

# TOGETHER A HEALTHIER FUTURE

The Accountable Health and Care Partnership  
For Pennine Lancashire



Public Engagement  
Summer 2017



## Introduction

This report provides a summary of the findings from the engagement activity that we undertook over the summer, key findings, and next steps.

The purpose of our engagement over the summer was to provide people with an update about the progress of our plans to transform Pennine Lancashire health and social care, and to seek views about our broad ideas for this transformation.

At some of the public meetings we were told that we needed to share more detail as our ideas were still at a formative stage, and as such, quite broad. As we explained at those meetings, we were keen to check that we were thinking along the right lines and wanted people to tell us if we were, or not. If we had broad agreement, we would be reviewing and considering people's comments and ensuring that we considered them in our plans.

We experienced a high level of discussion and challenge as well as receiving some great ideas and insights. We are grateful to everyone who shared their views with us.

As we engaged with, and listened to people, we heard many helpful comments and views, and over time these begun to form common themes. This report seeks to bring together those themes.

## Background

The summer engagement builds on the considerable efforts already made to engage with the public and stakeholders since the inception of the programme from 2016. This programme of engagement continued over the summer, following the election in June.

While we continue to create opportunities for continuous dialogue with the public and stakeholders, the period of engagement from June through to August this year gave us the opportunity to provide people with an update regarding the programme and to sense check the general direction of travel of the programme.

The findings of the engagement during this period have been considered by senior responsible officers and their teams as part of the development of the draft business cases, and the draft Pennine Plan.

## Process of engagement

Our approach to engagement across Pennine Lancashire during this period included organised public engagement workshops, attending existing groups, attending health events and commissioned engagement activities.

Public engagement meetings were promoted in the media, and on social media, as well as through existing communication channels, including Patient Participation Group network bulletins, staff and GP practice bulletins, and through partner channels such as The Shuttle in Blackburn. Direct invitations were issued to those members of the public who have previously attended, or

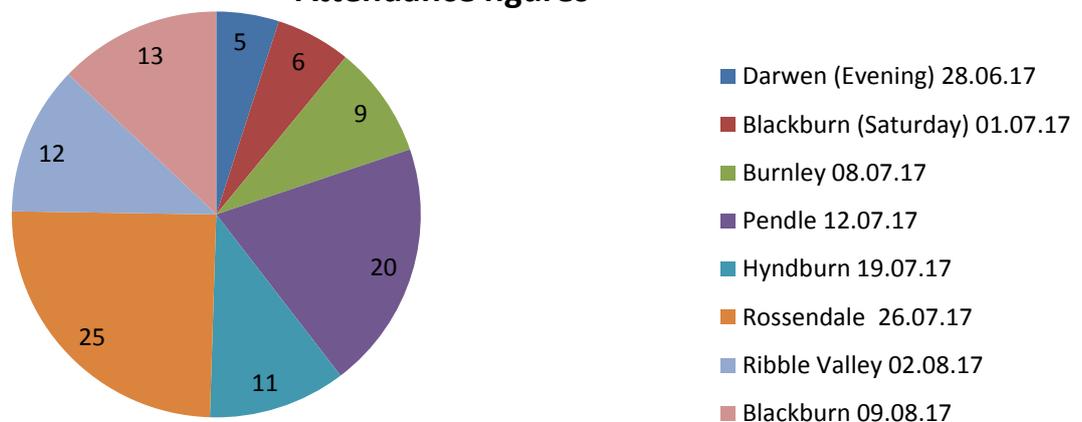
been involved in the work of the programme. In addition to this the meetings were promoted to the membership schemes of partner organisations, patient groups and networks, and via partners' networks.

Public meetings were held in Blackburn (2), Burnley, Darwen, Hyndburn, Pendle, Ribble Valley, and Rossendale. In addition the Sustainability and Transformation Partnership, alongside Blackburn with Darwen and Lancashire Healthwatch organisations, arranged a meeting for Pennine Lancashire, also in Blackburn.

