

A meeting of NHS Bromley CCG Governing Body January 2017

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Communications and Public Engagement Activity Report

SUMMARY:

This report provides an overview of our communications and public engagement (C&E) activity in Bromley CCG over the last six months (July 2016 to December 2016). The report provides assurance on how we are meeting our statutory requirements for participation and includes the following:

- Assurance reporting to NHS England.
- Our engagement activity.
- Partnership working.
- Campaigns, publications and media.
- IT systems for communication and engagement.
- Planned future public engagement activity.

KEY ISSUES:

The CCG is committed to effective and responsive public and patient engagement. This commitment is reflected from the Governing Body right through the organisation. There is an internal team who are responsible for coordinating and managing public and patient engagement. We have a patient advisory group (PAG), and members are closely involved in much of our work. Over the last six months a further 29 new members have signed up and we now have 102 registered PAG members. We are very grateful to all of those who give up their time voluntarily to advise and provide us with an essential patient perspective. We also work closely with key partners in Bromley such as Healthwatch Bromley and Community Links Bromley.

Some of the headlines from this report include:

- Assurance reporting on our public and patient engagement activity during 2015/16.
- Engagement undertaken to inform the community health services procurement.
- Testing our commissioning intentions with local people.
- Co-production approach to improving emotional and mental wellbeing services for children and young people.
- Pre-consultation engagement on proposals for inpatient elective orthopaedic services.
- Sharing progress and gathering views on the transformation of GP services.

COMMITTEE INVOLVEMENT:

Elements have been discussed at the Clinical Executive, the Integrated Governance Committee, the OHSEL Communications and Engagement Workstream meeting and with the Bromley Communications and Engagement Network.

PUBLIC AND USER INVOLVEMENT:

As set out in the paper.

IMPACT ASSESSMENT:

Our engagement activity aims to reduce health inequalities by ensuring we are engaging with all population groups including those who are traditionally seldom heard.

RECOMMENDATIONS:

The Governing Body is asked to:-

Note the activity undertaken, the outcomes and the future plans for activity.

ACRONYMS

C&E – Communications and Engagement
 PAG – Patient Advisory Group
 OHSEL – Our Healthier South East London
 CLB – Community Links Bromley
 ICN – Integrated Care Network

MSLC – Maternity Services Liaison Committee
PPG – Patient participation groups
EIA – Equality impact assessment

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Communications and Public Engagement Activity Report

Report to the Governing Body – January 2017

1. Introduction

This report provides an update on our communication and public engagement activity undertaken over the last six months (July 2016 to December 2016). It includes a summary of the impact of our engagement activity and provides assurance that we are meeting our statutory engagement duties.

It covers the following areas:

- Assurance reporting to NHS England
- Engagement activity.
- Partnership working.
- Campaigns, publications and media.
- IT systems for communication and engagement.
- Planned future public engagement activity.

2. Assurance reporting to NHS England

In October 2016, we submitted our [annual statutory obligations report for public participation](#) to NHS England. This was presented to the Governing Body in November 2016. The report provided a comprehensive record of our activity to meet our statutory duties during 2015/16. We had expected feedback from NHS England before the end of December, but this will now be later in January. A verbal update will be provided at the Governing Body meeting if the assurance outcome is available in time.

3. Engagement activity

3.1 How we plan our public engagement activity

We have robust governance processes in place which ensure that our engagement activity is embedded across the CCG and the commissioning cycle. Prior to embarking on any

engagement activity, a bespoke communication and engagement plan is produced to support the relevant programme area. These plans are part of our routine business using our online business planning tool. By producing these plans right at the start of any project, it enables us to ensure the right level of engagement and communications are planned, arranged and undertaken at each stage of the process.

