



**Fylde Coast**  
Integrated Care Partnership

# Engagement report

## Five year strategy

Date: 8 May 2020

Version: 1.0

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## Executive summary

The first draft of the Fylde Coast Integrated Care Partnership health and care five year strategy was finalised in early 2020. The draft strategy was informed by people's experiences of local health and care services, evidence around the health needs of the local population and the challenges local NHS and council organisations are facing.

A comprehensive programme of engagement was scheduled for March 2020 in order to further develop the strategy with staff, clinicians, patients and members of the public and wider stakeholders. Unfortunately, much of the planned activity had to be postponed due to the COVID-19 pandemic.

However, six staff sessions (with a total of 54 members of staff) took place as well as two public sessions (in the form of existing panels).

## Key themes

### Staff sessions

#### What will the strategy require you to do differently?

- **Working more collaboratively**
  - Staff identified they would need to have greater focus on integrated working and potentially work across organisational boundaries.
  - They saw a need for services and organisations to communicate better with each other.
  - They identified the need to break down barriers.
- **Focus on prevention and self-care agenda**
  - Staff felt they would need to better understand what services exist in order to better support patients.
  - They identified the need to promote the self-care message.
- **Have a greater understanding of the needs of the local population**
  - Understand the needs of the population in order to plan services accordingly.
  - They felt they would need to think more holistically when treating people.
- **Staff wellbeing/workforce culture**
  - Support staff to develop and reach their full potential

- Improve ways to attract and retain staff

### **Do these describe the types of behaviour you would and wouldn't want to see across the ICP? Is there anything missing?**

While all attendees **generally agreed with the values and behaviours** which had been proposed, a number of other points were raised as per below.

- They questioned how staff would be held to account if these behaviours weren't displayed.
- They spoke about barriers – including cliques – to making some of the behaviours difficult to uphold – people are still afraid or 'whistle blowing'.
- They suggested creativity/innovation should be captured.
- They felt the values and behaviour framework would be good to support PDRs/appraisals.

### **Influence Panel**

While members of the panel were generally supportive of the strategy, they made the following three key recommendations following their engagement session:

1. Address problems with access to care homes and ensure social care has a place in the strategy.
2. Address the issues presented to people living in rural communities.
3. Share the more detailed (operational) plans early to allow the Influence Panel and wider public to comment before publication.

### **Youth Influence Panel**

In terms of reaching out to younger people and promoting healthy lifestyles with school and college age children, the Youth Panel recommended:

- There should be better education about health in schools and colleges. They believe what is currently being taught could be better.
- When trying to reach young people – look to use different places for advertising/marketing/promotion.
- Utilise social media and 'influencers' to reach young people.

### **Recommendations**

- At such time it is viable, carry out further engagement on the strategy, particularly with those groups who haven't yet had a chance to input.
- Consider alternative forms of engagement (i.e. digital/online) to address any future social distancing issues.
- Continue to explore the 'barriers' to the values and behaviour framework which some staff cited, and understand how these can be addressed and overcome.
- Continue to engage on future operational plans.

### **Background**

The Fylde Coast is facing some really significant health and care challenges. In order to address these challenges and give local people the very best health and care services

possible, local NHS<sup>1</sup> and council organisations<sup>2</sup> have been working in partnership to develop a five year health and care strategy. That partnership is formally known as the Fylde Coast Integrated Care Partnership (ICP). Find out more on the partnership website <https://healthierfyldecoast.nhs.uk/>.

The aim of the partnership is to create a health and care service which supports people to be as healthy as possible with a greater sense of wellbeing. In order to do this with as much authenticity as possible, health and care leaders initially looked at what patient and public engagement had already taken place in recent years across the Fylde Coast, to better understand the wants and needs of local people. The full report into this work can be accessed here: <https://healthierfyldecoast.nhs.uk/our-strategy-2020-2025/developing-fylde-coast-strategy/existing-insight>

The partnership then built on this work by identifying the gaps in the engagement and commissioned Healthwatch to carry out a number of focus groups with three distinct groups of people: People in work; people with a common mental health condition; and people who live in a rural community. The full report into this work can be accessed here: <https://healthierfyldecoast.nhs.uk/our-strategy-2020-2025/developing-fylde-coast-strategy/healthwatch-engagement>

By understanding people's experiences of health and care services on the Fylde Coast and teaming this with evidence around the health needs of the local population and the challenges it is facing, the partnership produced the first draft of a well-informed, evidence-based five year health and care strategy.

