The background of the slide is a photograph of the Blackpool Promenade. It shows a wide, paved area with a mosaic of newspaper clippings. In the background, there are buildings, including the 'FAMILY BROS' and 'AMUSEMENTS' signs, and a large, modern, curved structure. A person is walking on the promenade. The sky is blue with some clouds. A large, dark, teardrop-shaped sculpture is visible on the left side of the image.

Informing the ICP Strategy Development - Engagement insight 2016-2019

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Introduction

The ICP Development Team is in the process of designing a strategy for the Healthier Fylde Coast integrated care partnership with the aim of having a draft strategy prepared by September 2019.

As with all planning within the NHS there is a requirement to take in to account robust engagement on plans in order to ensure services are provided to meet the needs of the population served.

The ICP strategy will cover all aspects of health care and could impact on all services currently provided on the Fylde Coast. Therefore the scope of engagement will need to cover as wide a population and draw on as much engagement as possible.

The communications team has, over the last few years, conducted several engagement exercises connected with various projects. The results of these exercises are relevant to developing priorities and principles for the wider strategy development.

Rather than presenting all the previous engagement reports this report brings together the pertinent information already gathered. By doing this we hope to identify gaps in engagement so that resources can be focussed on filling these gaps to further inform the strategy development. Further information on the findings can be found in the full reports linked to in each summary.

Executive summary of findings

The total number of people engaged throughout all of the listed activities is more than 8,054 with some of the numbers not being recorded through the agencies that conducted them or due to the nature of the feedback mechanisms.

Keys themes highlighted.

- Mental health - service provision (especially for those in crisis)
- Need for social prescribing
- Appointment length – too short
- Appointment waiting times – too long
- Drug / alcohol issues – support service provision
- Older people - pathways
- Young people – involvement and things to do
- Community involvement
- Consistency of message and service provision
- Accessibility
- Respect and dignity
- Care coordination
- Prevention / early detection
- Continuity of care
- High value efficient services

Key recommendations throughout feedback.

- Look at long term causes and effects

- Less reliance on medications
- More information / education in schools
- More awareness of self referral services
- Make health centres a community hub of information and services
- Better involvement with patients
- Better involvement with businesses and third sector
- Recruitment of more staff – GPs
- Mobile or localised clinics
- Tackling social isolation
- Encourage more use of outdoor spaces for exercise and wellbeing
- More self care promotion
- More robust pathways to referral
- Create a range of ways to access health services eg online
- More same-day access to services
- Single point of access for services
- Reduce lengths of stay
- Better use of technology (within treatment)
- Individualised care / person centred

Areas for improvements.

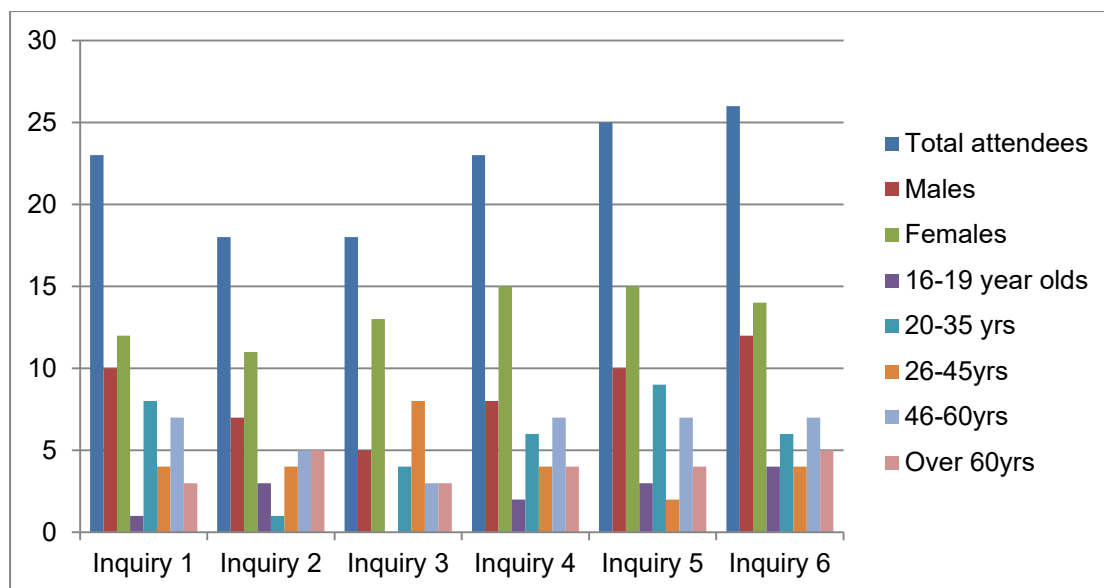
- Raised awareness of services
- Staff attitude / culture – to embed new ways of working
- Waiting times
- Services for young people during transitional ages (16-18 year olds)
- Community involvement
- More support for people with disabilities

