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HEALTH AND SOCIAL CARE REFORM

DHSSPS

Modernisation and Improvement Programme Board (MIPB)

Health and Social Care: Future PR and Communications Arrangements

April 2009 MIPB 73/09

Health and Social Care:

Future PR and Communications Arrangements

Introduction

This paper has been developed by the Communications Project. It sets out proposals for arrangements in the management of Public Relations (PR) and communications post-1 April 2009.

It has been approved by the Modernisation and Improvement Programme Board and is now free for circulation to HSC staff and other relevant stakeholders. A copy of the paper will be placed on the Health and Social Care Reform section of the departmental website - www.dhsspsni.gov.uk/index/hss/rpa-home.htm

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Modernisation and Improvement Programme Board

**Health and Social Care:
Future PR and Communications Arrangements**

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Health and Social Care:

Future PR and Communication Arrangements

Executive Summary

This paper has been developed by the Communications Project. It makes proposals for arrangements in the management of PR and communications post-1 April 2009.

The paper does not deal with arrangements relating to the launch of the new organisations on 1 April, which are being taken forward separately. Nor does it deal with information management issues related to official statistics, which are the subject of a separate guidance – although it should be noted that many of the principles underpinning the publication of official statistics also apply to general communications.

This paper argues that the planned organisational changes to the HSC system on 1 April 2009 generate a specific need - and provide a unique opportunity - to improve arrangements for PR and communications, both internally and externally, across the HSC sector and with the general public.

The paper outlines how communications activity should be organised and managed in the HSC sector in future under four headings: public relations; communications amongst HSC organisations; communications with key stakeholders; and internal communications. It recognises that some issues can be addressed straight away; and that others will take longer to address.

Public Relations

The paper argues that:

- arrangements should be based on timely, open and accurate communication with the media and the public;
- the focus of effort should be on proactive and strategic communication as well as on rapid response to operational issues;
- public relations activities across the HSC sector should be more integrated in future;
- a review of the corporate identity guidelines should be taken forward in the context of the RPA.

Communications within the HSC

The paper recommends that:

- the HSC family needs to communicate more as one service, rather than a lot of disparate organisations;
- HSC organisations and the Department need to work closely together to portray an accurate and credible picture of the HSC;
- a communications protocol should be developed for HSC sector organisations;

- the strategic communications group should be re-constituted to reflect the RPA changes.

Communication with Key Stakeholders

The paper advocates the need for:

- clear communication with all stakeholders, especially the public, making best use of modern and developing technologies;
- regular reviews of and analysis of public consultations;
- a review of internet websites to maximise their utility and ensure the accuracy and relevance of material on them;
- the unique role of the PCC as the voice of the public to be recognised and maximised.

Internal Communications

The paper proposes that all HSC organisations:

- review their internal communications arrangements so as to maximise two-way engagement with staff, including professional groups and trade unions;
- review team briefing arrangements to ensure that they remain relevant and appropriate;
- review intranet (i.e. internal) websites in order to maximise their utility and ensure the accuracy and relevance of material.

Annex A sets out a full list of the recommendations.

Section 1 - Background and Context

Introduction

1. The Review of Public Administration (RPA) proposals were designed to transform the way in which public services are organised and delivered, with a view to enhancing both political and financial accountability, as well as improving efficiency and cost effectiveness. The changes in health and social care (HSC), although focused mainly on organisational change, also bring considerable opportunities to improve PR and communications, both within the HSC sector and with those who depend on its services – the general public.
2. At its most basic level, the reduction in the number of organisations in the HSC provides an opportunity in itself for greater efficiency in information sharing and for more consistency in terms of understanding and reporting facts and issues. A reduced number of organisations should also be helpful as far as the public's understanding of the HSC and what it does is concerned.
3. There are other communications benefits underpinning the RPA changes, however: in strategic terms, the reforms to the HSC provide a valuable opportunity to communicate to the public the benefits of the organisational changes being made in health and social care - in terms of real, tangible impacts for people which can improve their health and social wellbeing; and the changes open up real potential for involving the public more in the strategic direction of services.

