



<b>SUMMARY REPORT</b>		
<b>Transformation Board Meeting in Public</b>	<b>19 December 2017</b>	<b>Item: 06a</b>
<b>Title of report</b>	Update on Shaping our Future Engagement Programme	
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<b>Author(s)</b>	Lou Farbus, Head of Stakeholder Relations & Engagement	
<b>Purpose of report</b>	To update members on engagement progress during Phase 3	
<b>Recommendation</b>	To note and comment on engagement progress and next steps.	
<b>Engagement and Consultation Undertaken to Date</b>	This report summarises the results from two waves of local co-production workshops held in six local areas of Cornwall and one on the Isles of Scilly. Approximately 550 people have attended comprised of local stakeholders across health and care and the voluntary sector, including patients and carers, Unions, elected councillors and service delivery practitioners from a range of specialities with roles in primary, community and secondary care, mental health and children's services. A description of the Phase 3 engagement programme is available in Appendix 1.	

## **Executive Summary**

This report provides a summary of the outputs from the second wave of workshops of expert place-based coproduction within the current Phase of stakeholder engagement.

The report also provides a summary of key priorities for the next period.

Approximately 500 people attended at least one of two waves of 6 place-based expert coproduction workshops in Cornwall and approximately 50 people attended workshops on the Isles of Scilly. Participants represented a wide range of stakeholder groups across health and social care and all sectors as well as local experts by experience (patients, carers, strategic stakeholders that represent the views of local people such as Healthwatch, Shaping Our Future work stream expert patients and the Citizen's Advisory Panel) attended.

During Wave 2 members of the team presented the models of care that had emerged from the information shared during Wave 1 and asked further questions regarding prevention and self-care; and integrated and urgent care in the community to develop the models further.

The key themes that emerged from this work are presented below. The next wave is planned for early 2018.

<b>Interdependencies with other work streams (where relevant)</b>	Is informing the development of options across all work streams.
<b>Financial implications</b>	None at this stage.
<b>Key Risks</b>	The biggest risk to the Shaping Our Future programme is that any major service changes are not supported by local citizens, clinicians, elected representatives and NHS England. The recommended stakeholder engagement and co-production approach is designed to ensure the Shaping Our Future transformation programme succeeds. The coproduction work has undergone both internal and external (Healthwatch Cornwall) evaluation and has received largely positive feedback at all of the workshops. Additional flexibility is built into the programme to enable SOF to respond to feedback as soon as we receive it.
<b>Sources of evidence in support of proposals</b>	Full place based co-production reports are available at <a href="http://www.shapingourfuture.info/engagement-events/">http://www.shapingourfuture.info/engagement-events/</a>
<b>Equality and Diversity Statement</b>	Equality monitoring data was collected at each event and each venue was vetted for DDA compliance to ensure each workshop met the Public Sector Equality Duty.
<b>Communications requirements</b>	The stakeholder engagement and communication programme is already underway, with a press release, newsletter and website content in development.

## Shaping Our Future Communications and Engagement Update

### 1. Shaping Our Future Co-Production Workshops

Full place based reports for both Waves 1 and 2 are available at <http://www.shapingourfuture.info/engagement-events/> .

Dates and locations were set for all three of the original planned waves of coproduction in May 2017 and two were changed in response to feedback during Wave 1. Wave 3 have been deferred from November until early 2018 to allow time to gather the evidence base that stakeholders need for the final stages of coproduction, and to ensure the programme team has fully reflected on the work already going on in localities and responded to the suggestions people made during co-production.

Approximately 500 people attended the coproduction workshops in Cornwall (see table below) and approximately 50 people attended workshops in the Isles of Scilly. Participants represented a wide range of stakeholder groups across health and social care including community nurses; community therapists; social workers; care home managers; mental health practitioners and LD workers; GPs; pharmacists; paramedics, local district nurses, community matrons, social workers, case coordinators, occupational therapists, physiotherapists, community mental practitioners, and health workers who provide routine support to the frail elderly, people with dementia and people with chronic conditions affecting both physical and mental health, local experts by experience be they patients, carers, and local elected councillors that have expert knowledge of the health needs and circumstances affecting specific local communities. In addition, a range of voluntary sector, community network panel and union representatives were invited.