The next step in the engagement process was to take the first draft of strategy 'on the road' to 'test' it with staff, clinicians, patients and members of the public, as well as wider stakeholders and the voluntary, community, faith and social enterprise sector (VCFSE).

This report will detail the findings of that engagement activity and the reasons why not all of the activity could be carried out in the initial timeframes.

## Engagement activity

The engagement activity was initially planned to take place throughout May 2020. This activity included speaking with clinicians, NHS staff, local authority staff, elected members, the VCFSE sector and members of the public – including patient representative panels. The intention was to ask each cohort a number of questions which would allow the partnership to 'test' the validity of the strategy, as well as understanding how certain groups could help to deliver it.

Each of the planned sessions were to follow the same format: a presentation to explain what the Fylde Coast Integrate Partnership is, what it does and what it plans to do in the future; followed by group work.

The intention was for each session to be led by an executive lead and/or a health care professional lead with support from a facilitation team made up of members of the CCGs' communications and engagements team, the ICP development team and the Trust's organisational development team.

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<sup>1</sup> NHS Blackpool and NHS Fylde and Wyre Clinical Commissioning Groups (CCGs) and Blackpool Teaching Hospitals NHS Foundation Trust (BTH)

<sup>2</sup> Blackpool Council and Lancashire County Council

The initial schedule was as below:

<p><b>Staff sessions x 20 (3-31 March 2020)</b></p> <ul style="list-style-type: none"> <li>• What three things do you think this strategy will require you to do differently?</li> <li>• Consider the ICP values and behaviours that have been proposed. Do these describe the types of behaviour you would and wouldn't want to see across the ICP? Is there anything missing?</li> </ul>	<p><b>Public roadshows x 6 (17-19 March 2020)</b>  <b>Influence Panel (5 March 2020)</b>  <b>Youth Influence Panel (11 March 2020)</b></p> <ul style="list-style-type: none"> <li>• Do you feel the strategy meets the health needs of the population?</li> <li>• To what extent do you feel the strategy meets the challenges we are facing?</li> <li>• Do you have any ideas about how we can influence the behaviours of our local population with regards to lifestyle and self-care/wellbeing?</li> </ul>
<p><b>Local authority session x 2 (16/23 March 2020)</b></p> <ul style="list-style-type: none"> <li>• Do you think the strategy will begin to address the health needs of the population?</li> <li>• To what extent do you feel the strategy meets the challenges we are facing?</li> <li>• Do you have any ideas about how we can influence the behaviours of our local population with regards to lifestyle and self-care/wellbeing?</li> </ul>	<p><b>VCFSE (16 March 2020)</b></p> <ul style="list-style-type: none"> <li>• What are you currently doing and on what scale e.g. neighbourhood, town, Fylde Coast wide? How is your work making a difference? What could you offer in the future to help us address our priorities?</li> <li>• What are the needs of the communities you come into contact with and how can we start to influence behavioural change with regards to lifestyle and self-care/wellbeing.</li> </ul> <p><b>Support discussion</b></p> <ul style="list-style-type: none"> <li>• What support do you need in relation to governance, funding bids etc?</li> </ul>
<p><b>Practice Nurse Forum (4 March 2020)</b></p> <ul style="list-style-type: none"> <li>• Presentation to be taken to the practice nurse forum, followed up with a survey.</li> </ul>	<p><b>Primary care session (TBC)</b></p> <ul style="list-style-type: none"> <li>• To what extent do you feel the strategy meets the challenges we are facing?</li> <li>• What one change to the way you work would have the biggest impact on delivering our areas of focus?</li> <li>• How do you think you can truly play a part in contributing to the delivery of the strategy?</li> <li>• What support do you need to do this?</li> </ul>

Unfortunately, due to the onset of the COVID-19 pandemic, much of the above scheduled activity was cancelled. However, six staff sessions and the Influence and Youth Influence Panels were carried out prior to social distancing measures being introduced. Staff and public online surveys were also developed and were due to be shared from mid-March. However, given the circumstances of the pandemic, the decision was taken that it wasn't the right time to engage on this matter, even in an online capacity.

