

**LEICESTER, LEICESTERSHIRE AND RUTLAND
JOINT HEALTH SCRUTINY COMMITTEE**

21 JANUARY 2019

**REPORT OF BETTER CARE TOGETHER
ENGAGEMENT AND INVOLVEMENT**

INTRODUCTION

1. Better Care Together (BCT) partners are committed to greater involvement of patients, the public and stakeholders in the proposed improvements to services – particularly those that are likely to result in significant changes to the way in which services are delivered.
2. This paper describes the activities undertaken in October and November 2018 to engage with communities in Leicester, Leicestershire and Rutland (LLR). It summarises the key themes emerging from the public engagement events and communications activities surrounding them including social media conversations.
3. This paper also describes the ongoing activities which will take place between January and March 2019.
4. The Joint Health Scrutiny Committee is asked to note the outcome of BCT engagement work and the work to be undertaken in the early part of this year.

ENGAGEMENT ACTIVITIES 2018

5. While the latter part of 2018 saw intensive communication and engagement around discussing the acute and maternity reconfiguration plans through the whole of the year, Better Care Together partners collectively and individually have engaged and involved patients, carers, staff and other stakeholder in the various aspects of Better Care Together work stream activities.
6. This work has included engagement on the Carers Strategy, the Dementia Strategy, All Age Transformation for Mental Health and Learning Disabilities and Community Health Services. We have also undertaken a formal consultation on Planned Care Policies across LLR.
7. In October and November 2018 BCT partners undertook engagement to primarily discuss the proposals for acute and maternity reconfiguration in Leicester's Hospitals.
8. Nine public events provided opportunities for patients, the public and wider stakeholders to discuss changes to the care they receive through primary and secondary care services in ways that suit them. This included talking through the rationale for the proposed changes and what it would mean in practical terms for patients using services - particularly those being provided by the three hospitals in

Leicester run by University Hospitals of Leicester NHS Trust and those provided in community settings. The events also discussed and answered questions and responded to concerns regarding changes to the Intensive Care Services in Leicester.

9. The events were held in community venues in East Leicestershire and Rutland, West Leicestershire and Leicester City. Around 350 people attended the nine events, which were held between 5pm and 7.45pm. People dropped in for the first hour to informally discuss with NHS teams the plans for improvements across all Better Care Together work streams including acute reconfiguration. This session was followed by a formal presentation and question and answer session. One event was held as an informal drop-in session only (in Eyres Monsell, Leicester).
10. While the number of people attending the events wasn't large, the reach of the promotional activities was significant. The events were promoted through the stakeholder databases of the two county councils and the city council, two provider trusts and three clinical commissioning groups. It received wide coverage, both pre and post events, on social media (BCT account: 31 tweets sent to 1482 followers - 118 retweets and 172 likes and generation of 24 comments. UHL account: 15 tweets generating 31,343 impressions and 714 comments. In addition 40 likes on Instagram), as well as in print and on broadcast media including coverage on BBC East Midlands Today and in the Leicester Mercury, Melton Times and Harborough Mail.
11. We would particularly like to acknowledge the support we also received to promote the events from voluntary and community sector groups, many of whom promoted them in their online newsletters and the wide range of public and patient groups including patient participations groups.

THEMES EMERGING FROM THE CONVERSATIONS

12. The questions raised by people at the events covered a range of topics, many of which were pertinent to local geographical areas. The feedback from the public identified a number of areas where there were concerns and the need for more information to give a better understanding of proposals and processes. Many comments were supportive of the various plans and particularly the need for investment to modify and improve Leicester's hospitals.
13. The questions and feedback were responded to on the night of each event by a panel of NHS managers and clinicians. Responses have also been made via social media and via other online mechanisms. In addition, a [Question and Answer log](#) has been created and is available on line. It is being continually updated as and when new questions arise.
14. All feedback from the events is being distributed across Better Care Together partners and work streams in order that it can influence the decision making processes within each work stream and in specific programmes of work. It is being used to refine the Pre-consultation Business Case for the Acute and

Maternity Reconfiguration and is also being fed into the current Community Services Redesign work. It is strongly influencing our communications and engagement plan for the coming months, as people told us that they wanted ongoing involvement in co-producing the proposals. Later in this document we outline what this will include.

15. The key emerging themes can be summarised as follows:

- Processes and procedures of bidding for capital resources and the unknown timeline for being permitted to commence public consultation are confusing for the public, the majority of who have a strong desire for formal consultation to take place at the earliest possible opportunity.
- In the past Leicester has been in a similar position of wishing to invest in services, but for a variety of measures has not had funds available to implement plans. There is worry that history may repeat itself.
- Broad support that investment is needed into the hospitals in Leicester and agreement that overall the plans are the right ones. However, many people still want to have a better understanding around the decision to transform Leicester General Hospital into a community hub and the plan to move acute services to Glenfield Hospital and Leicester Royal Infirmary.
- Need for continued engagement and involvement of the public in the acute and maternity services discussion to ensure that services are person-centred. Also to ensure that if national approval is given and capital funding bids are successful that we fulfil on our promise to go out to formal consultation ensuring that the LLR public have their voices heard.
- Need for transparency on what estates are being sold off, why and what will happen to the income from the sale.
- Assurance that formal consultation on acute and maternity services will be effective and that feedback from the public will influence and impact on the final proposals.
- Plans should consider the quality improvements to the infrastructure and environment including car parking, access into and around sites, sign-posting and public transport.
- Assurance, particularly from rural communities that the centralisation of acute services will benefit patients and conversations are ongoing with acute hospital trusts across the LLR borders.
- Assurance that proposals will respond to and address the current financial issues faced by NHS bodies, and will not contribute to further challenges.
- Concerns about the proposed closure of the midwifery led birthing unit at St. Mary's in Melton Mowbray and anxiety that local pre and post pregnancy support services, greatly appreciated by many, may be lost locally.
- Recognition of national staff shortages, particularly nurses and how the proposals impact on current staff and attracting and recruiting new staff.
- Importance of the role of primary care including GP federations/GP localities and the voluntary and community sector when redesigning services provided outside of hospital in the community, including in peoples' homes.
- Need for better access to primary care and GP appointments.
- Better use of information technology when integrating health and social care services to ensure systems talk to one another so that patients and their

