



**Health and Wellbeing Board**  
**27<sup>th</sup> March 2015**

**HEALTH AND WELLBEING BOARD COMMUNICATION AND ENGAGEMENT STRATEGY AND ACTION PLAN**

**Responsible Officer**

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**1. Summary**

- 1.1 In October 2014 the HWBB approved the establishment of a Communication and Engagement Task and Finish Group to develop an overarching health and wellbeing communication and engagement strategy and action plan for Shropshire. The aim was not to replace any individual organisation's plans and strategies but has developed overarching principles for health and wellbeing communication and engagement across Shropshire, with specific actions identified to improve communication and engagement across Shropshire.
- 1.2 It was recognised that many health and care organisations in Shropshire engage with the population to design services, understand need and service user experience, and provide information to the public. It was agreed that it would be worth exploring how we could do more together to reduce duplication and increase consistency of messaging. It was also felt this strategy was needed in order to develop a collective approach and commitment to working with the population to design services, and to ensure that where ever possible health and care organisations could support one another, share information and best practice.
- 1.3 The task and finish group includes members from Healthwatch (chair), the CCG, CSU, Shropshire Council Communications and Public Health, and the VCSA.
- 1.4 In December the T& F group invited key stakeholders from partner organisations to participate in a communication and engagement workshop. The workshop included an informative presentation regarding Best Practice and Law in Consultation by Nick Duffin of the Consultation Institute. Each organisation also brought with them their key considerations for communication and engagement and the group worked collectively to develop local principles.
- 1.5 Attached in Appendices 1 and 2 are the Draft Communications and Engagement Strategy and Action Plan that have been developed on the basis of the workshop and further meeting sessions. This Strategy and Action Plan are currently being consulted on more broadly as a first step to increasing awareness of the HWBB and its communication and engagement strategy, and to ensure that the strategy and action plan are not missing any key elements.
- 1.6 The development of this strategy has coincided with the Shropshire Health and Wellbeing Peer Challenge, and has been developed in the context of large scale transformation programmes (including Future Fit and Better Care Fund). As such the Communication and Engagement task

and finish group has recognised that we will be entering a time when how we communicate and engage about these changes will be vitally important for the population and for the success of new programmes and developments.

1.7 As well recent meetings of the Health and Wellbeing Board have emphasised a significant role for communication and engagement with regard to supporting the urgent care system in Shropshire. Also communication and media campaigns have been highlighted as a requirement to support cross partnership working with the Safer Stronger Partnership Board.

1.8 Further, the T&F group has considered the use of the branding Shropshire Together as part of its task for the development of joint communication and engagement. The group has considered the input from the Board (which can be found in Appendix 3) and the subsequent direction of development of the HWBB (as summarised in the recent Peer Challenge report), and recommends that the Board continue to build the brand of Shropshire Together as a platform where joint health and wellbeing messages can be shared and disseminated.

## **2. Recommendations**

1.1 The Health and Wellbeing Communication and Engagement T&F group recommend that the Board:

1. Provide initial comment and input to the draft Communication and Engagement Strategy and Action Plan (further opportunity to provide input has been provided through the online questionnaire);
2. Endorse the development of a permanent communication and engagement subgroup with a role to **a**: develop communication and engagement programmes in line with the key programme development in Shropshire, and **b**: make recommendations to the Health and Wellbeing Board as required and **c**: share, where appropriate, information and ideas for collaboration, joint working and input to the JSNA; and
3. Continue to use and build recognition of the branding of Shropshire Together as the platform for delivering and supporting messages and engagement across the Shropshire Health economy.

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.1 The HWBB priorities work to reduce health inequalities. The HWB Communication and Engagement Plan sets out principles around communicating and engaging with all people including children and young people and those with protected characteristics.

### **4. Financial Implications**

4.1 There are no direct financial considerations as part of this report. However, the development of the strategy and action plan and ongoing delivery and support of both will include officer and financial resource.

