

Date: Tuesday 7 July 2020

Title: Buckinghamshire Integrated Care Partnership (ICP) Engagement Programme: *Working together to improve health and social care in Buckinghamshire*

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Report Sponsor: David Williams, Director of Strategy, Buckinghamshire Healthcare Trust

Report for information/decision or approval: We are seeking the support of the Health and Wellbeing Board for our ICP approach to engaging communities in changes to health and social care.

Related [Joint Health and Wellbeing Strategy](#) Priority: Changes in Buckinghamshire ICP (ICP) aim to meet the health and social care needs of the Buckinghamshire population addressing the challenges of demographic change and population growth, health inequalities and financial sustainability.

Recommendations: **The Health and Wellbeing Board is asked to support the Buckinghamshire ICP approach to engaging communities about changes related to health and social care.**

1.0 Executive Summary

1.1 Covid-19 has fundamentally changed the way we provide health and social care in Buckinghamshire. We need to use this as a lens to reset services and undertake a comprehensive programme of public engagement about the changes we have already made and discuss some the changes we are considering.

We are proposing to develop a public engagement programme around the following 4 themes:

- **Reducing health inequalities:** improving health for vulnerable groups and people living in deprived areas.
- **Community services:** organisations working together to promote independence and deliver care in people's homes and communities.
- **Keeping People Safe:** delivering services differently to prevent the spread of infections.
- **Non face-to-face services:** accessing care using technology such as video, telephone, apps and emails.

2.0 Introduction

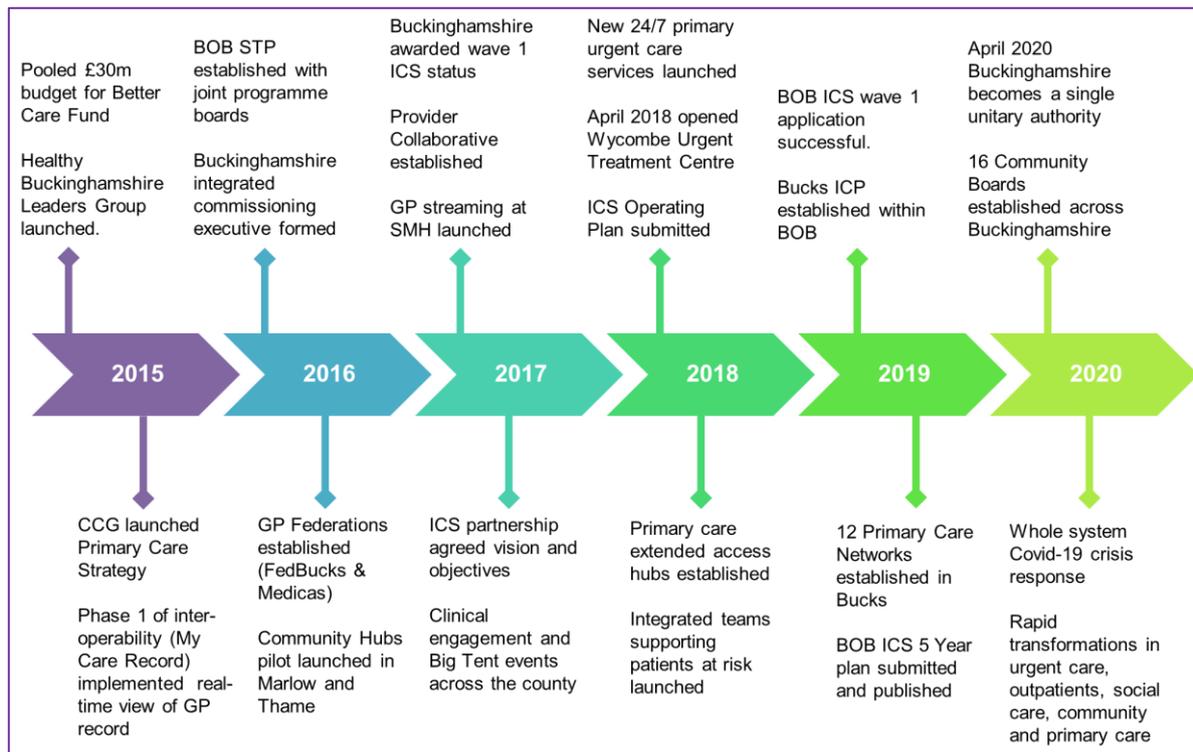
2.1 The Buckinghamshire Integrated Care Partnership (ICP) aims to meet the health and social care needs of the Buckinghamshire population addressing the challenges of demographic change and population growth, health inequalities and financial sustainability.

