

## **ROTHERHAM HEALTH AND WELLBEING BOARD COMMUNICATIONS FRAMEWORK AND KEY PRINCIPLES**

### 1. Introduction

The primary purpose of this plan to ensure effective, consistent and co-ordinated communications, marketing and social marketing activity to support the work of Rotherham's Health and Wellbeing Board in achieving its vision to "*improve health and reduce health inequalities across the whole of Rotherham*" across six priority outcome areas

- Priority 1 - Prevention and early intervention:** Rotherham people will get help early to stay healthy and increase their independence.
- Priority 2 - Expectations and aspirations:** All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community, tailored to their personal circumstances.
- Priority 3 - Dependence to independence:** Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances
- Priority 4 – Healthy Lifestyles:** People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles.
- Priority 5 – Long-term conditions:** Rotherham people will be able to manage long-term conditions so that they are able to enjoy the best quality of life.
- Priority 6 – Poverty:** Reduce poverty in disadvantaged areas through policies that enable people to fully participate in everyday social activities and the creation of more opportunities to gain skills and employment.

And across a number of life stages:

- **Starting well**
- **Developing well**
- **Living and working well**
- **Ageing and dying well**

This document sets the framework for :

- i) how strategic and operational communications and marketing activity is undertaken by the range of organisations which contribute to the delivery of these outcomes through Rotherham's Health and Wellbeing Strategy
- ii) communications activity in support of and on behalf of the Health and Wellbeing Board itself, such as responding to media enquiries which are cross-cutting or relate specifically to the Board, rather than to a specific member organisation.

The framework will be supported by a plan of key actions which summarises of communications and marketing activities/campaigns in support of the workplans for each priority area. This will be regularly reviewed and monitored by the Board, but nominated lead agencies will individually or jointly be responsible for its delivery.

## 2. Principles of Effective Communications

All organisations represented on the Rotherham Health and Wellbeing Board share ownership of this plan and also share responsibility for its delivery, adhering to the following core principles:-

- Consistent – there will be no conflict in the information provided
- Credible and based on sound knowledge – adhering to the above principles should ensure that communication can be trusted.
- Targeted – the right messages and information reach the right audiences at the right time and in the appropriate format  
**(both particularly important in the context of messages relating to lifestyle, health and wellbeing)**
- Open and transparent – demonstrating accountability, and explaining the reasons when information cannot be provided
- Clear and honest – free of jargon and in plain English wherever possible
- Timely – information will be provided when and where it is needed by the people with whom it is shared
- Co-ordinated – a “joined-up” approach will be taken to communicating with all stakeholders and across all channels
- Two-way – processes in place to enable stakeholders to feed back to the Board and/or its constituent organisations
- Efficient – uses existing established communications methods wherever possible and delivering value for money where new channels are established

## 3. Target Audiences

In the context of delivering the Health and Wellbeing Strategy, market segmentation ie the identification of specific target groups who need to receive key messages and respond to achieve the required outcomes will be particularly important, and this will be reflected in the detailed operational plans and campaigns, based on market research and other relevant evidence. In general terms, however, it is envisaged that the following target audiences will be covered by this framework:

- i) Members of the Health and Wellbeing Board
- ii) Elected Members, RMBC

- iii) Partner organisations (Board members, staff)
- iv) People living, learning and working in Rotherham
- v) Carers
- vi) Print and broadcast media (local, regional, national and specialist)

(others to be inserted)

#### 4. Roles and Responsibilities

All organisations represented on the Board share responsibility for adopting the principles of this framework and the delivery of effective communications and marketing to support joint objectives around improving health and wellbeing. Overall across agencies in Rotherham, the communications/media/marketing resource (both human and financial) is diminishing in the current financial climate and the capacity to take on additional work is limited. Some agencies no longer have their own communications and/or marketing resource. This framework, therefore, needs to be realistic about what can be achieved, and is based upon using the people, channels, mechanisms and campaign opportunities already in place.

