

Joint Health and Wellbeing Strategy, Communication and Engagement

Strengths and Assets Report

Alexandra Chamberlain Co-Production and Engagement Lead

Introduction

The Joint Health and Wellbeing Communication and Engagement Working Group (“The Group”) identified in April that to progress the Rutland Communications and Engagement Plan (“The Plan”) - which supports the Joint Health and Wellbeing Strategy (JHWS) - that it would be beneficial to have an up-to-date picture of the strengths, assets, and communication channels of our partners’ and stakeholders’.

The purpose of this audit, therefore, is to help plan coordinated approaches to communications, to share engagement tools and assets, so that The Group can support one another to tap into each other’s assets to reach our communities. Such collaboration would also avoid duplication.

The audit was sent to eighteen partners on the 25th May 2023. Sixteen responses have been received. Two partners advised they are no longer able to participate in this work and two further partners have not submitted a response.

This report analyses the strengths and gaps, the challenges and successes in the communication and engagement channels obtained from the data received from these 16 responses. The report also contains recommendations and some proposed next steps for The Group.

It should be noted that the data is qualitative rather than quantitative. The report is written in the light of this. An appendix to the report contains the responses from the respondents in a spreadsheet format.

Brief overview of the Rutland Communications and Engagement Plan

The Plan sets out the following:

To support the role of the Rutland Health and Wellbeing Board and successful delivery of the Rutland Joint Health and Wellbeing Strategy 2022-27.

Health, care and wellbeing-related organisations in Rutland are working together, through the Joint Health and Wellbeing Strategy (JHWS), to make Rutland an even healthier place in which to live. This includes working to provide high quality services for all, to respond to inequalities which affect some health outcomes in our communities, and to ensure that people have access to the right information, advice and help at the right time. Another important dimension is to empower people to play a full role in looking after their own health across their lifetime, and to provide them with opportunities to get involved in shaping the local priorities and services they need.

The three core objectives of this plan are as follows:

1. To ensure that people have the information they need: to feel empowered to play a full role in maintaining their own health and wellbeing; to access health and wellbeing services to support them in living well; and, to take part in helping to shape services
2. To increase the public's understanding and awareness of the role of the Rutland Health and Wellbeing Board in shaping the conditions for local health and wellbeing.
3. To more fully involve the public and professional stakeholders in informing the design and delivery of strategies, plans and services to respond to individual and local needs.

Analysis of audit

The qualitative data from the audit highlighted the following common engagement themes:

- There are 41 people identified by The Group Leads as being either part of, or the lead for their communication and engagement.
- Their roles and responsibilities range from direct communication and engagement, marketing, public consultation, patient experience, project related engagement with focus groups and interviews, parent mail and parent volunteer team updates, as well as internal comms. It is evident that a large percentage of these roles prioritise communication and engagement principles and methodology to effectively engage with the public, service users, patients, parents, and children.
- 61% of respondents are linked to both National and Local campaigns, including National NHS/Government campaigns. These campaigns range in themes from the Armed Forces Community support around mental health, veterans' homelessness, housing, and employment to help veterans to live stable lives. Public Health protection campaigns range from Every Mind Matters, Better Health to promotion of vaccinations and immunisations programmes, especially in the winter months. Age UK, The Admiral Nurse Service, NHS Leicester, Leicestershire and Rutland (LLR) and Rutland Primary Care Network (PCN) link in and support campaigns based on Health and Social Care, to support mental wellbeing, dementia, loneliness, isolation and digital enablement and are often dually linked in with the voluntary, community and social enterprise sector across the area to include Dementia UK and Age UK National campaigns. Healthwatch Rutland is an active partner that sits on various boards and strategic forums within the Integrated Care Board (ICB) and Rutland Health and Wellbeing Board, as well as promoting their own National Healthwatch campaigns. They link in with Care Quality Commission (CQC) and National Health Service England (NHSE) regarding service quality. Citizens Advice Rutland are active within their own Citizens Advice national network and the National Council for Voluntary Organisations (NCVO) campaigns. The Safer Rutland Partnership/Community Safety at RCC participate and promote national safety campaigns as well as local campaigns on locations, demographics and crime patterns. Active Rutland link in with both national and local Active Together Campaigns. RCC's Children and Families departments collaborate with both National and Public Health campaigns, for example addressing improving adolescent health and behavioural change to support positive life choices for adolescents. RCC's Community Care

Services, to include Rutland Integrated Social Empowerment (RISE) Service rely on RCC's internal Communications Team to promote Social Prescribing, Reablement and Learning Disability and Autism Day Opportunities and Supported Living.

