

Communication & Engagement plan

1. Project Title: Community Bed Strategy

2. Project Lead: Joanne leather

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3. Complete Equality Impact Assessment

(for support with this contact Sharon Moore Sharon.Moore@wsybcusu.nhs.uk)

4. This project is: Citywide

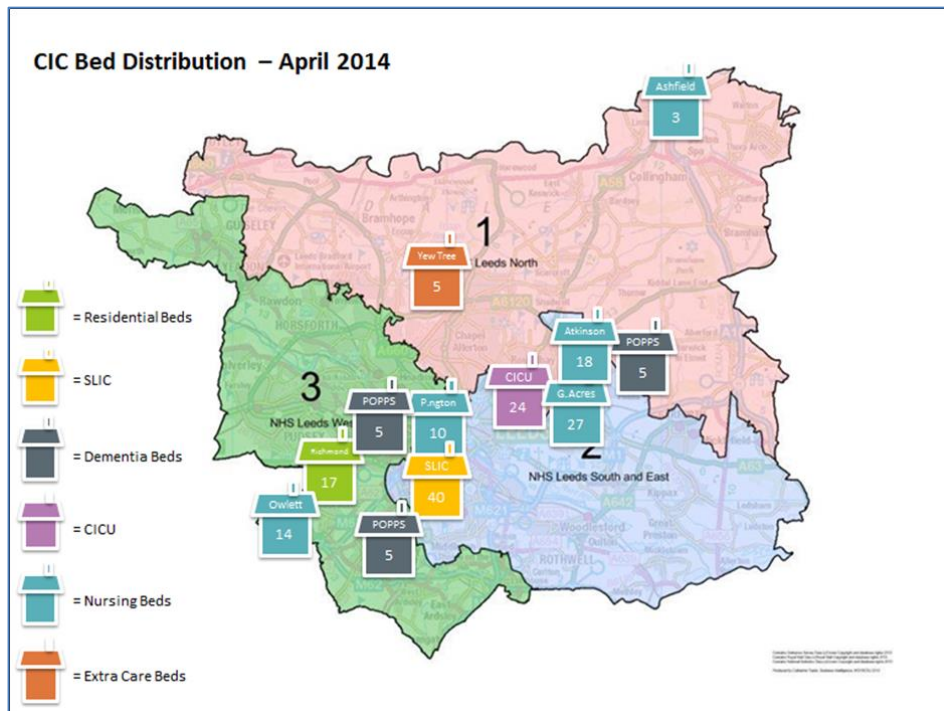
5. Describe your project

a. Describe the engagement (what are you changing and why?)

The Effective Admission and Discharge Programme is part of the city-wide Transformation Programme across Leeds and it is made up of 3 workstreams which are 'Emergency Admission Avoidance', 'Improving Discharge Processes' and, the 'Community Bed Service'. The programme plans to make improvements in services, in and out of hospital, in order to:

- reduce the number of patients who are admitted to hospital where it is safe to do so;
- improve the transfer of care for patients being discharged from hospital, and
- Improve the patient experience of the service

There are currently 173 Community Bed spaces in Leeds across the city (see map below) The Community Bed Service provides a rehabilitation service in a homely environment for people who cannot be supported safely in their own home but when they do not need to go into or remain in hospital.



The length of time people stay in a Community Bed can vary from a few days to a few weeks depending on their specific needs although every effort is made to get people home as soon as they are well enough to leave.

The level of care provided in a Community Bed is based on an assessment of the needs of individual patients. Intermediate Care Teams, made up of health care professionals including nurses, physiotherapists and occupational therapists, also play an important role. They visit to assess patients' needs and help them to become more mobile and independent.

Following engagement in 2011 a dedicated community bed unit was built. The South Leeds Independence Centre (SLIC) can now cater for 40 people in Community Beds. However there are growing pressures on the Community Bed Service in Leeds. On a typical day ten patients are referred for a community bed but only five are discharged, which creates delays in the system

The Leeds Community Bed Strategy 2014-2019 makes a number of recommendations to improve the service, including:

- Leeds commissions up to a level of 200 community beds (an increase of 27)
- The Community Bed Service is reconfigured in order to accommodate more beds on fewer sites in order to benefit from economies of scale (e.g. less staff time spent travelling) and to achieve better consistency of care standards for service users
- The model for the Community Bed Service is simplified to do away with specialist Community Bed types and instead have one generic bed type and design care that fits around the needs of the individual and can be flexible to adapt to the needs of the individual

b. Outline the aim of the project

Part of the process in developing the new Community Bed Service will be to look at patient experience of using the existing Community Beds. We will build on existing feedback by gathering patient experience to understand the needs and preference of patients and their relatives.

