



ANGUS
Health & Social Care
Partnership

Communication and Engagement Strategic Framework 2023-26

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Foreword – Cllr. Julie Bell, Chair Angus Integration Joint Board

Angus Integration Joint Board (IJB) is committed to involving the citizens of Angus and all other stakeholders to help shape our work to improve health and wellbeing outcomes. Everything we do is about people; therefore, it is vital that we listen to, understand and act on the experiences and needs of people who use and deliver health and social care services. At a time when our financial and workforce resources continue to be under pressure it is vital that we communicate and engage effectively.

This Framework provides a plan for how we will communicate and engage with all stakeholders to achieve the vision of the of the Strategic Commissioning Plan (SCP). It sets out how we will work with all our stakeholders to:

- Deliver effective communications and engagement to support the delivery of the SCP 2023-2026.
- Help build public confidence in and manage the reputation of AHSCP by developing high quality communication channels.
- Provide meaningful opportunities to engage and influence decision making to improve health and wellbeing outcomes.

As highlighted within the SCP, we are experiencing difficult times and we have some hard choices to make now and in the future. Honest and candid communication and engagement will be required as we navigate the harsh realities we will have to face.

We continue to work hard to listen to the voices of people living and working in all our communities so we can consider the needs and diverse perspectives of people in different social, economic and cultural circumstances when deciding the best way to develop services. We know this can help us plan and deliver better services and help shape our reputation and build trust between the IJB, Angus Health and Social Care Partnership and the people we serve. I am very supportive of the joint commitments highlighted within this framework, that have been developed with the intention to make a difference for the people of Angus, with the people of Angus.

We know we need to do more and for this to work well, we need to get better at how we encourage and enable people to engage with us. We are pleased to be hearing from more people via Care Opinion, but we want to encourage conversations with young adults, to hear more from minority ethnic communities and people of faith, and we want to continue to increase participation from people in areas of deprivation. All these groups tend to be under-represented in responses to consultations and engagements.

I hope you find this Communication and Engagement Strategic Framework helpful. Its successful implementation must involve everyone. Whether you are a user of health and social care services now or in the future or involved in its delivery, this Framework is for you. Please take every opportunity to be kept informed of the work of Angus Health and Social Care Partnership and influence decisions.

Introduction

Who we are

In 2016, Angus Integration Joint Board (IJB), which is a separate legal entity, assumed responsibility for the strategic planning and funding of community-based health and social care services delegated to it from Angus Council and NHS Tayside. This was as a result of the Public Bodies (Joint Working) (Scotland) Act 2014. All delegated services are described within the [Integration Scheme](#). Angus Council and NHS Tayside deliver these services under the banner of Angus Health and Social Care Partnership (AHSCP). The IJB recognises that good communication and engagement underpins the reputation and understanding of AHSCP.

This new way of working is known as health and social care integration. The aim being that those who use health and social care services get the right care and support – whatever their needs – at the right time and in the right setting at any point in what is called their ‘care journey’, with a focus on community-based and preventative care and support.

Using a budget of around £220 million (2022/2023) the IJB ensures that approximately 4,800 caring and compassionate staff provide high quality, sustainable health and social care to meet the needs of the Angus population of 116,000.

Everyone has a role to play in sharing the responsibility to communicate and engage and it is more important than ever that people continue their conversation with AHSCP, understand why changes need to happen and help make the best decisions for local communities. This Framework describes how this will be achieved and how AHSCP will prioritise its efforts and resources in communicating and engaging with patients/service users, staff, stakeholders and local people. By stakeholder we refer to people, groups or organisations who have an interest in, or can be affected by what we do.

Purpose of this Framework


This Framework replaces and builds upon the Communication and Engagement Plan approved by the IJB in 2020. It sets out how we will conduct communication and engagement activities to support the delivery of AHSCP’s vision and priorities as described within the [Strategic Commissioning Plan 2023 - 2026](#). It is a dynamic document and will be regularly reviewed and updated as required.

The aims of the Framework are to:


- **Raise awareness and understanding:** Raise awareness of AHSCP and what we do.
- **Build Reputation:** Raise the profile of AHSCP, ensuring we are a ‘recognisable face’ within Angus.
- **Listen to Stakeholders:** Ensure the public/service user voice is at the centre of our decisions and there are appropriate structures in place for all stakeholders to feedback questions and comments to help shape the way health and social care services are delivered.

