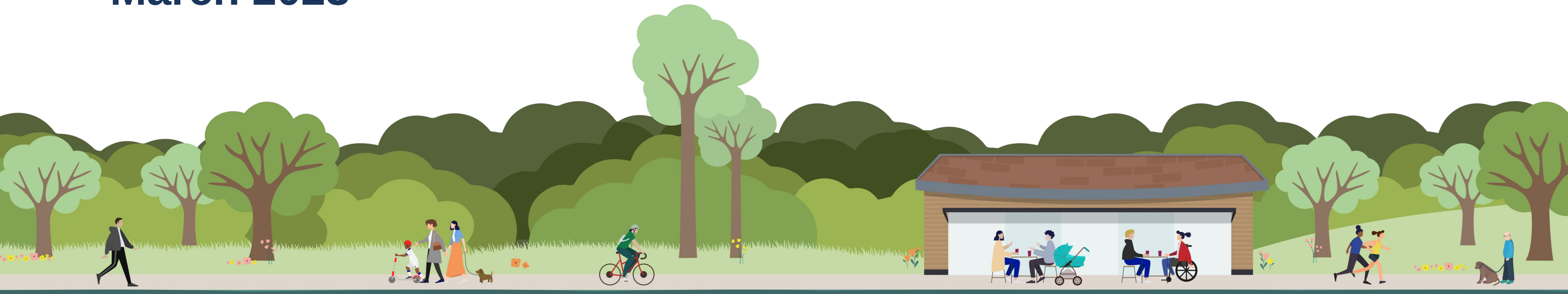
Leeds Health & Care Partnership

Public Involvement Workshop

Planned Care

March 2023



#TeamLeeds

Recording

We are recording this session so that we can share the discussion with people who are unable to attend the meeting.

It will be available shortly on the Leeds Health and Care Partnership Website

Welcome and Introductions

Leeds Health & Care Partnership

Stuart Murdoch

Chair of the Planned Care Delivery board

Joanna Bayton-Smith

Head of Pathway Integration for Planned Care, Cancer and Diagnostics

Adam Stewart

Senior Insight, Involvement and Engagement Advisor, NHS ICB in Leeds

Aim and objectives

Aim

To develop our approach to public involvement in the population board

Objectives

- Introduce population health and the board
- Review and agree the findings of the insight report
- Review and agree the draft outcomes for the board
- Begin planning involvement on the gaps in our knowledge
- Agree how we represent people at the board and provide public assurance

Outcomes of the workshop

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By the end of the workshop participants should have had an opportunity to:

- Understand the role of the board
- Discuss the findings of the draft insight report
- Influence the draft insight report
- Discuss gaps in our knowledge
- Suggest other gaps
- Discuss the draft outcomes for planned care
- Explore ways we can provide assurance that people's voices are heard at the board
- Influence our approach to public representation and assurance on the board

Agenda

1. **Population Health** - What are population and care delivery boards and what is their role?
2. **Experience of planned care** - What do we know about the experiences of people using planned care services and their family? (our insight)
3. **Population outcomes** - How do we want things to be different for people using planned care services and their families? (our outcomes)
4. **Public representation and assurance** – What does public representation look like on the board?
5. **Next steps** - What happens next?

Ground rules

- Stick to the agenda
- Be honest
- Be open to new ideas
- Listen to others
- Respect confidentiality
- Don’t judge
- It's ok to ask for clarification and confirmation
- Don't zoom and drive
- Enjoy

Population health

Population health moves away from 'traditional' thinking about commissioning (planning and paying for) and providing services.

It thinks less about organisations and pathways and more about people, or 'populations'.

