

# Same Day Response Board Public Involvement

## Workshop notes

Thursday 27 April 2023, 2.30 – 4.30pm on Microsoft Teams (online)

On Thursday 27 April 2023, the Leeds Health and Care Partnership held a public workshop to discuss the provision of same day response services for people in Leeds. The aim of the workshop was to 'develop our approach to public involvement in the care delivery board'.

The slide presentation is available on our website here:

<https://www.healthandcareleeds.org/have-your-say/shape-the-future/populations/>

The **objectives of the session** were to:

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

The **outcomes of the session** were:

- Understand the role of the same day response board
- Discuss the findings of the draft insight report
- Discuss gaps in our knowledge
- Discuss the draft outcomes for the same day response board
- 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

The **agenda for the session** was:

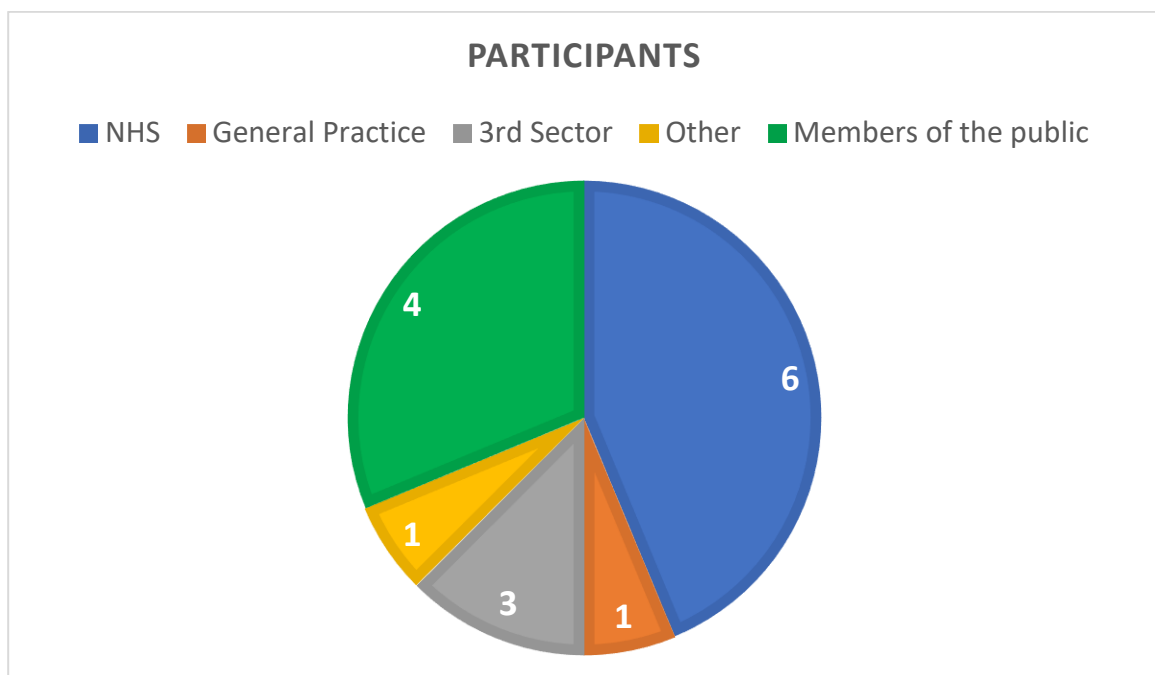
- Population Health - What are population and care delivery boards, and what is their role?
- Experiences of same day response services - What do we know about the experiences of people accessing these services, and their families and carers?
- Population outcomes - How do we want things to be different for people using same day response services, and their families and carers? (outcomes)
- Public representation and assurance – What does public representation look like on the same day response board?
- Next steps - What happens next?

## Session Summary

The session was attended by 15 public and voluntary sector staff and members of the public with an interest in the provision of same day response services.

Organisations represented included:

- The NHS Integrated Care Board (ICB) in Leeds
- NHS partner organisations
- Healthwatch Leeds
- Care Your Way Leeds
- Specialist Autism Services
- Yorkshire Cancer Community
- Primary care (GP)



Attendees included:

- 6 NHS staff members
- 1 member of staff from a GP surgery
- 3 people representing third sector organisations
- 4 members of the public
- 1 other

### Workshop summary and main discussion themes

The Chair of the same day response care delivery board, and Medical Director (Operations), at Leeds Teaching Hospitals NHS Trust, Steve Bush, welcomed attendees to the workshop. Introductions to the main speakers were made.

Caroline Mackay, from the Insights, Communications, and Involvement Team at the ICB in Leeds, outlined the aims, objectives, and agenda for the workshop. She also introduced our approach to starting with what we already know about the needs and preferences of people in Leeds who use same day response services, and their families and carers.

