



## Developing a Communications Strategy

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**To:** Health and Wellbeing Board

**Subject:** Developing a Communications Strategy

**Classification:** Unrestricted

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### Recommendations

#### The Health and Wellbeing Board is asked to:-

- (a) Note the challenges and opportunities identified by local stakeholders and national agencies identifying any significant gaps that need to be addressed
- (b) Decide whether it wishes to pursue the proposed priorities for action as it develops its purpose and functions
- (c) Agree the next steps in developing more detailed communications plans to support its statutory duties, goals and objectives

## 1. INTRODUCTION

- 1.1 The Health and Wellbeing Board requires a communications strategy that supports the delivery of its statutory duties, strategic goals and objectives. The active involvement of a wide range of stakeholders, both members of the public and partner organisations, will be essential in supporting changes that improve the health and wellbeing of the local population.
- 1.2 This paper captures the thoughts and observations of a number of stakeholders and agencies through a series of telephone discussions and web based research (full summary of the challenges and opportunities identified can be found in Annex 1). Although it not comprehensive in its coverage it provides an early snap shot of some of the priorities that the Health and Wellbeing Board might wish to address as it develops its leadership role in Kent.

## **2 RATIONALE**

- 2.1 The Kent Health & Wellbeing Board (HWB) has responsibility for:
- Encouraging integrated working, including increased joint commissioning and pooled budgets (proposing to start with a focus on Dementia care)
  - Conducting a Joint Strategic Needs Assessment (JSNA) to assess health and wellbeing needs of local people, and identify local priorities.
  - Using the JSNA to agree a Joint Health and Wellbeing Strategy across the NHS, public health, social care and children's services
  - Supporting individual organisations, including GP led Clinical Commissioning Groups (CCG), to align their commissioning strategies to the Joint Health and Wellbeing strategy for the county.
- 2.2 To deliver these objectives a new form of partnership working will be required, built upon positive relationships, strong leadership and a commitment from the top. It also needs to be underpinned an approach to communication which is two way, accessible, transparent, easy to understand and delivered in a cost effective way.
- 2.3 Given the early stage of development not only of the Health and Wellbeing Board but also of some of the key constituent organisations (Clinical Commissioning Groups) there is also a need for a communications strategy which will:
- support the Boards ongoing development, increasing a common understanding of its purpose and functions
  - establish new ways of engaging with stakeholders to achieve its strategic commissioning goals and objectives
  - link to a process of ongoing evaluation and review and where gaps appear, enhance and improve its approach (i.e. the early implementer evaluation process)

## **3 COMMUNICATION CHALLENGE**

- 3.1 Recognising the complex environment and the changing set of relationships within which the HWB operates as well as the emerging set of local goals and objectives this paper structures the communication challenges facing the HWB into three areas:
- Statutory roles and responsibilities and associated decision making processes
  - Stakeholder relationships to improve understanding, engagement, participation and ownership
  - Communications capacity and infrastructure to support information flows, consultation, engagement and participation

### **3.2 Governance & Decision making**

- 3.2.1 Once established, the HWB will act as a full KCC committee operating in shadow form until the final legislation detailing the statutory duties of the HWB is enacted. However embedding the business of the HWB into the governance framework for other constituent organisation will be just as important to strengthen its influence on wider policy and investment decisions.
- 3.2.2 Key reporting relationships will be to the:
- Kent Cabinet,
  - Kent Ambition Board 2 for 'Tackling disadvantage' (see Annex 2)

- Locality Boards as they develop,
- Clinical Commissioning Group (CCG) Boards
- National Commissioning Board.

And to make these relationships work there will be a need for timely and relevant reports to and from the constituent organisations represented on the Board including links to Local Authority and NHS planning and budget cycles.

- 3.2.3 To make sure that functions are not duplicated and strategies are aligned the communication links between the Kent HWB and those HWBs established by Districts / Boroughs (particularly the early implementer in Dover) also need to be well articulated. This will be particularly important as new structures emerge and discussions around the delegation of budgets take place.
- 3.2.4 As part of the HWB duty to review local commissioning plans clear lines of communication will be needed to support a scrutiny process which does not over burden constituent parties. The first test of this will be seen in the authorisation process for CCGs.

