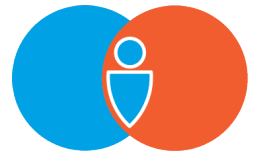# Agenda Item 15

Communications, Participation and Engagement, and Volunteer Expenses

Falkirk Integration Joint Board

4 June 2021

Communications, Participation and Engagement, and Volunteer Expenses

For Decision

1. Executive Summary

1.1   The purpose of the appended set of strategic documents is to establish a framework for the Partnership's activities covering:

- Participation and Engagement (Appendix 1)
- Communications (Appendix 2)
- Volunteer Expenses Policy (Appendix 3).

2. Recommendations

The Integration Joint Board is asked to:

2.1   approve the Partnership's refreshed Participation and Engagement Strategy 2021 – 2024

2.2   approve the Partnership's new Communication Strategy 2021 - 2024

2.3   approve the Partnership's Volunteer Expenses Policy.

3. Background

3.1   The Public Bodies (Joint Working) (Scotland) Act 2014 requires each HSCP to produce a Participation and Engagement Strategy as part of the suite of documents that underpin the Strategic Plan. The first Participation and Engagement Strategy was approved by the IJB in 2016 and is now due for renewal.

3.2   Reflecting the IJB's identification of communication as a priority area for improvement, the refreshed Participation and Engagement Strategy is accompanied by a stand-alone Communications Strategy. The strategies are intended to complement and support each other.

3.3   Both strategies have been developed in conjunction with partners. A survey of internal and external stakeholders was used to gather feedback on existing activity. A communications and engagement working group then considered the survey results and brought their own expertise to identify the Partnership's participation, engagement, and communications priorities. These priorities have been incorporated into the strategies and associated workplans.

3.4   In line with the Participation & Engagement Strategy, a new volunteer expenses policy has also been developed.

4.   Overview of Proposed Strategic Documents

4.1   Participation and Engagement Strategy 2021 – 2024
        The Participation and Engagement Strategy sets out principles to adhere to, in order to make sure that people can be involved and actively engaged in the design and development of health and social care within the Falkirk area. The principles are relevant to staff, individuals, communities, and agencies.

4.2   The current Participation and Engagement Plan was approved by the IJB in 2016. There have been significant improvements in the way that the Partnership engages since then. The revised strategy provided at Appendix 1 for approval, highlights some of the good practice and confirms our intention to embed participation and engagement across all HSCP work.

4.3   The revised strategy is set within a context of national legislation, including the Community Empowerment Act (2015) and also national guidance for HSCP's and the National Standards for Community Engagement. Feedback gathered from the Strategic Planning Group has also informed the strategy.

4.4   An important aspect of the new strategy is the inclusion of a self-evaluation and engagement monitoring process. The self-evaluation provides a planning and impact assessment tool, which will be a requirement for all engagement. In order to do this effectively, connections have been made with Falkirk Council's Community Empowerment Team, ensuring a consistent approach to planning, delivery and monitoring community engagement across the HSCP and Falkirk Council. We will measure our practices against the National Standards. The outcome of engagement will be reported to the IJB, to demonstrate how it has informed service redesign or decision making.

4.5   Communications Strategy 2021 – 2024
        To support the Partnership's strategic vision the Communications Strategy identifies three communication priorities:

        1. be a champion for Falkirk's health and social care sector – protecting and enhancing the reputation of the workforce

        2. build understanding of the Partnership's services and how to access them – improving both internal and external understanding of service provision and how they link together. This will also foster a shared identity, no matter what part of the workforce you belong to, who you are employed by, or what service you provide.

        3. ensure effective communications across the integrated workforce – establishing clear and integrated channels to reach all internal stakeholders, tackling information overload and improving efficiency.

4.6   The strategy includes an action plan of activities to support its implementation. The strategy is provided as Appendix 2 for approval.

4.7   Volunteer Expenses Policy
        The purpose of the policy is to further enable unpaid carer and service user representatives to fully participate. The policy sets out how unpaid carer and service user representatives are fairly reimbursed for expenditure necessarily incurred as a result of carrying out their duties (as defined in the Public Bodies (Joint Working) (Scotland) Act 2014). The policy extends to participation in sub-groups of the IJB and other activity relating to Partnership business. The proposed policy is provided as Appendix 3 for approval.

4.8   The Coalition of Carers in Scotland's (CoCiS) Best Practice Expenses Policy for unpaid carer representatives, has provided a helpful template for the development the proposed HSCP Volunteer Expenses Policy.

4.9   Although the CoCiS Best Practice Expenses Policy was designed with a focus on unpaid carers, the benefits of this policy should be extended to service user representatives, to consistently promote and enable participation without financial consequence. This extension is set out within the policy.

5.   Conclusions

5.1   The report presents to the Board a set of strategic documents that will establish a framework for the Partnership and support current and planned work.

Resource Implications

Participation and Engagement Strategy
No additional financial or staff resource implications at this time.

Communications Strategy
No additional financial or staff resource implications at this time.

Volunteer Expenses
It is estimated that unpaid carers and service users' expenses will be minimal and can be accommodated from the additional funding we receive from the Scottish Government to deliver the Carers Act. There will be minimal workforce implications in relation to the processing and payment of any expenses claims. Replacement care costs and fast track payments have been considered in the development of this policy.

Impact on IJB Outcomes and Priorities
The Participation and Engagement Strategy and the Communication Strategy support the IJB to achieve the four strategic outcomes outlined in the Strategic Plan and to achieve its vision.

The Volunteer Expenses Policy will support the IJB to ensure unpaid carers are supported in their caring role and are, along with services users involved in service design and decision making.

5.2   Legal & Risk Implications
There are no risk implications for either the Communications or Participation and Engagement Strategies. Falkirk HSCP is required by the Public Bodies (Joint Working) (Scotland) Act 2014 to develop a Participation & Engagement Strategy. The strategy will be subject to interim review annually, to ensure compliance with any emerging national regulation and guidance.

There are no direct legal implications arising from the Volunteer Expenses Policy. The approval of a Volunteer Expenses Policy will support unpaid carers and service users attending IJB and HSCP meetings and positively contributing to the decisions it makes.

5.3   Consultation
A Participation and Engagement Strategy and Communications Strategy Survey was sent out to internal and external service providers on 31 March and closed on 16 April. The survey received a total of 19 responses. Feedback from this survey has informed the development of these strategies.

A joint Participation and Engagement Strategy and Communications Strategy workshop was held on 21 April 2021. Feedback from this workshop has informed the development of these strategies.

5.4   Equalities Assessments
An Equalities and Poverty Impact Assessment has been completed in relation to both strategies and the Volunteer Expenses Policy. No negative impacts were identified.

6.   Report Authors

Lesley MacArthur, Partnership Funding Coordinator
Jennifer Faichney, Policy and Research Officer
Paul Surgenor, Communications Officer

7.   List of Background Papers

Falkirk HSCP Communications Protocol

8.   Appendices

Appendix 1:	Participation and Engagement Strategy 2021 - 2024
Appendix 2:	Communications Strategy 2021 - 2024
Appendix 3:	Volunteer Expenses Strategy

Falkirk Health and Social Care Partnership Participation and Engagement Strategy (2021 – 2024)

Date of first issue:	June 2021
Approval status:	DRAFT
Current issue date:	June 2021
Review date:	June 2024

Contents

Introduction and purpose

Falkirk Health and Social Care Partnership (HSCP) puts people first and involves as many people as possible in the design of its services, ensuring the needs of individuals and communities are met.

Our participation outreach aims to involve people who use our services, their families and carers, our staff, commissioned providers, and delivery partners including statutory agencies and organisations within the third and independent sectors. Together, we combine our resources to deliver the Partnership's Strategic Plan and most importantly, to provide person-centred and integrated care and support.

The Partnership is tasked with ensuring health and social care services work together to put people at the centre of decisions about their care and support. We will continue to build upon current good practice to change the way we deliver high quality and cohesive services that meet individual need.

This will "enable people to live full, independent and positive lives within supportive communities" forming the vision of the Partnership's strategic plan.

Our updated Participation and Engagement Strategy 2021-2024 sets out principles for participation and engagement to ensure that people are involved, consulted with, and actively engaged in the design and development of health and social care within the Falkirk area. These principles are relevant to our staff, individuals, Falkirk's communities, and organisations.

Patricia Cassidy
Chief Officer

Legislative context

The Public Bodies (Joint Working) (Scotland) Act 2014 requires each HSCP to produce a Participation and Engagement Strategy for the Integration Joint Board (IJB), which is the formal body with overall responsibility for the integration of health and social care. This plan forms part of Falkirk HSCP's Strategic Plan.

The Community Empowerment (Scotland) Act 2015 requires public bodies to engage with communities and community organisations. The 2015 Act requires the Integration Joint Board to put in place a participation process and to report on how engagement has shaped the delivery of local outcomes. Further information on the legislative context that provides people with rights to participate are included within Appendix 1.

Strategic context

The Participation and Engagement Strategy 2021-2024 is part of a set of strategic documents to support implementation of the Partnership's overall Strategic Plan. It should be reviewed in tandem with the accompanying Communications Strategy 2021-2024 as our engagement and communication activities are intertwined, with communication at the core of our participation and engagement methods.