Part of our approach to inform our communication and engagement planning is to consider and use any existing sources of intelligence, engagement outcomes and other insight to inform our work. This can include information from surveys, other programmes of work, friends and family test, engagement undertaken by our partners (such as Healthwatch Bromley), other patient experience or quality data from our providers and the outcomes of equality impact analysis. These can be rich sources of intelligence and data which can contribute to the overall picture of services. Through our work we aim to embed the national six principles for engaging people and communities which are:

- Care and support is person centred: personalised, coordinated, and empowering.
- Services are created in partnership with citizens and communities.
- Focus is on equality and narrowing inequalities.
- Carers are identified, supported and involved.
- Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers.
- Volunteering and social action are recognised as key enablers.

Below is a summary of the key areas of public and patient engagement work we have undertaken, some of which is still in progress, over the last six months and how it is influencing the decisions we make. Our stakeholder bulletin, which is distributed 4 times a year and published on our website, provides information on our engagement activity together with the outcomes using a ‘you said, we did’ approach. It is also one of the main ways in which we feedback to those who have been involved in our work.

Activities	Progress and outcomes from engagement
Frailty pathway In November, we held a patient focus group with	Feedback from the frailty focus group is

Activities	Progress and outcomes from engagement
<p>five members of our Patient Advisory Group and two Healthwatch Bromley trustees. The purpose of the focus group was to share the frailty pathway that has been developed (informed by previous input from patient representatives) and plans for the Orpington Integrated Unit in order to get any other views. The focus group was led by Dr Ruchira Paranjape one of our GP clinical leads.</p> <p>A communications and engagement plan has been developed to support delivery of the frailty pathway and the new Orpington Integrated Unit, which is being led by King’s College Hospital NHS Foundation Trust.</p>	<p>being used to inform the work on the proactive care pathway and frailty pathway. The session gave us an opportunity to respond to a number of questions about the plans which will help inform our public communications when the new Orpington Integrated Unit opens.</p> <p>You said: Your information for patients needs to explain how social care will work with health services if they are not part of the multi-disciplinary teams working in the integrated care networks.</p> <p>We did: Although social care is not signed up through the memorandum of understanding (see page 19), social care services are still working closely alongside clinicians and the third sector to ensure a complete package of care is provided for patients. Care managers attend multi-disciplinary team meetings where relevant. This will be made clear on patient information. Also social care is part of the discharge process out of the new beds at Orpington.</p> <p>You said: You need to ensure the third sector has the capacity to meet the needs of patients it will be supporting.</p> <p>We did: The third sector have set up a new Social Prescribing portal which will help manage referrals into the third sector</p>

Activities	Progress and outcomes from engagement
	services. We will be reviewing this as part of our monitoring of the service.
<p>Community Health Services Procurement</p> <p>Over the summer, we published a survey to gather views on the experiences of adults who use the current community health services. This was promoted by partners, Bromley Healthcare and online. 92 people responded.</p> <p>Additional engagement support was commissioned through a competitive process, to deliver comprehensive engagement with people currently using community health services. The purpose was to gather feedback on current experiences of care and to test potential models of delivering community health services.</p> <p><u>Lot 1</u></p> <p>Healthwatch Bromley was commissioned to undertake the engagement for Lot 1 of the community services procurement – services for children and young people.</p> <p>Healthwatch Bromley worked in conjunction with the current community provider and other community and voluntary organisations, to ensure a wide range of people were engaged. A mixed approach was used including surveys,</p>	<p>Comprehensive reports on the outcomes of the CCG survey and the commissioned engagement have been produced which provided recommendations about what needed to be incorporated into the service specifications for the procurement of community health services.</p> <p>The majority of feedback was positive about the services provided, in particular about the staff delivering those services. Some of the feedback has been used to discuss improvements required by the current provider of community health services.</p> <p><u>Lot 1</u></p> <p>The outcomes of this engagement have been discussed by our contracts and procurement teams and informed the development of what is required for the new services.</p> <p>263 people responded. 69% were parents, 24% were young people and 7% were carers. Headlines included:</p> <ul style="list-style-type: none"> • Some patients felt that the