Areas of success to build on.

- Range of health care professionals available

1. Citizens Inquiries - Recommendations

Working with our partners at Blackpool Council and with the help of specialist community engagement professionals at Shared Future CIC, we have undertaken six 'Citizens Inquiries' across Blackpool with one in each neighbourhood apart from in the North and two taking place in Central West area. In total 133 residents took part in the inquiries with the below demographics.



These inquiries involve recruiting a number of local residents from within our neighbourhoods and who are truly representative of the population that lives there. The resident group then undertake an inquiry process to investigate and analyse issues within the local area, ultimately seeking to answer the following question:

“For people living within this neighbourhood, what are the key factors which impact upon their health and wellbeing?”

The report breaks down the findings into main categories. In each of the categories the key themes of the recommendations have been summarised below.

- A&E
 - More alternative services to A&E. Including mobile services within the night time economy areas.
- Mental Health
 - Less discrimination (eg more recognition of men’s mental health).
 - Improved instant access to mental health support for people in crisis.
 - Attempts to tackle long term causes and effects of mental health conditions – less reliance on medication.
 - Better explanation of care plans
 - More investment in to early intervention – social prescribing.
 - Mental health should be treated as equally important as physical health and resourced accordingly.
 - A specific need isolation and loneliness strategy.
 - More support in schools.
 - More support for families with mental health conditions
 - More mental health support for young people.
 - Mental health support should be available 24 hours a day seven days a week.
 - Support should be given to mental health patients to set up peer support groups and current patients should be directed to them.
 -
- General Practice
 - Longer appointments to give GPs chance to think of most appropriate treatment.

- GPs should consult and work with local residents to understand local health issues and develop services to support them (e.g. loneliness, stress, poverty and obesity).
- People need to be made aware that they can refer themselves to some services without seeing their GP, and what these services are.
- Improved appointment access to 'same week' appointments.
- Growth and use of patient participation groups
- Patient peer networks and awareness / support groups.
- Friendlier services – not just an nhs number but a person.
- Better breastfeeding / early years support and better health training for young people.
- Improved test reporting so patients have access to results quicker.
- Practices should be a hub for information on all community support.
- Patients want to see the same doctor
- Health services should be promoted better.
- Substance and Alcohol Abuse
 - School-age education is needed.
 - Quicker access to services for help and support.
 - More connection with the transient population – working with hoteliers and landlords
- Young people
 - More support for young people seeking work experience.
 - Employers should be encouraged to employ Blackpool's young people as a priority.
- Community
 - More support for refugees/people whose first language isn't English moving to the area to help them integrate into the community.

Audience involved

A large amount of effort was put into making sure that a diverse group of local residents were able to take part. The aim was to recruit people who are usually excluded from participatory processes. The project steering group met on a number of occasions to identify a strategy for reaching people in the target area.

Around 2,000 letters were issued for each of the inquiries. From the responses the applicants were filtered down to a manageable level and care was taken to ensure all demographics from that area were represented.