Figure 1. Legislative and Strategic Context

Community Empowerment (Scotland) Act 2018	Public Bodies (Joint Working) (Scotland) Act 2014	
Planning with People: Community Engagement and Participation Guidance		
National Standards for Community Engagement		
National HSCP Guidance: Effective Participation & Engagement MSG for Health & Community Care Framework for Integrated Services		
Falkirk Council	Local Plans	NHS Forth Valley
Falkirk HSCP Strategic Plan		
Falkirk HSCP Participation & Engagement Strategy	Falkirk HSCP Communication Strategy	

What is participation and engagement and why is it important?

Participation and engagement should be focused on improving the quality of lives and promoting a community's best interests. People choose to participate for many reasons whether their personal experience has motivated them to participate, or they have a general interest in the services delivered in their local area. Participation allows people to take part in activities (such as focus groups) to inform service planning and delivery. This also includes participating in decision-making processes when they are affected by a decision. Information on how to get involved is included within Appendix 2.

Community engagement develops working relationships between public bodies (such as local councils) and community groups. Successful engagement between communities, community organisations, and public and private bodies improves understanding between everyone involved as we work together to identify community needs and take effective action to improve communities.

What is our approach to engagement?

Principles of engagement

The National Standards for Community Engagement sets out seven principles of engagement: Inclusion, Support, Planning, Working Together, Methods, Communication, and Impact.

These principles should serve as a baseline for measuring the quality and impact of our engagement activity. To achieve greater impact and provide a higher standard of engagement, then we will need to reach beyond what is outlined in the National Standards for Community Engagement. This will involve elevating our approach and embedding engagement into all practice. An evaluation template for monitoring against the National Standards is included in Appendix 3.

Figure 2. National Standards for Community Engagement (2016)

Embedding engagement

Engagement needs to be embedded in all activity as a means of developing mutual understanding and trust between agencies and communities to support both improvement and action. This will help move engagement away from being a bureaucratic tick box exercise to engagement leading effective change.

If engagement is truly embedded in everything that we do, then we are ensuring that services are delivered with service users and carers, and that they remain at the heart of provision. This ensures that we are taking a person-centred and human rights-based approach to engagement.

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Dementia Cafés

These drop in cafés provide a gentle introduction for people with dementia, accompanied by their carers, to meet Alzheimer's Scotland staff and familiarise themselves with the support that is available, as well as meeting others in the same situation. The dementia cafés in Bo'ness and Falkirk had an average of 516 attendances each quarter and the community groups had a further 595 attendances each quarter.
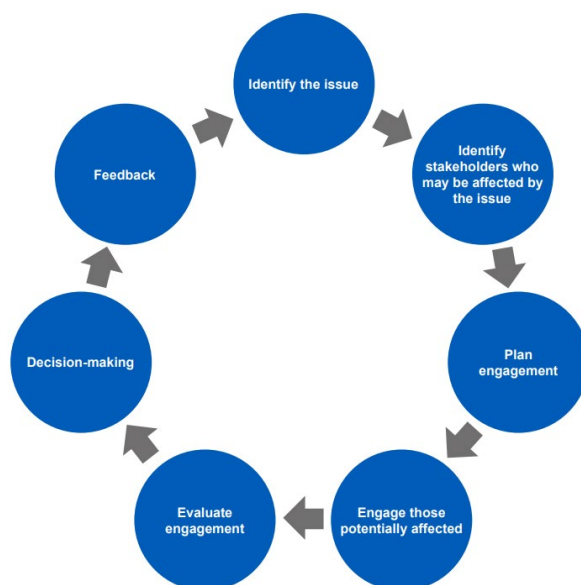
Public Participation Spectrum Level: INVOLVE

</div>

Steps to good engagement

National guidance sets out seven steps to good engagement: identify the issue, identify stakeholders who may be affected by the issue, plan engagement, engage those potentially affected, evaluate engagement, decision-making, and feedback.

All steps to good engagement are important and should be applied proportionately to the scale of the activity and the level of change proposed. For further information on the individual steps to good engagement: 'Care services - planning with people: guidance'.

### Figure 3. "Steps to good engagement", Planning with People (2021)

Public Participation Spectrum

The Spectrum of Public Participation was developed by the International Association for Public Participation (IAP2) to help clarify the role of the community in planning and decision-making, and how much influence the community has over planning or decision-making processes.

It identifies five levels of community engagement. The further to the right on the Spectrum, the more influence the community has over decisions, and each level can be appropriate depending on the context. It is important to recognise these are levels, not steps. For each level, it articulates the public participation goal and the promise to the public.

Figure 4. The Spectrum of Public Participation
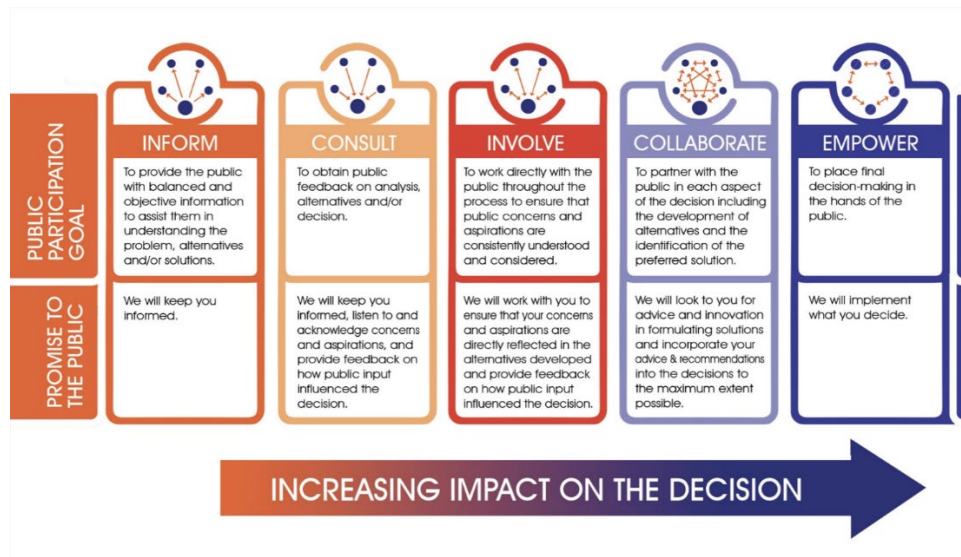
What does a successful engagement process look like?

The success of any engagement activity will vary depending on the objective and the indicators for achieving that objective which has already been determined during the planning process (see Appendix 3 for a planning template).

We know our engagement process is successful by measuring attendance rates and the quality of responses received. We also know our engagement is successful when we're having open and honest conversations with participants where they feel listened to and valued. We create safe environments and mitigate barriers to participation to ease participant anxiety and help them feel more confident in sharing their opinions and experiences. We welcome positive and negative feedback and take all viewpoints into consideration to reassure participants that we've listened to them and valued their participation.

We keep communities informed throughout the engagement process and maintain clear and timely communications so that all roles and expectations are understood. We act and deliver on our promises to communities and keep them informed on how their inputs were used. We evaluate our engagement process and learn from our successes and failures.

Engagement methods

There are a variety of methods that can be used in our engagement activities, e.g., telephone calls, meetings (virtual or in person), email, social media, surveys, focus groups, events, etc. The engagement methods used will be relevant to the objective of the engagement activity and dependent on where the engagement sits on the public participation spectrum. For example, focus groups would be inappropriate if the goal is to inform, but they would be an effective method for a consultation. Engagement methods should be continually reviewed throughout the engagement process and changed or adapted based on feedback and evolving public participation goals.

There is no mainstream solution to community engagement as not all methods of engagement are going to be suitable for everyone. Our engagement methods need to be sensitive to cultural norms, and this will involve including representation of the targeted audience as well as linking within our networks to provide guidance on how to engage with groups where sensitivity is required. As such,

engagement methods will be appropriate and tailored to meet the individual needs of each targeted group to minimise barriers to participation.

> **Thornton Gardens**
>
> We successfully transferred respite provision at the Rowans Short-Break Service to Thornton Gardens. Meetings and a consultation exercise were held with service users, parents, carers, and other stakeholders including the Care Inspectorate. Throughout the preparation for the move, people were involved, including a visit whilst the works were being carried out and an open afternoon once near completion. These plans and maintaining staff continuity were accepted as a positive development by the people who value the service provided.
>
> Public Participation Spectrum Level: CONSULT & INVOLVE

Providing feedback

It is important that we provide feedback on all engagement activities to develop trust within communities and support culture change. We need to inform service users how valuable their participation is, communicate the benefits of participation, and demonstrate the impact of their participation by evidencing the action that has been taken towards achieving local outcomes.

We will provide participants with regular updates and feedback on our progress towards achieving local outcomes. Engagement activities should identify how feedback will be provided and participants should be informed of when they can expect to receive this feedback.

Who do we engage with?

The Partnership recognises that engagement with people is a critical aspect to service planning, service delivery and improvement. We engage with communities, staff, and partner and external agencies.

We aim to maintain effective and meaningful engagement across communities. Communities can typically be defined as:

Community	Definition
Community of place	A group of people brought together by geographic boundaries, e.g., a town and village.
Community of identity	A group of people brought together by how they or society identifies them, e.g., LGBTQ+ and women.
Community of interest	A group of people brought together who share the same interest or passion, e.g., sports and hobbies clubs.

Participants will often belong to or identify with more than one of these communities. It is important to involve community representatives in engagement planning so we can respond to the diverse needs of individuals and communities.