Activities	Progress and outcomes from engagement
<p>visual tools, social media and focus groups. A variety of backgrounds and diverse groups were engaged. The work included;</p> <ul style="list-style-type: none"> • Visits to all of the Bromley children and family centres over a six week period. • Enter and views into children’s community services. • Outreach at libraries, on Bromley high street and at a shopping centre in Orpington. • Focus groups with school children through schools, young groups, play groups and charities. This also included a young person’s LGBT group (Lesbian, Gay, Bisexual and Transgender). • The survey was also made available across a range of children’s services and family forums. <p><u>Lot 2 and 3</u></p> <p>Membership Engagement Services was commissioned to undertake the engagement for Lots 2 and 3 of the procurement – Adult and Integrated Rapid Response and Transfer of Care services including rehabilitation</p> <p>The key objectives of the engagement were:</p> <p>Stage 1 –seek the views and experiences of</p>	<p>communication between different members of staff providing care could be improved.</p> <ul style="list-style-type: none"> • Staff are very well received with patients praising their professionalism and knowledge whilst maintaining a personal approach and attitude. • Need to see improved waiting times and appointment availability. • People preferred to access services in community settings, such as Children and Family Centres, as they perceived them to be a safe and neutral space for children. • More support for parents between diagnosis and accessing treatment could be provided, as well a support and information for parents to implement and practice at home. <p><u>Lot 2 and 3</u></p> <p>279 people responded. 83% were patients and 17% were carers. The headlines from the engagement were:</p> <ul style="list-style-type: none"> • More appointments to be made available especially out of working hours. • More joined up working. • Reduced waiting times.

Activities	Progress and outcomes from engagement
<p>patients, service users and carers who use adult community based health services commissioned from Bromley Healthcare.</p> <p>Stage 2 – test out new models of care with a representative group to check that the assumptions on what is needed (based on information gathering at stage 1) are accurate and enable service users to further influence final service requirements.</p> <ul style="list-style-type: none"> • Ensure views are captured on the adult community health services currently commissioned from Bromley Healthcare. • Ensure that seldom heard communities are included and the equality duties in regard to protected characteristics are met. <p>Engagement was undertaken in the following ways:</p> <ul style="list-style-type: none"> • A face-to-face, online and telephone quantitative survey was designed and delivered to provide an overview of adult community health services in Bromley. • A series of qualitative discussions were held to test the new proposed models of care and evaluate the assumptions made based on the findings gathered in stage 1. The participants were drawn from respondents to the survey, patient advisory group members and other interested patients, carers and users of 	<ul style="list-style-type: none"> • Need to reduce the number of times patients have to tell those caring for them the same thing. • Improved information about who a patient is going to see and what time they are going to arrive (for home visits). • Improved information about ongoing care. <p>Summary reports on the outcomes of the engagement have been published on the CCG website.</p>

Activities	Progress and outcomes from engagement
<p>adult community health services in Bromley.</p> <p><u>Procurement panel</u></p> <p>Seven members of our Patient Advisory Group have kindly volunteered to join the procurement panels for each of the Lots. They will help to score the bidders, take part in moderation meetings and be part of the decision making group on the preferred bidders.</p>	<p><u>Procurement panel</u></p> <p>A briefing meeting with PAG members was held in November to explain what the work will involve. This will include:</p> <ul style="list-style-type: none"> • Understanding the services that we are commissioning. • Review responses from bidders. • Evaluate the extent to which bidders have demonstrated they have met the requirements for agreed key areas. • Form part of the panel that determines the interview questions and undertakes the interview. • Attend moderation meetings. <p>A further briefing which sets out what is required has been sent to the PAG members.</p>
<p>Our Healthier South East London (OHSEL)</p> <p>Members of our PAG continue to be involved in some of the clinical leadership groups for the priority areas in the OHSEL programme.</p> <p>Over the summer we promoted and engaged on the proposals for the elective inpatient</p>	<p>Outcomes of our local pre-consultation engagement on the elective orthopaedic care proposals were fed back into the OHSEL programme team. All comments were then independently analysed by the University of Kent. The recommendations have been used to</p>