Engagement and Communication

4. The Department has a commitment to the development of health and social care services that fully reflect the needs of individuals and communities. That commitment can only be met through meaningful and effective PR and communication, at all levels. Such communication needs to explain our policies in a way that people can understand them, focusing on the practical things that people will understand and recognise.
5. In line with this, existing systems for involving stakeholders are being strengthened and in January 2009, the Modernisation and Improvement Programme Board approved proposals to locate responsibility for stakeholder involvement in the new Public Health Agency.
6. Underpinning all of its work, the Department and the HSC have a range of statutory duties in relation to equality and disability which are designed to change the way that policies are made and decisions taken - with the aim of ensuring greater equality for all. Effective communication channels are a necessary prerequisite for ensuring that these duties are discharged.
7. In addition, the RPA legislation – the Health and Social Services (Reform) (Northern Ireland) Act 2009 - placed a new requirement on all HSC organisations to promote information about the health and social care for which they are responsible and to seek views from recipients. This

responsibility will generate a need for innovation and proactivity in PR and communication.

Devolution

8. Alongside these factors, the return of devolution is bringing a new dynamic to public services in Northern Ireland - not least in health and social care. Local Ministers are now responsible for key public services and the public – and their elected representatives – rightly look to those Ministers for direction and, where necessary, intervention if services are considered unsatisfactory.
9. At the Assembly, considerable numbers of Assembly Questions (AQs) are put down by MLAs and regular debates on topical issues take place. During 2008/09, for example, a total of 1,974 AQs were tabled on health, social care and public safety issues. This parliamentary scrutiny depends largely on accurate information and clear communication if Ministers are to be able to discharge their responsibilities effectively.
10. Since devolution, the media has also stepped up its coverage and analysis of current issues in public services. Not surprisingly, health and social care feature prominently in newspapers and the broadcast media. During 2008, for example, the Department issued over 300 press releases and provided numerous lines to take in response to media enquiries. In this environment, it is important that any inaccuracies in reporting are corrected as quickly as possible and that clarification is offered on issues where appropriate.

Modern Communications

11. Traditional forms of communication are rapidly being overtaken by new developments in technology. When Pope John Paul II died in April 2005, the Italian authorities sent a text message with the news to all journalists; they also sent a text to every mobile phone in Italy, advising people about traffic arrangements in Rome (in effect, almost all Rome-bound traffic was diverted).
12. The way that Barack Obama's team maximised its use of the Internet during the 2008 US presidential election is widely regarded as key to the success of his campaign. It has changed the way that politicians organize supporters, advertise to voters, defend against attacks and communicate with constituents. Obama used the Internet to organize his supporters in a way that would have needed an army of volunteers and paid organizers on the ground. The material his campaign created for YouTube was watched for something in the order of 14 million hours. To buy an equivalent amount of advertising would have cost about \$47 million.
13. The Department and the various Health and Social Care organisations have all embraced new technologies in recent years: all have websites and intranet pages and the number of 'hits' is growing exponentially as the public demands more and more information. The use of email, mobile phones and blackberries to transfer and share information is common. In the Department, the Records

NI system is changing the way that business is done, with many records now available to all staff electronically rather than filed away in hard copy.

14. Such developments, which have facilitated the transformation of business practices, have brought with them considerable challenges: there is, for example, now an expectation of instant response, which – if it does not materialise - can be difficult for the correspondent to understand. There is also the difficulty of ensuring that the information held on websites etc is up to date and accurate.
15. A further difficulty in health and social care particularly is the plethora of information that is available on the internet. The NHS and national organisations in the field of health produce vast amounts of information, data and guidance. Much of it is generic and helpful to patients, clients and carers in Northern Ireland; however, some of it can be misleading for people here who are seeking specific guidance on, for example, how to seek help or treatment for a particular condition: organisational structures are very different in the HSC.
16. The challenge, therefore, is to take advantage of technology to ensure that people can access relevant information when they need it, while building in sufficient safeguards to ensure that people are directed to the right place for the guidance they need.

This Paper

17. The remainder of this paper considers how future PR and communications arrangements need to be adjusted on foot of the RPA changes, in the context of the issues outlined above. Some of the changes that are needed can be made in the short term; however, some will need to be addressed over a longer timeframe as the new structures are embedded.

Summary and Conclusion

- Our communication with the public needs to explain our policies in a way that people can understand.
- The changes in health and social care bring considerable opportunities to improve PR and communications.
- The Department is committed to meaningful engagement and effective communication.
- Devolution has brought a new dynamic to communication.
- We need to take advantage of developing technologies, while recognising that new forms of communication bring fresh challenges.
- Some immediate changes can be made; others are longer-term.