2.2 On 9 June 2020, the Buckinghamshire ICP Partnership Board approved a paper that summarised the impact of Covid-19 and proposed a programme of public engagement about the changes we have made or are considering making.

2.3 This paper summarises the proposed approach of the Buckinghamshire ICP to public engagement and is seeking support from the Health and Wellbeing Board.

Any planned changes are subject to appropriate patient and resident engagement and involvement

3.0 Bucks ICP: Our Journey So Far



4.0 Responding to Covid-19

4.1 In response to Covid-19 health and social care organisations have made rapid changes to how services are accessed and delivered. Covid-19 will continue to have profound impacts as we begin to reset the system. Some of the key things to consider include:

- The impact Covid-19 has had on the morbidity and mortality of our population, particularly in vulnerable groups and those receiving care in care homes and the community.
- Changes in the behaviour of people accessing health and care services including A&E, social care, primary care, mental health and routine and urgent referrals.
- The impact on our care processes and the rapid roll-out of non-face to face (digital or telephone) appointments including rapid changes in outpatient services and general practice consultations.
- The impact on the health and wellbeing of health and care staff and the additional support they need as well as safety measures such as personal protective equipment (PPE).
- The changes to our buildings and facilities and the impact of social distancing and segregation to reduce the risks of infection.
- Growth in waiting lists for planned care and diagnostics (including cancer pathways) and the impact on people's health.
- Rapid technology adoption to enable remote work in communities and home-working for many support services staff.

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- Changes in risk thresholds and collaboration to enable rapid discharges from hospitals and to support people in their homes to avoid unnecessary admissions.
- Changes in how people access urgent care services implementing talk before you walk and appointment-based services via a single point of access.
- The likely impact of recession on financial pressures and the impact on health inequalities as the wider determinants of health adversely affect people living in deprived areas.

5.0 Previous Engagement

5.1 Over the last few years we have undertaken engagement activities that relate to developing an integrated way of working:

Integrated Care System – Staff Events

Two events held in July 2017 reaching 300 staff across six organisations: Buckinghamshire County Council, Buckinghamshire Healthcare NHS Trust, NHS Aylesbury Vale and Chiltern Clinical Commissioning Groups, Oxford Health NHS Foundation Trust, South Central Ambulance Service NHS Foundation Trust and FedBucks.

From this event, a staff advisory group was created.

Integrated Care System Health and Social Care Summit

In November 2017, we organised Buckinghamshire’s health and social care summit to shape the future of health and social care integration. There was a wide spectrum of contributors at this event from across:

- Voluntary and community sector
- County Council
- District councils
- Town and parish councils
- Wider public services
- Health and social care professionals
- Patient representatives

Duncan Selbie, Chief Executive for Public Health England gave the national perspective on integration with local leaders providing the Buckinghamshire context. These helped inform debate amongst the 200 attendees on the priorities and challenges for:

- Community working
- Prevention
- Mental Health
- Carers
- Housing and growth

A video capturing attendees’ reflections from the day can be seen here - <https://www.youtube.com/watch?v=FXNCsqWsha4&feature=youtu.be>

Overview of other related engagement activities

Engagement	Outcome
Sustainable Transformation Partnership Engagement - 2017	Public roadshow involving seven public meetings to gather the views from the localities on what was working well in their area and where there was room for improvement.
Your Community, your	The roadshows allowed us to engage with local groups, talking