Inquiry group	Applications received	Number of people in main inquiry group	Number of males	Number of females	16-19 year olds	20-35 year olds	36-45 year olds	46-60 year olds	Over 60 year olds
Central West Far North South Central East South Central	65	22	10	12	1	8	4	7	3
	34	18	7	11	3	1	4	5	5
	52	18	7	13	0	4	8	3	3
	52	23	8	15	2	6	4	7	4
	36	25	10	15	3	9	2	7	4

2. Neighbourhood community surveys

In December 2018, under the Healthier Fylde Coast partnership, which includes the NHS, local authority, the voluntary, community and faith sector and residents, the CCGs developed a 'neighbourhood plan survey' to provide public perceptions data in relation to the 10 neighbourhoods across the Fylde Coast.

The survey asked residents about their community (the place where they live, the surrounding area and the places they use in their daily life, for example, shops, schools and health services). It also asked how neighbourhoods can work together to improve health and wellbeing in their community.

The majority of the questions in the survey talked about practical steps that could be taken for example ranking activities such as places to walk, parks, places for children etc. Other questions looked at how services currently work together with findings showing people felt organisations did work together well and that this is a priority.

What local resources help you live a healthier life?

The vast majority of people cited outdoor spaces, such as the beach, parks and places to walk as the local resources which help them live a healthier life, followed by gym or sports facilities. Respondents also cited various community groups, including running and walking groups, stop smoking groups and singling groups.

What would help you feel your community is a better place to live well?

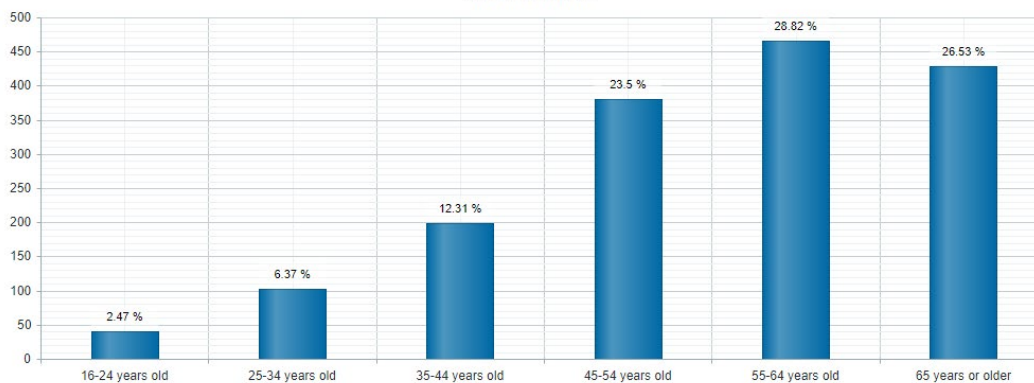
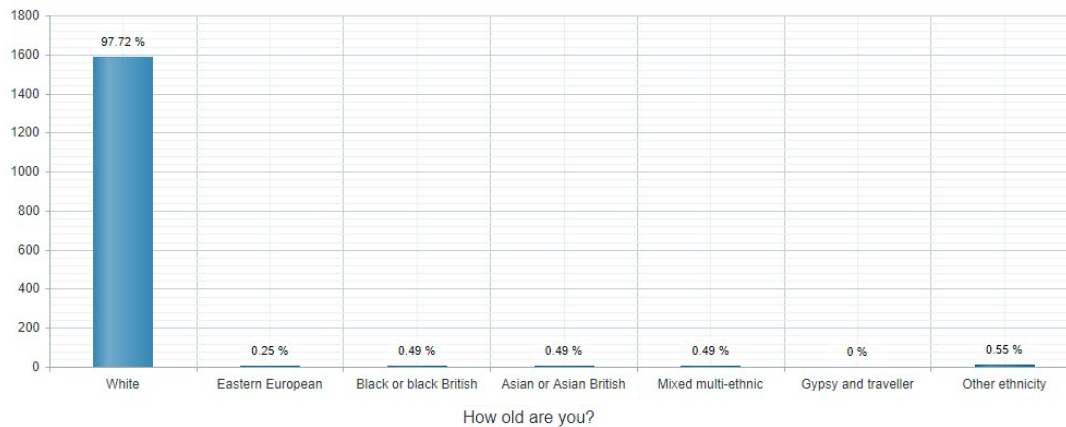
Responses to this were given as verbatim comments and these have been summarised into categories below – policing and personal safety have not been included however these did rank highly and working with the police should be seen as a priority.