c. Outline the objectives of the project

- To review existing feedback about Community Beds and use the information to develop a patient survey/interviews
- To carry out a patient/carer survey for people involved in the Community Beds
- To carry out interviews with patients at different stages in the Community Bed Service
- To recruit a number of patient representatives to support the project steering group

d. Outline expected outcomes from the project

- Improved understanding of the patient experience
- Improved understanding of patient needs and preferences
- Opportunities for local communities to influence service change
- Better understanding of the needs of community groups
- A number of patient representatives on the project steering group

e. How will you use patient involvement to affect the outcome?

Feedback from patients will be used to help decide which option will best meet the needs of patients and carers. We will also recruit patient representatives who will ensure that the patient feedback is considered in decision making and the development of the project.

f. How does the project support LWCCG strategic objectives?

- Strategic Objective 1: Priority Health Goals - To tackle the biggest health challenges in West Leeds, reducing health inequalities.
- Strategic Objective 2: Quality and Safety - To transform care and drive continuous

<p>improvement in quality and safety</p> <ul style="list-style-type: none"> • Strategic Objective 3: Best use of resources – To use commissioning resources effectively and responsibly
<p>g. How does the project support the NHS Constitution?</p> <ul style="list-style-type: none"> • Ensures that patient choice, waiting times and access are maintained and improved where possible; • Reduces unnecessary hospital outpatient follow-up appointments; • Develops more alternatives to hospital appointments.
<p>h. What is the level of service change? Level 2</p>
<p>i. If this is classed as a 'major change' (level 3 or 4) consider the following guidance N/A</p>

6. Pre-consultation information

<p>a. Have we done something similar before?</p> <ul style="list-style-type: none"> • An 'Improving community intermediate care beds in Leeds' engagement was carried out by NHS Leeds in 2011 (Appendix A) • A community intermediate care (CIC) bed survey was sent out to around 800 people who had received a service in an intermediate care bed between April and December 2012. 138 completed forms were returned – 17.25%. The survey did not capture much patient experience but the following issues were raised: <ul style="list-style-type: none"> ○ 1 person said dementia became worse following a hospital and CIC bed stay ○ Additional support needed during CIC bed stay, especially around personal needs and physio ○ Most people received the support they needed following discharge ○ Some people raised concerns about the coordination between services • Leeds Community Healthcare carried out service user satisfaction surveys in 2013 at three CIC bed bases; Atkinson Court, Greenacres and Richmond House. All three CIC bed units received high satisfaction scores. There may be some areas of improvement including: <ul style="list-style-type: none"> ○ Involvement in care planning ○ Provision of information ○ Involvement in discharge plans
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<p>b. What learning can you use from previous events/projects?</p> <p>We will ask questions around the following issues to follow up on previous findings:</p> <ul style="list-style-type: none"> • Care for people with dementia • Support during a Community Bed stay • Support following discharge from a Community Bed • Involvement in care planning and discharge • Provision of information • Opportunities to feedback • Location of Community Bed unit

7. What timescales are you working to? (include planning implementation, evaluation and feedback)

Complete draft communications and engagement plan	30.9.14
Circulate plan to PAG	30.9.14
Brief scrutiny board (if level 3 or 4)	N/A

Carry out engagement	9.10.14 – 27.10.14
Complete engagement report	5.11.14
Take business plan to CCC	N/A
Procurement process	Jan 2015
Commencement	Mid 2016

8. Engaging with your stakeholders (consider using a stakeholder mapping tool)

a. Who is the change going to affect and how?

The changes will affect patients using community beds, their relatives and the people who care for them.

b. Who will you need to engage with?

To engage with the following...

group	who	how	By who
Patients	People who use community care beds around the city	We will provide community bed staff with paper copies of the survey to share with patients	LWCCG engagement team
		We will attend the community bed units in the city and fill in the survey	<ul style="list-style-type: none"> LWCCG engagement team Leeds Involving People (LIP) and staff at Commissioning Support Unit (CSU) may support this part of the engagement
		We will interview patients who are using/have used Community beds in Leeds	<ul style="list-style-type: none"> LWCCG engagement team
The above will be supported by:	<ul style="list-style-type: none"> Continuous promotion on CCG's social media channels linking in and encouraging all identified groups/third sector partners to share using their own social media Writing and sharing a standard article for inclusion in any internal bulletins, magazines or websites of all the above identified groups/third sector partners 		
Carers	People who care for or visit patients in community beds	We will provide community bed staff with paper copies of the survey to share with carers and relatives	LWCCG engagement team
		We will attend the community bed units in the city and fill in the survey	<ul style="list-style-type: none"> LWCCG engagement team Leeds Involving People (LIP) and staff at Commissioning Support Unit (CSU) may support this part of the engagement
		We will interview carers and relatives who have experience Community beds in Leeds	<ul style="list-style-type: none"> LWCCG engagement team