Attendance at public meetings was by open invitation. This gave people the opportunity to attend any one of the nine meetings that were arranged for the public. Additionally three of the meetings were arranged at the weekend and in the evening to enable working people to attend. A total of 95 people attended the various public meetings over the summer, with a total of 228 people who have attended any of our engagement events since the inception of the programme. We are very grateful for their enthusiasm and views. Many people have expressed an interest in continuing to be involved for which we are grateful.

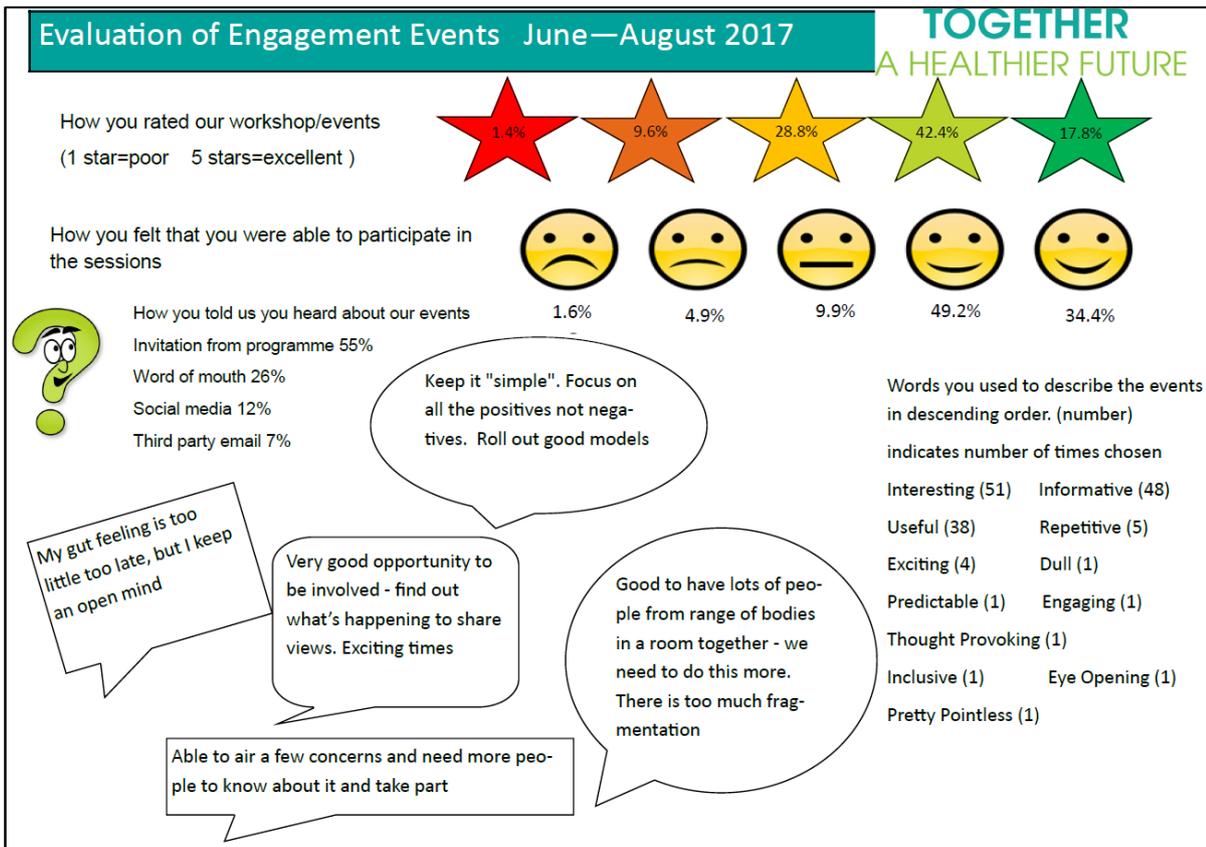
## Public Engagement - Summer 2017

Attendance figures



The events were generally well received and there was well-informed debate and discussion, with high levels of interaction and challenge. Fifty-nine percent of the attendees rated the event they attended positively, and 29% were neutral about the event they attended. Eleven percent didn't view the events positively, and this tended to correlate with comments from those attendees who expressed cynicism about whether their views would be considered.

