Glasgow City HSCP
Health and Social Care Partnership

Communications Strategy 2020



NHS Greater Glasgow and Clyde

Glasgow City Council

Contents

3 Foreword

4 1. Introduction and Purpose

5 2. Background to Health and Social Care Integration

8 3. Communications Context

12 4. Communications Framework

19 5. Communications Audiences and Channels

28 6. Communications Developments

30 7. Advice and Guidance

30 8. Monitor and Review

31 9. Communications Improvement Action Plan



Susanne Millar
Interim Chief Officer

Foreword

Transformation of our services is one of the key elements of our vision for health and social care in Glasgow. Transformation is not about 'tinkering around the edges' of our health and social care services – how they are structured and delivered. It is about making significant changes to how they are planned and delivered, and how they are received and experienced by the people who are supported by them. Transformation is critical to ensuring that those who use our services get the right care and support for their needs, at the right time and in the right setting at any point in their care journey – with a focus on improving health and wellbeing and reducing health inequalities.

In order for us to achieve this, we need to better understand the views and ideas of the people who are supported by our services or who may have a role or interest in them, and we need to meaningfully engage them in the planning and delivery of our services – in partnership. This includes patients, service users, carers and their families; Health and Social Care Partnership, Council and Health Board staff; IJB Members; Council and Health Board Members and third and independent sector providers/ contractors of services to name just a few. This is also extended to the public, local communities and partner/external groups and organisations, as they too are likely to have a role or interest in our work and services, if not now, then potentially in the future.

We use our communications to help people, communities and organisations be aware of, understand and engaged in our work and services. But for our communications to work well and support the planning and delivery of our services, they need to be underpinned by a framework. They also need to continually evolve and improve to meet the range of communications needs of our stakeholders.

To this end, we have reviewed and updated our Communications Strategy as part of the review of our participation and engagement arrangements, which is presented within this document. Our updated Strategy reflects the many views and ideas that were shared with us during consultation and engagement with the range of stakeholders above towards the end of 2019, and it includes an updated action plan to improve our communications. We say more about this in this document.

As with our previous Communications Strategy, our updated Strategy focuses on communications with large internal and external audiences, and it sets out engagement activity with our staff. Our separate Participation and Engagement Strategy sets out our approach to engagement with external stakeholders including patients, service users, carers and their families, local communities and partner/ external groups and organisations among others. And a significant degree of communications and engagement activity takes place in our HSCP's localities and at an individual level. As such, our Communications Strategy compliments our Participation and Engagement Strategy.

We all have a shared responsibility to communicate in the planning and delivery of our services, and to do it well. This is reflected throughout our Communications Strategy, and it has been updated to help us do this in a clear, consistent, inclusive and engaging way. I hope you find it useful in helping us to deliver health and social care for Glasgow.

1. Introduction and Purpose

We use our communications - for the Glasgow City Health and Social Care Partnership (HSCP) - to help people, communities and organisations be aware of, understand and be engaged in our work and services.

Communications play an important role in the planning and delivery of our services. They also help us to improve our services and achieve our vision for health and social care across the city with our partners.

Communications that work well can be challenging for any organisation that is large and based over a number of locations; has wide-ranging functions and responsibilities; is in partnership or works closely with other organisations; has a varied and complex client base or is going through significant change. There are also external influences - legislative, political, economic, social and cultural.

As the largest health and social care partnership within Scotland, it is important that our work and services continue to be underpinned by a communication strategy, so that the people, communities and organisations who we support, work with in partnership or have an interest in us are kept up to date and engaged.

At its meeting in **August 2019**, our Integration Joint Board Public Engagement Committee noted the review and refresh of our HSCP's Communications Strategy, along with survey and engagement activity to inform it. A commitment was made to develop an updated strategy for our Integration Joint Board (IJB) to consider.

Our updated Communications Strategy for our HSCP:

- sets out our framework for communications - vision, objectives, approach, standards and governance
- defines our key audiences who we will communicate with - both internal and external
- defines our communication channels and
- includes an action plan that we will progress to improve our communications.

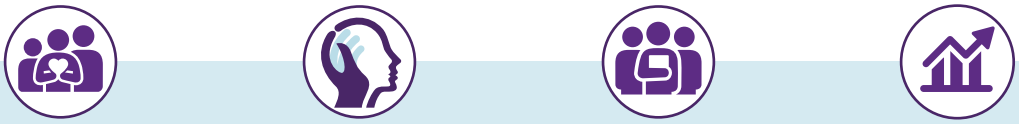
Our Communications Strategy focuses on communications with large audiences, both internal and external to our HSCP. It also places importance on engagement in communications activity. Our Strategy outlines how we engage internally with our staff. We have a separate **Participation and Engagement Strategy** that sets out the principles and approach that we take to engaging with individuals, communities and organisations in addition to our staff. A significant amount of communication and engagement activity also takes place in our localities (North East, North West and South) and at an individual level, often face-to-face, at engagement sessions or in writing.

2. Background to Health and Social Care Integration

National Context

The way in which health and social care services are planned and delivered across Scotland has changed. This is referred to as 'Health and Social Care Integration' or 'Integration' for short. Integration is when Councils and Health Boards work closely together to jointly plan and deliver health and social care services. The Public Bodies (Joint Working) (Scotland) Action 2014 (known as the 'Act') made this a legal requirement.

At its heart, Integration is about ensuring that those who use health and social care services get the right care and support for their needs, and that this is at the right time and in the right setting.



Local Context

Before Integration, Health Boards had separate responsibility for health services, and Councils had separate responsibility for social care services. The Act made it a legal requirement to integrate adult health and social care services as a minimum, including services for older people.

Glasgow City Council and NHS Greater Glasgow and Clyde agreed to go further, and they have also integrated other services such as children's, homelessness and criminal justice services. The Council and Health Board working together in this way is known as the 'Glasgow City Health and Social Care Partnership,' which is sometimes shortened as the 'Partnership,' 'Glasgow City HSCP,' 'GCHSCP' or 'HSCP.'

The HSCP is directed by a public body that is separate from the Council and Health Board - the Integration Joint Board, or 'IJB' for short. Scotland has 31 IJBs within Council areas, and Glasgow City IJB was established in February 2016.

The IJB meets on a regular basis to discuss, plan, decide and monitor how health and social care services are delivered in Glasgow City, and it then directs our HSCP to deliver integrated services based on those decisions.

At the time of us publishing our second **Strategic Plan 2019 - 22** for health and social care services in Glasgow in March 2019, our HSCP comprised of around 12,000 staff from the Council and NHS who support the planning and delivery of services.

Our services are organised by care groups - children, adults and older people. We have a strategic centre for supporting policy development, and our services are delivered through three operational areas known as 'localities': North East, North West and South. We also have responsibility for planning and delivering some services that cover the entire NHS Greater Glasgow and Clyde Health Board area and its other HSCPs, which are referred to as 'hosted services' (NHS Greater Glasgow and Clyde comprises of six HSCPs).

We directly provide some services like home, residential and day care services, and there are health and social care services that are contracted/purchased by us from voluntary and independent sector organisations.

Within primary care services, a range of independent contractors such as GPs, dentists, optometrists and pharmacists are contracted and operate within a national framework overseen by the Health Board, although they play an important role in the planning and delivery of our services.

According to our latest **Carers Strategy 2019 - 22** there are more than 67,000 Glasgow people who are unpaid carers – around 10% of our city's population of over 625,000 people.

It is therefore clear that a significant proportion of the city's population is engaged in supporting the health and social care needs of the people of Glasgow.

More information about Health and Social Care Integration, Glasgow City HSCP and Glasgow City IJB is available on our **website**. We also have information on our **services**.



Our Vision for Health and Social Care in Glasgow City

Our vision for health and social care in Glasgow continues to focus on supporting people to flourish, transforming services for the better and engaging with our communities to improve their health and wellbeing and make them more resilient.

"Our medium- to long-term vision is that:

The city's people can **flourish**, with access to health and social care support when they need it. This will be done by **transforming** health and social care services for better lives. We believe that stronger **communities** make healthier lives."

