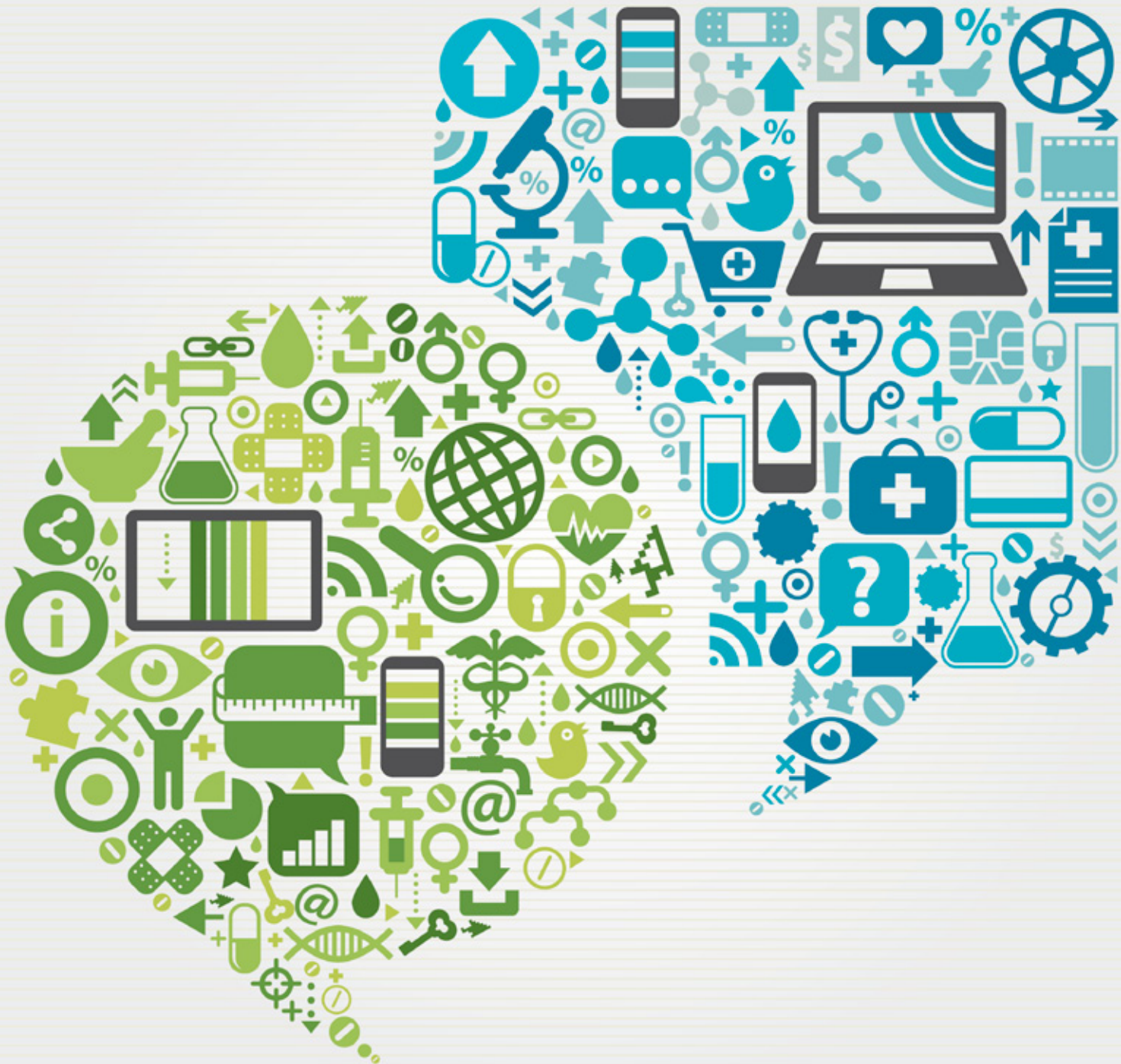# Connecting health and wellbeing boards: a social media guide

Introduction

Health and wellbeing boards (HWBs) have faced a steep learning curve since assuming their full statutory role in April 2013.

Through the Health and Wellbeing System Improvement Programme, the Local Government Association (LGA) has worked with communications specialists at Comms2point0 to:

- understand the potential of social media for health and wellbeing boards

- assess the extent to which they are realising that potential

- provide guidance on how social media might support their aims and objectives.