In each of the categories the key themes of the recommendations have been summarised:

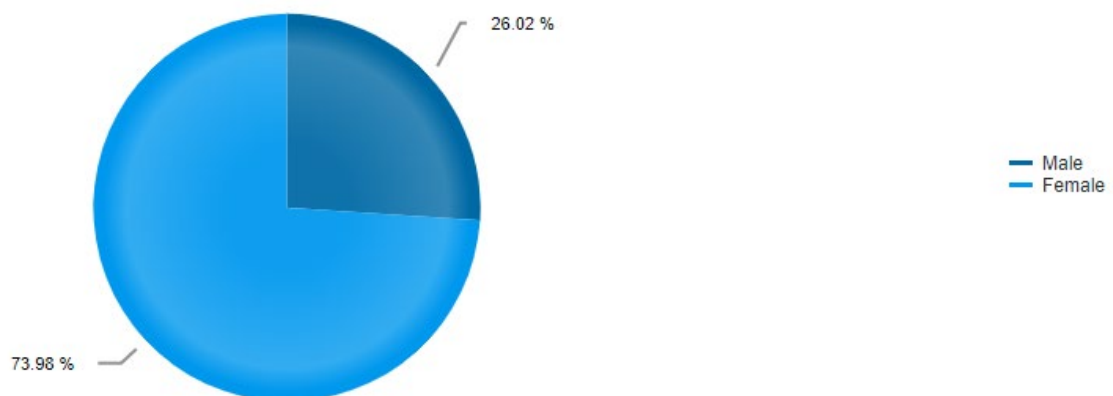
- Health / wellbeing
 - Better access to appointments.
 - Better understanding of the role of healthcare professionals.
 - Access to support services like Citizens Advice Bureau through GP practices.
 - Recruitment of more healthcare professionals – especially GPs.
 - Social prescribing
 - More community clinics and mobile screening/mobile minorIncreased emphasis on people taking responsibility for their health.
- Older people
 - More provision for the elderly to tackle social isolation.
 - Exercise classes for the over 70s.
- Young people
 - Improved facilities for young people – especially sport and social.
 - More engagement with young people both to get them involved and to encourage them to take more responsibility.
 - Better health education for young people.
- Better provision for the transitional ages – 16-18 year olds.Community
 - Build on community spirit.
 - More community projects for people to be involved in.
 - Increase community cohesion.
 - More emphasis on using community centres or community hubs.
 - More engagement with faith groups.

