

## PUBLIC BOARD MEETING Wednesday 27 July 2016

### Details of the Paper

<b>Title</b>	Your care, your community – Feedback from community hub engagement
<b>Responsible Director</b>	David Williams – Director of Strategy and Business Development
<b>Purpose of the paper</b>	<ul style="list-style-type: none"> <li>To provide a summary and overview of ‘Your community, your care’, our recent public engagement programme on developing community hubs.</li> <li>To provide an outline of overall key feedback</li> <li>The Trust Board is asked to note and accept this paper as a summary record of the engagement process</li> </ul>
<b>Action / decision required (e.g., approve, support, endorse)</b>	The Board is asked to note and accept this paper as the report on the Your community, your care public engagement exercise.

### IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

<b>Patient Quality</b>	<i>Financial Performance</i>	<i>Operational Performance</i>	<b>Strategy</b>	<i>Workforce performance</i>	<i>New or elevated risk</i>
<i>Legal</i>	<b>Regulatory/ Compliance</b>	<b>Public Engagement /Reputation</b>	<b>Equality &amp; Diversity</b>	<b>Partnership Working</b>	<i>Information Technology / Property Services</i>

### ANNUAL OBJECTIVE

*Which Strategic Objective/s does this paper link to?*

Quality and patient safety  
Integrated Care

*Please summarise the potential benefit or value arising from this paper:*

Patient centred change resulting in more effective use of resources avoiding errors in change that later need correcting, better patient experiences, improved joint management of care and sustainability.

### RISK

Are there any specific risks associated with this paper? If so, please summarise here.

*Non-Financial Risk:*

*Financial Risk:*

### LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?

*If you need advice on completing this box please contact the Director for Governance)*

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**Presenter of Paper:** David Williams Director of Strategy and Business Development

**Other committees / groups where this paper / item has been considered:**

**Date of Paper:** 15 July 2016

**Your community, your care**  
**Feedback from community hub engagement**  
**July 2016**

**1.0 Purpose**

- To provide a summary and overview of 'Your community, your care', our recent public engagement programme on developing community hubs.
- To provide an outline of overall key feedback
- The Trust Board is asked to note and accept this paper as a summary record of the engagement process.

**2.0 Executive Summary**

The subject of this paper is our recent programme of public engagement, Your community, your care (YCYC). This was a series of 6 public and 2 staff engagement sessions that took place across April and May of this year led by Buckinghamshire Healthcare NHS Trust (BHT). The six engagement sessions took place starting on the 7<sup>th</sup> April 2016 at Thame and concluded on the 12<sup>th</sup> May in Buckingham. Other locations included, Marlow, Chalfont, Aylesbury and Wycombe.

Each session worked to a set programme and sessions were 2.5 hours and were designed to have three stages e.g. information giving, group work and a plenary.

The aims of this programme are listed below and this paper seeks to provide assurance to the Trust Board and the public that early conversations have taken place about the potential of developing community hubs and delivering more care closer to home. In addition, this paper offers assurance to the board that the aims of the, Your community, your care engagement programme have been met.

In total, 26 different groups of people across the 6 sessions have provided feedback. The information we have as a result of analysis is represented below summarising with a vision of a community hub that seems to be the most commonly supported from the feedback we have received.

This is a summary report of the process and feedback from patients and stakeholders; it does not seek to report on potential plans, options or changes. In thinking about the potential of moving more care closer to home, the Trust felt it was very important to have an early dialogue, without pre-defined models or ideas. We wanted to first listen to the views of local people, in the current climate, to see if the concept of care closer to home is supported. Having the dialogue early means that feedback can genuinely help to inform the shape of future services as we try to develop the ideas and suggestions received along with our partner organisations who will need to be involved. Much of the feedback spanned more than the remit of just health.

**3.0 Introduction**

As a result of a shift to delivering care closer to home, BHT committed swiftly to a programme of early engagement with the local community. In February 2016 the BHT Board with the support of partners agreed to run a series of public engagement events with a focus on the development of community hubs in line with national direction. BHT wanted to create an early opportunity for patients, carers, relatives, members of the

public, partners and key stakeholders including voluntary and charitable organisations to inform the development of our plans for future models of care. The feedback received will be used to help inform decisions around health and social care changes within local communities. Feedback will also help to inform projects as they emerge from the future Sustainability and Transformation Plan. This will be a regional plan that involves key partners such as social care, local authorities and mental health across the Buckinghamshire, Oxfordshire and West Berkshire footprint.

