

PERTH & KINROSS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

13 MAY 2016

DRAFT COMMUNICATIONS STRATEGY

Report by Chief Officer

PURPOSE OF THE REPORT

This report presents the Draft Communications Strategy to the Integration Joint Board for approval. The draft strategy (Appendix 1) sets out the health and social care partnership's approach to ensuring stakeholders are informed about and engaged in health and social care integration. The strategy aims to raise awareness, improve perceptions and support the behaviour change necessary to implement new ways of working.

1. BACKGROUND

- 1.1 In 2014, the Health and Social Care Pathfinder Board approved an interim Communications Strategy to raise awareness of integration and secure feedback from staff and other stakeholders. A benchmark survey supplied details of current levels of awareness and preferred methods of communication.
- 1.2 Communications methods included face to face meetings, articles in partners' internal and external publications, video messages, traditional media, social media and the establishment of dedicated webpages on partners' websites.
- 1.3 A Pan-Tayside Communications and Engagement Framework was established to facilitate partnership working across the three Tayside partnerships, setting out protocols and core key messages.

2. OVERVIEW OF THE STRATEGY

- 2.1 Linking with the Engagement and Participation Strategy, the Community Engagement, Communications and Organisational Development Steering Group has updated the Communications Strategy to reflect the extension of key messages. In addition to explaining legislative changes and reassuring staff and users, communications now needs to support changes to service delivery on the ground.
- 2.2 The Strategy emphasises the part communications has to play in achieving measurable results. It commits to evidence-based communications; researching audiences; and evaluating outcomes to ensure resources are targeted to methods which can be shown to work.

- 2.3 The approach will build upon existing channels of communication, as well as seeking new methods where necessary to access hard-to-reach audiences. It will coordinate tactics across Tayside to make sure communication is clear and consistent.
- 2.4 The Strategy aims to make communications straightforward, providing accessible formats and using plain English. It recognises that good communication is two-way, inviting audiences to participate in a conversation rather than simply broadcasting information.
- 2.5 A 'rough guide', core messages and a schedule of core communications channels form the backbone of the Strategy, providing consistent communications across the Perth and Kinross area.
- 2.6 As integration progresses, Health and Social Care managers in localities will be supported to develop and deliver communications plans and campaigns for individual local projects. Recognising that the most effective communication is face to face, the Strategy takes the approach of supporting front line managers by providing protocols, training and templates which empower them to communicate effectively.
- 2.7 The Community Engagement, Communications and Organisational Development Steering Group will oversee the implementation of the strategy and ensure regular review and updates.

3. RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
 - Approves the Communications Strategy and notes that a public version of the document will be designed and made available internally and externally.
 - Requests an update report on the strategy's implementation to a future meeting of the Integration Joint Board.

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DRAFT Perth and Kinross Health and Social Care Partnership Communications Strategy

Introduction

Health and Social Care Integration is about public, voluntary and independent sector organisations coming together with communities and individuals to tackle inequalities and improve the wellbeing of the communities of Perth and Kinross. It's about delivering better services by working together and sharing resources for the greater benefit of the community.

Integration should promote community empowerment, supporting people and communities to participate, influence and provide solutions for the future. Communications has an integral part to play in this, helping everyone involved to understand the process and facilitating feedback which can inform the planning and delivery of services. When changes are planned, communications can encourage people to react positively.

All staff have a role in communicating. While communications professionals in partner organisations can provide advice and support, most customers will be hearing about issues from front line staff, and most staff will get information from their manager. It is vital to get internal communications right, so that employees and volunteers feel informed and empowered to act as advocates for integration.

Our Communications Strategy sets out our approach to reaching the diverse audiences involved in Health and Social Care. We aim to make a measurable difference to outcomes by using best practice communications to improve perceptions, increase understanding and change behaviour.

The Communications Strategy shares strong links with the Partnership and Engagement Strategy in highlighting the key messages that all staff have a part to play in engagement and communications. Both strategies are committed to accessibility and a person-centred approach, as well as recognising that good practice requires a two-way conversation with stakeholders. Each of the strategies recognise the need for coordination across Tayside and acknowledge the need to build on what is already working well and to promote best practice. The Participation and Engagement Strategy focuses on gathering people's views, feedback and involvement to inform service change and develop creative solutions for the future; the Communications Strategy raises awareness of the resulting changes and helps to drive the required behaviour change. A single strategic steering group oversees both areas to ensure that the partnership mobilises a coordinated approach to engagement, communication and organisational development to deliver the Strategic Commissioning Plan.

Our Principles

All of our communications will reflect the principles which underpin our approach. We will be:

1) Open and honest.

Our communications will be factually correct and timely, ensuring people can rely on us to get the information they need and want. If we get something wrong, we will admit it, apologise and try to put it right. If we can't do something, we will explain why.

We will always include contact details so that people can get in touch. We will reply promptly to all contact. We will show people how we have used their feedback to improve.

We will comply with all relevant legislation and guidance, including the Equality Act 2010, the Freedom of Information Act 2000, public performance reporting guidance and the Code of Practice on Local Authority Publicity.

2) Person-centred.

