

Communications Strategy

2021-2022

1. Purpose

The purpose of our communications is:

To raise awareness, change perceptions and engage our audiences in acting to help achieve our vision.

2. Where we are now

The COVID-19 pandemic has placed a larger importance on our digital communications and online engagement. This section outlines the different online platforms we currently use, and carries out a SWOT analysis to assess the context within which we communicate.

2.1. Website

Our website is an important element of our information system and integral to ensuring local people know about us and our work.

On 6th August 2019, we launched our new website, developed by Healthwatch England. The website is easy to use, visually engaging, accessible and works well on mobile and tablet devices.

We attend the Healthwatch website user group quarterly discussion for local Healthwatch who are using the website. This discussion helps to identify learning and improvements needed to the site, to ensure that we are continuing to learn and adapt to how people use the site.

2.2. Social media

It is recognised that having a strong presence on social media is essential to our success. This is because the use of established social media platforms enables us to engage with a vibrant, discursive community around its local health and social care issues.

We recognise that care should always be taken when using social networking at any time, either via our systems or from home because inappropriate comments can adversely affect the reputation of the organisation, even if it is not directly referenced. Please refer to our [online engagement policy](#) that directs us on how we use and manage our social media accounts.

We are currently active on **Twitter** and **Facebook**, with a small presence on **Instagram**.

Across our social media platforms, we need to ensure that we are consistent. This includes tone of voice, branding colours, logos, profile pictures, subject matter, preferred topics and areas of expertise.

2.3. Email marketing

Email marketing is a way of developing relationships and communicating with people who have engaged with us in the past or have signed up to hear updates from us in the future.

Email marketing can be a great way to:

- Encourage people to act e.g. sign-up to events, share views or download reports.
- Keep people up-to-date with news, news publications, advice and information, events etc.

- Drive traffic to our website where they can find out more.

GDPR means that we need to have active consent from someone before we're able to email them. As a statutory body, we are able to email people in the health and social care sector to inform them about our work. The reason we can do this is because we are a public authority/body who have a 'legitimate interest' in sharing our data - to improve health and social care.

2.4 SWOT analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • Investment in new website resulting in a growing reach • Able to harness the support of local partners • Insight based messages and tangible calls to action 	<ul style="list-style-type: none"> • Not enough investment in social media or email marketing. • Do not have an established approach to planning and running campaigns. • Not leaving enough time to plan campaigns. • Unable to carry out face to face engagement in community • Attracting feedback from expert patients, who have been members of ours for a long time, but not wider community. • Most people only feeding back once, limited repeated business. • Lack of audience insight.
Opportunities	Threats
<ul style="list-style-type: none"> • Invest more in paid-for social media and email marketing. • Maintain relationships with existing members via email marketing. • Deepen engagement by supporting user-generated and video content. • Invest more in planning and running campaigns. • Case study led approach resulting in better results. • Online events/focus groups. • Use email marketing on the CiviCRM 	<ul style="list-style-type: none"> • Limited capacity. • Not communicating impact reduces further engagement. • The campaign ask is too broad to stimulate action.

3. Our audiences and objectives

It is essential to understand who we want to engage with our communications. This section defines our different audiences and objectives, and highlights what we would like our audiences to think, feel or do as a result of our communications.

3.1. The public

Segment: (a) Recent users of health and social care services (b) their family, friends or carers.

What do we want them to think, feel or do? To be aware of our service and to see the value of sharing their views with us.

Objective: To increase by 5% year on year, the number of people sharing their experiences with us.

3.2. Professionals and policymakers

Segment: (a) Commissioners and service managers (b) senior health and care leaders (c) front-line staff

What do we want them to think, feel or do? To be aware of our service and to see the value in acting on the views of the public.

Objective(s):

- To increase by 5% year on year the number of our recommendations actioned by services.
- To increase by 5% the number of new professionals seeking our advice and insight.

3.3. Stakeholders

Segment: Intermediaries and partners

What do we want them to think, feel or do? To be aware of our service and to see the value in supporting our objectives.