### **5. Background**

5.1 HWBB paper outlining requirement for a HWB Comms and Engagement Task and Finish Group can be found [here](#).

## 6. Additional Information

N/a

## 7. Conclusions

7.1 Please see summary and recommendations.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b> Karen Calder, Portfolio Holder - Health
<b>Local Member</b>
<b>Appendices</b>  <ol style="list-style-type: none"><li>1. Draft Health &amp; Wellbeing Board Communications and Engagement Strategy</li><li>2. Draft Health and Wellbeing Communication and Engagement Action Plan</li><li>3. Shropshire Together and the Health and Wellbeing Board 'SWOT' Analysis Summary</li></ol>

## Draft Health & Wellbeing Board Communications and Engagement Strategy

### Background

Shropshire is a vibrant and diverse county with varied and unique health and social care needs. In particular, Shropshire's rurality and demographic structure bring specific challenges with regard to communication and engagement. Although largely a fairly affluent county, Shropshire has areas of deprivation which combined with rural sparsity create issues for access to services.

As an example, we recognise that making information available online cannot be our only method of communication with the public as many of our residents have inadequate internet access. Similarly, Shropshire has an ageing population with a high proportion of individuals aged over 50 years old. This brings challenges around the requirements for provision of social care and ensuring that individuals are not socially or geographically isolated.

In Shropshire, strategic health and care decisions are made by the Health and Wellbeing Board which has membership from the Local Authority, the Clinical Commissioning Group, Healthwatch, the VCSA and NHS Local Area Team. The Health and Wellbeing Board acts to ensure that key leaders from the health and care system work together to improve the health and wellbeing of Shropshire residents. Health and Wellbeing Board members collaborate to understand their local community's needs, agree priorities and work together to plan how best to deliver services.

### Introduction

Health and social care have recognised that we all work with patients, carers and service users to gather feedback and design services. Through this strategy, we can work more collaboratively in our communication and engagement by sharing information, skills and best practice. Shropshire's health and care services are committed to the provision of a responsive local health and social care system that reflects the population we serve.

All organisations linked to this strategy are committed to seamless and effective communications and engagement for everyone who uses health and social care services in Shropshire. This strategy focuses on building upon good practice principles and values highlighted in the Shropshire Compact<sup>1</sup> and the joint streams of work across the health and social care system of Shropshire. Individual health and social care organisations across the county will have their own communication and engagement strategies and plans that feed into and support this overarching strategy.

### Purpose

The purpose of this strategy is to create transparency, consistency, to join up working and to avoid duplication in communications and engagement work. It intends to support the Health and Wellbeing Board in the delivery of its strategy.

This agreement will increase knowledge and understanding of health and care across Shropshire, helping the people of Shropshire to be better informed and involved in decisions around their care and, as a result, have better access to services. This will help health and social care organisations to achieve their individual priorities and aspirations around health and wellbeing.

Health and social care partners want to ensure that, where possible, communication and engagement is co-produced across the health and social care economy alongside other partners and the people of Shropshire.

All partners aim to make most effective use of all networks across health and social care systems.

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<sup>1</sup> For more information on The Compact in Shropshire, please see: [vcvoice.org/the-compact/](https://vcvoice.org/the-compact/)

## Principles

All organisations signed up to this strategy are committed to the following principles and will:

- Adopt good practice and operate in a transparent, targeted, objective and timely fashion with the spirit of openness and candour
- Work together; sharing information and making use of skills across networks
- Ensure accessibility and equality needs are respected and accommodated at all times; this includes children and young people, vulnerable people and those with protected characteristics
- Take an approach that fosters continuous engagement and reflects two way dialogue with our local people
- Facilitate positive relationships with our employees and empower staff to be communications and engagement ambassadors
- Support health and care providers achieve priorities through good communication and engagement
- Provide the public with simple and clear information to enable better access to the right service

## Information sharing

All of the organisations that have signed up to this strategy agree to share findings and information learned from engagement and communications activities, such as consultations and wider communications campaigns, in order to improve the experience that local people have of health and social care services. This will also reduce the risk of duplication of work and ensure that active conversations with communities are shared across the health and social care system. This strategy is not about sharing personal information or commercial in confidence data.