Our vision is summarised as **'Flourishing Communities, Healthier Lives.'**



Our five key strategic priorities for health and social care in Glasgow and their summary description continue to be:

- **prevention, early intervention and harm reduction**

There is a commitment to improve overall health and wellbeing and prevent ill-health of the people of Glasgow. Positive health and wellbeing, prevention, early intervention and harm reduction will continue to be promoted. People need to get the right levels of advice and support to maintain their independence and reduce the instances of them having to engage with services at points of crisis in their life.

- **providing greater self-determination and choice**

There is a commitment to ensure patients, service users and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve.

- **shifting the balance of care**

There is a commitment to continue to invest in local people, neighbourhoods and communities for services to be delivered locally and support people in the community, shifting the balance of care away from institutional, hospital-led services where appropriate.

- **enabling independent living for longer**

There is a commitment to work taking place across all care groups to empower and support people to continue to live healthy, meaningful and more personally satisfying lives as active members of their community for as long as possible.

- **public protection**

There is a commitment to ensure that people, particularly the most vulnerable children, adults and older people, are kept safe from harm, and that risks to individuals or groups are identified and managed appropriately through good professional practice.

Full descriptions of our five strategic priorities are included in our **Strategic Plan 2019 – 22.**

3. Communications Context

Our Communications Strategy is informed by both our partner organisations' corporate communications strategies and channels - Glasgow City Council and NHS Greater Glasgow and Clyde. It is also underpinned by a number of standards, policies and guidelines for communications. These are explained later on in our Strategy.

Our updated Strategy and its action plan is also informed by a communications survey that we conducted with a wide range of people and organisations between November 2019 and January 2020. The survey was similar to one that we conducted in early 2017, and it was designed for participants to share their views on:

- our communications framework - vision, objectives, approach and Joint Media Protocol
- their knowledge of our HSCP, IJB and their work and services
- how they find out about our work and services, and their preferred communication channels
- the usefulness of our communications and
- how our communications can be improved.

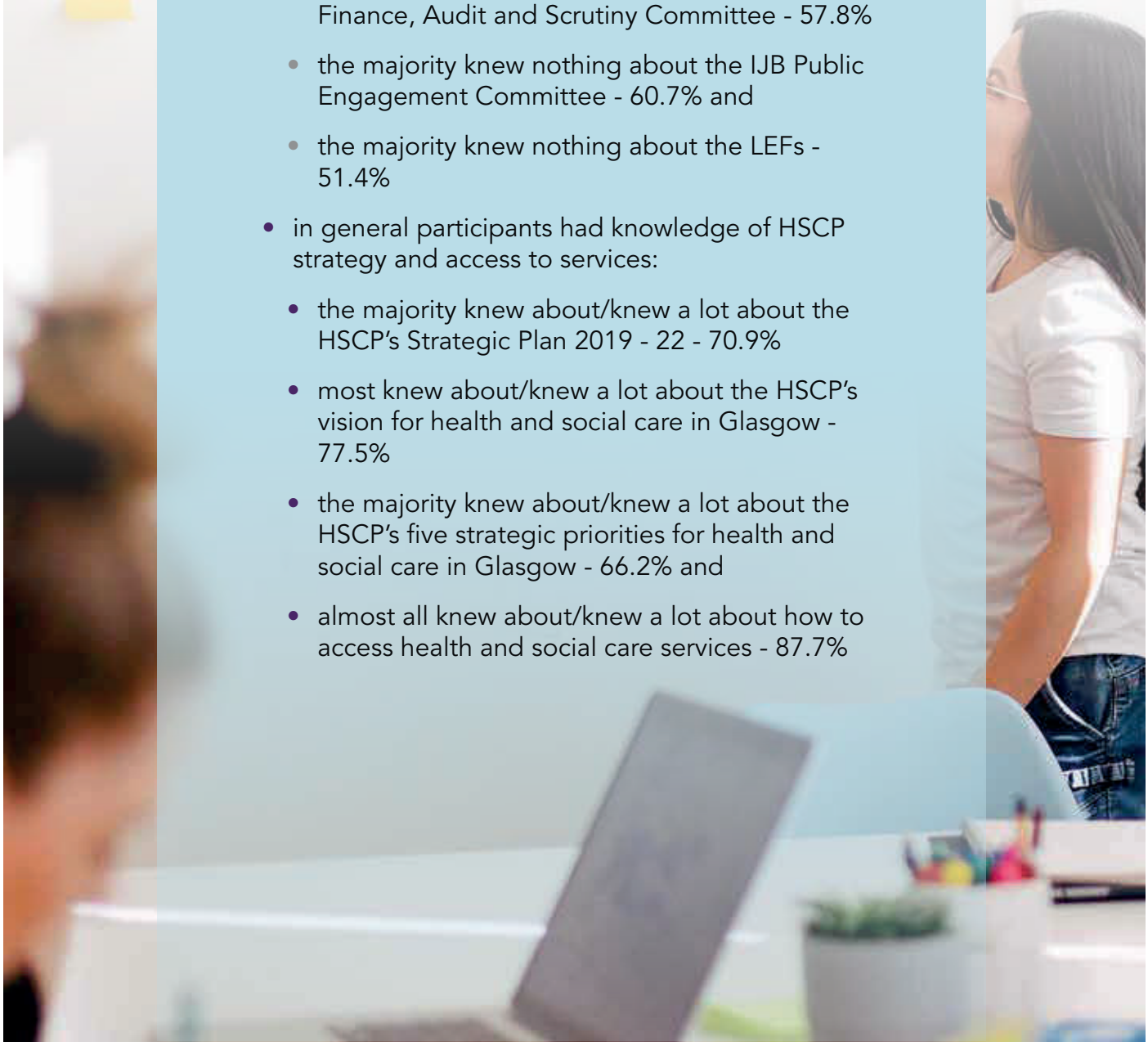
Both web-based and printed versions of the survey were available to complete, and the survey was made available in a range of community-based offices and facilities including health and care centres, social work offices, residential establishments, GP practices, libraries and community centres among others. The survey was promoted through print, electronic and digital communication channels. A total of 1,006 people participated in the survey - an improvement of 10.5% from the HSCP's 2017 communications survey.

We also had face-to-face engagement sessions with our three Locality Engagement Forums/Networks (LEF/LENs) (North East, North West and South), and South Locality LEN had a further session with service users and carers of home care services. These took place between November and December 2019, and 38 people participated. The sessions were an opportunity for participants to share their views on our communications.

Full key findings from the survey and engagement sessions have been reported to the IJB at its June 2020 meeting along with this updated version of our Communications Strategy. Some of the key findings are presented here.

Survey Feedback

- most survey participants agreed with the different elements of the communications framework: just under nine in 10 agreed with the communications vision (87%); objectives (88.9%) and approach (88.3%). The majority agreed with the Joint Media Protocol - seven in 10 (71%)
- there were a couple areas where the majority of participants had knowledge of the HSCP's integrated arrangements and some where this was the inverse:
  - almost all knew about/knew a lot about the HSCP - 95.3%
  - the majority knew about/knew a lot about the IJB - 63.9%
  - the majority knew nothing about the IJB Finance, Audit and Scrutiny Committee - 57.8%
  - the majority knew nothing about the IJB Public Engagement Committee - 60.7% and
  - the majority knew nothing about the LEFs - 51.4%
- in general participants had knowledge of HSCP strategy and access to services:
  - the majority knew about/knew a lot about the HSCP's Strategic Plan 2019 - 22 - 70.9%
  - most knew about/knew a lot about the HSCP's vision for health and social care in Glasgow - 77.5%
  - the majority knew about/knew a lot about the HSCP's five strategic priorities for health and social care in Glasgow - 66.2% and
  - almost all knew about/knew a lot about how to access health and social care services - 87.7%



- higher proportions of participants got information about the work and services of the HSCP through electronic communication channels: the HSCP's electronic newsletter/bulletin (75.2%); the HSCP's website (57.5%); HSCP email announcements (48.1%); Glasgow City Council's (47.4%) and NHS Greater Glasgow and Clyde's (33.6%) websites and staff intranet websites (33.5%)
- electronic channels tended to be preferred for communications: email announcements (73%); internet website (57.9%) and staff intranet website (30.6%). Just over half (52.9%) of participants preferred communications though a newsletter/ bulletin, and a quarter (25.2%) preferred them through staff team meetings with their immediate line manager
- just under two-thirds (63.8%) of participants found HSCP communications useful/very useful and a quarter (25.3%) found them a little useful and
- two-fifths (39.6%) of participants believed that improvements can be made to HSCP communications.