We will engage with people as meaningfully as possible which is why engagement should take place where people are rather than expecting people to come to us. By going out into communities to engage with people, we can build on and highlight what is working in our engagement, and we can continue to collaborate with communities and the Community Planning Partnership (CPP) to develop and deliver locality plans.

Participation Barriers

There will be barriers to participation, and this can include (but is not limited to) participation anxiety, digital exclusion, accessibility requirements, etc. It is our responsibility to consider and address these barriers when planning any engagement activity, and we will hold ourselves accountable if we fail to engage with groups by not addressing barriers to their participation.

We will include representation of the groups that we want to engage with to address barriers and minimise the inequalities that people experience. We will provide opportunities for communities to co-design services (i.e., service users and providers work together to develop a service), and we will make communities more aware of all the opportunities they have to get involved.

We will also have clear and accessible ways for people to engage with us within communities. We will ensure information is provided in an understandable and accessible format. The Partnership will support communities to communicate with its services. We will achieve this by supporting individuals to use the most appropriate and accessible method of communication tailored to their individual needs.

Our accompanying Communications Strategy (2021-2024) sets out the principles for inclusive communication, defining the characteristics of accessible, simple, and understandable communication.

When do we engage with communities?

When there is a significant change to a service then we are required by the Public Bodies (Joint Working) (Scotland) Act 2014 to engage with people who are directly affected. This will include service users, carers, and staff.

We need to engage with people who are directly affected by a particular issue or a possible change to a service. We also need to engage with a range of people on any significant decisions made in the Strategic Plan. Communities can participate at different levels and stages of the decision-making process, and we will identify groups or individuals who might be particularly interested in a change to a service we are making and encourage them to participate.

We will give at least six weeks' notice to community organisations to respond to or attend an engagement event. We will give at least three weeks' notice to individual community members to respond to or attend an engagement event.

Redesign of Day Services for Younger Adults

The Partnership has taken forward a programme of work to redesign day services for younger adults. This involved engagement with people who use services, their carers, and staff about what changes should happen to develop alternative community-based services.

The Partnership hosted a successful event on 23 April 2018. The purpose of organising the "Believe and Achieve" event was to demonstrate the many opportunities there are for people with a disability and their carers in the Falkirk area. On the day 179 people attended the event where there was information available from 25 exhibitors. These covered a range of services from Falkirk Community Trust, Third Sector organisations and other services.

Public Participation Spectrum Level: INFORM

We do not engage with people when decisions have already been taken, but we do ensure that, where relevant, you are made aware of decisions taken. We will also involve communities in making decisions on how local money is allocated and spent. For example, participatory budgeting.

Community Choices

Falkirk PB kicks off with £3 million fund

February 09, 2021 / Admin

Falkirk Council has launched its Community Choices participatory budgeting process. With £3 million available over two years, local communities can now submit expressions of interest.

Groups and organisations can apply to two separate funds: a small grants programme with a maximum of £1,500 per proposal. Around £10,000 will be available to each of Falkirk Council's nine wards in the first year as part of the Small grants programme.

The Capital programme will make available a total of £3m over two years. Proposals for this fund must be for a minimum of £5000, and can be used for building something new, improving an asset, and purchasing equipment.

An Advisory Panel made up of nine community representatives (one from each Council ward), four representatives from Falkirk's charity and voluntary sector and four representatives from Falkirk Council and the Health & Social Care Partnership will ensure that applications meet the criteria before they are put forward to a public vote.

The closing date for final applications is 9 April. The public will then vote on which of the projects should receive public funding. Voting will run from 26 April to 14 May.

Public Participation Spectrum Level: EMPOWER

How do we monitor the impact of our engagement?

To understand how well we are currently engaging, we need to integrate evaluation into the planning of all engagement activities. A benefit of monitoring our engagement activity is learning from our failures and successes by identifying themes of what is working well and what isn't working well. We need to be open and honest about our failures and successes and share lessons learned within our networks for the benefit of future engagement activity.

All engagement activity will be evaluated against the National Standards for Community Engagement and these outcomes will be reported to the IJB Board. We will maintain a central log of participation and engagement activities of all engagement monitoring templates that are to be completed and returned by service providers (see Appendix 3).

Participation & Engagement Strategy and Communication's Strategy Survey (2021), 'Can you provide an example of a consultation or engagement activity that has worked well and why?'

"We carried out a survey in June 20 to ascertain the impact the pandemic was having on local carers and determine their future support needs. The short survey was emailed and posted to carers on our mailing list and staff encouraged the carers they were working with to complete it. Once the responses had been analysed, we decided to hold a series of focus groups around the main themes that emerged from the survey to allow us to gain a greater insight into what we could provide to meet the needs being described in the survey. The feedback we received from the focus groups demonstrated the need for ongoing emotional support, better communication systems, increased information, and additional short break grants.

We then held an interactive meeting with staff where we used online breakout rooms and surveys to ascertain their views on the past year and the way forward. Interestingly, they came up with a very similar response to the carers.

The staff session worked well because it was very interactive, using small groups and anonymised surveys to allow everyone to have their say. We also kept it fun and thought provoking.

As a result, we have decided to apply for funding to allow us to set up telephone support service, employ a digital worker, and continue to focus on accessing funding to allow us to provide short break grants for carers." – Central Carers Association

Public Participation Spectrum Level: CONSULT & INVOLVE

What are our participation and engagement commitments?

No.	HSCP Participation and Engagement Commitments	How will we monitor this?
1	We will always use the most appropriate method relevant to the purpose of our engagement activity and tailored to the needs of our targeted audience.	Evaluation template (NSfCE: Methods)
2	We will involve community representatives to ensure our engagement activities are inclusive and accessible for our targeted audience.	Evaluation template (NSfCE: Inclusion)
3	We will provide participants with regular updates and feedback on our progress towards achieving local outcomes.	Evaluation template
4	We will go out into communities to engage with people as much as possible instead of expecting people to come to us.	Log of participation and engagement activities
5	We will provide opportunities for communities to co-design services, and we will make communities aware of all opportunities they have to get involved.	Log of participation and engagement activities
6	We will ensure information is provided in an understandable and accessible format to support the local population to communicate with its services.	Communication's Strategy (2021-2024); Evaluation template (NSfCE: Communication)
7	We will engage with people who are directly affected by a particular issue, a possible change to a service, and any significant decisions made in the Strategic Plan.	Evaluation template.
8	We will give appropriate notice periods to communities to respond to or attend an engagement event.	Evaluation template
9	We will involve communities in making decisions on how local money is allocated and spent.	Community Choices participatory budgeting
10	We will maintain a log of participation and engagement activities for evaluation monitoring purposes.	Log of participation and engagement activities
11	We will evaluate our engagement against the National Standards for Community Engagement and these outcomes will be reported to the IJB for decision-making and accountability purposes.	Evaluation template; Annual Performance Report

Appendix 1: Your Rights

Community Empowerment (Scotland) Act 2015

This Act places a duty on public authorities including the Council, NHS Health Board and HSCP to improve the quality of lives of people living in disadvantaged areas. Communities can make participation requests to public authorities to change the way a service is delivered. The public authority must agree unless there are reasonable grounds not to do so. Under the Act, community bodies can make asset transfer requests to lease or take ownership of a publicly owned building or piece of land. The Act gives local communities the right to buy abandoned or neglected land.

Communities must be engaged by the Community Planning Partnership when Local Outcome Improvement Plans (i.e., strategic plans) and Locality Plans (i.e., Community Action Plans) are being developed. The CPP must also publish annually how it has engaged with communities and responded to participation requests and asset transfer requests. The Act states that communities should be given a direct say in allocation of public resources, e.g., participatory budgeting.

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.

Human Rights Act 1998

This Act gives people rights: to life, liberty and security, to a fair trial, to marry and start a family, to education, and to participation in free elections. It also gives people freedoms: from torture and inhuman or degrading treatment, slavery and forced labour, of thought, belief and religion, or assembly and association. Public authorities must comply with the European Convention on Human Rights.

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.

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.

Good Practice Guidance has been issued to NHS Boards setting out what is required and giving advice on how to handle and learn from feedback and complaints. The Patient Advice and Support Service (PASS) promotes awareness of these rights and provides advice and support. PASS is delivered by Citizens Advice Bureaux (CABs).

Housing (Scotland) Act 2001

This legislation requires all local authorities to have a tenant participation strategy in place.

Housing (Scotland) Act 2010

The Act created an independent Scottish Housing Regulator to look after the interests of tenants, homeless people, and other service users of social landlords. Statutory duties on tenant communication and participation are both outcomes and standards within the Scottish Social Housing Charter.

Planning etc. (Scotland) Act 2006

This Act includes the provision of the Council to consult with and involve 'the public at large' in the development of the Local Development Plan. These need to be updated every five years. The Act also enables local people to object or support any planning application through a written representation. Further information can be found here.

The Children and Young People (Scotland) Act 2014

This Act places a duty on Councils to undertake a survey or consultation with service users and parents to gauge views on the existing service provision and to offer the chance to provide comments or suggestions as to how the service could be improved.

Appendix 2: Getting Involved

Participation Requests

If a community body believes it can improve the outcome of a public service, then it can make a participation request to the relevant body, including the Council, NHS Forth Valley, or the HSCP. The community body will need to set out the outcomes it expects to achieve and details of its experience and knowledge. Public authorities must agree to the request unless there are reasonable grounds not to do so. A decision notice must be issued outlining the outcome improvement process, i.e., what was done and what was achieved. More information can be found here.