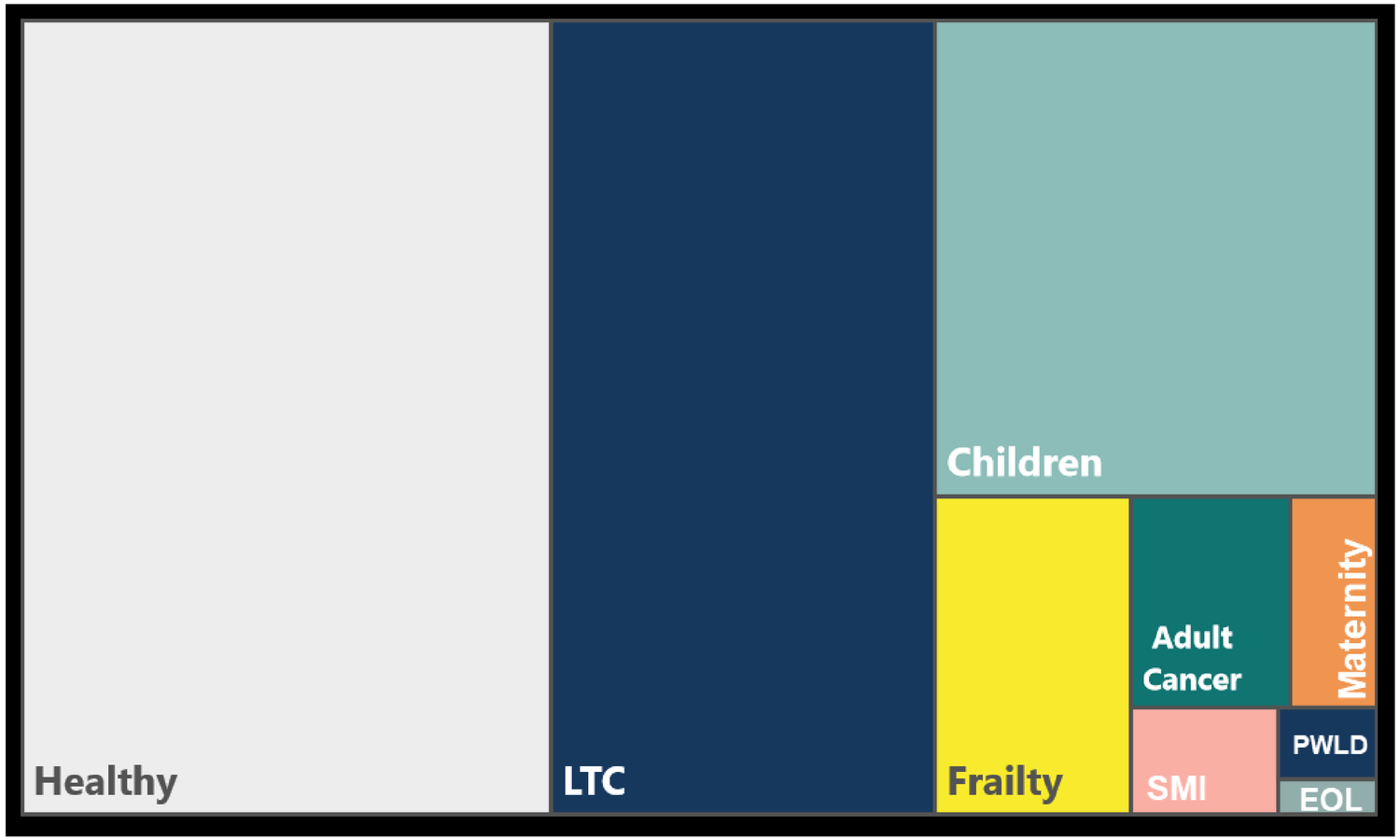
It focuses on:

- The needs of people – what is important to people
- Prevention – helping people stay well
- Outcomes – the difference care makes
- Reducing health inequalities
- Working as partners rather than as organisations (system working)
- The 'wider determinants of health' such as housing and transport

https://www.kingsfund.org.uk/publications/population-health-approach?gclid=EAIaIQobChMI8dWWp_ig-wIVCLbtCh2IKQ7REAAYASAAEgL2w_D_BwE