- Most of the respondents' intelligence to access the community includes social media via a combination of Face Book, X – previously known as Twitter, Instagram, LinkedIn, You Tube, Mail Chimp, What's App Groups, computer information boards in GP practices, Active Rutland website, The Joy Platform and RCC website and the Rutland Information Service (RIS).
- Other sources of intelligence include access to national Age UK 'Loneliness Heat Maps', Carers groups and Men and Women in Sheds, as well as feedback from families, patients, service users and veterans. Ministry of Defence (MOD) distribution lists, the Office of Veterans Affairs, the Civil Military Partnership Board (CMPB) for LLR and the Forces in Mind Trust are some of the principal sources of intelligence for the Armed Forces Officer, as well The British Legion, RAF Association as well as direct media and direct contacts with charities. Other sources range from word of mouth, face to face meetings both in person and on-line, satisfaction surveys, Survey Monkey, Multi-Disciplinary Meetings (MDT's), public consultation, co-production groups, and pop-up stands in libraries, villages, parish halls. Access to patients records as the care provider as well as national NHS data, data and intelligence from voluntary groups, population health management data and Census 2021 data are other forms of intelligence. Population level intelligence communications are also received from a variety of sources including the Public Health Outcomes Framework.
- A third of partners have their own Uniform Resource Locator (URL) website to promote engagement activities, local and national campaigns and events. Those internal partners to RCC use the Rutland Information Service (RIS) website and internal communications for RISE and Community Care Services (CCS), Admiral Nurse Service, Children and families, Community Safety and The Armed Forces. Currently Children Young People's Services (CYP) are in the process of developing a Rutland and Leicestershire Teen Health website and The Admiral Nurse Service are exploring an independent website to use in addition to internal/external RCC comms/the RIS. Public Health link-in with the RIS rather than accessing a dedicated Public Health site. CAR also use Mailchimp for an urgent bulletin service reaching 240 VCSE organisations in Rutland if required.
- A report received from Children and Families Young People Services (CYP) identified that as they do not have their own social media platforms, this is a missed opportunity to engage with young people on the platforms that they utilise. During 2020 Young people said they preferred to access information via social media platforms with Instagram accounting for 80% followed by Snapchat (74%), Facebook (29%) and the least used is Twitter at 17%. 61% of young people told YPS that family were their source of information about what is happening in their area followed by friends (48%) and school (47%) compared to only 7% who access RCC website.
- There is less dependency on radio and TV media coverage, but local media outlets include the Rutland Information Service (RIS), Rutland Health PCN website, Rutland and Stamford Sound (RSS), there is only a small percentage of editorial material, included in The Stamford Mercury and The Rutland Times, as well as any leaflets printed by all voluntary and health

services. CAR, Healthwatch and RCC Communications Team share intelligence and complete interviews on radio – R7Ss and Greatest Hits radio, with occasional publications in hyper-local publications such as RSS, Stamford Mercury, Nub News and Radio Leicester. RCC Comms is the only partner who appears to utilise TV engagement, with ITV Central News and BBC East Midlands.