carers do not have to repeat their story including creation of a single patient record.

- Recognition that local areas are different and there is a migration of LLR residents outside of the counties as well as a migration of residents from other counties into LLR's acute and community services.
- Enthusiasm to participate in discussion about community services including community hospitals at the earliest possible opportunity.

NEXT STEPS FOR ENGAGEMENT AND INVOLVEMENT

16. Whilst there has been merit in undertaken public engagement events to discuss the acute and maternity reconfiguration and the community services review, in the context of Better Care Together. NHS partners now wish to understand the experiences and views of people within their different communities - particularly those seldom heard groups and those people who are vulnerable and often extensively impacted by changes to NHS services. Also people told us they want to be kept informed and updated on improvements plans for the NHS.
17. This work is best done by reaching out and working within communities. Under the Equality Act 2010, we have a duty to consider potential impacts of service change on people with protected characteristics. We have extended this to include carers and other vulnerable groups. In order to help us understand these potential impacts in detail, we will reach out to these communities using their existing meetings and events. We will particularly work through voluntary and community sector agencies and local support networks to involve these communities.

Outreach work

18. From January 2019 we are undertaking a programme of outreach work using two methods:
 - Manned drop-in sessions situated in community venues where there is high footfall e.g. libraries, on days where locations are busy e.g. market days. The public will be able to view displays that explain Better Care Together and the improvement programme, and chat with NHS staff.
 - Develop relationship with key community groups attending their meetings/events and other engagement opportunities. Groups will include Council of Faiths, Youth Council Leicestershire, Leicester Action for Mental Health Projects and Leicestershire Learning Disability Partnership Board and many others.

Other engagement and communications

Staff

19. To provide further opportunities for staff to be engaged, face-to-face briefings are being held with staff. We are also using existing mechanisms available through organisations to reach staff including newsletters and online briefings.

Online communications

- We will enhance awareness of the Better Care Together programme and associated engagement activities through an increase in the range of online communications including social media channels (Twitter, Facebook and YouTube) and partner websites. This will allow people to join in the conversation and constructively feedback and share their thoughts and views.
- We will produce, on a regular basis, the BCT e-newsletter to ensure that on a monthly basis it is circulated to a wide audience both updating people of the progress of plans, as well as using it as an opportunity to seek feedback from people.
- We will also produce a brochure and video case studies and explore the production of interactive content to provide every opportunity for discussions with people.

Press and Broadcast media

20. We will continue to work with our local press and broadcast media to coordinate regular articles, updates and features utilising case studies to make important proposals resonate with patients and the public.

Existing communication mechanisms

21. There are a number of established mechanisms that BCT partners already have in place which help us to provide information and communicate with a range of stakeholders. These mechanism will be capitalised on during the engagement process;
- BCT partner websites
 - Presentations at Healthwatch (Leicester and Leicestershire, Rutland), Voluntary Action Leicester and other voluntary groups
 - Patients groups and members including PPG networks
 - GP newsletters and locality/federation meetings

Engagement with councillors

22. We offered a series of Member Briefings with the three upper tier local authorities in Leicester, Leicestershire and Rutland. We had a good take up of this offer from members in all areas. We would like to continue this dialogue with regular and timely briefings with councillors to ensure they are updated of proposals and plans. We will also be working with all three Health Overview and Scrutiny Committees as well as the Joint Overview and Scrutiny Committee to ensure that appropriate and timely reports are presented and discussed.

Other engagement activities – community services redesign

23. In 2018 we undertook research to understand the current experiences of patients, their families and carers of receiving community services. In addition, we spoke to a range of NHS, social care and other health professionals who deliver community services. We now have a rich seam of detailed insights from this work from approximately 4,600 people, which we have used along with other research and analysis to develop a model of care for delivering high quality community services.

24. We will be discussing these insights with the public at a series of events being held early this year and through other communications. We will also discuss this two-year transformation programme for delivering care in a community setting and outline the opportunities for involvement at each stage of this work.

CONCLUSION

25. We are committed to continuous communications and engagement on all aspects of the Better Care Together programme. We are also committed to formal consultation in regard of the acute and maternity reconfiguration. This will be at the point when our plans have been approved and capital resources are available. In preparation for this we are using the feedback from the 2018 engagement to draw up a consultation plan. This plan will outline how we will undertake the consultation to ensure that we reach out to all communities in Leicester, Leicestershire and Rutland promoting the opportunity of participating in the consultation process. The plan itself will be co-designed so that it is comprehensive and enables effective public involvement and feedback, so that a robust decision on change that is the best interests of local people can be made.

RECOMMENDATION

The Joint Health Scrutiny Committee is asked to:

NOTE the outcome of BCT engagement work and the work to be undertaken in early 2019.