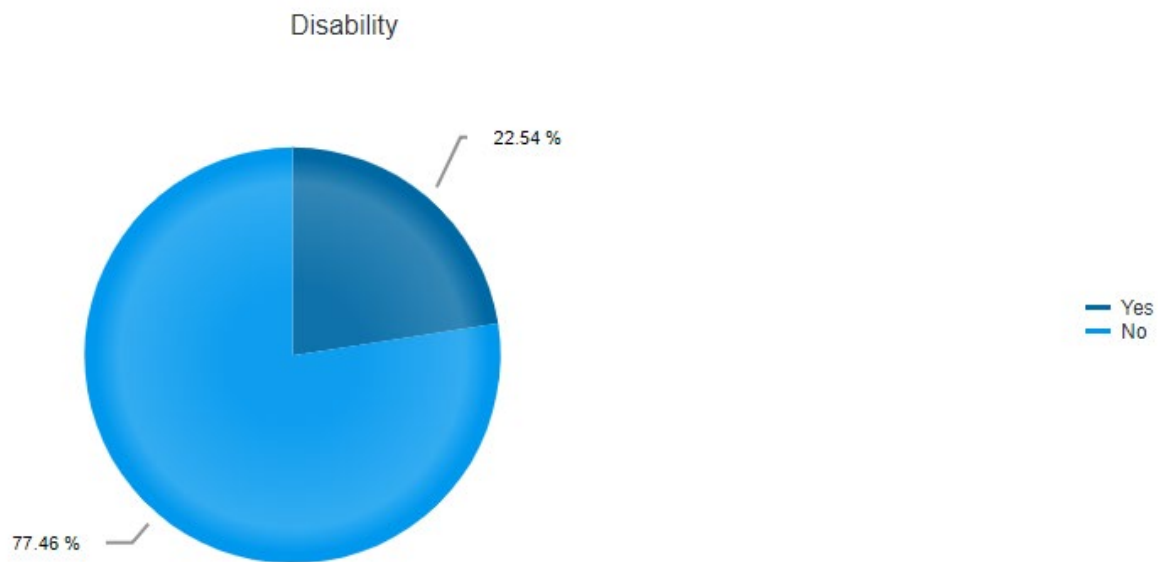
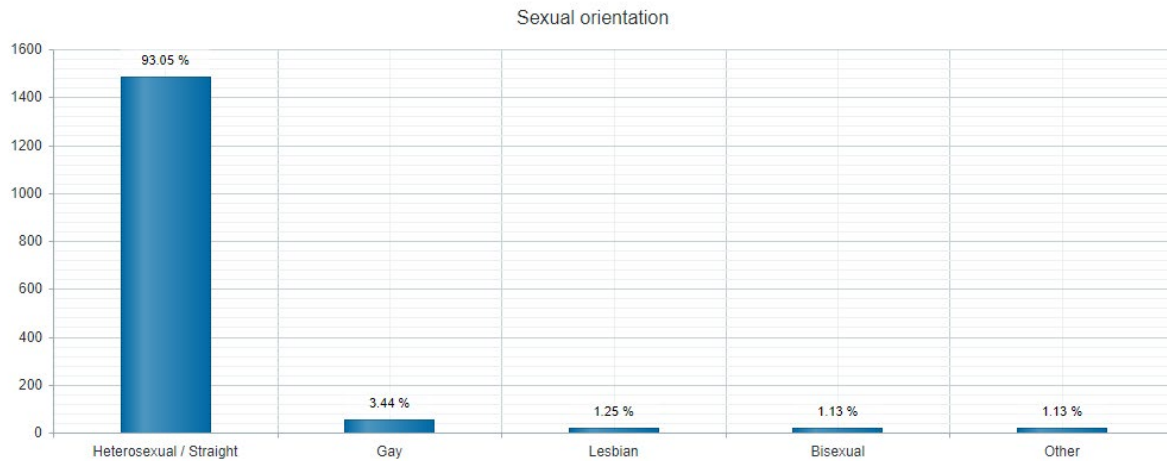
- Support for community groups tackling health issues such as loneliness and isolation. Environment
 - Better use of outdoor spaces to promote health and wellbeing.
 - Cleaner spaces that attract people to be outdoors.

Audience involved



Gender





3. Your Voice

Across the Fylde Coast the communications and engagement team hold monthly drop in sessions for the public to share their views on NHS services.

