

## **Healthwatch Bristol, North Somerset and South Gloucestershire**

### **Communications strategy – March 2023**

#### **The purpose of our communications**

Our vision is that Healthwatch Bristol, North Somerset and South Gloucestershire is a place where people's experiences improve health and care.

Our mission is that by offering all people of Bristol, North Somerset and South Gloucestershire a strong voice, we will improve the quality of local health and social care.

In everything we do, we are transparent, non-judgemental, and independent. We are inclusive, dedicated to co-production, and strive for continual improvement.

We adhere to the Nolan Principles, also known as the Seven Principles of Public Life. This means that we carry out our work with selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

This strategy sets out how we use our communications to achieve our vision and mission.

#### **Where we are now**

We use a wide range of communication methods in our work, and each has a distinct use and function for our organisation.

##### **Social media**

We currently have three Facebook accounts and three Twitter accounts (one for each local Healthwatch area). We also have a BNSSG-wide LinkedIn account, a North Somerset Instagram account, and a BNSSG-wide YouTube channel.

Our social media fulfils five main objectives; to collect feedback by directing people to our website 'Share your views' form, to disseminate our research and engagement work, to share information about upcoming engagement events, to involve the public in workplan projects/ commissioned work, and to communicate public health messages or health and social care news.

Content is posted on Facebook and Twitter multiple times a week. Some content is shared across all three areas, other content is created and adapted to reflect the unique needs of an individual local Healthwatch area. An internal communications calendar is used to plan content and

stored as shared file to allow for updates from and access for all members of staff. It is discussed in a weekly communications meeting.

Each social media platform serves a different purpose, and content is adapted to fit this. For example, Facebook helps us collect feedback from specific demographics of the public, while Twitter connects us and allows us to share information between other organisations. We use LinkedIn for recruitment. Instagram has helped link us to a younger age group.

### Websites

We have three websites, one for each local Healthwatch area. These are also updated multiple times a week. Like social media, some content can be shared across all three but much of the information we share via the websites is specific to a single area. The websites are where we share publications such as our reports, details of our project work, information that we must share with the public such as our Prioritisation Panel agendas and our public policies, content from other organisations that will be of interest to the local population, long-form news articles, and advice and information. People can find sources of trusted advice and signposting information on our websites. We also host information and publications for other organisations that do not have such a strong web presence.

We collate feedback after engagement and regularly author reports which set out evidence-based recommendations for services or commissioners. We track these recommendations and report back to the public where their experiences have had a direct impact on improving local services. We have created impact web pages for each of our Healthwatch areas, to provide tangible evidence and case studies that explain the improvements that public, carer, family and patient feedback has achieved.

### Email newsletters

We send out a newsletter bimonthly using MailChimp. Our email newsletters help us stay connected and share news and information with our volunteers, staff, and Board.

We now encourage all people to sign up for our newsletters whereas previously these were only sent to Healthwatch members. This has been done to increase our audience and attract more signups from the general public as opposed to only professionals and organisations. The newsletters typically contain a call to action for people to share their feedback, details of our latest research or project work and how people can get involved, plus news and events going on in the local area that people may be interested in. We may also communicate important events by newsletter, such as details of our AGM.

Members can be involved with Healthwatch in a range of ways, including attending our AGM and applying to join our Board, and include Healthwatch volunteers, professionals, and members of the public.

#### Publications (posters, postcards, leaflets)

Our publications include posters, leaflets, and postcards. Where possible, we make these available in digital and printed formats. Digital publications are hosted on our websites, often for dissemination through social media. Our printed publications are used to raise awareness of Healthwatch BNSSG and during face-to-face engagement. Most of our publications are designed in-house, using templates provided by Healthwatch England and free image resources such as Canva.

Reports are shared via our websites, with a concise summary of our research and findings and the option of downloading the full report. Our reports include responses from key stakeholders such as the Integrated Care System, local hospital trusts, and local councils. Reports are also sent to partners such as the Care Quality Commission, NHS England, voluntary (VCSE) sector, and Healthwatch England.

#### External newsletters and websites

We provide updates on our work and content for inclusion in a wide range of external newsletters, such as those sent out by Locality Partnerships and local VCSE organisations. We also provide key information about Healthwatch BNSSG and images such as our logos to be showcased on external websites.