Table 1 Attendance

<b>Workshop</b>	<b>Wave 1</b>	<b>Wave 2</b>	<b>Workshop</b>	<b>Wave 1</b>	<b>Wave 2</b>
North	33	24	West	46	43
West to Mid	49	53	Mid to East	44	38
Liskeard East	29	41	Mid	46	37

Each workshop followed the same format with templates created to facilitate table top discussions and ensure all feedback was gathered consistently.

A range of information was given to the workshop participants at each event:

- a) presentations
- b) information packs
- c) placed based outputs from previous rounds of coproduction

Equality monitoring data was collected at each event and venues were vetted in advance for Equality Act compliance to ensure each workshop was equally accessible to all regardless of disability or minority status. An analysis of this data is available upon request.

## Wave 2 Coproduction Results

The following is a summary of the wave 2 co-production results

### Prevention and self-care

- a) Our whole population needs to be responsible for preventing ill health and maintaining wellbeing and independence.
- b) There need to be local initiatives focused on meeting different needs associated with age, mental health, socio-economic circumstances and postcode.
- c) For primary prevention target younger people to encourage healthy habits as early as possible and focus secondary prevention on those currently making the greatest use of services.
- d) Explore more holistic solutions to health promotion so answers aren't always driven by the health sector.
- e) Provide more support in people's homes to encourage them to exercise and maintain good health.
- f) Help people stay connected to their communities to avoid the health risks associated with social isolation.
- g) Remove access to unhealthy food in hospitals.
- h) Professionals should be better role models, promoting health and wellbeing
- i) Increase support, such as benches for the elderly, within the community.
- j) A directory of activities and support that is available in the community is needed. This must be updated and maintained accurately.
- k) Need to consider the time it may take for some initiatives to show an effect – financial cycle needs to be longer than one year.
- l) Encourage communities to use green spaces to grow healthy food for people on low incomes.
- m) Increase access to existing provision e.g. exercise classes.
- n) The voluntary sector and patient participation groups are key to supporting prevention work, however “the *voluntary sector can be sparse in rural areas/areas with a scattered population*” so cannot they can be part of the model everywhere.
- o) The importance of early intervention and support for self-management

## Integrated Care in the Community

<b>Model of care</b>	<ul style="list-style-type: none"> <li>• Be holistic, include housing, finance, care homes and telehealth in the integrated model and integrate community and urgent care</li> <li>• Have a single point of contact</li> <li>• Roll out the 3 conversations model</li> <li>• Improve repatriation pathways</li> <li>• Consider outpatients as part of the model</li> </ul>
<b>Integrated teams</b>	<ul style="list-style-type: none"> <li>• Build trust and have co-located multi-disciplinary teams</li> <li>• Different integrated multi-disciplinary teams are needed for children, people with learning disabilities, people approaching end of life, and for urgent out of hours care</li> <li>• Commission the third sector to make it sustainable</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Identify capacity issues</li> <li>• Reduce variation in health and social care workforce terms and conditions</li> <li>• Expand workforce and blend roles (across all sectors)</li> </ul>
<b>Finance</b>	<ul style="list-style-type: none"> <li>• Share budgets</li> </ul>
<b>Facilities</b>	<ul style="list-style-type: none"> <li>• Have integrated care hubs</li> <li>• Utilise community hospitals, care homes, and day centres</li> <li>• Put leg ulcer clinics in social settings</li> </ul>

