



Healthwatch Brent Communications Strategy

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| Author | Cleo Chalk | |
| Approved by | Judith Davey, Healthwatch Brent CEO | |
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1 Introduction

Healthwatch Brent is the independent voice on health and social care for people in Brent. Healthwatch supports patients, service users, carers and the public to be actively involved in how services are commissioned and delivered. Our vision is to make sure all views in Brent, including the most marginalised, are at the heart of health and care and involved in shaping the services they need.

Our mission statement

To amplify the public's voice to improve the quality of local health and social care services in Brent. We listen to you about your experiences of health and social care services and take your voice to the people who commission health and social care services locally. Our Information and Signposting service can help you navigate Brent's health and social care system to ensure you can find and access the services that are available for you.

Our aims

To improve services by:

- 1. Engaging with communities across Brent and hearing their views.
- 2. Using feedback from the public and stakeholders to decide our priorities.
- 3. Investigating issues through enter & view visits and detailed projects.
- 4. Sharing our findings with commissioners and providers and publicly publishing our report and their response.
- 5. Developing an action plan from our recommendations and meeting regularly with the organisation involved until the actions are completed.

- 6. Publishing updates on what has been achieved.
- 7. Influencing commissioners and providers in strategic decision making.
- 8. Ensuring high quality consultations and engagement with the public.

2 Our communication goals

Communication is integral to what Healthwatch Brent aims to achieve. We need to tell local residents and patients what Healthwatch Brent can offer them, help them feel empowered to speak up and share their experiences, and demonstrate the impact of the work that we are doing. We also need to work closely with our partners and key stakeholders to gather insights and provide updates on our work.

It is important that engagement, involvement and communication is not only carried out for statutory purposes. It must be a continuous dialogue with the people of Brent. This will allow us to ensure all services are commissioned and redesigned with patient voice at the core.

Our communications goals align closely with our organisation's high level strategic aims:

| Organisational objective | Communications goals |
|---|---|
| Engaging with | Share information about how members of the public and |
| communities across Brent | patients can give their feedback, including surveys |
| Ensuring high quality consultations and engagement with the public | Share information about health and social care services in Brent, and tell Brent residents how they can get in touch with their questions |
| | Establish links with community and voluntary organisations, including the creation of a Grassroots Community Voices network |
| | Regularly share our priorities and upcoming projects with our supporters and partners |
| Using feedback to decide our priorities | Run regular focus groups and listening events with a diverse range of community groups |
| | Attend existing network meetings and community sessions |

| Sharing our findings, publicly publishing reports and responses | Publish key documents such as reports on our public website, and promote them to our supporters |
|--|--|
| | Hold our quarterly advisory group meetings in public |
| Publishing updates on | |
| what has been achieved | Regularly share the outcomes and impact of our work with supporters and partners |
| Influencing commissioners and providers in strategic decision making | Establish links with key healthcare organisations and decision makers |
| | Ensure that the information that we are gathering is being passed to local and regional decision-making bodies, and to Healthwatch England |
| | Make recommendations based on the information we collect and follow-up on those recommendations |

Developing our strategy

Currently, we have strong links with a range of local community and healthcare organisations. We also have several owned communications channels that allow us to share a range of key messages with our supporters. This gives us a strong foundation from which to develop. Our next steps will be:

- Continuing to grow our network of partners and using this network to cascade our key messages. This will include the development of a Grassroots Community Voices Group, allowing us to build strong connections with local community and voluntary groups. It will also involve continued outreach and engagement with community groups within Brent, and the strengthening of partnerships with the local council and health organisations.
- Growing our own channels, with a focus on increasing audience engagement. Alongside developing our existing channels, we now have an opportunity to build our online presence by increasing our output and opening additional social media accounts. This will allow us to engage with larger audience.

What does communication mean for Healthwatch Brent?

This strategy shows how effective communications can help us:

- > Achieve our overall organisational objectives
- > Engage effectively with stakeholders
- > Demonstrate the success of our work
- > Ensure people understand what we do

- > Change behaviour and perceptions where necessary
- Demonstrate that Healthwatch Brent is a credible, ethical and cohesive independent organisation

Our stakeholders

Our stakeholders are individuals or organisations that have a direct interest in a health and social care service being commissioned or provided in Brent; also individuals with a direct involvement, interest and investment in health and social care services for everyone.

