



PERTH & KINROSS INTEGRATION JOINT BOARD

1 JULY 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 diverse audiences are informed about and engaged in health and social care integration. It outlines our communication aims, principles and approach, and defines key messages to underpin our communications activity.

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 The Communication, Engagement, Workforce and Organisational Development Steering Group has produced a refreshed Communications Strategy to sit alongside the Participation and Engagement Strategy to support how we involve others in our integration journey.
- 2.2 The Communications Strategy defines key messages that will support our engagement and outlines the communication methods we will use to reach different audiences and inspire two-way communication. The Strategy recognises that our communications approach must evolve to support coproduction as our sense of partnership matures.

- 2.3 In addition to explaining legislative changes and reassuring staff and users, communications now needs to support changes to service delivery on the ground. The Strategy recognises the the critical role of all staff in supporting these communications with people who use services and communities. It aims to support an authorising environment where staff are empowered to lead on conversations and communication within their work in localities.
- 2.4 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.
- 2.5 The approach will build upon existing channels of communication, as well as seeking new methods where necessary to ensure we are engaging with all audiences. It will coordinate tactics across Tayside to make sure communication is clear and consistent.
- 2.6 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.
- 2.7 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.
- 2.8 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.
- 2.9 The Strategy highlights the overarching implementation priorities for the partnership's communications and notes the key Strategic Commissioning Plan priorities for 2016-17 that it will support.
- 2.10 The Strategy outlines the key impacts that the partnership hopes to achieve through its communications and defines the strategic risk to achieving these outcomes and the controls planned or in place to mitigate risk.
- 2.11 The Communication, Engagement, Workforce 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 as part of a joint report on 'Engagement and Communication' to a future meeting of the Integration Joint Board.

Perth and Kinross Health and Social Care Partnership



Communications Strategy (appendix to the Participation and Engagement Strategy)



Introduction

Perth and Kinross Health and Social Care Partnership is committed to improving outcomes for people and the communities in which they live. Health and social care integration will mean changing the way we support and deliver health and social care services, focusing on the important role individuals, communities and third sector have in supporting healthy and independent lives.

Integration recognises the positive experiences that people have when services and support connect effectively. We are committed to delivering more effective and joined-up approaches by working together and sharing resources for the greater benefit of the community.

Integration should promote empowerment, supporting and inspiring staff, individuals, partner organisations and communities to participate, influence and be part of solutions for the future. Communications has an integral part to play in this, helping everyone involved to understand the progress and impact of more integrated services and how they can become involved in our integration journey. When changes are planned, effective communications can help to build a shared understanding and encourage people to react positively and feel involved.

Our Communications Strategy sets out our approach to reaching the diverse audiences involved in health & social care integration. We aim to make a measurable difference by using best practice communications to improve perceptions, increase understanding and change behaviour in support of our shared priorities.

Our approach recognises the complex layers of communication required across different audiences and the critical role of all staff in supporting communications. While communications professionals in partner organisations can provide advice and support, most people will be hearing about issues from front line staff, and most staff will receive 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 strategy aims to support an authorising environment where staff are empowered to lead on conversations and communication within their localities. All staff should keep themselves up to date with developments affecting their organisation and take time to engage and contribute their views, ideas and experiences.

The Communications Strategy sits alongside our Participation and Engagement Strategy to support how we involve others in our integration journey. While the Participation and Engagement Strategy outlines *how* we will engage and involve people, the Communications Strategy outlines the key communications messages that support this engagement. It also details the communication methods we will use to reach different audiences, inspire two-way communication, demonstrate our impact and help drive change in perception, understanding and behaviour.

The Strategy will also directly support the Strategic Commissioning Plan 2016-19. It lays out key objectives, milestones and timescales for the partnership's overarching communication priorities and notes the specific strategic priorities that it will support this year.

Our Aims

Our Communications Strategy aims to:

- Provide reassurances and information to all about the progress, benefits and impact of integration, particularly to those who are using health or social care services
- Support a partnership workforce that feels informed, involved and empowered to share key information with the people they support and work with
- Inspire meaningful stakeholder involvement to help shape the new partnership and be part of creative solutions
- Support the effective delivery of the Strategic Commissioning Plan in localities
- Assure the Integration Joint Board of progress in relation to communications objectives and of the effectiveness of communications activities

Our Audience

Our vision for 'partnership' is broad, inclusive and ambitious. It involves a wide range of stakeholders who will be part of the journey of integration with us. Every individual in Perth & Kinross has the potential to be our partner.