Aims of the engagement programme included:

- An early opportunity to explore with local communities how we might develop community care hubs and what that might look like locally
- To better understand what patients and carers identify as the services that could be provided closer to home and the benefits to local people and the quality of their care
- To identify those services that people feel they don't need to travel to an acute hospital site for
- To understand how we might be able to support different people's needs in different areas via a community hub
- To establish a list of priorities from each session
- To provide an opportunity to gather feedback from individuals on their vision of what a hub might look like as well as the collective view from group work
- To deliver meaningful engagement sessions for patients, carers, partners and stakeholders to attend.

The participation and input from a broad range of participants, perspectives and views has been very comprehensive and informative. More detail is provided below.

#### **4.0 Process**

At each event, opening presentations were delivered by our Chief Executive, Neil Dardis and our Chief Nurse, Carolyn Morrice, with the exception of Thame when our Director of Strategy and Business Development presented on behalf of the CEO. The presentations focussed on setting the context, explaining the national drivers for care closer to home, with a few examples from elsewhere. They included some of our achievements and challenges to date and highlighted our wish to seek people's views early.

Facilitated group work followed with participants responding to specific questions via a range of exercises using a set format and method to maintain consistency across the sessions. Following the group work individuals were offered the opportunity to record their own personal vision. Group work included identifying what services would people like delivered closer to home, how a hub might work, priorities and creating a vision of what a community hub might look like.

Sessions concluded with a plenary and closing comments. Participants were informed of how their feedback would contribute to informing developments. All participants were asked to complete evaluation forms and equality monitoring sheets.

Each participant was informed that they would receive a report of the session they attended and they would be able to verify the accuracy of the report ahead of any analysis.

All 6 reports have been completed, circulated for comment and verified by participants and are available on request. All reports are consistent in format and approach and carry the branding that we have developed for this programme. Responses have been positive and the reports have been welcomed with some minor amendments.

Finally, following acceptance of this paper and its content by Trust Board, our promise to participants is to develop an overall report drawing on all 6 reports and this will then be circulated to all participants and staff.

## 5.0 Summary of key outputs

Following collation of all the feedback there is a significant amount of information to analyse. From the 6 sessions, we had feedback from 26 groups across several exercises. Our analysis has looked at comments provided by frequency, by location, the priorities groups decided at each session and we have developed key themes. Still to analyse are the individual personal visions of what a community hub looks like. We received 113 of these which is very positive and these will further add to the richness of information collected.

### 5.1 Attendance

Across all 6 sessions

- 183 participants attended
- 281 people actually booked which demonstrates the level of interest
- 66 people did not arrive
- 32 people cancelled

There has been good representation from key stakeholders, partners, voluntary and charitable groups.

Evaluations have been collected from each session along with equality monitoring forms. Of the 183 attendees 117 completed evaluation forms some examples of responses include:

- 112 of a 117 responses said they valued the opportunity to discuss with others, ideas about community hubs
- 111 of 117 responses valued the facilitation of the group work positively
- 107 of the 117 responses said they valued clinical staff being present.

### 5.2 Analysis of top ten points of feedback resulting from collation of:-

- priorities identified by groups across all 6 sessions – exercise 3
- analysis of feedback by frequency – exercise 2
- analysis of feedback by site – exercise 2

It is important to note that where \*\* is shown this indicates a skew of data due to one location identifying the topic as significant for them so this needs to be interpreted with great care and does not reflect the overall list which is listed further below. However, it is important to note that there are some differences about local needs between different locations and some variation between what people feel is important. The data below is shown for all 6 locations.