- **Manage expectations:** Help all citizens understand how and why decisions are made, reminding people of how financial and workforce challenges influence what we can and cannot do and confirm that some things cannot change quickly.


Vision, values, mission and strategic priorities



Our Vision - People in Angus receive the best services possible and enjoy physical and mental health to their full potential.



Our Values - We are caring, compassionate, person-centred, honest and respectful.



Our Mission - Working together, being courageous and innovative, always aiming to provide safe, effective high-quality health and social care.

The priorities outlined in the SCP are:

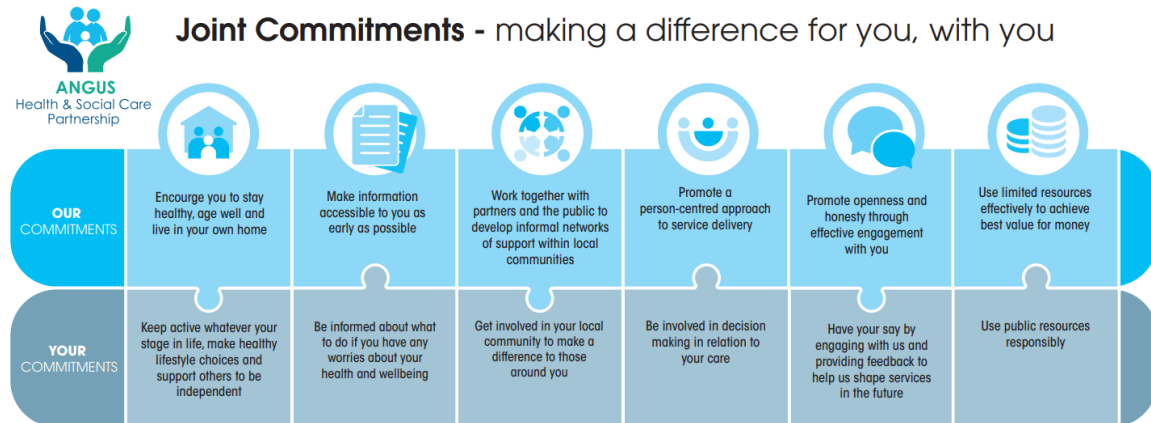
- Prevention and Proactive Care
- Care Closer to Home
- Mental Health and Wellbeing and Substance Use Recovery
- Equity of Access and Public Protection

Angus IJB recognises that it is important that we communicate and engage with all stakeholders, particularly at a time when public services are experiencing unprecedented challenges and resources, both in relation to workforce and finances, which continue to be under pressure. The SCP recognises that the IJB will have some difficult decisions to make in the years ahead. Embedding robust communication and engagement in everything we do will help to build trust to achieve the priorities of the SCP.

There are many risks if we make changes to services that people rely on without giving them a genuine opportunity to be part of that process. This includes working with the Community Planning Partnership to ensure a community-based and whole family approach to what we do. We want current and future users of the services we provide to know that their views on what is important to them are understood and that they have influence and choice over how their health and social care needs are met.

As outlined above, one of the strategic priorities is Prevention and Proactive Care. This is focused on activities and interventions, which contribute to improving health and wellbeing by increasing self-reliance, capacity and resilience in patients/service users, the people who support their care and across local communities. With the

support from people who live in Angus, we have developed a series of joint commitments which reflect the notion of two parties (AHSCP and the community) contributing to a common goal to make a difference.



How has this Framework been developed?

This Framework has been developed as part of our ongoing work patients/service users and members of the public, people who work in AHSCP and partner organisations and people. It is also informed by feedback from our 2023 staff iMatter survey. It has been guided by legislation and guidance (see below) and has also been informed by learning from the COVID-19 pandemic.

What do we mean by communication and engagement?

Communication and engagement are more than an exchange of information. They contribute to organisational credibility, staff morale, and promote the reputation, trust and confidence in AHSCP. They involve two-way written or verbal communication but also involve managing relationships.