As we involve new people as our partners in coproduction, the lines between internal and external communication begin to blur. Our approach to communication must therefore evolve to support new relationships and empower all partners with information and knowledge to inspire involvement and support collaborative relationships built on trust and shared understanding.

Our communication must reach:

- Our workforce
- Third Sector partners (including commissioned providers, non-commissioned groups and volunteers)
- Independent Sector partners
- Our Community Planning Partners and other public sector agencies
- People who use services now or in the future and their Carers
- The general public
- Community partnerships and networks
- Local media
- Politicians
- Scottish Government
- Regulatory bodies

Our Key Messages

While specific messages will change over time as our partnership and priorities evolve, there are a number of core messages that should support our long-term vision for integration and lie at the heart of our work. Targeted messages will be used to support communication around different strategic plan priorities and will form the basis for measuring communications impact with specific audiences. We will evolve the language used in key messages as relevant to our audience. Messages reflect the principles of our Strategic Plan and our vision:

Our vision: People are supported to lead independent, healthy and active lives and live their lives as independently as possible in their own homes, or in a homely setting with choice and control over the decisions they make about their care and support

- ✓ Perth and Kinross Health and Social Care Partnership is committed to improving the health and wellbeing of people in Perth & Kinross.
- ✓ Health and Social Care Integration will mean changing the way we support and deliver health and social care services, focusing on the important role individuals, communities and third sector have in supporting healthy and independent lives.
- ✓ Integration is in direct response to what people have told us they want. We know that people want to receive care and support in, or near to, their own home, and for that support to feel seamless when different services are involved.
- ✓ Integration recognises the positive experiences that people have when services and support connect effectively. We will design more joined-up services that put each person at the heart of decisions and choices that are made. People should expect to be listened to and feel in control of their care and support.
- ✓ Integrated care and support will mean us working intelligently to assess how and what services are prioritised to best anticipate people's needs, intervene early and prevent longer-term issues arising. This will help minimise delays in care, give people the right support earlier, and help people to better manage their conditions.
- ✓ People with disabilities, long-term conditions or frailty can expect to receive the care and support they need to live as independently as possible and to prevent unnecessary stays in hospital or residential care.
- ✓ We recognise the diversity of our communities in Perth and Kinross. We will work in partnership to ensure care and support that is inclusive, accessible and responsive to the particular needs of different localities and different groups of people.
- ✓ We recognise the challenges around us, such as increased demand and expectations, and reducing public finances. Our opportunity is to be open-minded and work collaboratively and creatively to develop solutions for the future. We are committed to making best use of available facilities, people and resources.
- ✓ Our services and supports will be planned and led locally in a way which involves the community, people who use services and local professionals.

- ✓ We will maintain the quality and safety standards as the highest priority.
- ✓ We will ensure those working in health and social care are equipped to make best use of their collective skills and resources to improve outcomes.

Key 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. All staff, no matter which organisation they are employed by, should regularly receive accessible, accurate, consistent and timely information.

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, NHS Staff Governance Standards, public performance reporting guidance and the Code of Practice on Local Authority Publicity.

Our approach to communications must evolve as our sense of partnership deepens. We will be sharing information earlier with new audiences to support rich dialogue and a shared understanding of our priorities, challenges and opportunities.

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 supported by individual people prepared to talk about their own experiences as staff, service users, carers or members of their local communities, 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. This will involve systematically gathering data and information from a wide range of sources including feedback from staff, the public, partner organisations and the media.

Our Approach

Our Approach to Communications is defined by the same five key commitments outlined within our Participation and Engagement Strategy.

1. We will develop a range of participation points

Every participation point is a communication point. Our approach acknowledges the layers of communication points across the partnership:

At an individual level: Every day, front line staff have conversations with service users/ patients and carers. We will ensure that staff are empowered to explain changes and new ways of working to the people they support and work with.

