**Project: SSP-PH**

**Project Owner:**

**Product and owner: Communication and engagement strategy; Ann Conacher**

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| **Version** | **Date&Time** | **Author** | **Change Description** |
| **1.0** | **05/05/16** | **Ann Conacher** | **Drafting**  **For discussion with project group (16/5/16)** |
| **1.1** | **25/05/16** | **Ann Conacher** | **Revised in light of discussion with Advisory Group (25/5/16)** |
| **1.2** | **31/05/16** | **Ann Conacher** | **Discussion PM, GMcC & AC re engagement process.** |
| **1.3** | **06/06/16** | **Gillian McCartney** | **Discussion MA, PM & GMcC re papers for ScotPHN website** |

**Communication and engagement strategy**

**Introduction**

NSS SSP-PH will focus on the public health function in Scotland.

**Communication and Engagement Strategy**

This strategy outlines who needs to be informed and/or engaged on what and by when:

* Inform – receive information about project in development and cascade to respective stakeholder constituencies.
* Engage – have opportunity to discuss ‘function’ and ‘options’ with project group, describe potential planning and delivery of function in Scotland through response to questionnaire, suggested draft options and input views on proposed business case options for NSS/CEs.

Purpose of strategy:

* To raise awareness and understanding of the project and its aims amongst all stakeholders;
* To ensure progress against the various project phases and development of product is communicated timeously;
* To ensure the on-going commitment of all stakeholders to the project and ownership of final output;
* To ensure the process is known and wholly transparent;
* To ensure all queries regarding the project, its process, and proposed options are captured and responded to; and
* To ensure relevant stakeholders are aware of their responsibility in informing their constituencies through eg disseminating papers etc.

Key outcomes:

* All stakeholders are fully informed and engaged in process as far as practicable.
* All queries are captured and stored centrally by project office and responded to by project group.
* All stakeholders have the opportunity to respond to questions and comment on proposed options.
* Understanding implications of the proposed options.

Stakeholders:

* Project group
* Professional Advisory Group
* NSS SS Health Portfolio Board and SS Portfolio Board and Chief Executives
* Scottish Government
* Chief Executives
* NHS Boards
* NSS & other relevant Special Health Boards
* NHS Health Scotland
* Healthcare Improvement Scotland
* NHS Education Scotland
* Faculty of Public Health
* Scottish Directors of Public Health
* Scottish Health Promotion Managers
* Consultants in Public Health, Dental Public Health and Pharmaceutical Public Health
* Specialist Trainees
* All core public health staff
* Glasgow Centre for Population Health (GCPH)
* NoSPHN, ScotPHN and other public health networks
* Academics in public health
* Nurse Directors
* Medical Directors
* Directors of Planning
* Local Authorities, CoSLA, SOLACE
* Community Planning Partnerships
* Health and Social Care Integrated Joint Boards
* REHIS
* Environmental health staff
* SEPA
* Scottish Water
* Veterinary service
* Regional resilience partnerships
* Voluntary Health Scotland, Scottish Community Development Centre
* UK agencies (where appropriate in relation to Scottish public health functions)

Key actions

Inform:

* The project group will report by exception on progress to the NSS project structure.
* The project group will seek input from its Advisory Board as required; the two groups will meet on a monthly basis during project.
* All stakeholders will be informed of the project and progress. Stakeholders outwith NHS will be informed of option generation and will be able to comment on draft Business Case options and their implications for their organisations in Phase 2.

Engage:

Phase 1

* SDsPH will map current local services. ScotPHN will analyse responses on function from Public Health Review.
* All NHS stakeholders will have the opportunity to comment and shape the short term options for public health functions/services identified by the PHR. They will also help identify longer term options for the public health function by completing a questionnaire. This will be available from June to July 2016. The ScotPHN will provide a means for stakeholders to raise questions about the process via email ([nhs.healthscotland-scotphn@nhs.net](mailto:nhs.healthscotland-scotphn@nhs.net)) and phone.
* Project leads will engage as far as possible with stakeholders through attendance at meetings (‘their’ pre-arranged meetings) through May to July 2016.

Phase 2

* Meetings specifically to obtain views of IJBs and CPPs will be arranged.
* Engagement events to discuss business case options further to responses received in phase 1 will be undertaken to which all stakeholders will be invited. The options paper will be available for those who are unable to attend either of the events.

Dissemination Routes:

* Existing cascade routes e.g. ScotPHN network contacts will be used where possible. Communications must make explicit that these should be disseminated as appropriate.
* Web based documents repository - <http://www.scotphn.net/projects/public-health-review/information-on-phr/>

Timescale:

* The project group will report to the Health Portfolio Board in September 2016.
* Stakeholders will be able to respond to questions from early June to end of July 2016.
* The business case options will be discussed at an event in August 2016 to allow finalisation of paper by September 2016.

Frequency of communication

* Project communication between project group and its Professional Advisory Group, and with SSP Health Portfolio will be as necessary via a mixture of face to face and email discussions. SSP will appoint a programme manager as point of liaison and who will be updated regularly.
* A general communication to all stakeholders will take place in June 2016. Thereafter an update in July and August 2016 will take place.

**Plan**

**Phase 1**

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| **Theme** | **Activity** | **Recipient** | **Date** | **Lead** | **Comments** | **RAG Status** |
| Inform | Update SSP Health Portfolio Board | SSP HP Board | Monthly | MA/PM |  |  |
| Inform | Mtg with Advisory Brd | PAG | 25 May 2016 | Project Grp |  |  |
| Inform | Send email re project including questionnaire (post Advisory Brd) | All stakeholders | 6 June2016 | GMc/AC |  |  |
| Engage | Questionnaire available for completion;  Wider engagement on questions and options with group 1- NHS to generate ideas, group 2- Wider groups to comment, group 3 - DPH's as with group 1 but will also be requested to describe how services are delivered locally | All stakeholders | 6 June – 17 June 2016  29 July 2016 | GMc/AC |  |  |
| Engage | Project leads will attend meetings of key stakeholders to discuss project, process, questionnaire etc | Relevant groups |  | MA/PM |  |  |
| Engage | Invite to CPP and IJB events | CPPs and IJBs | 3 June 2016 | GMc/AC |  |  |

**Phase 2**

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| **Theme** | **Activity** | **Recipient** | **Date** | **Lead** | **Comments** | **RAG Status** |
| Inform | Send update on project progress | All stakeholders | End of July 2016  End of August 2016 | Project Grp |  |  |
| Inform | Email discussion with Advisory Brd | PAG | As necessary | Project Grp |  |  |
| Inform | Montly updates with Advisory Brd | PAG | June, July, Aug | Project Grp |  |  |
| Inform | Mtg with Advisory Brd to finalise BC options | PAG | 14Sep | Project Grp |  |  |
| Inform | Update SSP Health Portfolio Brd | SSP HP Board | As necessary | MA/PM |  |  |
| Inform | Liaise with SSP on development of BC options | SSP HP Board | TBA | Project Grp & SSP |  |  |
|  |  |  |  |  |  |  |
| Engage | Discuss draft options for views of NHS stakeholders | All stakeholders | 24 August 2016 | GMc/AC |  |  |
| Engage | Mtgs with CPPs and IJBs | CPPs and IJBs  And other stakeholders if necessary | 20 Sep 2016 | GMc/AC |  |  |