

Appendix 1

Leicestershire Health and Wellbeing Board COMMUNICATIONS STRATEGY

DRAFT V0.2

Background

1. The public sector faces its biggest ever challenge. Both local and national bodies are tackling unprecedented financial, legislative and demographic pressures. Large-scale transformation and integration is on the horizon for most.
2. The role of the Health and Wellbeing Board is to lead and advise on work to improve the health and wellbeing of Leicestershire through the development of improved and integrated health and social care services.
3. Health and Wellbeing Boards (HWBs) were given legal status by the Health and Social Care Act 2012. Each local authority and its partner clinical commissioning groups is responsible for:
 - Assessing the health and wellbeing needs of local people (adults, children and young people), including wider factors which create inequalities, and bringing this analysis together in a Joint Strategic Needs Assessment (JSNA).
 - Preparing a joint health and wellbeing strategy (JHWS), prioritising actions and underpinning commissioning in the short, medium and long term.
 - Promoting integration and partnership working at the local level by joining up commissioning plans across the NHS, social care and public health.

Scope of this document

4. This communications strategy and implementation plan will support the delivery of the Health and Wellbeing Board's objectives. Outputs and outcomes will be initially monitored on a monthly basis and reported to the internal team.
5. It will be revised, according to the shape and focus for the board and its partners – and will therefore remain a live, working document.
6. A quarterly review of communications will be undertaken to ensure that resource is targeted appropriately, working effectively and helping the board to achieve its aims.

Research and insight

7. It's vital that we understand the context in which we are attempting to engage our target audiences. For the Health and Wellbeing Board, there are some things that we know, for example:
 - a. Trust in public and private organisations has declined. Negative media stories surrounding events such as publication of the Francis report, continue to erode public confidence and heighten a general scepticism about public services working together.
 - b. There is a level of trust placed in GPs to shape local services – and this perception may influence how the board positions its spokespeople.

“Four fifths (80%) of the public agree that GPs are best-placed to understand which services their patients need.”¹

- c. There is public appetite for health and social care partners to work together to improve services and reduce cost. In the county council's latest budget consultation over 7,200 people commented on what they saw as council priorities. 93% said that the council should work with the NHS and GPs.
- d. In a recent consultation conducted by Healthwatch Leicestershire to identify priorities for 2014-15, 66% of respondents ranked 'joining up health and social care' as their number one priority.
- e. 62% highlighted improving mental health care services. Half of respondents named: early diagnosis of disease, support for people with long-term conditions, and care for older people.
- f. The Healthwatch report highlighted the following key audiences for engagement work:
 - BME service users
 - Children and Young People
 - Rurally isolated
 - Working parents
 - Men

- g. People don't seem to seek out information about how health and care services are run, or whether they are performing well. So we should not expect our audiences to 'stumble' into our messages – we must be deliberate, proactive and compelling in telling our story.

“Only a small minority of people (14%) have looked for information about how their local healthcare services are performing... and over eight in ten people who looked for, and found, this information say that it was easy to find.”¹

- h. There is generally confusion over NHS services which are provided locally and nationally. Add to this the changes in recent years to CCGs, Public Health and the emerging Better Care Fund and it's easy to see how messages can be opaque and distorted to the public and stakeholders. Our communications must seek to cut through and position the work of the board clearly.

“The NHS perception gap remains... Almost eight in ten (77%) people agree that my local NHS is providing me with a good service. However, two thirds agree (66%) that the NHS is providing a good service nationally.”¹

- 8. Knowing how best to communicate with and engage our audiences will help us to create a meaningful dialogue in the most cost-effective way.
- 9. Nationally, we know that most people engage with their health and care services face-to-face or via telephone. Young people are those in social groupings A and B are more likely to use email or online services. This insight should influence our choice of communication channel. ¹
- 10. We are already aware that in Leicestershire:
 - a. 62% of residents read *Leicestershire Matters* ²
 - b. 73.5% of residents are informed about public services ³
 - c. Social media use to engage with public services is increasing. The county council's twitter account increased its reach by 81% last year.

