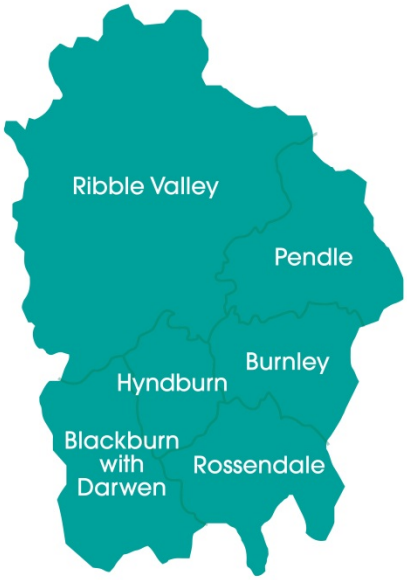
Winter 2017



Draft Pennine Plan:

Communications and Engagement Public Report

TOGETHER
A HEALTHIER FUTURE
The Integrated Health and Care Partnership for Pennine Lancashire

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Introduction

Together a Healthier Future aims to improve the health and wellbeing of people in Pennine Lancashire and improve quality and financial sustainability. We are one of five areas that make up the Healthier Lancashire and South Cumbria Sustainability and Transformation Partnership.

In 2016 Together a Healthier Future established a Solution Design process to help create a framework for designing, refining and approving the key elements of the new health and care system.

The Solution Design process ensured that a wide range of health and care professionals and patient representatives were involved in the design of the new health and care system. In addition, the process enabled the programme to check the feedback from health and care professionals with patients and the public through public engagement. This has been an integral part of the process.

We are very proud of the partnership work that has taken place with the public, workforce and partner organisations to produce a joint response to the health and care challenges we face here in Pennine Lancashire. Our New New Model of Care puts people, their families and communities at the heart of everything, aiming to put them in control of their own health and wellbeing, so they can remain as healthy as possible for as long as possible. If people do become ill, our New Model of Care aims to ensure they receive the right level of support within their home or local areas. When specialist or acute support, in hospital, is needed, people will receive care that is safe, effective and shaped around their individual needs.

Throughout the summer of 2017, following the solution design phase, we carried out further engagement with the public to test out the assumptions gained and sense check our direction of travel.

Feedback from the summer of 2017 engagement told us that we needed to share more detail as our ideas were still at a formative stage, and as such, quite broad. Our response was that we wanted to ensure that we had considered all views to help formulate our draft plan and this was the purpose of the engagement. With the presentation of the draft Pennine Plan, and the availability of detailed supporting information from December, we were able to share more detail about our ideas and plans. Our plans have been shaped by patient and public involvement, as well as the involvement of the workforce and partners.

We produced a full, designed draft version of the Pennine Plan, along with an “easy read” version, and more detailed information available on request. A standard presentation was created and shared at the patient and stakeholder group meetings, as well as at workforce and staff briefings. A total of 732 hard copies of the draft Pennine Plan were distributed over the period.

This report provides a summary of the findings from the communication and engagement activity that we undertook over the winter period to promote the draft Pennine Plan and elicit responses from the public, patients and other stakeholders.

Background

The winter communication and engagement activity took place from December 2017 to February 2018. It built on the considerable efforts already made to engage with the public and stakeholders since the inception of the programme in 2016.

The purpose of this activity was to present the draft Pennine Plan, explain it, and invite feedback. Learning from summer engagement, where attendance at discrete engagement events was limited, our approach for this stage was focussed on:

(A) Promotion of the plan online, through social media and traditional media
(B) Presentations to targeted groups, meeting attendance and market stalls

We offered an open invitation to every known stakeholder group from the voluntary, community and faith sector, patient interest groups, and other stakeholder groups, including staff groups and networks.

We experienced a high level of discussion and received some great ideas and insights, in meetings, and online. We also experienced a level of challenge and opinions that showed uncertainty around whether plans would materialise mainly due to concerns around funding. We are very grateful to everyone who shared their views with us and people can be reassured that we have listened to their views and continue to consider them as we move into the implementation and mobilisation stage of the Together a Healthier Future journey.

As we engaged with, listened to people, and reflected on what people had said online, we heard many helpful comments and views, and over time these begun to form common themes. This report seeks to bring together those themes. We are using this to further shape our proposals and inform the detailed design of the New Model of Care.