## Key findings

### Staff sessions

In each staff session the group work was split into two parts. The key themes have been taken from each session and are detailed in the table below.

**Part 1** – each attendee was asked to answer: what three things do you think this strategy will require you to do differently?

<b>Staff session 1 – 11 attendees</b>	<b>Staff session 2 – 10 attendees</b>
<p><b>Key themes:</b></p> <ul style="list-style-type: none"><li>• <b>Collaboration</b> – a greater focus on working together as a system and understanding how other parts of the system work. Align resources, be more efficient and improve communication between services and organisations.</li><li>• <b>Focus on prevention/self-care</b> – promoting the self-care message</li><li>• <b>Supporting the workforce</b> – encourage staff to work across different services/teams etc, supporting staff development</li><li>• <b>Quality</b> – having an ‘improvement DNA’</li><li>• <b>Patient engagement</b> – make better use of patient engagement.</li></ul>	<p><b>Key themes:</b></p> <ul style="list-style-type: none"><li>• <b>Collaboration</b> – a greater focus on breaking down barriers and working in a more integrated way with shared priorities, supported by integrated IT systems.</li><li>• <b>Leadership and management</b> – invest in developing leaders to deploy similar leadership/behaviours and promote the work of the partnership to staff and colleagues.</li><li>• <b>Promotion of services</b> – to support the self-help agenda.</li></ul>
<b>Staff session 3 – 6 attendees</b>	<b>Session 4 – 13 attendees</b>
<p><b>Key themes:</b></p> <ul style="list-style-type: none"><li>• <b>Increased knowledge/training and education</b> – having a greater understanding of the local population and what services are available for them: thinking more holistically when treating people. Include the strategy within the Fylde Coast education programme.</li><li>• <b>Integration</b> – integrated working between primary and secondary care, working across organisational barriers, share learning experiences with a wider network.</li></ul>	<p><b>Key themes:</b></p> <ul style="list-style-type: none"><li>• <b>Collaboration</b> – better joined up working, need to think outside organisational boundaries and consider local authorities. Better communication between services and organisations.</li><li>• <b>Better working relationship between primary and secondary care</b> – work directly with GPs, better share information.</li><li>• <b>Staff wellbeing</b> – improve ways to attract and retain staff and consider new</li></ul>

	<p>opportunities for staff.</p> <ul style="list-style-type: none"> <li>• <b>Patient experience</b> – improve patient experience with more simple pathways and equitable services.</li> <li>• <b>Patient responsibility</b> – promote the self-care message.</li> </ul>
<p><b>Session 5 – 9 attendees</b></p> <p><b>Key themes:</b></p> <ul style="list-style-type: none"> <li>• <b>Collaboration</b> – work better together for patients, use consistent messaging.</li> <li>• <b>Self-care agenda</b> – promote services and groups to support people to better look after their own health.</li> <li>• <b>Public messaging</b> – re-think ways of communicating, how can we reach more people and involve them rather than inform them.</li> <li>• <b>Population needs</b> – understand the needs of the population and plan services accordingly.</li> <li>• <b>Understand structure /strategy</b> – will need to understand the new way of working and exactly how the organisations within the partnership will all work together.</li> </ul>	<p><b>Session 6 – 5 attendees</b></p> <p><b>Key themes:</b></p> <ul style="list-style-type: none"> <li>• <b>Back to basics</b> – basic public health, engaging with schools and housing, using behavioural change strategies.</li> <li>• <b>Better community links</b> – more joined up work with the community, creating closer links and understanding and utilising resources in the community.</li> </ul>
<p><b>Part 2</b> – each attendee was asked to consider the ICP values and behaviours that have been proposed. Do these describe the types of behaviour you would and wouldn't want to see across the ICP? Is there anything missing?</p> <p>While all attendees <b>generally agreed with the values and behaviours</b> which had been proposed, a number of other points were raised as per below.</p>	
<p><b>Staff session 1</b></p> <p>Points raised included using more 'positive' language. For example, under the 'be accountable' value: be honest when 'things go wrong' could be changed to 'don't go to plan'/'don't improve'. Attendees also spoke about the importance of empowering staff and culture change.</p>	<p><b>Staff session 2</b></p> <p>Some people questioned what the consequences were of not signing up to/displaying these values and behaviours. Other suggested if used well, the framework could be used to support more valuable and meaningful appraisals/development process.</p>