Section 2 – Making PR and Communication Effective

Introduction

1. Effective PR and communication by the Department and the HSC is of fundamental importance in health and social care. The sector is of major relevance to every person in Northern Ireland: at some point in their lives, every member of the public will need to access services provided by HSC organisations.
2. The health and social care sector is also very diverse, providing an extremely wide range of services for people of all ages, from all backgrounds. Additionally, because those who require services from the HSC are often unwell, infirm or vulnerable, the need for effective and appropriate PR and communication is magnified considerably in some situations.
3. The major organisational changes being made as a result of the Health and Social Services (Reform) (Northern Ireland) Act 2009: the abolition of existing organisations and the establishment of new bodies which will draw staff from various organisations, will bring challenges in relation to ‘how we do things around here’. These will need to be addressed at an early date if the potential benefits of the RPA changes are to be maximised. All this will involve a high degree of effective, managed, internal communication.
4. There is also an opportunity for positive changes in PR and communications as a result of the organisational changes.

What makes Communication Effective?

5. Communication is something that we all engage in every day and, as noted earlier, modern communications tools have, in one sense, made it easier than ever to communicate. The Department and HSC organisations publish a huge amount of information on a continuing basis; many thousands of patients and clients are in contact with our services every day, either face to face, by phone, or by letter. All HSC organisations have websites through which information can be accessed.
6. However, we cannot assume that this high level of activity and our approach to PR and communications – the methods we use, the language we employ, is beyond improvement. Indeed, given the speed of development in communications technologies, we need to work hard to ensure that communication is effective.
7. PR and communications also need to be managed effectively if they are to be effective and relevant.

Principles of Effective Communication

8. At its most basic level, communication, to be effective, needs to be seen as a two-way process which understands the needs of the recipient. Against that background, external communication with the public needs to be:
 - competent and professional, making use of a wide range of communication methods and channels;
 - relevant, open and honest, providing up to date facts which reflect the position accurately;
 - timely, flexible and appropriate, providing information when it is needed, using the right methods and avoiding duplication and overload;
 - meaningful, clear and direct, using plain language which is jargon-free and will not confuse;
 - comprehensive and integrated, addressing all the issues that audiences are likely to want information about; and
 - two-way – communication can only be effective if it is informed by the needs of the audience.

9. The need for effective communication is not restricted to our dealings with the public: there are also issues relating to communication across Government, and there is a considerable workforce employed in or working within the health and social care sector. This includes professional staff across a very diverse range of disciplines, as well as a wide range of managerial and administrative staff. Effective internal communication within the Department and HSC organisations is vital in helping to ensure that staff have up to date and accurate information on developments, plans and issues.

10. All of the principles outlined above apply equally to internal communications, but here we need to recognise the additional organisational-related dimensions of:
 - developing organisational strategy and culture;
 - supporting the achievement of business objectives;
 - developing the skills and knowledge of staff.