## Urgent and Emergency Community Care

<b>In designing the model</b>	<ul style="list-style-type: none"> <li>• Design the model in collaboration with SW Ambulance Service Foundation Trust, non-urgent patient transport, 111 and discharge teams</li> <li>• Minimise travel time and costs for patients, ensure there are appropriate transport links</li> <li>• Minimise waiting times</li> <li>• Increase capacity and access</li> <li>• Consider age differences, age related differences in patient experience</li> </ul>
<b>Model of care</b>	<ul style="list-style-type: none"> <li>• Include mental health and social care</li> <li>• Develop a 'time to think' service</li> <li>• Include local point of care diagnostics and rehabilitation</li> <li>• Have a single point of access</li> <li>• Review triage</li> <li>• Improve 111</li> <li>• Include a weekend dressing clinic</li> </ul>
<b>Integrated teams</b>	<ul style="list-style-type: none"> <li>• Develop trust</li> <li>• Develop urgent multi-disciplinary teams through recruitment, training and use of existing staff</li> <li>• Consider co-location opportunities</li> </ul>
<b>Sites</b>	<ul style="list-style-type: none"> <li>• Locations of UTCs on arterial routes is probably a good approach</li> <li>• Have 4 super hubs along the spine of the county</li> <li>• Consider car parking capacity</li> <li>• Falmouth needs a Minor Injury Unit because of its transient population</li> <li>• The CT scanner in the West is used so there should be one in the East, perhaps Bodmin or St Austell</li> <li>• There should be short term observation beds available in the Camborne/Redruth area</li> </ul>

	<ul style="list-style-type: none"> <li>• Camborne and Redruth Community Hospital and the minor injury unit need to be made more like an urgent care centre to maximise use St Austell needs a centre to stop people going to A&amp;E</li> </ul>
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• A treatment centre could relieve pressure in primary as well as secondary care</li> </ul>

## 1.8 Next steps

To further capture work happening in local areas to develop new ways of working members of the Shaping our Future team are attending GP locality meetings and Community Network Panel meetings.

Wave 3 of co-production is currently in its planning phase, with provisional dates booked for February. Delays in data collection and modelling mean we anticipate a 4th wave of coproduction will be necessary so that the emerging models can be supported with the relevant evidence base.

Following Wave 4 there will be preparation for public consultation.

Public consultation will be multi-method and will be tailored to specific cohorts (such as the elderly, youth and protected groups) as well as the general public. The plans for this will be co-designed with clinical leads, CAP, Healthwatch and scrutiny.

## Appendix 1

	Wave 1	Wave 2	Wave 2b	Wave 3	Wave 4	On-going engagement with forums and those involved in co-production
What	Mobilisation & early co-production	Local area engagement 1	Local change programme mapping	Local area engagement 3	Local area engagement 4	
Timing	July 4 weeks	Sept 4 weeks	Dec 3 months	Feb 18 4 weeks	May 18 4 weeks	
Purpose	<p><b>Agree the content and framework for co-production by working with experts by experience, expert practitioners and priority stakeholders to:</b></p> <ul style="list-style-type: none"> <li>• Confirm design principles and critical success factors to engage.</li> <li>• Confirm evaluation criteria.</li> <li>• Agree the overall case for change and supporting narrative.</li> <li>• Agree the local area engagement approach</li> </ul>	<p><b>Work with defined local stakeholders to agree the overall framework for redesigning services and start co-producing local options. We will:</b></p> <ul style="list-style-type: none"> <li>• Listen to what is already happening or planned in local areas.</li> <li>• Share data on current services, including facilities, usage, workforce.</li> <li>• Share current work to date on outline business case and</li> </ul>	<p><b>Attend GP Locality and Community Network Meetings. We will:</b></p> <ul style="list-style-type: none"> <li>• Listen to what is already happening or planned in local areas.</li> <li>• Share the outputs from Wave 2</li> <li>• Answer any</li> </ul>	<p><b>Work with defined local stakeholders to establish framework for deciding location of functions:</b></p> <ul style="list-style-type: none"> <li>• Share the outputs from Wave 2</li> <li>• Share what we learned by attending locality &amp; CNP meetings</li> <li>• Share the work that coproduction has inspired the team to complete (in the short and long term)</li> </ul>	<p><b>Work with defined local stakeholders to identify the final list of options for wider engagement and consultation. We will:</b></p> <ul style="list-style-type: none"> <li>• Share results of modelling work.</li> <li>• Apply the evaluation criteria to the list of options to establish a final list of options for wider engagement and consultation.</li> <li>• Aim to identify a preferred short list of option/s for formal consultation.</li> </ul>	<p><b>Communicate and engage priority stakeholders on co-production results and process, including gaining assurance from partners such as NHS England and scrutiny committees.</b></p>

