

Responses to questions from LLR Health Scrutiny Meeting

Question	Response
<p>When asked when consultation will take place in respect of the items reliant on the capital bid, we are constantly told that this cannot happen until the bid is approved. Whilst we understand the principle of not being able to consult on the detail of the plans, and understand that you have done some consultation back in 2016/17, what public engage do you plan on doing on this newly published document?</p>	<p>Engagement activities are continuing during the autumn and winter 2018/19 to engage with communities in Leicester, Leicestershire and Rutland.</p> <p>The activities provide opportunities for patients, the public and wider stakeholders to discuss changes to the care they receive in ways that suit them. This includes talking through the underpinning detail of the rationale for the proposed changes and what it would mean in practical terms for patients using services currently being provided by the three hospitals in Leicester run by University Hospitals of Leicester NHS Trust.</p> <p>The activities are a combination of deliberative events and outreach work with patient, voluntary and community sector groups, to give the public the opportunity to raise any questions or concerns that need to be addressed as we move through the stages of the programme and towards formal public consultation. A programme of communications has supported the events and outreach work.</p> <p>From October 2018 through into March 2019 we are also undertaking a programme of outreach work. We will reach out to communities, particularly those comprising or representing people with protected characteristics to understand the impact of proposals. We will particularly work through voluntary and community sector agencies and local support networks to involve these communities.</p> <p>In addition, the second approach to outreach will be manned drop-in sessions situated in community venues where there is reasonable footfall e.g. libraries.</p> <p>The engagement will be supported by online communication including social media channels (Twitter, Facebook and YouTube) and partner websites. We are also working with local print and broadcast media to coordinate regular articles and updates utilising case studies.</p>
<p>Can you lay out for us what the full consultation would look like once the capital bid is approved?</p>	<p>The experience and learning from the BCT engagement work in LLR and the learning from other consultations shows us that we have to develop and implement a range of activities for different audiences to ensure that we have given everyone equal opportunity to participate in the consultation process and triggered the necessary motivation for communities to wish to participate. Outlined below is a summary of the planned activities we will implement. We will monitor and evaluate the process consistently to ensure that all activities are meeting the requirements of a robust consultation. We have more detailed plans for engagement with specific communities that may be hard to reach which has been informed by the Equality Impact Assessment undertaken on this programme of work.</p> <p>There are a number of mechanisms that BCT partners already have in place which help us provide information and communicate with a range of stakeholders. These mechanisms will be utilised during the consultation process:</p> <ul style="list-style-type: none"> • Staff – through a number of methods including briefings, newsletters etc. • BCT partner websites • Presentations at Healthwatch, Voluntary Action Leicester and other voluntary groups • Local media including TV, radio and newspapers • Patient groups and members including PPG networks • GP newsletters and locality/federation meetings • Twitter, Facebook and Youtube <p>Other mechanisms we will implement during the consultation are focus group, deliberative public events, roadshow on NHS Sites, outreach work, key stakeholder briefing and electronic newsletters. We will also work with established networks to gain their support to communication messages. We will raise awareness of the consultation, associated engagement activities and call to action through a range of communication channels including media, social media, websites, consultation newsletter, stakeholder communications channels and by distributing a range of communications materials.</p> <p>We will work with the Leicester Mercury to coordinate regular features and updates. We will also engage with weekly newspapers, TV and radio stations including commercial stations e.g. Sabras Radio - a local Asian community radio to engage them in the consultation to help us to reach the Asian population in the area.</p> <p>We have segmented our target communities and a more detailed plan is in place to reach out to these individual communities using a variety of methods. It also considers the format of information e.g. different languages, braille, video, Online Browsealoud and easyread.</p>