#### Media relations

Our Communications Officer regularly connects with other Comms Leads for Providers and Commissioners in our local areas to know which messages Healthwatch can help to disseminate about service changes.

Media organisations regularly contact us for comment, case studies, and to request or share information. We provide case studies to local media outlets by gaining the consent from people who have left feedback with us and offering their stories to local journalists to highlight key issues in health and social care. Local media outlets also invite us to speak about our work and share our expertise on topical issues.

A press release is written to go alongside every report that we publish and distributed to local media. We regularly update our lists of local media and press contacts and ensure our own contact details are well publicised and freely available.

Looking to the future, we are keen to work with media outlets to achieve more support around our project work and surveys.

## Key messages

For the public to trust us, engage with us, and support the work we do, it is vital that we convey not just what we do but what we do not do. For example: we will share public feedback with NHS/social care leaders and decision makers, but your personal details will not be passed on without your consent.

We are independent and impartial.

Tell us if you got the care you needed.

Your voice helps ensure local health and social care services work for you.

Sharing your feedback with us helps influence positive changes to local health and social care services.

We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

We listen to diverse groups and take measures to ensure we reach those who may be seldom heard or seldom listened to. This is our commitment to reduce health inequalities and measure the availability and quality of services for everyone.

We are here to listen to what you like about services and what you think could be improved. No matter how big or small the issue, we want to hear about it.

## Accessibility

In our communications, we are committed to using plain English, explaining acronyms, and offering accessible forms of communication in our emails, letters, reports, and publicity materials as far as it is within our means to do so. We make social media posts and website content accessible using tools such as alt text and image descriptions, colour contrast, and CamelCase. Our website is fully compliant with the Web Content Accessibility Guidelines version 2.1 AA standard. We are awaiting an upgrade to Drupal 9 in 2023 which will bring our websites in line with new Healthwatch brand guidelines.

We are committed to using accessible venues for events and meetings, and offering, where possible, alternative means of communication e.g., by post, phone, face-to-face and online meetings, materials translated into other languages other than English, in large type, or with the benefit of a sign language interpreter or other interpreter. We endeavour to record online meeting where possible and email a summary of what has been discussed.

## Equality and diversity

We value inclusion, and we reach and collect feedback with this in mind by:

- Collecting demographic information and comparing this data with the demographic makeup of each area.
- Using this information to target our work on the groups/areas that we hear from least.
- Collaborating with existing organisations and community/voluntary groups.
- Providing translated materials.
- Having a dedicated team working to reach those who are digitally excluded and offering face-to-face workshops offering the opportunity to develop key digital skills.

Our organisation's recruitment, selection and support practices, and communications and engagement processes ensure equal access and the promotion of equality of opportunity.

We monitor how we deliver on our equality, diversity, equity and inclusion promises by looking at practical outcomes:

- Undertaking monitoring of the equality profile of our volunteers, staff, and trustees and during engagement with the public.
- Addressing this in our annual reports, Annual Volunteer Survey and 1:1 reviews.
- Reviewing recruitment – looking at who joined Healthwatch as a staff member, freelancer, or volunteer and where they found out about Healthwatch BNSSG.
- Undertaking of the monitoring of the equality profile of the groups and individuals who have engaged with us, or we have engaged with.
- Exception reporting of any examples of particularly good EDI practice and their outcomes, and reviewing our complaints and problem-solving processes if issues occur.
- Regularly reviewing how we capture data, the way it is recorded, and our taxonomy as required and in line with guidance from Healthwatch England.

## Our audience and how we reach people

<b>Our audience</b>	<b>What do we want them to do?</b>	<b>How do we reach them?</b>
The public	Share their feedback Sign up for our newsletter Engage with us at public events	Social media Websites Email newsletters Publications External newsletters and websites Media relations

Professionals and policy makers	Be aware of our service Support our project and commissioned work Act on our feedback	Email newsletters Publications External newsletters and websites Media relations Representation at meetings
Volunteers/staff/Board members	Represent Healthwatch at external meetings Emphasise our impact	Social media Websites Email newsletters Publications External newsletters and websites Media relations

In addition to collecting demographic information via our online 'Share your views' webform, which we use to collect patient feedback online, we have added a field asking where people heard about us. Our options are:

- Social media
- Google or another search engine
- Through your GP or local surgery
- At a hospital
- In a care home
- At a dental practice
- A poster or leaflet
- Word of mouth
- Other

This data helps us focus our communications, and ensure we are making the most of popular channels and building on those where we have less of a presence.