At a local level: Locality management teams will be responsible for developing participation and engagement plans relevant to their locality priorities. Over the next year, localities will start to become the engine room for local communication. Local communication plans and campaigns will be critical in ensuring timely communication around potential service change or developments within a locality and to demonstrate progress and success.

At a strategic level: Transparency and understanding of governance structures, decision-making and reporting is essential. There should be clear channels for cascading information throughout the partnership and to partner organisations.

Integration Joint Board papers will be displayed online and shared with endorsed Forums in advance of meetings to enable Stakeholder Members to gather views. Briefing notes should be shared after meetings to enable staff and stakeholder forums to understand Board business and decisions.

2. We will build upon existing communication 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, users and the public 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, which may include texting, emails or mail.

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. We will strive to be as inclusive as possible in our reach and approach to find communications solutions for all audiences, including individuals or groups who may not engage through our usual channels.

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.

3. We will strive to make it easy for people to engage and participate

We will be inclusive in our approach, providing accessible information and taking care to use plain English that makes sense to everyone. Recognising we use different and often very technical language to describe our work, we commit to developing a shared language that makes it easier for us to understand each other.

We will make sure our communications reach everybody they need to and can be easily understood. 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 will take steps to seek out the views of our audience and adapt communications according to their preferences.

4. 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 measurable 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

5. 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.

Staff will be engaged and involved in decisions that affect them and in strategic developments, with the opportunity to influence decisions.

The impact of our Communications

All of our communications should contribute to positive change. These changes will include:

Improved 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.

Increased 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 or individual level, communications will be used in conjunction with other methods to help bring about positive changes in behaviour. 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 impact on supporting more positive wellbeing outcomes.

