

**Stakeholder Communication**

**and**

**Engagement Plan**

**2015-2016**

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# Stakeholder Communication and Engagement Strategy

## Purpose of Document

This document sets out Health Scotland’s Communication and Engagement plan for 2015/16.

## Scope

This document is the overarching corporate plan for communications and engagement relating to corporate level activity. It is expected that internal and programme specific communication and engagement plans should follow the approach and structure of this overarching plan. These are:

* The internal communications and engagement plan
* Core programme/ work stream communication and engagement plans
* The Inequalities Action Group communication and engagement plan

## Background – About NHS Health Scotland

NHS Health Scotland is a national Health Board working with public, private and third sectors to reduce health inequalities and improve health.   Our vision is a Scotland in which all of our people and communities have a fair share of the opportunities, resources and confidence to live longer, healthier lives.

[A Fairer Healthier Scotland](http://www.healthscotland.com/documents/5792.aspx) sets out our long-term goals. All of NHS Health Scotland’s programmes of work are designed ultimately to secure broad support, commitment and action in order to achieve our four corporate outcomes:

* Improved and more equitable **policy making**
* Improved performance and quality in **practice**
* Stronger support for **action** for prevention and better, fairer health
* Organisational Excellence and Innovation

Communication and engagement plans should support the achievement of all four corporate outcomes. This overarching corporate plan is primarily focused on achieving stronger support for action.

## Why do we need a Corporate Communication and Engagement Plan?

There are a number of reasons that a plan is needed, they are as follows:

* It enables a systematic and coordinated approach to communication and engagement with our internal and external stakeholders.
* It is essential to ensure staff and stakeholders know and understand the work of the organisation and are therefore able to engage and contribute effectively to the work.
* It enables Health Scotland to take a systematic approach and together with a robust performance management approach will help determine if our work is reaching the right people, at the right time and having the desired impact.
* It enables the organisation to respond proactively and reactively to opportunities to develop our corporate position and reputation.
* It provides the framework through which the organisation builds and maintains effective relationships and communication channels with politicians, decision makers across sectors, civil servants, think tanks and the media and ultimately the public.

## Corporate Focus

Health Scotland’s primary aim is to work with others to translate into action what works (and doesn’t work) to reduce health inequalities; promote equalities and the right to health, at national and local levels.

As well as working for and with the Scottish Government, the collaborative aspect of our role extends to working closely with decision makers across the public, employment and third sectors and with practitioners delivering services in the public, employment and community and voluntary sectors.

Thus the interests of our stakeholders range from policy makers and decision makers to practitioners delivering services to the public

## Audience Segmentation

|  |  |
| --- | --- |
| **AUDIENCE SECTOR** | **CONTACTS** |
| Sponsor | * Scottish Government Health and Social Care – Population Health Improvement Team * Minister for Public Health * Minister for Health Improvement, Sport and Mental Health * Cabinet Secretary for Health |
| Sectors | * Scottish Government and Local Government – COSLA, Improvement Service and Society of Local Authority Chief Executives (SOLACE) * Employers * Third sector organisations * International Public Health organisations * Public Health and Health Improvement Specialists * National and local NHS Boards * Primary Care * Community Planning Partnerships * Health and Social Care Partnerships |
| Political | * MPs / MSPs / MEPs * All Political parties * Party researchers * SPICe * Government special advisers * Parliamentary Committees * Relevant cross party groups * COSLA Leaders and Health and Social Care Executive Group |
| Media | * BBC, STV and the network of local broadcasters. * Newspapers * Twitter, Facebook and other online channels (including blogging sites) * Specialist journals- **NHS:** HSJ, Lancet, BMJ, Nursing Times. **Local Government:** Holyrood Magazine **Third Sector:** Third Force Newsand trade publications. |
| Internal | * The Board * Corporate Management Team * Corporate Leadership Forum * Partnership Forum * Staff |

# Channels for Communication and Engagement

The purpose of communication and engagement activities is to ensure that knowledge is disseminated effectively and that opportunities to work collaboratively with stakeholder organisations are maximised. This includes distributing messages through the media, public affairs opportunities, through our website, social media, digital channels, face to face engagement and working with external stakeholders on joint activities such as events and publications.