## Internal communications

A communications meeting, led by our Communications Officer, takes place on a weekly basis. All staff are invited to attend. The meeting provides a space to discuss the communications plan for the week ahead with colleagues and be updated around engagement, research and projects, and any other activities that we can promote via our communication channels.

A CO:RE meeting (Co-production and research) for all staff is also held once a month. This is an opportunity to discuss ongoing project/research work, our work around co-production e.g. creating a co-production toolkit, and sharing examples of best practice.

Our Volunteer Coordinator sends regular emails directly to volunteers containing information and opportunities that they may be interested in. Once a quarter we hold a Volunteer Connect meeting. All volunteers, including Board members, are invited to attend this meeting. The Volunteer Connect meeting is an opportunity for all volunteers, Board members and staff to come together, either face to face or online, to socialise, build knowledge, and discuss our current work.

## Evaluating success

At the beginning of each month, we record our digital statistics and compare them to the previous year and previous month. We record:

- For our websites: number of articles published, page views, unique page views, average time spent on page, top performing article, share your views submissions.
- For our social media: followers, number of posts, reach, engagement, top performing posts.
- Email newsletters: subscribers, open rate.
- The number and quality of stakeholder responses we receive to our report findings, plus the number of recommendations acted on by local services, indicate the success of our project and commissioned work.

For example, in the 2021/2022 financial year:

- 37,250 came to Healthwatch Bristol for clear advice and information about topics such as mental health and COVID-19.
- 1957 came to Healthwatch North Somerset for clear advice and information about topics such as mental health and COVID-19.
- 658 came to Healthwatch South Gloucestershire for clear advice and information about topics such as mental health and COVID-19.

We continually monitor our outputs, outcomes, and impacts via a tracker that can be accessed by all staff. Measuring impact is a key metric for us, and we were delighted that Healthwatch Bristol was the first local Healthwatch in the country that published the 'Our impact – how we make a difference' page on our website. We now have three impact pages, one for each area, which offer tangible examples of how we have influenced local services and how our work has a positive impact on service users. These pages are rolling pages and are updated when we have identified an impact that we want to share with the public.

Our engagement staff also track escalations. Escalations are cases where issues have been picked and taken further, usually solved or addressed. An example would be when an issue is raised with a provider. They are tracked

in the same tracker, and once a month our Chief Officer shares the escalations with our Board and commissioners.

## Looking ahead - 2023/4 plan

Having established our principles of co-production, our next step is to create a co-production toolkit that will guide the use of co-production in our work.

We are looking at the role of paid promotion, particularly around recruitment (via LinkedIn) and collecting feedback (via Facebook). This involves optimising content for paid promotion and monitoring the success of paid campaigns.

As we take on more commissioned work, it is vital to differentiate between this and our statutory functions, and 'core' work and be transparent in how our funds support this. We promote our strategic priorities which come from our decision-making Prioritisation Panel and become an annual workplan. We triangulate our own data with others in the system with local and national priorities. In this way we ensure our qualitative research is into relevant concerns that generate timely evidence to help deliver outcomes and impact for our populations across BNSSG.

Outputs and outcomes for all our work are highlighted through our annual report published on 30th June each year. We track and monitor the outcomes, outputs, and impacts from our work, and highlight these via our communications channels.

We will continue to collect consistent demographic information in line with the taxonomy that is published and regularly updated by Healthwatch England.

COVID-19 restrictions made it difficult for us to conduct face-to-face engagement. We have now permanently relocated to a public-facing retail unit in Bristol's Galleries shopping centre – we call this our 'Healthwatch Hub'. The move has already made it easier for people to share their feedback with us face to face.

Our whole team will be working out of the hub, but area-specific staff and volunteers will continue to visit their individual areas on a regular basis in order to reach as many people as possible.

### **For more information, please contact:**

Helen West, Healthwatch Bristol, North Somerset and South Gloucestershire  
Communications Officer:

[helen@healthwatchbnssg.co.uk](mailto:helen@healthwatchbnssg.co.uk)

07857 055804