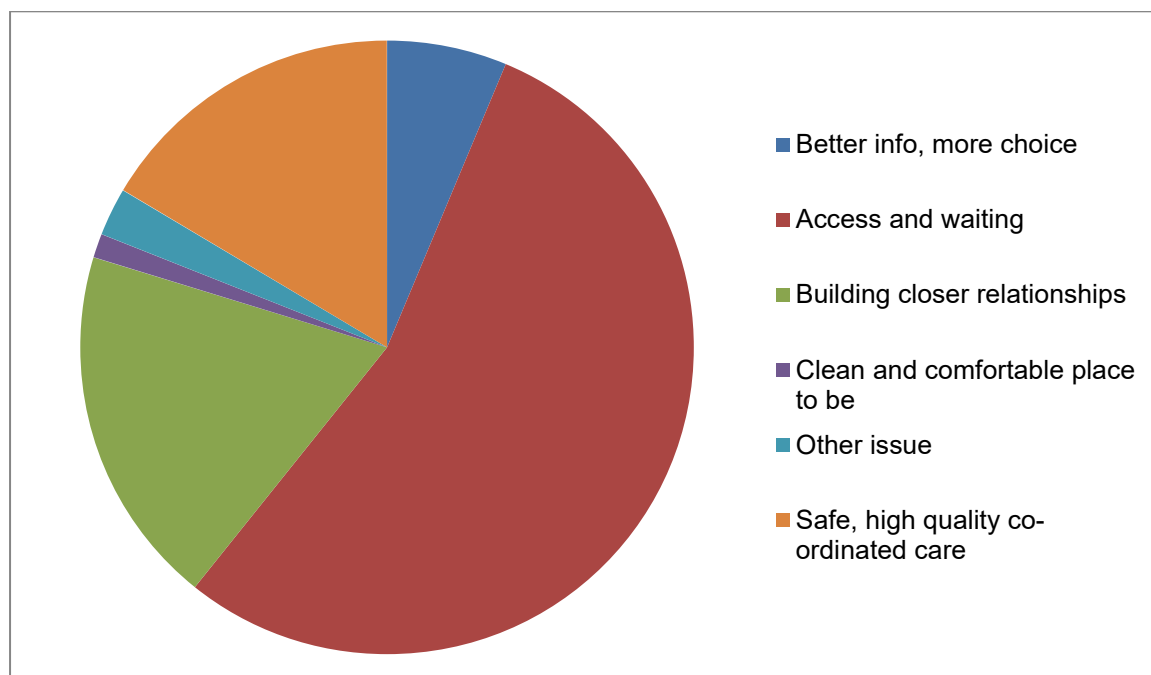
People who attend the sessions are asked three simple questions:

1. What was the nature of your experience?
2. What was good about your experience?
3. What could have been improved?

The responses to these questions are then input into a datix insight system and categorised into one of the following domains and sub-subjects.

- Better info, more choice
- Access and waiting
- Clean, friendly comfortable place to be
- Safe, high quality co-ordinated care
- Building better relationships
- other

The below chart shows the number of comments received in each category.



The access and waiting domain is made up of comments relating to appointments, time taken for referral etc. As can be seen this is the domain that people have most concern over and therefore should be a priority for improvement. This is followed by the building better relationships domain. This domain is concerned with the attitude of staff and comments in this category usually around receptionists and integration of information (having to explain situation several times to each healthcare professional).