Engagement Sessions Feedback

- participants mainly got their information about the HSCP through face-to-face engagement and print communications, and these were their preferred communication channels
- a range of channels - print, electronic, social media and face-to-face - should be used to communicate information and messages about the work and services of the HSCP, as different communities and age groups have different communications needs and preferences
- communications should be a shared responsibility across the HSCP and with partners, and they should be targeted, transparent, accessible (particularly in 'Plain English' and avoiding undefined acronyms/abbreviations), two-way and use case studies and real-life examples
- a guidance note with communication 'hints and tips' should be developed for HSCP staff to improve the accessibility of HSCP communications
- the HSCP's public leaflet on Health and Social Care Integration should be reviewed and ones should be developed for the IJB Committees and LEFs and
- the HSCP's newsletter should be more widely available in print format, particularly in GP surgeries.



4. Communications Framework

Communications Vision

Partnership working is at the very centre of what we do. We reaffirm our continued commitment to it in our **Strategic Plan 2019 - 22**.

Partnership means working together - everyone has a part in the planning and delivery of our services. This includes people who are supported by them, those who support the planning and delivery of them, those who may have an interest in them now or potentially in the future or any combination of these. The public, private and third sectors and communities share responsibility for providing services to meet public health and social care priorities and needs, and the meaningful engagement of them, patients, service users and carers in the planning and delivery of services is essential.

Good communication is vital in making this happen, and we have developed a communications vision to this end. Key to our vision is that we all have a part to play in good communication to support the planning and delivery of our services. Communication is not just the responsibility of one person or staff group within our HSCP, partners who work with us or people who are supported by us. We have a shared responsibility to move our communications vision from just being a vision to something real.

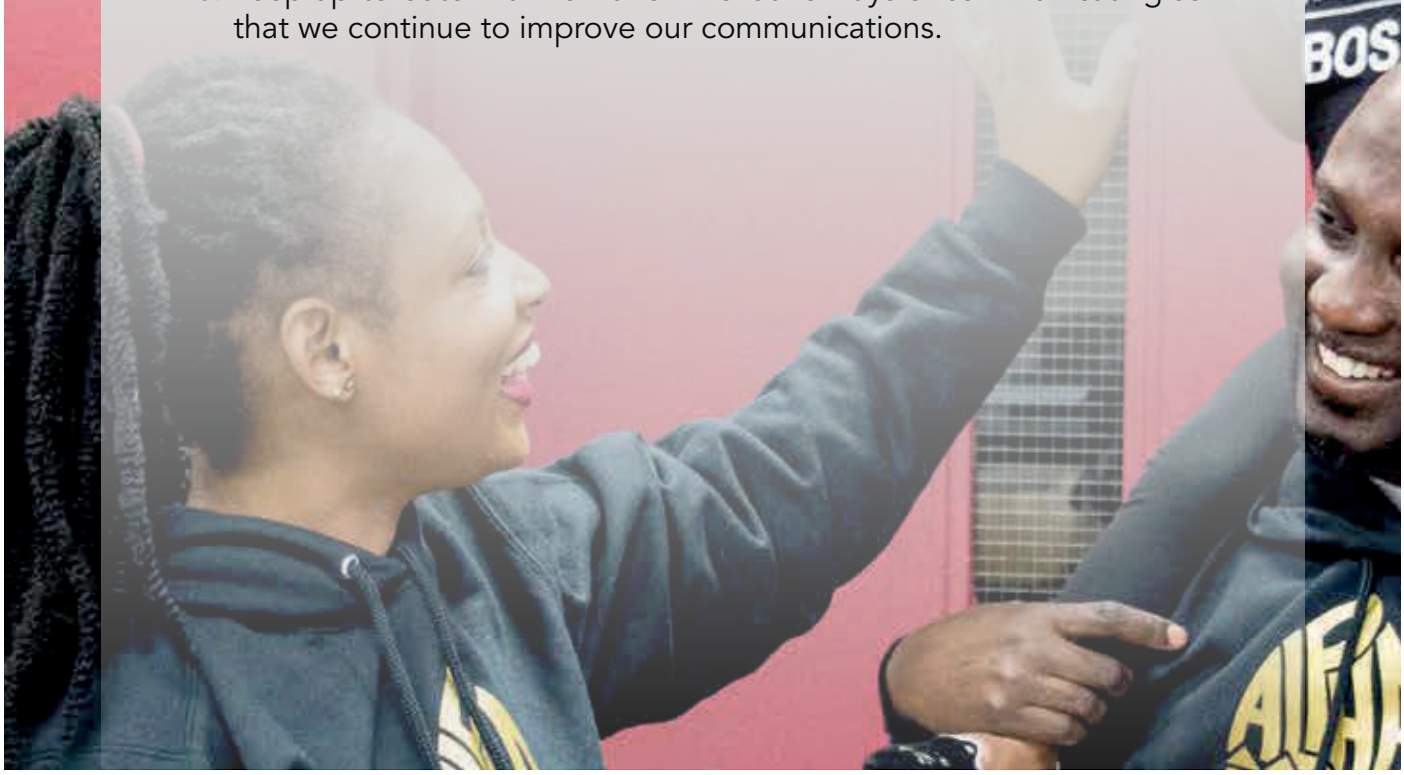
As a partnership for health and social care, **our communications vision is**:

"Together we will continue to be committed to good communication with the people, communities and organisations who are supported by us, work with us or have an interest in us. This is so they can be aware of, understand and engaged in our work and services. Good communication helps us to plan and deliver our services in partnership and achieve our vision for health and social care in Glasgow."

Communications Objectives

We have developed a set of communications objectives to describe what we are seeking to achieve in our communications. We will use communications to:

1. increase awareness, understanding and engagement of our vision and priorities for health and social care in Glasgow
2. provide information about our work and services so that people, communities and organisations are kept up to date and supported to participate in the planning and delivery of our services - particularly to share their views and ideas. This can include stakeholders who are directly or indirectly affected, may have an interest or concern or may be impacted in the future
3. provide information about our work and services and how to access them (both provided and purchased/contracted) so that people can make better informed choices and decisions about how they can be supported to meet their health and social care needs or that of others
4. provide information about our work, services and good professional practice to staff and any issues that may affect them so that they are better supported to do their jobs
5. promote our shared culture - our shared identity, values and behaviours
6. recognise, celebrate and promote successes of our HSCP, especially where there is partnership working
7. follow our approaches, standards and governance for HSCP communications so that they are of a high standard and
8. keep up-to-date with new and innovative ways of communicating so that we continue to improve our communications.