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<p>We have seen no evidence of what you learnt from the 2016/17 consultation on the draft STP. Can you this be provided for us and can you evidence exactly what changed in this new document as a direct response to what you found?</p>	<p>Feedback from a range of sources – including patients, public, elected members and other stakeholders – has and still is being used to shape the work being undertaken by Better Care Together partners through various work streams including the proposed changes to the acute hospitals in Leicester.</p> <p>For example, some of the key feedback that we had was that our bed number assumptions were “heroic” and potentially unrealistic. As a result we remodelled bed capacity, resulting in a net growth in bed capacity rather than a reduction. People have also said that they broadly agree with the principles of care closer to home in a community setting, but asked us to consider what this community provision will look like – and how it will work in practical terms – before making long-term decisions about individual community hospitals and the beds within them. This feedback led to the development of the Community Services Review, which is currently engaging extensively with patients on their experiences, expectations and aspirations. In addition, people expressed difficulty in accessing their GP practice. To respond we have implemented different local solutions to extend the access to a GP outside of core GP practice open hours.</p>								
<p>If we were to ask for regular progress reports to the Joint LLR in regards to everything STP/BCT, could you suggest a good way of framing those reports?</p>	<p>Our programme is based around a number of workstreams updates can be provided on a topic by topic basis and could include plans, progress, timescales and expected impact.</p>								
<p>Can you give us any indication as to how talks are going in respect of the 3 CCG’s deciding that they will not be merging and what impact this may have on BCT?</p>	<p>Discussions are currently ongoing regarding proposals for a single integrated management system that works across the three statutory organisations. We currently anticipate a final decision being made in December 2018. Either way, there will be no impact on BCT as the requirement for a system transformation plan at STP level will remain.</p>								
<p>When will we be provided with the dates of the “Deliberative Events”, how will they be advertised?</p>	<p>The following dates have been promoted across Leicester, Leicestershire and Rutland using social media, print and broadcast media, newsletters, e-newsletters, e-mail, websites, word-of-mouth. Communications and engagement teams within all BCT partner organisations have been responsible for promoting the events.</p> <ul style="list-style-type: none"> • Monday 29 October, Loughborough Town Hall, Market Place, Loughborough, LE11 3EB • Tuesday 30 October, Peepul Centre, Orchardson Avenue, Leicester, LE4 6DP • Thursday 1 November, Civic Centre, Burton Street, Melton Mowbray, LE13 1GH • Wednesday 7 November, Lyric Rooms, Lower Church Street, Ashby-de-la-Zouch, LE65 1AB • Wednesday 14 November, Eyres Monsell Club and Institute, Littlejohn Road, Leicester, LE2 9BL (Drop-in only) • Thursday 15 November, The Three Swans Hotel, 21 High Street, Market Harborough, LE16 7NJ • Monday 19 November, Rutland County Council, Catmose Street, Oakham, LE15 6HP • Monday 26 November, Sketchley Grange Hotel, Sketchley Lane, Burbage, Hinckley, LE10 3HY • Tuesday 27 November, The Hugh Aston Building, The Newarke, Leicester, LE2 7BY 								
<p>How do you propose to work cross border? Very many people within LLR actually look outside the area for their health needs, often because they want the closest provision and this is outside LLR?</p>	<p>We already work across borders with neighbouring CCGs and we have contractual arrangements in place with providers on our borders. Where proposals, such as the changes to the Leicester General Hospital site, impact on cross border flows we have discussed these with the relevant providers and commissioners to ensure that any impact from these changes can be accommodated by those providers. However by improving our care pathways and facilities we expect to attract more patients to stay in LLR for their care, thus keeping the NHS pound locally.</p>								
<p>You say LLR is ranked in the bottom 25% by patients rating the support they get for long term conditions Dose the percentage vary between each of the local authority areas of Leicester, Leicestershire and Rutland? How are things done differently in the areas which rang in the top 25%?</p>	<p>Yes they do vary – data is collected at a CCG level and the January to March 2018 performance is shown below for proportion of people feeling supported to manage their long-term conditions, based on responses to one question from the GP Patient Survey:</p> <table border="0" data-bbox="982 1528 1528 1665"> <tr> <td>East Leicestershire and Rutland</td> <td>61.3%</td> </tr> <tr> <td>Leicester City</td> <td>52.1%</td> </tr> <tr> <td>West Leicestershire</td> <td>60.4%</td> </tr> <tr> <td>National</td> <td>59.6%</td> </tr> </table> <p>We have not undertaken an analysis of what differs between the rankings, as this is multi factorial. However as part of any redesign work we would consider best practice in a given area and compare this to what is being done locally and then make recommendations to improve pathways.</p>	East Leicestershire and Rutland	61.3%	Leicester City	52.1%	West Leicestershire	60.4%	National	59.6%
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<p>In the section headed Integrated Teams you say you are creating 12 of these. Have they actually been created? How long have they been running? What impact have they had? Where exactly are they located?</p>	<p>We have 13 Integrated locality teams across LLR, located at the following:</p> <p>Leicester City: North West, Central, South, North East (4) West Leicestershire: North West Leics, Charnwood, Hinckley and Bosworth (3)</p>								