Locality Planning

Locality planning will provide an opportunity for community groups and organisations across the Falkirk Council area to play a part in identifying local key needs and issues, to be involved in defining relevant outcomes and to propose ways in which the community can draw on its local skills and knowledge. More information can be found here.

Good Feedback, Comments and Complaints

You have the right to give comments, feedback, or make a complaint about the service you receive. We value comments, feedback, and complaints and will use these to improve our services.

In the first instance, contact NHS Forth Valley by email: fv.complaints@nhs.net, phone: 01234 566660, or visit their website for further information.

Alternatively, contact Falkirk Council by email: contact.centre@falkirk.gov.uk, phone: 01234 506070, or visit their website for further information.

Community Councils

Community Councils are made up on local people who give time to, and have a genuine interest in, the wellbeing of their community. They consult the local community on all issues affecting them and tell us, and other public bodies, the views of local people. Community Councils are consulted on licensing and planning applications within their area.

There are currently 15 active Community Councils in the Falkirk Council area out of a possible 23. Each Community Council must meet in public at least 9 times a year. More information can be found here.

Asset Transfer Requests

A community transfer body (of a specified nature) can make a request to buy or lease a relevant authority's land or building. That relevant authority must consider a range of factors before issuing a decision notice and must have reasonable grounds to refuse an asset transfer request. The authority must explain these if the decision is challenged, and an appeal can be made by the community transfer body to Scottish Ministers. More information can be found here.

Joint Staff Forum

The Joint Staff Forum provides a forum for the Trade Unions and Professional Organisations recognised by Falkirk, Clackmannanshire, and Stirling Councils and NHS Forth Valley to inform, influence, and participate in the development of the health and social care integration in Forth Valley. Staff who are working within services which are in-scope for integration are represented on the Integration Joint Boards by named representatives of the Joint Staff Forum.

Person Centred Health and Care

NHS Forth Valley has four strategic aims for patient and public involvement. The first aim is to ensure that there are robust reporting mechanisms in place to capture feedback, comments, concerns, compliments, and complaints. Secondly, to provide NHS Board assurance that learning from complaints is measurable and fed back to patients and public how we have learned and used the learning to influence change. Third, supporting and developing staff to receive feedback in a positive way and to work with those in their care to improve the services they provide. Lastly, involve patients and the public using wide and varied methods of capturing feedback so they are involved in service change, redesign, and improvement of care health and wellbeing. Find out how you can get involved here.

Patient Public Panel (PPP)

The Patient Public Panel (PPP) is concerned with the delivery of acute services at Forth Valley Royal Hospital and supports NHS Forth Valley's aim to be of person-centred, safe, and effective. Membership is open to anyone who is a potential user of NHS Forth Valley services, but who is not currently employed by NHS Forth Valley.

Patient Participation Group (PPG)

A Patient Participation Group is a patient-led group linked to a local General Practice. Ideally, the Patient Participation Group will be made up of a group of patients that reflect the diversity of the catchment population. They will work along with GPs and practice staff to provide a patient perspective on the healthcare services that are offered to the community.

Tenants and Residents Organisations

Falkirk Council's Tenant and Customer Participation Strategy (2019-2022) allows tenants and customers to get involved in shaping and improving its services.

The Tenants' & Residents' Forum is the main hub for tenant and resident participation. It is an open forum available to any tenants or residents who wish to attend, meeting approximately once every three months. It provides tenants and residents with the opportunity to discuss how the service is run as well as being able to make suggestions on how it could be improved.

Tenant and resident organisations allow communities to come together to create change in their local area, in partnership with their landlords.

Tenants and residents can also come together and form a group to influence decisions made by their landlord. This is enabled by the Scottish Housing Charter. TPAS Scotland promotes good practice in tenant participation and supports tenants' groups.

Parents Councils

A Parent Council is a group of parents who represent all the parents at a school. Any parent with a child at the school can volunteer to become a member of the Parent Council. Parents can be members of the Parent Council for as long as they choose. Parent Councils can also invite members of the local community and school staff to join their Parent Council and Elected Members are also invited to attend meetings. In denominational schools, the Parent Council must invite the relevant church or denominational body to nominate a representative to be a member. Almost all schools in the Falkirk Council area have a Parent Council. Further information can be found here.

Volunteering

There are many ways you can volunteer and several organisations you can volunteer with. You can volunteer directly with a Third Sector Organisation or Faith-based Organisation (e.g., your local church), or you can volunteer via a third party (e.g., CVS Falkirk & District, Community Learning and Development (CLD) at Falkirk Council or NHS Forth Valley). Further information is available here.

People's Panel

The People's Panel is made up of local people who have volunteered to respond to a range of online questionnaires throughout the year. The questionnaires provide feedback on Council services, as well as information about the needs of local communities and other issues. This information helps improve services and make sure the Council is meeting the needs of local communities.

Third Sector Forums

There are many forums in the Falkirk Council area that focuses on specific issues. These include: The Community Care and Health Forum (CCHF), Community Transport Forum, Connecting Volunteering Forum, Economic Resilience & Employment Forum, Safer Communities Forum, Tackling Poverty & Inequalities Forum, and the Voluntary Sector Children's Services Forum. Further details can be found here.

These forums provide information on related issues, access to training, support for local Third Sector Organisations, and the opportunity to influence the decision making of local public services, e.g., Police Scotland, Falkirk Council, and NHS Forth Valley.

Appendix 3: Engagement Planning and Self-Evaluation Template

Participation and Engagement Monitoring Template

This template is for any service provider planning to carry out any type of engagement activity. It has been designed to help you plan, monitor, and evaluate your engagement activity.

Please return all completed templates to Jennifer.faichney@falkirk.gov.uk for monitoring and reporting purposes.

Engagement Planning

Contact details	
Lead Name	
Email Address	
Phone Number	

About the engagement activity
What is the title of the engagement activity?
Is the engagement activity focused on a specific service area? If so, what service area?
Where will the engagement activity take place?

What is objective of the engagement activity?
Step 1: Identify the issue
What do we already know about the community and the issue?
What do we still need to know?
What are the **3** overarching messages or questions that you want to ask?

Who do you want to engage with?
Step 2: Identify stakeholders who may be affected by the issue

What is the target audience that you want to reach?
(This might be a particular group(s) of people, community, or general population)

Does the subject have an impact on any groups with protected characteristics?
(Age, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion, belief, sex, sexual orientation)

What are the barriers to participation on where, when, or how activity takes place?
(This might include session timing, budget, i.e., cost of engagement, travel expenses, etc., participants have restricted mobility, participants live in care facilities, the need to provide respite support, childcare etc.)

Where does the engagement activity sit on the Public Participation Spectrum?
Step 3: Plan the engagement

Please select from below:

	☐	☐	☐	☐	☐
Public Participation Goal	**Inform** To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	**Consult** To obtain public feedback on analysis, alternatives and/or decisions.	**Involve** To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	**Collaborate** To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	**Empower** To place final decision making in the hands of the public.
Promise to the public	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

What outcomes are you looking for and what does success look like?

Outcomes (What are we trying to achieve?)	Indicators (What does success look like?)

What actions will be taken to meet the engagement outcomes?

What	Who	When

What timescale does activity need to be completed within?

Start Date	
End Date	
Notice period for participants *(This should be at least 6 weeks for community organisations and at least 3 weeks for community members).*	
Date results are required by	
Other relevant dates/deadlines	

What is your communications plan?

Please contact the Partnership's communication officer in advance of any communications activity or to discuss additional communications support, advice, and guidance. Contact email: paul.surgenor@falkirk.gov.uk.

Objectives Set out what the communications activity is intending to achieve. Start with the engagement aim and develop communications objectives that will deliver this. Keep your objectives SMART.	**Audience Insight** Who are you trying to target? Outline your audiences and any insights you have on them. Are there any barriers that could prevent you from reaching them?
Strategy Use your audience insight to set out the approach you will apply. You will also need to cover key messaging and the communications channels you will use.	**Implementation** How will you deliver your communications and what tactics will you use? Develop a clear plan that allocates resources. Set out timescales for delivery.
Scoring/Evaluation Focus on your outcomes. Were the outcomes met? Why or why not?	

How will you provide feedback to participants?

How will the information gathered be analysed? Who will do the analysis?
How will feedback be presented?
When will you provide feedback to participants?

E.g., Have you already started any activity, links to any reports or information relating to the activity?

Engagement Self-Evaluation

Describe how the Review process was carried out e.g., who was involved, where and when did they meet and what evidence was used to judge performance?

Did the engagement activity achieve the intended outcomes?	☐ Yes	☐ No

Comments:

Overall, how well have we met the National Standards for Community Engagement?

☐ Unsatisfactory	☐ Weak	☐ Satisfactory	☐ Good	☐ Very Good	☐ Excellent

Comments:

We will know we have met this Standard when:
- The people and groups who are affected by the focus of the engagement are involved at the earliest opportunity.
- Measures are taken to involve groups with protected characteristics and people who are excluded from participating due to disadvantage relating to social or economic factors.
- Participants in the community engagement process commit to continued two-way communication with the people they work with or represent.
- A wide range of opinions, including minority and opposing views, are valued in the engagement process.

☐ Unsatisfactory	☐ Weak	☐ Satisfactory	☐ Good	☐ Very Good	☐ Excellent

Comments:

Support Standard
We will identify and overcome any potential barriers to participation.