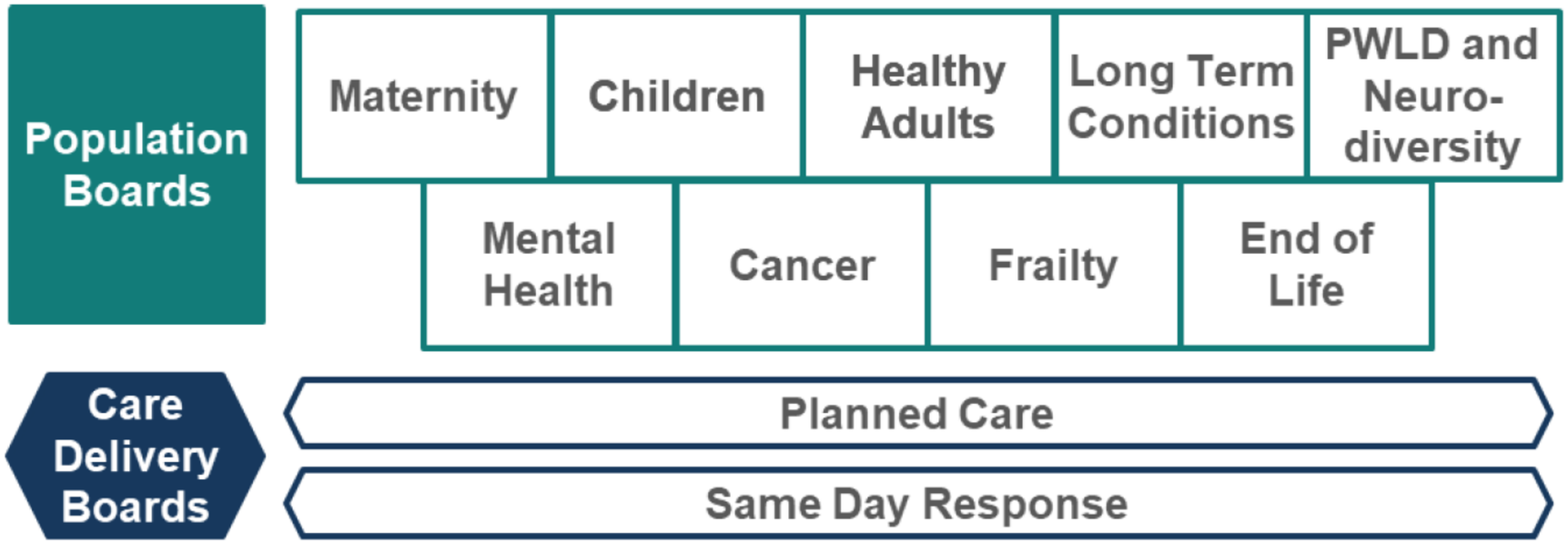
Population health (2)

How the Leeds population would look if we organised by need.



Population health (3)

How we will meet these needs in Leeds?



These boards are responsible for improving (or driving improvements in) the outcomes, experience and value of NHS spend for their respective population…

Working across organisations, across sectors, and focussed on people's needs.

Population health (4)

Planned Care Delivery Board scope:

- Planned care is also known as ‘elective’ care.
- It is treatment that people have to help manage a health problem, rather than emergency treatment for an urgent medical condition, or following a serious accident for example.
- Planned care refers to the different stages of someone’s medical journey which covers being referred, receiving treatment, having tests, and sometimes an onward management plan
- People are usually referred for planned care by a GP or another healthcare professional.
- Planned care refers to services for pre-arranged health appointments either in a community setting or in hospital
- Planned care can cover many different medical procedures including joint replacements and cataract surgery as well as the management of conditions in community settings.
- It also includes diagnostics which are tests that are carried out to detect diseases such as cancer and other serious medical conditions.
- Most planned care procedures are done as day cases, where patients leave hospital on the day of the procedure. Sometimes patients have to stay in hospital overnight or a bit longer if necessary.

Population health (5)

Boards will be made up of senior representatives from across the health and care partnership.

The boards will be

- **Broad enough** (to represent all partners)
- **Senior enough** (to take critical decisions)
- **Small enough** (to make these decisions)

Population health (6)

What sort of decisions will the boards make?

- Where to allocate funding
- When to make changes to services
- What the priorities are
- How to deliver value (value for money)

It is essential that we involve people in this decision-making process. This workshop builds on our involvement so far and gives us an opportunity to plan future involvement together.

Experience of planned care

In Leeds we want to commission (plan and pay for) and provide care that is:

- Safe
- Sustainable
- Patient-centred
- Value for money

We cannot do this without understanding the needs, preferences and experiences of people in our population.

We are committed to 'starting with what we know' about people's experiences and engaging on the gaps in our knowledge.

Experience of planned care (2)

Each population and care delivery board in Leeds is working with partners to review what we already know (an insight review). Our findings will be written into an insight report which will be used by the board to understand the needs of the population and make decisions.