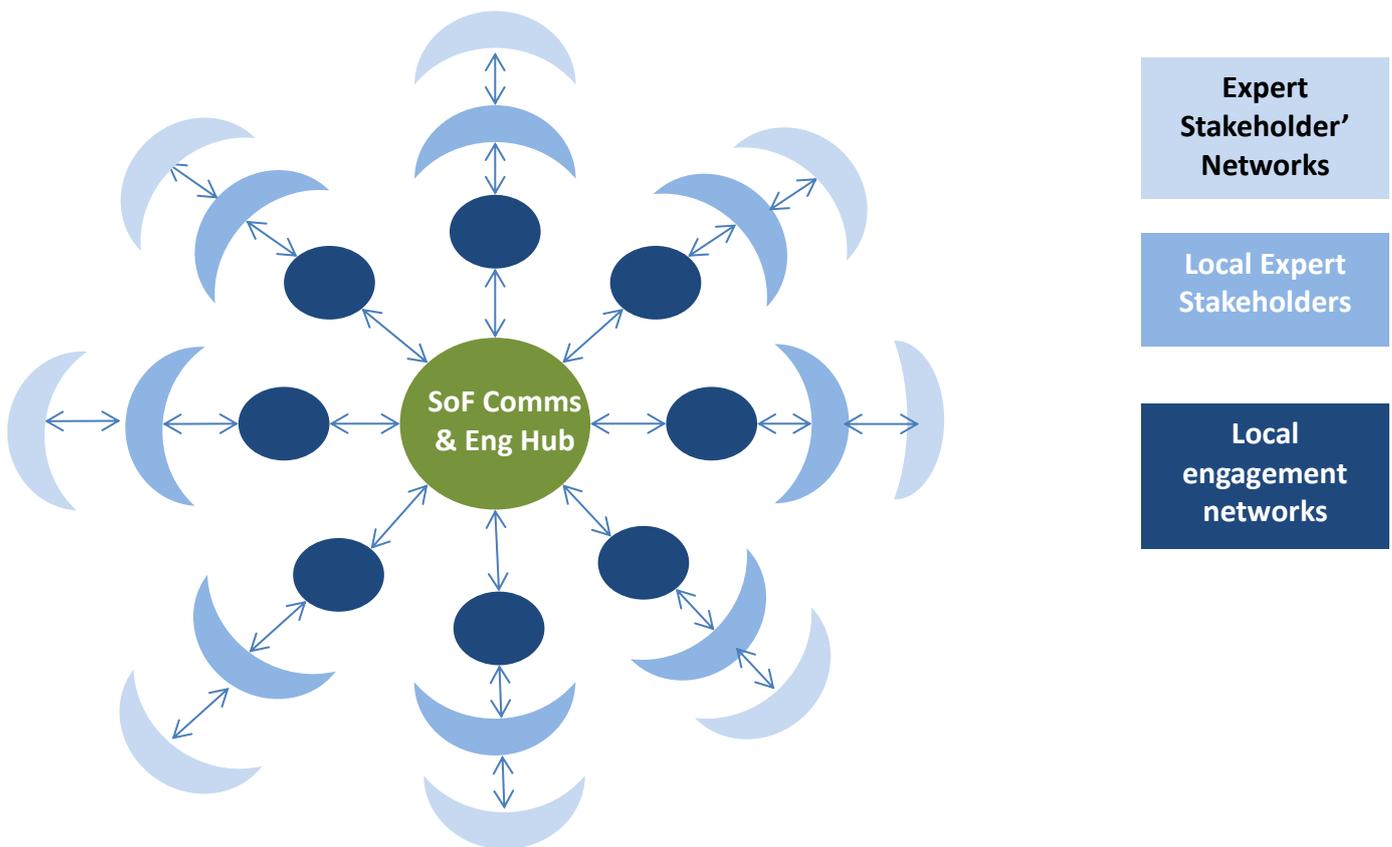
	Wave 1	Wave 2	Wave 2b	Wave 3	Wave 4	On-going engagement with forums and those involved in co-production
What	Mobilisation & early co-production	Local area engagement 1	Local change programme mapping	Local area engagement 3	Local area engagement 4	
	<p>and stakeholders.</p> <ul style="list-style-type: none"> <li>Establish the content on which we will engage in each local area.</li> <li>Identify local champions/spokespeople for engagement phases.</li> <li>Recruit experts by experience and expert practitioners.</li> <li>Test engagement materials.</li> </ul>	<p>engagement.</p> <ul style="list-style-type: none"> <li>Share current thinking on proposed model of care.</li> <li>Share best practice criteria for clinical effectiveness/safety that will be part of evaluation criteria.</li> <li>Review design principles and success factors for local area.</li> <li>Co-produce local case for change and narrative.</li> <li>Begin to co-produce what the options could be</li> </ul>	<p>questions or bring them back for further consideration</p>	<ul style="list-style-type: none"> <li>Identify quick wins (positive changes that could be made in the short term)</li> <li>Identify the assessment criteria and weightings to help the team to determine the location of functions</li> <li>Discuss methodology for calculating travel</li> </ul>	<ul style="list-style-type: none"> <li>Confirm that we have followed the agreed co-production approach and met national guidance on engagement.</li> </ul>	