Objective: To increase by 5% the number of organisations and influencers supporting the promotion of our campaigns and advocate on our behalf.

3.4. Our people

Segment: Our volunteers

What do we want them to think, feel or do? To value being part of our Healthwatch and to see the value of working together to achieve our objectives.

Objective: 80% of our volunteers think that our work is valuable and makes a difference to the local community.

4. Proposition

At a strategic level, we need to understand our proposition for each audience and the consistent points we want to get across every time we communicate.

Our proposition should tell our audience the value of the service we are offering or how it meets their needs.

This section outlines propositions for the audience segments outlined in section 3.

4.1. Recent users of health and social care services

Insight

- Most people want to provide feedback if it results in better care for them or their loved ones.
- They are more likely to support community causes, especially if they are quick and relevant to them.

Message framework

Brand promise: Making health and care support work for you.

Proposition: Tell us what matters to you and help make care better.

Elevator pitch: Do health and care services provide the support you need? Help make care better for you and your loved ones. Speak up about what's working and what is not. We'll use our powers to make sure your views are heard.

Proof point 'Easy':

- We work in your community.
- Sharing your experience is quick.

Proof point 'Relevant':

- We cover all health and social care issues.
- Whether the issue is big or small, we want to hear from you.

Proof point 'Benefits you and your community':

- If it mattered to you, it could matter to someone else
- We have the power to make sure your views are acted upon

Call to action: Speak up and help make care better for you and your community.

4.2. Their family, friends or carers

Insight

- Most people want to provide feedback if it results in better care for them or their loved ones.
- Unpaid carers are more likely than the general population to provide feedback on health and social care experiences on behalf of loved ones, with 67% reporting they give positive feedback on care.
- 58% of carers said they will be more likely to provide positive feedback on care after the coronavirus pandemic.
- Carers are significantly more likely to have taken action to improve health and social care (71%) compared to the rest of the population (44%).

Message framework

Brand promise: Making health and care support work for you and your loved ones.

Proposition: Tell us about your care experiences, and the care your loved ones receive.

Elevator pitch: Do health and care services provide the support you and your loved ones need? Help make care better. Speak up about what's working and what is not. We'll use our powers to make sure your views are heard.

Proof points: See 'Recent users of health and social care services'

Call to action: Speak up and help make care better for you and your loved ones.

4.3. Professionals and policy makers

Insight

- **Commissioners** can really benefit from having patient experience data to support their commissioning decisions. The intelligence can help ensure that they have commissioned an effective service that works for its users. To be fully effective, it is recommended that commissioners have insight at all points in the commissioning process (cycle) so that services evolve with the views and experiences of users influencing service change.
- **Commissioners** also find ongoing/routine patient/user experience data useful to monitor the quality of the services they commission.
- **Service managers** find user views and experience information useful to identify problems in service delivery and potential solutions. They can also use this information in service development.
- **Front-line staff** find feedback from their clients useful to understand what is working well and not so well in the day-to-day delivery of their service.
- Feedback may also provide compliments and complaints about individual members of staff that could be used to thank staff members or address skills issues. Good feedback can also help improve staff morale.

Message Framework

Brand promise: Transforming the way health and social care professionals make use of our evidence.

Proposition/Call to Action: Work with us to ensure people are at the heart of health and social care.

Elevator pitch: People's views can help improve the effectiveness of your services. We produce strong evidence that can help you make decisions about the services you commission/manage/work in.

4.4. Stakeholders

Insight

- Intermediaries and partners can be from a variety of organisations from different sectors. Working in collaboration with statutory or VCS organisations can improve the quality and efficiency of engagement.
- The independence of local Healthwatch organisations can also be seen as beneficial

Message Framework

Brand promise: We achieve positive change by working in partnership with others.

Proposition/Call to Action: Help us reach more local people so we can empower them to have their say and make a difference to their health and social care services.

Elevator pitch: We work strategically with community and professional groups to hear and share what people want from health and social care.

