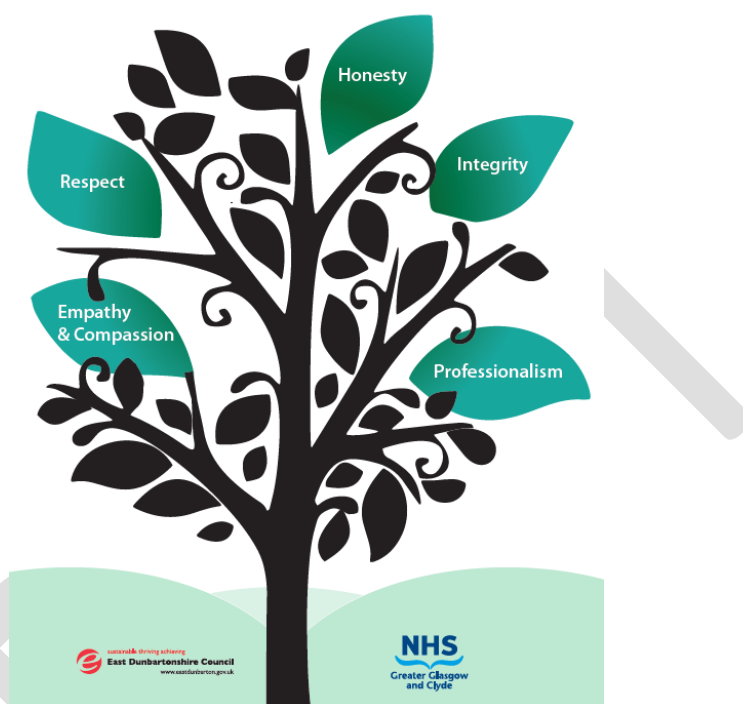


# East Dunbartonshire Health and Social Care Partnership (HSCP)



**“Caring Together to Make a Positive Difference.”**

## Communication and Engagement Strategy (2024-29)

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# Communications and Engagement Strategy (2024-29)

## Contents

1.	Foreword	3
2.	Introduction and Purpose	4
3.	Key Policy Drivers	4
4.	Methodology	4
5.	Strategic Approach	6
6.	Communication and Engagement Objectives	7
7.	Communication Standards	8
8.	Equalities, Inclusivity and Accessibility	9
9.	Communication Channels	11
10.	Digital and Social Media	12
11.	Corporate Branding and Governance	13
12.	Communication Campaigns	13
13.	Staff Communications	14
14.	Community Engagement Standards	14
15.	Community Engagement Principles	15
16.	Our Participation & Engagement	17
17.	Developing Our Engagement Approaches	18
18.	Public, Service User and Carer (PSUC) Group	19
19.	Communities and Stakeholders	19
20.	Who is Our Audience?	20
21.	Our Approach – Policy Context	20
22.	Roles and Responsibilities	21
23.	Measurement and Evaluation	22
24.	Action Plan and Recommendations	24
<b>Appendices</b>		
	Appendix 1 - Key Policy Drivers and Guidance	25
	Appendix 2 - Key Audiences and Stakeholders	27
	Appendix 3 - Communication Channels	28
	Appendix 4 - Corporate Branding	31
	Appendix 4 - Service Change / Re-Design / Re-Provision Checklist	33
	Appendix 6 - Engagement Framework	37
	Appendix 7 - Glossary of Terms	44
	Appendix 8 - Useful Contacts	46

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## 1. Foreword

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To be confirmed.

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## 2. Introduction and Purpose

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This Communication and Engagement Strategy (2024-29) is built on East Dunbartonshire Health and Social Care Partnership's (HSCP) previous strategies, taking on board the accumulated knowledge and experience gained, in delivering professional health, social care and wellbeing communications and engagement to our significant audiences: our staff, our patients, our residents and our wider communities and stakeholders.

The HSCP's approach to how skilled communication and engagement activity can help the East Dunbartonshire Integrated Joint Board (IJB) realise the goals set forth in its Strategic Plan (2023–25) is outlined in this strategy. This strategy applies to all staff within the HSCP, regardless of whether they are employed by East Dunbartonshire Council (EDC) or NHS Greater Glasgow and Clyde (GGC).

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## 3. Key Policy Drivers

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The Public Bodies (Joint Working) (Scotland) Act 2014, is the legislation underpinning 'Integration' and sets out key planning and delivery principles of which communication and engagement are key components. Locally, the East Dunbartonshire Integration Joint Board (IJB) will ensure that health and social care provision across East Dunbartonshire is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.

There are several other drivers including local and national policies, guidance and legislation which place a duty on how East Dunbartonshire HSCP communicates and engages with all of its stakeholders (See **Appendix 1**).

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## 4. Methodology

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Our Communications and Engagement (2024-29) strategy demonstrates our commitment to engage, listen to and respond to everyone who is involved with our services. Our aim is to increase our communication and engagement activity and strengthen our messaging to support greater understanding and awareness of our health and social care services. In addition, an efficient and effective communications and engagement function is viewed as an essential aspect of the HSCP's delivery plan, following the coronavirus pandemic.

The HSCP's first communication and engagement strategy was published in 2016, with the second in 2020. The HSCP welcomes the opportunity to develop and implement this updated and refreshed strategy to support its communication and engagement activities.

The HSCP started to review and refresh the communications and engagement strategy in October 2023. Since then, there has been ongoing work carried out through a series of;

- face to face engagements,
- dissemination of a survey to internal and external stakeholders,
- gathering feedback, and;
- desktop analysis on existing activity and to identify themes to take forward into phase 2.

The series of ongoing engagements ensured participation and involvement from:

- HSCP staff
- Senior managers
- The PSUC group
- East Dunbartonshire Voluntary Action
- Patients and Carers
- Strategic planning group
- GP practices, staff and patients
- Community groups and Third sector orgs

The HSCP commits to run similar sessions with other stakeholders in phase 2 to help steer and inform the implementation of this strategy.

## 5. Strategic approach

The communication and engagement strategy (2024-29) is part of a set of strategic documents and should be reviewed in tandem with the accompanying strategies and guidance that support the implementation of the HSCP’s Strategic Plan (2023-25).

(Table 1.0. Legislative and Strategic Context)

<b>Community Empowerment (Scotland) Act 2015</b>		<b>Public Bodies (Joint Working) (Scotland) Act 2014</b>	
<b>Planning with People: Community Engagement and Participation Guidance</b>			
<b>National Standards for Community Engagement</b>			
<b>East Dunbartonshire Council (EDC)</b>	<b>Community Planning Plans and Local Strategies</b>	<b>NHS Greater Glasgow and Clyde (NHSGGC)</b>	
<b>East Dunbartonshire HSCP Strategic Plan</b>			
<b>East Dunbartonshire HSCP Communication and Engagement Strategy</b>		<b>East Dunbartonshire HSCP Social Media and Digital Strategy</b>	

Our communication and engagement activities are intertwined, with stakeholder engagement and participation a golden thread throughout our communication and engagement approaches.

The East Dunbartonshire HSCP is made up of East Dunbartonshire Council (EDC) and NHS Greater Glasgow and Clyde (GGC) and is referred to as ‘the HSCP’ throughout this strategy. As highlighted in section 2 (key policy drivers), the HSCP was set up in response to the Public Bodies (Joint Working) (Scotland) Act 2014. This created a requirement, in law, for Health Boards and Councils to work together in the planning, delivery and review of adult health and social care services, including services for children and older people, otherwise referred to as ‘Integration’.

Within East Dunbartonshire, all community and primary health and care services, including services for children, adults, older people, and criminal justice, have been

integrated. This means that those who use health and social care services should receive the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care and support.

East Dunbartonshire Health and Social Care Partnership Integration Joint Board (IJB) is the governance body that has the oversight for the strategic planning, funding and service delivery as outlined within the HSCP Strategic Plan (2022-2025). The HSCP’s aim is to work collegiately with partners, people and communities to deliver local health and social care services, improve health outcomes, deliver support, mitigate health inequality, promote equity, and improve community wellbeing.