It includes protecting and promoting our corporate reputation at events, seminars and meetings by ensuring consistent messaging and information.

Communication and engagement mechanisms and channels include:

* **A strategic engagement plan** for our executives and corporate leaders with key decision makers and policy makers either at individual and group (see timeline and activity on page 10. This plan should link specifically to the CMT organisational priorities work plan.
* **Effective media relations** to explain the complexities of health inequalities to key opinion formers and decision makers in order to establish the narrative that the problem is not inevitable. Key elements of this are:
* Strengthening and maintaining a close working relationship with Scottish Government Health Communications and Sponsor Division, establishing agreed common lines where possible and agreeing handling arrangements with regards to sensitive matters of policy and or evidence
* Supporting priority and high risk programmes within the organisation working with them to identify potential risks and put in place management arrangements to mitigate these.
* Proactively securing media coverage to publicise NHS Health Scotland reports and publications that are of corporate significance.
* **Bespoke briefing materials** for policy makers, MSPs and key decision makers explaining the actions that can be taken to help reduce, prevent or mitigate the impact of inequality on health.
* **Events-** ensuring corporate events and events we participate in are aligned with the corporate priorities within our annual delivery plan and that we are able to measure reach, engagement and influence of audiences critical to our success as an organisation. **All events either delivered by HS or contributed to by us should be used to promote the organisations reputation and position.**
* **Social media** –using Twitter as another channel to communicate key messages about the organisation to partners and other stakeholders. Co-ordinating with partners on joint social media planned activites to maximise targeted audience reach.
* **Web and Marketing**- Health Scotland.com is the ‘landing site’ for our communication materials. Web and marketing services are the responsibility of the Delivery directorate. Close liaison between the communications and engagement team and the web, publishing and marketing team is critical.

# SWOT / PEST Analysis

All Communication and Engagement Plans should be based on SWOT and PEST analysis. The analysis for this plan is shown in the table below. This will be requiring updating in September 2015.

## Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

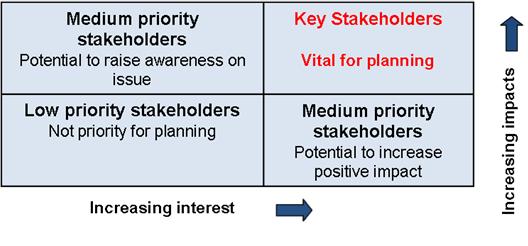
|  |  |
| --- | --- |
| **Strengths**   * Evidence Materials- respected and of high quality * Corporate teams are well resourced * Strong corporate identity and key messages and scripts developed for some core programmes * Good networks * Strategic engagement cohort in development * Skilled practitioners and strong topic networks | **Weaknesses**   * Presentation of evidence not routinely tailored to segmented audience- language is often too complex * Website as a landing site needs to be developed around our core programmes and organisational priorities (redevelop information architecture). |
| **Opportunities**   * Working with 3rd sector to improve the integration of lived experience to our briefings and to develop joint messages/briefings and position papers * Info graphics – embrace new ways to communicate the knowledge we generate * Being more pro-active in setting the Events plan in line with corporate priorities * Build on the strong profile of inequalities, civic engagement –profile in the media, and politics currently * Conversation with the people of Scotland work using open space conversation techniques in local communities | **Threats**   * Working on highly politically sensitive topic areas-during a politically charged calendar- UK elections and Scottish parliament elections * Developing different networks and stakeholder groups may alienate existing networks * Still some disconnect between our strategic/intent and our delivery * Stakeholder perceptions of our core business based on past not developing role |