We will know we have met this Standard when:
- An assessment of support needs is carried out, involving all participants.
- Action is taken to remove or reduce any practical barriers which make it difficult for people to take part in engagement activities.
- Access to impartial and independent development support is provided for groups involved in the community engagement process.

☐ Unsatisfactory	☐ Weak	☐ Satisfactory	☐ Good	☐ Very Good	☐ Excellent

Comments:

Planning Standard
There is a clear purpose for the engagement, which is based on a shared understanding of community needs and ambitions.

We will know we have met this Standard when:
- Partners are involved at the start of the process in identifying and defining the focus that the engagement will explore.
- A clear and agreed engagement plan is in place.
- All available information which can affect the engagement process has been shared and used to develop the community engagement plan.
- Partners agree what the outcomes of the engagement process should be, what indicators will be used to measure success, and what evidence will be gathered.
- The timescales for the engagement process are realistic.
- There are sufficient resources to support an effective engagement process.

☐ Unsatisfactory	☐ Weak	☐ Satisfactory	☐ Good	☐ Very Good	☐ Excellent

Comments:

Working Together Standard
We will work effectively together to achieve the aims of the engagement.

We will know we have met this Standard when:
- The roles and responsibilities of everyone involved are clear and understood.
- Decision-making processes and procedures are agreed and followed.
- The methods of communication used during the engagement process meet the needs of all participants.
- Information that is important to the engagement process is accessible and shared in time for all participants to properly read and understand it.
- Communication between all participants is open, honest, and clear.
- The community engagement process is based on trust and mutual respect.
- Participants are supported to develop their skills and confidence during the engagement.

☐ Unsatisfactory	☐ Weak	☐ Satisfactory	☐ Good	☐ Very Good	☐ Excellent

Comments:

Methods Standard
We will use methods of engagement that are fit for purpose.

We will know we have met this Standard when:
- The methods used are appropriate for the purpose of the engagement.
- The methods used are acceptable and accessible to participants.
- A variety of methods are used throughout the engagement to make sure that a wide range of voices is heard.
- Full use is made of creative methods which encourage maximum participation and effective dialogue.

• The methods used are evaluated and adapted, if necessary, in response to feedback from participants and partners.					
☐ Unsatisfactory	☐ Weak	☐ Satisfactory	☐ Good	☐ Very Good	☐ Excellent

Comments:

Communication Standard

We will communicate clearly and regularly with the people, organisations and communities affected by the engagement.

We will know we have met this Standard when:

- Information on the community engagement process, and what has happened as a result, is clear and easy to access and understand.
- Information is made available in appropriate formats.
- Without breaking confidentiality, participants have access to all information that is relevant to the engagement.
- Systems are in place to make sure the views of the wider community continuously help to shape the engagement process.
- Feedback is a true representation of the range of views expressed during the engagement process.
- Feedback includes information on the engagement process, the options which have been considered, and the decisions and actions that have been agreed, and the reasons why.

☐ Unsatisfactory	☐ Weak	☐ Satisfactory	☐ Good	☐ Very Good	☐ Excellent

Comments:

Impact Standard

We will assess the impact of the engagement and use what we have learned to improve our future community engagement.

We will know we have met this Standard when:

- The outcomes the engagement process intended to achieve are met.
- Decisions which are taken reflect the views of participants in the community engagement process.
- Local outcomes, or services, are improved as result of the engagement process.
- Participants have improved skills, confidence, and ability to take part in community engagement in the future.
- Partners are involved in monitoring and reviewing the quality of the engagement process and what has happened as a result.
- Feedback is provided to the wider community on how the engagement process has influenced decisions and what has changed as a result.
- Learning and evaluation helps to shape future community engagement processes.

☐ Unsatisfactory	☐ Weak	☐ Satisfactory	☐ Good	☐ Very Good	☐ Excellent

Comments:

Next Steps
Step 6: Decision-making

What key lessons have been learned because of the engagement?

Have the outcomes of the engagement impacted on the change or design of a service? If so, how?

What will we do next?

Did participants of the engagement activity receive feedback? *Step 7: Feedback*	☐ Yes	☐ No
Comments:			

Please return all completed templates to Jennifer.faichney@falkirk.gov.uk

Falkirk Health and Social Care Partnership

Falkirk Health and Social Care Partnership Communications Strategy (2021 – 2024)

Date of first issue:	June 2021
Approval status:	DRAFT
Current issue date:	June 2021
Review date:	June 2024

Contents

Introduction and purpose

Purpose

This communications strategy outlines the Partnership's approach to how effective communication can support Falkirk's Integration Joint Board to achieve the vision outlined in its Strategic Plan. This strategy and its principles apply to all Partnership staff and their communication activity.

Foreword

The process of transformation is a familiar one to anyone working in Scotland's health and social care environment, especially since the introduction of integration bodies six years ago. The complex process can be a daunting endeavour, but we know it can help reap significant rewards.

We also all know that the key to successful change is to bring everyone along with us, and only an open and communicative culture can achieve this. It is with this in mind, that we have set out our communication priorities in this strategy.

We want the Partnership to be a champion for Falkirk's health and social care sector, shouting about its successes and encouraging innovation and fresh thinking every step of the way.

We want the Partnership and its services to be accessible and open. Everyone in Falkirk should understand what support is available to them and where, when, and how to access it.

And last but not least, we want the Partnership to be a great place to work, no matter what part of it you belong to or who you are employed by.

We have certainly made significant progress against our strategic vision since the beginning of integration and our establishment in 2011, but how do we ensure continued progress towards our goals?

This is the role of good, inclusive communication. Accessibility must be at the heart of everything we do, to ensure as many people as possible are able to hear our message and ensure as many people receive the support they need.

As our first communication strategy, we hope you find this document ambitious yet achievable. We have sought to be clear about the challenges which face us and to establish a new framework which enhances our communication. Ultimately, we hope it supports the planning and successful delivery of our services.

I look forward to working with everyone in the Partnership to implement this strategy, which will help us progress towards and our vision for health and social care in Falkirk.

Patricia Cassidy
Chief Officer

Methodology

Communications has been identified as a priority area for development within the Partnership's overall strategic plan, with actions set out to develop a communications strategy, coordinate activity, and strengthen messaging to support better understanding and awareness of services. In addition, an efficient communications function is viewed as a key part of the Partnership's Remobilisation and Delivery Plan following the coronavirus pandemic.

To take forward improvement within priority areas, the Partnership has invested in additional support roles to strengthen its communications, policy, research, and project management functions. This dedicated resource will help the Partnership improve its communications and engagement with all stakeholders, enhancing the quality of decisions, resulting in services which are better tailored to the needs of the community.

Significant work has already been taken forward by the Partnership's first participation and engagement strategy, published in 2016. Alongside a review of this existing strategy, the Partnership welcomes the opportunity to develop and implement a stand-alone communications strategy to complement its engagement activity.

The Partnership's policy and communication team began work to refresh its strategic documents through a survey of internal and external stakeholders, gathering feedback on existing activity.

Themes identified from this survey were expanded upon during a workshop session with a new communications and engagement working group. This included representation from:

- Community Planning
- Home First
- Housing
- Locality Managers
- Partnership Funding
- Patient Engagement (NHS)
- AHP Coordinator
- CVS Falkirk (Third Sector)
- CSREC
- HSCP Leadership
- HSCP Communications
- HSCP Policy and Research

Issues identified and discussed through the survey and workshop session form the basis of this communications strategy.

The Partnership's communication and policy team intends to run similar workshop sessions with other stakeholders in the future to help steer and inform the implementation of this strategy.

Strategic context

The Communication Strategy 2021 – 2024 is part of a set of strategic documents that support the implementation of the Partnership's overall Strategic Plan. It should be reviewed in tandem with the accompanying Participation and Engagement Strategy 2021-2024. Our communication and engagement activities are intertwined, with stakeholder engagement and participation featuring as a key outcome throughout our communication methods.

Where we are now

Since the formal establishment of Falkirk's Integration Joint Board (IJB) in 2015, the Partnership's communication has been supported by the NHS Forth Valley and Falkirk Council communication teams.

As set out by the IJB strategic plan, communication has been identified as a priority area for improvement. Efficient communication is key to supporting the delivery of the Partnership's strategic vision, and to the successful remobilisation of services following the coronavirus pandemic.

With the publication of this new three-year strategy, the Partnership has the opportunity to expand its communication function, proactively sharing the progress and success of health and social care integration and informing public audiences of the important role of the Partnership and its services.

The Partnership's diverse workforce includes staff employed by Falkirk Council, NHS Forth Valley, unpaid carers, volunteers, and its partners in the third & independent sectors. The Partnership will benefit from its own clear channels of communication for efficient dissemination of information between these sections of its workforce. This will help foster a cross-workforce identity, helping everyone in Falkirk's health and social care sector feel part of the Partnership.

There is a significant piece of work required to review, update, and link the Partnership's communication materials together to communicate more efficiently to multiple audiences. This is especially true of the Partnership's online communication, as material relating to its services is currently hosted across NHS, and partnership web pages.

Where we want to be

The Partnership's strategic vision is to enable people in Falkirk to live full and positive lives within supportive and inclusive communities. To support this, our communication and engagement working group has identified the following communication priorities:

- **Be a champion for Falkirk's health and social care sector**
  Protect and enhance the reputation of the health and social care sector, the Partnership and its partner organisations. Messages in this priority area are vital to support staff morale and to bolster workforce recruitment campaigns.