(Table 2.0. HSCP strategic priorities)

East Dunbartonshire HSCP Strategic Priorities			
Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection
Supporting Carers and Families	Improving Mental Health and Recovery	Post-pandemic Renewal	Maximising Operational Integration

## 6. Communication and Engagement Objectives

The HSCP is committed to effective communication and engagement with all our stakeholders so that they are aware of, understand and are engaged with our services as appropriate. Taking a positive and proactive approach to communication and engagement ensures that information about what we do, why we do it and how we do it is provided in a clear and effective way.

This commitment supports the access to and the familiarisation of the services and activities available to people and communities and can help build trust and confidence in the HSCP, which in turn, helps build positive relationships and improves reputation.

Through this communication and engagement strategy, we will:

- a. further embed our own branding and corporate identity - for use on all digital and printed materials (ensure branding is distinctive and recognised as a separate legal entity from our parent organisations)
- b. deliver a co-ordinated, managed and consistent approach to communications

- c. create awareness and understanding of, and engagement in, our vision for health and social care services
- d. continue to promote the HSCP and build a positive reputation and image
- e. increase local awareness of the services provided by the HSCP
- f. support the development and promotion of our shared culture, vision, values and behaviours
- g. provide information about our services and activities
- h. provide all stakeholders with the opportunity to share their views and ideas and to contribute to the planning and delivery of health and social care services
- i. support people to make better informed decisions about their health and social care needs
- j. assist in developing, sharing and promoting best practice
- k. raise awareness of, acknowledge, promote and celebrate successes of the HSCP
- l. uphold, promote and embed approaches, standards and governance for effective communications by the HSCP as set out within this strategy.

This strategy is underpinned by key standards, policies and guidelines from both East Dunbartonshire Council and NHS Greater Glasgow and Clyde on:

- accessible and equalities sensitive communications - tailored to the specific audience, as appropriate
- media relations protocols - setting out how we manage reactive enquiries and proactive communication with the media
- acceptable use of social media - applies to both corporate and personal use of social media
- data protection - compliance with the Data Protection Act 1998
- General Data Protection Act (GDPR) (2018)

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## 7. Communication Standards

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Here we will describe how our Communications and Engagement activities will be delivered:

(Table 3.0 communication standards)

<b>Open and honest</b>	taking a person centred approach; sharing information which is truthful and accurate
<b>In good time</b>	providing up to date information as soon as possible, consistently and quickly
<b>Clear</b>	easy to understand; avoiding the use of jargon and in plain English
<b>Accessible</b>	meeting the standards of the Equality Act (2010). Use styles, formats, fonts and materials that are accessible and appropriate to the needs of the audience (Ariel 12 minimum)



<b>Timely and accurate</b>	support transparency, accountability and fairness, utilising research, statistics, and real-life case study examples to tell the story of how the HSCP's services make a difference.
<b>Relevant</b>	informative with a focus on the needs of the intended audience
<b>Conversational</b>	communication will be a conversation - not a broadcast - with means for people to actively contribute at all levels and across the organisation
<b>Consistent</b>	maintain a visual identity, look, and feel which supports engagement with external and internal audiences.

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## 8. Equalities, Inclusivity and Accessibility

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The HSCP will always aim to offer support to access our services and our participation and engagement activity. We will achieve this through supporting and enabling individuals to use the most appropriate form of communication that suits their needs.

We are committed to ensuring that our communications and engagement activity is inclusive, fair and equitable to our patients, carers, communities and staff. The Equality Act 2010 introduced Public Sector Equality Duties for nine protected characteristics, often referred to as equality groups or protected groups. In addition to the groups protected by this Act, we also consider carers and other vulnerable and seldom heard groups. The protected characteristic groups are:

- Race
- Disability
- Sexual orientation
- Sex
- Gender reassignment
- Pregnancy and maternity
- Age
- Religion or belief
- Marriage and civil partnership

Our approach to accessible and inclusive communications is set within the wider context of equalities and human rights as detailed by the Equality Act 2010. This strategy also sets out how National Standards for Community Engagement inform our inclusive engagement activity.

When planning engagement activities, we consider which groups are most likely to be affected and reflect on the best ways to hear their views. The use of Equality Impact Assessments (EqIA) further helps us understand how proposed service changes could affect protected groups and others. EqIA also help us identify who we need to involve and the best way to reach them.

Where groups are underrepresented, we may target them to mitigate any potential inequality, and we regularly work with East Dunbartonshire Voluntary Action (EDVA) and other third sector organisations that are able to act on behalf of individuals or communities to assist us in our engagement activity.

We aim to ensure that the HSCP's communications and engagement activity is accessible, uses plain language and is as free as possible from jargon. All of our information is available in alternative formats on request. When engaging particular communities, we create appropriate materials, for example; in different languages or easy-to-read formats. We distribute any public information we produce, such as leaflets and posters, as widely as possible and often ask partner organisations to support our communication and engagement efforts to reduce barriers.

Both our parent organisations (East Dunbartonshire Council and NHS Greater Glasgow and Clyde) have policies and guidance on accessible communications and interpreting services and how to access them. These are for all patients where English is not their first language and for those who may need communication support in a health setting. This also includes people who are deaf, hard of hearing, blind or deafblind.

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## 9. Communication Channels

The following key channels will be used by the HSCP to communicate with its audience. NHS GGC and East Dunbartonshire Council also have various channels to communicate with key stakeholders. (See **Appendix 3** for full list)

(Figure 1.0. Communication channels)



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## 10. Digital and Social Media

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An online presence supports the provision of information in an easily accessible format. The HSCP works together with East Dunbartonshire Council, who host the HSCP webpages and the social media planning tool. The HSCP use its webpages and social media channels to share information and engage with stakeholders and public audiences. In tandem, consideration will be taken as to how those who are digitally excluded can access this same information, whether through other formats, supported access or alternative channels.

The key element of effective digital communication is timely, relevant content. While these channels provide further opportunities to communicate and engage, it also presents some risk. To address this, East Dunbartonshire Council (EDC) and NHS GGC have policies on the acceptable use of social media in a professional capacity. In addition, the HSCP has established its own social media guidelines and moderation principles which sit alongside the approved communications protocol.

To enable this approach across the various strategic and operational constitutes of the HSCP, it is advantageous to have a streamlined, approved process, including the following components:

- The HSCP's Health Improvement Team (HIT) leads on social media content, following the HSCP's adopted Social Media Policy for all HSCP employees and the HIT works closely with EDC Corporate Communications Team
- A rolling social media content calendar is managed by the HSCP's Health Improvement Team
- Campaign material and toolkit content provided by NHS GGC, Scottish Government and other local authority partners does not require further approval before use on HSCP channels
- The HSCP's social media channels share news from across all services. As such, all HSCP teams are encouraged to share service info and provide social media content. To share items on social media, staff must complete a social media request form and send to the Health Improvement Team at [EDPHIT@ggc.scot.nhs.uk](mailto:EDPHIT@ggc.scot.nhs.uk)
- Social media requests should be sent in advance (7 days) of any planned events and/or communications campaigns, due to capacity, delayed requests may be rejected.

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## 11. Corporate Branding and Governance

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A defined brand identity is important to support a shared culture within the HSCP. This will foster an understanding of our vision for health and social care in East Dunbartonshire. A brand identity toolkit, and participation and engagement framework was developed and approved by the IJB in 2020 and updated in 2024. (See **Appendix 4**)

It is important to note that HSCP's workforce, is made up of staff from East Dunbartonshire Council, NHS GGC, third sector, and those providing support such as carers and volunteers. The HSCP's branding identity and related communications will complement existing organisational cultures, not seek to replace.

To ensure the consistency and accuracy of all HSCP information, communications and engagement activity, all HSCP branding, communications and engagement activity should be approved by the HSCP's Senior Management Team (SMT) or by the relevant delegated staff member(s). Where a communication or a planned engagement activity crosses service areas, the delegated member of the SMT (or his/her nominee/staff member) will give final approval and the activity must adhere to HSCP branding.

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## 12. Communications Campaigns

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The HSCP has a key role in championing prevention and early intervention and is committed to reducing health inequalities and supporting local people to make choices that reduce their longer term need for health and social care services.