## Political, Environmental, Social and Technological (PEST) Analysis

|  |  |
| --- | --- |
| **Political**   * First minister–*was 5 years as* cabinet secretary for health- has a strong focus on equalities and social justice * New Cabinet Secretary for Health and PH, HI Ministers * Scottish & UK Elections * Governments programme of work offers opportunities for AFHS alignment * Likely to be a left of centre political administration in Scotland for foreseeable future * Public Sector landscape is likely to change/Public Sector Reform * ‘Localism’ community empowerment agenda likely to grow | **Economic**   * Scottish Government – financial settlement/Barnett formula * Weak- economic situation- austerity likely to continue * Employment – *“in work” poverty* * Reducing resource for HS and Public Sector * UK welfare reforms and impact on health * Further fiscal/welfare devolution following the Smith Commission |
| **Social**   * Economic migrants needed * Population trends -ageing population/multiple and complex needs * Health and social care challenges * Homelessness/housing * Increase of civic interest in politics * Decreasing social cohesion | **Technological**   * Social media – multiple channels/ digital era- possible widening of inequality- unless carefully managed? * National Tele health Strategy * CRM |

## Stakeholder Analysis

The grid below has been used to identify those stakeholders vital to our success.



The following groups have been identified as vital to our success:

* **Parliamentary Committees and MSPs** - In 2015/6 we plan to engage with the relevant Subject Committees, most notably the Health and Sport Committee, the Education and Culture Committee, the Infrastructure and Capital Investment Committee, the Justice Committee and the Local Government and Regeneration Committee
* **CPPs** **and Health and Social Care Partnerships** - This work will be done in close collaboration with local public health and other national agencies. We will continue to circulate ‘What’s Going On’ and other relevant briefing materials to NHS CEOs, SOLACE, DoPH, DoP, HiMG and CPP managers.
* **SG and SG sponsors** – Key contacts are the Director for Population Health Improvement and team, the Director General for NHS Scotland, The Director General for Local Government; the Chief Medical and Nursing Officers.
* **Allies for Action** – Improvement Service CEO and Senior Staff; NHS Education for Scotland, Healthcare Improvement Scotland CEO and senior staff, COSLA Leader and senior staff, Shelter (senior policy officers), Poverty Alliance (director),The Alliance (CEO and senior staff), SURF (CEO), Academic Leaders, VAS (CEO and senior staff), VHS (Chief officer), CHEX (Senior staff), SCVO (Deputy Director and senior staff), Healthy Working Lives Stakeholder Engagement Group (currently NAAG) this includes Institute of Directors and the Federation of Small Business

This list will be regularly reviewed and developed in light of our analysis of SG departments in relation to our core programmes and needs further specificity in line with delivery plan priorities.

## Responsibilities

* Directors and non-executive Directors should have an engagement work plan in place for 2015/16 related to the CMT work plan.
* Directors and corporate leaders are expected to lead engagement activity with senior civil servants and decision makers
* The communications and engagement team should be alerted to forthcoming meetings and provide relevant briefings for executives and other corporate leaders as required.
* The Strategic Development Team will work with the Communication and Engagement team to identify key engagement opportunities and systematically collect performance and impact information relating to this activity.

## Named Executives for Each Sector

|  |  |  |
| --- | --- | --- |
| **Sector** | **Executive lead** | **Corporate Support** |
| **Parliamentary Committees and MSPs** | Andrew Fraser  Gerry McLaughlin | Christine Duncan  Elspeth Molony  Della Thomas |
| **SG and SG Sponsors** | Gerry McLaughlin  Andrew Fraser  Cath Denholm | Christine Duncan  Elspeth Molony |
| **CPPs** **Health and Social Care Partnerships** | George Dodds | Elspeth Molony/ Organisational lead for Strategic development |
| **Allies for Action** | CMT and Non-Executive Directors as appropriate depending on subject matter | Della Thomas; Organisational Lead for Strategic Development |