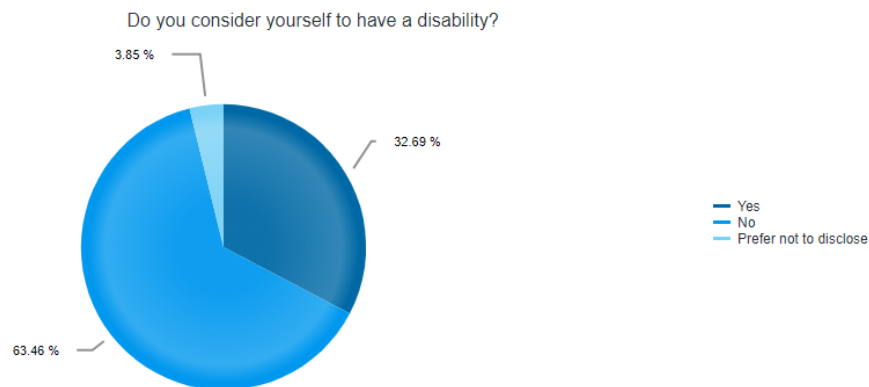
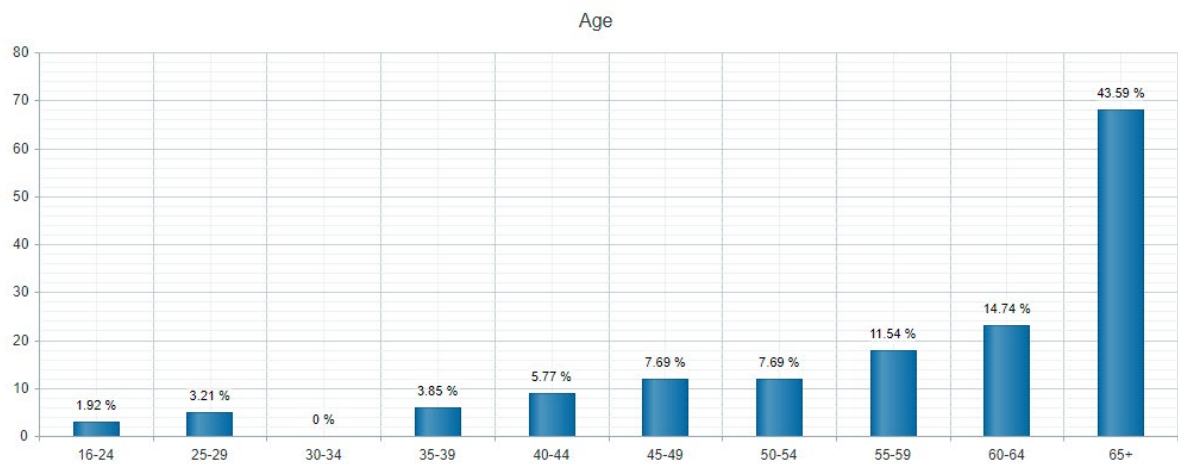
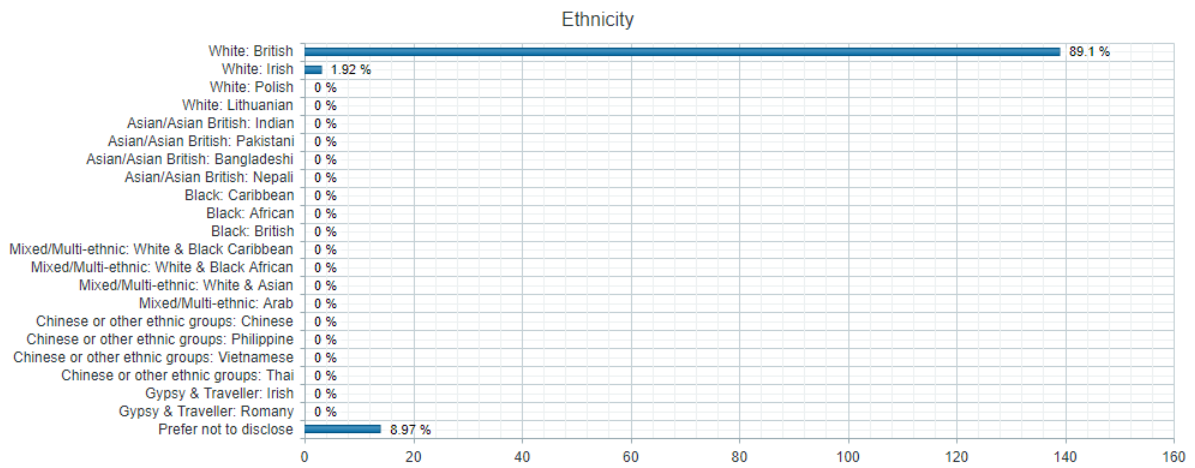
4. GP Patient Survey