The insight report will:

- Look at what we already know about people's needs, preferences and experiences
- Identify the key themes (the things people often tell us about their care)
- Highlight the gaps in our knowledge (the areas or communities we know least about)

Experience of planned care (3)

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Our insight review for planned care suggests the following themes:

- **Person-centred** care is very important to people and there are a number of examples of how this could be achieved to develop planned care. This includes:
    - Being flexible in how services work with people.
    - Tailoring **communication** methods / needs where necessary.
    - Listening to a person's concerns and genuinely considering them.
    - Working with the patient's carers / family as equal members of the discussion.
    - Being patient and accommodating with the needs of different people and communities.
    - Working to ensure that patients feel fully involved and informed about their care.
    - Ensuring patients have the right information to understand their situation, including how they might feel based on potential stigma about conditions / treatments
- People want **communication** to be clear, efficient, and not make assumptions that people know how services work. This means communicating in a clear, accessible, plain English way to ensure that people are fully informed about their care at all stages.

Experience of planned care (4)

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Our insight review for planned care suggests the following themes:

- People noted poor **communication** when on long waiting lists and noted how important it is to be ‘kept in the loop’ with updates to provide reassurance that they haven’t been forgotten.
- People want to see helpful **information** produced and made available to people. This could include:
    - Supportive information ahead of an appointment / treatment and then follow up information about how to stay well and what to look out for (signs of deterioration / medication side-effects etc.).
    - Available in different formats would be helpful (such as videos / available online etc.), including alternative accessible formats and languages as needed.
- People have told us about the importance of the **workforce** in and how the staff often make the biggest difference to someone’s outcome.
- It is important that people have a **choice** as to how they access appointments and care (face to face or digital, for example).
- Services must treat and consider the whole person, ensuring that needs generated from the differences of who they are (such as race, age, sexuality etc.) are not missed / ignored (**health inequality / person-centred**).
- People have told us that they want to see **joint working** from all health and care services (regardless of who they are).

Experience of planned care (4)

Our insight review for planned care suggests the following gaps:

- Local patient experience feedback from services that deliver planned care activities, including:
    - Leeds Teaching Hospitals NHS Trust
    - Leeds Community Healthcare NHS Trust
- People from diverse ethnic communities.
- People from areas of deprivation in the city.
- People from LGBTQIA+ communities.
- People who are considered homeless.
- We know that there are some people who do not believe services are for them and are disengaged from services (for example not registered with a GP practice).
- Working age adults
- Carers
- People who are offline
- Feedback from people who have served in the armed forces.

Experience of planned care (5)

Groupwork

- Do you agree with the themes and gaps?
- Have we missed any themes or gaps in our insight?
- How do we prioritise and plan involvement work on the gaps?

Population outcomes

Over the last year we have been working with our partners to agree a set of outcomes for planned care in Leeds. These outcomes explain what we want to achieve to improve the lives of people using planned care services and their carers, family and friends.

The outcomes have been developed with service providers and voluntary sector organisations that represent people using planned care services. The outcomes were shaped used patient, carer, family and staff feedback from various surveys and involvement activities.

Population outcomes (2)

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Outcomes for planned care in Leeds

1. Planned care services are accessible to all regardless of who they are.
2. People are supported whilst waiting for planned care services.
3. People agree appropriate and realistic shared health goals, and actively participate in their achievement.

Each outcome has a set of 'measurables'. These are things we will use to measure whether we have achieved our outcomes.

Population outcomes (4)

Groupwork

- Do you understand these outcomes?
- Do the outcomes reflect what matters to you / your family / the people you represent?
- How do you think we can best demonstrate improvements against these outcomes?

Public representation and assurance

We have a legal and a moral duty to involve people in the decisions we make.

We want patients, carers and the public to be assured that we are putting people at the heart of our decision-making. We call this approach 'public assurance'.

Public representation and assurance (2)

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For the public to feel assured we need to demonstrate we have:

Listened — We have listened and understood people's needs by using existing insight or carrying out involvement activities.

Acted — We have acting on feedback and used it to shape local services and plans.

Fed back — We have fed back to people and proactively told people how we have used their feedback.

Transparent & accountable

Public representation and assurance (3)

There are lots of ways we provide assurance that we have involved people in our work:

- Insight reviews
- Insight reports
- Workshops

We want to continue and build on our public assurance work. This will involve working with our partners and local people to create new ways to represent the views of patients, their families and staff on our boards.

Public representation and assurance (4)

Groupwork

- What do you think of the ways we are already involving people (insight reviews / workshops)?
- What does public representation look like for you?
- What would make you feel confident that we are listening, acting and feeding back?

Next steps

- Evaluation of the session
- Update insight report based on todays feedback
- Use feedback to develop an approach to representation
- Begin planning involvement on the gaps in our knowledge

Thank you

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