Activities	Progress and outcomes from engagement
<p>orthopedic centres in south east London. This was part of a ‘pre-engagement’ phase which would help inform any formal public consultation. This included:</p> <ul style="list-style-type: none"> • Having patient representation on the south east London wide Planned Care Reference Group which is informing and influencing those proposals. • Contributing to the equality impact assessment (EIA) on the proposals, the outcome of which informed the pre-engagement activity. • Holding a patient workshop on the proposals with PAG members to gather their views and feed these back into the OHSEL team. • Commissioning Healthwatch Bromley to hold focus groups with those communities likely to be most impacted by the proposals (taken from the EIA). This included those who are physically disabled, young people and carers. 	<p>inform the proposal to go to formal public consultation and the consultation paper.</p> <p>Headline feedback included:</p> <ul style="list-style-type: none"> • Positive feedback on improvements in staff expertise, standards of care, better services and shorter waits. • Transport and travel times a concern. • New facilities would have to be larger to cope with higher volumes. <p>Patient representatives will also review the consultation paper to ensure it is clear and the options are easy to understand.</p> <p>Following discussions at the SEL Committee in Common, Joint Health Overview and Scrutiny Committee and with NHS England, the OHSEL programme will be reviewing the consultation plan to include the fourth option of a three site solution with collaboration across the provider trusts. This means the public consultation will not take place until the spring.</p>
<p>Maternity</p> <p><u>Whose Shoes</u> We reported in July 2016 on the outcomes of a ‘Whose Shoes’ event at the Princess Royal</p>	<p>Pledges delivered by maternity staff and other partners include:</p>

Activities	Progress and outcomes from engagement
<p>University Hospital in January. Whose Shoes is a co-production tool used to help people work together to improve lives. Fifty people attended the event including local women (service users), midwives, maternity support workers, doctors, commissioners, receptionists, porters and health visitors. The purpose was to capture information about current maternity experiences and what could be improved. The Bromley Maternity Services Liaison Committee was instrumental in delivering the event and collecting pledges of how things would be done differently made by those who attended.</p> <p>A report on the event was published in December which includes updated information on how the pledges are being delivered.</p>	<p>You said: We want fathers to be in theatre where possible when their partner is given an anaesthetic.</p> <p>We did: This has been put in place and has improved women’s experience and reduced anxiety.</p> <p>You said: We need more support with breast feeding.</p> <p>We did: Early years support including with feeding has been prioritised through the health visiting service. King’s College Hospital NHS Foundation Trust has also trained a number of breast feeding support workers.</p> <p>You said: Women need more information on blood clots.</p> <p>We did: An information leaflet has been developed and is used by maternity staff.</p>
<p>Transformation of emotional and mental wellbeing services for children and young people</p> <p>Children and adolescent mental health services (CAMHS) in Bromley started a significant and ambitious change programme in 2014/2015, following a local review to improve access and target more resources within health promotion,</p>	<p>An outcomes report on the co-production which includes honest and open feedback from young people has been produced. The report recommends a course of action to deliver the outcomes that are needed to meet the needs of young people. It also illustrates that there is much more that needs to be done to build</p>

Activities	Progress and outcomes from engagement
<p>prevention and early intervention services. Following a successful bid for five year transformation funding, we invested in additional capacity in the current services to enable more children to be seen quickly and in the right place.</p> <p>In order to successfully deliver our five year transformation plan, we are committed to working closely with young people and their families, providers and other partners to ensure we have a system of care designed to meet their needs.</p> <p>Therefore, over the summer we commissioned New Economics Foundation (NEF) to lead a co-design and co-production process with young people, communities and partners from across Bromley. We agreed to take this approach so that young people, families, schools, providers and other stakeholders were all actively involved in designing how services should be delivered to meet needs, improve outcomes and help build resilience in our younger population. This approach also supports delivery of the national CAMHS transformation priorities as set out in <i>Future in Mind (2015)</i>.</p> <p>Following a ‘kick off’ meeting in August with a wide range of local stakeholders, a programme of activity commenced working alongside young people and other stakeholders. This included workshops with young people through primary and secondary schools, in local health services,</p>	<p>resilience and have in place a system of care that identifies and responds quickly to the needs of our young people and reduces the risk of them needing intensive intervention to meet their needs now and into adulthood.</p> <p>247 young people and stakeholders were involved in the work. 69% of the young people were girls and 31% were boys.</p> <p>Together with partners we are supporting the continuation of a co-production approach with young people and local communities. The priority is to develop something together that not only builds greater resilience in young people but provides them with the right services at the right time and in the right place. This work will continue in 2017.</p>