The findings of the same day response board insight report were shared, and participants asked for their thoughts on the themes and gaps. There was a discussion around the main themes identified in the insight report:

- **Information** – Everybody has their own idea on what an emergency is. But how do they access the right service? There are plenty people who don't know how to access these services.
  - Also, it isn't the same process everywhere – for example, the appointment booking process has changed – how do I do that now?
  - I didn't know my GP opened on a Saturday, but I wasn't able to go as it wasn't my GP's service. I didn't understand how to even get access to it. It's so frustrating.
  - We make assumptions that people and patients will use the internet for information.
  - Leaflets would work better.
  - I think the GP signposting is vital but in my experience, it doesn't work
  - The GP voice message service is long and tedious.
  - How about using a credit card sized information card. For example, with information for teenagers.
  - General practice and primary care have changed a lot over the last ten years – maybe we need to some education with members of the public around what professionals now make up a practice. For example, if it's for back pain, you need a musculoskeletal practitioner, and if your asthma plays up constantly you need to see the practice nurse. But most patients do ring up and ask to see a doctor.
  - Communities would benefit from signposting information being available in schools, colleges, and community centres.
  
- **Health Inequality** – Including access to smart devices or the internet.
  - Getting to certain locations across the city - the impact of travel / parking costs, and the difficulties for people using public transport or not being able to afford taxis. Also, the variability of access to public transport for people living in more rural areas.
  - When people are poorly or unwell and, for example, live on their own, the effort and energy required to organise same day appointments can be a lot.

Other issues were raised during the discussion:

- 111 asks to ring back on a mobile phone, and sometimes to send pictures, but if your reception is poor that can be difficult.
- A lot of people do have access to smart devices, but others don't, and some people don't want to use them.

There were no specific comments made in relation to potential gaps in our existing insight.

Martin Earnshaw, Pathway Integration Leader (Same Day Response) at the ICB in Leeds, then provided an overview of the outcomes, or ambitions, which will help the board to measure its progress. The outcomes have been developed together with staff and members of the public. They explain what we want to achieve to improve the lives of people accessing same day response services, and their families and carers:

1. People are easily able to access the service that can provide the most responsive and appropriate care to meet their unplanned same day needs.
2. People's same day care needs are met wherever they present (if possible), and where they need to be cared for elsewhere, this feels seamless and integrated.
3. Care is high quality, person-centred, and appropriate to people's same day care needs now, whilst considering how these might change in the future.

Initial thoughts from those present included:

- The idea of a measure of service awareness – You might not engage with a service because you don't need it, but more often than not, people just don't know that these services exist.
- It was agreed that this might be a good kind of proxy measure that we could use alongside the other ones that were outlined. We could use surveys, snapshots to measure an increase in awareness. There is a current example of work going on around the St George's Centre, getting people more aware about what the Urgent Treatment Centre is. Helping local people to use it instead of travelling somewhere else when it's on the doorstep... because people don't know.
- I think there is a lot of untapped love and support for the NHS and local engagement is key. I hope there's an outcome measure for that aspect. Though I agree there's a lot of frustration with local services and it seems impossible to engage with them.

Caroline Mackay then outlined the importance of public representation and assurance. This includes developing our approach to ensuring that partners and members of the public can be confident the board is putting people at the heart of its decision-making.

Participants discussed the idea of representation at the board and providing public assurance:

- One of the best ways of hearing about people's experiences is to go out to them in the services they're accessing – speaking to people queuing for appointments or in Emergency Departments (A&E), etc.
- Get a slot on local radio or on Look North to tell people what we're doing and ask for feedback.

- The third sector is crucial. They could help identify people with certain conditions – there's a rich seam of knowledge there. It's important that we go to them and not always expect people to come to us.
- Use conversation starter packs in schools, colleges, and support groups. Often people don't know how to start these conversations or what questions to ask.

## Next steps

We will:

- Share the slides from the workshop and a link to the evaluation survey
- Add the recording of, and this report on, the workshop to the same day response board webpage: <https://www.healthandcareleeds.org/have-your-say/shape-the-future/populations/>
- Members of the public who registered for the workshop will be invited to join a working group to:
  - Develop an approach to representation and assurance
  - Explore the gaps in our insight and prioritise involvement

The workshop closed with many thanks to all participants, whose time and input to the discussion is very much appreciated!

## Stay in touch

Stay involved in our work to improve health and care services in Leeds by joining our citywide public network here: [www.healthandcareleeds.org/have-your-say/shape-the-future/join-our-network/](http://www.healthandcareleeds.org/have-your-say/shape-the-future/join-our-network/)

For more information about our work on involving people with the work of the same day response board, please email [caroline.mackay2@nhs.net](mailto:caroline.mackay2@nhs.net)