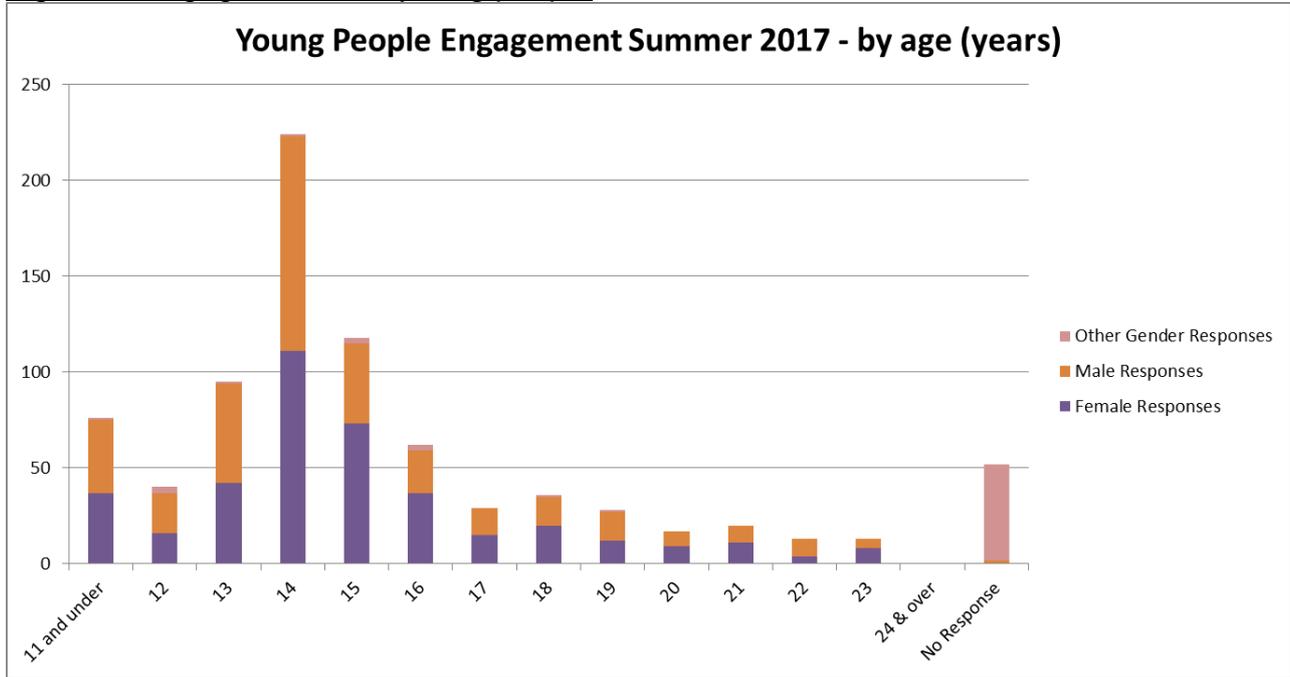
Figure 1. Evaluation of engagement events



In addition to the public engagement sessions, we also contacted over 100 groups and networks in the Pennine Lancashire area, offering to attend any meetings or events they were holding during the period to provide an update on the work of Together a Healthier Future and hear their views about our proposed visions and ideas. We attended 14 groups as noted in Appendix 1.