This can include a range of themes covering public protection, income maximisation, cancer programmes, Self-Directed Support (SDS), substance use prevention, breast feeding, healthy lifestyles, Power of Attorney (PoA) or Dementia awareness campaigns and policy influence. A wide range of information materials may be required alongside a mix of communication messaging. To ensure the consistency and accuracy of all HSCP information, communications and engagement activity, all HSCP branding, communications and engagement activity should be approved by the HSCP's delegated officers.

The HSCP will explore opportunities to develop joint campaigns with its community partners, East Dunbartonshire Council, NHS GGC, Third Sector partners and other local organisations and businesses. The creation of shared resources will be at the centre of any joint campaign, which also highlights the potential for the HSCP's webpages and social media channels to facilitate efficient communication and engagement.

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## 13. Staff Communications

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The HSCP has 'mapped' all internal communications, this 'map' will be reviewed and continually updated, tracking internal communications such as newsletters, staff bulletins etc. Moving forward, the HSCP's communication function would benefit from an understanding of how to effectively reach all staff individuals, groups and teams.

Staff engagement and communication is critical to achieving the HSCP's strategic plan, as they are ultimately the link between people who use our services and the HSCP as an organisation. Successful and positive staff engagement will help create and sustain a whole-partnership, cross workforce inclusive identity.

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## 14. Community Engagement Standards

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In Scotland, community engagement is guided by the good practice principles set out in the seven National Standards for Community Engagement. Defining community engagement as:

*'A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change'*

Simply put, community engagement is a way to build and sustain relationships between public services and communities that helps both to understand and take action on the needs or issues communities experience.



(Figure 2.0. The National Standards for Community Engagement)



Each of the seven community engagement standards provide statements that everyone involved can use to achieve engagement that is of good quality and has the greatest impact. The standards above and our principles, challenges the HSCP to ask the difficult questions around things like power, barriers or supports. These standards provide the platform that enables the HSCP to facilitate effective engagement and challenge the Partnership to maintain these standards.

## 15. Community Engagement Principles

(Table 3.0 community engagement principles)

1.	We will take an inclusive approach to participation and engagement, and promote opportunities for individuals and groups from all walks of life to engage with the East Dunbartonshire HSCP
2.	We want to give all of our carers, service users and patients the opportunity to influence our services through participation with the Public, Service User and Carer (PSUC) group and with various service reviews
3.	We will further develop our participation and engagement activity with young people, recognising our existing engagement networks with young people are evolving, but less developed than with other groups

4.	We will be approachable, with information made available through a variety of accessible means on how to engage with East Dunbartonshire HSCP
5.	We will be transparent in all of our engagement activity. We will share information and will answer questions fully and frankly. The HSCP will regularly review and consider feedback from our participation and engagement networks
6.	We are committed to two-way communication (see Communications Strategy 2020-23), and we will listen to what individuals, groups and networks have to say through communications with the PSUC group members and also through their contact email address ( <a href="mailto:EDPSUC@ggc.scot.nhs.uk">EDPSUC@ggc.scot.nhs.uk</a> ). We will value and respect people's opinions. We understand that a small number of people cannot fully reflect the views of an entire community, but are entitled to make representations on behalf of their wider community
7.	Our communication and engagement across the East Dunbartonshire Public, Service User and Carers representatives group, the East Dunbartonshire Strategic Planning Group and both of the East Dunbartonshire Locality Planning Groups will be co-ordinated. We recognise the significant links, dependencies and overlaps between every group and how they relate to each other
8.	We will have a strong local focus to our participation and engagement activity, recognising that the needs of localities and communities are best represented by the people who live and work in those areas
9.	We will be flexible to the needs of our localities and communities, recognising that one approach does not fit all

The Scottish Government and the Convention of Scottish Local Authorities (COSLA) have created guidance called '[Planning with People](#)' which sets out the responsibilities for NHS boards, Local Authorities and Integration Joint Boards have to community engagement, stating that:

**The case for community engagement** - Effective and ongoing engagement brings many benefits, including:

- organisations hear new ideas and understand all the issues for communities, creating opportunities to identify sustainable solutions to service challenges
- communities, especially vulnerable and seldom-reached groups, are connected and engaged with services, improving access to care services and health outcomes
- improved public confidence and less resistance to change due to better understanding of the reasons for change, and;
- reduced risk of a legal challenge (judicial review) resulting from concern about the process of engagement.



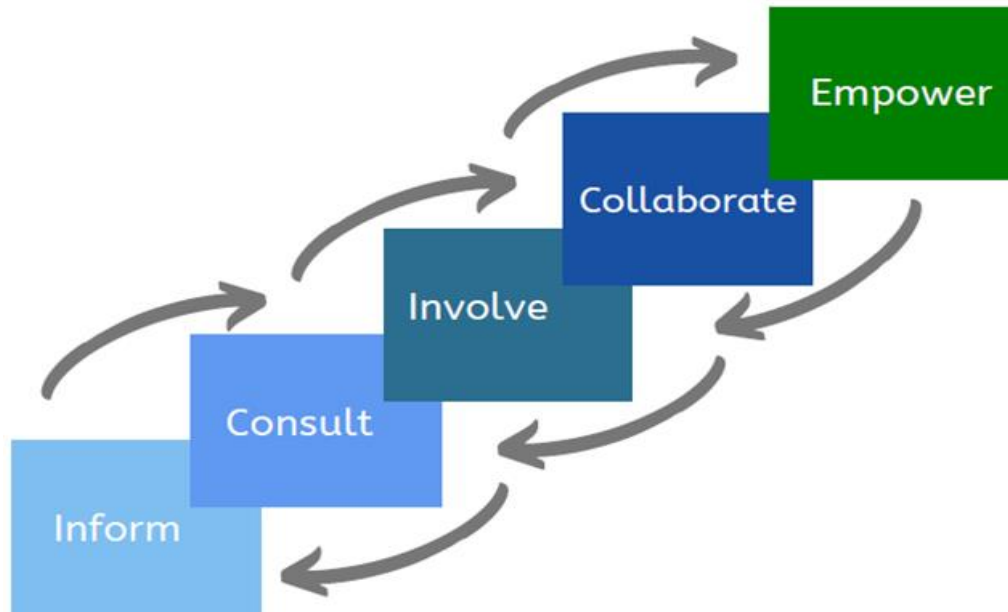
## 16. Our Participation and Engagement

In pursuit of our vision and priorities, the HSCP will actively seek the involvement of all its communities and all of its stakeholders in its decision making, particularly people who access our services, unpaid carers and families and the staff and volunteers who are involved in the provision of health or social care, across all sectors and especially those with a protected characteristic. This includes HSCP staff and those in the third and independent sectors to help improve health and wellbeing outcomes for local people. The HSCP will strive to use the most appropriate methods of communication and engagement that is relevant, inclusive and accessible for the purpose of our activity and we will adapt it to the needs of our targeted audience.

The HSCP will do this in line with the community engagement standards (See **Appendix 1**) and by the deployment of the following participation and engagement ladder which is used in conjunction with the participation and engagement framework (See **Appendix 6**).

(Table 4.0 involvement and participation levels)

<b>Inform</b>	<b>Consult</b>
To provide local people with the right information to help them better understand the health and social care concerns they may have, and to know how to access the right support for them.	Our aim is to obtain feedback on the plans and proposals we have for our services. We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced our decision making.
<b>Involve</b>	<b>Collaborate</b>
We wish to work directly with local people to ensure that their concerns and aspirations are consistently understood and considered. Our promise is to work with you to ensure that your views and ideas are influential in our decision making and we will provide feedback on how the voice of local people has helped shape our services.	We plan to work with local people and communities, to jointly design and implement services that will best meet the health and social care needs of East Dunbartonshire. We will look to you for advice and ideas in developing solutions to our priorities.
<b>Empower</b>	
We will aim to work with people across East Dunbartonshire to enable them to contribute and influence the direction of health and social care services.	