4.7. Volunteers/Trustees

Insight

- Volunteers supporting the work Healthwatch, more often than not, are motivated to carry out the volunteering work with a view to supporting local people to have better health and experience of local services.
- Volunteers should be shown appreciation for their contribution and provided access to training and support.
- Volunteers are interested in a variety of different roles for example; ‘enter and view’, administration, outreach and being a trustee.

Message Framework

Brand promise: We recognise the contribution that volunteers make to our work and as such, we provide support and training to carry out our work. We also provide social occasions to thank our volunteers and encourage them to share their views and experiences.

Elevator pitch: Our volunteers are at the heart of what we do and play a vital role in helping people to have their say. We are committed to supporting you and developing your skills, and want your volunteering experience with us to be a rewarding and enjoyable one.

Call to action:

1. We’ll look after you as one of our volunteers
2. Join our team, learn new skills and help improve health and social care services for local people.

5. Reaching people and encouraging them to act

Insight also plays a big role in deciding which channels or approaches we will need to invest in to deliver this strategy.

We need to understand which channels deliver our greatest return, which channels we need to improve and the journey we want our audience to take (please refer to section 8).

5.1. Reach

How do people find us?

Website:

- Most of our traffic comes from **organic** (75.80%) and **direct** searches (20.60%).
- In January 2021, **22** people visited our website through our **email marketing**.
- In January 2021, **15** people visited our website from **referrals**.
- Most of the users on our website view it on their **desktops**

Email marketing:

- **246** people are currently subscribed to receive our bi-weekly e-bulletins (correct 25.02.21).
- People can sign-up to receive our e-bulletins on our website or by contacting us directly.

Facebook:

- In January 2021, our posts reached **1,398** people (at least once).

Twitter:

- In January 2021, our tweets were seen **5,941** times.
- We currently have **1,643** followers. (correct 25.02.21)

5.2.Engagement

Once they find us, do they have a good experience?

Website:

- In January 2021, a total of **901** users initiated at least one session* on our website.
- The average number of **sessions per users** is **1.13** (January 2021).
- The average number of **pages per session** is **1.7** (January 2021).
- The **average session duration** is **00:01:21** (January 2021).
- We have a fairly high bounce rate* of **66.93%** (January 2021).

* A session is the period of time a user is actively engaged with the website.

* Bounce rate is the percentage of visitors that leave a webpage without taken an action e.g. clicking on a link, filling out a form etc.

Email marketing:

- Our average **open rates** and **click rates** are **above** industry average (non-profit). The industry average for **open rates** is **25.7%** and the average for **click rates** is **2.79%**.
- In January 2021, our average **open rate** was **42%** and our average **click rate** was **8%**.

Facebook:

- In January 2021, **751** people engaged with our Facebook page.

Twitter:

- In January 2021, our **engagement rate** was **1.50%**.

5.3.Action and retention

Once they act, do they come back to us? Do they tell others about us?

Website:

- The most common **event type** is **outbound links**.
- The most viewed pages on our websites are **advice and information** articles.
- We are seeing a steady increase of **users** on our site.

Email marketing:

- We are seeing a steady decline of **subscribers** to our bi-weekly e-bulletins.

Facebook:

- Our **top 3** performing Facebook posts were centred on **health information and advice**.
- These **3** posts had **12** likes, **1** comment, **13** shares and **11** post clicks.

Twitter:

- Our top-performing tweets were centred on health information and advice.
- In January 2021, our 30 tweets had 42 retweets, 5 mentions and 3 link clicks.

6. Offline communications

While the large majority of people do use the internet, there are pockets within our communities who do not, many of whom may be higher users of health and social care services.

From the 2018 Office for National Statistics report, we know that these people are more likely to be:

- Over 75
- Have a disability
- Female

Unfortunately, face to face engagement has not been possible due to the COVID-19 pandemic.

We should not discount online methods to reach people who are not online, as a key target audience will be family and friends who are online (please refer to section 4.2). Volunteers are also a valuable conduit to offline people in their local community.