Platforms such as the Joint Strategic Needs Assessment (JSNA) will be utilised in the sharing of information common across the health and social care landscape in Shropshire.

## Approaches

We will use the most relevant and targeted methods to ensure that we communicate and engage effectively with the people of Shropshire. We will use a combination of tools such as demographic profiling, grass roots knowledge and experience, and engagement with stakeholders to ascertain how best to communicate and engage with relevant individuals, groups and communities.

A combination of approaches will be deployed to ensure that every contact with the people of Shropshire counts. When devising specific communications and engagement plans we will incorporate all channels that are deemed most effective to target people. Our communications and engagement will be outcome-focussed and there is an efficient feedback loop to demonstrate that we are listening and acting upon feedback.

We will use a range of channels, for example; websites, newsletters, press releases, social media, surveys, face-to-face events, focus groups, community conversations and staff as advocates. Also by using our networks to strengthen the channels that we use and ensure that the mechanisms utilised reflect the best method of communication and engagement for that group.

We consider there is an importance in capturing the views and experiences of the people of Shropshire, and this detail will inform the update of the JSNA and be used in the development of services. By using a targeted, relevant and outcome-focussed approach we will aim to achieve good communications and engagement with people and by definition we will develop a network of trusted communicators.

## Feedback loop and making a difference

For all activities there will be a feedback mechanism to share the messages that have been generated as a result of any communications and engagement. We are committed to sharing any outcomes where there are changes as a result of engagement and communications. We understand that good communications and engagement is a cyclical process and we believe that this will underpin achieving a healthy Shropshire.

This strategy will be reviewed in the first 6 months, and will be reviewed annually thereafter.

## **Our Partners:**

[Shropshire Clinical Commissioning Group \(CCG\)](#) the local NHS organisation responsible for commissioning local healthcare for the people of Shropshire. This includes commissioning services like acute and community planned hospital care, rehabilitation care, urgent and emergency care, community health services and mental health and learning disability services.

[Healthwatch Shropshire](#) is the independent consumer champion for health and social care in Shropshire. Healthwatch Shropshire seeks the views of patients, carers, service users and the wider public about how their health and social care services are run. Healthwatch has the right to visit places providing publicly funded health and social care services (such as hospitals, GP practices and residential homes). It makes reports and recommendations, publicises its findings, and it uses its statutory powers to influence change.

[Shropshire Council](#) provides a range of services to Shropshire residents including the delivery of health and social care services. This incorporates children's services, social care placements and support, safeguarding of vulnerable children and adults, information, advice and guidance, public health support around healthy lifestyles and services from the leisure and outdoor recreation teams.

[Midland and Lancashire Commissioning Support Unit \(CSU\)](#) provides specialist support to Shropshire CCG, particularly around back office functions. In Shropshire, the CSU is helping to support the CCG with its communication and engagement, including the NHS Future Fit programme.

[South Staffordshire and Shropshire Healthcare NHS Foundation Trust](#) provide adult and older people's mental health services and learning disability health services. They work in partnership to promote the independence, rehabilitation, social inclusion and recovery of people with a mental illness.

[The Shrewsbury and Telford Hospital NHS Trust \(SaTH\)](#) is the main provider of district general hospital services for half a million people living in Shropshire, Telford and Wrekin and mid Wales, Services are delivered from two main acute sites: Royal Shrewsbury Hospital (RSH) in Shrewsbury and the Princess Royal Hospital (PRH) in Telford.

[The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust \(RJAH\)](#) is a leading orthopaedic centre of excellence. The Trust provides a comprehensive range of musculoskeletal surgical, medical and rehabilitation services; locally, regionally and nationally from a single site hospital based in Oswestry, Shropshire.