(Figure 5.0 ladder of participation)

## 17. Developing Our Engagement Approaches

Whilst we acknowledge that we have made positive progress with communication, engagement and participation over the course of the last strategy, the pandemic has had a huge impact on the way we work and our approach to how we communicate. To enable an inclusive engagement approach, reflecting the existing and developing requirements of our communities, the HSCP must evolve and develop new ways to engage. Additionally, the Partnership must develop pathways that are accessible and provide everyone across East Dunbartonshire with the opportunity to have their say.

Our commitment to people in East Dunbartonshire is that we will:

- continue to develop platforms and pathways to engage that are meaningful, flexible, accessible, and open to everyone across East Dunbartonshire
- continue to develop our presence on social media and develop relatable, informative content
- work closely with our PSUC group, carers, service users, staff, locality planning groups, third sector organisations and community partners to ensure that we are working together on shared priorities, and;
- develop clearer governance between the Strategic Planning Group and Locality Planning Groups (West and East, East Dunbartonshire).

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## 18. Public, Service User and Carer (PSUC) Group

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The Public, Service User and Carer (PSUC) representatives' group in East Dunbartonshire was formed in 2016 and is a network of local people with an interest in improving the services provided by the HSCP. Involving carers, service users, residents and local communities is an important part of improving the quality of services provided by the HSCP. The PSUC group support the HSCP to improve services and ensure they are person centred. They also assist the HSCP to change or redesign local health and social care services and to strengthen local knowledge and confidence in the HSCP. The PSUC group also;

- assist the HSCP in developing new services which meet the needs of the local population
- assist in creating an improved service and the overall experience people receive, and;
- assist the HSCP in developing and promoting better communication techniques to inform and engage local residents.

Representatives from the PSUC group participate on the Integration Joint Board (IJB), Strategic Planning Group (SPG) and both Locality Planning Groups (LPG). For more information, please email [ED.PSUC@ggc.scot.nhs.uk](mailto:ED.PSUC@ggc.scot.nhs.uk)

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## 19. Communities and Stakeholders

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When we talk about "community engagement," who do we mean? It is helpful to define 'communities', as shown in the table below, but it is also essential to recognise that communities are diverse, with members sometimes belonging to or identifying with multiple groups.

(Table 5.0 Definition of communities)

Community	Definition
Community of Place	A group of people bound together by a shared geographical boundary to live, work or spend time. e.g., a town and village.
Community of interest	A group of people that share a common interest, passion or experience. e.g., LGBTQ+, and women.
Community of identity	A group of people defined by how they are identified by themselves or by society. e.g., sports and hobbies clubs.

For the HSCP to facilitate meaningful and successful community interaction, our approach must be flexible and easily accessible and utilise methods to connect with groups that the HSCP might not have engaged and participated with previously.

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## 20. Who is Our Audience?

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Our audience is a local resident or anyone who;

- has an interest in health and/or social care
- who has engaged with our services or someone
- who is a carer of a service user, or;
- has a strategic and/or operational role in health and social care.

It is essential that the HSCP gives due regard to a cross section of people, groups, and organisations and that the HSCP aims to engage with, who we regard as our stakeholders. Below illustrates the importance of identifying and involving anyone who may be impacted by our work and it also helps us to understand the scope and the challenge of meaningfully engaging with all stakeholders. (See **Appendix 3** for full list)

This list is not exhaustive and additional stakeholders may be identified through the course of an engagement piece.

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## 21. Our Approach and Policy Context

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The HSCP has a statutory responsibility to involve people in developing and delivering services and is expected to demonstrate to our communities how we are engaging with them and the impact of that engagement. The Public Bodies (Joint Working) (Scotland) Act 2014 not only sets out the requirement to have a communication and engagement strategy but also establishes that a range of people must be involved and engaged with, in developing the HSCP's Strategic Plan.

In 2021 the Scottish Government and COSLA (Convention of Scottish Local Authorities) jointly published 'Planning with People' community engagement and participation guidance, for NHS Boards and Health and Social Care Partnerships that are planning and commissioning health and care services in Scotland. The guidance was reviewed with feedback informing the final version, which was published in 2023.

Annex B within Planning for People details all the policy, legislation and principles relevant to engagement and participation in Scotland. Whilst all of these documents provide underlying direction, this strategy will directly draw upon and reflect on duties contained within the legislation and guidance set out in Appendix I.

This guidance sets out an engagement cycle underpinned by principles of the National Standards for Community Engagement, to be followed in order to demonstrate good practice. Each stage is important and should be applied proportionately to the scale of the activity and level of any change proposed.

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## **22. Roles and Responsibilities**

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### **HSCP Integrated Joint Board (IJB) Members**

It is the role of Board members to be the ‘face’ of the HSCP and to actively promote and drive forward the delivery of the strategic priorities. Board members may be required to provide quotes or to participate in media responses and can expect to receive advice and support from the EDC and NHSGGC communication teams when undertaking this role. Board members are responsible for being transparent about decisions taken and the strategic thinking behind them so that stakeholders can understand why decisions have been made.

### **Senior Management Team**

The HSCP Senior Management Team (SMT) is responsible for driving the communications and engagement strategy (2024-29), by clearly communicating their decisions (and the decisions of the HSCP Integrated Joint Board (IJB)). It is the role of the SMT to identify potential communication opportunities for services and potential issues which the communications teams within the HSCP, EDC and NHS GGC can proactively promote and address. It is the role of the SMT member to also raise any concerns, if an HSCP team or HSCP staff member is not adhering to HSCP policies.

### **Corporate Communication Teams**

EDC and NHS GGC Corporate Communications Teams support the HSCP Business Manager and Development Officer in implementing and driving forward the communications and engagement strategy (2024-29) and its actions as well as supporting day-to-day functions. These teams are the first port of call for media, elected representatives and other queries and for staff in relation to advice on communications issues. A Media Relations Protocol is in place to define the approach taken to media relations activity, roles and responsibilities within the HSCP and the respective communications teams.

### **Health & Social Care Staff**

All HSCP staff have a responsibility to understand and promote the priorities of the HSCP through the work they undertake and to comply with the various internal communications channels and processes outlined in the communications, and engagement strategy (2024-29). All staff/employees are ambassadors for the HSCP and have a role to play in upholding its reputation. They should be aware of this in both their personal and professional interactions.

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## 23. Measurement and Evaluation

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It is essential to evaluate the effectiveness of our communication and engagement initiatives, to gauge whether they reach the objectives and outcomes that we hope to attain. In order to achieve this, the HSCP will conduct periodic monitoring to determine our baseline, or starting position, and then to measure the degree of awareness and comprehension of our messages and information, as well as the effects they are having on our communities and people. Additional measurement techniques that can help show whether or not we're doing things correctly include:

- HSCP teams surveys and feedback relating to particular projects and activities
- the number of carer, patient, service user and public involvement activities
- attendance by different groups from different locations and communities at HSCP meetings and events
- event feedback questionnaires/surveys
- patient facing services feedback
- staff survey results
- media and social media outcomes – media coverage and reach, number of retweets and likes
- webpage statistics e.g. number of visits, number of page views
- 'You said, we did' outcomes with HSCP services feedback
- lessons learnt – learning lessons from our communications and engagement activities and using this to strengthen future work, and;
- service user/patient/carers enquiries/compliments/complaints.

There will be additional discussion about providing the Senior Management Team, the Integrated Joint Board, and/or its committees and planning groups with annual reports on communication activities. Each communication and engagement activity will be reviewed in order to make sure it is still meeting the needs of the intended audiences. On an annual basis, the Strategy will be considered, and any improvements that are identified will be included into subsequent revisions of the Strategy and any associated action plans.

All engagement activity will be evaluated against the National Standards for Community Engagement and these outcomes will be reported to the SMT. We will also maintain a central log of participation and engagement activities and all engagement templates such as newsletters, posters, leaflets etc. Please share with:

- Vandrew McLean [Vandrew.McLean@ggc.scot.nhs.uk](mailto:Vandrew.McLean@ggc.scot.nhs.uk)
- Anthony Craig [Anthony.Craig@ggc.scot.nhs.uk](mailto:Anthony.Craig@ggc.scot.nhs.uk)

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## 24. Action Plan and Recommendations

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The following recommendations and actions will support the HSCP in the launch of the Communication and Engagement Strategy (2024-29) and will be implemented over the life of the strategy.