Top ten priorities identified by the groups in all 6 locations via exercise 3	Top ten services people identified as wanting to see delivered closer to home by frequency via exercise 2	Top ten services people would like to see delivered closer to home by site. Cross analysis exercise 2
Integration of services i.e health, social care, voluntary and charitable sectors	Rapid access to assessment, diagnostics ( lab in the bag example strongly supported)	Rapid access local diagnostics near home testing (LAB in a bag example strongly supported)

Top ten priorities identified by the groups in all 6 locations via exercise 3	Top ten services people identified as wanting to see delivered closer to home by frequency via exercise 2	Top ten services people would like to see delivered closer to home by site. Cross analysis exercise 2
Hub seen for health wellbeing and prevention including training and education opportunities for patients Providing a range of services	Therapies, rehabilitation, and physiotherapy mentioned frequently as a service would like to access closer to home. Could see in a hub	Signposting / navigation to services – would like a single point of access to contact for information and signposting. to health and social care services Citizens advice bureau mentioned frequently for model and ? could they help to deliver?
Rapid Access to diagnostics/ assessment	Step up / step / down / transition bed provision locally **Skewed listing position due to heavy weighting for Thame. This was barely mentioned elsewhere. See left hand column.	Integrated teams/Integrated skills and integrated working with health and social care.
Navigation and signposting to services across health and social care. Central single point of access wanted eg. Telephone line / online. Which services provided where and how to access.	Better communication, 24 hour access to records / record sharing/ sharing of information between care providers more joined up	Dementia services Dementia Café Other services for those in need of mental health support
Diagnostics	Technology – Telemedicine, Skype, remote access to care, telephone for remote advice for follow up. Etc	Local access to rapid advanced level first aid – The message is – would help with demand on A&E “help us to help ourselves” Key message – want face to face – most just need reassurance anxiety and uncertainty drives people to A&E unnecessarily can’t access GP quickly enough.
Technology – care skype/telemedicine /virtual information & sharing of information and 24 hour access to records and for general information.	More personalised care **Skewed listing position due to heavy weighting for Chalfont Cited strongly in Chalfont see also below - continuity	Rehabilitation services Therapies Physiotherapy mentioned frequently
Information	Radiology /Imaging /Ultrasound **Skewed listing position due to heavy weighting for Thame	Prevent social isolation need services/action to help
Communication across services and care	Outpatients A broad range of out	Step up/down/transitional beds

Top ten priorities identified by the groups in all 6 locations via exercise 3	Top ten services people identified as wanting to see delivered closer to home by frequency via exercise 2	Top ten services people would like to see delivered closer to home by site. Cross analysis exercise 2
providers.	patient clinics cited. Most strongly desired in Buckingham but not skewed and eyes and ear care came up most frequently along with podiatry	**Skewed listing position due to heavy weighting for Thame. Barely mentioned elsewhere. Beds not necessarily in hub or even the hospital but provision needs to be kept local. Access matters.
Transport to hub make hubs accessible. Good public transport access. Transport issues generally	Continuity of care **Skewed listing position due to heavy weighting for Chalfont. See above personalised care.	24 Hour access to patient notes/information/record sharing
<i>Joint 10<sup>th</sup></i> Reduce social isolation – health deteriorates.	<i>Joint 10<sup>th</sup></i> Carers support	Community Hub with health, wellbeing and prevention centre / function Integrated services with social care Drop in facility Voluntary groups and charitable groups either present, input, or signposted to from hub Most mentioned, Citizen's advice bureau Carers Bucks, Age Uk / Age concern
<i>Joint 10<sup>th</sup></i> Step up / step / down / transition beds **Skewed listing position due to heavy weighting for Thame. Barely mentioned elsewhere. Beds not necessarily in hub or even the hospital but provision needs to be kept local. Access matters.	<i>Joint 10<sup>th</sup></i> Childrens and Family Services	Telemedicine/Skype/Remote advice

### 5.3 Analysis of the feedback by showing which themes were brought up at every one of the 6 locations

i.e these are the only 9 subjects that were mentioned by every location:

- Rapid access / local diagnostics near home testing (LAB in a bag example type approach)
- Signposting / navigation to health and social care services /a single point of access
- Integrated health teams/Integrated health and social care teams/skills
- Therapies / Rehabilitation services and in particular physiotherapy

- All locations saw the hub as also having a health and wellbeing function a wellness centre promoting exercise and weight loss, enhancing self management providing health education and helping with prevention of ill health as well as having a social space most also saw a café as being part of the space.
- Skilled staff needed and idea to use hub as base to outreach into the community from.
- Outpatients – opportunities to run outpatient clinics more locally
- Virtual networks providing information for patients, sharing records, technology for improving better communications between teams and organisations
- Information sharing – includes records to improve care for patients moving from one care provider to another.