We will remember that we are communicating with *people*, and use language and methods of communication which reflect that. We will ensure communication is two-way; participating in a conversation, not simply broadcasting information. We will use examples including people to illustrate communication and bring it to life. We will tell stories that engage and remember that people are more likely to trust advice from their personal network rather than traditional structures.

Case study: human interest

A Scottish council wanted to attract volunteers to run its tea dances for elderly residents. Although they had plenty of statistics showing that the tea dances were well attended and that people appreciated them, these didn't generate much publicity or interest. Instead, they approached local media with a lengthy quote from a gentleman who, since the death of his wife, had suffered intense loneliness and depression, rarely leaving his home. His heartfelt story about how attending the dances had changed his life generated higher profile coverage and led to an influx of volunteers.

3) Evidence-led.

We will plan all communication based on what evidence shows will work. We will consider the objectives and audience before recommending appropriate communications methods. We will evaluate our communications to provide evidence for future improvements.

Our Approach

We will build on existing communications channels and what is working well.

Our approach will build upon the Pan-Tayside Communications and Engagement Framework and make use of existing channels and methods of communication. Partners are experienced in communicating with staff and users and have already established trusted media. These include, but are not limited to, partners' staff and customer magazines; their intranets and websites; their social media accounts; and their cascade briefing systems. The baseline communications survey carried out

for the Pathfinder Board will help to inform decisions on the most popular channels for internal communication.

Case study: going mobile

A survey of voluntary sector staff and volunteers involved in health and social care integration in Perth and Kinross showed that 74% of them prefer to receive information by email. This somewhat surprising result is probably because so many of this audience are mobile, rarely coming in to an office. Knowing this, we can adapt future communications to fit their needs and preferences.

We will continue to seek examples of innovative communications that have worked and to introduce these where they may be effective. To support the Strategic Commissioning Plan's aim of engaging with people who are 'hard to reach', we will find communications solutions for all audiences.

At the same time, we will be aware of 'communications overload'. Our approach must ensure that local communications plans and campaigns are complementary to those already taking place, or planned for, within other areas of our Community Planning Partnership. By working together and keeping all partners informed, we can make sure that messages are shared and amplified, rather than drowning each other out.

We will be inclusive in our approach, providing accessible information and taking care to use plain English that makes sense to everyone. We recognise that across health, social care and third/independent sectors, we often use different and sometimes very technical language to describe our work. In order to move forward in partnership with each other and with service users and communities, we need to challenge existing barriers around language. We commit to developing a shared language that makes it easier for us to understand each other.

To support the Strategic Commissioning Plan's action of raise awareness of support available to people whose first language is not English, we will make sure our communications reach everybody they need to and can be easily understood by everybody. We will offer to produce communications in accessible formats, including large print, easy-read, Braille, BSL, audio and alternative languages. We will ensure meetings which are open to the public are held in accessible venues.

Our default will be to take communications as close as possible to the audience: this could be one to one in users' homes; face to face in localities; or digitally. We commit to listening to our audience and adapting communications according to their preferences.

We will promote best practice in communications.

Across health and social care services, there are a number of national and international standards for communications that we apply, such as the Modern Communications Operating Model, the Internal Communications Excellence Operating Model and the Barcelona Principles. These approaches share significant themes. Our approach will ensure that our communications meet and, where possible, exceed, these recommendations.

Specifically, we will ensure communications are planned based on research and audience insight; that measureable objectives are set; and that we carry out and learn from evaluation. A commonly-used mnemonic for this is ROSIE:

- Research
- Objectives
- Strategy
- Implementation
- Evaluation

We will listen to, respect and learn from each other.

Partners have experience and expertise in reaching their audiences. Service users, their carers and families have preferences in how we communicate with them. We will learn from these and adapt our communications accordingly.

Communications is only effective when we are listening and open to receiving information as well as giving it out. We will monitor our audiences to pick up early on any problems with communication and address them.

Aims

All of our communications will contribute to at least one of our over-arching aims.

Improve perceptions

Communications can improve perceptions of services and partners, for example by raising awareness of services. Perceptions can be measured before and after a communications intervention by an audience survey, focus groups, individual feedback or evaluation of media and social media coverage.

Case study: improving perceptions

Members of the community in Aberfeldy raised concerns about potential changes to their health and care services, which led to negative press coverage. NHS Tayside and other members of the Health and Social Care Partnership developed the 'Your Community, Your Voice, Your Future' campaign to provide information and encourage participation and feedback from the public.

We used a wide range of communication methods, including posters, regular community newsletters, press releases, social media and a dedicated webpage on the NHS Tayside website. As a result, we have had positive feedback from local communities and have been able to take their comments on board as the work to combine health and social care services in one location progresses.

Increase understanding

Communications has a key role to play in explaining change and the reasons for change. It is important that messages are clear and consistent, and that accountability is transparent. Often, once understanding has increased, perceptions also improve.

Change behaviours

Particularly at a locality level, specific campaigns will aim to change audience behaviours to improve outcomes. For example, a campaign could encourage people to join a befriending scheme or to give

up smoking. Communication which changes behaviours is often easier to measure, as it will have a direct impact on reducing inequality.