Number	Action	Owner	Timescale
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1.	Develop and cascade corporate branding policy to ensure that HSCP publicity, communication materials or information (both printed and digital) will not be released that does not fit our branding and/or HSCP corporate identity - This must be adhered to (internal).	AC	Jan 2025
2.	Create corporate templates that fit our corporate values and identity and will be the ONLY materials used for all communications / publicity / campaigns (posters, leaflets, surveys) by the HSCP and its teams and will be stored with corporate admin/SharePoint.	VMcL/ AC	Jan 2025
3.	The HSCP will scope different and improved ways of communicating with patients, service users, carers and their representatives, particularly hard-to-reach and vulnerable groups.	SMT/AC	June 2025
4.	HSCP to source and provide staff lunch-time learning sessions on communication and engagement and the background to policy guidance and legislation.	AC	Jan 2025
5.	To scope and implement a programme of external engagement opportunities (HSCP events x 2 per annum) for carers, patients, and public and service users to meet staff and managers, by using the PSUC group as a vehicle for participation.	SMT/AC	Jan 2026

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## Appendices

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### Appendix 1

#### Key Policy Drivers and Guidance



### **NHS Reform (Scotland) Act 2004**

This Act places duties of public involvement and equal opportunities on NHS Health Boards. This led to the establishment of the Scottish Health Council (SHS) in 2005 to ensure that the NHS allows patients to participate as fully as possible.

<https://www.legislation.gov.uk/asp/2004/7/contents>

### **Equality Act 2010**

This Act aims to prevent discrimination of nine 'protected characteristics'. These are: age, disability, gender, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and maternity, race, and religion or belief. And also:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under the Act
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

<https://www.legislation.gov.uk/ukpga/2010/15/contents>

### **Patient Rights (Scotland) Act 2011**

The Act sets out health care principles and a Charter of Patients' Rights. This includes allowing patients to participate as fully as possible in decisions relating to their health and wellbeing and have full access to the necessary information to do so. The Act provides a right to give feedback (both positive and negative), leave comments, or raise concerns or complaints about the health care they have received. The Act requires that Health Boards encourage, monitor and learn from the feedback and comments they receive.

<https://www.legislation.gov.uk/asp/2011/5/contents>

### **The Scottish Government National Health and Wellbeing Outcomes (2014)**

Outcome 8 concentrates on engagement: 'People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide'.

[National Health and Wellbeing Outcomes](#)

### **Community Empowerment (Scotland) Act 2015**

Part 10 of the Act focuses on participation in public decision making. 'A new regulation-making power, enabling Ministers to require Scottish public authorities to promote and facilitate the participation of members of the public in the decisions and activities of the authority, including in the allocation of its resources. Involving people and communities in making decisions helps build community capacity and also helps the public sector identify local needs and priorities and target budgets more effectively'.

[www.gov.scot/publications/community-empowerment-scotland-act](http://www.gov.scot/publications/community-empowerment-scotland-act)

### **BSL (Scotland) Act 2015**

The British Sign Language (Scotland) Act 2015 promotes the use of BSL in Scotland, primarily by requiring certain authorities to develop BSL plans that outline how they will promote and raise awareness of the language. As appropriate, the HSCP will support the implementation of NHS GGC and East Dunbartonshire Council's BSL strategies.

[British Sign Language \(Scotland\) Act 2015](#)

### **Carers (Scotland) Act 2016**

The Carers Act 2016 places a duty on local authorities and health boards to involve carers in planning the carer services they provide. Must 'take such steps as they consider appropriate' to involve carers and carer representatives in the planning and evaluation of services that support carers.

[www.gov.scot/Unpaid-Carers/Implementation/Carers-scotland-act-2016](http://www.gov.scot/Unpaid-Carers/Implementation/Carers-scotland-act-2016)

### **Independent Review of Adult Social Care in Scotland**

Carried out by Derek Feely in 2021, which sets out a number of recommendations for Social Care moving forward with user and carer involvement throughout.

[Independent Review of Adult Social Care/Scotland](#)

### **Consumer Duty Act (2020)**

The act places a duty on public bodies to show how consumers are considered and integrated into policy and decision making to ensure that no detriment is brought to them as a result of strategic public body policy decisions. To this end, the Consumer Scotland Act 2020 requires that a relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, consider the impact of those decisions on consumers in Scotland, and the desirability of reducing harm to them.

[Consumer Scotland Act 2020 \(Relevant Public Authorities\) Regulations 2024](#)

### **National Standards for Community Engagement**

Defining community engagement as: A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them.

<https://www.scdc.org.uk/what/national-standards>

### **Planning with People Guidance**

Planning with People guidance sets out the responsibilities NHS boards, local authorities and Integration Joint Boards have to community engagement when health and social care services are being planned, or when changes to services are being considered and supports them to involve people meaningfully.

[Planning with People-community-engagement-participation-guidance](#)

## **Appendix 2.**

## Key audiences and stakeholders

### Our key audience groups and stakeholders

- carers, patients, service users and their representatives
- the public and local residents
- staff working within East Dunbartonshire Health and Social Care Partnership
- East Dunbartonshire Council and NHS Greater Glasgow and Clyde employees
- East Dunbartonshire Integration Joint Board (IJB) Members
- East Dunbartonshire Council Elected Members
- HSCP Strategic planning group
- HSCP Locality planning groups (East and West)
- NHS Greater Glasgow and Clyde Executive & Non-Executive Director Board Members
- East Dunbartonshire Public, Service User and Carer (PSUC) group
- neighbouring HSCP Boards, NHS 24 and Scottish Ambulance Service (SAS)
- Trade Unions/staff representatives
- Contractors/providers of health and social care services and their representative groups (including third and independent sector and General Practitioners)
- Housing associations
- East Dunbartonshire Community Planning Partners (inc Scottish Fire & Rescue Service, Police Scotland, local colleges, Strathclyde Passenger Transport (SPT) Scottish Enterprise)
- MPs/MSPs within East Dunbartonshire and those who's constituency borders / overlaps and those with a health and social care remit
- Community councils / residents associations
- Relevant external organisations (e.g. Scottish Government & Scottish Health and Social Care Regulators), and;
- the media (local and national)

## Appendix 3.

### Communication Channels

#### East Dunbartonshire Health and Social Care Partnership (HSCP)

- HSCP 'Our News' e-newsletter (staff newsletter with the Chief Officer's message)
- Team Brief (corporate briefing for staff from Caroline Sinclair - Chief Officer)
- East Dunbartonshire HSCP website (a new site is launching in the second half of 2024)
- East Dunbartonshire Council and NHS Greater Glasgow and Clyde health and social care specific web pages (Internet web pages for the public)
- X (Twitter) - @EastDunHSCP
- Facebook – East Dunbartonshire Public Health Improvement Team
- East Dunbartonshire HSCP Integration Joint Board and its committees approved agendas, minutes and reports
- Health and social care service(s) specific newsletters (ADP, Trauma Informed, Criminal Justice, etc)
- Service specific leaflets and posters displayed in GP offices, social work offices, health centres, hospitals, libraries, schools and community centres
- Service specific projects/initiatives/campaigns
- Local engagement groups (for example, PSUC group, Carers Group)
- Third sector/voluntary and independent providers
- engagement events
- Other channels (for example, service directories, EDC corporate comms/media stories and marketing campaigns)
- Healthy Working Lives briefings (internal letter / briefings to inform staff within the HSCP about health and wellbeing issues and promotions/campaigns)
- HSCP Briefing (briefing for staff within the Partnership on specific topics affecting them - as and when required)
- Team Meeting Communications Briefing (communications as part of staff team meetings)

- Staff engagement opportunities including Chief Officers and Heads of Service sessions, annual staff awards, Head of Service sessions with locality planning groups, service-led sessions with Core Leadership Leads and iMatters
- All-staff emails (internal / external)
- Word of mouth, one to one discussion with stakeholders

NHS GGC and East Dunbartonshire Council also have various channels to communicate with key stakeholders.