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

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

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

Our communication and engagement principles

Our communication and engagement activities will be:

- **Clear:** jargon free, in plain text and tailored to the needs of the targeted audience.
- **Consistent:** building awareness of who we are and what we do and aligned to our vision.
- **Concise:** relevant and easy to understand.
- **Accessible:** use styles, formats and materials that are accessible and appropriate to the needs of the audience
- **Honest, open and transparent:** We will explain the reasons for what we do. Sometimes there is no option but to make a change which may not be popular with everyone. We will make sure we explain the reasons behind our decisions.
- **Timely and targeted:** providing information when it is needed, sharing new and emerging issues in good time, making sure the information is relevant and accessible to the people receiving it.
- **Evidence-based:** research, statistics, case studies and feedback from service-users will provide real-life examples of why and how we are making a difference.

Legislation and guidance

The Public Bodies (Joint Working) (Scotland) Act 2014 places a statutory duty on Angus IJB to involve people in developing and delivering services. Appendix 1 details the duties and guidance used to prepare this Framework.

The [Christie Commission 2011](#) recommendation that “effective services must be designed with and for people and communities – not delivered, top down for administrative convenience” still stands and the [Independent Review of Adult Social Care in Scotland 2021](#) reinforces the importance of effective and meaningful engagement. Working in line with the [Planning with People](#): community engagement and participation guidance, Angus IJB will adopt the National Standards for Community Engagement, focusing on inclusion, support, planning, working together, methods, communication and impact – see Appendix 2.

Key lessons from the COVID-19 pandemic

Despite the COVID-19 pandemic being an extremely challenging time for providers and recipients of health and social care, it highlighted the vital importance of communication and engagement. The use of Microsoft Teams has transformed the way we work and barriers that were in place of for years have been removed. Technology has also transformed the way professionals interact with patients/service users and online appointments via Near Me has made health services in particular, much more accessible.

The pandemic also saw a dramatic shift to home working, especially for Angus Council employees. It is important that we always deliver communications which meet the needs of home working colleagues. Angus has some excellent examples of integrated working and the pandemic helped to strengthen working relationships particularly with the third and independent sector.

Although the majority of the public were very supportive during the pandemic, we are beginning to see a change in the public mood to one of challenge, especially in relation to expectations as resources become stretched. We will need effective communication and engagement involving our communities to manage change.

Our audiences and stakeholders

We have many stakeholders, both internal and external, whom we must interact with. Our audiences and stakeholders include:

- Patients, service users, carers and their representatives
- The Public
- Employees working within AHSCP
- Angus Council employees
- NHS Tayside employees
- Angus IJB members
- Angus Council Elected Members
- NHS Tayside Executive and Non-executive Director Board Members
- IJB members of and people who work for Dundee and Perth & Kinross HSCPs
- Staff Partnership and Trade Union representatives
- Contractors/providers of health and social care services and their representative groups (including third and independent sector and General Practitioners)
- Angus Community Planning Partnership
- MP/MSPs
- Locality Improvement Groups
- Community Councils
- Relevant external organisations (e.g. Scottish Government and Health and Social Care regulators)
- The media

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

Communication and engagement with internal stakeholders

Internal stakeholders include all staff who work for AHSCP and are employed by either Angus Council or NHS Tayside.

Strong internal communication is important to the success of the engagement in any organisation. Evidence shows that it enables employees to stay connected to their workplace, understand its purpose and priorities and identify with its values. In turn, this boosts morale, engagement, job satisfaction and contributes to staff retention and recruitment. In turn this improves service user experience. We will continue to support the wellbeing of our staff, signposting to relevant supports, focusing on a sense of appreciation and kindness.

In 2023 we made improvements to Integration Matters, the AHSCP newsletter. Through this and other communications we aim to deliver a common understanding of our vision, values, priorities and progress to deliver key achievements of AHSCP,

helping staff to understand the difference they are making. We recognise that we must not overlook staff who do not have access computers during their working day.

We will measure our success through sustained improvement in the staff iMatter survey, results both in terms of response rates and reported results. In 2023 we achieved a 59% response rate, and we would like to see an increase in the number of staff who feel sufficiently involved in decisions relating to AHSCP.

Our internal communication and engagement objectives are to:

- Provide opportunities for staff to learn more about the role and membership of the IJB and Strategic Planning Group (SPG).
- Build on existing opportunities for staff to be involved in proposals and seek their views around change and improvement.
- Build on existing staff communication channels providing clear, timely and accessible information.
- Encourage and support staff to share stories, ideas, successes and suggestions.
- Demonstrate how we value staff through recognition, the introduction of an AHSCP staff award scheme.
- Continue to work closely with our staff partnership forum to ensure the voice of staff is appropriately represented.