We received formal responses from 377 individuals, and informal feedback from patient interest groups at 22 meetings which we attended. This response rate is notably small, and as such it serves to give us insights into public reactions to the draft plan, rather than representative responses. However the feedback and insight we have is broadly supportive of the draft plans and serves to highlight key considerations for the mobilisation and implementation of the plan moving forward.

Process of Engagement

Our experience and learning from the summer engagement activities was that formal public meetings can be poorly attended, and we saw the same people attending multiple meetings. We found that we were able to generate more engagement, dialogue and insight through the media, and social media, a process that was less labour intensive and more productive in terms of eliciting a broad range of views. In addition, targeted engagement, and communication appeared to work better than widely-promoted public meetings.

Consequently our approach to communication, and engagement across Pennine

Lancashire during this period included promotion of the draft Pennine Plan in the media (print and radio), social media (Facebook, and Twitter), and by attending existing patient and stakeholder interest groups, as well as promotion to Patient Participation Groups (PPGs) and to the voluntary, community and faith sector (CVFS). Political (Councillors and MPs) and clinical engagement (GPs and secondary care workforce) was also undertaken.

Engagement Activities

We attended 22 patient and stakeholder group meetings. Discussion at these meetings was well-informed, with a good level of debate and discussion, and challenge. We also held stalls at each of the East Lancashire Hospital sites with the support of the Engagement Team and Trust Engagement Champions. Feedback from meetings and stall events were supportive, and engaged. The discussions typically focused more on the practicalities of implementation of the draft plan rather than the proposals themselves. While there was some concern expressed about the financial viability and sustainability of the plans, it was clear that the proposals were well received.

Media Coverage

A programme of publicity launched in December and resulted in positive and accurate coverage in all print media of the draft Pennine Plan and our call for views about it. We achieved front page coverage in the Lancashire Telegraph and the Burnley Express, with detailed coverage in all of the weekly papers in East Lancashire. Throughout the period, publicity for related stories, such as the successful Sport England bid, and media interest in issues such as alcohol consumption, poor diets, smoking, obesity and exercise were all used to promote the draft Pennine Plan which seeks to tackle these issues. We were delighted that Healthwatch Lancashire proactively encouraged residents to respond to the survey and to engage with the draft Pennine Plan in a news story in the Lancashire Telegraph.

Primary Care Communications

Information was shared with every GP practice with the request that practice managers promote the draft Pennine Plan on their websites. A significant number of practices supported this. In addition, the GP bulletins in East Lancashire, and the GP TeamNet system for Blackburn with Darwen featured the draft Pennine Plan and how people could comment on it, and the East Lancashire Patient Participation Group (PPG) bulletins issued in this period also promoted the draft plan and online survey, encouraging feedback.

Website Analysis

Analysis of website statistics show that the highest number of referrals to the Together a Healthier Future website came from web search engines. This shows that engagement activities throughout December and January generated enough interest for people who would then go on to search the webpage for more details. Social media sites such as Facebook and Twitter also ranked very highly as referring sites which shows our ‘digital first’ approach worked well to engage and communicate with residents across Pennine Lancashire.

We promoted the Together a Healthier Future website, and shared the content with partners for them to promote on their websites. A total of 13,751 visitors visited the

Together a Healthier Future website over the period of engagement with 50,223 visits. This represents an average of 3.6 repeat visits to the site which suggests that visitors are returning to glean more information, and as such represents good engagement.

Partners all featured articles and content on their websites, however the agreed strategy was to drive interest to the Together a Healthier Future website and the draft plan, and detailed supporting information. This can be illustrated in that for example, Blackburn with Darwen CCG had 146 visits, and East Lancashire CCG had 116 visits to the specific article on the draft Pennine Plan and the link to the survey. East Lancashire Hospitals NHS Trust Chief Executive, Kevin McGee's blog featured the draft Pennine Plan to good effect.

The REAL community websites are up and running in all five districts of East Lancashire and have been funded by NHS East Lancashire CCG. The websites provide each community with information about statutory, community, health, wellbeing and leisure opportunities in their area. These websites have also promoted the draft Pennine Plan.

Workforce Engagement

Workforce engagement was a critical element of the mix, and communications and engagement teams across partner organisations promoted the draft Pennine Plan heavily via staff newsletters, public bulletins, features on their social media pages, intranet and websites. It is estimated that approximately 80% of the workforce live in the area and, as residents, they play an important role in helping to encourage engagement with the proposals. The statistics show that a high level of interest was generated through Blackburn with Darwen Borough Council's Team Talk weekly staff newsletter and OLI which is East Lancashire Hospital Trust's intranet. In addition, the standard presentation and content was shared with communications and engagement teams to be used in staff and team briefings in all partner organisations.