### **3.3 Stakeholder Relationships**

- 3.3.1 Communication between the HWB and all of its stakeholders is critical to providing legitimacy, intelligence and support for the difficult decisions the Board may need to face. Local stakeholders linking in with the work of the HWB will include:
- The Public, Patients and Carers
  - HealthWatch (Links)\*
  - Voluntary sector providers and representatives (e.g. client specific groups)
  - NHS Provider Organisations (Acute, Community, Mental Health)
  - Criminal Justice Organizations (e.g. Probation, Prisons, Police, YOT)
  - Housing Associations
  - Private sector providers (e.g. Care homes, Health and Social care providers)
  - Kent County Council\*
  - District / Borough Councils\*
  - Clinical Commissioning Groups in Kent\*
  - NHS Commissioning Board / PCT Cluster\*
  - Unions (e.g. LMC)
  - Medway's Health & Wellbeing Board

\* represented through core membership of the Health and Wellbeing Board

To support these relationships targeted communication strategies will be required to engage stakeholders' based on areas of interest and expertise.

- 3.3.2 Further discussions are still needed to map out the exact level of information and areas for engagement supported by a range of communication tools (e.g. briefings, formal public consultation, internet links & signposting on web sites, social marketing, focus groups, specialist advisors, membership of Pathway Advisory Groups). However use of these tools will allow the Board, in its decision making and enabling role, to:
- hear from and shape views of users and communities;
  - gather information around emerging technologies, new techniques and evidence based research
  - learn from and work with the changing provider landscape

- 3.3.3 Partnerships are ultimately based on personal relationships where individuals working together know and trust each other. Given the wide range of professional groups involved in delivering the health and wellbeing agenda there will inevitably be differences in perspectives, roles, culture, beliefs, language and experience as well as differences in organisational structures particularly between those who operate within a local democratic framework and those who don't.
- 3.3.4 To minimise the hazard this may present to partnership working opportunities for shared learning and or joint training should be established (e.g. understanding commissioning) where relationships can be reinforced whilst learning the same language. This will be particularly important as the HWB looks to make significant commissioning or decommissioning decisions which require local political agreement.

### **3.4 Capacity and Infrastructure**

- 3.4.1 Most stakeholders are already linked to local communication and engagement networks through their use of and or provision of services; in established planning groups or in scrutiny or monitoring roles. Partner organisations also have their own local communications infrastructure and are able to use a wide range of established tools and techniques to communicate informally or formally with individuals and with groups. The Kent HWB as a symbol of partnership and collaborative stakeholder working in Kent should harness and not discard this approach building on established relationships and optimising Kent's available resources.
- 3.4.2 The opportunity to launch the HWB as a brand could help reinforces this symbol of partnership and collaborative working. In doing so show how its role in 'holding the ring' between health, social care and public health is very different to the role of previous partnership groups with the same name.
- 3.4.3 Sitting as it does within KCC the HWB is well placed to promote its work through a link to other KCC web sites particularly the Kent Forum. Offering the Kent community a 'place' for a whole range of supportive information e.g. documents and briefings, signposts to other partnership networks, discussion forum, tools for stakeholder feedback and public surveys would be greatly advantageous in widening knowledge and engagement.

## **4 CONCLUSION**

- 4.1 From the evidence collated as part of this review there appear to be a number of communication priorities that the HWB in Kent may wish to consider ranging from the need to:
- Develop effective internal relationships within the Board
  - Engage the skills and experience of the local stakeholder family
  - Account to the wider electorate through local and national accountability structures
- 4.2 The proposed areas for action arising from these priorities include:
- Short term**
- Map out business timetables of key partner organisations and build these into a decision making and communications plan for the Board