Activities	Progress and outcomes from engagement
<p>in libraries and a survey to gather more views. In addition 'ideas stations' were set up in a number of places to collect views.</p>	
<p>Transforming GP services</p> <p>In December, a patient workshop was held to share information and gather views on our GP transformation plans.</p> <p>34 people attended which included PAG and PPG members from practices across Bromley.</p> <p>The purpose of the workshop was to:</p> <ul style="list-style-type: none"> • Share information on GP pressures and how practices are responding. • Explain how we are taking on more responsibility for commissioning GP services. • Gather views on three priority areas which included: GP opening hours and improving access; use of technology to improve GP services and integrated working and the voluntary sector. <p>Following presentations from Jessica Arnold, Head of Primary and Community Care and Dr Chris Fatoyinbo from the Links Medical Practice, attendees split into smaller groups to discuss the three priority areas.</p>	<p>A report on outcomes of the event has been produced and shared with all the participants. It summarises the feedback we received and how we are using this to inform our future planning for GP services. This outcome report will be published on the CCG website.</p> <p>Headlines from the workshop included:</p> <ul style="list-style-type: none"> • Seven day GP services were welcomed. • The pressure on GPs and practice staff was noted. • Online and telephone consultations welcomed (albeit not accessible for all) and it was noted this may be better for ongoing issues rather than acute problems. • Positive experiences were shared of using the voluntary sector and it was suggested that training could be offered to GPs to explain the range of services available.
<p>Integrated Shared Care Record</p> <p>Patients have told us that they want more coordinated and joined up care. We are</p>	<p>PAG members reviewed the patient information and fed in their views. 2,000 leaflets and 100 posters have been</p>

Activities	Progress and outcomes from engagement
<p>developing the process for integrated shared care records to enable patient information to be shared across different parts of the health and social care system. This will be a key enabler for the successful implementation of the integrated care networks.</p> <p>Some practices are already on board, with the rest targeted for early 2017.</p> <p>Representatives from our PAG are closely involved in the development of this programme of work which includes ensuring there is clear and accessible information for the public on the shared care record, including information on how to opt out.</p>	<p>distributed to GP practices to share with patients, and there have been presentations at GP meetings.</p> <p>Further communications are planned to help promote the shared care record and inform patients how they can opt out if they prefer.</p>
<p>Commissioning intentions</p> <p>In September 2016 we asked patients and the public for their views on the improvements we are planning in local services. This was carried out to help inform our commissioning intentions for 2017/18.</p> <p>We gathered views through a survey which was promoted on the website, in the local newspaper, through partners, the PAG and health providers and on social media. We also collected views at our Annual General Meeting in September and the Parent Voice conference in early October.</p>	<p>All the comments received through the survey and at the events were considered by our senior management team. Some of the feedback supported improvements we are already putting in place and others were considered by the appropriate programme lead. A response to all the feedback we received will be made available on the CCG website. Some examples include:</p> <p>You said: Bromley has an ageing population and needs to be reflected in your priority areas.</p> <p>We did: the needs of older people, who often have complex long term conditions, are included in our priority areas and are</p>

Activities	Progress and outcomes from engagement
	<p>the focus of our new proactive integrated care services.</p> <p>You said: You need to improve access to GP services.</p> <p>We did: We have commissioned additional GP appointments through two primary care access hubs. From 2017 extended GP service opening hours will be available.</p> <p>You said: There needs to be further integration of IT systems across health and social care to avoid repetition, duplication and waste.</p> <p>We did: We have introduced the new shared care electronic record which allows GPs, hospital and community staff to see relevant information about their patients which informs decisions about their treatment.</p>
<p>Supporting practice participation groups (PPGs)</p> <p>We are supporting practice managers to develop their practice participation groups. All GP practices are required to have a PPG in place and this is a practice responsibility. Our aim is to support the reinvigoration of PPGs where they are absent or less active in Bromley practices. This will include facilitating training sessions for practice managers and sharing</p>	<p>A PPG support package for practice managers has been circulated to all practices.</p> <p>So far, 17 PPG members have signed up to join the PAG.</p>