See appendix 1 for a comprehensive list of the range of stakeholders that this communications strategy aims to engage with.

Inclusive and accessible communications

Healthwatch Brent aims to give a voice to those who may struggle to get their opinions heard. It is crucial that our communications are inclusive for the diverse group of people that make up the local population:

- > We will use simple, clear and direct language
- We will produce translated versions of our materials, and provide translation tools on our website
- > We will produce materials in a range of accessible formats
- > We will design our website in line with web accessibility standards

3 Our communications model



There are four elements to our communications model:

• Day to day dialogue and communications with patients and the public

- Community intelligence gathering
- Development of priority areas
- Evaluation and demonstration of impact

Day to day dialogue and communication with patients and the public

This includes raising awareness, so that people in Brent are aware of what Healthwatch offers them and how they can access our services. It also involves providing signposting and collecting insights.

Key audiences

- Local residents
- Local patients and those using local care services
- Healthwatch Brent supporters and volunteers
- Local community groups and organisations

Key messages

- Healthwatch Brent is here to provide a voice for the local community, so that you can speak up about your experiences with health and social care
- We want to focus on the topics that matter most to you. Share your views by contributing to one of our surveys or focus groups, or by getting in touch directly
- We have a large bank of information about local health and social care services. We can help you get access to the services you need
- It's easy to contact Healthwatch Brent via phone, email or through our website. Please get in touch with questions, comments and feedback

Key channels and tactics

Short, simple messages about who Healthwatch are and what we do, shared through our owned channels - the website, newsletter and social media - and our local network. This will include signposting information and regular links to our surveys.

Regular community outreach events. This will mean working closely with volunteers to conduct regular awareness raising, signposting and insight gathering sessions at key community gathering points including Northwick Park Hospital and GP practices.

Engagement with existing focus groups, forums, meetings and groups.

Using existing spaces to put our messages in front of key audiences - e.g. leaflets in GP waiting rooms, information shared on patient information screens within hospitals.

Additional outreach work focusing on specific target groups such as young people, Somali community, Bangladeshi community, or specific user groups such as disability and LGBTQ groups, and mental health service users.

Improving our reach by engaging with local media and producing promotional leaflets and flyers to distribute to key locations such as GP surgeries and community centres.

Community intelligence gathering

This will involve working with partners from the voluntary and community sector as well as other key stakeholders. We will also use Enter and View to fill insights gaps.

It is important that our engagement is efficient, effective and inclusive, so that our work is informed by the widest possible range of views and by those who struggle most to be heard.

Key audiences

- Partners from the voluntary and community sector, including our Grassroots Community Voices group
- Patient participation groups and primary care networks
- User voice organisations
- Independent experts Network
- Advisory Group

Key messages

- Help us understand the needs of your community group
- It's easy to participate in our work. Join our Grassroots Community Voices group, invite us to one of your meetings, or share insights directly with our team
- We act on the information that you give us. Evidence of the impact that we're having can be seen through our reports, and through regular updates on our website and social media channels

Key channels and tactics

Regular community insight events. These will be based in priority areas such as Stonebridge and Harlesden and will aim to attract insights from core groups such as the Black African, Black Caribbean and South Asian communities, as well as from groups working with children and young people.

There will also be regular meetings and discussions with representatives from the community and voluntary sector who have a specialist expertise or knowledge of patient or user experience of services.

We will put out regular, targeted communications sharing recent achievements and impact of work with our partners and advisors.

We will seek a diverse range of views and opinions from a range of different community groups, and work with local advocacy organisations

Priority projects

These are in-depth engagement projects that drive impact. Communications for these projects need to be targeted, gathering insights on key topics and presenting reports to decision-makers.

Targeted engagement allows us to be realistic about the capacity we have to influence change, and to concentrate our effort into areas where we can make the biggest difference. It is determined using a bottom-up and top-down approach: from the bottom up as a result of the issues, trends and themes brought to us by patients and the public, and from the top down as a result of Integrated Care System, London North West University Healthcare Trust and commissioning intentions, gaps in the Joint Strategic Needs Assessment information or feeding into the Health and Wellbeing Strategy.

Key audiences

- Our advisory group
- Supporters and partners
- Members of the public
- Patients and service users
- Community groups
- Healthcare systems, commissioners and other bodies whose work will be influenced by our reports

Key messages

- Healthwatch Brent is focussing on priority projects, as determined by our day-today communications and insight gathering
- The information gathered as part of these projects will be fed up to local and regional decision-making bodies, so that there is a direct impact on local services

Key channels and tactics

Regular outreach sessions with local groups who have experience of our priority areas.