- **Build understanding of the Partnership's services and how to access them**
  Both internal and external audiences will benefit from improved understanding of the Partnership's services. Staff and partners working across our services should be able to navigate and link together services' support, with confidence that the person using the service will have their needs met. People who use our services should have a clear means of accessing services when they need them. External partners should feel part of a network of services and have connections across the Partnership's workforce.

- **Ensure effective communications across the integrated workforce**
  Clear and integrated communication channels are required to reach all internal stakeholders across NHS Forth Valley, Falkirk Council, our commissioned providers, community organisations and carers. This includes the fostering of a Partnership identity which everyone across Falkirk's health and social care can feel part of. Our communications approach will be flexible, keeping up-to-date with new ways channels and continually improving our communications.

How we will get there

Communication standards

At the foundation of the Partnership's communication activity will be the following standards:

Clear	Our communication is jargon-free, in Plain English and tailored to the needs of the targeted audience.
Concise	We provide relevant and easy to understand content.
Accessible	We tailor our style, format, and material to the needs of the targeted audience.
Evidence-based	We utilise research, statistics, and real-life case study examples to tell the story of how the Partnership's services make a difference.
Endorsed	Credible and trustworthy third-party endorsements should illustrate the benefits of health and social care integration.
Efficient	We adopt a 'write once, use often' ethos. Material is filed for re-use across a range of platforms including social media, blogs, opinion pieces, presentations, briefings.
Timely	We are responsive, transparent, accountable, and fair.
Conversational	People can actively contribute at all levels across the organisation. We engage audiences, we don't broadcast to them.
Consistent	We maintain a visual identity, look, and feel which supports engagement with external and internal audiences.

Inclusivity and accessibility

Inclusive communication is good for everyone. By making everything easy to access and simple to understand, our message will go further.

The Partnership will always aim to support as many people as possible in the local population to take part in communication with its services. We will achieve this by enabling individuals to use whatever ways of understanding and expressing themselves that they find easiest.

Our approach to accessible and inclusive communications is set within the wider context of equalities and human rights as set out by the Equality Act 2010. Our accompanying Participation and Engagement Strategy (2021-24) also sets out how National Standards for Community Engagement inform our inclusive engagement activity.

Both our partner organisations (Falkirk Council and NHS Forth Valley) have policies and guidelines on accessible communications which should be adhered to. The UK government has also published accessibility guidelines and regulations for public sector websites and applications which the Partnership will implement.

A list of resources to support and inform our inclusive, accessible communication is provided in the appendix of this document.

Our key messages

Communications Objective	Key message	Tactics / channels
Perceptions of health and social care		
Recognition of the scale and importance of social care	Manages annual £235m budget, workforce includes X people, and services a local population of 160,000.	• Media • Stakeholder communication • Briefings • Social media
Reputation for quality and value	HSCP provides quality, personalised care & support Services are well-managed & innovative	• Media with case studies • Use of third-party advocates • Briefings • Social media
Respect for the expertise of workforce	Staff manage complex tasks requiring skills and experience Social care is a rewarding career option	• Use of individual profiles / case studies in media and briefings • Wider co-ordinated campaign with partners • Social media
Understanding the role of the Partnership and its services		
Increase awareness and understanding of the Partnership among potential users and care providers.	Most people have used our services but may not know it is managed by the Partnership.	• Media • Briefings • Stakeholder comms • Internal partner comms
Our role in improving how care and support is provided is recognised	The HSCP is best placed to inform and manage improvements to local care and services. We understand local needs and connect NHS, Council, and the Third Sector together.	• Evidence contribution to improvement through briefings, media etc. • Use examples of integration to show wider economic and social benefits. • Social media
Seen as an innovator and source of fresh thinking	Services follow good practice in their design and planning	• Showcase examples of innovative practice in communication / media etc.
Operational issues and internal comms		
Outline clear communication networks for the dissemination of advice	We are reducing information overload and communication breakdown by providing clear internal channels.	• Easy to understand summaries / visuals • New internal channels (such as a newsletter)
Improve integration of communication across NHS, HSCP, Falkirk Council, commissioned providers, ScotGov	We are all part of the same team, working together to deliver services. No matter if you are employed by council, NHS or the third sector.	• Joint media campaigns • Shared social media resources • Improved signposting and internal understanding of services.
Identity – cultural Staff alignment with either council or NHS	The Partnership brings together colleagues from a range of backgrounds, but we are all part of it.	• Brand guidelines • Internal comms • Training and resources

Our audiences

Understanding the diversity of our audiences is key to tailoring our communication messages and channels. Good use should be made of the many resources available which provide insight into the communication needs of our audiences. These resources include:

- The Partnership's Joint Strategic Needs Assessment and Locality Profiles
- Office for National Statistics Census Data
- Government Communication Service Behaviour and Change Guide
- News media association
- Ofcom (the communications regulator)
- Professional bodies
- Minority and advocacy groups
- Scottish Government research (such as the Scottish Household Survey)

Our audiences, which have been mapped out in a separate stakeholder mapping exercise, include:

Constituent partners	Commissioned providers	Third sector
• Falkirk Council (incl. IJB members) • NHS Forth Valley (incl. board members) • People who work in health and social care, including unpaid carers and volunteers	• providers/contractors of health and social care services	• Falkirk area community councils • Falkirk community planning partners • Community and volunteer groups

Government and local authority	Professional bodies	Local audiences
• Elected members of Falkirk Council • Members of Scottish Parliament (Regional and Constituency) • COSLA	• Royal Colleges and membership organisations • Scottish Association of Social Workers • Scottish Social Services Council • Health and Care Professions Council	• People who use our services; who may need to use our services in future; or the families, carers, and advocates of people who use our services • Local businesses and media

Methods of communication

Media relations

There is a need to proactively manage the Partnership's reputation and increase awareness of its services through media relations. A joint media and communications protocol is in place, developed between Falkirk Council, NHS Forth Valley and the Partnership. It covers guidelines on proactive communications, media enquiries process, and key corporate communication channels. To complement this, and set an operational framework for the Partnership, an additional communications protocol has been drafted in collaboration with partners and approved by the Senior Leadership Team. Any engagement with the media must adhere to these protocols. A copy of the Partnership's communication protocol is provided in the appendix of this strategy.

This activity could include any of the following:
- Press releases.
- Media comment and response to media enquiries.
- Opinion pieces.
- Broadcast interviews.
- Photocalls and site visits.
- Integrated campaigns (earned, placed, and paid content across media and digital channels).

Digital

An online presence supports the provision of information in an easily accessible format. The Partnership will use its website 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, either through 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, Falkirk Council and NHS Forth Valley have policies on the acceptable use of social media in a professional capacity. In addition, the Partnership has established its own social media guidelines and moderation principles which sit alongside the approved communications protocol.

To provide a single location for efficient signposting, information relating to the Partnership's services, which has historically sat across NHS, Council and Partnership websites, should be combined on to the Partnership's pages.

Branding

A defined brand identity is important to support a shared culture within the Partnership. This will foster an understanding of our vision for health and social care in Falkirk. A brand identity toolkit and internal communications plan will be developed to implement this.

It is important to note the diversity of the Partnership's workforce, coming from a range of backgrounds in Falkirk Council, the NHS, third sector, and those providing support as unpaid carers and volunteering. The Partnership's branding identity and related communications will complement existing organisational cultures, not seek to replace. Everyone working in Falkirk's health and social care services should feel 'part of' this shared identity, regardless of who employs them.

Stakeholder engagement

In addition to the public involvement, participation and engagement activity as set out in the Partnership's Participation and Engagement Strategy, stakeholder engagement can be utilised as a useful communications tool. The dissemination of information through stakeholders can help the Partnership's communication audiences beyond its immediate reach. Toolkit resources and briefings will be provided as appropriate to stakeholders such as:

- Elected council members
- Local members of Scottish Parliament
- Falkirk's minority and advocacy organisations, such as the Central Scotland Regional Equality Council (CSREC)

Joint campaigning

The Partnership has a key role in championing prevention and supporting people to make choices that reduce their longer term need for health and social care services. This can include a range of topics covering public protection, self-directed support, smoking cessation, breast feeding or dementia awareness. A wide range of campaign materials will be required alongside a mix of credible voices and organisations.

The Partnership will explore opportunities to develop joint campaigns with its community partners, NHS Forth Valley, Falkirk Council, and other local businesses and organisations. The creation of shared resources will be at the centre of any joint campaign, which also highlights the potential for the Partnership's webpages to facilitate efficient communication.

As identified previously, there is an immediate need for a single channel of internal communication which reaches as many internal audiences as possible. In addition, the Partnership's communication function would benefit from an understanding of how to effectively reach individual staff groups. Staff engagement and communication is critical to achieving the Partnership's strategic plan, as they are ultimately the link between people who use our services and the Partnership as an organisation.

Successful and positive staff engagement will help create and sustain a whole-partnership, cross workforce inclusive identity. The Partnership's Participation and Engagement Strategy 2021-2024 sets out good practice and engagement principles to support this.

Measurement and evaluation

The Partnership's communication campaigns will use the OASIS model as a basis for planning, measurement and evaluation. The model is the preferred campaign framework of the Government Communication Service. It includes the following criteria for rigorous and systematic campaign development:
1. Objectives
2. Audience/Insight
3. Strategy/Ideas
4. Implementation
5. Scoring/Evaluation

Additional evaluation sources and monitoring may take the form of:
- Monthly metric snapshots including media coverage; website visits; social media activity; service user engagement and complaints.
- Accessibility reviews – self-assessment tools; public service improvement framework reviews; and Equality Impact Assessments.
- Regular and frequent reporting to the Partnership's senior leadership team, integration joint board and or its committees.