² – Leicestershire Media Habits Survey – BCG Research, 2012

³ – Leicestershire Community Based Survey – Leicestershire County Council – 2014

11. From the 2012 survey of media habits in Leicestershire, we also know that:

- 92% had watched some news in the previous week. BBC East Midlands Today was among the most popular. Compared with 2010, significantly more people watched BBC East Midlands Today and Central Tonight.
- Radio Leicester was the key local station for news. Capital FM and Gem 106 were also important channels.
- Males (85%) and middle age groups (89% of 25-44 year olds and 84% of 45-64 year olds) were more likely than others to listen to the radio. 65+ were more likely to listen to BBC Radio Leicester (36%).
- The Daily Mail and The Sun were the most popular national daily newspapers. But almost half of respondents had not read any national papers.
- 66% had read local newspapers in the previous month – especially 65+. The Leicester Mercury was read by a third of all respondents. The Loughborough Echo was read by 11%. Again, this contrasts with anecdotal feedback at one of the focus groups held in July 2013 at which no-one had read a recent newspaper. Evidence suggests online readership is growing.
- 21% had read at least one community newspaper in the previous month.
- Three quarters of respondents had broadband at home during 2012, and national trends show that use continues to grow. Mobile internet use is now more common than ever.

Communications objectives

9. The Health and Wellbeing Board has a statutory duty to communicate and engage with the public. Our communications should explicitly support the board's strategy for health and wellbeing in Leicestershire. Below, we have set out our initial objectives:
12. With the recent introduction of the Better Care Fund, each Health and Wellbeing Board is now also engaged in promoting the joining up of social care and health.
13. Taking this into account, the objectives of this communications plan are to:
 - a. Improve amongst key audiences the understanding of the board's purpose, benefits and successes – highlighting how the board is adding value to the work of individual partners
 - b. In delivering the Joint Health and Wellbeing Strategy, we will inform and engage with local people about how they can take responsibility for their own health and wellbeing and achieve the best possible quality of life. This work will link to behaviour change campaigns run or commissioned by the county council
 - c. Inform and engage key stakeholders to support the integration of health and social care and help achieve the outcomes within the Better Care Fund (BCF)
 - d. Communicate Leicestershire's role and purpose within the context of the wider health and social care strategy with Leicester and Rutland (the Better Care Together programme)

Audiences

<p>Internal</p> <ul style="list-style-type: none"> ▪ Management teams within partner organisations (Police, Healthwatch, CCGs, County, Districts and Borough Councils) ▪ Staff affected ▪ Wider staff groups ▪ Transformation leads within partner organisations <p>Members</p> <ul style="list-style-type: none"> ▪ All members 	<p>Partners / stakeholders</p> <ul style="list-style-type: none"> ▪ Parish councils ▪ Schools / FE providers ▪ Universities ▪ Leicestershire and Rutland Sport <p>Opinion formers and influencers</p> <ul style="list-style-type: none"> • Local MPs • Professional networks
<p>Governance / key stakeholders</p> <p>Local</p> <ul style="list-style-type: none"> ▪ Integration Executive ▪ Staying Healthy Board ▪ Substance Misuse Board ▪ LLR Board for Health Protection ▪ Better Care Together Board and sub-structures ▪ Scrutiny ▪ District/Borough HWBBs ▪ Safeguarding boards ▪ Leicester City Council ▪ Rutland County Council <p>National</p> <ul style="list-style-type: none"> ▪ Department of Health ▪ NHS England ▪ Trust Development Agency ▪ Health Protection Agency ▪ Public Health England ▪ Care Quality Commission ▪ Monitor ▪ Ofsted 	<p>Communities</p> <ul style="list-style-type: none"> ▪ Via Healthwatch ▪ Patient participation groups ▪ Community groups ▪ Voluntary sector leaders ▪ Sports clubs and associations <p>Harder to reach groups</p> <ul style="list-style-type: none"> ▪ Equalities groups ▪ Older people ▪ Children ▪ Young people ▪ Families with children ▪ Men ▪ BME groups ▪ Rural community networks
<p>Suppliers / providers</p> <ul style="list-style-type: none"> ▪ National contractors ▪ Local contractors ▪ LPT ▪ UHL ▪ Voluntary sector providers ▪ Private and independent providers 	<p>Residents and service users</p> <ul style="list-style-type: none"> ▪ Council tax payers ▪ Social care service users ▪ Patients ▪ Advocacy / service user groups
<p>Media</p> <ul style="list-style-type: none"> ▪ Local media ▪ Trade / specialist media ▪ National media 	<p>Business community</p> <ul style="list-style-type: none"> ▪ LLEP ▪ Chamber of Commerce