Direct communication with relevant services (e.g. GP practices, Northwick Hospital, dentist surgeries) to provide recommendations and ensure that they are followed up on.

Supporters, partners, and members of the public will be kept informed about our priorities and projects through our newsletter, social media, website and press releases.

Our Chief Executive, staff and patient representatives will be an integral part of local and regional decision-making bodies, sharing our insights and learnings

Enter and View visits, where authorised volunteer representatives will enter and view health and social care services to see and hear for themselves how services are provided

Demonstrating and evaluating impact

It is important that we share the impact of our work, not only as an example of how health and social care services in Brent are being developed, but also to encourage others to come forward in the future.

Healthwatch Brent must build constructive and effective relationships with our key stakeholders and be viewed as a trusted and respected independent partner in the health and social care commissioner landscape. This will allow us to use the information gathered from Brent residents and our partners to influence how local health and social care services are delivered.

Key audiences

- Local residents
- Patients and service users
- Supporters and partners
- Health and social care stakeholders

Key messages

- When our community share the issues that matter to them, it does make a difference
- Healthwatch Brent is actively using the information it gathers to make a difference to local communities
- We respect the role of decision-making bodies, and want to work with them to drive change

Key tactics and channels

We will provide our stakeholders with evidence-based intelligence to ensure that the perspective of local people appears in the JSNA and Health and Wellbeing Strategy, that commissioners and providers make space to hear the views of service users when making decisions, and that patients are engaged in co-producing and co-commissioning services. We will ensure that our recommendations about how services could or should be improved have an impact on commissioning processes and services improvements.

Reports and news items sharing the impact of our work will be posted regularly to the Healthwatch Brent website. They will also be circulated via our newsletter and social media, as well as targeted communications to relevant partners and press releases.

Additional information such as 'You Said We Did' will be shared to the website.

Our annual report will be an opportunity to bring these insights together and share them with all key stakeholders.

4 Workplan: achieving our goals

| Channel | Audiences | Objectives | Approach |
|---------------------------|------------------------|---|---|
| Newsletter (mailchimp) | Supporters Partners | Raising awareness of Healthwatch Brent and what we offer | To be sent monthly |
| (| Volunteers | Signposting services and information | Active promotion of sign up across our networks (e.g. |

| | | Promoting surveys, focus groups and other engagement activity | grassroots steering group, volunteers) |
|--------------|---|---|---|
| | | Sharing our priorities and projects | Consider segmenting audience into different groups so |
| | | Sharing the impact of our work, including reports | that we can send out more targeted newsletters as our audience grows |
| Social media | Members of public | Raising awareness of Healthwatch Brent and what we offer | Regular posting schedule (platform dependent) |
| | Patients/service users | Growing our network by bringing our activity to new audiences | Development of dedicated social |
| | Supporters and partners | Connecting with specific community groups | media strategy |
| | Local community groups | Signposting services and information | Focus on increasing audience engagement for our existing channels |
| | Health groups and decision makers | Promoting surveys, focus groups and other engagement activity | Develop new channels to connect with other |
| | | Sharing our priorities and projects | audiences: Instagram, Nextdoor, LinkedIn |
| | | Sharing the impact of our work, including reports | Develop new content themes and campaigns e.g. for promoting our service and surveys |
| | | | Post in community groups (esp. Facebook, Nextdoor) |
| Website | Members of the public | Acting as our hub of information about who Healthwatch Brent are and what we do | Regularly review website to ensure information is clear and up to date |

| | Patients and service users Supporters and prospective supporters | Driving sign-ups to the newsletter, encourage people to get involved as supporters/volunteers Promoting surveys, focus groups, engagement activity Sharing our output including news stories and reports Signposting to local health and social care services | Publish regular news stories/updates - two per month minimum Ensure that calls to action are clear and relevant to the page Site will be upgraded to new HW branding - this will be an opportunity to review |
|--|---|---|---|
| Direct communications | Partners Grassroots Community Voices Group Local council and health/ social care organisations Advisory Group | Sharing regular updates about the work that we are doing, and the impact that their support is having Promoting key engagement activities such as our surveys and focus groups, and encouraging our network to share these further Gathering insights about the views and concerns of local community groups | Emails/calls/meetings ad hoc and as needed As our network grows, we can implement a monthly update email sent out to key stakeholders, giving a simple overview of recent activity Develop easy options for partners/steering group to give feedback, including simple pulse surveys |
| Community meetings/ focus groups | Members of the public Patients and service users Community groups and voluntary organisations | Giving Brent residents and community groups a forum for sharing their feedback and experiences Promoting a better understanding of who Healthwatch Brent are and what we offer the local community | Regular sessions carried out every month Promotion through all available channels, and through direct communications |