- Service updates, staff bulletins, staff e-magazines, volunteer newsletters, VCSE announcement bulletins, monthly newsletters, Councillor briefings, the Joy platform updates, GP newsletters and Citizen panel newsletters all contribute to the sharing of internal messaging on communication and engagement. The frequency of these Communications range from ad-hoc/as and when required, to weekly, monthly and quarterly. Listed circulation numbers range from 31 to 700 staff and volunteers.
- External publications, both printed or e-newsletters and magazines have a wider coverage of subscribers, with particular focus for Healthwatch Rutland, Age UK Leicestershire and Rutland, and Citizens Advice Rutland which can be targeted mailings rather than publications targeting the public. Most of these reach a target audience between 240-310 subscribers/public. It is worth noting that RCC Communications Team distribute an e-newsletter which is sent out monthly with a current distribution list of 4.5K. This is a significantly higher, wider and broader spectrum of people to share communication and engagement strategies, events and activities with. However, as a proportion of our 38K population, this figure is not as high as it initially appears at 12% and may benefit from further focus to look at how distribution can be strengthened.
- The Partners involvement for ‘in person’ Physical Events’ range from either attending or organising ad-hoc events to local community events throughout the year. Citizens Advice appear to be the most active with an estimation of between 15-20 per year, as well as attending a series of events that are run across the county in conjunction with the Safer Rutland Partnership, as well as monthly VCSE events. Citizens Advice Rutland identify the importance of operating pop-up stalls, approximately 12 events per year across the county targeting small rural communities.
- RCC attend events based in schools, with a particular focus for Active Rutland on School games, adult G.P Active Referrals and National Programmes. Parents evening events and the delivery of groupwork sessions in schools and community form part of Children and Families event participation. The Disabled Youth Forum meets monthly and is led by people with a disability and attended by support workers from RCC. Rutland Youth is not managed by the CYP, so there is a delay in posts and there is no direct promotion, which is reflected by their small number of followers with 83 in total.
- The Admiral Nurse Service attend promotional events ad-hoc to include community events in Barrowden and Young Onset dementia event which took place at Leicester Football Club. Age UK are currently organising a consultation event regarding the LLR Dementia Strategy in August and organised by Leicestershire Dementia Support Service. Healthwatch usually join any local health or care themed events, resource permitting. Armed Forces Officer is engaged with National and Midlands Armed Forces Covenant Forums, the East Midlands Reserve and Cadet Units Association, Rutland Royal British Legion and RAF Association meetings, Citizens Advice Rutland VCSE meetings, CMPB and attendance at the veterans’ fair

with the Welfare Teams on local military units. The Armed Forces Lead also chairs a Rutland Forces Family Forum on a quarterly basis and charities such as veterans Breakfast Clubs to signpost to events, initiatives, and national campaigns such as Op Courage. Public Health attend a limited number of physical events around engagement, but service users look at opportunities to link in when referrals are low. Public Health and RCC are working collaboratively focusing on asset-based community development around health inequalities in an identified specific area of Rutland as a pilot project.

- Monthly voluntary sector meetings and Mental Health Neighbourhood meetings form a priority for CSS and RISE as well as using and entering events on the Voluntary Sector Community Engagement calendar. Rutland PCN utilise events arranged by individual surgeries and RCC to include Carers Week, as well as the Patient Participation Group Network (PPG). NHS LLR also host events with the VCSE Alliance and PPG network but tend to go out to established existing group events.
- It is also to be noted that Age UK's shops and resource centres provide an opportunity to share information and disseminate information and leaflets. The Rutland shop is located in Uppingham.
- Note that one respondent is no longer working within Rutland, and the other respondent advised that the information was not relevant to their role. As a result, there is no data from either of these respondents.

Challenges and Successes

Media/Editorial/TV/Radio coverage - There is a large dependency on e-literature, and digital communication methods from all partners. There is concern that for people who do not feel comfortable using digital, are not digitally enabled, do not have the financial capacity to invest in digital, they could be at risk of missing information and opportunities. Age UK is working with digital champions who provide sessions at Tesco's as well as a support worker who can access community to include those who are unable to access the community independently. However, the medium of radio does appear to have a good proportion of communication and engagement activity with some mainstream TV coverage.

Children and Young People – From a recent report (see link in audit spreadsheet in Appendices to Teen Health Service Briefing May 2023 SL, Half Term Unplugged survey summary and Family Hub Consultation Findings Report June 2023) that Instagram needs to share posts instantly in the moment of engagement activities for young people, but they must wait to share with the Local Authority Design Officer who manages the account. This limits their numbers to 83 in total. The recent June 2023 Family Hub consultation with families, children and young people highlighted that *'It is worth noting that information dissemination should extend beyond websites and social media platforms. It was found that 12% of families do not access any websites at all and instead rely on community channels for information.'*

...it should be acknowledged that not everyone would have access to or utilise a virtual offering and data poverty should be considered whereby 'Data poverty in the UK excludes people from access to essential services and participating in UK society' (Digital Poverty Alliance 2022). To gain a deeper understanding of the impact of a virtual offer, it is recommended that this is explored further with focus groups to determine the extent of its effectiveness and to identify appropriate channels for sharing information with those who do not access websites and social media.'