Any improvements identified will be incorporated into subsequent versions of both this Strategy and related action plans.

Advice and guidance

Support, advice, and guidance on the full range of internal and external communications across the Partnership is available through our communications office within the Planning, Policy, and Performance team. We also have links with both our partner organisations' corporate communications teams to ensure co-ordinated and consistent communications (Falkirk Council and NHS Forth Valley). This includes not only issuing communications, but also relevant policies and guidelines.

Advice and guidance can be provided in the following areas:

- the application of communications standards, brand identity, accessible communications, working with the media, and the acceptable staff use of social media.
- the development of communications plans, associated material, and activity.
- reporting of newsworthy items across our channels and those of our partner organisations.
- web and social media content and management.

Action plan and recommendations

The following recommendations and actions support the implementation of the Partnership's three communication priorities:

- Be a champion for Falkirk's health and social care sector.
- Build understanding of the Partnership's services and how to access them.
- Ensure effective communications across the integrated workforce.

Many of these actions will require repeated focus throughout the 3-year span of this strategy. Actions relating to measurement and evaluation (28-31) will inform the continual roll out and implementation of other actions.

No.	Action	Timescale
Internal communications development		
1	Produce a communications cascade map detailing how each staff 'pocket' will be reached. This will help establish a process for communicating messages to staff. An immediate focus should be on reaching non office-based staff.	2021
2	Equip and enable line managers to cascade information to their teams: embed a cascade system for line managers to brief staff at team meetings	2021
3	Introduce one cornerstone communication mechanism for use across all internal Partnership audiences. (e.g newsletter)	2021
4	In addition to ad-hoc briefings from the Chief Officer and senior leadership on transformation programme updates, equip line managers to explain how the message relates to their team.	2022
5	Co-ordinate team and staff award nominations for internal and external awards programmes.	2023
Brand, identity, and culture		
6	Develop a Falkirk Health and Social Care Partnership brand toolkit and communications plan. This should encourage everyone working in Falkirk's health and social care sector to feel 'part of it' regardless of what service they provide or who they are employed by. *While the publication of a brand toolkit is an immediate priority, the cultivation of a shared cross-workforce partnership culture is a long-term goal and continual process.*	Autumn 2021
7	Create a service map to improve internal understanding of provision.	Autumn 2021
8	Encourage staff engagement with online channels through signposting and training.	Ongoing
Media relations		
9	Build internal understanding of the Partnership's new communications protocol.	Spring 2021 onwards

10	Operate a rolling planner of potential Partnership communications activity and active work.	Active
11	Selective engagement with traditional media and social media - blogs, opinion pieces and occasional news releases.	Ongoing
12	Use third-party commentators and influencers (stakeholders) to campaign on issues. This could include third-party endorsement within our media content.	Ongoing
13	Raise understanding of newsworthiness among staff and the process for accessing communications support. Create a communications checklist and consider training needs for staff, senior staff and board.	Winter 2021
Stakeholder engagement		
14	Undertake stakeholder mapping to produce a stakeholder list for communications, participation, and engagement.	Complete / ongoing
15	Produce a one-page briefing note on the Partnership for use with elected members and other external stakeholders.	Immediate
16	Provide briefings and resources to elected members to update their constituents on service changes and news through their own social channels.	Ongoing
Joint working with partners and commissioned providers		
17	Consider potential for joint campaigns with the Partnership acting as a lead and providing a shared resource hub, for example surrounding: • Winter pressures • Local social care recruitment • New service provision, e.g. Near Me implementation An agreement with community partners, organisations in the private and independent sectors, and unions with campaigning capabilities will increase the understanding of the scale and role of services.	2024
18	Extend Partnership messaging – provide resources (tweets, links, quotes) for use by partners when carrying out their own communications. Utilise new shared brand identity.	Ongoing
Accessibility		
19	Work towards achieving Communication Access UK accreditation. The Communication Access Symbol and accreditation scheme is a free training initiative led by the Royal College of Speech and Language Therapists and developed in partnership by charities and organisations that share a vision to improve the lives of people with communication difficulties. The accreditation programme aims to train staff in basic inclusive communication good practice. This training should be delivered in tandem with support from Falkirk's sensory services team and other resources.	2022

	The communication officer should be the key contact for this accreditation.	
20	Where appropriate, develop informational videos for use on the Partnership's webpages and social media channels to explain the range of services and how to access them.	2023
21	Update the Partnership's website to include clear signposting to inclusive ways of contacting services. This includes face to face; phone; text messaging; contactSCOTLAND-BSL; Relay UK; SMS; video; online; post.	2022
22	Produce a guidance note with communication hints and tips for Partnership staff to improve the accessibility of communications.	2021
23	In conjunction with the wider review of online materials and channels, review needs for digital excluded individuals – such as print format leaflets, newsletters or briefings, and face-to-face communication methods.	2023
Online content – website and social media		
24	Review and redevelop Falkirk Health and Social Care Partnership's main website, alongside Partnership pages hosted on Falkirk Council, NHS Forth Valley, Living Well Falkirk, and the Alcohol and Drug Partnership websites.	Summer 2021 onwards
25	Develop a 'for professionals' page on the Partnership's website for easily accessible guidance, briefings and signposting information.	Summer 2021 onwards
26	Develop and improve service information on the Partnership website. Potential for individual pages covering mental health, sensory, etc. Consideration should also be made to how additional services be integrated to the website should further delegation occur.	Summer 2021 onwards
27	Grow / develop the Partnership's new social media channels (Facebook, Twitter, and LinkedIn)	Spring 2021 onwards
Measurement and evaluation		
28	Rerun or adapt communications, participation, and engagement workshop sessions with wider stakeholders to steer and inform implementation of this strategy and its recommendations.	Ongoing
29	Establish a point of review of this communications strategy – such as an annual or bi-annual communications survey.	2022
30	Implement monthly snapshot monitoring of all communications activity for the Partnership's senior leadership team	Active
31	Produce an annual performance report on communications activity for the Partnership and Integration Joint Board.	June 2022/23/24

Appendices

Appendix I: Resources for inclusive and accessible communication

- Communication Access UK
- Inclusive Communication
- Communication Alliance guide to becoming an inclusive communication nation
- Healthcare Improvement Scotland Participation Toolkit
- Scottish Government Principles of Inclusive Communication
- Equality and Human Rights Commission, Statutory Code of Practice for Services, public functions, and associations
- Communication Forum Scotland Talk for Scotland toolkit

Appendix II: Legislative context

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 Partnership will support the implementation of Falkirk Council's BSL Action Plan 2018-2024.

Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018

These accessibility regulations require public sector bodies to ensure their websites or mobile apps are accessible by making them 'perceivable, operable, understandable and robust'. These regulations build on existing obligations to people who have a disability under the Equality Act.

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.

Human Rights Act 1998

This Act gives people rights: to life, liberty and security, to a fair trial, to marry and start a family, to education, and to participation in free elections. It also gives people freedoms: from torture and inhuman or degrading treatment, slavery and forced labour, of thought, belief and religion, or assembly and association. Public authorities must comply with the European Convention on Human Rights.

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.

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.

Appendix III: Falkirk HSCP Communications Protocol

BACKGROUND

The protocol set outs how Falkirk Health and Social Care Partnership will manage its relationships with the media and update its online communication channels. Members of the Partnership's Integration Joint Board (IJB) should also follow this protocol when communicating on behalf of the Partnership.

The Partnership is committed to developing and maintaining positive and productive working relationships with the media at both a local and national level. The Partnership will achieve this through its own proactive and reactive media content, in addition to input into Falkirk Council and NHS Forth Valley communications activity.

PRINCIPLES

The following principles apply to all engagement between the Partnership and the media:

- The Partnership will be open and honest in all communications with the media, taking account of legal, privacy or commercial considerations. The Partnership will follow the Code of Recommended Practice on Local Authority Publicity.
- The Partnership will never say "no comment". While there may be times when information cannot be released because of legal, privacy or commercial considerations, we will always explain this and provide a general comment on our policies/procedures. "Off the record" briefings should always be avoided.
- Partnership communication should always maintain political neutrality. Media enquiries that are deemed to be political will be referred to the Leader of the Council or relevant Portfolio Holder. Members of the IJB who hold a dual mandate (such as Chair of the Board and Council Portfolio Holder) should ensure any political communication is not attributed to the Board or Partnership.
- It is a shared responsibility to identify media opportunities. Any employee can be approached by media for comment, enquiries should be immediately directed to the HSCP Communications Officer. The Partnership's Communications Officer should attend relevant meetings, such as IJB pre-agenda, to discuss items which are potentially newsworthy.