Appendix 2

**Shaping our Future Communications and Engagement Stakeholder Network:  
Our Reach**

The Shaping our Future’s engagement team has been implementing a place based model of engagement using a network approach to develop positive stakeholder relationships and circles of networked influence akin to a spider’s web. This works on the principle that each member of the core hub has wider networks whose members also belong to other groups. Hence, by working closely with a smaller group of informed and motivated individuals (the communications and engagement hub) we can spread the workload and widen the reach and effectiveness of Shaping our Future’s overall stakeholder engagement programme (see Figure 1).

Fig.1 Shaping our Future Engagement Web



All stakeholder networks are organic and constantly changing, thereby making it impossible to provide an exhaustive schematic of all members of Shaping our Future’s engagement web. For example, Volunteer Cornwall is just one member of the Communications & Engagement Hub’s core membership, but its own network of

volunteers grows by approximately 600 people per quarter whilst some of its member organisations disappear through lack of funding. Hence, the following lists can only offer an incomplete snapshot in time.

Hub members are included, but only a small fraction of the stakeholders we will directly engage with, keep informed, advertise through, and/or obtain intelligence from as and when required. Alongside this are additional stakeholder network lists that are held (and kept up to date) by members of the Shaping our Future Hub

To explain how Shaping our Future's Engagement web works the following lists the groups and individuals that are represented in Figure 1.

*Core Comms & Engagement Hub and its members' Local Engagement Networks (the inner circle and dark blue circles in Figure 1)*

The Shaping our Future core Comms & Engagement Hub comprises a small core team of comms and engagement colleagues from all the SoF partner organisations and large voluntary groups that represent residents of Cornwall and Isles of Scilly. They include:

- Equality and Diversity Leads from Cornwall Council, KCCG and RCHT. The SoF Engagement & Inclusion lead meets them monthly. This group also provides access to three Accessible Information groups to ensure all written materials are easy read and accessible to all protected groups.
- Comms and engagement Leads from Cornwall Council, SW CSU, NHSE, CFT, KCCG and RCHT meet weekly. Their local engagement network includes all local MPs and the media (identified in the spreadsheet above). The SoF Engagement & Inclusion lead meets them weekly.
- Cornwall Council Strategy & Engagement Customer & Support Services Their engagement network is too vast to capture as it includes all of the organisations and groups that the council routinely works with.
- SoF Citizen Advisory Panel. The SoF Engagement & Inclusion lead and visiting members of MoC DG meet with them to discuss SoF business of a monthly basis. The local engagement networks of its members include Hearing Loss Cornwall; Cornwall Healthwatch; Diabetes UK; National Institute of Health Research; Peninsula Patient Information Group; Penalverne Surgery Patient participation Group (PPG); Friends of Penalverne Surgery; Exeter, Liverpool, Warwick, West Midlands & Kent University Researchers; Peninsula Patient Information Group; Peninsula Centre for Leadership in Health Research and Care (PenCLAHRC) Public and Patient Involvement Group; West Cornwall HealthWatch; Volunteer Cornwall; Patients Council - Derriford Hospital. Member of Quay Lane PPG, St Germans. Chair of the