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<p>care Roadshow programme Engagement - 2018</p>	<p>with residents about proposed changes to community services in their area and to find out what improvements they wanted to see. These roadshows reached over 600 people in 30 different groups gathering significant local views on the issues that concern people in their areas and have contributed to the formation of the community care model for the ICS.</p>
<p>Co-production Group – Patient Outcomes for the ICS</p>	<p>An initial workshop of over 30 people, who responded to an invite through the press and social media, looked at the outcomes we wanted to achieve for residents in Buckinghamshire. From this a small working group of patients worked on these and presented them to the CCG’s Executive. Once these were drafted and had been presented to wider audience, they were then promoted to people through the Lets Talk Health portal. The feedback was taken into account including redrafting using the Flesch-Kincaid readability tool. These patient outcomes and how they will be measured are the result of co-production from start to finish.</p>
<p>Equalities, Diversity and Inequalities Steering Group</p>	<p>An Independent Advisory Group aims to take an independent role in facilitating engagement and to provide advice and expertise to Buckinghamshire CCG to help prevent ill health and reduce health inequalities.</p> <p>At its inaugural meeting Dr Ravi Balakrishnan and Dr Raj Thakkar were key speakers at the meeting. The group has received a lot of interest.</p> <p>As a result of this group we have:</p> <ul style="list-style-type: none"> • Carried out blood pressure checks at a school on a range of staff, parents and grandparents from differing ethnic backgrounds. 50 people were engaged, 23 had blood pressure checked with 6 advised to see GP • Helped promote survey for a GP surgery through community forums, mosques and schools • Arranging more health checks in areas of most deprivation to help reduce health inequalities • working with Public Health to increase support available to schools including health and wellbeing teaching within their curriculum
<p>Improved Access</p>	<p>In June 2018, we undertook a survey through social media aimed at understanding what was important to our residents. It was promoted using a range of static posts as well as gifs and videos through Facebook and Twitter with the specific aim of reaching working adults. Materials were also created in easy read to reach those with a learning disability. Over a fieldwork period of 3 weeks, 1018 responses were reached with over 60% being from those who work – our target audience. Results of the survey can be viewed here. These results were fed back to Fedbucks for creating the additional appointment times as well as the clinics and types of appointments residents wanted to see in these extended hours.</p>

Covid-19 Related Engagement

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Engagement has been taking place or is due to take place during the current pandemic to understand the impact on our residents.

Data from these surveys should feed into our understanding of the appetite for change and the impact. This includes:

Organisation	Survey	Audience	Covers
Buckinghamshire Council	Public Health Coronavirus Listening Exercise	<ul style="list-style-type: none"> All residents (including Residents Panel) BAME community Deprived groups Men Taxi drivers Caring staff 	<ul style="list-style-type: none"> Challenges people have had Exercise Alcohol Smoking Cooking/Food poverty Worries/concerns
Buckinghamshire Healthcare Trust	Family and Friends Survey	<ul style="list-style-type: none"> Outpatients 	<ul style="list-style-type: none"> Use of technology for appointments
Healthwatch Bucks	Your experience of health and social care services during Covid-19	<ul style="list-style-type: none"> All residents. More general in its scope, looking at patients across the board. 	
	Assessing the impact on routine treatment	<ul style="list-style-type: none"> Second project - look at a specific cohort of patients, such as Cancer patients or people with mental health issues, to whom delays or cancelled appointments are more critical 	<ul style="list-style-type: none"> Explore people's experience of delays to routine healthcare services, or services/treatments not being available Experience of services adapting to provide digital consultation
Community Impact Bucks (VCS)	Covid-19 State of the Sector survey		<ul style="list-style-type: none"> To understand how Covid-19 has impacted the VCSE sector and the key challenges they are facing. To inform VCSE recovery plans To inform the support we and others such as the Council provide Help to make the case for funders and others about the support the sector needs
	Engagement with the VCSE sector around the NHS England-funded project with BOB ICS		<ul style="list-style-type: none"> The project works to improve partnership working and communication at three levels: system (BOB ICS), place (e.g. Buckinghamshire Council

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			<p>area) and neighbourhood (e.g. Primary Care Networks and Community Boards).</p> <ul style="list-style-type: none"> • It will do this through: • Embedding partnership working with the VCSE sector at all levels of decision-making within those structures • Supporting better communication and co-ordination between the VCSE sector by creating or strengthening VCSE leadership forums or alliances
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5.0 Buckinghamshire ICP Programme of Engagement

5.1 During the Covid-19 emergency we made changes without public engagement in the interests of protecting the health of the population. If there are changes we have made, or changes we are considering, that we would like to make permanently we need to engage the public.