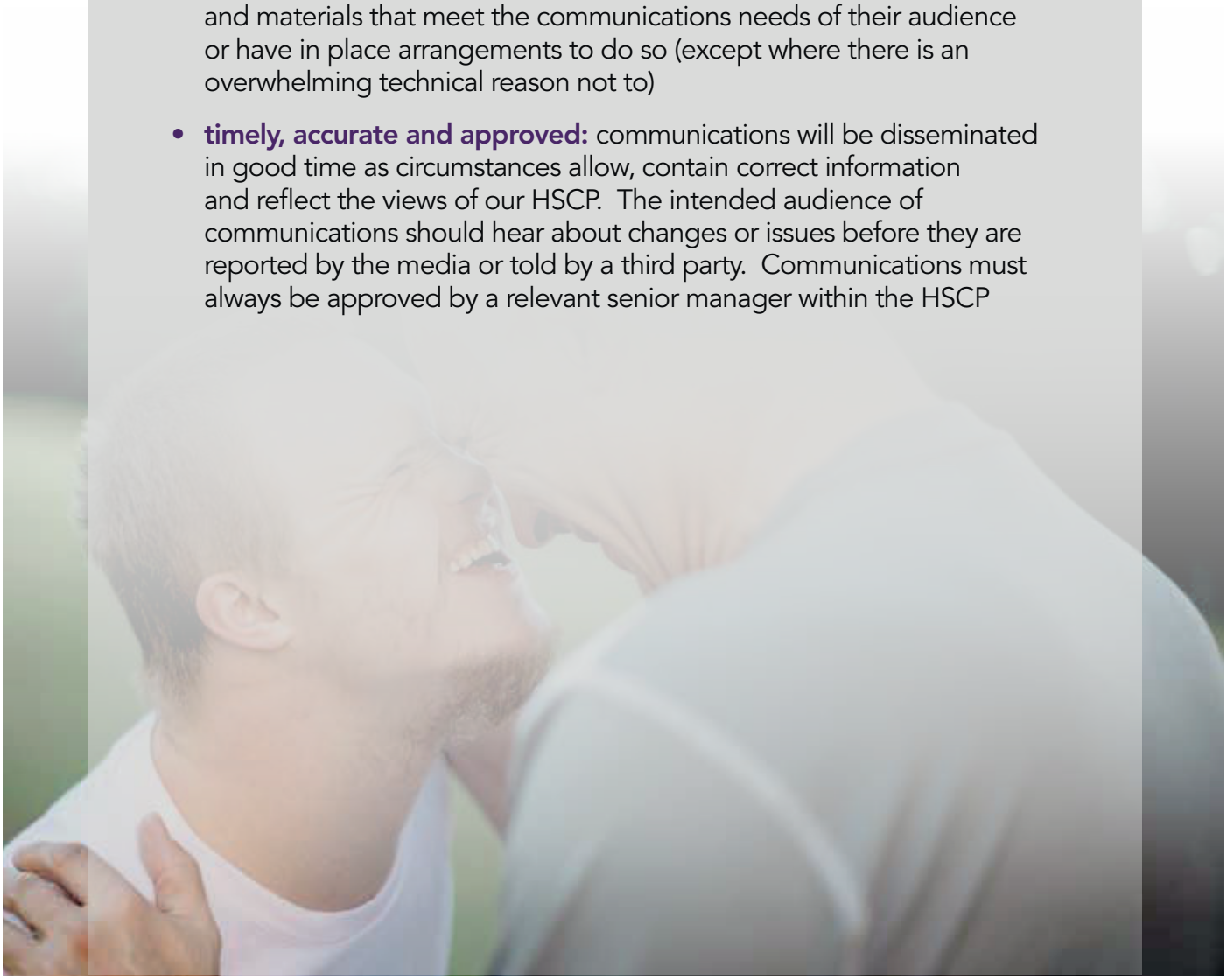


Communications Approach

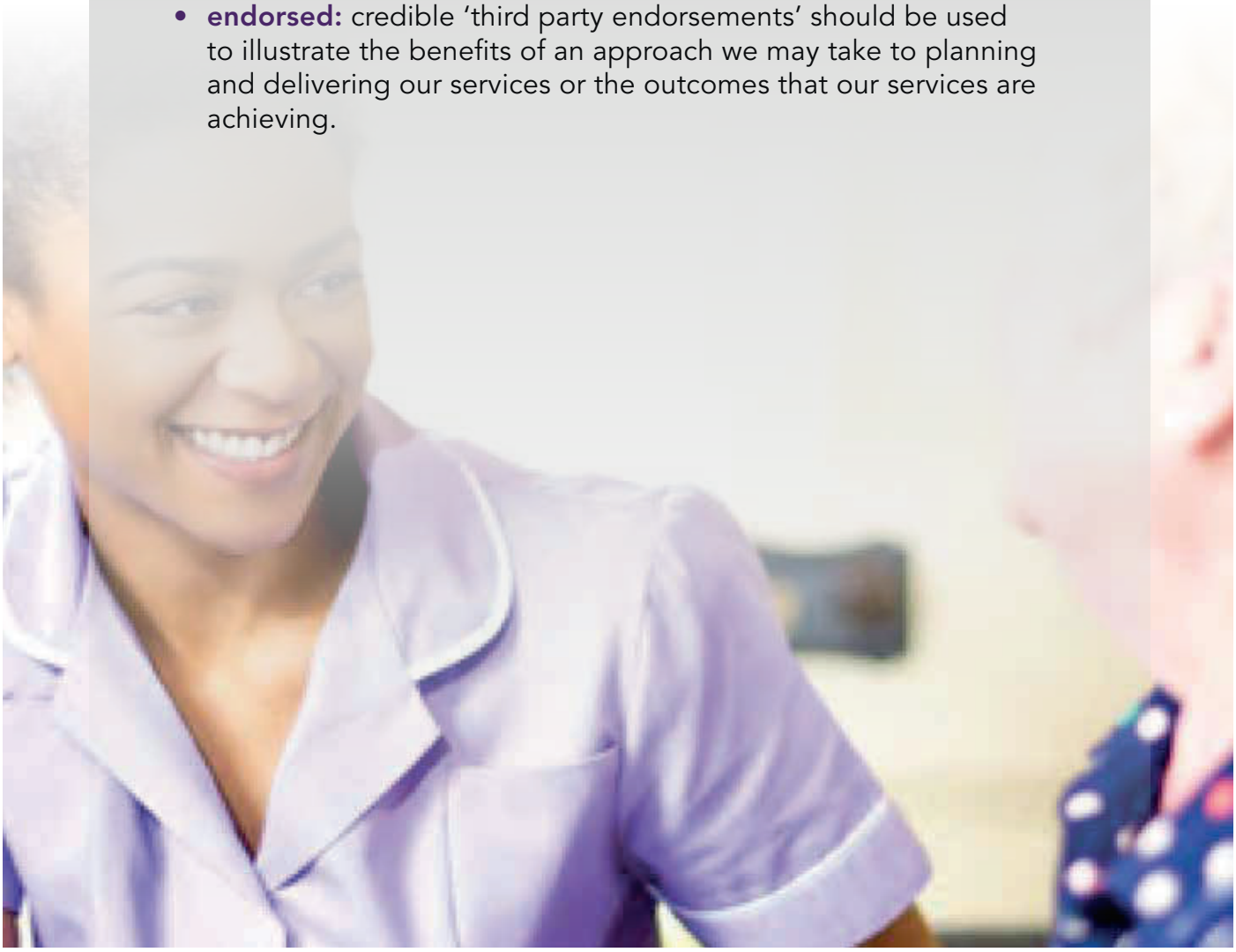
Good communications consider the audience for whom they are intended for, and they are adapted to meet their communications needs. If they are not, then they are likely to be unsuccessful and create barriers.

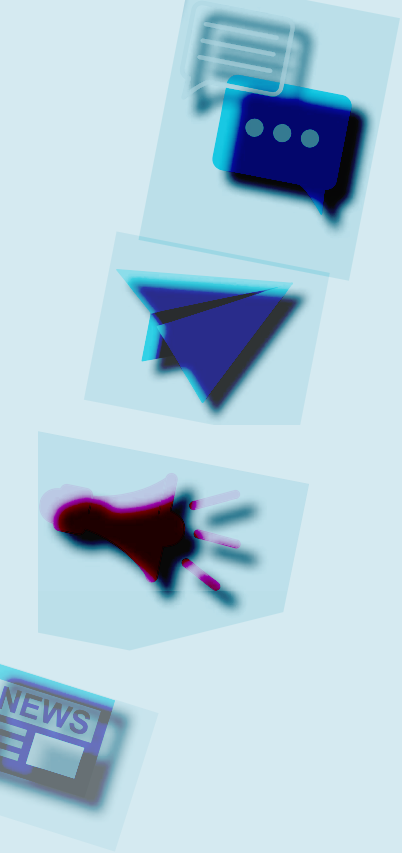
Whilst we are committed to adapting our communications for their audience, there is an underlying approach that we will strive to maintain. We all have a responsibility to ensure that our communications take them into account. We will strive for our communications to be:

- **clear and concise:** communications will use language that is straightforward and easily understood ('Plain English'), avoiding language that is ambiguous or overly-complicated or uses jargon or undefined acronyms. Where specialist terms, abbreviations/acronyms or concepts are used, they will be defined or explained
- **inclusive:** communications will be inclusive and not use language (expressions or words) that might be considered to exclude particular groups of people
- **consistent:** communications will be consistent for both internal and external audiences, and they will be consistent with our vision and priorities for health and social care
- **accessible:** communications will use styles, formats, layouts, languages and materials that meet the communications needs of their audience or have in place arrangements to do so (except where there is an overwhelming technical reason not to)
- **timely, accurate and approved:** communications will be disseminated in good time as circumstances allow, contain correct information and reflect the views of our HSCP. The intended audience of communications should hear about changes or issues before they are reported by the media or told by a third party. Communications must always be approved by a relevant senior manager within the HSCP