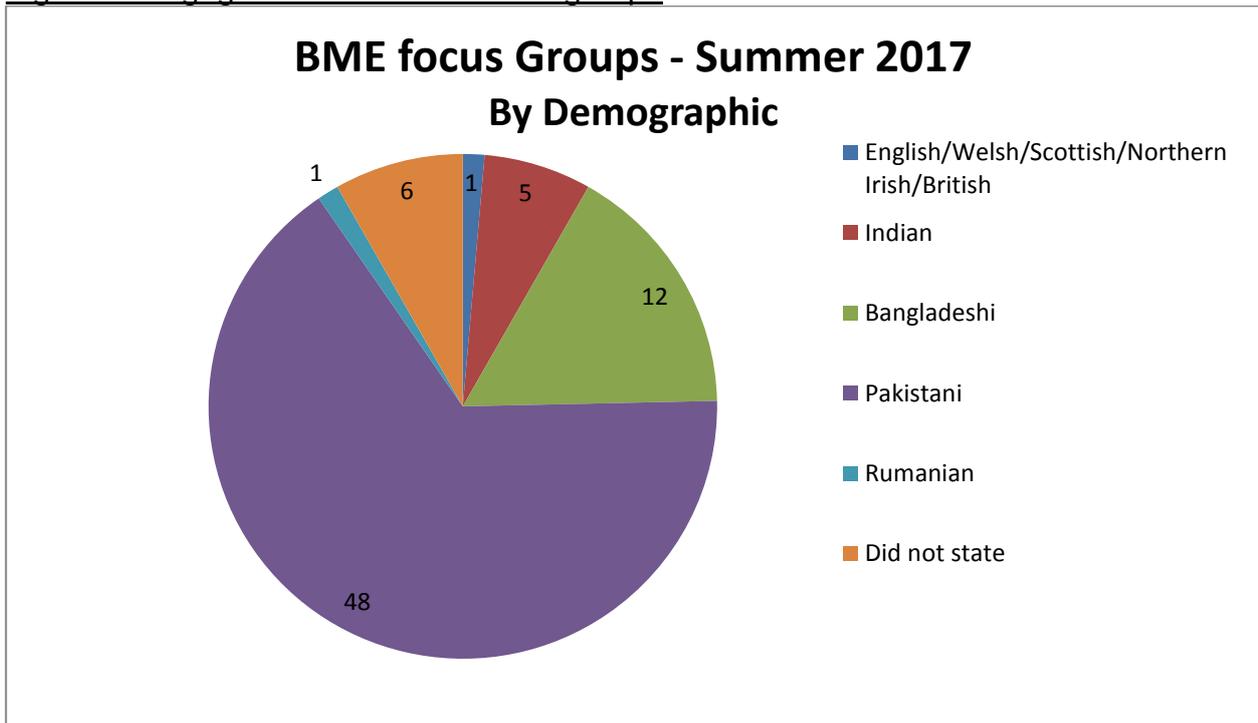
We commissioned Blackburn with Darwen and Lancashire Healthwatch organisations to undertake engagement with young people. Amplify, the young people’s network in Blackburn with Darwen, assisted in the coproduction of a survey which was then completed by 837 young people across Pennine Lancashire. In addition to the survey we also undertook, with the support of Dr Stuart Berry, GP Lead for Pennine Lancashire, a broadcast to primary schools promoting “summer holiday” health messages in the last week of the school term. This was commissioned through Learn Live, a Lancashire-based organisation which works in partnership with public bodies to broadcast public awareness messages to children in primary schools. Messages including avoiding swimming in reservoirs, keeping fit and healthy, and avoiding sunburn. We used this as an opportunity to elicit views from children from the 12 schools who tuned into the live broadcast. An estimated 200 children viewed the broadcast. In addition, the broadcast and materials have been viewed as a recording by approximately 50 schools in the area.

**Figure 2. Engagement with young people**



In addition, we also commissioned BME Lancashire and OneVoice to secure the views of people from the BME population through focus groups. A total of 73 individuals were interviewed in focus groups in Blackburn (15), Hyndburn (16), Burnley (17), Rossendale (8), and Pendle (17).