MEDIA – APPROVAL PROCESS

Following the identification of a media enquiry or newsworthy story:

1. The HSCP Communications Officer will draft content (such as a release or statement) based on information provided and made available by the related service, this draft will include proposed circulation and timing of release.
2. This will include a draft quote from the relevant senior officer within the service area, who will review for approval in the first instance and make any required factual adjustments. As appropriate, quotes may be attributed to the Chief Officer, a Head of Service, or a Locality / Service Manager.
3. The HSCP Communications Officer will refer any media enquiries out of scope or service area of the HSCP to the relevant partner organisation. Similarly, Falkirk Council and NHS Forth Valley's Communications Teams will forward any media enquiries they receive to the HSCP Communications Officer, where appropriate.
4. To streamline the approval process and reduce workload of the senior management team, Communications should advise on the required sign-off level. Heads of Service can sign off on operational comment (positive and factual content), while the Chief Officer must review content which contains reputational risk (sensitive issues, crisis management). The Chief Officer, IJB Chair or Vice Chair should be the key contact for communicating activity relating to Board decisions.

5. The content of any proposed media statement or media release will be shared with Falkirk Council and NHS Forth Valley's communications teams to provide prior notice of its release.
6. The release or statement will be issued to media and, if appropriate, posted on the Partnership's social media channels and/or website. It will be circulated to the IJB Chair and Vice Chair, Senior Management Team, and at the same time as issued to the press.

Quote attribution
- In general, comments relating to the plans, policies and performance of the HSCP will be attributed to a spokesperson for the Partnership. This will normally be the Chief Officer, Chair or relevant Head of Service. All quotes will be cleared by the named individual to whom the quote is attributed.

Integration Joint Board decisions
- Statements related to newsworthy Board decisions will be drafted in advance of the meeting based on the details in the relevant papers. These drafts will then be amended to take account of the decisions made at the IJB and issued as soon as possible after the meeting.

Joint communications
- The HSCP may take the lead in co-ordinating media and PR activity. Communications teams in both Falkirk Council and NHS Forth Valley should be informed of any planned communications activity at an early stage for information or input.

DIGITAL CONTENT

Easily accessible content can be a lifeline for people seeking to keep up to date with what services, care and support is available to them. Online content, including website news and social media posts, is often published at a much higher frequency than Partnership media releases. As such, it is beneficial to have a streamlined sign off process. Key to keeping up with the pace of the online environment is the principle that:
- Content (media releases and comment) which has received sign-off for use at another stage may be replicated on the Partnerships social media channels and website as deemed appropriate by communications without further approval.
- The Partnership's communications officer leads on social media content, following the Council's adopted Social Media Policy for Employees and NHS Forth Valley's Social Media guidance

Social media content
- A rolling social media content calendar is curated by the Partnership's communications officer. As required, content should be fact checked by an officer within the relevant service area.
- Content which includes subjective material (such as humour) or content on sensitive subject matters (such as mental health) should be jointly reviewed for appropriateness and accuracy. The Partnership's communication officer should sense-check such material with communications colleagues in either Falkirk Council or NHS Forth Valley as needed.
- Toolkit content provided by the Scottish Government and other local authority partners does not require further approval before use on Partnership channels.
- The Partnership's social channels share news from across all services. As such, all Partnership staff are encouraged to feed into social media content. To share news items on social media, staff can send brief details to the Partnership's communication officer, who will draft and schedule content as appropriate.

Falkirk Health and Social Care Partnership Volunteer Expenses Policy

Date of first issue:	June 2021
Approval status:	DRAFT
Current issue date:	June 2021
Review date:	June 2022

Who is the expenses policy for?

This policy is for unpaid carer and service user representatives who are appointed as members of the Falkirk Integration Joint Board (IJB) as per the Standing Orders 3b), c) and d) and any associated groups or committees and other activity relating to Partnership business.

Why does this expenses policy exist?

This policy ensures that any unpaid carer and service user representatives, and their deputies, who are members of the IJB and associated sub-groups or committees are not out of pocket when carrying out their duties (as defined in the Public Bodies (Joint Working) (Scotland) Act 2014).

When does this expenses policy apply?

This expenses policy applies to enable unpaid carer and service user representatives and their deputies to undertake the work required in their capacity as IJB members or group members. This includes preparatory work for, and attendance at:

- IJB meetings (including workshop and development sessions)
- Strategic Planning Groups
- Locality Groups
- Other associated groups or committees
- IJB related duties and events (e.g., meeting a community group to explain the Strategic Commissioning Plan)

What expenses are included in this policy?

The following is included, but prior approval must be sought before any expense is incurred:

Travel costs:

- Public transport (excludes first class travel – receipts to be provided)
- Mileage (45p/mile)
- Parking (receipts to be provided)
- Taxi costs – where public transport arrangements are not suitable (receipts to be provided).

Subsistence (where no meals or refreshments are provided):

- Reimbursement of reasonable lunch expenses as per current Local Council guidelines (receipts to be provided).
- Reimbursement of reasonable dinner expenses as per current Local Council guidelines (receipts to be provided).
- Overnight accommodation and reimbursement of reasonable expenses for overnight stays, if required, as per current Local Council guidelines (receipts to be provided).

Preparatory work and administration to carry out duties:

- Printing and paper costs
- IT/communication costs (e.g., phone/iPad/laptop), although a Council-owned laptop or tablet will normally be loaned for the period of tenure.
- NB: there will be a requirement to agree to abide by the relevant policies in relation to the use of IT equipment, data protection, etc.

Replacement care/care cover:

- For attendance at IJB meetings
- For attendance at other meetings/events relating to role
- For travel times to meetings
- For preparation time (if required - to be discussed and agreed in advance)

Loss of income to attend meetings:

- Where appropriate, loss of earnings income to attend IJB meetings will be considered (to be discussed and agreed in advance).
- Any potential impact on social security benefits to be considered and discussed.

What is the process for claiming expenses?

A named contact person will be identified to support communication, completion and agreement of all expenses claims. This will normally be the meeting chair or event organiser.

Expenses forms will be provided in electronic or paper format before or at each meeting/event to claim travel and subsistence expenses (receipts to be provided).

For preparatory and administrative costs, reimbursement of costs as spent.

For replacement care reimbursement, discussion and agreement with meeting chair or organiser in advance. The process for replacement care costs is explained in Appendix 1.

All expenses will be paid in accordance with normal expense processing deadlines following receipt of a properly completed expenses claims form. However, to ensure equity of involvement and engagement, if required immediate or advance payments may be made. This will need to be agreed in advance. A payment schedule with dates of reimbursement will be provided.

Payments will be made via BACS transfer where possible. Bank details will be required to enable payment. Where BACS payments are unsuitable, alternative payment arrangements (such as cheque/cash) can only be agreed by the Chief Finance Officer.

Travel expenses can be paid upfront. There is no fast-track payment available for care provision. Care providers will be added to the finance system as a supplier and will be paid if payment is authorised.

Pre-paid cards are being considered to cover travel expenses and care provider costs.

Reviewing this policy

This policy will be reviewed annually with the relevant recipients. Any proposed changes to this policy will be discussed with those covered by the policy before implementation.

Appendix 1. Expenses Process

Replacement care and support costs (unpaid carer representatives)

1. If an unpaid carer has an existing support package, then we will increase hours in their support as required. Carers will need to provide notice and cost to be agreed upon, depending on the level of support required.

    a) If they have SDS Option 1, then replacement care costs will be made via direct payment.

    b) If they have SDS Option 2 or 3, then replacement care costs will be made via invoice from the care provider.

    An amount to cover replacement care costs can be agreed upon in advance for the year or each quarter.

2. If an unpaid carer has no regular support, then an Adult Care Support Plan may be needed to establish their needs. This will be supported by the Carers Centre. If care is not required but the person can't be left alone, a befriending service may be more suitable. This will be dependent on the needs of the cared for person.

    SDS Forth Valley can help identify a suitable care provider. They can provide the unpaid carer with a list of care providers in their area and provide support to enable the carer to contact their preferred provider and make the necessary arrangements with the provider.

    It is advised that the carer only use one provider for when care support is required, rather than approach different providers each time that support is needed as a lot of providers are not open to ad hoc support provision.

    As support would be on an irregular and ad hoc basis, the unpaid carer would have to give as much notice as possible for the arrangements to be made well in advance of meetings to secure the support required.

    The cost of replacement care and support will need to be agreed upon in advance and payment can be made via direct payment or via invoice from the care provider.

Carers Centre	**SDS Forth Valley**
Email: centre@centralcarers.org	Email: Info@sdsforthvalley.org
Tel: 01324 611510	Tel: 01324 408794

Care and support costs (service user representatives)

1. This will depend on the service users care and support needs and whether they have an existing support package in place or require ad hoc support. This process follows the same process as unpaid carer representatives (see above).

    The cost and level of care and support required will need to be agreed upon in advance.

    If a paid worker is not required and an unpaid carer is attending the meeting to support the service user, then any unpaid carer's expenses will need to be reimbursed using the expenses claim form.

Expenses Claim Form

All expenditure must be agreed in advance and receipts attached to this form, where applicable.

Claimant Details

Name	
Address	
Postcode	
Contact No.	

Bank Details

Bank/building society name			
Bank/building society address		Postcode	
Account sort code			
Account number			

Details of Claim

Date	Journey details (from starting point to finishing point) and reason for journey (meeting, event etc.) Please also state if using motorcycle or bicycle.	Car mileage	Travel fares £	Other expenses details (carer costs, childcare, hotel, meals etc.)	Other expenses £	
For official use only	Sub-totals	0	0		0	£

Claimant: I declare that the expenses claimed above have been incurred by me and that reimbursement has not or will not be made to me by any other public or charitable funds in respect of this claim.

Signed:

Date:

FOR OFFICIAL USE ONLY

Department Approval Approved by		Date	
Finance Department Use Checked		Date	