#### **5.4 Common themes from the visions groups produced**

There were some common key themes to the visions of participants in their groups. A few of these are listed below:

- People generally saw the concept of a hub as a physical space but there were discussions about whether it could be a virtual rather than a physical framework so virtual networks, remote telecare, telephone advice, electronic signposting, others suggested a hub which they saw as a mobile similar to the screening vehicle that could outreach to rural areas. Some liked the idea of a combination of a physical hub combined with some potential for a mobile as outreach from the hub
- Interestingly, there were several visions drawn of physical spaces but in round buildings.
- Majority of feedback for the vision showed a hub as a physical multifunctional space for health and social needs. There is strength in the feedback regarding the need to have a social space, drop in function and skilled clinical members of staff on site.
- It should offer co-location of services and there should be a multidisciplinary approach. Some saw it with GP present but more saw it without and many wanted any plans to develop a hub to avoid duplication.
- Voluntary and charitable groups are included in the vision either within the hub to provide input and support or, to signpost from the hub
- It is seen as a one stop shop
- It houses and delivers integrated services from health but also with social care services ( joined up care)
- Signposting and navigation is seen as very important
- It needs to provide services that meet the needs across all ages including children and young families as well as older people.
- The hub is seen to offer a health, wellbeing and prevention function helping to keep people well, keep fit classes, falls prevention, cardiac and stroke rehabilitation classes rather than just treat illness, empower people to better manage long term conditions.
- People see it as providing a social space to help reduce social isolation nearly all visions created had a café in this space.
- Dementia services and a dementia café and making any facility dementia friendly as well as accessible for those with physical or sensory impairments.
- Phone access or drop in for advice people want to see someone quickly for advice and reassurance some said they don't always find NHS 111 helpful or appropriate for their needs and get directed inappropriately to care they don't need people want to see a trained professional – have confidence in the advice.
- We also heard of good experience of 111. People advised avoid making things any more complex

- It is seen as being in either a central location or an area with good footfall potential, must have good access via public transport, utilising an area already established that needs to be better used some community hospitals were suggested for this or other community established buildings that could be shared or developed. One comment suggested co locating fire, health and police together as a community hub.

To provide a flavour of the services that participants saw the hub providing spans a range of outpatient clinics with ophthalmology and audiology services being mentioned quite frequently. Telemedicine remote service provision, diabetes, therapies, podiatry, rehabilitation, rapid assessment and diagnostics, advanced first aid, dementia care, children and young people and young family services are also clearly identified as are others.

### **5.5 Summary and Conclusions.**

To complete our process, our plan is to draw together a wider overall report, mentioned earlier, along with the analysis of the personal visions received, the staff feedback (which is very similar) and views collected from our digital online feedback facility.

Despite the breadth of feedback, there are some common broad themes that can be established to help inform an overall view:-

The general vision appears to be a physical multifunctional space, with a multidisciplinary integrated model providing key services in the local community with a drop in capacity. It is seen as a one stop shop facility. Additionally, it is seen as a base for clinical staff to work within and to outreach from. A key element of feedback has been the need for better integration across health but also with social care. A hub is seen as needing to be accessible and on good routes for public transport.

Key services include rapid access to assessment, intervention and diagnostics, the lab in the bag example shown in the presentation appears to be well received and supported. The provision of outpatient services, therapies and rehabilitation, health and wellbeing services with prevention, health education and information also feature strongly. This includes services such as falls prevention, cardiac and stroke rehabilitation, and dietary advice. A form of advanced first aid for face to face reassurance is seen to potentially helpful to prevent people attending A&E unnecessarily and could be accessed via the hub. Services to improve support for dementia and dementia cafes were also seen as important.

Other elements strongly supported is improved use of technology e.g. Skype, telemedicine for remote access to clinical advice and information and some follow up appointments whilst remembering those that may not be able to access or use technology.

It was also felt that a hub would provide an additional function of helping to reduce social isolation which can lead to ill health thus preventing further need of care.

### **6.0 Recommendations**

- The Board is asked to note and accept this paper as the report on the Your community, your care public engagement exercise
- Note that this engagement exercise will inform future discussions and care model development within Buckinghamshire
- Support continued engagement and communication with our communities on the development of health and social care services

- Feedback has demonstrated many similarities but also differences between locations and any future models may need to take account of local needs.

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On behalf of

David Williams

Director of Strategy and Business Development.