**Figure 3. Engagement with BME focus groups**



Following a meeting with the Gypsy, Romany and Traveller (GRT) coordinator at Lancashire County Council, we reviewed an engagement exercise and report commissioned by NHS East Lancashire PCT in 2011, and used the findings to sense check against the experiences of the GRT population.

Following a meeting with Healthwatch Lancashire and Blackburn with Darwen, we conducted a review of their most recent reports of patient engagement and used this intelligence, again to sense check against the direction of the programme to date.

## Findings

Feedback from the totality of engagement has been analysed and a “you said, we did” grid has been created for consideration by each of the workstreams. This will ensure that the views of people will be considered and incorporated moving forward and will also provide a platform for designing future engagement strategies.

Where the views of people have aligned with the draft proposals we have taken this as assurance that the direction of travel accords with the insight of those members of the public who we have engaged with. Much of the feedback does align with our thinking, which is reassuring.

## Sentiment

Participants were broadly supportive of the approach that we have adopted, and they recognise the need for transformation. This is, in part, based on recognition that the public sector, particularly health and care, has been adversely affected by austerity, and challenges around funding and demand. There was also, however, a degree of cynicism whereby some participants felt that the programme was a vehicle to cut services and privatise health and care services. This perception may have been informed by national media coverage of the STPs and the narrative that STPs are vehicles for NHS cuts. Participants were however enthusiastic and engaged, and were keen to share their views about the workstreams and the programme, constructively and we are very grateful for their views.

## Our approach

Participants appreciated the opportunity to be involved, and participate. However feedback suggests that we need to ensure particular groups are considered in the development of the programme. These are older people, younger people, carers, the BME community, people with disabilities and learning disabilities, and those with mental health problems. While not an exhaustive list, it is important to recognise that every aspect of the programme, particularly when preparing for mobilisation will need to be equality impact assessed, with particular due regard to those from groups with protected characteristics.

## Communication and engagement

It was clear from the engagement that we need to heavily promote the draft Pennine Plan when published, and ensure that it is communicated well and widely. It was clear from feedback that participants had expected more detail and while they recognised that we

were engaging on the “direction of travel”; for many, it was felt to be difficult to comment on broad concepts and ideas. Therefore, the engagement with people on the draft Pennine Plan will be very welcome and very important. Participants were keen that the plan should not be presented as a “done deal” or “fait accompli” and sought reassurance that there would be scope for the draft plan to be amended or changed based on people’s views.

Participants were clear that as well as a detailed draft plan, they would wish to have access to an easy read and other accessible versions.

While participation at the public events was lower than we hoped, the quality of discussion and feedback was exceptionally high. This is also true of the face to face survey and focus groups that we commissioned. However, it is clear that a significant number of people would not necessarily attend a public meeting, but may provide feedback via online surveys and through social media. The demography of the public meetings was skewed towards older people, which is why we commissioned engagement with young people. However moving forward we will need to ensure that our engagement is broader and more inclusive of the wider population. It was also highlighted that promotion through social media and asking residents to register to attend events may prevent some people engaging.

### **The proposed New Model of Care**

There were a number of themes that apply across the elements of the New Model of Care these included:

- Funding – recognition that funding will be important and concern regarding where the money will come from. Equally there was recognition that some solutions may not need investment and this is a call for creativity as well as to harness existing community assets. There is a perception that the New Model of Care will need to be funded, and a need to reassure people that this will be sustainable. This is premised on the concern that historically services have been developed and then lost due to poor finances
- Travel – whatever we do – we need to think about accessibility through public transport
- Importance of the voluntary, community and faith sector, and how it can play a central role in responding to the challenges, but will equally need funding and recognition of their role
- The importance of integrating services and making sure that they are easy to access and are well sign-posted
- The proposals as presented were broadly welcomed, although, naturally people were concerned about the implications and wanted more information and more detail
- Recognition of the importance of partnerships – in particularly involving large employers in the area, leisure centres and the education sector
- There was recognition that communication will need to be clear and services well signposted