This work was undertaken in response to requests from people working with health and wellbeing boards where there was a real desire for social media to be used effectively to help the boards shape policy, explain decisions and deliver objectives.

For public services and the organisations that deliver them, social media is not a new and threatening activity. Rather it is an increasingly established part of the way organisations interact with their citizens.

Better digital engagement, better transparency, better insight, better leadership, better communications and better decisions are the prize for using it well. A failure to engage and an irrelevance for large sections of the population are the penalties for not.

58 per cent of people think their health and wellbeing boards use social media badly or very badly.
Source: comms2point0 / LGA survey, 2014

Twitter

@sarahboydH HWBs could use social media to interact with people like me so I have a clue what they are for and what they do!
Source: #nhssm Twitter discussion on how health and wellbeing boards could use social media

Good use of social media doesn't stop at the meeting or the webcast. It should be used to maximise your communications to ensure you reach every single person your work is crucial to. This guide explores:

- some of the current social media channels

- five broad principles for using social media

- five levels of social media engagement for health and wellbeing boards to encourage progress and best practice.

Caroline Tapster
Director, Health and Wellbeing System Improvement Programme

Social media

What is social media?

Social media is the broad umbrella term for web platforms that create and encourage conversation, discussion and interaction between users. Where once the internet was a series of bulletin boards, social media allows for debate and discussion.

Social media can include any website that allows conversation, such as traditional websites and internet forums, platforms such as Facebook, Twitter or LinkedIn, and more niche sites such as the Knowledge Hub for local government and doctors.net.uk for registered doctors.

At first glance, social media may appear daunting and hard to understand. However, whereas the technology may be new, conversation is the defining principle of social media.

We cannot and should not seek to 'control' social media any more than we should seek to control offline conversation. What we can do is help contribute to the conversation and, by doing so, we can both help shape it and learn from it.

Who uses social media?

Twitter

@KatieUponDown We've had 1,943 hits for our first two Health & Wellbeing Board webcasts so far (live & archived).
Source: @bathnes during a Twitter discussion on how health and wellbeing boards can use social media

According to the Ofcom Adults Media Use and Attitudes report published in August 2014:

• 54% of UK adults now use social media

• 82% of UK households have an internet connection

• 57% of UK adults use their mobile phone to access the internet

• 2% of time UK adults spend consuming the media is spent consuming print

• 18% of time UK adults spend consuming the media is spent using social media

• 50% of adults over 65 have access to the internet

• 75% of 16 to 24-year-olds use social media

• use of social media by adults over 65 has increased by over 50 per cent between 2013 and 2014.

These figures alone demonstrate the extent to which the internet and social media have become part of our everyday lives.

Why should health and wellbeing boards use social media?

> 98 per cent of people agreed or agreed strongly that social media guidance for health and wellbeing boards should encourage them to be engaging. They should interact wherever possible with users and reflect the debate.
> **Source: comms2point0 / LGA survey, 2014**

There is now a widespread acceptance that the public sector needs to engage in social media conversations with the residents it seeks to serve. It is not 'if' but pressingly 'how' social media is used.

What are the benefits of using social media?

> 'If you use social media you won't reach everyone but you'll reach a whole load of people you aren't reaching now. You can tell them what you are doing and why they should be bothered but it's important that this is two-way. You do need to listen too.'
> **Source: commscamp discussion on health and wellbeing boards and engagement**

Better digital engagement: Better engagement leads to better explanation and discussion of what health and wellbeing boards are trying to achieve and, by listening, a better understanding of what people need.

Better transparency: Transparency lifts the lid on the decision-making processes and begins to show how and why decisions are made.

Better insight: Better engagement through social media can aid research and insight to help inform the decision-making process.

Better communications: Better engagement can help an organisation communicate decisions and, by doing so, help shape the discussion and debate that arises.

Better leadership: Leaders involved with health and wellbeing boards can use social media to understand and contribute to the conversation personally.

Better decisions: Meaningful engagement, understanding and transparent, concise communications lead to better decisions.

What we recommend for health and wellbeing boards

> 81 per cent of people think that people should be able to follow live streaming of meetings.
> **Source: comms2point0 / LGA survey, 2014**

> 83 per cent of people think social media guidelines for health and wellbeing boards would be a good idea
> **Source: comms2point0/LGA survey, 2014**

> 83 per cent of people think that time should be set aside at health and wellbeing board meetings to allow members of the public to ask a question during a meeting.
> **Source: comms2point0/LGA survey, 2014**

A health and wellbeing board that does not embrace social media misses the enormous opportunity of engaging with its local residents through immediate, lively and democratic means. It also risks being seen as aloof, remote and lacking transparency.