To inform the following...

group	who	how	By who
People with protected characteristics as defined by	Black and minority ethnic (BME) communities	We will share the engagement with our voluntary, faith and community sector partners	LWCCG engagement team
	Carers		
	Children and young people		

Equality Act 2010	Older people	and encourage them to share it with their service users Will share with the Older peoples Forum	
	People with disabilities		
	Users of mental health services		
	Lesbian, gay, bisexual and transgendered people		
	Gypsies and travellers		
	Homeless people		
Underpinning principles for contacting people with protected characteristics	<ul style="list-style-type: none"> All the above will have access to material and suggested text developed by LWCCG communications and engagement team The bulk of the above activity will be done by email and on social media If we are requested to provide documentation in alternative formats we will do so, because of the complex and diverse nature of our communities we will not proactively produce materials in a range of formats from the outset 		
Partners	Healthwatch Leeds		
Political			
Providers			
Media			
<p>c. What methods will you use to engage with your stakeholders? Outline in the action plan at the end of this document We will use a variety of ways to engage with our stakeholders. This will help us to communicate in ways which are appropriate for our different communities. We will use the following methods to engage:</p> <ul style="list-style-type: none"> Paper and online surveys Interviews 			

9. What resources do you need for the engagement?	
a. What additional staffing do you need? We will commission a voluntary sector partner to support the engagement	
b. If the information is complicated or is targeted at people with learning disabilities have you considered 'easy read' literature? Our documents will be available in alternative formats on request	
c. Outline the your budget	
Resource	Cost
Survey printing and distribution	£500
TOTAL	£500

10. What are your consultation/engagement questions?	
a. What do you want to find out? We want to understand peoples' experience of using community beds.	
b. What questions will you ask? See attached patient survey	
c. How will you pilot the questions to ensure they are suitable? We will share the questions with our PAG members prior to the engagement	
d. How many people do you need to speak to? We aim to speak with 50 people. This will include 5 interviews.	
e. How will you demonstrate that you have consulted with a representative sample? We will collect equality monitoring information and report this in the engagement report	

11. Results

a. Who will collate the results? LWCCG engagement team
b. Who will analyse the results? LWCCG engagement team
c. Who will write the report? LWCCG engagement team

12. Feedback and Evaluation
a. How and when will you feedback to your participants? We will send an engagement report to all the people who take part in the engagement.
b. What will you feedback? We will outline the engagement, the key themes and recommendations and include a breakdown of the equality monitoring.
c. Will there be ongoing feedback or a follow-up event? We will update people who took part at regular intervals throughout the project. We will also seek to recruit suitable patients to support the development of the work.
d. Have you filled in the PPI events Record log Yes

Action Plan July 2014 – Oct 2014

	Action	Target audience	Lead	Deadline	Comments/ progress
1.	Recruit patient rep	Patients and the public	Chris Bridle	Mid Nov	
2.	Write communications and engagement plan	Staff Patient reps PAG	Chris Bridle	30.9.14	
3.	Write patient survey	Patients Carers Wider public	Chris Bridle Joanne Leather	30.9.14	
4.	Send plan to the 3CCG PAGES	PAG members	Jayne Garnett	30.9.14	
5.	Write engagement covering letter	All	Chris Bridle	9.10.14	
6.	Add survey to snap survey	All	Natasha Noor	9.10.14	
7.	Add engagement onto website	All	Natasha Noor	9.10.14	
8.	Press release	Media Public	Natasha Noor	10.10.14	
9.	Social media plan	All identified partners both those who we plan to engage with and those who we will inform Patients and their carers Wider public	Natasha Noor	10.10.14	
10.	Email out link PDF of survey and link to online survey	<ul style="list-style-type: none"> • Other CCGs (to share with PAG, practices and networks) • LWCCG patient network • LWCCG VCF sector network • LCH/LTHT/LYPFT networks • Citizens panel • Political partners • Healthwatch • Carers Leeds 	Chris Bridle	10.10.14	
11.	Mail-out covering letter and paper surveys	LWCCG network members who do not have access to email	Chris Bridle	14.10.14	
12.	Organise and run drop-ins at	Patients and carers	Chris Bridle	10.10.14	