10. This mapping will be reviewed at regular points so that we can understand the impact of communications and make necessary improvements.

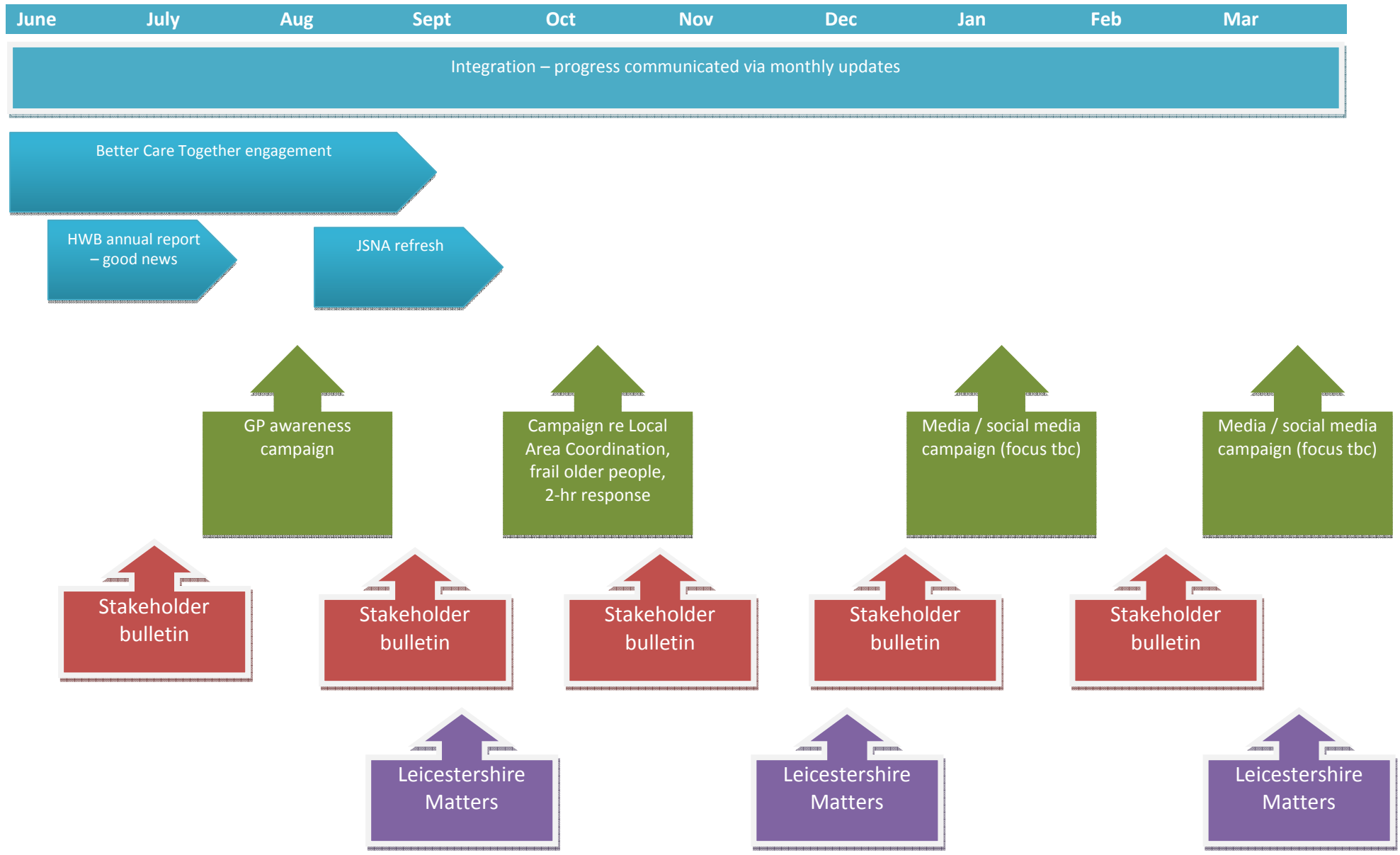
Strategy and tools

11. The Health and Wellbeing Board will communicate and engage with its audiences in the context of the wider strategy for health and care in Leicester, Leicestershire and Rutland.
12. The board will need to target a range of stakeholders – including professionals working in different sectors – so we will need to tailor our communications and make it meaningful. We are also likely to have a variety of contact points within an organisation – at both a strategic and operational levels. Our narrative must be consistent, but our communications will need to be tailored.
13. We will engage our partners and audiences via established networks using email updates or briefings. Contact with partners and stakeholders will be mapped to avoid inconsistency of message.
14. To the outside world – we will demonstrate how we are working together helping to reshape and improve care and health services. Through media work, social media and stakeholder engagement we will seek to improve our reputation and seek to influence policy decisions and other issues at the national and local levels.
15. Internally, within the board we will communicate clearly and regularly, ensuring that we equip spokespeople with key messages and we maintain – making the most of low-cost digital communications.
16. For example we will exploit social media to reach stakeholders – including the media. This will be done primarily through the county council’s twitter account (@LeicsCountyHall) to promote positive news and encourage debate where appropriate.
17. Our media relations will be proactive as well as responsive to national or local news stories. For example, we will scan for national and local media coverage which we can lever for the benefit of the board.
18. Key spokespeople for the communications campaigns will be Ernie White, Chairman of the Health and Wellbeing Board and Prof. Mayur Lakhani, Chairman of the Integration Executive. Other ‘subject matter experts’ will be fielded as appropriate from the board’s membership.

Message and style

19. Our key messages will be tailored according to the purpose of communication.
20. Our style of communication will be clear, transparent and direct.
21. Case studies will be used to bring examples to life. Complex financial information will be distilled – using graphics where needed to illustrate key points.
22. We will avoid jargon – explaining terms simply and using plain English at all times
- and alternative formats such as Easy Read if necessary.