- There was strong interest in adverse childhood events and our outline proposals around this were widely supported given the effect these have on people during the course of their lives
- The importance of the role of carers, and support for them, was highlighted
- Whatever physical services are created, for example with regard to the potential development of neighbourhood hubs, there was a clear message that these need to be accessible, on public transport routes, well signposted and have good disability access and facilities
- Dementia and Alzheimer's disease is a growing problem – feedback suggests that the model needs to accommodate this
- Technology is recognised as a valuable asset (telemedicine, and online services cited) but a concern that we don't "throw the baby out with the bathwater" – there was a strong desire for face to face consultations and interactions not to be lost in the move towards more technology
- Whatever we do, participants were keen to see improvements in the quality of services, and for this to be communicated to the public
- Whatever services are developed, participants were keen that we equality impact assessed them, and showed due consideration for people from protected characteristic groups, as well as the hard to reach
- Participants were keen that we test or trial, and evaluate any changes before making them permanent.

### **Key themes from public meetings around Living Happy, Healthy and Well**

- Recognition that poverty plays a part in poor health and a desire to respond to poverty
- Importance of the education sector in helping people to live happy, healthy and well, and the consequent importance of engaging with the education sector
- Recognition of the importance of the communities and existing community assets
- Housing – there was recognition that this is an important area but concern that there may be little influence that we can exert
- Physical Activity – participants agreed about the importance of promoting activity but wanted activity to be promoted in an encouraging way with support and information. Participants were keen that health-promoting activities were easy to access, easily integrated into peoples' complex lives and were promoted in a supportive and encouraging manner
- Prevention – participants were keen that prevention activities were integrated with services, easy to access and non-judgemental. There was some recognition that some factors are outside of the control of health and care – air pollution from traffic which can worsen respiratory conditions was cited as an example of this.

### **Key themes from public meetings around Keeping Happy, Healthy and Well and Joined Up Care and Support**

- There is strong support for the integrated neighbourhood model of care

- While there is real support for the neighbourhood model, there is a concern that the term “neighbourhoods” is erroneous as the neighbourhoods as proposed are considerably larger in population terms than people expected. A neighbourhood for people was considered to be a defined localised area of a number of streets. This created some confusion and needs to be considered
- There is strong support for bringing more hospital services closer to people’s homes
- Participants highlighted the importance of including mental health workers in the neighbourhood teams
- There was a desire for us not to overpromise on the neighbourhood model but to be realistic and communicate in ways that don’t raise peoples’ hopes.
- Communication about the services in each neighbourhood and community will need to be clear, accurate, updated and accessible for people.
- Participants highlighted the importance of involving and integrating community pharmacies in the neighbourhood model
- The education sector (schools, colleges) in each neighbourhood, and the consequent importance of engaging with them was emphasised as well as the importance of educating children and parents about services and service use
- The need to ensure people think “neighbourhood team” rather than “my GP” – perhaps through communication
- Concern from people who live on boundaries and receive services from different authority and health areas
- The importance of ensuring that the model is joined up with hospital services to ensure effective discharge, communication and continuity of care
- Recognition that the voluntary sector will have an important role in this workstream and a desire to see that they are actively involved
- Recognition of the importance of community connectors but a desire for more clarity about this role
- Improvements to urgent and emergency care were considered to be vitally important. Participants felt that we could do more to improve the communication about what services are relevant for what problems; for example there was some confusion about what “urgent” means
- Recognition that 111 had served a role but needed to be improved, and participants welcomed a move towards a more clinical model of 111, rather than the historic administrative triage model
- Concern about the historic loss of the Burnley A&E and a desire to see improved services for urgent and emergency care to provide a spread of urgent care services
- A&E was cited as an area that needed improving, particularly information about the options for emergency and urgent care. In addition participants felt that we need to communicate better about emergency and urgent care services, and who should use them for what conditions.