- Build on links within the early implementer programme as well as the development of CCGs to establish joint learning opportunities for council and NHS leaders
- Identify leadership capacity to support communication planning for each of the HWB goals and objectives (building on the capacity and infrastructure already within the Kent community)
- Test out a communications plan around a couple of strategic objectives with a clear set of milestones and measurable outcomes e.g.
  - Developing a JSNA
  - Supporting the authorisation of CCGs,
  - Improving Dementia care
- Continue to work to ensure all stakeholders understand the purpose, function and objectives of the HWB including a simple explanation around:
  - The differences between public health and health and wellbeing
  - The way commissioning will work including decision making processes
- Establish a web page linked to the Kent Forum to post briefings / documents (as a base for a range of information links and communication tools)
- Develop a directory of partner organisations which identifies
  - key communication contacts (with a clear link for feedback)
  - roles and responsibilities
  - areas to target engagement (local and central)

#### ***Longer term***

- Develop new and innovative approaches with which to communicate to all stakeholders (e.g. discussion forum, blogs, interactive consultations & surveys, i-phone links) to strengthen ownership and engagement
- Establish a joint media management and PR protocol to help respond to significant commissioning and decommissioning decisions
- Review changes needed in the links between Localities and KCC as new structures emerge and proposals to delegate commissioning budgets are agreed
- Evaluate communications across and between partner agencies and its impact on delivering the HWB's strategic goals and revise its strategy and priorities for action

## **5 NEXT STEPS**

- 5.1 For the HWB to review the contents of this paper, share with stakeholders and identify any significant gaps in the framework
- 5.2 Identify leadership within KCC to start to address the short term priorities for action and in doing so bring together the communications and engagement expertise available in other partner organisations to deliver a clear, simple and cost effective communications plan to support the work of the Kent HWB.

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## Annex 1 Stakeholder Observations – Factors to address within a communications strategy

Challenges to address	Opportunities to grasp
<p><b>Board Relationships</b></p> <ul style="list-style-type: none"> <li>• Securing collective ownership and commitment to the Board through limited statutory leverage and powers</li> <li>• Building a constructive relationship with the National commissioning board to support the delivery of local solutions (representative may not have a local focus) and the tensions there may be with CCGs</li> <li>• Handling cultural and terminology (language) differences between partner organisations i.e. tensions between central policy and local mandates; politics and science</li> </ul>	<p><b>Board Relationships</b></p> <ul style="list-style-type: none"> <li>• Increase contact between GPs (CCGs) and councillors – building trust and relationships for a common purpose</li> <li>• Facilitate a better understanding of roles and responsibilities, the boundaries and policy framework within which each agency operates and its relationship with delivery plans</li> <li>• Build on the learning available through the early implementer network</li> </ul>
<p><b>Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>• Dedicating sufficient energy and resource in direct engagement with the public (in all its forms)</li> <li>• Working with NHS providers who offer expertise and specialist knowledge whilst not providing individual organisations with inappropriate business advantage</li> <li>• Don't presume that commissioners speak for providers and sit along side these organisations as the market framework changes</li> <li>• Not duplicating HOSC scrutiny role – not adding layers of bureaucracy and burdensome costs on decision making process. Too many phases of scrutiny delays the benefits</li> <li>• Managing business continuity whilst developing new approaches</li> <li>• Recognising the role acute hospitals play in securing the safety of local people in times of crisis (winter)</li> <li>• Differing appetite in localities to engage</li> </ul>	<p><b>Stakeholder engagement</b></p> <ul style="list-style-type: none"> <li>• Take a new approach to previously intractable commissioning issues through a wider stakeholder perspective</li> <li>• Tighten up process and priorities – being specific to secure appropriate engagement</li> <li>• Build on web sites and communication networks</li> <li>• Establish directory of organisations and individuals to support communication and networking</li> <li>• Use the established networks commissioning and communication tools already in place (e.g.: District experience contacts and influence)</li> <li>• Use the specialist expertise that sits within NHS Trusts within targeted pathway advisory groups</li> <li>• Build links to Medway HWB securing joint approaches for key client groups</li> <li>• Ensure people not only on the core group but in the wider family have influence and strong engagement</li> <li>• Keep messages simple and concise</li> </ul>
<p><b>Delivery agenda</b></p> <ul style="list-style-type: none"> <li>• No track record and still on a development path</li> <li>• Understanding difference between operational and strategic commissioning (clear definitions required)</li> <li>• Strategic system leadership different from local government leadership – where quality, safety and sustainability are key factor in decisions.</li> <li>• Recognising the complexity of health commissioning (need for specialist capacity)</li> <li>• Managing risks and uncertainties given the changes in organisation and local leadership for commissioning</li> <li>• Balancing the benefits of integrating provision with commissioning for diversity and an open market</li> <li>• Balancing local freedoms with central intervention to maintain pace and direction</li> <li>• Managing change in an environment of a chronic deficit e.g. Tackling tough reconfiguration issues linked to new pathways</li> </ul>	<p><b>Delivery agenda</b></p> <ul style="list-style-type: none"> <li>• Maintain momentum on important development already in progress</li> <li>• Support localisation through the development of Locality Boards as part of the wider Kent forum.</li> <li>• Building on the capacity and skills already within organisations</li> <li>• Establish links between communications and engagement leads in both health and social care</li> <li>• Sharing good practice – sharing evidence of better outcomes – driving out inequalities of access</li> <li>• Test out delegation – allow locality to flourish – take risks (Swale, Dover)</li> <li>• Focus on a few priorities with built in evaluation process</li> <li>• Learn from the early implementer network</li> <li>• Build on experience of other local successful partnerships</li> </ul>