- **transparent:** communications will be authentic, honest and open as appropriate
- **targeted:** communications should be developed and disseminated to an intended audience, and consideration should be given to the level of communications so that there is not 'communications overload' and they get lost among others
- **multi-channel:** a range of tools and methods should be used to communicate with target audiences so that they are more likely to receive information and messages - print, digital and face-to-face. Improved ways to communicate should also continue to be explored in order to be more inclusive
- **two-way:** communication channels should also facilitate meaningful engagement with people, communities and organisations. Communications should not simply be used to unilaterally share information 'top-down'; they should also include engagement opportunities so that stakeholders can ask questions or share their views, ideas, concerns or issues
- **evidence-based:** research, statistics, proof of concepts, case studies, real life examples and story-telling should be used to illustrate and back up information and messages wherever possible and
- **endorsed:** credible 'third party endorsements' should be used to illustrate the benefits of an approach we may take to planning and delivering our services or the outcomes that our services are achieving.





Communications Standards

Our communications are underpinned by a number of standards, policies and guidelines:

- our HSCP's brand identity
- accessible communications
- our joint protocol on working with the media and
- the acceptable use of social media by Council and Health staff within the wider context of information management and security.

Brand Identity

We have developed our own brand identity with guidelines. We use our brand identity to:

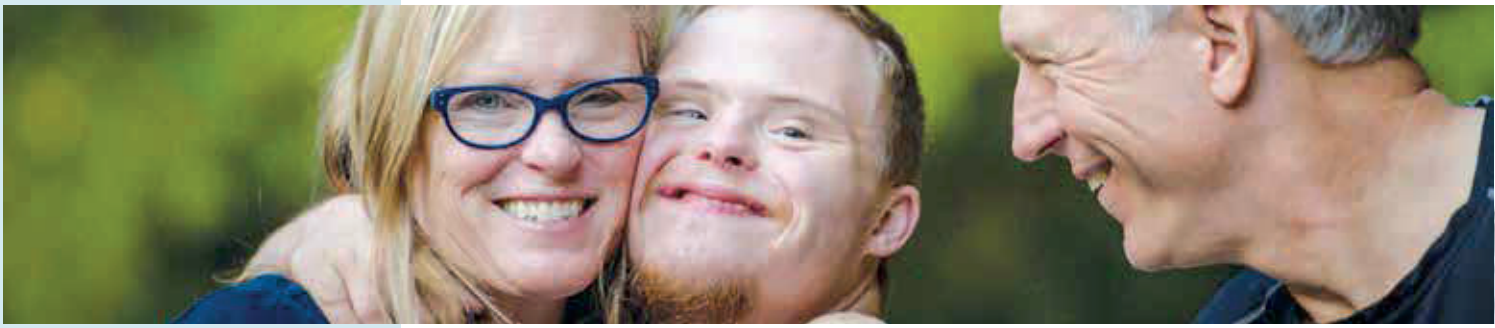
- communicate our shared culture, including our vision and priorities for health and social care in Glasgow
- demonstrate our continued commitment to partnership working and
- increase awareness and recognition of our HSCP with the people who we support and work with in partnership, or with anyone who may have an interest in us.

Our brand identity guidelines include the standards by which our brand identity (including our logo or 'mark') is used in our communications. They help us to communicate a clear, consistent and quality message and image with our stakeholders, as well as the public, communities and external organisations.

Any use of our brand identity must adhere to our guidelines, and staff must follow Glasgow City Council's and NHS Scotland's corporate identity guidelines when using their organisational branding (including logos or 'marks'). This includes all printed and digital materials. Where our brand identity is used by an external stakeholder for the promotion of a joint initiative with us, this should be by permission only and with guidance.

Accessible Communications

The people who we support and work with in partnership include people from wide-ranging backgrounds with one or more protected



characteristics including age, sex, gender identity, race, ethnicity, religion and belief, sexual orientation, marriage and civil partnership, pregnancy and maternity, disability and socio-economic status and social class. As reflected in our communications objectives and approach, it is essential that we communicate in clear, concise and accessible language, which is also inclusive, and that we tailor our communications appropriately to the communications needs of their intended audience. This includes the use of terms, styles of communication, layout, formats and languages among other areas. Both our partner organisations (the Council and Health Board) have policies and guidelines on accessible communications, and these should be adhered to except where there is an overwhelming technical reason not to. More information is available on Glasgow City Council and NHS Greater Glasgow and Clyde staff Intranets: **Connect** (accessible to Council staff and other authorised users) and **Staffnet** (accessible to Health staff and other authorised users). The UK government has also published **accessibility guidelines for public sector websites and applications**.

Our HSCP's approach to accessible and inclusive communications is within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2010. When planning and delivering our services, we are committed to equalities and human rights legislation, and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Our HSCP's IJB has its own **Equalities Mainstreaming Outcome Plan**, which sets outs the equalities mainstreaming outcomes that we seek to achieve and embed with associated performance measures. Our commitment to equalities and human rights is also reaffirmed in our **HSCP's Strategic Plan 2019 - 22**.

Joint Media Protocol

We have a joint media protocol for our external communications, which has been developed between our partner organisations. It covers guidelines on dealing with media enquiries, proactive communications promoting our work and services and the key corporate communication channels of our partner organisations that we link into. It also includes relevant press office contacts in our partner organisations. Any engagement with the media must adhere to the protocol.

Social Media

Social media - web-based and mobile technologies where users can create, share and participate in content like photos, videos, opinions or reports - continues to be increasingly used by the people who we support or work with in partnership, as well as the public, communities and external organisations. This also includes our managers and staff. Whist social media provides further opportunities for us to communicate and engage with a range of audiences, it does come with risks. The misuse of social media can carry significant reputational, technical and legal risks to us and our partner organisations. Both the Council and Health Board have policies and guidelines on the acceptable use of social media in a professional capacity, within the wider context of information management and security including data protection. Our staff must ensure that they adhere to them. They are available on **Connect** and **Staffnet** (accessible to Council and Health staff and authorised users). We also have guidelines for the use of Twitter profile **@gchscp.**





Communications Governance

To ensure that our communications are timely, accurate and consistent, they are approved by a relevant member of our Executive Leadership and Senior Management Team for the service area that they relate to. Where a communication cuts across service areas, then a Chief Officer or Clinical Lead (or their delegates) gives final approval. Any service area content should still be approved by the relevant member of the Executive Leadership and Senior Management Team in the first instance.

As mentioned in the previous section, our Joint Media Protocol outlines the governance arrangements for media enquiries and proactive communications with the media relating to our services. The main arrangements are:

- if a media enquiry is solely social care related, Glasgow City Council's corporate press office will work with relevant officers in the HSCP to agree all statements and press releases on behalf of the HSCP. If it is solely health related, NHS Greater Glasgow and Clyde's corporate press office will take the lead. Where it is both health and social care related, relevant to the HSCP as a whole or unclear whether it is explicitly health or social care related, then both press offices will work together or agree a lead to work with relevant officers in the HSCP
- media statements relating to the HSCP are normally to be attributed to the HSCP unless there are sound operational reasons for them to be attributed to a named individual. Where there is a decision to do so, this is normally the Chief Officer (or their delegate), Chair of the Integration Joint Board (or their delegate) or, in appropriate circumstances where the subject matter would benefit from it, the lead clinical voice such as the Chief Nurse, Medical or Public Health Director
- the ultimate responsibility for approval of media statements for the HSCP rests with the Chief Officer or the Chair of the Integration Joint Board (or their delegate). However, members of the HSCP's Executive Leadership Team (or their Senior Management Team delegate) also have the authority to approve media statements in relation to the service areas they lead on. Should an issue be the subject of on-going media interest, then previously agreed statements can be modified and released without further reference to the Executive Leadership Team so long as the media enquiry does not make a substantive difference to the general understanding of that issue.
- the guiding principle is that statements should be collaborative and reflect the work and services of the HSCP as a whole. Where there is disagreement between communications officers in the partner organisations, then the Chief Officer or a member of the Executive Leadership Team will provide guidance on the approach that should be taken and
- the same governance arrangements apply to proactive communications with the media.