East Locality PPG Umbrella meeting. Public rep on the Nursing and Midwifery degree University of Plymouth; Public/Patient rep for the University Advisory Board for Health; Plymouth University; KONP Cornwall, Carnon Downs Surgery PPG (new member), Labour Party; Age UK Cornwall, Healthwatch Cornwall, Care Home and Care-at-home Partnership, Bioss Associate; Patients Association; Patient Participation Group; Derriford Hospitals PLACE Group; Royal Cornwall PLACE Group; Age UK Living Well Project; Perranporth PPG; Carrick PPG Chairs; Carrick GP Locality Group PPG Rep; KONP Cornwall; Perraners (a local choir); Health and Environment Public Engagement group (HEPE) lay member; Lander Surgery PPG.

A distribution list of all the PPGs in Cornwall and IoS is available upon request.

- SoF PMO (members of this group link with the clinical cabinet, health and wellbeing board, scrutiny, transformation board and portfolio board and community networks)
- MoC DG - Members of this group include the workstream leads who are working with a range of professional stakeholders in their workstream groups including SWAST and Arthritis UK. Members of this group have been instrumental in working with their own stakeholder networks to encourage their attendance at the expert coproduction workshops that we are currently hosting and also work with national organisations to gather evidence of best practice and other important data.
- Healthwatch Cornwall (represent residents of Cornwall, links with numerous third sector and community organisations with a growing membership of thousands). Examples of the formal and informal groups in their network are listed below.

Examples of Formal group

CRCC

CHAMPS (Cornwall Health and Making Partnerships) – Health Promotion Service

Alzheimers Society

Cornwall Advocacy

Spectrum

Outlook SW

Pentreath

Previous partners e.g. Disability Cornwall

The partnership boards and all the boards that the HC representatives including directors attend

Examples of Informal groups/categories

Carers

Commissioners

People living with Autism  
People living with learning disabilities and their carers/parents  
Older people  
People supporting people with dementia  
Newsletter recipients

- Healthwatch IoS (represent residents of Isles of Scilly, links with numerous third sector and community organisations with a growing membership of thousands)
- Cornwall Scrutiny (represent residents of Cornwall, links with local MPs and lobby groups as well as organisations such as the CQC, Monitor the Patients Association etc.)
- IoS Scrutiny (represent residents of IoS, links with local MPs and lobby groups etc.)
- Volunteer Cornwall - Their local engagement hub includes approximately 500 groups and about 6,000 registered members who receive regular e-newsletters. They also have over 2,100 Facebook followers and 2,400 twitter followers. Over 600 individuals per quarter apply to volunteer so the number is constantly growing.
- Cornwall Locality Managers (x4) work closely with local GP clusters and their PPGs.
- Community Network Managers (x19)
- Peninsula Improving Experiences of Care Network members' comprise 39 professionals that engage with patients in some way working in nursing, complaints, patient experience, patient engagement, and the safety and quality teams in commissioner and provider organisations across Devon and Cornwall. They provide direct access to patients and SoF's engagement lead meets with them monthly.
- One Vision stakeholder network.
- Better Care Fund stakeholder network includes all the adult care providers across the system.

*Local Expert Stakeholders & their networks (the moon shaped networks round the edges)*

The Shaping our Future team have also been working closely with hundreds of local staff (Experts by Delivery) and residents of Cornwall and Isles of Scilly (Experts by Experience) in a series of coproduction workshops across Cornwall and Isles of Scilly. Approximately 500 people attended at least one workshop (full lists of those who participated can be found in the reports published at [www.shapingourfuture.info](http://www.shapingourfuture.info))

Each of these expert stakeholders in turn has their own network of influence and has been provided with information at each workshop to share with colleagues with a view to bringing back any additional ideas or comments they receive as a result.