Social Media

A concerted push on social media by all partner organisations heavily supported the promotion of the draft Pennine Plan via their social media channels. The Together a Healthier Future Facebook page has 494 'likes' which means that 494 people received newsfeeds promoting the draft Pennine Plan and the online survey. The Facebook story about the draft plan reached 44,709 individuals throughout the period. This has been helped through partner promotion. For example, the combined following for the two CCGs and ELHTs Facebook pages amounts to 10,933 followers. On Twitter the Together a Healthier Future promotion of the draft plan reached 36,127 users.

Development of promotional video's and overview animation

As part of the strategy to promote the draft plan we have built a stock of videos (vox pops) and animations to help communicate the draft plan.

Targeted Engagement

During the engagement that we undertook in the summer of 2017, we commissioned BwD and Lancashire Healthwatch to undertake a survey of 837 young people across Pennine Lancashire, and in addition we worked with Lancashire BME and One Voice to elicit the views of the BME community. Both of these targeted engagement exercises resulted in valuable insight and intelligence which has informed the development of the draft plans.

Following an analysis of other groups that are typically seldom held or are harder to reach, we concluded that there would be some merit in engaging with the Gypsy, Romany and Traveller (GRT) community in Pennine Lancashire. This involved training members of the GRT community in research skills and those members then interviewing other members of the GRT community. A report of this targeted engagement is available on the Together a Healthier Future website, and will be available to partner organisations, and the Partners Leadership Forum.

As part of our engagement with representatives from the learning disability community, we coproduced an "easy read" version of the draft Pennine Plan which was well received. The easy read version has been accessed by a large number of people, and as a result we have agreed to create a single agreed process across organisations for the production of easy read materials in Pennine Lancashire.

Responses to the Online Survey

We received formal responses from 377 individuals, and informal feedback from patient interest groups at 22 meetings which we attended. The feedback and insight we have received is broadly supportive of the draft plans and serves to highlight key considerations for the mobilisation and implementation of the plan moving forward.

Demographic profile of respondents

The age profile of respondents was reasonably representative of the wider population, with responses evenly distributed across the age groups. Underrepresented were responses in the 0-15 and the over 85 age groups (see table 1, below).

Table 1, Age distribution of respondents

Age Group	%
0-15	2
16-24	9
25-34	18
35-44	18
45-54	19
55-64	15
65-74	15
75-84	4
85+	0.2

More women (68%) than men (32%) responded to the survey, although notably more men responded than would typically be expected.

In terms of ethnicity, the main groups who responded to the survey were, 63% White British, 31% were from Gypsy, Romany and Traveller groups, 4% were from Asian heritage and 1% from white 'other' groups, representing European respondents.

The majority of the population described their sexual orientation as heterosexual (63%) and 3% described themselves as representative of the lesbian, gay, bisexual and

transgender (LGBT) communities. Thirty four percent of respondents indicated that did not wish to say what their sexual orientation was.

Service Use

We asked respondents whether they were currently using health or care services or not. We asked this question because we know that people who are currently using services can be viewed as expert by experience and therefore can bring this experience to bear on their responses. We also know that people who use services are more likely to value them and wish to air their views because of this. Thirty eight percent of respondents indicated that they were not currently using health or care services. Sixteen percent indicated that they use hospital outpatient services, 33% indicated that they use community and primary care services, 1% receive care support, and one individual indicated that they were currently receiving inpatient care.

Paid or unpaid (voluntary) work in health and care services

Thirty percent of respondents indicate that they are either in paid employment or volunteers in the health and care services, while 70% indicated that they were not employed or volunteering in health and social care.

People's Views about the Draft Pennine Plan

We asked people to read the draft Pennine Plan and let us know what they thought of it. In our survey we gave people ample space to feedback their free thoughts and views. However we were also keen to gauge whether the proposals were understandable, supported or agreed with, and deemed to be beneficial. We created a scoring system based on the responses and in this next section we provide a breakdown of those criteria and their scores against each section of the draft Pennine Plan. Our scoring scale ranged from 0 to 5, where 0 showed no understandability, support or benefit, and where 5 showed complete understandability, support and benefit. In this section we also provide the percentage levels as another means of identifying the level of understandability, support and benefit for each aspect of the draft Pennine Plan.