5. Communications Audiences and Channels

Communications Audiences

We regularly communicate with a range of stakeholders: patients, service users, carers and their families; HSCP, Council and Health Board staff; IJB Members; Council and Health Board Members and third and independent sector providers/contractors of services to name just a few. This is extended to the public, local communities and external organisations as well, as they too are likely to have an interest in our work and services, if not now, then potentially in the future.

Our key audience groups we will communicate with include:

- the public
- patients, service users, carers, their families and their representatives or advocates
- HSCP staff
- Glasgow City Council and Family and NHS Greater Glasgow and Clyde staff
- Glasgow City IJB Members
- Glasgow City Council Elected Members
- NHS Greater Glasgow and Clyde Health Board Members
- Trade Unions/Staffside
- providers/contractors of health and social care services
- public, third and independent sector organisations and networks who have a health and social care remit or interest
- Glasgow City Community Councils
- Glasgow City Community Planning Partners
- MPs/MSPs within Glasgow City or who have a health and social care remit and
- the media.



Communication Channels

We need to be mindful of the channels that we use to communicate if we want our communications to be received and understood by their intended audience. Communication channels are the tools and methods we use to send information and messages to an intended audience. They can be used to send information two-way (that is, top-bottom and bottom-top) and even three-way (that is, across). They can be print, digital or face-to-face, and they can include presentations, briefings, reports, minutes of meetings, newsletters, audio, video, animation, webpages, social media, team meetings and events among others.

Communication channels need to be in place and endorsed, and there needs to be an awareness of them in order to get the correct information and messages to the correct people at the correct time. The most effective ones need to be used to achieve this, and this will depend on a number of variables, for example: the subject matter of the communication, what it seeks to achieve, its urgency and its intended audience and their communications needs among others. Because there may also be different target audiences for a communication and audiences will engage differently, a variety of channels should be used.

Communications are also more likely to work if they are not 'one way,' where an organisation only uses their channels to communicate to audiences from the top to the bottom. Communication between people, from the start, implies that there is an existing or potential relationship, and it must be two-way (both up and down and down and up) so that there are opportunities for audiences to share their questions, views, ideas, concerns or issues on what is being communicated. This enables people to make a contribution to shaping the subject matter of what is being communicated (as appropriate).



As such, communication and engagement activity are not separate for us, and engagement features within our communication channels. Our Communications Strategy outlines how we are doing this with our staff, and we have a separate **Participation and Engagement Strategy** for our engagement with individuals, communities and organisations in service planning and delivery.

We will use the following key channels to communicate with our audiences:

Glasgow City Council

- **Glasgow City Council website**
- **Connect website** (staff intranet for authorised users)
- Facebook - **Glasgow City Council**
- Twitter - **@Glasgow CC**
- Corporate Announcements (corporate all-staff emails)
- Managers' Briefing (corporate staff briefing)
- Insider (corporate staff newsletter including Chief Executive's message)
- Glasgow City Council approved committee papers (agendas, minutes and reports)
- Glasgow City Community Councils webpage and distribution list

NHS Greater Glasgow and Clyde

- **NHS Greater Glasgow and Clyde website**
- **Staffnet website** (staff intranet for authorised users)
- Facebook - **NHS Greater Glasgow and Clyde**
- Twitter - **@NHSGGC**
- General Notifications (corporate all-staff emails)
- Team Brief (corporate staff briefing from the Chief Executive)
- Core Brief (corporate staff briefing on specific topics)
- Staff Newsletter (corporate staff newsletter)
- NHS Greater Glasgow and Clyde Health Board papers (agendas, minutes and reports)

Glasgow City HSCP

- **Glasgow City HSCP website**
- Glasgow City HSCP webpages on corporate staff intranets
- **Your Support Your Way Glasgow website** (website for health and social care support and information)
- Facebook - Glasgow City Health and Social Care Partnership (to be developed)
- **YouTube** – Glasgow City Health and Social Care Partnership (to be redeveloped)
- Twitter - **@GCHSCP**
- Twitter - **@SM_GCHSCP** (Chief Officer's Twitter profile)
- Glasgow City HSCP Announcements (all-Glasgow City HSCP staff emails and other stakeholders as required)
- Glasgow City HSCP Staff Briefing (HSCP staff briefing on specific topics)
- Glasgow City HSCP Newsletter
- Glasgow City HSCP Healthy Working Lives Newsletter (HSCP staff newsletter to inform staff about health and wellbeing topics and promotions/campaigns)
- Glasgow City HSCP service- and subject-specific briefings, newsletters, posters and leaflets (for example, Primary Care, Public Protection and Person Centred Care)
- Glasgow City HSCP service - and subject-specific websites and social media (for example, Child Protection, Fostering and Adoption, Health Improvement, Sexual Health/Sandyford and Aye Mind)
- Glasgow City HSCP service - and subject-specific projects, initiatives and campaigns (for example, Power of Attorney, Fostering and Adoption, Home Carer Recruitment Campaign and Dementia Awareness)
- Glasgow City HSCP Team Meeting Communications Briefing (communications as part of HSCP staff team meetings)
- Glasgow City HSCP staff engagement opportunities (e.g., Executive Leadership and Senior Management Team sessions, Partnership-wide Leadership Session, care group/service-led sessions with Core Leadership leads and iMatter survey)
- Planning and engagement groups (for example, Locality Engagement Forums and Strategic Planning Groups)
- Third/Voluntary and independent sector contractors/providers, networks and organisations (for example, health and social care contractors/providers of services, Glasgow Council for the Voluntary Sector and Third Sector Interface)
- Glasgow City HSCP events (for example, provider events, equalities events, health improvement events)
- Miscellaneous communication channels (for example, service directories, press office/media stories and television screens in buildings)



Team Meeting Communications Briefing for HSCP Staff

As reflected within our communications framework, communication is not the responsibility of one person or staff group within the HSCP; all managers and staff among others have a role to play in communications that support the planning and delivery of our services. Managers have a responsibility to provide opportunities for communication and engagement with their teams and staff have a responsibility to participate in them so that teams:

- have a greater awareness of our work and services, and those of our partner organisations (Glasgow City Council and NHS Greater Glasgow and Clyde)
- have a better understanding of our overall strategic direction of travel including our strategic priorities for health and social care in Glasgow
- are more collaboratively engaged in our work by sharing their views and ideas and
- can take informed action to make change happen in the planning and delivery of our services (as appropriate).

Furthermore, time and again, staff have valued very highly face-to-face communications with their immediate line manger as a preferred communication channel. For this reason, we have developed our Team Meeting Communications Briefing model so there is a more consistent approach to communications at team meetings across our HSCP.

Communications should be a standing item on team meeting agendas for discussion.

Team managers or leads should use the communication channels outlined within our Communications Strategy as the sources of content for communicating and discussing key information and messages for the standing communications agenda item. The main ones include:

- partner organisation briefings and newsletters
- our HSCP briefings and newsletters
- all-staff e-mail announcements and notifications and
- approved Board/Committee papers - Glasgow City IJB, Glasgow City Council and NHS Greater Glasgow and Clyde.

Team meetings should normally include most recent HSCP-wide communications, such as our newsletter and email announcements. Where there is an immediate requirement to communicate on a specific topic or issue, then team managers or leads should convene a meeting/briefing as soon as is practical, which may be outwith regularly scheduled team meetings.



Two-way communication is a central feature of the Team Meeting Communications Briefing, and it is one of the main communication channels for staff engagement. Team meetings are not just a communication channel for managers/leads to share information and messages with staff. They are for managers/leads and staff, as a team, to discuss them and how the team may be directly affected. It is also an opportunity for staff to ask questions and share their views and ideas. As part of this, mangers/leads should record and feed back on any questions, views and ideas with either their local management team or our HSCP's Executive Leadership and Senior Management Team (as appropriate).