We will measure our success with communication and engagement with internal stakeholders by:

- Improved iMatter completion and rating about the number of staff who feel involved in decisions about AHSCP.
- Asking staff if they feel engaged and well informed and value the information that is provided to them.

Communication and engagement with external stakeholders

External stakeholders include:

- Angus Council
- Care Inspectorate
- Condition specific charities
- Community Councils
- Dundee and Perth & Kinross HSCPs
- Elected Members, MSPs and MPs
- GPs
- Healthcare Improvement Scotland – Community Engagement Team
- Media
- Mental Welfare Commission
- NHS Tayside
- People who use health and social care services and their carers
- Public Partners
- Scottish Government
- Seldom heard groups
- Scottish Social Services Council
- Staff-side partners, trade unions and professional organisations
- Third and Independent Sector

Communication and engagement with our external stakeholders is an essential part of protecting and enhancing the reputation of AHSCP. It is important that we make sure we provide the right information to the right people at the right time and in the right way, being mindful that not everyone can or wishes to receive information

digitally. We will focus on improving our reach to those people who are seldom heard, and we will continue our work with Angus Independent Advocacy to ensure we create an inclusive community where every voice matters.

In an effort to minimise duplication and maximise the strength of our messaging, we will maximise opportunities to work with our partners as we reach out to the people of Angus.

We will reinvigorate the Service Users Voice Network where service users and carers can share their experience of using our services. This will include inviting feedback from people who with protected characteristics. As well as sharing feedback, network members can provide opinions on service leaflets, gather other service user opinions and promote the completion of surveys.

Our external communication and engagement objectives are to:

- Ensure patients/service users and their family and carers receive timely and relevant and accurate information.
- Raise the profile of AHSCP and positively promote its work and reputation.
- Explore opportunities to continue the use of Care Opinion, where service users can share their experiences of using health and social care services in Angus.
- Create a translation and interpretation framework for Angus to detail all of the services available and the processes to access these services.
- Proactively promote AHSCP as a good place to work and receive care and support.
- Listen to our stakeholders, respond to their views and explain why we can or cannot act of their feedback.
- Maintain public confidence in the care, support and services provided by AHSCP.
- Maintain good relations with the media.

We will measure our success with communication and engagement with external stakeholders by:

- Increasing the number of responses to surveys
- Increasing the number of stories shared on Care Opinion

Digital communications

Online and digital communication continues to evolve. The timely sharing of information online and through social media supports our engagement with the people of Angus and the reputation of AHSCP. A new Digital and Marketing Group will be established which will provide a standardised approach across all online and printed communications with the public, staff and partner organisations.

In September 2023 we launched our new 'Getting to Know AHSCP' podcasts. These provide an opportunity for people to learn more about AHSCP.

Our digital objectives are:

- To grow the number of followers on our social media platforms

- We will use the new Angus Council ‘Engage Angus’ Platform to invite people in our communities to engage in discussions, share ideas and provide feedback on projects that affect them, ensuring their voices are heard and valued, helping to shape the future of health and social care in Angus.

We will measure our success on digital communications by:

- Increased ‘traffic’ on our internet, intranet and social media platforms.
- Inviting feedback about our internet, intranet and social media platforms.

Identity and branding

When AHSCP was first established it was important that people can easily differentiate between Angus Council and NHS Tayside through the visible elements of consistent branding i.e. colour, design, name and font. A brand identity was created but we intend to review the Corporate Branding and House-styles Framework to ensure it is fit for purpose and promote the importance of its utilisation.