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	<p>East Leicestershire and Rutland: North Blaby, South Blaby and Lutterworth, Oadby and Wigston, Harborough, Syston, Long Clawson and Melton (SLAM), Rutland (6)</p> <p>The Teams have been formed for approximately 18 months. They are now all meeting regularly and have been working on developing their approach to multidisciplinary team working. Through a number of test beds in 2017/18 teams have been developing their approach to care coordination, population health management and, prevention, supported by an OD Development programme. Impact to date is variable although evidence from the teams themselves indicates the biggest area of impact is on improved relationships and working between teams. In some areas impact on hospital admissions can be seen, but this is likely to be as result of a number of interventions of which the Integrated Locality Team work is one. There are some positive examples of how teams have come up with innovative ideas for how to share resources to better meet people's needs. We are now working with three teams to accelerate operational MDT team working, with a common framework and set of outcome measures.</p>
<p>In the section headed Urgent Care in the Community what is the nature of the consultation in East Leicestershire and Rutland? Does it include consultation with users, for example patients who are registered with Stamford GP practices but live in Rutland? What is the time frame for consultation?</p>	<p>Earlier this year, ELR CCG undertook a period of engagement with the public to help shape improvements to urgent care services in our area.</p> <p>The current contracts for urgent care services in East Leicestershire are due to end in March 2019 and the CCG is keen to ensure that the services available to patients still meet public needs while providing high quality, cost effective care. Following initial review work including conversations with patients in early 2018, the CCG identified opportunities to enhance what is currently available with some investment and changes to the existing model of care. The proposals included:</p> <ul style="list-style-type: none"> • procurement of a combined out of hours GP and urgent care service; • some changes to opening hours and staffing models at existing services to reflect patient usage and need; • the opening of an additional site in Blaby District area <p>The engagement process ran from 20 June to 24 July 2018 and consisted of stakeholder, patient and public engagement. Engagement methods employed included:</p> <ul style="list-style-type: none"> • A document outlining the CCG's plans was made available on the website and in hard copy on request • Details of the plans were posted on a dedicated webpage on the CCG's website • A questionnaire was made available on the CCG's website and hard copies were distributed during face to face engagement and also available on request. This resulted in the completion of 775 questionnaires • Face to face conversations took place at six engagement opportunities using the CCG's 'listening booth' • Two public events were held – one in Blaby and one in Oakham. • The face to face engagement with the 'listening booth' and events resulted in 277 patient and public contacts • The opportunity for the public to share their views was promoted through communication channels including stakeholder briefings, website, media and social media <p>Patients who live within ELR boundaries who are registered with practices outside the area were not specifically targeted for the engagement but the proposals and associated opportunities for people to share their views were promoted widely.</p> <p>The findings from the public engagement were used to shape the future model of services and to inform the development of the service specification. Changes were made to the original proposals based on public feedback. ELR CCG's Governing Body approved the changes in September 2018 and the procurement process is currently underway.</p> <p>Further conversations are due to take place shortly with local people to determine the future location of a service in the Blaby District area.</p> <p>The plans for urgent care services in ELR CCG were discussed at the Leicestershire Health Overview and Scrutiny Committee on 30 May 2018, Rutland Health Overview and Scrutiny Committee on 28 June 2018. Both committees also received an update on the outcome of the engagement and the changes made to the proposals based on feedback from the public. Letters of support for the proposals were received from Chairs of both committees in August 2018.</p> <p>More information about the plans, the findings of the public engagement and links to relevant documents can be found on the CCG website at: https://eastleicestershireandrutlandccg.nhs.uk/get-involved/surveys/urgent-care-services-changing/</p>

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<p>How much of this document has been shared with local councillors during its development or has it just been a piece of work carried out by NHS and local authority staff?</p>	<p>The previous BCT plan was shared widely and engaged upon during late 2016 and the first five months of 2017. Feedback from a range of sources – including patients, public, elected members and other stakeholders – was used to shape the direction of the document. For example, some of the key feedback that we had was that our bed number assumptions were “heroic” and potentially unrealistic. As a result we remodelled bed capacity, resulting in a net growth in bed capacity rather than a reduction. People have also said that they broadly agree with the principles of care closer to home in a community setting, but asked us to consider what this community provision will look like – and how it will work in practical terms – before making long-term decisions about individual community hospitals and the beds within them. This feedback led to the development of the Community Services Review, which is currently engaging extensively with patients on their experiences, expectations and aspirations.</p>
<p>It is clear that consultation on major change requiring capital outlay can only be undertaken when the capital is received. However, it is both possible, and desirable, to engage with the public to help steer the direction health providers should be taking as all engagement activity can be caveated with “if money is available”. Why is the Sustainability and Transformation Partnership unwilling to engage with the public to sustain public communication?</p>	<p>We’re not – and the engagement we’ve undertaken both previously and now demonstrates this. In fact, one of the major criticisms we hear from patients and the public during our engagement is that they we have been talking to them about the same issues and proposals for a number of years without seeing those plans come to fruition.</p>
<p>The thing about Health Hubs and Urgent Care Centres is to do with the fact in the Next Steps document it talks about UCC’s as Health Hubs. I know what they are! Could we stick to one name and change ALL documents, websites etc, as its confusing!</p>	<p>This is fair feedback. However there is a difference as described in the diagram on page 24 of the document between Urgent Treatment Centres and Primary Care Hubs. Primary Care Hubs provide extended access to general practice when a patient cannot get an urgent appointment at their own GP practice.</p> <p>Urgent Treatment Centres provide a range of diagnostic services not available in Primary Care Hubs and therefore can deal with presentations that cannot be dealt with in a Primary Care Hub but do not need acute Emergency Care Services.</p>