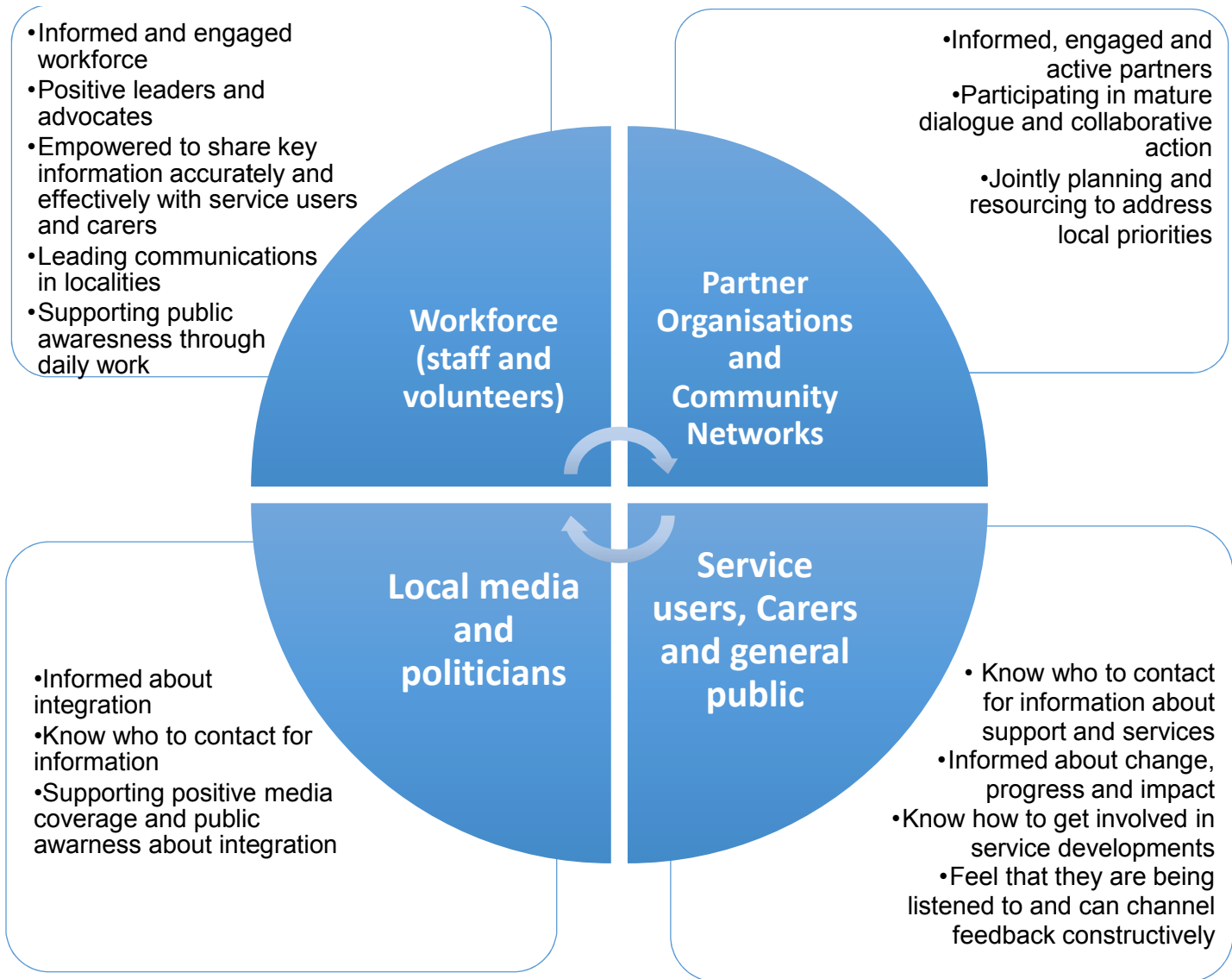
Case study: improving perceptions

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.

Through a journey of improving perceptions, increasing understanding and changing behaviours, we strive to see the following outcomes:

Diagram 1



Implementation

Key objectives, Milestones and Timescales

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 summarises the Strategic Plan, introduces key people in the partnership, and can be used to support one-to-one discussions.

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 and keep people informed about progress and impact. This will also 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. We will ensure all staff have access to communications channels which offer the opportunity to give and receive feedback.

As integration progresses, communications are likely to become more specific to local audiences. 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 to 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 to support identity and a stronger sense of partnership, and how it might integrate with existing partner and Community Planning Partnership branding. We will use this evidence to make an informed recommendation on the development of a visual identity.

To support the Strategic 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 proactive and reactive communications.

Overarching Communications Objectives, Milestones and Timescales 2016-17

Objective	Milestone	Timescale
Support staff to become informed and enthusiastic advocates	Develop a cycle of core communications covering areas such as: <ul style="list-style-type: none"> Providing timely briefings around Integration Joint Board business Locality roadshows for Chief Officer to meet staff E-newsletter 	Full cycle developed by July 2016
	Produce a 'rough guide' document – issued to every staff member as a tool to support discussions with service users and other partners	August 2016
	Provide communications training to managers, frontline staff and the Integration Joint Board.	Initial training ready to deliver by August 2016
	Support the integrated work-force and organisational development plan	December 2016
Support managers to deliver local or service-specific communications campaigns	Develop a communications campaign template	July 2016
	Establish protocols which empower frontline staff	July 2016
	Support locality managers to gain an understanding of local communications channels	August 2016
	Support managers in developing clear communications and engagement plans to support Strategic Commissioning Plan priorities 2016-17	From June 2016
Raise public awareness and improve perceptions of Health & Social Care Integration	Establish a benchmark for public awareness and perceptions of Health and Social Care Integration	August 2016
	Establish a benchmark level for engagement with people who are less likely to be in touch with mainstream health services, to ensure continuous improvement	August 2016
	Establish a benchmark level for awareness amongst people whose first language is not English, to ensure continuous improvement	August 2016
	Establish a programme of universal communications that will demonstrate progress and impact of the partnership to the public. Key milestones will include: <ul style="list-style-type: none"> Posting Integration Joint Board papers online Providing timely media releases to communicate around progress and impact of the partnership 	On-going

	<ul style="list-style-type: none"> ▪ Building a bank of human interest case studies to support press releases ▪ Using partners' social media, websites, newsletters and other channels to share stories and impact ▪ Pitching strong examples of best practice to health correspondents/ specialised trade media 	
Make a recommendation on brand development	Investigate visual identity	September 2016
Ensure people know where to turn when they need health and social care information and services	Investigate e-services and virtual platforms, with a view to developing a virtual health and social care market place	November 2016
Identify and mitigate key risks	Identify and mitigate key risks as part of a Risk Register	In place by June 2016, with regular review
Understand, evidence and learn from the impact of our Communications	Establish a Performance Framework for the Communications Strategy	August 2016

Strategic Commissioning Plan Key Priorities for 2016-17

As a next step, milestones and actions for Communications and Engagement will be identified to support the key Strategic Commissioning Plan Priorities for 2016-17.