Activities	Progress and outcomes from engagement
<p>good practice from PPGs that are working well.</p> <p>Over the summer we attended a practice manager's forum to both provide advice (through a resource pack) on running effective PPGs and to ask Practice Managers to encourage PPG members to join the CCG's PAG.</p>	

4. Partnership Working

We engage and involve the public and other stakeholders in our work through a variety of ways. This is critical as it enables us to make decisions which are underpinned by a clear understanding of public views, concerns and aspirations. Knowing what people think about existing health services in Bromley is also vital to helping us improve patient experience in the future.

Over the last six months we have sought views and experiences in the following ways:

- Our PAG and the public, either face to face in workshops and events or through surveys.
- Work closely with Healthwatch Bromley and CLB (which also helps us to gather views from those communities who are harder to reach).
- As part of the OHSEL programme (Clinical Leadership Groups, Planned Care stakeholder reference group, SEL stakeholder reference group etc)
- Public question and answer sessions at each of our Governing Body meetings.
- Maternity Services Liaison Committee (which has a lay chair and lay members).
- Data on patient experience from our providers. This is presented to the CCG's Quality Assurance Subcommittee.
- Review of complaints from providers.
- The Bromley Communications and Engagement network which is chaired by Healthwatch and includes the local authority, third sector and local providers.

We continue to work with our partners and local groups – some more closely depending what we are engaging on. We also hold our local providers to account for how they are involving patients in their own governance, decision-making and quality improvement activities. We do this through our Quality Review Sub Committee which analyses outcomes from provider services in relation to complaints and patient experience.

5. Campaigns, publications and media

5.1 Campaigns

Campaigns are run throughout the year, often to coincide with national campaigns, seasonal campaigns and awareness weeks. The aim is to provide people with information about how they can improve their health, take better care of themselves and support self-care. Our focus is on those campaigns that meet the demographic and health needs of Bromley residents. We promote these campaigns through a variety of ways to try and get the messages out as far as possible. This includes:

- News story on our website with links to national data and other relevant information.
- Social media such as twitter.
- Our weekly GP bulletin.
- The Bromley network which includes the third sector, Healthwatch Bromley, the council and health providers.
- Through our regular monthly column in the Bromley News shopper (see example below



Ask Your Pharmacist Week

Organised by the National Pharmacy Association (NPA) and in line with Bromley Clinical Commissioning Group's existing commitment to help relieve pressure on other NHS primary healthcare services, this year's Ask Your Pharmacist Week (7-14 November) is centered around the theme More Than Medicines.

Pharmacists across Bromley will be reminding residents of the enormous range of services available in local pharmacies – beyond just medicines - that might otherwise remain overlooked.

Over the last seven months our awareness campaigns have included:

- Summer health advice: get prepared.
- Be Clear on Cancer: respiratory health.
- PHE campaign delayed, supported OHSEL campaign instead.
- Diabetes foot health.
- Antibiotic awareness.
- Stay Well – flu.
- Ask your pharmacist.
- Get set for Christmas.
- Be Food Smart (Change4Life app).

5.2 Publications

5.2.1 Stakeholder Bulletin

We produce a quarterly stakeholder bulletin which informs key stakeholders and patient representatives about the work we are doing and the outcomes of our engagement work. This is emailed to patient group members and a range of stakeholders including Bromley MPs, key councillors, voluntary sector groups, Healthwatch and other partners. It is also posted on our website to reach a wider audience.

The bulletin is just one of a number of ways in which we ‘close the loop’ when we seek the views of patients and the public. We use it to feedback outcomes from our engagement using a ‘you said’, ‘we did’ approach. We also post feedback on our website, in particular for surveys and feedback directly to PAG members and other individuals who have been directly involved in our work such as procurements, workshops and service redesigns.