Summary and Conclusion

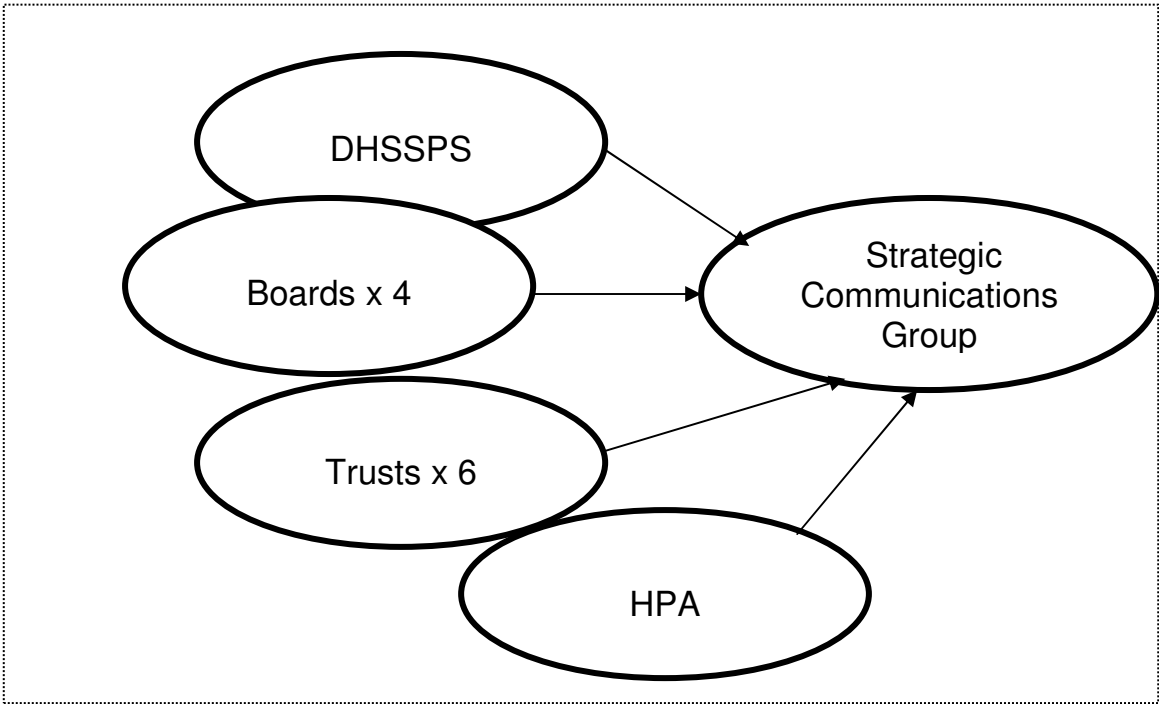
- Effective communication is particularly important in health and social care.
- The RPA changes generate a need and also an opportunity for positive changes in PR and communications.
- Communications need to be managed proactively.
- Communication needs to be effective both internally and externally and across Government Departments.

Section 3 – Current Arrangements

Introduction

- 1. Current arrangements for communications within the HSC family have evolved over a period of time. At the regional level, the Department’s communications function is resourced from the Northern Ireland Executive Information Service (EIS). Staff in the various Departmental information offices are outposted from EIS. This will not change in the future.
- 2. Within the HSC organisations, arrangements vary. The creation of the new HSC Trusts in 2007 provided a degree of consistency of approach which is still developing. In this context, it is important that Trusts are fully involved in the implementation of new communications arrangements after 1 April 2009, given the key role that they play in service delivery. The future arrangements outlined in this paper are also intended to apply to them.
- 3. At present, the four Boards, the Health Promotion Agency and the Trusts are represented on the Strategic Communications Group (SCG), which is chaired by the Department’s Principal Information officer (see Figure 1). The SCG meets regularly to plan ahead, co-ordinate activities, share best practice and discuss issues of mutual interest.

Figure 1 – Current Management Arrangements



- 4. On a day-to-day basis, the Department’s Information Office is likely to be in contact with many of the different HSC organisations on strategic or operational issues – either as a result of a media enquiry or the Minister’s involvement in a service development which includes publicity.

5. Equally, Boards, Trusts and other HSC organisations routinely deal with a broad range of media and communications issues locally. These include diverse activities, including responding to local newspapers or other media on specific questions and supporting local consultation exercises. Annex B sets out a full list of these activities.

Analysis of the Current arrangements

6. The current arrangements for communications across the HSC are a reflection of the different roles performed by the various organisations (planning, commissioning, provision, public health, etc). Many of the current functions will need to continue in the future - although some rationalisation should be possible with reorganisation.
7. At the same time, adjustments will be necessary to reflect the roles envisaged for the new organisations. In the case of the HSC board and the Public Health Agency, this will include the need to support the work of LCGs, and ensuring appropriate coordination between the new Board and the Public Health Agency in their various activities.
8. The specific roles and responsibilities of the new organisations will have a key influence on future communication arrangements within the overarching principles set out in section 2. For example, the nature of the new Public Health Agency's work, involved as it will be in a significant amount of public-facing and media work in areas such as health protection, communicable diseases, emergency preparedness and health promotion, will need to be recognised. The Agency will run major advertisement campaigns, health improvement initiatives in local communities and web-based communications. All major communication activities planned will need to reflect the strategic direction of the Department/HSC and it is essential that they are planned and delivered in a co-ordinated way.
9. Similarly, the PCC's unique role will need to be recognised within these arrangements. The Minister has made it clear that he wants the PCC to be a strong voice for patients and clients, and the PCC will need to be able to speak freely about situations where it considers, for example, that the level of services commissioned or delivered need to be improved.
10. There is also an opportunity, however, to ensure greater collaboration right across the HSC sector, including HSC Trusts. At present, there is some evidence that the public can often be confused about roles and responsibilities amongst the various health and social care organisations; and communications can appear disjointed. Additionally, it can be difficult to present 'one voice' for the HSC.
11. Given that the new organisational arrangements will require a new way of doing things, it is vitally important that we build on what is done well at present, but also address any shortcomings or gaps in communications arrangements.