<p><b>Staff session 3</b></p> <p>People questioned how staff will be held to account, but also spoke about there being 'barriers' to achieving these behaviours, and how these will be addressed. They spoke about 'cliques' and 'hierarchies' making some of the behaviours difficult to uphold.</p>	<p><b>Staff session 4</b></p> <p>Once again the question was raised in relation to what the consequences would be for displaying the behaviours we don't want to see – and understanding why staff may display the 'wrong' behaviours. There was a suggestion that 'be creative' should be included and that people are still afraid to be a 'whistle blower'.</p>
<p><b>Staff session 5</b></p> <p>However, once again people questioned what would happen if staff didn't display these behaviours. There was also a suggestion that innovation needs capturing and that the framework would work in helping to recognise and reward the good work of staff and to use in PDRs.</p>	<p><b>Staff session 6</b></p> <p>The point was raised about giving staff the confidence to 'be courageous'.</p>

## Influence Panel

The Influence Panel is made up of a group of people (on this occasion 13) who live on the Fylde Coast and meet once a month to offer their views on various projects/topics/pieces of work in relation to the local NHS.

Below are the key themes which came out of the five year strategy session.

### 1. Do you feel the strategy meets the needs of the population?

- **Care homes** – the Panel identified care homes/social care as having a huge part to play in being able to deliver the strategy.
- **Rural communities** – there needs to be a focus on the challenges facing people who live in remote areas – it's not enough to have 'centres' and public transport needs to be better.

### 2. To what extent do you feel the strategy meets the challenges we are facing?

- If it can do everything it says then of course it will meet the challenges being faced. It is difficult to say either way without seeing the detail which will come in the future.

### 3. Do you have any ideas about how we can influence the behaviours of our local population with regards to lifestyle and self-care/wellbeing?

- Put the information out there for people who want to have it.
- You need to give people the 'stick' sometimes. People need a real reason to change their behaviour and sometimes it's a harsh message they need.
- For education to work, people have to see they value in it. They need to know what is available to them and those are big challenges.
- Lead by example. There are people working in the local NHS who are overweight and staff visibly smoking and this won't help.



- Look into change for life programmes such as exercise programmes to get people started and then they may carry on afterwards.

## Youth Influence Panel

The Youth Influence Panel is carried out in conjunction with Blackpool Sixth. It is made up of students who live on the Fylde Coast.

This session intended to follow the same line of questioning as the Influence Panel (as above), however it became apparent more would be gained from exploring what young people understands about health and how health services can better reach them.

### **What do you people understand about health, why are they making poor choices?**

- Young people still think smoking is cool – a lot are more into vaping now.
- People need motivation to live a healthy lifestyle – needs to be more ‘cool’.
- Going to the gym is seen as ‘cool’ but it is too expensive for young people.
- There is not enough education at school about living a healthy lifestyle.
- PSHE lessons at school are seen as ‘rubbish’ by the students. They just give you worksheets to go through and these haven’t been updated in years. ‘If school doesn’t care then why should we’?

### **How can local health services reach you?**

- Things can be too fragmented and could work better if they were centralised.
- Young people do not know about the apps and online services available to them.
- Video consultations – may be better for young people. Ask them what they would prefer.
- Messages are often displayed in the same places – if they were put in new or unfamiliar places people may take more notice of them. Make people question why it has been put there and make them think about things more.
- Promotion in GP practices is not the best place to reach younger people.

### **How can health services make better use of social media?**

- Need to use social media – including Instagram and Snapchat.
- Keep it realistic and achievable.
- All organisations saying same thing.
- Do not be too stark with the messaging as people become desensitised.
- Get influencers involved – perhaps use local celebrities. Messages can seem impersonal.

- Need to think about the messaging – use influencers of different ages for different members of the family.

## **Next steps**

The feedback will be used to further refine the five year strategy.