5.2.2 Review of the year

We published a public summary of our work during 2015/16 which was presented at our Annual General Meeting on Monday 26 September 2016. The summary includes information on key achievements and improvements made over the last year as well as examples of how we have engaged local people.

We also produced information to promote the progress made on our priority areas. This information was used for our Annual General meeting.

5.2.3 Annual Statutory Obligations Report 2015/16

In October 2016, we submitted our annual statutory obligations report for public participation to NHS England. This was presented to the Governing Body in November 2016. The report provided a comprehensive record of our activity to meet our statutory duties during 2015/16.

5.3 Media

Our aim is to ensure that the CCG and our work are fairly and accurately represented by the media. This involves producing press releases, being prepared for any media interest and monitoring media activity that impacts on or which is of interest to the CCG. We have developed responses and media handling lines for a range of issues relating to provision of local services. This includes enquiries about CAMHS funding, and BMI restrictions on surgery.



We have received positive coverage on the agreement of our *Memorandum of Understanding* – which formally brings health and third sector partners together to provide more joined up care for patients, Building a better Bromley, the launch of the Perinatal mental health service and CCG’s Christmas charity appeal.



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The Freedom of Information (FOI) Act gives the right to all individuals to request access to information held by the CCG. In line with many other CCGs, a proportion of our FOIs are made by journalists. We sometimes receive media enquiries on the back of information submitted as part of an FOI request.

From July to December (12 December) there have been a total of 101 FOI requests. Key themes include requests about services we commission, corporate information, finance and prescribing information.

6. IT systems for communication and engagement

One of the ways we continue to improve how we communicate and engage with the public is through our information technology (IT) systems.

6.1 Social Media

Over the last six months, we have increased our social media activity in order to widen the reach and visibility of our work. We use Twitter to promote our activities and opportunities to engage with local people and other stakeholders. As of 9 January 2017, we had 3,475 followers (an increase of just under 400 in the last six months) and we follow 211 people and organisations.

Since 1 August 2016, our posts on Twitter have amassed 104,800 impressions. An impression is every time a user or organisation has been exposed to our content on their Twitter feed. This has been achieved by localising content, lifting key messages from our initiatives to gather more interest and joining in with twitter conversations through the use of #hashtags. We also work closely with partner organisations that support our social media activity by retweeting our information which helps it to reach a much wider audience.



This week is #SelfCareWeek, and the theme this year is health literacy. Find out more: ow.ly/35dJ306bjAh



We have also been using social media in order to recruit more PAG members and attract young people to join.

6.2 Website

We now have Browsealoud on our website. Browsealoud is webscreen reader software that is available on every page. It adds speech, reading and translation functions which aim to improve access and participation for people with Dyslexia, low literacy levels, English as a second language and those with mild visual impairments. Online content can also be read aloud in multiple languages. Between 1 August and November 2016 we have:

- Received 1,549 speech requests (how many times someone has asked the system to perform a function for them, such as convert text to an audio file or change the appearance of the page)
- 925 Toolbar loads which is how many times someone has launched the software
- This software goes some way to ensuring we meet the Accessible Information Standard, and can also be used as a tool in Practices to translate leaflets and patient information as required.

7. Planned future engagement activity

Future activity planned with patients and the public (in addition to the ongoing work identified in section 3.1.2) includes:

- Continuation of the co-production work on transforming emotional wellbeing and CAMHS services.
- Testing local diabetes services with patients to get an understanding of what works well and what needs improving.
- Following the publication of the cancer patient experience survey, a team has been put together to tackle some of the areas in which we are performing below the national average.

- Developing plans to increase information to and engagement with children and young people. This will need to match our strategic priorities so that any planned engagement activity is meaningful and they are able to directly influence both our plans and the way services are provided.
- Public consultation on the proposed options for inpatient elective orthopaedic care.
- Work with the Health Innovation Network to gather feedback from patients using the integrated care network.

8. Recommendation

The Governing Body is asked to note the activity undertaken, outcomes and planned work.