Methods of communication and engagement

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

Website and intranet.	<ul style="list-style-type: none"> • AHSCP website. In addition to direct communication with stakeholders, the AHSCP website is one of our primary engagement channels. We use this website to provide signposting information about AHSCP and our work, how we are performing, promote opportunities to get involved as well as messages from the IJB Chair and Chief Officer. • The website provides a platform to host surveys which are designed to collect feedback on specific topics to inform improvement. • NHS Tayside and Angus Council intranet. • AHSCP staff intranet
Social Media	<ul style="list-style-type: none"> • AHSCP Facebook, Twitter and Instagram provide regular updates about AHSCP and other health and wellbeing related materials and signposts to specific services.
Podcasts	<ul style="list-style-type: none"> • In September 2023 we launched our new ‘Getting to Know AHSCP’ podcasts. These provide an opportunity for people to learn more about AHSCP.
Publications and Newsletters	<ul style="list-style-type: none"> • The Partnership newsletter, Integration Matters, released quarterly, features articles about a wide range of service areas provided by AHSCP. • Angus IJB meeting papers are available on the Angus Council website.
Meetings	<ul style="list-style-type: none"> • Angus IJB meetings are held in public. To ensure

	transparency, minutes and Board papers are published on the Angus Council website.
Compliments and complaints	<ul style="list-style-type: none"> • Compliments and complaints are a valued source of information to inform improvement.
Care Opinion	<ul style="list-style-type: none"> • A website which enables people to share their experiences of health and social care services in Angus.
Case Studies	<ul style="list-style-type: none"> • We seek to collect real life feedback to inform case studies to help us and others understand people's experiences of care and support.
Media	<ul style="list-style-type: none"> • We take a proactive approach to working with the media and will continue to use the media as a way of reaching our local population and updating them on our progress and plans for the future.

Messaging

Consistent messaging gives a clear voice to our organisation. Our overarching key messages are:

- AHSCP is focused on improving the overall health and wellbeing of our local population, reducing ill health and addressing variation in care and outcomes.
- Encourage people, where possible, to take control of their own health and wellbeing by keeping active, maintain a healthy weight, being mindful of the wellbeing of others in the community and getting involved in the local community.
- We will support more people to manage long-term conditions at home.
- Being realistic, providing safe and effective services in an increasingly challenging financial environment and in the context of an ageing population and reducing workforce.
- Encourage people to join our conversations to help shape health and social care services for the future.
- Re-designing services and care pathways to improve outcomes and increase efficiency.
- Delivering care closer to home.
- Delivering better and more integrated care, working closely with Third and Independent Sector providers.

Equality and diversity

When communicating and engaging with people, we need to consider the Equality Act 2010 and Human Rights Act 1998 and reach out to as many people as possible including those who may not usually be involved or may find it difficult to speak up. The Public Sector Equality Duty means that public bodies have to consider all

individuals when carrying out their day-to day work shaping policy, delivering services and in relation to their employees. It also requires that public bodies have due regard to the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations between different people when carrying out their activities.

Nobody should be treated unfairly because of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other status. These are known as protected characteristics.

Taking a human rights-based approach is about:

- Improving outcomes for patients, service users and staff by taking a person-centred approach.
- Making people's rights integral to our work and treating them as individuals, fairly, with dignity and respect.
- Advancing equality and eliminating discrimination.
- Engaging with people and empowering them to know and claim their rights.
- Giving people greater opportunities to participate in shaping the decisions that impact on them.
- Ensuring the standards and the principles of human rights are integrated into our work.
- Improving our accountability to respect, protect and fulfil people's human rights.

Undertaking an Equality Impact Assessment (EQIA) can help to identify potential disadvantages and offer an opportunity to take appropriate actions to remove or minimise any adverse impact. As a public body, the IJB is required to assess the impact of its decisions, changes of policies, practices and services against the requirements of the public sector equality duty. An EQIA must be completed on all of its key decisions, policies and service redesigns to ensure the impacts on those with protected characteristics are understood and potential adverse impacts are mitigated. The EQIA should be commenced as early as possible to help identify people and groups who should be involved, as well as highlight any potential barriers or imbalance of power that may need to be considered.

Governance

To ensure the consistency and accuracy of our information and communications, all Partnership communications will be approved by the relevant member of the Partnership's Leadership Management Team or Senior Management Team for the service area it relates to.

Regular updates on communication and engagement activity are provided to the SPG and an update on the implementation of this Framework will be provided to the IJB on an annual basis. The Framework will be reviewed in three years.

Resources and budget

Communication and Engagement activities are overseen within the AHSCP Improvement and Development Service supported by a Service Manager and dedicated Communication and Engagement Assistant. We will continue to work closely with NHS Tayside and Angus Council Communication Teams alongside Healthcare Improvement Scotland (HIS) - Community Engagement Team to meet our communication and engagement objectives. We will continue to build on the good local partnerships that already exist and develop others when opportunities arise.