| Public relations | Members of the | Raising awareness of Healthwatch | Press releases to be |
|------------------|-------------------|------------------------------------|-----------------------|
| and local media | public | Brent, and ensuring that the local | issued whenever we |
| | | community are aware of the work | produce an important |
| | Patients and | that we are doing and the impact | piece of work |
| | service users | it is happen | |
| | | | Create lists of local |
| | Local | Putting pressure on local services | media contacts who |
| | organisations and | to listen to our recommendations | support Healthwatch |
| | decision makers | and make improvements to their | and will share our |
| | | services | messages |
| | | | |

5 Evaluating success

This strategy puts an emphasis on growing our networks and improving audience engagement across our channels. We can measure growth as a sustained increase both in the number of people that we are reaching, and the level of engagement that we are seeing from our followers and supporters.

Growing our network of local partners

- Establish our Grassroots Community Voices group and recruit members from a diverse range of different groups including faith groups, residents' associations, special interest groups and groups supporting children/young people
- Carry out a targeted piece of engagement work to establish connections with a range of representatives from our priority groups currently the Black African, Black Caribbean and South Asian communities
- Produce a monthly email update for partners, giving a brief summary of our recent work and achievements. This will also act as a regular call to action, featuring any core asks and reminding groups of their options for contacting us

Developing our newsletter

- Increase newsletter sign-ups across our core audience groups: patients/local service users, local community and voluntary organisations, health and social care partners
- Increase open rate and click throughs. Interaction with our newsletter is just as important as the audience size. Mailchimp will allow us to analyse and report on monthly performance. We will aim to deliver a month-on-month improvement
- Begin segregating audience groups, with the intention of delivering more targeted communications as our audience grows

Building our social media presence

- Produce a detailed social media strategy, outlining how we can use different channels, campaigns and content to maximise the benefits of our social media presence
- Post regularly (3-5 times per week minimum) across all owned channels
- Identify community groups to join and interact with
- Increase follower numbers and engagement rates across all channels
- Phase in new social media channels, beginning with Nextdoor and following with Instagram and LinkedIn

Gathering views from the local community

- Run a campaign to promote our general health and wellbeing survey across all channels, and increase uptake of survey across all key groups
- Increase promotion of focus groups and meetings

Producing regular reports

• Produce a monthly communications summary reviewing activity against the objectives above, for internal use

6 Equality, Diversity, and Inclusion statement

Healthwatch Brent is committed to ensuring all decisions made are free from any form of discrimination on the grounds of age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, in accordance with the Equality Act 2010.

Healthwatch Brent will monitor this policy to identify whether it is having an adverse impact on any group of individuals and act accordingly.

Appendixes

Appendix 1

Who are our Stakeholders?

Healthwatch Brent has a very large number of potential stakeholders, and the exact list at any given time will vary as there are changes to Health and Social Care structures, the way services develop and operate, and the focus of Healthwatch activities.

They are likely to include the following broad categories:

Public

- People who live, work, visit, are cared for in Brent
- Voluntary and Community Sector
- Neighbourhood Groups
- Residents Associations
- Faith Groups
- Citizens Advice Bureau
- Other individuals
- Other groups

Patients

- Patient Participation Groups
- Patient Forums
- Brent NWL ICS Lay Members
- Northwick Park Hospital Patient Groups
- Disease and condition specific groups
- Other individuals
- Other groups

Health

- Brent Health and Wellbeing Board
- North West London ICS
- Northwick Park Hospital
- London North West Healthcare Trust
- London Ambulance Service
- Neighbouring Healthwatch
- Public Health Bodies
- GP Practices
- Allied Health Professionals, such as Therapy, Dietetic, Optical, Pharmacy
- Dental Practitioners
- Nursing and Midwifery Services
- Residential and Nursing Homes,
- Private Providers
- Other individuals
- Other groups