Understandability

There were high levels of understanding about the various elements of the plan – the average percentage of people who understood the plan across all eight elements that we shared was 79%. The lowest percentage was for the Place-Based Prevention Framework (69%), with a rating of 4.07 and the highest rating was for 'My Healthy Home' and 'My Healthy Community' with a rating of 4.41 and 4.34 respectively. Table 1, below shows the breakdown of percentages who understood the proposals, and the rating scores

Table 1. Understandability of the draft Pennine Plan

Section of the draft plan	*% who understood*	*Rating score (0-5)*
Place-Based Prevention Framework	*69%*	*4.07*
Me and My Family	*80%*	*4.32*

My Healthy Home	*82%*	*4.41*
My Healthy Community	*82%*	*4.34*
Living Happy, Healthy and Well	*80%*	*4.35*
Keeping Happy, Healthy and Well	*81%*	*4.36*
Joined-Up Care and Support	*79%*	*4.34*
In-Hospital Care and Support	*80%*	*4.36*

Agreement/support for the proposals

There were high levels of agreement and support for the various elements of the plan – the average percentage of people who understood the plan across all elements was 78%. The lowest percentage was for the Place-Based Prevention Framework (75%), with a rating of 4.26 and the highest rating was for 'Living Happy, Healthy and Well' and 'Keeping Happy, Healthy and Well' (both 80%). 'Keeping Happy, Healthy and Well' scored marginally higher than 'Living Happy, Healthy and Well'.

Table 2, below shows the breakdown of percentages for respondents who agree with and support the proposals, and their respective rating scores

Table 2. Agreement and support for the draft Pennine Plan

Section of the draft plan	***% who agree and support***	***Rating score (0-5)***
Place-Based Prevention Framework	*75%*	*4.26*
Me and My Family	*79%*	*4.34*
My Healthy Home	*78%*	*4.33*
My Healthy Community	*76%*	*4.26*
Living Happy, Healthy and Well	*80%*	*4.35*
Keeping Happy, Healthy and Well	*80%*	*4.40*
Joined-Up Care and Support	*79%*	*4.34*
In-Hospital Care and Support	*79%*	*4.34*

Perceived benefit of the proposals

There was a high level of awareness about the benefits to the respondents of the various elements of the plan, although the level of awareness was marginally lower than for understandability, and agreement and support for the plans. The average percentage of people who recognised the benefits to them as respondents was 68%. The lowest percentage was for the place based prevention framework (62%), with a rating of 4.26 and the (marginally) highest rating was for 'in-hospital care and support (73%), with a rating of 4.27.

Table 3, below shows the breakdown of percentages for respondents who saw benefits to them as respondents, in the proposals, and their respective rating scores

Table 3. Recognition of the benefits of the draft pennine plan

Section of the draft plan	*% who recognise benefits of proposals to them*	*Rating score (0-5)*
Place-Based Prevention Framework	*62%*	*4.00*
Me and My Family	*69%*	*4.11*
My Healthy Home	*64%*	*4.05*
My Healthy Community	*67%*	*4.05*
Living Happy, Healthy and Well	*66%*	*4.10*
Keeping Happy, Healthy and Well	*71%*	*4.18*
Joined-Up Care and Support	*71%*	*4.20*
In-Hospital Care and Support	*73%*	*4.27*

Overall assessment

We asked respondents to tell us what they thought of the understandability of the proposals because all too often we learn from patients and the public that proposals are difficult to understand and respondents cannot make an informed judgement about the proposals as a result. We had high levels of understanding about our proposals, which is reassuring and also gives validity to our subsequent questions regarding agreement and support for our proposals, and perceived benefit of the proposals.

We had high levels of agreement and support; and high, but slightly lower levels of recognition of the perceived benefits of our proposals. This is understandable as we feel that respondents are being asked to conceptualise what the benefits will be to them when at this point, the proposals are ideas that we are testing out. The lived experience of services would enable respondents to understand the benefits of those services so as we move towards mobilisation and implementation of our plans it will be exceptionally important to monitor and evaluate peoples' experience and satisfaction to assess this.

Analysis of Comments

All comments and feedback have been analysed and a "you said, we did" grid has been created for consideration as we develop the detailed design and move into mobilisation of the plans. This will ensure that the views of people will be considered and incorporated into each of the workstreams to inform the implementation and mobilisation of each workstream moving forward and will also provide a platform for designing future engagement strategies.

Where the views of people have aligned with the draft Pennine Plan we have taken this as assurance that the proposals accord 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.

