



Integration Joint Board
Strategic Planning, Finance and Commissioning Committee

1st September 2026

This Report relates to
Item 10 on the Agenda

DGHSCP Communication and Engagement Activity Quarterly Report – May to July 2026

Paper presented by Alec Campbell

For Discussion / Noting

Author:	Rod Edgar, Communication and Engagement Manager, alexander.campbell5@nhs.scot
Approved for Submission by:	
List of Background Papers:	
Appendices:	Appendix 1 – Quarterly Report

1.	Introduction
1.1	This paper provides information and assurance to the IJB Strategic Planning, Finance and Commissioning Committee about significant communication and engagement activities undertaken within the period May to July 2026, and presented within the context of work which has taken place before this period.
2.	Recommendations
2.1	The IJB Strategic Planning, Finance and Commissioning Committee is asked to: Note the information presented within the paper on communication and engagement activity
3.	Background and Main Report
3.1	This report on communication and engagement for the Strategic Planning, Finance and Commissioning Committee has been designed to provide an oversight of the work which has been carried out in this area within the Partnership between May to July 2025.
3.2	It should be noted that communication and engagement are much wider tasks undertaken on a daily basis within the organisation, and that this paper provides detail about specific pieces of work which take place supported by the structures established within the organisation to ensure that communication and engagement are carried out in line with legislation, national standards and established case law.
3.3	This work is undertaken with an awareness of the National Health and Wellbeing Outcome which requires that resources are used effectively and efficiently in the provision of health and social care services, and that people who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
4.	Conclusions
4.1	This report illustrates that a great deal of planned communication and engagement activity is being undertaken within the partnership at any given time, and that there are structures in place to both support this work and ensure that it is being undertaken in line with legislation, national standards and established case law.
5.	Resource Implications
5.1	All communication and engagement activity is carried out within limits imposed by available resources, chiefly staffing (within and outside the communications team) and financial. Significant pieces of engagement activity, such as formal consultation, may be supported by financial and staff resources drawn from the project team rather than solely by the communications team. The use of external contractors such as printers, translators and web designers, the costs of placing radio, newspaper and paid internet advertising, and the costs associated with in-person engagement and consultation events represent some of the largest financial factors involved in communication and engagement planning.
6.	Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1	The communication and engagement work detailed within the report is undertaken with an awareness of the National Health and Wellbeing Outcome which requires that resources are used effectively and efficiently in the provision of health and social care services, and that people who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. It is also very much conducted in support of the seven strategic commissioning intentions, aimed at ensuring that stakeholders are supported to be informed and engaged, and play a role in the development of services which are designed in support of the strategic commissioning intentions.								
7.	Legal and Risk Implications								
7.1	A failure to ensure that communication and engagement within the partnership is managed in line with legislation, national standards and established case law could result in challenge which could be damaging financially, reputationally and in terms of setting back development of services.								
8.	Consultation								
8.1	This report is a factual account of structured and significant participation and engagement activity which has taken place within the partnership, and draws from records held by the Consultation and Engagement Working Group as well as the directorates for the areas within which this work is carried out.								
9.	Equality Impact Assessment								
9.1	No equality impact assessment is required for this specific report, as individual equality impact assessments have been undertaken where required for the individual pieces of work accounted for within this report.								
10.	Consumer Duty								
10.1	Individual pieces of work have been undertaken with consideration of our obligations under the Consumer Scotland Act. In particular, considerations of fairness and accessibility are part of the planning process for all work as dictated by other legislation governing communication and engagement work. Consequently, no impact assessment is required for this specific report.								
11.	Glossary								
	<table><tr><td>EQIA</td><td>Equalities Impact Assessment</td></tr><tr><td>IJB</td><td>Integration Joint Board</td></tr><tr><td>SPDC</td><td>Strategic Planning, Delivery and Commissioning</td></tr><tr><td>HIS-CE</td><td>Healthcare Improvement Scotland – Community Engagement</td></tr></table>	EQIA	Equalities Impact Assessment	IJB	Integration Joint Board	SPDC	Strategic Planning, Delivery and Commissioning	HIS-CE	Healthcare Improvement Scotland – Community Engagement
EQIA	Equalities Impact Assessment								
IJB	Integration Joint Board								
SPDC	Strategic Planning, Delivery and Commissioning								
HIS-CE	Healthcare Improvement Scotland – Community Engagement								