NHS Greater Glasgow and Clyde (GGC) (corporate communications):

- Health News (public newspaper)
- Staff News (staff magazine)
- NHS Greater Glasgow and Clyde Internet website
- Staffnet (Intranet website for staff and authorised users)
- Twitter - @NHSGGC
- Facebook - NHS Greater Glasgow and Clyde
- Team Brief (corporate briefing for staff from Jane Grant NHS GGC Chief Executive)
- Core Brief (corporate briefing for staff on specific topics affecting them)
- all-staff emails
- Health Board approved Board/Committee agendas, minutes and reports
- Microsoft Teams channels

East Dunbartonshire Council (EDC) (corporate communications):

- East Dunbartonshire Council website
- The Hub and Employee Zone (Intranet website's for staff)
- X (Twitter) - @EDCouncil
- Facebook - East Dunbartonshire Council
- Instagram - East Dunbartonshire Council
- LinkedIn – East Dunbartonshire Council
- Executive Message and Corporate Briefing (corporate briefing for staff from the Chief Executive)
- Leadership Information Packs (corporate briefing for management staff on specific topics)
- Corporate Announcements (all-staff emails)
- East Dunbartonshire Council approved Committee agendas, minutes and reports

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## Appendix 4.

### Corporate Branding

East Dunbartonshire Health and Social Care Partnership (HSCP) - Corporate Identity Brand Guidelines

(Policy implemented from Communications and Engagement Strategy (2024-29))

#### Using the logo – guidance for HSCP staff

The aim of East Dunbartonshire Health and Social Care Partnership (HSCP) is to promote the health and well-being of everyone living in East Dunbartonshire and provide effective and efficient health and social care services.

#### Why have a corporate identity?

The Communications and Engagement Strategy (2024-29) offers the chance to create an overall corporate identity so that it is clear what the HSCP does. The HSCP also has a duty to be accessible in its branding. A consistent visual and textual approach across public facing materials will support the patient experience.

#### When to use the HSCP logo

- On any communication undertaken by the HSCP
- Alongside any logo or corporate identity used by the HSCP.

Consistent use of the logo helps to promote recognition and recall of the service to patients.

#### Where to use the logo

- Printed material (e.g. leaflets, posters, documents, reports, policies, publications)
- Correspondence (e.g. letters, circulars)
- Webpages
- Main external signage – i.e. wherever the name or logo of the organisation also appears.
- Any other appropriate communications tools (e.g. advertising etc)

#### Where the logos should be positioned

The HSCP logo should be positioned top middle (if applicable). The NHS Greater Glasgow and Clyde (GGC) logo and the logo of East Dunbartonshire Council (EDC) together should always appear at the bottom middle (if applicable) on any leaflets, posters, documents, reports, publications, letters, circulars etc and the two should



always appear together and not be separated. If unable due to space constraints, then all logos should be beside each another, with partners as appropriate, for example:



## What colours should be used?

The agreed colour branding to be used for leaflets and posters is within the HSCP logo (red, dark blue and light blue).



## Brand Kit

### What typeface should be used?

The recommended typeface is Arial, font size 12 in black minimum.

Attention should be paid to meeting patients' rights to request information in a larger font size than 12pt when requested, especially in obvious cases such as for visually impaired people.

### Sense checking and engagement

If you require advice and support on leaflets, posters, documents, reports and/or publications, assistance should be sought from the following contacts.

Vandrew McLean (HSCP Business Manager) [Vandrew.McLean@ggc.scot.nhs.uk](mailto:Vandrew.McLean@ggc.scot.nhs.uk)

Anthony Craig (HSCP Senior Development Officer) [Anthony.Craig@ggc.scot.nhs.uk](mailto:Anthony.Craig@ggc.scot.nhs.uk)

For in-depth feedback around leaflet and poster content, we should utilise the East Dunbartonshire HSCP Public, Service User and Carer (PSUC) group for feedback or service specific patients/carers groups.

Please contact [Anthony.Craig@ggc.scot.nhs.uk](mailto:Anthony.Craig@ggc.scot.nhs.uk) for further information.



## Appendix 6.

### Service Change / Re-Design / Re-Provision Checklist

<b>1. Title of HSCP service proposal / re-design / re-provision<sup>1</sup></b>
<b>2. Accountable Senior Management Team (SMT) Officer</b>
<b>3. Designated Staff Officer(s) (Names and Job Titles) for developing proposal</b>
<b>4. What is the nature of the proposal?</b>
<input type="checkbox"/> Update or introduction of a new HSCP policy, plan, strategy etc. <input type="checkbox"/> Review existing or introduction of new HSCP service or function <input type="checkbox"/> Re-design or re-provision of an existing HSCP service or function <input type="checkbox"/> Financial / budget proposal <input type="checkbox"/> Other (e.g. technical note, decision). Please provide details: <a href="#">Click or tap here to enter text.</a>
<b>5. What are the main implications from this proposal? Select all that apply</b>
<input type="checkbox"/> Re-design of a health and / or social care service <input type="checkbox"/> Increase or addition of a health and / or social care service <input type="checkbox"/> Re-provision of a health and / or social care service <input type="checkbox"/> New ways of working or updates to procedures of a health and / or social care service <input type="checkbox"/> Different location, format or time of a health and / or social care service <input type="checkbox"/> New/changed priorities or criteria of a health and / or social care service <input type="checkbox"/> Other. Please provide details: <a href="#">Click or tap here to enter text.</a>
<b>6. What is the purpose of the proposal?</b>
<b>7. What are the proposed vision, aims and objectives, if applicable?</b>
<b>8. What prompted the development of the proposal? (e.g. new legislation, administrative)</b>
<b>9. What is the subject of the proposal (e.g. health, social care)?</b>
<b>10. What are the intended outcomes and functions of the proposal?</b>
<b>11. Will the proposal be driven by, influence or be influenced by any other existing or emerging proposals? (strategic plan etc)</b>
<b>12. Has a previous version, or parts (e.g. objectives, actions) of this proposal been considered by any assessment before this?</b>

<sup>1</sup> This includes policies, business plans, procedures, programmes, frameworks, strategies, strategic decisions, service changes, masterplans etc.

<input type="checkbox"/> Equality Impact Assessment (EqIA) <input type="checkbox"/> Risk Assessment	<b>If yes for 1 or more assessment, please provide details:</b> Click or tap here to enter text.
<b>13. What is the period covered by the proposal and/or implementation date</b>	
<b>14. What is the frequency of updates/reviews (e.g. annual)? Please include dates if possible</b>	
<b>15. Identify how the proposal supports the National Health and Wellbeing Outcomes<sup>2</sup> (select all that apply)</b>	<input type="checkbox"/> <b>Outcome 1:</b> People are able to look after and improve their own health and wellbeing and live in good health for longer <input type="checkbox"/> <b>Outcome 2:</b> People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community <input type="checkbox"/> <b>Outcome 3:</b> People who use health and social care services have positive experiences of those services, and have their dignity respected <input type="checkbox"/> <b>Outcome 4:</b> Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services <input type="checkbox"/> <b>Outcome 5:</b> Health and social care services contribute to reducing health inequalities <input type="checkbox"/> <b>Outcome 6:</b> People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being <input type="checkbox"/> <b>Outcome 7:</b> People using health and social care services are safe from harm <input type="checkbox"/> <b>Outcome 8:</b> People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide <input type="checkbox"/> <b>Outcome 9:</b> Resources are used effectively and efficiently in the provision of health and social care services
<b>16. Identify how the proposal supports the policy priorities of the HSCP as outlined in our</b>	<input type="checkbox"/> <b>Priority 1:</b> Promote positive health and wellbeing, preventing ill health, and building strong communities <input type="checkbox"/> <b>Priority 2:</b> Enhance the quality of life and supporting independence for people, particularly those with long-term conditions

<sup>2</sup> The HSCP > Strategic Plan 2018 - 2021 > Health and Wellbeing Outcomes / Local Outcomes Improvement Plan 2017-2027

