

## Health and Wellbeing Board

1.	<b>Date:</b>	<b>26<sup>th</sup> August 2015</b>
2.	<b>Title:</b>	<b>Health and Wellbeing Board Communications</b>

### 3. Summary

Following discussions at the July Board meeting, in the context of the Health Select Commission's Scrutiny Review on access to GPs, this report provides the outline of a Board Communications Plan for comment and endorsement.

### 4. Recommendations

**That the Health and Wellbeing Board:**

- **Discuss and endorse the outline Board Communications Plan set out in section 5 below**
- **Agree that the Health and Wellbeing Partner website will be further developed and utilised as a central plank of Board communications**
- **Agree that a communications summary will be prepared after each Board meeting, with clear messages for all Board members to disseminate within their respective organisations/departments.**

## 5. Proposals and details

### Background

At the previous Health and Wellbeing Board meeting on 8<sup>th</sup> July, an item on the *access to GPs* Scrutiny Review included recommendations for the Board to:

- Consider developing a Borough-wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments
- Consider revisiting the “Choose Well” campaign to raise awareness of how to access local NHS services and which is the most appropriate service in a range of situations.

In discussing these recommendations, the Board had a wider debate about communications, concluding that a report would be brought to the August meeting.

### Details

It is recommended that a Board Communications Plan is developed, based on the following broad strands:

- a) *Providing health messages to the general public*, including linking to and raising awareness of national campaigns and utilising an “every contact counts” approach via frontline staff.
- b) *Promoting the work of the Board and its partner organisations*, including local initiatives and success stories that help to raise Rotherham’s profile and improve its image.

As well as picking up the specific issues raised in the Scrutiny Review, strand a) would require close working with Public Health to dovetail with local and national campaigns.

The *Health and Wellbeing Partners* website, which was created last year, could be a central element of the communications plan. The site would need to be developed and maintained as an up-to-date source of information on Board meetings and delivery of activity linked to the Health and Wellbeing Strategy. In addition, it could feature Public Health and other campaigns relevant to health and wellbeing as well as blogs and other interesting content.

The Board may also wish to consider more proactive communication methods, such as a regular newsletter and/or a social media presence. There remains an intention, as discussed previously, to webcast Board meetings, though currently this would only be possible for meetings held in the Council Chamber at the Town Hall.

Finally, to ensure that effective communications remain central to the Board’s operation, the following will be implemented immediately:

- The Council or Clinical Commissioning Group’s communications leads to attend Board meetings on an alternating basis
- A communications summary to be prepared after each meeting, incorporating messages that need to be fed back to individual organisations via Board members.

## **6. Financial implications**

The main resource requirement is staff time to ensure the Communications Plan is developed and implemented, including maintenance of an up-to-date website. This can be managed by existing staff within the Council's Policy and Partnership Team, Public Health and Council and partner Communications Teams.

## **7. Equalities implications**

The Communications Plan would need to ensure that messages reach all audiences and consider targeted initiatives for groups/communities that experience health inequalities or particular health problems.

## **8. Report authors**

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