There is a small budget to deliver communication and engagement activity on an annual basis. We therefore need to be realistic about what we can achieve with the resources currently available to us.

Risks and issues

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

Evaluation

A high-level description of the actions to achieve the objectives of the Framework are described in Appendix 5.

Evaluation and review of our communication and engagement activity will be ongoing. The effectiveness of what we do will be monitored on an ongoing basis and changes and adjustments will be made as and when required. We gain feedback in the following ways:

- Media coverage
- Analysis of the AHSCP website and intranet – unique visitors, number of visits, page hits etc.
- Analysis of social media e.g. number of Facebook followers, likes and comments, number of Twitter followers and mentions, Instagram followers.
- Analysis of feedback via Care Opinion
- Analysis of complaints and compliments
- Internal and external audits
- Local and national surveys
- Feedback from local and national patient surveys

Conclusion

This Communication and Engagement Framework sets out how we will continue to build on established activities and sustain, maximise and grow our communication channels to continue to raise the profile of AHSCP i.e. the people who work hard to provide high quality care and that AHSCP is a great place to work and receive care.

The successful implementation of this Framework requires more than a simple exchange of information. We need a range of audiences to be engaged and contribute to conversations with us, understand why changes need to happen and help AHSCP to make the best decisions for local communicates.

Appendix 1. Legislation and guidance

The development of this Framework took account of the following duties and guidance.

- NHS Reform (Scotland) Act, Section 7: Duty to encourage public involvement - www.legislation.gov.uk/asp/2004/7/contents
- Equality Act 2010 - www.legislation.gov.uk/ukpga/2010/15/contents
- Fairer Scotland Duty (2018) - <https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/>
- Community Empowerment (Scotland) Act 2015 - <https://www.legislation.gov.uk/asp/2015/6/contents/enacted>
- Human Rights Act 1998 – <https://www.gov.scot/policies/human-rights>
- Planning with People- Community engagement and participation guidance for NHS boards, Health and social care partnerships and Local Authorities that are planning and commissioning care services in Scotland, Scottish Government and COSLA (April 2023)
- CEL 4 (2010) Informing, Engaging Consulting People in Developing Health and Community Care Services, Scottish Government 2010 - www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf
- The National Standards for Community Engagement (2016), Scottish Community Development Centre
- The Quality Framework for Community Engagement and Participation, Healthcare Improvement Scotland (May 2023)
- Participation Framework, Scottish Government (February 2023)
- Planning and delivering integrated health and social care: guidance. Scottish Government (December 2015) – Integration planning and delivery principles
- Public Bodies (Joint Working) (Scotland) Act 2014
- Carers (Scotland) Act 2016.

Appendix 2. National Standards for Community Engagement



Appendix 3. Ladder of Engagement and Participation.

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

Appendix 4. Action plan

Number	Action	Timescale
1	<p>Develop and conduct a communication survey with internal and external audiences to gain a better understanding of:</p> <ul style="list-style-type: none"> • The variety of channels used to communicate • The effectiveness of existing communication channels • Preferred communication channels • Internal and external awareness of AHSCP, the IJB and their work <p>The first survey will provide a baseline. Future surveys will provide the opportunity to track changes and identify opportunities for improvement</p>	By February 2024 (Baseline)
2	Develop a schedule and publish a series of podcasts to raise awareness of AHSCP, the IJB and what they do.	Ongoing
3	Utilise the AHSCP 'hub' of the Angus Council 'Engage Angus' Platform to invite people to engage in discussion, share ideas and provide feedback on projects that affect them.	November 2023 (launch)
4	Explore different and better ways of communicating with patient, service users, carers and the public, particularly seldom heard groups	June 2024
5	Develop and co-ordinate Partnership awards to highlight and celebrate success	June 2024
6	Review and make improvements, where appropriate, to the AHSCP website to reflect Partnership arrangements and include community health and social care information and	August 2024

	resources	
7	Review and improve the AHSCP social media presence	August 2024
8	Review and redevelop the content on the AHSCP intranet to reflect Partnerships arrangements, procedures	
9	Create a translation and interpretation framework for Angus to detail all of the services available and the processes to access these services	November 2023
10	Review and Update the AHSCP Corporate Branding and House Styles framework to ensure that our publications are as accessible as possible.	November 2023