Social Care

- Adult
- Older
- Physical
- Sensory
- Autistic Spectrum Disorder
- Fostering and Adoption
- Child Care

- Partnership Boards, such as Safeguarding
- Carers Groups
- Neighbouring Social Care Providers
- Other individuals
- Other groups

Education

- Early Years
- Schools and Colleges
- Parent / Teacher associations
- Adult Education,
- Other individuals
- Other groups

Other

- MPs and Councillors
- Libraries
- Housing Associations
- Emergency Services Fire, Police,
- Youth Partnerships
- Sports and Leisure Providers
- Employment Agencies
- Probation Service
- Advocacy / Complaints Services j) Other individuals
- Other groups

National

- NHS Commissioning Board
- Healthwatch England
- Care Quality Commission
- Dept of Health
- NICE
- King's Fund
- Royal Colleges, of Medicine, Nursing, etc
- Academic Institutes
- Professional Journals
- Data Protection and Equality Provision Organisations
- Other individuals
- Other groups

Media

• Local, Regional, National

- Newspapers
- Radio
- Television
- Electronic, Intranet, Web, etc

Appendix 2

Public engagement techniques

While our communications strategy focuses on the specific engagement tactics that we intend to use to achieve our short-term goals, it's important to be aware of the full range of techniques available to us. These are many and varied, and could include:

- Discussion groups: these are usually facilitated and may be face-to-face or organised electronically. They can be set up for a specific purpose, or used to target existing patient and carer groups, interest groups and support groups.
- Focus groups: focus groups are guided discussions with a small group of people. They are usually one-off sessions, although several may be run simultaneously in different locations.
- Citizens' panel: a citizens' panel is a large, demographically representative group of citizens regularly surveyed to assess public preferences and opinions.
- Health panels: health panels have primarily been used to explore people's views on "live" policy issues, and the allocation of health service resources. Participants are usually recruited using a quota sampling technique to reflect the socioeconomic make-up of the area. Membership is refreshed on a regular basis.
- User groups: user groups are groups of service users that meet regularly to discuss the quality of a service, and other related topics. They help to identify the concerns and priorities of other service users and can lead to the early identification of problems, or ideas for improvements
- Patient Participation Groups: each Patient Participation Group (PPG) is linked to a specific GP practice. Ideally PPGs are run by patients, and supported by doctors, the Practice Manager, and other staff from the practice. The way they operate varies. Some have committees elected by patients, while others may be organised and run by the practice. Some practices may also have a "virtual" group, and some may only have a "virtual" group. PPGs provide opportunities for sharing of information news, views and ideas, between the practice and the patients. Health education events may also be held

Public meetings

These are meetings for which there has been an open invitation. There may be a set agenda, or discussion may focus on issues raised at the meeting. Public meetings have

been used to impart information, but may not be the best way to do this. They can be used creatively to obtain information from participants, or as a forum for debate

Electronic discussion groups

Such groups could include:

- Blogs: these are on-line journals or notice boards, where individuals or organisations can provide commentary and critique on news, or specific subjects such as politics, local events or health matters
- Webchat: "real time" webchats are based on instant messaging, such as Facebook messenger. This is an informal way to gather information from different stakeholders and to answer specific questions they may have. Participants are invited to contribute to the discussions, but usually anyone can observe the proceedings on-line, even if they cannot contribute
- Virtual forums/ meetings: these are web online platforms that allow discussions and meetings to be held on-line. Participants can share / voice their own comments/ views on-line, which distinguishes them from one-way communication tools such as e-mail bulletins

Other public engagement techniques

Other techniques which may be used include:

- Requested and spontaneous views: information obtained by this range of methods can be sought about specific issues, or may be spontaneous as a result of an ongoing organisational initiative. This can be more effective around a particular issue. Methods often include on-line consultations
- Shadowing: this allows staff to gain a new and different perspective of the patient`s experience by accompanying a patient or user as they use services. An agreed period of time is spent shadowing an individual, and lessons learnt are used to inform / improve services
- Story telling / Patient diaries: these techniques invite participants to capture and record their experience of services in a way that can be fed back to staff
- Conversation cafes / open surgeries: informal dialogue methods which invite people to take part in discussions about topical issues, in informal settings
- Mystery shopping: a way of auditing services through the involvement of trained user volunteers