[Shropshire Community Health NHS Trust](#) provides community health services to people in their own homes, local clinics, health centres, GP surgeries and other locations across Shropshire, Telford & Wrekin and some surrounding areas. These services include Minor Injury Units, community nursing, health visiting, school nursing, podiatry, physiotherapy, occupational therapy, and support to patients with diabetes, respiratory conditions and other long-term health problems.

**GP Practices** - There are 44 GP practices in Shropshire and local practices have formed a GP Federation. The single Walk in Centre is currently located on the Royal Shrewsbury Hospital site.

[Shropshire Doctors Co-operative Ltd \(Shropdoc\)](#) provides urgent medical services for patients when their own surgery is closed and whose needs cannot safely wait until the surgery is next open. ShropDoc provides out of hour's primary care services to 600,000 patients in Shropshire, Telford and Wrekin and Powys.

[West Midlands Ambulance Service \(NHS Foundation Trust\)](#) - The Trust serves a population of 5.36 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Staffordshire, Warwickshire, Coventry, Birmingham and Black Country conurbation.

[NHS England](#) is an executive, non-departmental, public body of the Department of Health. NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012.

[Shropshire Local Pharmaceutical Committee](#) – The Shropshire Local Pharmaceutical Committee is the representative statutory body for all Community Pharmacy contractors in the county of Shropshire.

[People 2 People](#) is a not-for-profit independent social work practice working with Shropshire Council to provide adult social care support to older people and those with disabilities. The aim of People2People is to offer a different way of supporting individuals to keep their independence for as long as possible.

[Shropshire Partners in Care \(SPIC\)](#) represents independent providers of care to the adults of Shropshire and Telford & Wrekin. Its purpose is to support the development of a high quality social care sector in the areas of Shropshire and Telford & Wrekin. They provide information, support training and signposting to relevant services to everyone that contacts the office.

[The Voluntary and Community Sector Assembly \(VCSA\)](#) works to facilitate partnership between the voluntary and community sector and public sector, ensuring that the VCS are represented on groups led by the CCG, Shropshire Council and other partners. Members of the Voluntary and Community Sector Assembly include many VCS organisations who deliver health and social care services in Shropshire.

[Help2Change](#) provides a single point of access to a suite of services to help individuals improve their health. Services are aimed at keeping individuals well, improving their wellbeing and preventing illness. Information and advice is also available via the [Healthy Shropshire](#) website.

[IP&E](#) provides public services on the Council's behalf, enabling the Council to reinvest profits from any trading back into services. Their aim is to deliver better outcomes for the public by designing services around customer need and maximising public profit.

## Draft Health and Wellbeing Communication and Engagement Action Plan

Health &  
wellbeing in  
Shropshire



PRIORITY	ACTION	Further detail	WHO?	DATE	REVIEW
1	<b>Approval from Health and Wellbeing Board</b>	Including sign up to the strategy from partners. Link with development of the Health and Wellbeing strategy.	Health and Wellbeing Board members	April/May 2015	Review strategy - 6 months, then yearly
2	<b>Supporting access through information, advice and guidance</b>	Engaging the population and delivering information to ensure that the public are aware where they can go for services, etc. For example, disseminating information about urgent care services (appropriate use, locations, opening times) and communicating the message around any changes to services. Development of the Shropshire Together website will support this; communicating the work and available services from across the health economy.	All Communication and Engagement leads	Continuous	
3	<b>Raise profile of the Health and Wellbeing Board</b>	Through the operational tools detailed below and including the Shropshire Together website as a platform.  A Health and Wellbeing Conference in Autumn 2015 will focus upon health inequalities. The outcomes of the event will be used to inform planning for the Health and Wellbeing Board (HWBB).	Communication and Engagement leads from: Shropshire Council/IP&E, Healthwatch, CCG, CSU, VCSA, Shropshire Together	Continuous  Autumn 2015	
4	<b>Development of mechanisms to support joint working through:</b>  <b>A. Strategic decision making</b>	A. Development of an operational group to make recommendations to the HWBB. Clear project management approach for carrying out the work from the HWBB and local campaigns. Networking and working together. Developing protocols for deciding upon and delivering campaigns. This will include supporting the communication and engagement of key programmes such as NHS Future Fit and Better Care Fund.	A. Communication and Engagement leads from: Shropshire Council/IP&E, Healthwatch, CCG, CSU, VCSA, Shropshire Together	May/June 2015 onwards	