Staff Engagement Opportunities

As the collective responsibility of an organisation, communication and engagement need to be embedded at all levels, with meaningful buy-in and visibility from its leadership. To embed this further within our staff structure, there are internal staff engagement opportunities with our Executive Leadership and Senior Management Team, senior managers and team managers/leads. The main ones include:

- Executive Leadership and Senior Management Team staff sessions
- Partnership-wide Leadership sessions for senior managers/leads at Grade 9 (Social Work)/Band 8b (Health) and above
- Care Group/Service-led sessions with Core Leadership leads and
- iMatter staff experience survey.

These are collaborative opportunities to:

- increase awareness, understanding and engagement among staff of our vision and priorities for health and social care in Glasgow
- update staff with information about our HSCP – our services, people and places
- update staff on good professional practice, topics or issues that may affect them so that they are better supported to do their jobs
- enable staff to ask questions and share their views and ideas to meaningfully inform the planning and delivery of our services and
- enable staff to discuss any concerns or issues that they may have.

Our internal staff engagement opportunities will also support us to further embed a culture of improving and increasing job satisfaction and involvement, staff empowerment, transparency, mutual respect and organisational commitment.

Communciations Matrix

The following matrix summarises our communications audiences and channels.

Communication Channel	Corporate or GCHSCP	Internal or External	Frequency	Key Audience											
				Patients, Service Users, Carers, their Families & their representatives or advocates	The Public	Glasgow City HSCP Staff	GCC & NHSGGC Staff	Glasgow City IJB Members, Glasgow City Council Elected Members & NHSGCC Board Members	Trade Unions/Staffside	Providers/Contractors of Health & Social Care Services	Public, Third & Independent Sector Organisations & Networks with Health & Social Care Remit or Interest	Glasgow City Community Councils	Glasgow City Community Planning Partners	MPs/MSPs within Glasgow City or with a Health & Social Care Remit	The Media
GCC & NHSGGC Websites	Corporate	External	Ongoing	•	•	•	•	•	•	•	•	•	•	•	•
GCC & NHSGGC Intranet Websites - Connect (GCC) & Staffnet (NHSGGC)	Corporate	Internal & External	Ongoing			•	•	•	•						
GCC & NHSGGC Social Media - Facebook & Twitter	Corporate	External	Ongoing	•	•	•	•	•	•	•	•	•	•	•	•
All-staff Emails - Corporate Announcements (GCC) & General Notifications (NHSGGC)	Corporate	Internal	Ongoing			•	•		•						
Staff Briefing - Managers' Briefing (GCC), Team Brief (NHSGGC) & Core Brief (NHSGGC)	Corporate	Internal	Ongoing			•	•		•						
Staff Newsletter - Insider (GCC) & Staff Newsletter (NHSGGC)	Corporate	Internal	Monthly			•	•		•						
GCC & NHSGGC Committee & Board Papers	Corporate	Internal & External	Ongoing	•	•	•	•	•	•	•	•	•	•	•	•

Communication Channel	Corporate or GCHSCP	Internal or External	Frequency	Key Audience											
				Patients, Service Users, Carers, their Families & their representatives or advocates	The Public	Glasgow City HSCP Staff	GCC & NHSGGC Staff	Glasgow City IJB Members, Glasgow City Council Elected Members & NHSGCC Board Members	Trade Unions/Staffside	Providers/Contractors of Health & Social Care Services	Public, Third & Independent Sector Organisations & Networks with Health & Social Care Remit or Interest	Glasgow City Community Councils	Glasgow City Community Planning Partners	MPs/MSPs within Glasgow City or with a Health & Social Care Remit	The Media
Glasgow City Community Councils Webpage & Distribution List	Corporate	Internal & External	Ongoing									•			
Glasgow City HSCP Website	GCHSCP	Internal & External	Ongoing	•	•	•	•	•	•	•	•	•	•	•	•
Glasgow City HSCP Webpages on Corporate Staff Intranets - Connect (GCC) & Staffnet (NHSGGC)	GCHSCP	Internal	Ongoing			•	•	•	•						
Your Support Your Way Glasgow Website	GCHSCP	Internal & External	Ongoing	•	•	•	•	•	•	•	•	•	•	•	•
Glasgow City HSCP Social Media - Facebook (in development), Twitter & YouTube (redevelop)	GCHSCP	Internal & External	Ongoing	•	•	•	•	•	•	•	•	•	•	•	•
Glasgow City HSCP Announcements - All Staff Emails & Other Stakeholders as Required	GCHSCP	Internal & External	Ongoing	•	•	•	•	•	•	•	•	•	•	•	•
Glasgow City HSCP Staff Briefing	GCHSCP	Internal	Ongoing			•			•						
Glasgow City HSCP Newsletter	GCHSCP	Internal & External	Quarterly	•	•	•	•	•	•	•	•	•	•	•	•
Glasgow City HSCP Healthy Working Lives Newsletter	GCHSCP	Internal	3x a Year			•			•						

Communication Channel	Corporate or GCHSCP	Internal or External	Frequency	Key Audience											
				Patients, Service Users, Carers, their Families & their representatives or advocates	The Public	Glasgow City HSCP Staff	GCC & NHSGGC Staff	Glasgow City IJB Members, Glasgow City Elected Members & NHSGCC Board Members	Trade Unions/Staffside	Providers/Contractors of Health & Social Care Services	Public, Third & Independent Sector Organisations & Networks with Health & Social Care Remit or Interest	Glasgow City Community Councils	Glasgow City Community Planning Partners	MPs/MSPs within Glasgow City or with a Health & Social Care Remit	The Media
Service- & Subject-specific: Briefings, Newsletters, Posters, Leaflets, Websites, Social Media, Projects, Initiatives & Campaigns	GCHSCP	Internal & External	Ongoing	•	•	•	•	•	•	•	•	•	•	•	•
Glasgow City HSCP Team Meeting Communications Briefing	GCHSCP	Internal	Ongoing			•									
Glasgow City HSCP Staff Engagement Opportunities	GCHSCP	Internal	Ongoing			•			•						
Glasgow City HSCP Planning & Engagement Groups	GCHSCP	Internal & External	Ongoing	•	•	•	•			•	•		•		
Third/Voluntary & Independent Sector Contractors/Providers, Networks & Organisations	GCHSCP	External	Ongoing							•	•				
Glasgow City HSCP Events	GCHSCP	Internal & External	Ongoing	•	•	•	•	•	•	•	•	•	•	•	•
Miscellaneous Communications Channels (e.g., Service Directories, Press Office/Media Stories & Television Screens in Buildings)	GCHSCP	Internal & External	Ongoing	•	•	•	•	•	•	•	•	•	•	•	•

6. Communications Developments



Transformation of our services is one of the key elements of our vision for health and social care in the city, and our commitment to it features throughout our **Strategic Plan 2019 - 22**.

Transformation is not about 'tinkering around the edges' of our services - how they are structured and delivered. It is about making significant changes to how they are planned and delivered in partnership, and how they are received and experienced by the people who are supported by them. As emphasised throughout our Communications Strategy, our communications support the planning and delivery of our services, and they need to be relevant and of a high quality standard if they are to work. To this end, it is important that we also actively look at new and emerging ways of how we can develop our communications.

This involves us looking at the new initiatives, projects and programmes that our HSCP is taking forward, and assessing how our communications can be done in a more innovative way to better support the planning and delivery of our services. This also includes reviewing and further developing our existing ones, and improving them in the process. Social media is one such example.