While there are risks attached to using social media there are more advantages than disadvantages.

We recommend encouraging a broad set of voices to emerge around health and wellbeing boards to represent the different voices on the board and also the voices of the community that the board serves.

Voices that can contribute to the conversation include but are not limited to:

- health and wellbeing board corporate social media channel or channels

- a professional member of the health and wellbeing board

- organisations belonging to the health and wellbeing board

- residents

- community groups.

On the basis of our discussions with councillors, officers from local government and local health services, and others, we would recommend to health and wellbeing boards the following:

1. Agree your approach and what success looks like
It is vital that you collectively agree your approach to social media and understand what you're aiming to achieve, what success looks like and how will you know when you've succeeded.

2. Establish a corporate social channel
Establish a trusted individual/team to manage your social media channels and a principal digital voice for your board. Ensure you pick the most appropriate name for your channel that residents can identify with.

3. Ask 'why should I not reply?'
We recommend that, unless there is a clear and convincing argument to the contrary, you reply to questions posed through the channels and engage where you can in the debate, discussion and conversation.

4. Use the language of the platform
Social media is not formal and the language of the platform should be appropriate and jargon free. Time should be spent using and exploring a platform before it is used. This is to enable a better grasp of how the platform works and what language and tone and other aspects of etiquette will be most successful.

5. Social channels
There are growing numbers of social media channels and the balance must be struck between experimenting with new platforms and persisting with platforms that have stopped being popular.

The decisive question should be: 'Where am I most likely to find and engage successfully with my target audience?'

Here are some (in no particular order) you may wish to consider in 2014:

Channel	Advantage	Disadvantage
Twitter	• useful for real-time updates • useful for covering meetings • followed by journalists • do not have to take out advertising on the platform to reach an audience • can drive traffic to a website through links.	• 140 characters means there is a limit to what can be posted.
Bit.ly	• can shorten long URLs for re-posting in documents, on blogs and on social channels. • each shortened link can be logged and can provide data on click-throughs.	you can only see the stats from the last 30 days.
Facebook	• 96 per cent of people who have a social media account have a Facebook account. • can post more than 140 characters.	• requires a significant amount of time to do well. • a personal page is required under Facebook terms and conditions for administrative purposes. • some services offered to reach a wider audience will need to be paid for.
Soundcloud & Audioboo	• can be downloaded to a smartphone and used to record short audio clips which can be posted to the web within seconds • each clip can be embedded in a web page and also shared on social channels.	• needs to be short audio clips to work.
Flickr	• free to create an account • can create a picture library of stock images for the press and bloggers.	• images are needed to populate it.
Mailchimp	• not strictly a social media channel, this email service can still provide interaction and engagement opportunities.	• free under a certain limit with a cost involved over 2,000 emails sent a month.
Slideshare	• can be used to upload slide presentations used at a meeting. • URLs of slide presentations can be shared and downloaded. • free to create an account.	• difficult to put context next to slides.

Storify	• can store and save – or curate – social media content feedback and discussions which can be transient and hard to re-find. • context can be added.	• each time the platform is used and the content saved it must be saved publicly.
You Tube	• can contain a lot of information. • can easily go viral • a useful way to explain something • potentially inexpensive.	• high quality videos may be expensive to produce • talking heads may be a switch-off • not good for discussion and feedback.

We strongly recommend that social media use is reviewed annually as the landscape within the sector changes as new applications emerge and popular sites wane in popularity. Experimentation should be encouraged in what is a moving landscape.

6. Establish protocols for those using social media on your behalf

For anyone using social media as part of the business of your health and wellbeing board, a long policy is not needed – much of guidance, conditions and protections already exist in an employee's terms and conditions of employment or, for anyone holding public office, the Nolan principles of public life. However, a few ground rules and principles for how to engage will provide support and a common understanding of appropriate behaviour.

7. What should a health and wellbeing board do during meetings?

We recommend that live streaming meetings are an essential part of digital engagement. We suggest that the Chair of the meeting look at how the board can live stream meetings and we anticipate that there will be pressure from the community to live stream meetings themselves using basic technology. We suggest that requests to live stream are approved by the Chair so long as the emphasis is on the board members, not the audience. We recommend that the footage the board captures is annotated item-by-item and shared after the meeting.