	<p><b>B. Operational tools</b></p> <p><b>C. Sharing information</b></p>	<p>B. Tools such as; a shared social marketing and communications resource platform, single consultation portal, news story feed through to the HWBB website, local network for working together (communication and engagement leads), agreed media protocol (including across social media), shared photo library, a regular health column in newspapers, shared evaluation tools to monitor effectiveness of communication and engagement.</p> <p>C. Individual organisations sharing information about individual campaigns, events or updates via an effective forum or platform.</p> <p>These actions will lead to joint working and promotion of health and wellbeing across the health economy through initiatives such as a shared health and wellbeing stand at the Shrewsbury Flower Show (Aug 2015) and early development of the media campaign highlighting access to urgent care in Shropshire. This also includes development of the Shropshire Together website with input from across the Shropshire health economy.</p>	<p>B. Shropshire Council/IP&amp;E, Healthwatch, CCG, CSU, VCSA, Shropshire Together, providers incl. SSSFT, SPIC, Shrop Comm, SaTH, RJAH, etc.</p> <p>C. ALL</p>		
<b>5</b>	<b>Develop tools for evaluation</b>	To generate an understanding of the most effective methods of communication and engagement and to ensure that we achieve the outcomes we set.	Operational Group (see 4A)	June 2015	
<b>6</b>	<b>Determine the best way to engage those who are not routinely engaged</b>	Linking with the locality Joint Strategic Needs Assessment to understand better the population, making a targeted approach to ensure inclusion and consideration is given. This includes considering how best to engage with children and young people, vulnerable persons and those with protected characteristics.	Operational Group (see 4A)	Continuous	
<b>7</b>	<b>Investigate 'twinning' with another Local Authority</b>	To learn from each other's successes and difficulties with communications and engagement.	Operational Group (see 4A)		

## Shropshire Together and the Health and Wellbeing Board 'SWOT' Analysis Summary

### Introduction

Over the summer, various members of the Health and Wellbeing Board were asked for their comments around the topics of Shropshire Together, the Stakeholder Alliance, Health and Wellbeing Board communications and the JSNA. Comments have been compiled into a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis with main themes identified. Recommendations for development are supplied.

ST = Shropshire Together, SA = Stakeholder Alliance, HWBB = Health and Wellbeing Board

HWBB members consulted:

Karen Calder, Ann Hartley, Jane Randall-Smith, Karen Bradshaw, Paul Tulley, Rod Thomson, Bill Gowans, Helen Herritty, Lee Chapman, Stephen Chandler, George Candler, Caron Morton, Jackie Jeffreys, Mark Donovan.

### Shropshire Together

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>ST has a role in making information understandable.</li> <li>ST has a role in providing the public with a general message that we are working together and info about our flagship pieces of work.</li> <li>ST was good at telling people what the HWBB is/does.</li> <li>The idea of the 'hot seat' was good and well-received.</li> </ul>	<ul style="list-style-type: none"> <li>ST's objectives were not clear. Views were collected and shared without clarification for what they would be used.</li> <li>Might be better to put resource into promoting the HWBB.</li> <li>The same people/organisations involved in ST are already involved in other groups; better to use existing forums.</li> <li>Difficult to distinguish difference between ST and SA.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>Role in promoting the work of the HWBB and making people feel they can approach the Board.</li> <li>Provide a place where all info is pulled together with ST then promoted.</li> <li>Explain to people how Shropshire works.</li> <li>Co-ordinating updates from other agencies and supporting organisations without skills to transmit their messages.</li> <li>More proactive about telling Shropshire what we do.</li> </ul>	<ul style="list-style-type: none"> <li>Need to improve communications and consult each other before beginning projects to ensure there is no duplication.</li> <li>Need to ensure we are connecting at a 'real' level as well as at an high, strategic level.</li> <li>Once the HWBB has its own branding, ST will 'fall away'.</li> <li>Recreating what is already there; brings little value.</li> </ul>