Resourcing

Resources are limited, although there is a small dedicated budget for Health and Social Care Partnership communications. The guiding principles of resourcing communications will therefore be:

- A duty to proving value for money. Resources will be targeted to measureable outcomes, not outputs. The Communication, Engagement, Workforce and OD Steering Group will be accountable for showing how money has been spent and what it has achieved.
- A commitment to training and supporting locality staff, so that they can carry out
 communications 'at the coalface' without the need for large amounts of input from central
 communications teams. It is recognised that this will require more resourcing initially to
 supply training courses, templates and protocols.

There is a need to support the capacity of existing staff to carry out communications on behalf of the Partnership as well as their parent organisation.

Some elements of communication will require a budget, for example for design and print of publications, advertising or technical support such as hosting a website. The Communication, Engagement, Workforce and OD Steering Group will approve any such spend from the budget available.

Case study: measuring outcomes, not outputs

Perth & Kinross Council wanted to raise awareness of benefits changes and encourage people to consult their website or phone for information, leaving staff more time to deal with complex cases face to face. A campaign used research data to target advertising at key audiences. Outputs included bus, press and radio advertising, posters, flyers, existing Council channels and media. The outcome was a 37% increase in awareness, a 30% increase in people choosing to phone, a 10% increase in people choosing the Council website and a 50% decrease in people choosing a face to face appointment.

Implementation

Internal communications are vital to the successful implementation of this strategy. We will support staff to become informed and enthusiastic advocates of the new approach by developing and sharing key messages preparing the public for change and managing expectations. We will produce a 'rough guide' to health and social care integration in Perth and Kinross which summaries the Strategic Plan.

We will *develop a cycle of core communications* across a range of channels, for information and exchanges which are relevant across the whole of Perth and Kinross. This is likely to encompass an ongoing series of face to face meetings between chief officers and staff in localities, supported by a written communication for all staff involved in health and social care integration. Additional channels will be considered as appropriate.

As integration progresses, communications are likely to become more specific to local audiences. The Health and Social Care managers leading projects at a local level will be supported to develop and

deliver *communications plans and campaigns*. These must have SMART objectives which will contribute directly to one of the aims of improving perceptions, increasing understanding or changing behaviour.

We will *establish protocols* for media management, social media and the use of spokespeople, taking into account the Pan-Tayside Communications and Engagement Framework. Protocols will be based upon the principle of empowering frontline staff and communities, to encourage a responsive and agile approach to communications.

We will *investigate the need for a visual identity* or brand, including how and where this would be used and how it might integrate with existing partner and Community Planning Partnership branding. Will we use this evidence to make an informed recommendation on the development of a visual identity.

To support the Strategic and Joint Commissioning Plan's objective of developing a virtual health and social care market place, we will *explore opportunities for digital transformation* and the virtual platforms available, to inform the development of a website that supports self-service and self-management.

Recognising that there are 'hosted services' between the Integration Joint Boards in Perth and Kinross, Dundee and Angus, we will *coordinate our approach* and plans across Tayside to ensure that messages are clear and consistent.

We will identify key risks, and mitigate them by preparing reactive communications.

Objectives and Milestones

Objective	Milestone	Timescale
Support staff to become	Develop a cycle of core communications	July 2016
informed and	Produce a 'rough guide'	August 2016
enthusiastic advocates	Provide communications training to	Initial training ready
	frontline staff	to deliver by August
		2016
Support managers to	Develop a communications campaign	July 2016
deliver local	template	
communications	Establish protocols which empower	July 2016
campaigns	frontline staff	
Raise public awareness	Establish a benchmark for public	August 2016
and improve perceptions	awareness and perceptions of HSCI	
of HSCI	Establish a benchmark level for	August 2016
	engagement with people who are 'hard	
	to reach', to ensure continuous	
	improvement	
	Establish a benchmark level for	August 2016
	awareness amongst people whose first	
	language is not English, to ensure	
	continuous improvement	
Make a recommendation	Investigate visual identity	September 2016
on brand development		
Ensure people know	Investigate e-services and virtual	November 2016
where to turn when they	platforms	

Objective	Milestone	Timescale
need health and social	Develop a virtual health and social care	November 2016
care information and	market place	
services		
Shift perceptions of the	Milestones to be identified, following the	
balance of care to deliver	completion of the Strategic and Joint	
community-based,	Commissioning Plan's Action Plan	
outcomes-focussed,		
preventative services		
Promote the message of	Milestones to be identified, following the	
'co-production' to make	completion of the Strategic and Joint	
services more effective	Commissioning Plan's Action Plan	
by partnering with		
service-users		
Identify and mitigate key	Identify and mitigate key risks	Ongoing
risks		

Review

The Partnership's Community Engagement, Communications and Organisational Development Steering Group will be the strategic group responsible for the direction, implementation and review of the Communications Strategy and for making recommendations to the Integration Joint Board through the Chief Officer.

We will develop an Action Plan which puts in place specific actions, target dates and responsibilities for the implementation priorities identified in the strategy.

This strategy will be reviewed annually.