Good communication and feedback from a diverse range of people alongside clinical perspectives will improve our understanding of the impacts of Covid-19 and the changes we have made. Each interaction is an opportunity for co-production, to identify things we may not have considered and to work with people to make changes sustainable

We are proposing to develop content and engage communities during the summer about the following 4 themes:

#	Theme	Changes / Ideas for Changes
1	Reducing Health Inequalities <i>Improving health for vulnerable groups and people living in deprived areas</i>	<ul style="list-style-type: none"> - Understanding wider determinants of health and inequalities - Implementing joint prevention plan (smoking, obesity, alcohol & social isolation) - Enhanced services for vulnerable / deprived populations
2	Community Services <i>Organisations working together to promote independence and deliver care in people's homes and communities</i>	<ul style="list-style-type: none"> - Integrated community home-first service (enabling people to stay at home or return home quickly) - Home based crisis response for over-65's & vulnerable people; enhanced intermediate care. - Introduced Clinical Assessment and Treatment service (CATs) for frail people and piloted closure of beds in community hospitals. - Community based multi-disciplinary teams (health and social care) - Enhanced services and support for care homes - Community / home based diagnostics

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3	<p>Keeping People Safe <i>Delivering services differently to prevent the spread of infections</i></p>	<ul style="list-style-type: none"> - Appointment only services (e.g. urgent care talk b4 you walk) to reduce people waiting in rooms for appointments. - Testing, tracking, PPE etc. in health and social care. - Changes to buildings e.g. red/green zone facilities, limited visiting, changes to communal areas, smaller inpatient bays etc. - Changes to how/where planned care is delivered to meet backlog and demand
4	<p>Non-face to face Services <i>Accessing care using technology such as video, telephone, applications or emails</i></p>	<ul style="list-style-type: none"> - Hospital outpatient appointments - GP appointments - Social care appointments - Therapies and community services - Mental health appointments

5.2 The engagement activity we wish to undertake will:

- Support the ICP in understanding the views of residents (especially those living in deprived areas and members of BAME population) and other stakeholders on their views of health and social care services in the future.
- Enable the ICP to co-design options for our approach to healthcare including physical location of services in dialogue with patients and stakeholders (including staff)
- Ensure the ICP in Buckinghamshire is adhering to a process for redesigning services that is in line with best practice and legal requirements

5.3 We recognise that our approach to how we undertake this process needs to take into account the impact of Covid-19 on how we can engage with our population and stakeholders. However, this does not mean we cannot undertake meaningful engagement.

We will take a phased approach to the engagement:

Phase 1: Getting health support during lockdown – how was it for you?

To help us start to explore the impact of changes in health and social care and develop options for new models of care that to deliver the aims of the ICP:

- Online engagement survey to help us understand **resident's** views on changes we have made or are considering making.
- Online engagement survey to help us understand our **staff's** (across all organisations within the ICP and VCS) views on changes we have made or are considering.
- Engagement toolkit – to allow groups, families, town and parish councils, Patient Participation Groups etc. to hold their own discussions and then feedback to us.

Phase 2: Workshops and Focus Groups (*this phase will require outsourcing*).

This Phase will overlap with Phase 1. Its purpose is to ensure we target specific groups to understand their challenges and concerns. Where possible we will also undertake after the engagement survey to use the data gathered to understand the issues and co-design our approach to meet the aims of the ICP.

Whilst, this will be for the selected agency to decide on exact methodology, we suggest it will be feasible to undertake some groups online (e.g. Zoom which allows for breakout rooms in workshops) or Face-to-face (when this becomes possible).