High level implementation



Detailed implementation plan

Timescale	Strategic strand	Task / message	Audience	Activity / tool	Responsible
3 rd June	Integration	Better Care Together – summit <ul style="list-style-type: none"> • Cllr White – reactive position statement 			MA
10 th June (papers) 17 th June (mtg)	Getting it right from childhood	Comms to coincide with publication of Cabinet report on new Public Health responsibility for children’s health commissioning	Media	Statement	MA
26 th June	Integration	Better Care Together submission is published – internal comms and reactive media lines starts	Internal Staff Media	Briefing Media statement	JM MA
June 14	Integration	Integration (BCF) update	Staff	Public health – staff matters	JM
End June 14	Integration	Better Care Fund (BCF) plan approved	Internal Governance Media	Intranet Email bulletin Statement	MA/SK
June 14	ALL	PNA stakeholder (residents and professionals) questionnaire – statement from Cllr White	Residents Stakeholders	Statement	SK / MA
2 nd July	Integration / LLR	Briefing voluntary and community sector stakeholders on integration and Better Care Together	Voluntary sector stakeholders	Briefing	CD
3 rd July	ALL	Briefing County Council senior managers stakeholders on social care, integration, prevention and signposting to Better Care Together	Council senior managers	Briefing / display materials	JM / CD
4 th July	Integration / LLR	Briefing County Councillors on integration and Better Care Together	County Councillors	Briefing	CD
July 14	Integration	Scoping of integration communications milestones – linked to business case development		Planning	JM/SK
July 14	Early intervention / prevention	Scope District/Borough health and wellbeing campaign focused on housing offer	Residents Stakeholders	Planning	SK
July 14	Early intervention / prevention	Comms to coincide with publication of Cabinet report on Local Area Coordination (LAC) – link to Derby case study	Media	Press release	MA

Timescale	Strategic strand	Task / message	Audience	Activity / tool	Responsible
August 14	Integration	Progress on integration (BCF)	Staff	Public health staff matters	JM/SK
August 14	ALL	Start of JSNA refresh	Stakeholders	Email/article	SK
September 14	ALL	PNA statutory consultation begins (60 days) – statement from Cllr White encouraging people to take part in the consultation.	Media Internal staff Residents / stakeholders	Press release CIS/Staff Matters	GEM/MA SK GEM
September 14	ALL	Update on progress / focus on key roles of board members	Residents	Leicestershire Matters	JM / MA
October 14	ALL	Publication of the Director of Public Health annual report	Media Internal staff Residents / stakeholders	Press release Intranets/Staff newsletter	MA/SK
October 14	Integration	HWBB update linked to BCF timescales/milestones	Staff	Public health staff matters	JM/SK
November 14	Influencing other Boards	LSCB and SAB annual reports	Internal	Intranets	SK
December 14	ALL	Update on progress / focus on key roles of board members	Residents	Leicestershire Matters	JM / MA
January 15	Early intervention / prevention	Launch of LAC service	Media Internal staff Residents / stakeholders	Various	SK
February 15	ALL	Joint Health and Wellbeing Strategy engagement event – emerging JSNA priorities	Stakeholders	Event	JM / SK

Resources

Team member	Role
Jo Morrison	Strategic communications advice
Mel Atkinson	Media relations
Sally Kilbourne	Delivery of communications activity

Risks

20. The following provides an overview of the current communications risks. This will be reviewed regularly.

Risk	Mitigation
Volume of stakeholders is unmanageable	Segment into 'high priority' and focus on reaching and engaging these audiences first
Messages are unclear and confused	<p>Be clear about the alignment with national, LLR and other messages</p> <p>Be clear about the target audience – and tailor message</p> <p>Provide a clear route to ask questions by email and telephone – as well as through social media and online</p> <p>Always use plain English</p>
National coverage causes negativity / confusion	<p>Establish effective horizon-scanning so that media stories can be prepared for and the board can position itself appropriately</p> <p>Establish joint or aligned messages with partners</p> <p>Train key spokespeople for handling interviews</p> <p>Monitor social media effectively</p>
Internal staff are remote and remain isolated	Ensure that staff communications is planned appropriately and reviewed regularly
<i>Review regularly and add other risks</i>	

Evaluation

	Indicator	Target / progress
Awareness	<ul style="list-style-type: none"> • Media coverage (volume, tone & use of key messages) • Website page visits • Social media coverage and dialogue 	Balanced coverage secured. Scale, tone and influence measured through points.
Action	<ul style="list-style-type: none"> • No. of attendees at stakeholder events • Levels of participation of staff and managers in engagement activities 	<p>No. of attendees to be confirmed based on type of events</p> <p>No. of responses to be confirmed</p>
Feedback	<ul style="list-style-type: none"> • Feedback gathered through evaluation 	