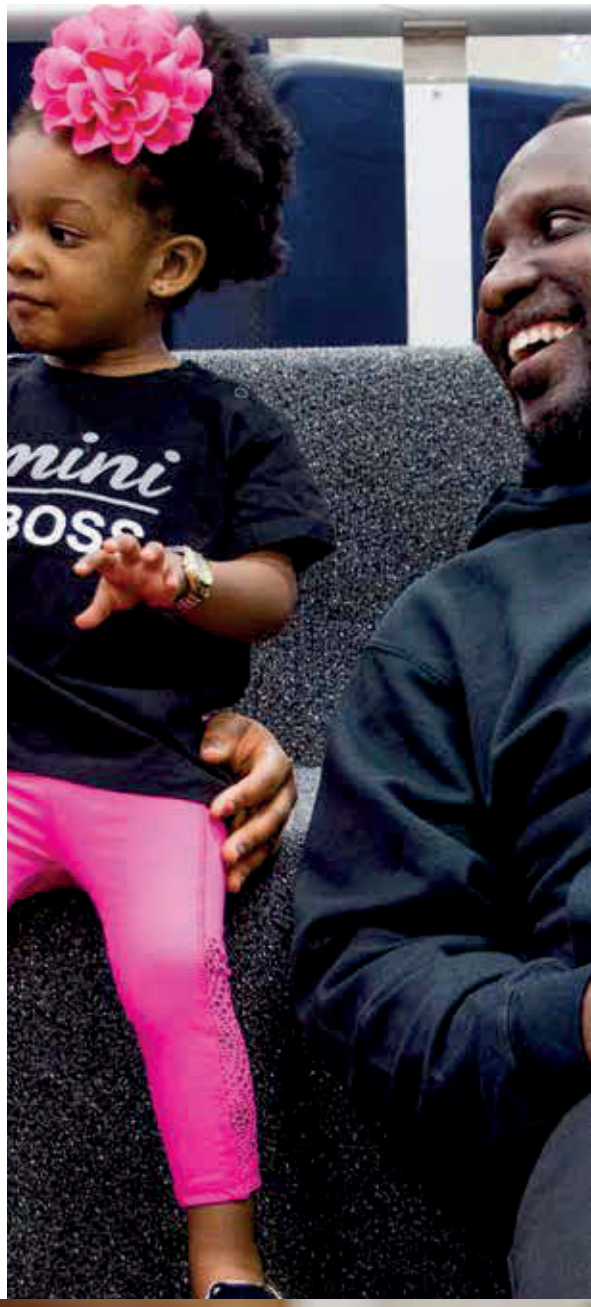
Social media is no longer just used by communications teams within organisations. It continues to be increasingly used by leaders and staff at all levels within organisations and the people, communities and organisations who they engage with. Over the medium- to longer-term our Communications Strategy will need to continue to evolve and innovate by embracing the opportunities and benefits that can be realised through the use of social media (in line with Council and Health Board policies and guidelines on the acceptable use of social media in a professional capacity).

For example, for this reason, we launched our own Twitter profile, **@GCHSCP**, in June 2016, and our Chief Officer also has a Twitter profile, **@SM_GCHSCP.** Our Twitter profile is actively used by us on a daily basis as one of our key communication channels with people who are supported by us, work with us or have an interest in us. We have around 3,000 followers with 5,500 Tweets published (as at 31 March 2020). Tweets include real-time information about our HSCP and services, including announcements, news, campaigns and events, service development and IJB meetings. It also provides people the real-time opportunity to share their views.

We also launched in July 2017 our own website, **www.glasgowcity.hscp.scot**. Our website includes a range of information on: background to the HSCP, IJB and Health and Social Care Integration; access to services; publications and meetings including IJB and IJB Committee papers; news and events and getting involved. Since its launch, engagement with the website has continued to increase. For example, the quarterly monthly average for visitors to the website increased from 1,748 (Q3; 2017) to 5,986 (Q3; 2019) – a +242.4% increase. November 2019 saw just under 7,500 visitors to the website.

Some of the key communications developments that we will progress as part of our new communications improvement action plan will include (see Section Nine):

- the launch of a Facebook profile and relaunch of a YouTube channel for our HSCP
- further support to our HSCP senior management and staff to raise the profile of their work and services through social media
- development of videos featuring our teams and services to raise awareness of the range of work and services across our HSCP – to be featured on our website and social media platforms and
- the review and redevelopment of **Your Support Your Way Glasgow website**.





7. Advice and Guidance

Advice and guidance on the full range of internal and external communications across our HSCP are available by our Business Development Team at our headquarters at Commonwealth House in the City Centre, **GCHSCP_Communications@glasgow.gov.uk**. We also have links with both our partner organisations' corporate communications teams to ensure co-ordinated and consistent communications (Glasgow City Council and NHS Greater Glasgow and Clyde). This includes not only issuing communications, but also relevant standards, policies and guidelines. Both the Council's and Health Board's corporate communications teams also support our external HSCP communications with the media and external organisations.

Advice and guidance can be provided in the following areas:

- the application of communications standards, policies and guidelines, particularly in relation to our brand identity, accessible communications, working with the media and the acceptable use of social media by Council and Health staff
- the development of communications strategies and plans and associated material and activity
- reporting of newsworthy items across our communication channels, and those of our partner organisations
- web and social media content and management
- graphics and printing services and
- event organisation.

8. Monitor and Review

We will continue to monitor and review our Communications Strategy. Our communications survey will continue to be the main way for us to do this, and it will enable us to track changes over time. The survey will be an opportunity for us to measure people's awareness of our work and services, and how our communications can be improved to better support the planning and delivery of our services.

9. Communications Improvement Action Plan

The following action plan has been developed to support the further implementation of our Communications Strategy. It outlines the activity that we will take forward to further improve, develop and embed our communications. The action plan particularly reflects Sections 5 (Communications Audience and Channels), 6 (Communications Developments) and 8 (Review) of our Strategy, and it is informed by views that were shared in our most recent communications survey and engagement with our three Locality Engagement Forums/Networks (Section 3: Communications Context).

Number	Action	Timescale
New Communications Developments		
1	Develop a summary version of Glasgow City HSCP's Communications Strategy to raise awareness of the Strategy and key communications audiences and channels	Autumn 2020
2	Review Glasgow City HSCP's distribution list for email announcements and its newsletter to ensure a wider reach to relevant stakeholders, including making the newsletter available in local offices and community facilities (particularly Health and Care Centres, Social Work offices and GP practices)	Autumn 2020
3	Develop icons for Glasgow City HSCP's strategic priorities for use in communications material (printed and digital) to make them more recognisable	Autumn 2020
4	Review and redevelop Glasgow City HSCP's Your Support Your Way Glasgow website	Autumn 2020 onwards
5	Review and update Glasgow City HSCP and Your Support Your Way Glasgow Websites for web accessibility	Autumn 2020 onwards
6	Develop and disseminate communications standards 'hints and tips' for Glasgow City HSCP, which is to include equalities considerations and accessible communications resources	Winter 2020/21
7	Develop an intranet webpage with relevant links to communication channels to support Glasgow City HSCP's Team Meeting Communications Briefing for staff	Winter 2020/21 onwards
8	Develop/Redevelop, implement and maintain a Facebook profile and YouTube channel for Glasgow City HSCP	Spring 2021 onwards
9	Develop and publish videos to raise awareness of the range of work and services across Glasgow City HSCP linked to the vision and priorities for health and social care in Glasgow – on the HSCP's website and social media channels	Spring 2021 onwards

Number	Action	Timescale
New Communications Developments...*continued*		
10	Review Glasgow City HSCP's Health and Social Care Integration public leaflet and develop further ones for the IJB, its committees and the Locality Engagement Forums	Spring 2021 onwards
11	Update Glasgow City HSCP's Joint Media Protocol taking into account any communications survey findings	Summer 2021
Ongoing Communications Activity		
12	Continue to update staff intranets (Connect and Staffnet)	Autumn 2020 onwards
13	Continue to regularly communicate about Glasgow City HSCP's work and services with internal and external audiences through a range of printed and digital communication materials and channels outlined in Section Five of the HSCP's Communications Strategy	Ongoing
14	Continue to support Executive Leadership and Senior Management Team social media engagement with Glasgow City HSCP's social media channels	Ongoing
15	Continue to support Glasgow City HSCP staff engagement opportunities including Executive Leadership and Senior Management Team sessions and Partnership-wide Leadership sessions for senior managers/leads at Grade 9 (Social Work)/Band 8b (Health) and above. Continue to support Glasgow City HSCP system-wide internal and external engagement sessions as appropriate.	Ongoing
16	Co-ordinate team and staff award nominations for internal and external awards programmes, including Glasgow City HSCP's Staff Awards for Excellence.	Ongoing
17	Conduct a communications survey with the people who are supported by, work with or have an interest in Glasgow City HSCP to measure the impact of communications activity, focusing on: • awareness of the work and services of the HSCP and IJB • usefulness of HSCP communications • preferred communication channels and • communications improvements.	Winter 2022-23