Comments

We received a significant number of comments in the online survey, and from meetings that we attended. We received a total of 612 specific comments about all aspects of the draft Pennine Plan. We analysed these and allocated them into groups to reflect the various components of the draft Pennine Plan. We then undertook an analysis of the themes and the sentiment expressed. Sentiment is broadly balanced, and it is important to note that where people have expressed negative sentiment this is driven by a degree of scepticism as to whether the plans will happen, and concern about the financial viability and sustainability of the plans.

Component of Pennine Plan	Number of comments	Sentiment		
		Positive	Negative	Neutral
Prevention	127	62	22	26
Communication	19	8	5	2
Digital	1		1	
Finances	18	1	4	11
Health Improvement Priorities	1		1	
In-Hospital Care and Support	51	16	22	5
Joined-Up Care and Support	52	19	20	5
Living Happy, Healthy and Well	49	18	15	12
Keeping Happy, Healthy and Well	38	9	13	10
Me and My Family	68	26	16	17
Mental Health	4	1	2	1
My Healthy Community	60	19	21	9
My Healthy Home	52	9	22	9
Transport	2			2
Voluntary, Community, Faith Sector (VCFS)	1			1
Workforce	1		1	
Overarching	1		1	
Miscellaneous	65	28	7	10

Key themes from the comments

A detailed analysis of all the comments is being undertaken to ensure that our final plans incorporate these key themes and considerations. We provide key themes here for illustrative purposes. We are particularly grateful to everyone who shared their views and ideas. We will seek to share the more detailed analysis which will articulate what people said, what we did with that feedback and how it has contributed towards the final plan.

Consistent and overarching themes

- Broad support for the proposals
- Scepticism about the financial viability and achievability of the proposals
- The need for more details about 'the offers'
- Need to consider the needs and role of carers
- Need to consider the needs of the elderly

Prevention

- Enthusiasm and support for the proposals
- Recognition of accessible and free leisure opportunities and support for the potential of broadening this offer
- The need for more details about 'the offers'
- Consideration of the needs of older people
- Consider the needs of younger people and how they can be better supported
- Uncertainty and confusion about the language around prevention
- Concern about the viability and sustainability of the proposals
- Consideration of the needs of younger people

Me and My Family

- Support for proposals to simplify system
- People will need support (information, motivational support etc) for self-care
- Education and information are essential
- Consider who to encourage people to take responsibility for their care

My Healthy Home

- Support for specific proposals around housing
- Recognition of the need to manage/support landlords
- Consider the role of home owners not just landlords/rented sector
- Education and information will be essential

My Healthy Community

- The need for commissioners to understand what community assets exist already and support them
- Consider the needs of refugees and other seldom heard/hard to reach groups
- Recognise and support volunteers
- Recognise and support carers
- Self-care and self-help are emphasised, but still need support
- Provide easily accessible information about what is available in the community

Living Happy, Healthy and Well

- Need more promotion of healthy eating and exercise
- Need to consider environmental problems (ie air pollution etc)

Keeping Happy, Healthy and Well

- Ensure the Voluntary, Community and Faith Sector is supported
- The value of education for self-care

- Support for the role of pharmacies
- Availability /accessibility of GP appointments need to be improved

Joined-Up Care and Support

- Enthusiasm and support for the proposals
- Communication between professionals will be key
- Consider the needs of hard to reach/seldom heard groups

In-Hospital Care and Support

- Concern around the safety/effectiveness of the discharge process

Communication

- Recognition of the value of easy read and accessible information
- The plans will need to be supported with information
- The need for more details about 'the offers'
- Regular communication and information for patients and members of the public will be needed and key to encouraging people during the mobilisation of plans

Digital technology

- Recognition of the value of digital technology and support for it

Finance

- Are the plans affordable?
- The plans are about saving money

Health Improvement Priorities

Dementia

- Dementia should be emphasised or made more explicit under the cardiovascular priority

Mental Health

- Importance of mental health support for children and young people
- The importance of mental health support for the elderly
- Consideration of Carers experience and views when planning care for mental health patients
- Consider the role of the Voluntary, Community and Faith Sector in supporting mental health and wellbeing

Transport

- Need to consider keeping things as local as possible
- Consider transport issues (access, parking, public transport routes etc)

Workforce

- Consider the role and value of occupational health services
- The need for specific information on how plans will benefit and affect staff

Next Steps

Thank you to everybody involved in this round of engagement. We encourage you to keep getting involved and helping to shape our Healthier Future.

We aim to keep you up to date with the development of the plans through our monthly newsletters, videos and regularly attending stakeholder meetings. We will also be producing staff, patient and residents case studies.