillingness of people to take responsibility for their health and wellbeing, e.g. reluctance to have flu vaccine	Ensure a regular supply of engaging communication and promotional materials which contain a consistent message.

Appendix 7 Action Plan



Communication and Engagement Action Plan. Please note that this is updated on a 6 weekly basis.

Group Name			Date
Communication and Engagement Group	Version No.	0.1	October 2020

1. Increase awareness, understanding and reputation of Angus HSCP
2. People who access health and social care services, families, carers and the public are involved in shaping health and care proposals and plans.
3. Empower people to improve their health and wellbeing.
4. Make the most of digital information
5. Prioritise communications and engagement to break down health inequalities
6. Improve the way we use feedback, including compliments and complaints to improve local services and refine the effectiveness of our communication and engagement approach.

Goal	Action	Lead	Deadline	Actual Completion	Update/Status	RAG
Objective 1. Increase awareness, understanding and reputation of Angus Health and Social Care Partnership						
Build public awareness of Angus HSCP so people have a better understanding and build trust in what Angus HSCP does and how to get involved	Review content on website and improve as appropriate	All	Ongoing			
	Develop and conduct a communications survey with the Partnership's internal and external audiences to understand effectiveness of existing communication and engagement work and identify opportunities for improvement	SW	December 2020 (baseline) Repeat March 2022			
	Publish minutes and agenda of IJB meetings	KM	Ongoing			
	Provide a regular flow of positive experiences, interviews and pictures issued to external media and published on Angus HSCP website and social media to promote Angus HSCP and attract potential employees.	SW with support from Service Leads	Ongoing			
Improve access to and the quality of information we share about services and support to stay well.	Explore opportunity to collaborate with University of Dundee graphic and product design students with the aim to explore how we can better explain and display the variety of services available to people and how to access these.	SW, NG	December 2021			
We better understand the difference we are making to people who receive health and social care services	All teams to regularly collect feedback from patients and service users	Team Managers	Ongoing			
	Team meetings to be encouraged to start with a service user story	Team Managers	Ongoing			

Goal	Action	Lead	Deadline	Actual Completion	Update/Status	RAG
	Increased use social media to promote staff achievements and engage staff across Angus HSCP	SW, HM	Ongoing			
	Explore work-shadowing opportunities	Service Leads	Ongoing			
	Develop induction pack for all new staff who work in Angus HSCP.	SW	December 2020			
	Continued use of iMatter	BT	Ongoing			
2. People who access health and social care services, families, unpaid carers and the public are involved in shaping health and care proposals and plans						
People have opportunities to be involved in shaping service change and we are clear and open about why change is needed	Publicise the case for change for Angus HSCP services and arrange opportunities for people to engage.		Ongoing			
	Increase the number of patient/service user representatives who are involved in shaping health and social care services		Ongoing			
	Continue to embed the Care Experience Improvement Model		Ongoing			
3. Empower people to improve their health and wellbeing.						
Promote health and wellbeing and encourage people to seek help early and look after their own health	Work with NHS Tayside to co-ordinate campaigns and communication activities to achieve a greater impact, especially in relation to promoting local support and positive behavioural change e.g. lifestyle, seasonal flu programme.		Ongoing			
	Develop diary of national condition/topic specific days/weeks and schedule posts on website/FaceBook	HM/SW	Ongoing			

Goal	Action	Lead	Deadline	Actual Completion	Update/Status	RAG
	Support Absent Friends Week	EC/SW	November 2020			
4. Make the most of digital information						
Build a strong community of stakeholders online.	Use Angus HSCP website to highlight our improvement projects	All	Ongoing			
	Further develop locality pages on website to enable sharing of good practice	VAD and Locality Leads	Ongoing			
	Create genuine conversations from a diverse range of people across Angus and ensure that there is a month on month increase of followers on Twitter and likes on FaceBook	HM	Ongoing			
	Encourage stakeholders to support our work by sharing our posts and re-tweet where possible to increase reach	HM	Ongoing			
	We are proactive about providing positive stories, interviews and pictures to the media and directly through digital and social media to promote Angus HSCP to the public and potential employees	SW, HM	Ongoing			
	Grow social media channels and hits on social media by 20%	HM	March 2022			
	Hits to website grow by 10% compared to previous year	SW, VAD	October 2021			
5. Prioritise communications and engagement to break down health inequalities						
Examine different and better ways of communicating with people, particularly	Work with Third Sector organisations and Angus Community Planning Partnership	SW	March 2023			

Goal	Action	Lead	Deadline	Actual Completion	Update/Status	RAG
hard-to-reach and vulnerable groups, include guidance for staff on how to communicate in a more accessible way (for example, concise information, key messages, and jargon-free and plain language.)						
Increase the number of patient representatives on our committees, focus groups and inspections and invited to events by 10%	Related to the above action, facilitate engagement sessions with Minority groups in Angus their user experience of accessing health and social care services in Angus.	EC	March 2023			
6. Improve the way we use feedback, including compliments and complaints to improve local services and refine the effectiveness of our communication and engagement approach.						
Increased awareness of service user experience	Explore potential of using Care Opinion to collect feedback from patients/service users	SW/KF	March 2021			
Inform people of the impact of providing feedback	Develop a 'You said, we did' section on our website and keep updated	SW	December 2020			
Carers are fully engaged in the planning and shaping of services (as indicated in the Angus Carers Strategy 2019-22)		VAD/JO	Ongoing			