Board members had differing views on the previous and potential effectiveness of Shropshire Together in its current form. In large, the majority felt that Shropshire Together brought benefit; it provided continued engagement, facilitated partnership working and helped to share information across organisations during a time of upheaval and organisational change. However, there was a feeling that the health and wellbeing landscape has now developed and that there are other organisations now fulfilling certain aspects of Shropshire Together's previous role.

It was felt that there is still a need to ensure that duplication of work across agencies is minimised. There is potential for something similar to Shropshire Together to take a role in co-ordinating that which is already in place amongst organisations and for providing support to organisations that do not have suitable networks for information sharing and engagement. It was suggested that Shropshire Together could do this as a virtual agency. This topic is further discussed under 'Website'.

### Stakeholder Alliance

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Sharing platform is important.</li> <li>• Opportunities for people to see what is going on/how to give feedback.</li> <li>• Online presence is good – we're required to have info available online by the Care Bill.</li> <li>• Useful method of finding out what people think/a place where people can ask questions.</li> <li>• When we share info with the public they are more satisfied.</li> </ul>	<ul style="list-style-type: none"> <li>• Not maximised to its full potential – collaborative space for work.</li> <li>• Not open (log-in).</li> <li>• Terminology 'stakeholder'.</li> <li>• Existing, established forums for stakeholders. All organisations have public-facing elements.</li> <li>• Felt like a HWBB space, not for taking other things.</li> <li>• SA Communications have become less professionally relevant over time.</li> <li>• Needs to be strategy at the heart of SA.</li> <li>• One size fits all.</li> <li>• Behaviour needs to be managed so that individuals get involved without prompt.</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Needs to be live and functional – invite response but also to respond back to people.</li> <li>• Harness power of social media.</li> <li>• Closed area for board members.</li> <li>• Need to make involvement obvious, 'have your say'.</li> <li>• Online concerns need to be given same weight as comments made in person.</li> <li>• Real-time feedback is important.</li> </ul>	<ul style="list-style-type: none"> <li>• Shropshire's digital exclusion – we need both.</li> <li>• Need to ensure not duplicating work of Healthwatch.</li> <li>• Would need to be bottom-up, do people want it? Needs-based assessment.</li> <li>• Unintended consequence; 300 different voices</li> <li>• Need to be sure what for what the feedback is being used.</li> <li>• The HWBB has a stakeholder alliance.</li> <li>• Do the people on the list want to be involved?</li> </ul>

In general, board members felt that an online sharing and collaborative space was useful, but that the Stakeholder Alliance had been underutilised and not used as was intended. They felt that it was important to keep the facility, but that any engagement and feedback should only be requested if there is a clear purpose for doing so, and that information received should be treated with the same substance as comments made in person. However, it was emphasised that any engagement should consider how it can connect with Future Fit.

Some made comments asserting that there needs to be a clear request from stakeholders to have the Stakeholder Alliance, however, all saw the benefit of sharing information. It was clear that there needs to be other methods for those without internet to participate.