12. Although both the HSC Board and the PHA will be regional organisations, they will also need to have a considerable local presence that must also be taken into account. For example:
- The Local Commissioning Groups (LCGs) will have a significant local role in communicating and engaging with the communities they represent.
 - The PHA will also be working at the heart of local communities to improve health and wellbeing. It will also need to respond to, and deal with, localised (and regional) public health issues such as communicable diseases.

Summary and Conclusion

- The current arrangements for managing communications at a strategic level need to be revised.
- HSC organisations routinely deal with a broad range of media and communications issues locally.
- Much of the current work carried out by Boards and other organisations will need to continue; however, there is a need to rationalise it and ensure greater collaboration in the future.

Section 4 – Making Change Happen

1. Looking ahead, the RPA changes present a unique opportunity to make changes in the way that the PR and communications function operates across the HSC family. A well-managed communication function will help to develop the HSC as an identifiable ‘family’ of organisations in the eyes of the public, working together to meet the needs of the population.
2. Some of the changes that are needed can be implemented immediately; others will take longer to put in place. The issues are considered under four headings: public relations; communications amongst HSC organisations; communications with key stakeholders; and internal communications.

Public Relations

3. All areas of HSC work – both local and regional - are currently subject to considerable public interest through the Assembly and the media. It is likely that this level of interest will continue and perhaps grow in the future, given the focus on the new structures and their role in improving the way in which we currently operate. The proactive management of all PR and communications is therefore imperative and the overriding principle of information sharing is essential.
4. Developing an effective approach to public relations is a key challenge for all HSC organisations. That means being as open and honest as possible, and working to explain our policies and approaches clearly. With a number of different organisations operating in the area of health and social care, the issue of identity becomes critical: the public and the media need to understand what each organisation does – particularly in relation to the new Agency, Board and PCC; less so in terms of the RBSO.
5. Explaining policies and approaches is particularly important given the diversity of our business and the gap that people often feel exists between policy and practice on the ground. The Department and HSC organisations should, therefore, use the opportunity of reorganisation to renew its efforts to communicate with the public and their representatives on issues of topical concern and look to develop the public’s understanding of the strategic issues facing the service. Public communications should reflect and build on the strategic priorities of the Minister and the Department.
6. Alongside this strategic approach, many operational issues arise as a result of media attention, all of which need to be explained, commented upon, or defended. All HSC organisations should ensure that they have arrangements in place to respond rapidly to media queries.
7. Corporate identity is also crucial in terms of public relations. The HSC logo (the blue box) was introduced in 2007 to support the reconfiguration of Trusts. It is the central theme of the Health and Social Care brand, with the parallel circles of the logo representing the two main facets of the service - health and social care. The Minister has decided that the HSC logo will apply to all the

new organisations being established from 1 April 2009. Stationery and signage has been designed in line with that decision and will be available to the new organisations by 1 April.

8. Guidelines on the use of the HSC corporate identity were produced when the new Trusts were established in 2007. A review of these guidelines will need to be taken forward in the context of the new organisations and, in the meantime, transitional guidance will be provided.

Communications within the HSC

9. The diversity of the HSC's business has already been noted and, at any one time, it is likely that the Department will be running a number of public consultations on new policy developments, while HSC organisations are also engaging with local community on key service development issues. In addition, many operational issues will be topical.
10. With so much happening, there is a danger that the public may be overwhelmed or confused by too much diverse information and, where possible, therefore, the Department and the HSC should communicate as one service, with issues explained and interpreted as necessary for audiences. This will require clear channels of communication amongst the various organisations, with advance notice being given of major announcements or significant events – a 'no surprises' approach.
11. During the transitional period around 1 April 2009, clearly there will be a need for regular meetings between the Department and the new HSC organisations, at various levels. To give full effect to these arrangements, and to ensure complete and shared ownership of the principles and working practices outlined in this paper, the Department will develop a communications protocol, which all HSC organisations (including the Board, the Agency, the PCC, the BSO, Trusts and RQIA) will be asked to agree and follow in future.
12. Lastly, PR and communications work across the HSC is managed at present through the strategic communications group, which is chaired by the Department. The Strategic Communications Group will be re-constituted to include the new HSC organisations as well as all other key HSC interests (see Annex C).

