

**Health and Social Care Integration**

**Borders Communications and Engagement Framework – 2014/2015**

**1. Summary**

**1.1** Good communication is vital to the success of integrated services and the reputation of all partners involved. Engaging the workforce of both organisations simultaneously, and informing and involving the public will become increasingly important as services come together.

**1.2** The way we communicate has changed. 36 million (73%) of UK adults access the internet every day. Access to the internet using a mobile phone more than doubled between 2010 and 2013 (from 24 to 53%). SBC and NHSB both have recently upgraded websites with in excess of 500,000 to date this year.

**1.3** Engaging digital and social media users allows us to communicate with a greater target audience. At present, between SBC and NHSB our Twitter accounts have over 5500 followers and our corporate Facebook pages have over 6500 likes. SBC also has a corporate presence on YouTube, Flickr, Pinterest and Google+.

**1.4** This strategy sets out a framework for communications within the context of health and social care integration and covers

- The context
- What we are aiming to achieve
- Who we need to reach – our audiences, stakeholders and partners
- What we want to say
- Our key communication channels
- Potential barriers and how we plan to address these
- Priorities for 2014-15, and 2015-16
- How we will deliver this year
- How we develop an integrated support service for the future
- Recommendations

**2. What is the context?**

**2.1** Good communication contributes to strategy and facilitates the delivery of effective outcomes. This strategy takes account of

- development of an Integration Scheme for Borders
- agreement around single budgetary arrangements
- replacement of Community Health Partnerships (CHPs) with Social Care Partnerships (HSCP)
- the requirement to inform, engage and formally consult staff and public
- the potential impact of new managerial arrangements
- Scottish Government consultation on Regulations and Orders
- The delivery of integrated services at a local community setting within

the parameters of new 'localities' across Borders to deliver better outcomes

- the growing need for more workforce engagement – to help establish a sense of identity, new relationships and different ways of working to help transform service delivery.

### 3. What are we aiming to achieve?

#### 3.1 We need to ensure that

- staff across SBC and NHSB are appropriately engaged and informed on all aspects of integration that are relevant to their jobs
- patients and service users understand the transition to integrated delivery and the impact this may have on them. They are reassured and have confidence in the continuity of service
- key partners are appropriately involved and have the opportunity to influence decisions that have an impact on their business or contribution to integrated services
- public opinion is positively influenced, for example through managed news coverage and the provision of quality public information

**Our objectives** to achieve this will be to

- deliver clear, consistent, transparent and effective communication solutions that are, where possible, delivered direct, online, in localities, through partners and the media
- use a broad mix of communication channels but ensure appropriate targeting and timing
- manage the reputation of SBC and NHS Borders with professionalism

### 4. Who do we need to reach?

#### 4.1

<b>Internal</b>	<b>External</b>
NHS Borders and SBC colleagues Trade Unions HSCI Shadow Board Children's Services / Social Work Management NHS Management NHS Board Scottish Borders Council's Executive Committee Elected Members Policy Advisory Groups Health and Social Care Partnership	Service Users and Patients Community representatives Service User and Patient representative groups Partner and related organisations Borders residents Media
<b>Influencers</b>	<b>Partners</b>
Scottish Government Trade Unions Other Council/NHS bodies already integrated Media Elected Members NHS Board SBC Executive Committee	Third sector and Independent Care Sector Scottish Government NHS and Social Work representative bodies Other Council/NHS bodies already integrated Councils and NHS Boards in Scotland

Policy Advisory Groups Health and Social Care Partnership Health and Social Care Programme Board COSLA SOLAS NHS and Social Work representative bodies	
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## 5. What do we want to say?

### 5.1 Key external messages

- Scottish Borders Council and NHS Borders are proactively preparing for the new Health and Social Care Partnership which is to go live in April 2015 – a once in a generational change.
- The new body will see NHS, SBC and voluntary and independent care partners work as one to deliver services which meet the needs of Borderers and make every pound spent work harder as we do so.
- The focus on supporting all adults will help people to live well in the community or at home for as long as possible.
- SBC and NHS Borders share equal responsibility for the integration programme and will continue to engage with stakeholders across the Borders to inform and shape future service delivery.
- Key messages are:
  - People are safe and their dignity and human rights respected
  - People are as well as they can be and independent living promoted
  - People have positive experiences – are able to live where they want and have positive things to do
  - Promoting healthy living and health improvement
  - Carers feel valued and supported to continue their caring role

### 5.2 Key internal messages

- Staff are key to successfully transforming services for the future.
- All staff will remain with their current employer.
- Terms and Conditions will stay the same.
- There will be no change to pension status.
- Across the Borders, you and your colleagues will be asked for ideas and solutions on how we can work better together; always with the service user or patient coming first.
- Change will happen gradually and with full engagement with you and the community so ideas can be tested around new ways of working and learn as we go. It will also be subject to quality assurance and careful evaluation.
- Get involved – ask your manager or visit the joint intranet page/bulletins for information.