## Key themes from public meetings around In-hospital Care and Support

- Information, education and communication particularly around giving patients choice, the experience of in-hospital care, outpatient appointments, having tests and investigations, and discharge were cited by participants as important and in need of improvement
- The discharge process was highlighted as an area that needed improving: It needs to be more planned, with more continuity of care, and more information for people, including carers and family
- The use of technology was cited – particularly for providing online information for patients about urgent and emergency care, as well as for conditions requiring hospital care. Participants were keen to see use of Skype and other technology not as a replacement of appointments, but as an additional option
- There was some recognition that the workforce in hospital, and the NHS as well as the wider public sector, is under pressure, with challenges around recruitment and retention. Participants were keen to understand how this could or would be resolved
- While the proposal to develop Burnley Hospital as a planned care site was welcomed there was concern about parking, and accessibility
- The loss of services (Burnley A&E, and the fracture clinic were cited) in Burnley has made people feel concerned and cynical about future plans for Burnley.
- Similarly there was concern that proposals for Burnley around planned care, should not preclude Blackburn from having planned care services, or indeed planned care offered closer to peoples' homes.

## Key themes arising from the young people engagement

We are awaiting the final report from Healthwatch Lancashire and Healthwatch Blackburn. The initial findings have highlighted useful insights for the programme.

We asked young people what were the four most important issues were to them: the most commonly identified issues were:

- Self-Harm
- Drugs
- Smoking
- Mental wellbeing
- Having a mental health condition
- Becoming ill/or living with a life limiting illness
- Bullying
- Concerns about self-image
- School pressures
- Financial pressures.

We asked young people what helped them to keep happy, healthy and well: the most commonly identified factors were:

- Family
- Friends
- Exercise/sport/keeping active
- Social media and online (games/resources/youtube)
- Good food
- Entertainment (films, TV, music)
- Pets.

We asked young people what made it difficult for them to keep happy, healthy and well: the most commonly identified factors were:

- Feeling excluded/ignored
- Witnessing/experiencing conflict (arguments/fights)
- School pressures
- Experience of death or illness of loved ones
- Bullying
- Depression/low mood
- Stress
- Negative thoughts
- Financial worries
- Lack of sleep

We asked young people what they would like to see that isn't currently available that would help them thrive (keep happy, healthy and well): the most commonly identified factors were:

- More readily available and accessible information about health, preventing illness, and living with illness and conditions
- Employment opportunities
- Mental health support including counselling support and information
- Financial support
- More leisure opportunities/facilities/activities
- More social opportunities/support
- More help/information/support for physical problems (asthma, diabetes)

### **Key themes arising from engagement with children at primary schools (LearnLive)**

During the live broadcast to 12 primary schools in the Pennine Lancashire area, we asked the teachers and the children for their views about what would help them live and keep happy, healthy and well. The key themes from this interaction were that children want to understand how to keep fit and active (they were interested in the mile a day idea, and what the optimum number of steps should be) and eat healthily (they were particularly interested in why sugar is unhealthy, and why vegetables and fruit are healthy!). They want to receive understandable information about prevention (avoiding sunburn, and

accidents, and avoiding illness by keeping healthy) and they also wanted to understand common conditions and how to manage them (particularly respiratory conditions such as asthma).

## Conclusion

There is broad support for the direction of travel of the programme. The outline proposals that were shared during the engagement period, were in the main supported.

This is not to say that there are some fears based on local health service history, where services have been lost. This is particular concern in the Burnley area. With national media coverage of STPs focusing on the angle and perception that STPs are vehicle for cuts and potentially privatisation; it is clear that this messaging has cut through to people locally. Any communication and engagement moving forward will need to work hard to manage this perception.

The engagement feedback is a summary of a considerable amount of insight and intelligence. The findings provide reassurance that the programme is developing plans which are broadly in line with the feedback and insight generated. In addition to this, the findings provide a rich seam of insight and intelligence for Pennine Lancashire organisations, particularly health commissioners and providers to consider.