## Website

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Things work best when people self-select or find the info for themselves. Important to give people the opportunity to browse.</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot be the only medium.</li> <li>• Not meeting expectation.</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Create a Shropshire Link/Gateway/'What is it like to live in Shropshire?'/Welcome to Shropshire.</li> <li>• Could highlight different themes each month: road safety etc. Topical.</li> <li>• Provide engagement and two-way dialogue.</li> <li>• Option to sign up to alerts but also make info clear and accessible.</li> </ul>	<ul style="list-style-type: none"> <li>• Other organisations have their newsletters, what does this add?</li> <li>• What is the difference between the SA and ST website?</li> </ul>

Few members mentioned the current Shropshire Together website directly, but those who did felt that it was more a space for the HWBB. Several individuals made suggestions for how the website could be better used by broadening the types of information or messages that it covers and including a wider range of partners. It was felt that the website needs to be kept more up-to-date and to include topical messages or discussion, for example theming the information around events such as fire safety around Bonfire Night etc.

Three board members mentioned how the website could be revamped to act as a 'Welcome to Shropshire' type gateway, telling residents how they can access the services they need and broadening the health and wellbeing aspects of the website.

### Health and Wellbeing Board Communications

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Comms have improved because of the BCF.</li> <li>• A few individuals felt that the comms was appropriate, partly because of the CCG and its PPGs.</li> <li>• Communicate message that we are working together, across agencies (ST did this well).</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness of HWBB is low.</li> <li>• HWBB needs to be more 'user-friendly'.</li> <li>• Residents need to understand how Shropshire works.</li> <li>• Info needs to be able to be understood by professionals and public.</li> <li>• Need clarification of the HWBB's role.</li> <li>• Any info needs to be simple and clear – current info is too wordy. Current info is neither light enough nor formal enough. Provide summary reports of documents.</li> <li>• Need to be proactive in telling people what we do, not waiting to be asked.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Raise HWBB's profile.</li> <li>• Can learn from other areas such as S. Yorkshire.</li> <li>• Healthwatch could act as the mechanism for everyone to feed into the HWBB.</li> <li>• HWBB could come under the banner of ST?</li> <li>• Public should be able to find out what are the health concerns for Shropshire.</li> <li>• People will want to get involved at particular times, over particular issues.</li> <li>• Difference between what we communicate regularly/on particular occasions.</li> <li>• An onus upon HWBB to share info and ensure it filters through organisations.</li> <li>• Ask organisations how they want to receive information.</li> <li>• Designing needs individuals getting together. Finishing/finesse can be done remotely.</li> <li>• Promote the fact that the HWBB gives the public access to a representative from NHS England.</li> <li>• Need a dedicated, shared resource for comms for all members of the HWBB.</li> <li>• Could test the comms with a PPG.</li> </ul>	<ul style="list-style-type: none"> <li>• Need to ask members of the SA what they are getting out of their membership/the information?</li> <li>• People are not aware of the wider context of how the HWBB affects the public. People do not know what it does.</li> <li>• HWBB is not given the same status as other Council committees.</li> <li>• Many people are happy to let bodies 'get on with things'.</li> <li>• Cannot just communicate plans they are already being developed, but equally can't give a blank sheet.</li> <li>• Need to communicate when something is finished (how to use etc.) not just asking for comment on a finished product.</li> <li>• Any info needs to be of interest and needs to provoke discussion.</li> <li>• Need to think – who are we engaging? Why? What are we going to do with the information?</li> <li>• Public might not need to understand the HWBB's processes and functions – others might want to know.</li> </ul>

There was debate over whether or not the HWBB has its own brand. While some board members considered the HWBB to have a strong brand (and should be working to become an entity in its own right), others felt that the HWBB was not sure of its own role, and that as a result it does not have a brand, nor can it be promoted. Some board members felt that the HWBB could have a more statutory function if ST was completing the communications/information sharing, allowing it to develop its role.

Most respondents agreed that there is a distinction between the type of information, as well as the degree of communication, that the public and professionals require. Any information needs to be clear and simple. There should be the general type of information that we communicate on a semi-regular basis and then the more in-depth information, indicating how the public can get involved, with the other issues.