The report goes on to say that there is a gap in promoting trusted reliable resources with 0 respondents accessing healthforkids.co.uk and only 5 accessing healthforteens.co.uk schools and services such as Health for Teens, who are well placed to share important messages to children, young people and families. The Family Hub report's conclusions and recommendations identify the importance of integrating face-to-face services alongside an accessible online presence. Families highly value the personalised and direct support received through in-person interactions, emphasising the need to incorporate face-to-face services within the Family Hub model. Effective communication strategies are crucial to bridge the information gap and improve awareness among residents about the existing services and support available. By addressing this knowledge gap, there is an opportunity to promote self-help behaviours that can effectively reduce the demand for services accessed through referral routes. Creating clear and recognisable branding will help increase awareness and understanding of the available support. An accessible online presence is essential, providing easily accessible information about local services, guidance, and links to relevant resources. Partners are well placed to share information for CYP but this cannot rely solely on these. For example, information about booking onto Rutland's Holiday Activity and Food Programme is shared via schools but CYP are not always confident that this has been disseminated to those who are eligible, and when they have spoken with young people, they are not aware of this opportunity.

Rural communities - Accessing rural communities especially farming communities with the increase in social isolation, and the perceived increase in suicide risk, there does not appear to be robust communication and engagement activities managing this risk throughout the audit. CAR does identify specific events operating pop-up stalls, with approximately 12 events per year across the county targeting small rural communities and Public Health Rutland is piloting a health inequalities project looking at Community Assets. Previously the Changing Connections Project, from the Rural Community Council and their coffee connect van as well as referrals from GP's through RISE to the Changing Connections Project were able to target some of these more rural communities. As funding has not been provided since June 2023, this opportunity no longer exists.

The interim period for recruitment at CAR for their Engagement Officer post, which has now been recruited to, will support the need to access those more rural communities and provide community social groups, digital enabling workshops and other opportunities and activities within rural parish halls and community venues.

CAR's success with their continuous pop-up venues throughout the year is to be celebrated, as is the identification that Youth Services would benefit from a communication and engagement tool specifically targeted and commonly used by their audience, that can relay and engage in real time.

Recommendations and Next Steps

The task and finish group of partners will review the overarching Joint Health and Wellbeing Strategy delivery plan, using the results and recommendations from this audit, to identify the key communications and engagement linkages and dependencies. This report will be used for agreeing scope to coordinate with systems/ICS level communications activity and mechanisms. The task and finish group will establish reporting timescales for the Integrated Delivery Group (IDG) and HWB communication and engagement activity and performance.

Recommendations to include:

1. Consider shared approaches in engagement with hard to reach/rural communities
2. Consider strategies to increase the engagement activity using the learning from the report
3. Increase promotion and usage of existing Team Upp calendar of engagement events across the year; a centralised point of access for Communication and Engagement Leads to share opportunities for engagement
4. Ensure that use of social media is linked where appropriate and that all communication and engagement leads are following each other on social media platforms.

A modest prioritised programme of engagement activity for year 1/2 of the JHWS will support delivery of the priorities. The engagement approach, including the proposed toolkit for partners to use and drawn from best practice within the report will include:

- Approach to compensation where/if required for co-production
- Existing groups who could be engaged
- How to reach less often heard groups and groups facing inequalities

An annual report will be compiled by the Communication and Engagement Lead to take stock of overall performance and change and share the 'You Said, We Did' outcomes via the Health and Wellbeing Board and other communication and engagement channels throughout Rutland to the general public.

The ten Communication and Engagement Principles of The Plan (see Summary Infographic in Appendices) to centre decision making around the voices of the people and communities, involve people and communities at every stage and feedback on how it has influenced decisions, understand the community's needs, aspirations, experiences and ideas using engagement to assess if change is working, build relationships based on trust, especially groups affected by health inequalities, work with Healthwatch Rutland and the voluntary community, providing clear and accessible public information, using community approaches and making connections to what works already, use a variety of ways for people to take part in health and care services, tackle system priorities and service reconfigurations and lastly, but not least, build on the assets of all health and care partners, will enable the priorities and actions of the Plan to be achieved.

The purpose of both the audit and the subsequent annual report, as outlined above in the communication and engagement principals, is to ensure people of Rutland are accessing the correct information, are empowered to look after their own health and are involved in shaping local priorities. The Group are committed to raising the profile of the Rutland Health and Wellbeing Board. This can be achieved through the Communication and Engagement Plan and identified deliverables, by involving public and professional stakeholders to co-produce service design and change, and work together in an equal partnership.