<p><b>Strategic Plan (2018 - 2021)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Priority 3:</b> Keep people out of hospital when care can be delivered closer to home</li> <li><input type="checkbox"/> <b>Priority 4:</b> Address inequalities and support people to have more choice and control</li> <li><input type="checkbox"/> <b>Priority 5:</b> People have a positive experience of health and social care services</li> <li><input type="checkbox"/> <b>Priority 6:</b> Promote independent living through the provision of suitable housing accommodation and support</li> <li><input type="checkbox"/> <b>Priority 7:</b> Improve support for carers enabling them to continue in their caring role</li> <li><input type="checkbox"/> <b>Priority 8:</b> Optimise efficiency, effectiveness and flexibility</li> </ul>
<p><b>17. Identify how the proposal supports the Local Outcomes Improvement Plan (LOIP)<sup>3</sup> select all that apply (if applicable)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Outcome 1:</b> East Dunbartonshire has a sustainable and resilient economy with busy town and village centres, a growing business base, and is an attractive place in which to visit and invest</li> <li><input type="checkbox"/> <b>Outcome 2:</b> Our people are equipped with knowledge and skills for learning, life and work</li> <li><input type="checkbox"/> <b>Outcome 3:</b> Our children and young people are safe, healthy and ready to learn</li> <li><input type="checkbox"/> <b>Outcome 4:</b> East Dunbartonshire is a safe place in which to live, work and visit</li> <li><input type="checkbox"/> <b>Outcome 5:</b> Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more active lifestyles</li> <li><input type="checkbox"/> <b>Outcome 6:</b> Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effect care and support services</li> <li><input type="checkbox"/> <b>Guiding Principle 1:</b> Coproduction and engagement</li> <li><input type="checkbox"/> <b>Guiding Principle 2:</b> Best Value</li> <li><input type="checkbox"/> <b>Guiding Principle 3:</b> Evidence based planning</li> <li><input type="checkbox"/> <b>Guiding Principle 4:</b> Fair and equitable services</li> <li><input type="checkbox"/> <b>Guiding Principle 5:</b> Planning for place</li> <li><input type="checkbox"/> <b>Guiding Principle 6:</b> Prevention and early intervention</li> <li><input type="checkbox"/> <b>Guiding Principle 7:</b> Sustainability</li> </ul>
<p><b>18. Who is this proposals main audience?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> East Dunbartonshire HSCP employees</li> <li><input type="checkbox"/> East Dunbartonshire HSCP patients / service users</li> <li><input type="checkbox"/> Independent sector contractors or organisations / individuals carrying out a service on behalf of the HSCP</li> </ul>

<sup>3</sup> The HSCP > Strategic Plan 2018 - 2021 > Health and Wellbeing Outcomes / Local Outcomes Improvement Plan 2017-2027

<p>Select all that apply</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Voluntary sector groups/organisations</li> <li><input type="checkbox"/> People living in a specific locality area of East Dunbartonshire. (SIMD area) Please detail: <a href="#">Click or tap here to enter text.</a></li> <li><input type="checkbox"/> Everyone living in East Dunbartonshire</li> <li><input type="checkbox"/> Specific users of a HSCP service <a href="#">Click or tap here to enter text.</a></li> <li><input type="checkbox"/> People with a long term limiting health condition or disability / their carers / families</li> <li><input type="checkbox"/> Older people</li> <li><input type="checkbox"/> People with Dementia / their carers / families</li> <li><input type="checkbox"/> Carers</li> <li><input type="checkbox"/> Specific group(s) of people with a shared interest. <ul style="list-style-type: none"> <li><input type="checkbox"/> Experiencing socioeconomic disadvantage (this includes low/no wealth, low income, area deprivation, material deprivation)</li> <li><input type="checkbox"/> Being in a particular age category</li> <li><input type="checkbox"/> Being from a black or ethnic minority group e.g. Gypsy/Travellers</li> <li><input type="checkbox"/> Speaking a language other than English</li> <li><input type="checkbox"/> Identifying as Lesbian, Gay Bisexual or Transgender</li> <li><input type="checkbox"/> Belonging to a particular religion or faith</li> <li><input type="checkbox"/> Pregnant women or those on maternity / paternity leave</li> <li><input type="checkbox"/> Another marginalised and / or hard to reach group e.g. those experiencing homelessness, offenders/ex-offenders. Please detail: <a href="#">Click or tap here to enter text.</a></li> </ul> </li> <li><input type="checkbox"/> None of the above</li> </ul>
<p><b>19. Risk Management</b></p>	<p>Please tick boxes to confirm completion of each stage.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Equality Impact Assessment</li> <li><input type="checkbox"/> Risks Assessment document reviewed by SMT</li> <li><input type="checkbox"/> Risks Assessment document attached to SMT papers along with Impact Assessment Checklist</li> </ul>
<p><b>Signed:</b></p>	<p><b>Date:</b> <a href="#">Click or tap to enter a date.</a></p>

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## Appendix 6.

### Engagement Framework - Project Planning and Involvement Checklist

ISSUE	ACTION	CHECKLIST
<b>PRE – PLANNING</b>		
Do I need to carry out this exercise?		<b>Stage 1 – Why are you Involving?</b>
Can I link up with another colleague / someone else?		
Do we already know the answer?		
How specifically will I use the results of this consultation?		<b>Stage 2 – What are you consulting about? – What is the purpose of this consultation exercise?</b>
What is the decision that I am seeking views on?		
When does this exercise need to be completed?		<b>Stage 4 – When to Involve? Preparing Your Timetable</b>
When will a decision be made?		
What approval process do I need to go through in order to make a decision?		

## Appendix 6.

### Engagement Framework - Project Planning and Involvement Checklist

ISSUE	ACTION	CHECKLIST
What is the timeframe for this?		
How long will this consultation exercise take?		
At the end you want to be able to measure whether: <ul style="list-style-type: none"> <li>• The timetable was clear and kept to and if not, why not</li> <li>• Enough time was allowed for responses.</li> </ul>		
Who needs to give approval for this exercise to take place? <ul style="list-style-type: none"> <li>• What do I need to do to obtain approval?</li> <li>• By when.</li> </ul>		
What have I learnt previously about what does and does not work in public, service user, carer and involvement?		<b>Stage 8 – Evaluating your involvement exercise</b>

## Appendix 6.

### Engagement Framework - Project Planning and Involvement Checklist

ISSUE	ACTION	CHECKLIST
What methods have I used previously that worked well?		
How can I use this knowledge to help this time?		
What resources do I need to complete this exercise? <ul style="list-style-type: none"><li>• Human</li><li>• Financial</li><li>• Technical</li></ul>		
My estimate of how much this exercise will cost is? (if applicable)  Is the cost of this exercise proportionate to the issue under consideration?  At the end you need to be able to measure whether: <ul style="list-style-type: none"><li>• You budgeted adequately</li><li>• You made savings in particular areas or overspent in others - and why</li></ul>		



**Appendix 6.**

**Engagement Framework - Project Planning and Involvement Checklist**

ISSUE	ACTION	CHECKLIST
<ul style="list-style-type: none"> <li>There were unforeseen costs - and what they were.</li> </ul>		
My analysis of how I will know this exercise has succeeded is		<i>Identify critical success factors</i>
<b>PLANNING YOUR EXERCISE</b>		
What specifically will I consult about?		<p><b>Stage 2</b> – <i>What are you consulting about? What is the purpose of your consultation exercise?</i></p>
What are my key objectives?		
What is open to change and what is not?		
Make this clear in your consultation material		

## Appendix 6.

### Engagement Framework - Project Planning and Involvement Checklist

ISSUE	ACTION	CHECKLIST
<p>At the end, you want to be able to measure whether:</p> <ul style="list-style-type: none"> <li>objectives were clear</li> <li>they were relevant to the consultation itself and linked to your wider planning process</li> <li>they were explained to, and understood by, all relevant staff and those consulted</li> </ul>		
<p>Who will I consult?</p>		<p><b>Stage 3 – Deciding Who To Involve – Identifying Your Stakeholders.</b></p> <p><i>What sort of views can you expect from different stakeholders?</i></p>
<p>Who are my key stakeholders?</p>		
<p>How will I ensure that I reach groups that we have traditionally found hard to engage in consultation?</p>		