A number of lessons have been learned from this period of engagement. Public meetings were not well attended. We promoted the events using traditional media, social media, and local communication networks, including with our partners. In addition we offered events at weekends and in the evening to accommodate working people. It is clear that we need to allow more time to enable people to attend meetings; and equally we will seek to promote the events through a variety of channels and networks.

Feedback from participants suggested that if we were presenting detailed plans we may have had more interest, however the meetings were essentially update meetings and it is in this context that attendance could be considered. We will continue to hold public events as these are an important aspect of democratic and transparent engagement; however we will, for the next period of engagement focus our energies on engaging online with local people. We know from local campaigns and engagement that we can reach significant numbers of people via online campaigns and online surveys.

In addition to this, we know that when we were able to attend meetings of groups, and networks (for example the older people's network, carers, stroke survivors etc.), this was successful in gauging interest and eliciting views. In essence we have been tapping into "expert patients" and this, as we move forward will be another key aspect of our engagement strategy for the next phase of engagement.

A successful element of our engagement was to commission insight work from Healthwatch (Blackburn with Darwen and Lancashire), BME Lancashire and OneVoice (Blackburn). We also used innovative technology (LearnLive). We will continue to work with these groups for the next phase of engagement, and additionally will work with other

key groups including the gypsy, romany and traveller community, people with learning disabilities and disability networks.

## Next steps

Following feedback, we analysed the data and shared the common themes, along with the detailed feedback to the senior responsible officers and their teams. The communication and engagement team have reviewed the draft Pennine Plan in light of this feedback to ensure that all the common themes have been captured in the draft plans, or, if not pertinent to the plans, have been fed back to the respective organisations.

In October we shared the draft Pennine Plan with those who have expressed an interest in continuing to be involved in the work of the transformation programme, and patient representatives. We received useful, actionable feedback which we are now considering. As a result of this we will be creating an easy read version of the plan, as well as the more easier to read version of the full draft Pennine Plan.

We are planning to engage with the public to seek their views about the draft Pennine Plan in December 2017 and January 2018. Following this engagement we will, again consider all the views we hear and receive and develop the final version of the Pennine Plan. Following this we will then begin the process of putting the plan into action.

Appendix 1

Groups/events attended by members of the team

Date/time	Group/venue
13/06/17	Older Peoples Forum Pendle
Thursday 29/06/17 3-5.00pm	BWD Healthwatch public event Blackburn Library
Wednesday 05/07/17 1.30 – 3.00pm	GP Community Matrons
Thursday 06/07/17 10am-12noon	Social Care Registered Managers GS SOCIAL CARE SOLUTIONS LTD 1A Barnmeadow Lane Great Harwood BB6 7AB
Monday 10/07/17 6.30pm	Hyndburn PPG Accrington Victoria Hospital
Tuesday 11/07/17 10-12noon	BwD Carers – Focus Group
Monday 17/07/17 11.30am	Stroke Association Choir Asda Community Room Colne
Tuesday 18/07/17 1-4pm	Living Well Event Calico Offices, Centenary Court, Croft Street, Burnley
Saturday 22/07/17 3.00pm – 6.00pm	Health Fayre Jamia Ghousia Mosque, Chester Street, Blackburn

Date/time	Group/venue
Tuesday 25/07/17 1-3pm	Care Homes Quality Forum Blackburn Enterprise Centre
Monday 07/08/17 11.30am	Stroke Association Choir New Methodist Church, Blackburn Road, Darwen BB3 1QU
Wednesday 09/08/17 10am-12noon	BwD Inclusion and Partnership Board – Carole Ward
Wednesday 09/08/17 1.30pm	Rossendale PPG, Health Centre Rawtenstall
Wednesday 16/08/17 1-3.00pm	Fun for Stroke Group