We recommend that a social media channel is also used by the health and wellbeing board to give a flavour of the debate and show the decisions making process. Slides presented at the meeting should be accessible to residents through a slide sharing site ahead of the meeting in order for them to better follow the discussion in the room.

We recommend that the public are encouraged and are able to use social media during meetings and that WiFi for public use is provided for this purpose.

We recommend that space is devoted during the meetings to questions taken from social media channels with a précis reply, and supporting links if needed, to be shared in realtime.

Good practice: Bath & North East Somerset live streaming, Kent County Council live streaming and Birmingham City Council live streaming. Barking & Dagenham encouraging questions to be asked by Twitter. Slides were posted to slideshare by Leicestershire County Council.

8. What should a health and wellbeing board do between meetings?

We recognise that the meetings form just one part of the activity of a health and wellbeing board and encourage discussion and communication between meetings to keep people informed and to benefit from their opinion and insight.

Aside from regular communication, the health and wellbeing board social media accounts need to be monitored and maintained regularly. This need not be an onerous task but it does require resources. We recommend that this is done by officers who are closest to the work of the health and wellbeing board.

We also recommend that agendas are written jargon-free, in plain English, published on the relevant website as web pages, and advertised.

Good practice: Sheffield City Council Mailchimp email list, Twitter, YouTube and webpage.

9. What guidance should professionals use?

We strongly encourage individual members of health and wellbeing boards to contribute to the discussion using their own social media channel. Evidence in studies, such as the Edelman Trust Barometer, shows that people are more receptive to messages from their peers and experts in the field rather than spokespeople.

There is now a growing body of guidance and advice for professionals in different fields in how to use social media as a professional. We recommend that individual members check how their organisation support social media

use and also what guidance their professional bodies have produced.

Examples include:

- British Medical Association's Social Media Guidance (2011)

- HR and social media in the NHS – guidance that takes a more liberal and open strategy. Overview here with the white paper here (2013)

- General Medical Council social media advice for doctors (2013)

- Royal College of General Practitioners Social Media Highway Code

- Connected Councillor (2010)

- Best by West Midlands (2013).

Five rules for an effective social health and wellbeing board

We recommend a set of fundamental principles that can underpin how health and wellbeing boards can use social media today and in the years to come. These are robust principles emerging from years of public sector social media practice. In many ways these are new approaches compared to how organisations communicated with the people they serve before social media.

- **Be engaging:** interact wherever possible with users and reflect the debate.

- **Be timely:** post information at a time that is most convenient or relevant to the audience.

- **Be jargon-free:** use language that works on the platform of choice without jargon and language that people outside the health and wellbeing board would struggle to understand.

- **Be connected:** look to share content from partners and from across the public or third sector where is relevant.

- **Be informative:** look to inform and to educate.

Five levels of social media in health and wellbeing boards

Five stars means that you can start off doing the simplest things first and you are making progress. It encourages you to move up levels.
Source: commscamp discussion

89 per cent agreed or strongly agreed with the approach of having five levels of social media use with health and wellbeing boards.
Source: comms2point0 / LGA survey

We recognise that the general take-up of social media tools by health and wellbeing boards is low and the task ahead can appear daunting. We have therefore shaped a gradual and phased approach starting from simple and solid first steps, and encouraging self-directed progress.

Levels	Requirements
Level one	• post meeting date and time on one social platform • jargon free
Level two	• post meeting date and time on one social platform • jargon free • cover meeting discussion on one social platform and curate content • publish slides • livestream or allow residents to livestream and curate content.
Level three	• post meeting date and time on one social platform • jargon free • cover meeting discussion on one social platform and curate content. • publish slides • livestream or allow residents to livestream and curate content • enable questions to be asked of the meeting from social media.
Level four	• post meeting date and time on one social platform • jargon free • cover meeting discussion on one social platform and curate content. • publish slides • livestream or allow residents to livestream and curate content • enable questions to be asked of the meeting from social media • digital engagement through social media between meetings that is fed back into the entire decision-making process.
Level five	• post meeting date and time on one social platform • jargon free • cover meeting discussion on one social platform and curate content • publish slides • livestream or allow residents to livestream and curate content • enable questions to be asked of the meeting from social media • digital engagement through social media between meetings that is fed back into the entire decision- making process • searchable agendas that use metadata • members enabled to use one or more platform during and between meetings.

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