Communication with Key Stakeholders

13. The list of stakeholders for the Department and HSC organisations in general is huge – reflecting the importance of health and social care in people's lives. It includes the public, the Assembly, many public bodies and other Government Departments. The Department and HSC organisations employ a broad range of approaches to ensure effective communication with those stakeholders: posting information on the internet; providing information in hard copy for waiting rooms and public areas; and running consultation events, including focus and discussion groups.

14. For this engagement to be effective, the Department and HSC organisations should seek to utilise developing technologies as much as possible so as to maximise stakeholder response. This will mean regularly reviewing and analysing response rates.
15. One of the key reforms is the establishment of the PCC as the voice of the public in health and social care. The unique role of the PCC needs to be reflected in communications activities and maximised.
16. All HSC organisations, including the Department, maintain websites through which the public has access to a wide range of information. It is vital that such information is up to date and accurate. It is recognised that the Department's website in particular needs to be reviewed and updated and it is recommended that an early exercise should be undertaken to modernise it and refresh the information and links on it.
17. In preparation for the establishment of new organisations from 1 April, work is being taken forward to establish new websites for the Board, the Agency, the PCC and the BSO. In the first instance, the new organisations will be provided with a basic front page - enabling the posting of summary information and providing linkages to all existing web sites. This will create a web identity for the new organisations on 1 April, following which arrangements will be put in place for the development of the new websites and the phasing-out or consolidation of legacy site.
18. NI Direct is a new initiative to help improve access to all Government services. It will provide the public with a single point of contact to interact with public services across central Government through a single number and a single website. A 3-digit telephone number – 101 – is being piloted at the moment for selected functions involving the Planning Service, Land and Property Services and the General Register Office. There is a separate Incident Line for major flooding incidents.
19. A new NI Direct website will provide a single point of entry for people who want to access information or perform transactions online, and work is currently under way to ensure that content is relevant, accurate and suitable for use when the new website goes live from 1 April 2009. Existing websites will continue to be available after the NI Direct website is launched but will need to be reviewed in due course.

Internal Communications

20. The need for effective internal communication has already been noted, particularly in ensuring that staff have up to date and accurate information on developments, plans and issues. In addition to facilitating staff to do their job effectively, a well-informed workforce will be empowered to act as ambassadors for the HSC and can help to promote the valuable work of the service.

21. All HSC organisations, including the Department, should review their internal communications arrangements so as to maximise engagement with staff at all levels, including professional groups and trade unions. In particular, this should include a review of team-based (face-to-face) briefing systems.
22. Similarly, intranet (i.e. internal) websites should be reviewed so as to maximise their utility and ensure the accuracy and relevance of material on them.

Summary and Conclusion

- A range of issues need to be taken forward under public relations; communications amongst HSC organisations; communications with key stakeholders; and internal communications.

LIST OF RECOMMENDATIONS

Public Relations

- Arrangements should be based on timely, open and accurate communication with the media and the public.
- The focus of effort should be on proactive and strategic communication as well as on rapid response to operational issues.
- Public relations activities across the HSC sector should be more integrated in future.
- A review of the corporate identity guidelines should be taken forward in the context of the RPA.

Communications within the HSC

- The HSC family should communicate more as one service, rather than a lot of disparate organisations.
- HSC organisations and the Department need to work closely together to portray an accurate and credible picture of the HSC.
- A communications protocol should be developed for HSC sector organisations.
- The current strategic communications group should be re-constituted to reflect the RPA changes.

Communication with Key Stakeholders

- The Department and HSC organisations should make the best use of modern and developing technologies.
- Regular reviews of and analysis of public consultations should be carried out.
- In line with the creation of new HSC websites, a review should be undertaken of the Department's website to maximise its utility and ensure the accuracy and relevance of material on it.
- The unique role of the PCC as the voice of the public to be recognised and maximised.

Internal Communications

- Internal communications arrangements should be reviewed, so as to maximise two-way engagement with staff, including professional groups and trade unions.
- Team briefing arrangements should be reviewed to ensure that they remain relevant and appropriate.
- Intranet (i.e. internal) websites should be re-visited in order to maximise their utility and ensure the accuracy and relevance of material on them.