## Appendix 6.

### Engagement Framework - Project Planning and Involvement Checklist

ISSUE	ACTION	CHECKLIST
Whose views and responses do I consider to be most important?		
Set specific targets for the level of response you want from your different stakeholders		
At the end, you want to be able to measure whether: <ul style="list-style-type: none"><li>• You have views from those you wanted</li><li>• You were successful in consulting minority, disadvantaged or under-represented groups</li><li>• Different groups responded to different methods</li><li>• You gave feedback to those involved</li><li>• The people consulted felt that the consultation was worthwhile</li></ul>		

## Appendix 6.

### Engagement Framework - Project Planning and Involvement Checklist

ISSUE	ACTION	CHECKLIST
<p>What methods of involvement will I use? Ideally use a mix of quantitative and qualitative methods</p>		<p><b>Stage 5</b> – <i>How should I carry out the involvement?</i></p> <p><i>The Data Protection Act and other legal frameworks.</i></p>
<p>Do I need to reserve premises, book interpreters, etc?</p>		
<p>At the end, you want to be able to measure whether:</p> <ul style="list-style-type: none"> <li>• the methods used were right for your objectives</li> <li>• if you used more than one method, which worked better than others - and why</li> <li>• you gathered the required               <ul style="list-style-type: none"> <li>○ quantitative and/or qualitative information</li> </ul> </li> </ul>		

## Appendix 6.

### Engagement Framework - Project Planning and Involvement Checklist

ISSUE	ACTION	CHECKLIST
<ul style="list-style-type: none"> <li>○ response rate</li> </ul>		
How will I analyse the results?		<b>Stage 6 – Analysing the results.</b> <i>Identifying Key Messages</i> <i>Identifying Priorities and Actions</i>
How will I use the findings?		<b>Stage 7 – Providing Feedback</b> <i>– Who needs to know your results?</i>
Who needs to know what I have found out: <ul style="list-style-type: none"> <li>● The HSCP?</li> <li>● Other partners/stakeholders?</li> </ul>		
How will I provide feedback to participants?		<b>Stage 7 – Providing Feedback</b>
Make this clear in any consultation material.		

**Appendix 6.**

**Engagement Framework - Project Planning and Involvement Checklist**

<b>ISSUE</b>	<b>ACTION</b>	<b>CHECKLIST</b>
Build in time to evaluate this involvement exercise		<b>Stage 8 – Evaluating Your Involvement Exercise.</b>
Ensure that you give your participants an opportunity to evaluate your exercise		
Consider lessons that you have learnt from previous involvement		

## Appendix 7.

### Glossary of Terms

#### **Advocacy Services**

Organisations or groups that ensure that people are able to have their voice heard on issues that are important to them.

#### **Allied Health Professionals**

Staff who include podiatrists, dieticians, physiotherapists, speech and language therapists and radiographers.

#### **Best Value**

The most valuable combination of cost, quality and sustainability to meet customer requirements.

#### **Carers**

People who look after, unpaid, a friend or family member who due to illness or disability cannot cope without their support.

#### **Children and Young People Act, 2014**

A law that strengthens children's rights and helps improve the services that support children and families.

#### **Community Based Support Networks**

A range of organisations and people in a community that can provide support.

#### **Community Capacity Building**

#### **Community Engagement**

A working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences.

#### **Community Empowerment (Scotland) Act, 2015**

A law which helps communities having greater influence or control over things that matter to them. Including the extension of the community right to buy or otherwise have greater control over assets.

#### **Community Pharmacy**

Businesses that used to be known as chemists.

#### **Community Planning Partnership**

Is a group of organisations that work together with local communities to design and deliver better public services, making sure that they meet the needs of local people.

#### **Hard To Reach Groups**

Groups of people who use public services and who are less likely to be involved by professionals and decision-makers.

#### **Health and Care Governance Group**

A group of people who are responsible for making sure of the accountability of an organisation and its responsibilities to support staff and provide a good service to the public.

#### **Health Board**



Activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of communities.

**Health and Social Care Partnership**  
NHS and the local council care working together to provide health and care services.

**Health and Social Care Integration**  
Is the steps taken to join up the services from NHS and the local council.

**Health Inequalities**  
Means the differences in health status or in the distribution of health determinants between different population groups.

**Independent Sector**  
Organisations which are private companies or social enterprises that are not NHS or local council.

**Integrated Budget**  
A budget which is made up from budgets from NHS GGC and East Dunbartonshire Council.

**Integration Joint Board**  
A committee of people from who have overall responsibility for the planning and delivery of community health and social work / social care services, including those for older people, adults, children and families and people in the Criminal Justice System.

**Public Bodies (Joint Working) (Scotland) Act, 2014**

A group of people that is responsible for the protection and the improvement of their population's health and for the delivery of frontline healthcare services.

**Legislation**  
A law or set of laws, such as an Act, suggested by a government and made official by a parliament, e.g. Scottish Parliament, UK Parliament.

**Locality and Neighbourhood Planning**  
Is a way of planning health and social care services with smaller areas within East Dunbartonshire.

**Locality Planning Group**  
A committee of people including local residents, which represents the interests of the local community and staff within an area.

**National Outcomes**  
Are priorities that the Government wants to achieve over the next ten years.

**National Standard for Community Engagement**  
Are good practice principles designed to support and inform community engagement and improve what happens as a result.

**Integration Scheme**  
A plan or strategy on how health and social care services will be joined up.

A law which helps to bring together NHS and local council care services under one partnership.

**Scottish Care**

An organisation that represents independent sector health and social care providers.

**Self-Directed Support Act, 2013**

A law which helps to give people more control over the range of options on how their social care is delivered, which best meets their needs.

**Social Care**

Care or support that helps to meet people’s social needs and supports people to lead an active life, as independently as possible.

**Social Media**

Different types of electronic communication, websites for social networking, to share information, ideas and personal messages.

**Stakeholder**

A person, group or organisation that has interest or concern in HSCP services.

**Strategic Planning Group**

A committee that will provide stakeholder advice to the Integration Joint board (IJB) for any plans and programmes related to the delivery of community health and social work/social care services.

**Third Sector**

The voluntary sector, organisations which are not run for private profit, or by government.

**Third Sector Interface**

An organisation that represent voluntary sector, organisations which are not run for private profit or by government.

**Social Isolation**

Is a term used to describe the state of people having minimal contact with other people, such as family, friends or the wider community.

**Strategic Plan**

A planning document that sets out an organisation’s needs and priorities. It also contains proposals on how the organisation will use all of its resources, including its budget, staff and other resources.

## Appendix 8.

### Useful Contacts

The communications teams within East Dunbartonshire Council and NHS Greater Glasgow & Clyde Health Board provide a communications function to support the HSCP in the delivery of the overall Communications Strategy. This support includes looking after media and stakeholder relations and can extend to creating content to make customers and stakeholders aware of the HSCP business and upholding the good reputation of the organisation.

Health and social care staff are required to follow the policies of their employing organisations and to refer to the relevant HSCP protocols that provide staff guidance.

Advice and support should be sought from the following contacts.

- NHSGGC Corporate Communication Service:  
Tel: 0141 201 4429, [press.office@ggc.scot.nhs.uk](mailto:press.office@ggc.scot.nhs.uk)
- EDC Corporate Communication Service:  
[corpcommunications@eastdunbarton.gov.uk](mailto:corpcommunications@eastdunbarton.gov.uk)
- HSCP Contacts:  
Vandrew McLean [Vandrew.McLean@ggc.scot.nhs.uk](mailto:Vandrew.McLean@ggc.scot.nhs.uk)  
Anthony Craig [Anthony.Craig@ggc.scot.nhs.uk](mailto:Anthony.Craig@ggc.scot.nhs.uk)

### Available in other formats

This document can be provided in large print, Braille or in audio format and can be translated into other community languages. Please contact East Dunbartonshire Council's Communications Team on: 0300 123 4510

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

اس دستاویز کا در خواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòn gu 0300 123 4510

अनुप्राय करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।