There was a strong feeling that before any engagement that encourages response or consultation is published, there needs to be a clear and precise reasoning for the discussion and a well-defined plan for what the HWBB will do with information that is gathered. Healthwatch was seen as a key partner for sharing information with the public.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Very good at drilling down to simple messages (but sometimes we need to see the detail)</li> <li>• Should be online.</li> <li>• Does not need to be updated annually (our demographics don't change).</li> <li>• Executive summary with direction for further information.</li> <li>• Everything should reference the JSNA as evidence (but not use it as a strategy).</li> <li>• The data is made to feel 'live' which helps to show its value.</li> </ul>	<ul style="list-style-type: none"> <li>• Under-utilised across the Council and by partners.</li> <li>• Sometimes more detail is needed.</li> <li>• Hoped it would be a 'live' online space where info is regularly updated by PH and other agencies.</li> <li>• Not obvious how and when it is being updated.</li> <li>• Needs to be more user-friendly.</li> <li>• Raw data sets are not useful for people who do not have the understanding.</li> <li>• Difficult to know how you influence it. Want more qualitative, lived experiences (subjective and objective).</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• More people need to know what it is and why it is there – it should inform what we do.</li> <li>• Want to be told about changes to the JSNA.</li> <li>• Two formats: high level figures with enough insight for most and a more detailed version for those who need more info.</li> <li>• Include strategic needs as well as assets.</li> <li>• Join the JSNA with our local commissioning needs.</li> <li>• Make available on Share Point.</li> <li>• Needs to be something that the public can shape – everyone to feed into it (esp. VCSA).</li> <li>• Consultation on a draft.</li> </ul>	<ul style="list-style-type: none"> <li>• Some staff would go directly to the Health Intelligence team rather than using the JSNA.</li> </ul>

The majority of board members felt that the JSNA was under-used across the Council and by other partners. They felt that it had a lot to offer but that it needed more promotion, as a result it was not embedded in decision making.

Suggestions were made to have the JSNA in two forms; one being fairly high-level which would include enough information for most needs, and a second that included more in-depth, supporting information including more complex data for those who are able to utilise this information. The executive summary was highlighted as useful, particularly as it is suitable for use by non-professionals.

There was also a feeling that partners and the public should be more involved in its creation. Individuals wanted to know when it was going to be updated, and how they could have an influence on its content.

Several board members mentioned by-passing using the JSNA to go directly to the Health Intelligence team to get the data that they need. This may be creating unnecessary work for the Health Intelligence team if this data is already available via the JSNA.

### Consultation Portal

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Saves the public having to look across organisations.</li> <li>• Potential effective use of resources.</li> </ul>	<ul style="list-style-type: none"> <li>• 40% of CAB's clients do not have internet access</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Would want to show who is behind the consultation.</li> <li>• Information would need to back to the consultation host (i.e. SaTH, CCG etc.).</li> </ul>	<ul style="list-style-type: none"> <li>• Not clear who is running the consultation.</li> </ul>

Most respondents felt that Shropshire Council's consultation portal could be used successfully and effectively by other organisations, with the premise that it would be clearly indicated to which organisation the consultation belonged and that the data should be returned directly to the organisation.

## Health and Wellbeing Board Other

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"><li>• Strong Chair with comprehensive knowledge/understanding and good leadership.</li></ul>	<ul style="list-style-type: none"><li>• HWBB needs powers mandated to it.</li></ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>• Needs a whole-system plan.</li><li>• Issue of continuity with members.</li></ul>

## Recommendations

Communications and engagement:

1. To develop a health and wellbeing communication and engagement plan that encompasses all areas of health and wellbeing and incorporates all health and social care partners. We recommend that a working group could resolve the detail of how this would work in practice and return to the Board with a proposal for action.

This plan would be able to use the current tools such as the website, Stakeholder Alliance, the Health and Wellbeing newsletter and include appropriate links to the JSNA and Shropshire Council consultation portal.

2. Keep the branding of 'Shropshire Together' as a strap line for the Health and Wellbeing Board and work with a Health and Wellbeing comms and engagement task and finish group to consider using the available tools (the engagement, website, Stakeholder Alliance) under the title of 'Health and Wellbeing'