Additionally, there are a range of offline mechanisms to reach or inform people. These include:

- Posters in pharmacies and GP practices.
- Supermarket community boards
- Texting
- Local newspapers, parish magazine, council/tenant newsletters, community newsletters
- Local radio
- Leaflets drops to homes or partners
- Leaflets attached to food parcels

Before the pandemic, we sent out a quarterly newsletter to our members who are not online.

Our staff and volunteers also visited local community groups to reach/inform/engage with people who are not online.

7. Our approach

This section outlines what tactics we will focus on to achieve our objectives.

- **Start from where people are.** Use insight to understand where people are in terms of behaviour change and to target communications that reflect their reality.
- **Always target.** Make messages specific and actionable.
- **Be persistent to cut through.** Stick to a framework of core messages and repeat to build awareness and understanding.
- **Make action easy.** Identify and address the barriers to stop our audiences acting.
- **Integrate to build a consistent experience.** Understand how audiences interact with us and build trust through the use of integrated channels and consistent message, tone and service.

- **Show impact to encourage and inspire.** Consistently show the difference our audiences are making to prompt other people to act.
- **Learn and test.** Continually test messages and assumptions to take account of the changing environment.
- **Widen partnerships.** Partner with organisations that can help us reach those who are not heard.
- **People are our brand.** Use their voice to build trust and confidence in our brand.
- **Invest in sticky content*** to increase engagement and provide an immersive experience.
- **Stimulate debate** by focussing on the questions our audiences want answering.

8. Our plan 2021 - 22

September - Campaign one (membership)

October - Research our different audiences

November - Re-design our e-bulletins

December - Map email customer journey and segment audiences

January - Campaign two (priorities)

February - Introduce A/B email testing

March - Test posts on Instagram

April - Campaign three (tbc)

8.1. Ideas for delivery

- Resume our quarterly printed newsletter to members and deliver via GP surgeries, pharmacies etc.
- Staff and volunteers to resume visits to local community groups e.g. Ward Groups, Residents' Groups, U3A, Colleges & Sixth Forms, Care Agencies etc.
- 2 mini campaigns to test whether people are more likely to sign-up for membership or e-newsletters
- Monthly polls
- Set-up a SWL comms group for all 6 HW
- Contact ALPS about promotion when dealing with Healthwatch enquiries
- Re-launch 'What Matters to You' and demonstrate impact via mini-reports
- Develop comms plan at project initiation meetings
- Develop a separate engagement strategy
- CiviCRM training for staff
- Communications around public health and general information and advice
- Mini 360 degree review to research different audiences
- Target specific communities and groups in projects and tailor comms plan for each
- Target online groups for new professionals, both formal and informal
- Volunteer of the month system
- Produce a short report highlighting the impact of volunteers' work
- Connect with health and social care students and teachers at local colleges and universities.

9. Monitoring

In order to measure whether our tactics are delivering our objectives, we will measure our communications' **reach**, **engagement**, **action** and **retention** (please refer to section 5).

In other words, we will measure our communications by the journey our audience takes when they use our service. For example:

1. They become aware of our service (**reach**)
2. They think about using our service (**engagement**)
3. They use our service (**action**)
4. If our service meets their needs, they will then use it repeatedly. They might even become an advocate, telling others about it (**retention**)

We will measure the journey our audience takes in the following ways:

Reach

- Social media reach
- Partnership support

Engagement

- Social media engagement
- Unique website visitors
- Increase in direct traffic
- New website visitors
- Increase in email click or open rates
- Content views

Action

- Unique advice and information content views
- Experiences shared
- Events signed-up
- Email marketing sign-ups

Retention

- Email list growth and quality
- Increase in repeat website users
- Increase in repeat actions by the same users
- Increase in people wanting to volunteer

10. Resources

The Communications, Engagement and Projects Officer will lead on this work, and the delivery will be in-house. There is currently no funding in place for this work.