Specific roles and responsibilities are summarised as follows:-

- i) Chair of the Health and Wellbeing Board/RMBC Cabinet Member for Health and Wellbeing  
Acts as ambassador for the health and wellbeing agenda; representing the Cabinet portfolio of health and well-being through democratic processes; championing health and wellbeing; primary media spokesperson on issues relating to specific Board activities and generic health and wellbeing issues; participating in positive PR opportunities; leading by example and acting as communications role model; advocate for communications and marketing to support key Board objectives.
- ii) Leader of the Council/Director of Public Health  
Acts as ambassador for the health and wellbeing agenda; primary media spokesperson on issues relating to specific medical public health interventions eg communicable diseases, sexually transmitted diseases; participating in positive PR opportunities; leading by example and acting as communications role model; advocate for communications and marketing to support key Board objectives.
- iii) Communications representatives – Health and Wellbeing Board  
Rotherham Borough Council's Head of Corporate Communications and Marketing (or nominated deputy) and the lead communications officer working on behalf of the Rotherham Clinical Commissioning Group (or nominated deputy) will be the designated communications leads for the Health and Wellbeing Board. They will act as strategic and operational communications advisers to the Board; ensure that the communications/social marketing perspective on all activities, projects etc coming through the Board and Steering Group have been properly considered; ensure expert challenge is provided, and will work with the agencies to map operational activity and to ensure delivery. However, they are not responsible for providing direct communications support to all issues considered by the Board (see below).

- iv) Policy Officer – Health and Wellbeing Board  
Maintaining effective communication with Health and Wellbeing Board members, eg circulation of Key Issues policy briefings; maintenance and development of Health and Wellbeing Board website.
- v) Members – Health and Wellbeing Board  
Working with lead officers in their own organisations, Board members will take responsibility as appropriate for communications activity, including the cascade of key messages coming out of Board meetings into their own organisations; leading by example and acting as communications role models; promoting support for communications and marketing activity within their own organisations, in support of relevant priority outcomes.
- vi) Communications/marketing staff, Board Member organisations  
Acting as strategic and operational communications advisers to their Health and Wellbeing Board representative; ensuring all opportunities to deliver against the communications aims of this framework are identified and maximised; to participate as required in delivery of the action plan.

#### 5. Communications/Marketing Channels

This framework applies to a range of marketing communications channels, to be used as appropriate.  
These include:-

- local, regional, national print and broadcast media
- websites
- involvement in events
- screen technology (eg Qmatic at Riverside House, QTV)
- brochures, leaflets
- core presentations (eg to community groups)
- staff communications eg newsletters, e-bulletins
- social media – eg Twitter, Facebook, Youtube
- display/exhibition materials
- posters
- training materials for staff
- advertising – print and broadcast

#### 6. Information Sharing/Media Handling Protocols

- i) Individual Board members agree that their organisations will share with others any information which does, or has the potential to, impact on the work or reputation of the Health and Wellbeing Board, or the public perception of the work programme which supports the Board in achieving its objectives. This will be shared, in the first instance, with the Chair of the Board who will determine the need and process for any further cascade to other Board members, with the support of the lead communications representative (RMBC or CCG).
- ii) Any media enquiries relating to the work of the Health and Wellbeing Board will be directed to the lead communications representative (RMBC), who will then discuss in the first instance with lead officer(s) and Board Chair, and any other officers as appropriate, and an appropriate response will be drafted. Where time allows, this response will be shared with member organisations through their respective communications/media departments, with an opportunity for comment. However, where this is not possible, authority will rest with the lead officer(s) and Board Chair.

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February 2013  
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iii) Member organisations will be responsible for their own internal approval/information sharing processes.

7. Review and Evaluation

This communications framework and key principles will be reviewed at six-monthly intervals by the Health and Wellbeing Board.

Communications/Marketing Issues will be a standing item at each Health and Wellbeing Board meeting, including the identification of any key messages arising from the meeting for sharing with internal/external/media audiences. Reporting against the priority outcome action plans will be on an exception basis.

**Tracy Holmes**  
**Head of Communications and Marketing**  
**RMBC**  
**February 2013**

**Health and Wellbeing Board – Communications Action Plan**

**SAMPLE PAGE**

**Communications in support of the Health and Wellbeing Board**

<b>Proposed Activity</b>	<b>Timescale</b>	<b>Lead Organisation/ Responsible Officer</b>	<b>Outcomes/Additional Comments</b>
Maintenance and development of Health and Wellbeing Board website	Ongoing	Policy Officer, HWBB	
Publicity to support Rotherham Health and Wellbeing Conference	February/March 2013	HCCM, RMBC/ Comms Lead, Rotherham CCG	