	Community bed services across the city		LIP		
13.	Organise and run interviews with patients/relatives across the city	Patients and carers	Chris Bridle	10.10.14	
14.	Add to staff e-bulletins and share content with partners identified in the plan	<ul style="list-style-type: none"> • Staff • Colleagues at partner organisations • Patients and carers (from coverage in partner bulletins) 	Natasha Noor	10.10.14	
15.	Write engagement report	<ul style="list-style-type: none"> • Stakeholders 	Chris Bridle	5.11.14	
16.	Send engagement report to stakeholders	<ul style="list-style-type: none"> • All stakeholders • People who contributed to the project 	Chris Bridle	10.11.14	
17.	Write follow up report and send to patients	<ul style="list-style-type: none"> • People who contributed to the project 	Chris Bridle	tbc	

Appendix A – Stages of engagement

Definitions of reconfiguration proposals and stages of engagement/consultation			
Definition & examples of potential proposals	Stages of involvement, engagement, consultation		
	Informal Involvement	Engagement	Formal consultation
Major variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT			Category 4 Formal consultation required (minimum 12 weeks)
Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people		Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making. In most cases this means 12 weeks engagement period	Information & evidence base
Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries	Category 2 More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought	Information & evidence base	
Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions	Information & evidence base	

7. Key themes and recommendations

1. Care quality

Patients and carers were generally very satisfied with the quality of the care they received in the CIC beds. However, it was clear that people had experienced varying standards of care depending on which location they stayed at. Feedback suggested that patients and carers evaluated the quality of the care they received based on a common set of standards. These care standards included, but were not restricted to;

- independence and privacy;
- staff attitude;
- communication and involvement; and
- access

RECOMMENDATIONS	Ensure CIC bed service providers are accountable to patients
	Ensure that patients are clear about their rights and responsibilities
	Provide adequate opportunity for patients to feedback compliments and complaints

2. Discharge planning

The majority of patients and carers commented on the importance of carefully planned discharge from acute and community services. People gave a clear indication of how they thought this aspect of the service could be improved.

RECOMMENDATIONS	Ensure that patients, carers and other stakeholders (such as meals on wheels) are involved in discharge planning
	Ensure that community staff and GP are aware of discharge
	Ensure discharge is risk assessed
	Consider the benefits of informing stakeholders prior to day of discharge
	Provide patients and carers with adequate information. In the case of discharge to a CIC bed, consider the benefits of providing the patient and carer with: <ul style="list-style-type: none"> • information on location, public transport etc • access to a 'greeter' on arrival • visit to the CIC bed prior to referral

3. CIC bed location

The location of existing and future CIC beds was one of the most discussed aspects of the consultation. People felt that they should be able to choose which CIC bed they were assigned to. There was a strong feeling amongst participants that the location of the three CIC bed centres would make or break the service. People generally wanted CIC beds to be located as accessible as possible to their home and felt that the services should be evenly spread across the city. Patients and carers also felt that CIC beds should be served by good public transport links.

RECOMMENDATIONS	CIC beds should ideally be located in a place well served by public transport
	CIC beds should be evenly spread across the city

4. Communication

Communication between staff, patients and carers was seen as essential in the provision of quality care. A number of patients gave examples of when communication had broken down and this usually had a detrimental effect on people's experience of care. These breakdowns appear to have happened internally (between staff) and between staff and patients. On occasions, internal process caused unnecessary delays. However, the majority of concerns arose from a lack of patient/carer involvement or the lack of adequate information.

RECOMMENDATIONS	Consider ongoing evaluation of structures and processes
	Ensure that patients and carers are involved throughout the process – including all care and discharge planning
	Provide all patients and carers with up-to-date, concise and clear information before referral and discharge
	Provide patients and carers with information and/or mechanisms as to how to feedback compliments, concerns and comments about the service

5. Feedback

Verification of patient information is an important part of patient involvement. This process of checking allows NHS Leeds to ensure that the report accurately reflects the thoughts and feelings of those involved.

RECOMMENDATIONS	Send a draft report to all people involved in the focus group and interviews.*
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*Version 3.0 FINAL of this document was sent by post to all those involved in the focus group and interviews for comment. The replies are included in appendix F on page 37.