## 6. What are our core channels?

### 6.1 Where possible we will deliver communications:

- a. **Direct** to individuals
- b. **Online** by default, but not as the only channel. We will choose routes that research tells us are right for the audience.
- c. **Locally** – making information as relevant as possible to people, in the place they live, work or receive services.
- d. Through **partners** or other trusted sources including representative groups and support services. We want to make information as accessible as possible.
- e. **In the media**. By definition it is less targeted so it's not always going to be the first choice, but it is still a crucial part of the mix particularly as new developments of service opportunities emerge.

## 6.2 And our core channels will include:

- Presentations to staff
- Letters
- Face to face meetings
- Briefings
- HSCI Bulletins
- Internal magazines
- Frequently Asked Questions (FAQs) via print, video and if appropriate through live Q&A via social media
- Digital promotion – via the integration joint intranet, FISH, NHS Intranet, websites
- E-mail
- Stakeholder Briefings including Board and Member briefings
- NHS Board Development Sessions
- Local media in print, online and on air
- Social Media
- Public Forums
- Partner communication channels including newsletters
- Participation in events and organising others as required

## 7. What are the potential barriers and how could these be addressed?

### 7.1 Potential barriers

- Negative reaction of staff across agencies and representative bodies to change.
- Potential negative reaction of patients, service users and carers.
- Impact of continued implementation of change within services in scope for integration across SBC and NHS Borders.
- Clash of cultures and change in culture and ways of working.
- Lack of organisational development support and training across partners, or not the right training and guidance to support individuals and teams moving forward.
- Resource pressures both in terms of people and budgets.
- Unknown risks that may be identified through the strategic management process.

### 7.2 How we will address these

We will take a structured approach to communications and engagement to manage negative reaction and mitigate any risks thereof.

Research and information will be gathered from the workforce to inform the pitch and content of communications.

Communications solutions will be developed at minimal cost, and we will make the best use of in-house skill and experience.

## **8. What are the priorities for 2014-15?**

### **8.1** We have 8 key priorities for this year:

1. **Support the engagement** of the workforce, patients, service users, carers, partners and other stakeholders systematically and regularly, ensuring appropriate feedback.
2. **Promote examples** of existing integrated delivery within Borders and elsewhere as appropriate.
3. **Establish core communication channels** for all key audiences, testing and evaluating solutions throughout the year.
4. **Deliver the initial phase of internal and external Communication materials** including case studies, video work, joint newsletters, internal magazines, public information including FAQs and materials to help visualise changes such as locality arrangements, structural changes and joint commissioning.
5. **Develop strategic and integrated media** strategies on a quarterly basis, informed by the work of the Shadow Board, Project Team and national developments.

## **9. How we will deliver?**

### **9.1** Coordination and management

The role of the Communications Work stream is to ensure corporate information on integration and integrated services is effective and efficient.

The group sets strategy, provides professional advice to the Board, recommends policy and coordinates and delivers internal and external content, tools and communication solutions on behalf of the partnership.

The Communications work stream is made up of:  
Heads of Communications NHSB & SBC  
Public Involvement Manager NHSB  
Strategic Community Engagement Officer SBC  
Representative from Joint Staff Forum  
Chief Officer – HSCI (or nominated deputy)

## **9.2** Prioritising

Day-to-day delivery is proposed through a newly appointed fixed term Communications and Engagement Officer, supported by a joint and virtual communications project team made up of representatives from NHS Borders and SBC communications, design, web and online services.

Communications activities ARE prioritised through a rolling joint action plan which is created by the Project Officer in consultation with the Project Team and Change Managers. The plan confirms the actions that will be taken within agreed timescales, responsibility and resources.

Requests for communications action or support are coordinated through the Project Team and brought to the Communications Work stream for discussion/decision.

The minimum lead in time for new work is 4 weeks. Requests for support made out with the above process are supported in exceptional circumstances. Urgent requirements can be referred to the Work stream Chairs.

## **9.3** Media relations and communication policy

Media enquiries are managed initially by the receiving service (NHS or SBC).. in accordance with existing Standard Operating Procedures. Existing NHS and Council communication policy applies during this transition year – for example for media relations, publications and the provision of translations.

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