COMMUNICATIONS IN THE HSC: CURRENT ARRANGEMENTS

Health and Social Services Boards

In communications terms, the key functions of the HSS Boards include:

Strategy and Advice

- Developing and implementing communications strategies (including Corporate Communication and PR Strategy and Internal Communication Strategy), as well as advice and support to Board Directorates and Partnership organisations (e.g. Investing for Health, Children's Services Planning, Trauma Advisory Panels, Supporting People (housing), Childcare Partnerships, Tobacco Control Steering Group). Advising on the most effective techniques to engage with stakeholders and to communicate key messages to target groups.
- Providing communications support to the Chief Executive, Board Members and Senior Management Team; determining annual communication objectives based on Corporate Plans and Ministerial communication priorities.

Media Relations

- 24-hour media relations service in relation to all media (newspapers, TV and radio), including media monitoring, service development announcements, official launches, new initiatives and key achievements.
- Media training and preparation for media interviews.
- Maintaining and developing relations with local and regional media.

External Communication / Public Affairs

- Support to staff in any engagement with regional and local public representatives e.g. local councillors, MLAs and MPs.
- Establishing and maintaining two-way relationships with relevant stakeholders, identifying issues, developing communication strategies and managing the corporate response
- Providing event management support ensuring the delivery of a cost effective service through economies of scale, i.e. managing all major events including VIP, Ministerial visits, launches, exhibitions and conferences.

Design and Print management

- Management of all organisational and partnership quality print and design projects e.g. publicity and promotional materials, posters, leaflets, newsletters, reports and production of various departmental and partnership annual reports to fulfil statutory obligations, to ensure consistency with organisational corporate identity guidelines.

- Evaluating and advising on all literature (internal and external) and ensuring cost effectiveness of print through economies of scale.

Online Communication and New Media

- Planning, managing, developing and advising on all online communications internally (intranet) and externally (internet) for the organisation and partnerships. Exploit new forms of online communication to reach key stakeholders.
- Management of online public enquires/queries.

Advertising and Photography

- Managing all local and regional press, broadcast, outdoor and convenience advertising campaigns and facilitating production of DVDs and other promotional items for Organisation and Partnerships.
- Managing photography bookings to maximise publicity opportunities.

Partnership Communication Support

- Providing full PR / Communications support for partnerships.
- This includes Health Action Zones; Investing for Health Partnerships; Children and Young People's Committee; Wraparound; Drugs and Alcohol Co-ordination Team; Supporting People (housing); Area Child Protection Committees; Childcare Partnerships; Suicide Strategy Implementation Groups; Trauma Advisory Panels and Tobacco Control Steering Groups.

Internal Communication

- Planning, managing, coordinating, evaluating and advising on all internal communication with staff.
- Developing internal communication channels, e.g. production and distribution of e-briefs, staff newsletters and briefings, maintaining monthly team briefing and implementation of other communications initiatives to keep staff up to date.

Health Promotion Agency

The key communications functions of the Health Promotion Agency are similar to those of Boards, but reflect the more publicly-oriented profile of the Agency:

Public Relations

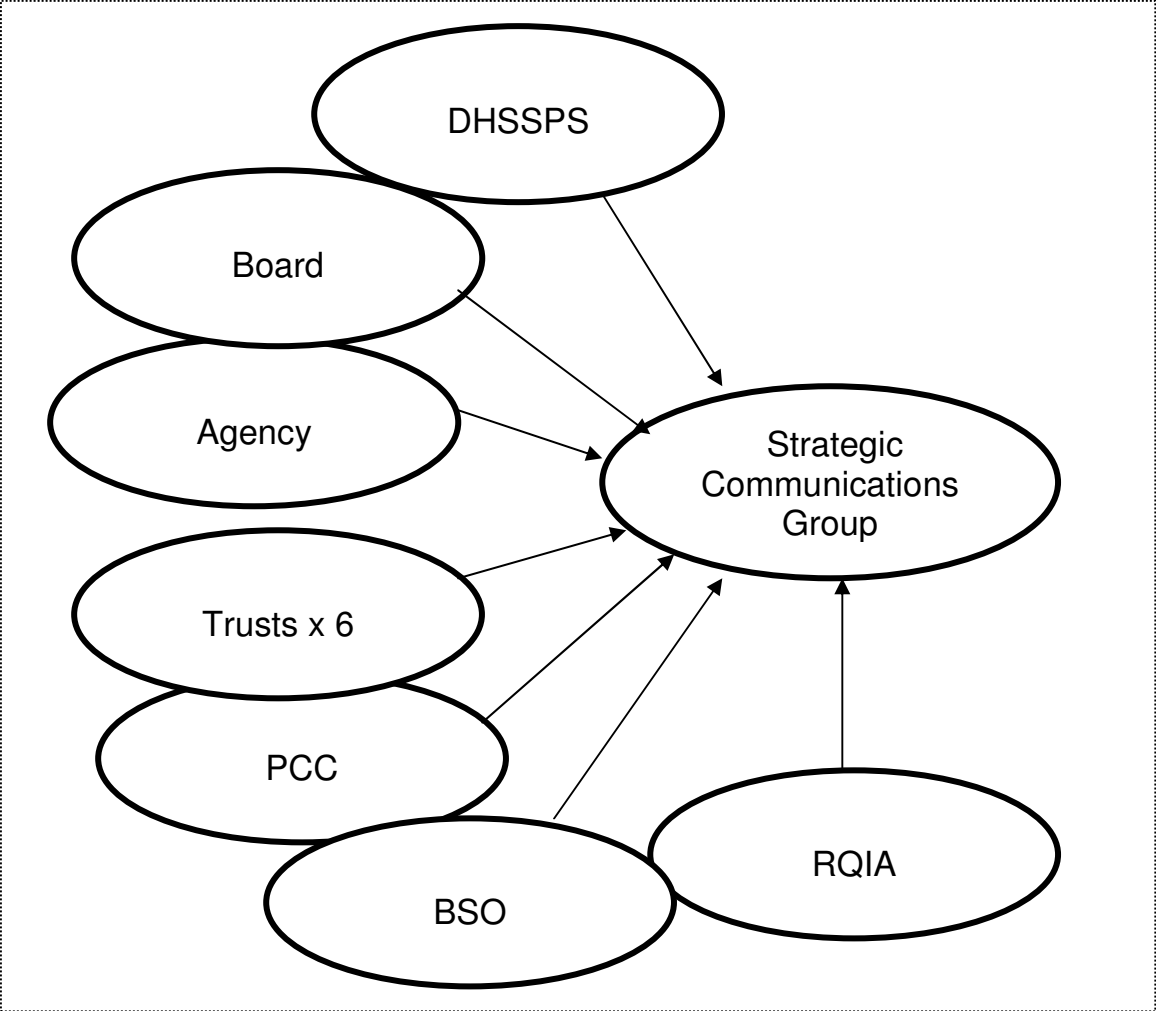
- Providing a service for the press and broadcasting media, including dealing with telephone enquiries relating to the HPA and its work, arranging interviews, press briefings and press conferences, as appropriate.
- Developing and maintaining an updated public relations strategy which ensures the maintenance of a strong, positive and credible corporate image for the HPA and its work.

- Assisting with the development and implementation of public information campaigns.
- Assisting with photographic shoots in order to ensure quality photographs are produced for HPA publications.
- Contributing to reports and printed electronic publications produced by the HPA as appropriate and ensure that all such materials are in keeping with the HPA's corporate identity and enhance its corporate image.

Internal Communication

- Briefing HPA staff on issues of current importance in the press and broadcasting media and advising the Senior Management Team on any appropriate follow-up action.
- Acting as first point of contact for Assembly Questions which require an input from the HPA.
- Maintaining and developing a photographic library relating to the HPA's staff and work. These photographs should be filed for possible future use in a range of documents and also in the HPA's website.

FUTURE MANAGEMENT OF COMMUNICATIONS



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Title	Name	Date of Issue	Version
Chief Executives of HSC Board, Trusts and Agencies.		11th May 2009	1.0
Chair of Board & LCG Chairs, Trusts and Agencies		11th May 2009	1.0
Chairpersons and Chief Executives of: - Business Services Organisation - Health and Social Care Board - Patient and Client Council - Public Health Agency		11th May 2009	1.0
Departmental Board		11th May 2009	1.0
MIP Project SROs		11th May 2009	1.0
MIP Project Directors		11th May 2009	1.0
DHSSPS Website and Intranet		11th May 2009	1.0