## 

## Timeline and Leads for Engagement and Communication Activity

|  |  |  |  |
| --- | --- | --- | --- |
| **TIMELINE** | **KEY ACTIVITY** | **RESPONSIBLE OFFICERS** | **EXECUTIVE/**  **NON-EXECUTIVE LEADS** |
| UK Parliament pre-election period | * Activity in accordance with SG guidance and our internal pre-election period guidance * Development and dissemination of pre-election protocol | Elspeth Molony | Cath Denholm  All directors |
| Post UK election- parliamentary recess | * Committee engagement * Meetings with MSPs on request (not proactively sought) * Debate briefings provided to SPICe, party researchers and stakeholders * Policy seminars * Conference inputs * Internal planning for new suite of Evidence Briefings * NHS Scotland event * Preparation for annual review | Christine Duncan  Elspeth Molony  Organisational Lead for Strategic Development  Della Thomas Jenny Kindness | Cath Denholm  Andrew Fraser |
| Parliamentary recess- September | * Publication of new suite of Evidence Briefings begins (no. 1 – 3) * Engagement with internal stakeholders and Allies for action re development of new strategy * Meetings with MSPs on request * Week-long social media campaign on health inequalities * Annual Review | Christine Duncan  Elspeth Molony  Organisational lead for Strategic Development  Della Thomas  Jenny Kindness | Cath Denholm/Andrew Fraser  All Directors and  Non-Executive Directors |
| September- December | * Stakeholder Engagement * Delivery plan/commissioning process 2016-17 * SG policy seminar * Meetings with MSPs on request * Publication of new suite of Evidence Briefings continues (no. 4 – 7) * Debate briefings provided to SPICe, party researchers and stakeholders * SG Policy lead seminar * Development of AFHS2 | Christine Duncan  Organisational Lead for Strategic Development  Elspeth Molony | Cath Denholm  Andrew Fraser |
| December - March | * Publication of new suite of Evidence Briefings continues (no. 8 – 12) * Delivery plan production- stakeholder engagement * Meetings with MSPs on request * Debate briefings provided to SPICe, party researchers and stakeholders | Christine Duncan  Elspeth Molony  Organisational Lead for Strategic Development | Andrew Fraser  Cath Denholm |

# Governance

The following policies and protocols provide the governance framework for communications and engagement work, these should all articulate with the overarching corporate sign off protocol:

* Events Management
* Publications
* Proactive media management
* Reactive media management
* Social media
* Contact with Parliament
* Contact with Scottish Government Ministers and Civil Servants
* Contact with Local Government- Elected and Officers

## Risk Management

This plan has been developed as a control for risks captured within the Corporate Risk Register, these are

**RISK1.1**: As a result of unsuccessful strategic engagement or national positioning, there is a risk that we will not have the influence required to effect the changes needed to improve policy, practice and support for action at national level or that some current delivery partners will disengage. This risk is currently scored as likelihood=3, impact=3, total score=9.

The plan aims to reduce the likelihood of this risk by ensuring our horizon scanning and strategic engagement activity is focused on influencing those stakeholders who are of critical importance to our success.

**RISK1.2:**  As a result of a political climate or policy development that is unfavourable towards addressing the fundamental causes of health inequalities, including political decisions that continue to lead to a negative impact of welfare benefit reform on the health of the disadvantaged, there is a risk that our influence will be limited to downstream actions that mitigate but do not reverse health inequalities. This risk is currently scored as likelihood=4, impact=4, total score=16.

Changes in the political climate are to some extent beyond our control and we will work to ensure that we are not limited to downstream actions. However, this risk is likely to remain at its current score for this business year.

# Measuring Performance and Impact

We will measure whether we are reaching, engaging and having an impact with the audiences we have identified as vital in our stakeholder analysis. There will be a focus on segmenting this performance data in relation to delivering the organisational priorities as well as in relation to the delivery plan as a whole. The following will be collectedon a quarterly basis and for the purposes of the end of year impact report:

* The CRM tool will be used to assist us in recording and contribute to reporting our progress with our strategic engagement in relation to the organisational priorities and their associated plans
* Media-including social media- activity and analysis of impact and reach – against priority stakeholder groups
* Parliamentary activity- number of times mentioned in parliament and invited to give evidence at committees
* Increased evidence of joint briefings, statements of intent and partnership agreements with key allies for action will be sought on a quarterly basis
* Stakeholder survey feedback to be carried out and repeated on an annual basis.
* We will use website analytics to understand who our web based communications are reaching.
* We will record and report our reach and impact through key events.