## Sources of data, information:

<b>Thanks to the following local stakeholder:</b>	
Susan Acott	Chief Executive, Dartford & Gravesham NHS Trust
John Allingham	Local Medical Committee Representative
Bob Bowes	Chair for SWK Clinical Commissioning Group
Graeme Brown	Partnership Manager, Kent Forum Team
Jim Carmichael	Governor HMP Blantyre House & HMP/YOI East Sutton Park
Hazel Carpenter	Director of Commissioning Development and workforce K&M Cluster
Amber Christou	Head of Housing, Swale Borough Council
Paul Coles	Chief Executive, Age Concern Maidstone
Bob Deans	Chief Executive, K&M Partnership NHS Trust
Michelle Farrow	Leadership Support and Corporate Communication Manager, Dover Council
David Gardener	Senior Probation Officer, Kent Probation service
Roger Gough	Cabinet Member (KCC) Lead on Health reform and NHS /KCC transition
Roger Kendal	LINK transition lead (HealthWatch)
Katherine Kerswell	Managing Director of Kent County Council
Roger Pinnock	HWB lead for South Kent Coast Clinical Commissioning Group
Angela Slaven	Director of Service Improvement (KCC)
Peter Turner	Chief Executive, Carers First, West Kent

<b>Written sources: Title</b>	<b>Organisation</b>
Health and wellbeing Boards: developing a successful partnership	Health Services Management Centre, University of Birmingham <a href="http://www.birmingham.ac.uk">http://www.birmingham.ac.uk</a>
Healthy lives Healthy people: Our strategy for public health in England	Department of Health, HM Government <a href="http://www.dh.gov.uk/en/Home">http://www.dh.gov.uk/en/Home</a>
Vision for Kent Consultation Draft June 2011	Kent County Council <a href="http://www.kentforum.org.uk">http://www.kentforum.org.uk</a>
Selection Committee Paper: Establishing a Health and Wellbeing Board in Kent June 2011	Kent County Council
HealthWatch Transition Plan March 2011	Department of Health
Working in Partnership to reduce re-offending in Kent & Medway	Kent Probation <a href="http://www.kentprobation.org">http://www.kentprobation.org</a>
<b>Other Web sites:</b>	
<a href="http://healthandcare.dh.gov.uk/the-health-and-wellbeing-board-national-learning-network/">http://healthandcare.dh.gov.uk/the-health-and-wellbeing-board-national-learning-network/</a>	
<a href="http://www.idea.gov.uk">http://www.idea.gov.uk</a> : Partnership working	
<a href="http://www.dover.gov.uk">http://www.dover.gov.uk</a> : Health and Wellbeing Board development	

# Annex 2 – Kent Forum Architecture

**Kent Forum Architecture Diagram**