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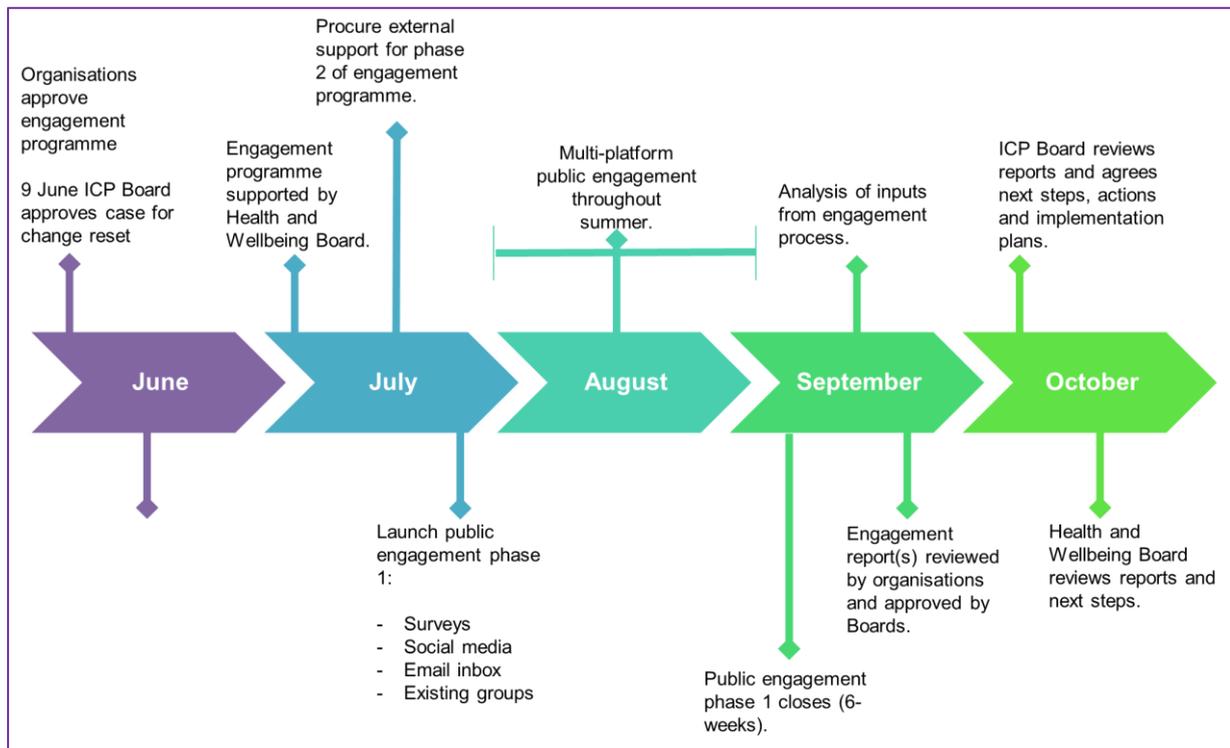
- **Co-design workshop** of an appropriate length, with approximately 30-40 participants from all stakeholder engagement groups and ‘umbrella’ organisations, and those impacted by Covid.
- **5 to 7 x Focus Groups** of at least 70 participants, specifically considering service users and patients and ensuring we address health inequalities and those impacted by Covid
- **20 x one-to-one** interviews to reach different demographics or directors in organisations
- Engaging with Buckinghamshire Councils newly developed **Community Boards** to understand the needs of these communities and other vulnerable groups such as people living in deprived areas and BAME populations.

Phase 3: Findings Report and Options Appraisal

- Review the feedback and who we have heard from and prepare key findings report to make next decisions on options appraisals.
- Identify what has been said.
- Identify any gaps in who we have heard from.

Please note: Buckinghamshire has a [Getting Buckinghamshire Involved Steering group](#) whose role it is to co-design and/or review all engagement and consultation activities for the health and care partnership

6.0 Timeline and Governance



6.1 The first phase of engagement will begin at the end of July and run through August into September. The final dates are subject to confirmation by the Buckinghamshire Integrated partnership Board. We are undertaking a thorough stakeholder analysis to understand if there are particular groups that may not be able to participate fully during August.

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- 6.2 We will aim to resource the programme with existing capacity from the system but where it is not available we will need to procure external support.
 - 6.3 We will work with subject matter experts in the system develop the public narratives and to undertake credible engagement with the public.
 - 6.4 Public Health is leading the Health Impact Assessment (HIA) and Joint Strategic Needs Assessment (JSNA) in Buckinghamshire and will provide vital insight about the impacts of Covid-19 on population health and wellbeing. The ICP engagement process will work alongside the HIA and JSNA and community boards will play a pivotal role.
 - 6.5 The ICP Executive will oversee the process and allocate leadership responsibilities and resources.
- 5.0 Action required by the Health and Wellbeing Board**
- 5.1 The Health and Wellbeing Board is asked to support the approach to engaging communities in changes to health and social care in Buckinghamshire.

*It is a legal requirement to make available background papers relied on to prepare a report and these should be listed at the end of the report (copies of background papers for executive decisions must be provided). **Hyperlinks to papers published online should be used where possible. Where there are no background papers, insert none.***