Communications and Engagement staff across the partnership will wrap their support around each of these priorities to support specific communications and engagement needs.

Objectives	Strategic Plan Priority Area – Communications Focus
Shift perceptions of the balance of care to support the delivery of community-based, outcomes-focused, preventative services and Promote the message of co-production to make services more effective by partnering with people who use services, communities	Support the roll out of locally-based integration teams
	Support the embedding of the role of GP clusters
	Support the review of community pharmacy, dentistry and optometry
	Support the review of Allied Health Professionals
	Support the review and transformation of District Nursing
	Support the review of pathways between hospital and the community
	Support the review of inpatient beds
	Support the review of care at home
	Support the review of older people's residential care services
	Support the implementation of the technology enabled care strategy
	Support the review of hosted services
	Work with communities to develop the health and social care

and other organisations	market
	Support the exploring of community hospitals acting as local community hubs
	Support the review of community care day services
	Support work with housing partners to help people live independently
	Support the review of community care packages
	Support the development of interventions for people at highest risk of ill health through the Health Equity Strategy

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 Organisational Development 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.
- A commitment to empowering a broad range of people to be advocates for integration. We recognise the range of people who will be spreading communications, including partner organisations, volunteers, community advocates and people who use services. Good corporate communications that provide up-to-date information will support this.

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 Organisational Development Steering Group will approve any such spend from the budget available.

Monitoring and Evaluation

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 will be used as our basis for monitoring and reporting our progress.

We will also develop a performance framework to support evaluation of our communications activities, evidence our impact, and apply learning and improvement. The framework will centre around our Outcomes outlined in Diagram 1 and will include/ be supported by:

- Establishing benchmarks for levels of awareness across different audiences
- Connecting to key communications-related indicators from national performance data such as the *Health and Care Experience Survey*

Our monitoring and evaluation activity will be supported by systems across the partnership to jointly gather data and information from a wide range of sources and audiences.

Risk Management

The management of risk in relation to Communication and Engagement forms part of the Risk Management Framework. Details of the risk description and controls are below:

Overarching strategic risk description

There is a risk of failure to engage effectively and timeously regarding key service developments which will lead to a risk of reputational damage and unnecessary delay.

Controls (in place / planned)

- ✓ Key commitments to support effective engagement and communication are in place
- ✓ Briefings on the strategic approach to engagement and communications given to leadership and management groups
- ✓ Communications/ engagement leads briefed on the engagement and communications standards and major change engagement requirements to inform a joint approach
- ✓ Key messages in relation to identified areas of reputational risk are prepared and ready to support timely communication
- ✓ Formal Stakeholder participation structures are in place to support the Integration Joint Board
- ✓ Engagement planning and recording tools used to ensure timely and coordinated action and responses
- ✓ Media protocols in place across the partnership to support joint responses
- ✓ Proactive approaches and systems will be developed to anticipate areas of elevated reputational risk surrounding service change and to support rapid response to minimise negative media coverage
- ✓ Communications protocols will be developed to empower staff in localities
- ✓ Locality Participation and Engagement Plans will be developed
- ✓ Locality management and leadership will receive communications training to support local conversations and be supported to develop engagement skills
- ✓ Standardised reporting arrangements from localities to the Communication and Engagement sub-group and overarching steering group
- ✓ Communications and Engagement groups are connected to PAN Tayside groups
- ✓ Hosted services engagement framework will be developed
- ✓ Performance Framework will support the monitoring and evaluation of the strategy

A more detailed risk mitigation plan has been developed specific to the defined audiences within our communications strategy.

Reporting and Review

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

Recognising that the Participation and Engagement Strategy and Communications Strategy sit so closely together and under a single sub-group, it is proposed that future reporting to the Board is through a single Engagement and Communications Report. The Board will receive forward plans and reports against objectives, including highlights of specific plans or campaigns that support strategic plan priorities.