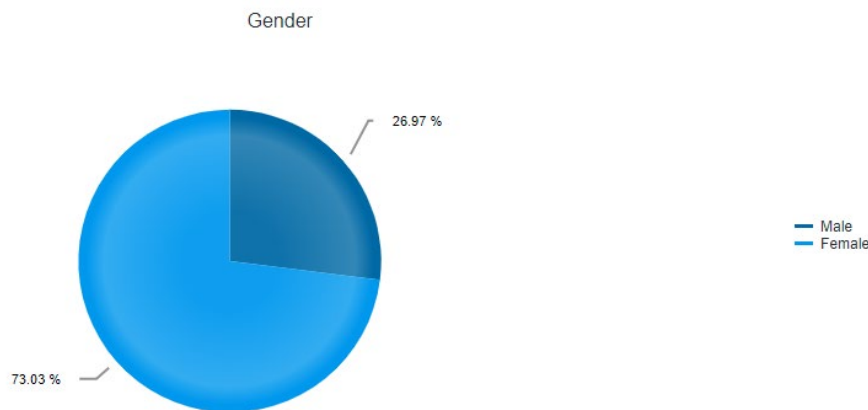
Every year, a random selection of people living on the Fylde Coast and the rest of England are invited to take part in the national GP Patient Survey (GPPS). The results are shared on the dedicated GPPS website and is available down to individual GP practice level.

On the Fylde Coast the results showed the overall experience of services was good. Most were happy with the type of appointment offered with a health care professional in their practice which is evidently a key area for satisfaction – access to appropriate services.

Another key finding was the use of online technologies with many saying they would access services online for tasks such as booking appointments, ordering repeat prescriptions although few said they would access medical records online.

Audience involved





5. Social prescribing co production conference

On Wednesday 12 June 2019 a co-production event took place to bring together representatives from the Primary Care Networks, NHS England, local voluntary, community, faith and social enterprise sector groups and patients with lived experience to discuss what social prescribing on the Fylde Coast should look like. This included how each of the Primary Care Networks would employ and develop the social prescribing link worker.

It was widely agreed that the social prescribing link worker should work within a neighbourhood resulting in a better understanding of the demographics of that neighbourhood and what is available. However they should be able to network allowing cover to be provided if needed during periods of leave.

Discussions suggested that some of the social prescribing link worker's time should be set aside to help support the community sector groups. This would take the form of offering support and training to deal with patients with complex needs and also to help identify funding opportunities for the community groups to help them deal with the extra referrals that could be forthcoming.

There was serious concern from the community sector that the extra referrals to groups would increase the workload of the group. There is a risk that the group would not have the capacity to take on these referrals causing the group to struggle.

There were also some comments made about duplication. Not only is the social prescribing link worker very similar to the health and social wellbeing worker there are also some community groups who exist to help signpost people to other groups that may be of assistance. There is clearly some duplication and in areas where such community groups exist there needs to be a very close working relationship.

A common suggestion was that of better utilising the patient participation groups to help signpost and gather information on the community groups in the area.

A question of accountability was also raised. If a member of the NHS staff is recommending patients go to a particular group what measures are in place to ensure that group is suitable? Is there an accreditation scheme? The fear is that this might introduce bureaucracy into the system which smaller groups would not be able to cope with. Later discussions, outside of the workshops, suggested an NHS accreditation scheme could be created which could actually serve to empower groups to grow.

6. Fylde Coast Self Care Strategy – Stakeholder and community views

A significant period of communication and engagement was undertaken with local stakeholders and members of the public in 2016/2017 which resulted in:

- A total of 449 people engaged. Of these, 188 were as a result of face-to-face methods
- more than 300 people completed our self-care survey either online or in person at local primary care centres
- associated social media posts reached a potential audience of 200,918 people and three local media articles were generated in relation to this work

A stakeholder event was held in September 2016 to launch the development process of the strategy and begin the wider communication and engagement needed to inform it. In total, 87 people attended the event with the vast majority of these attending in a professional capacity; however, there was a small number of members of the public also present.

Attendees heard from key speakers, including representatives of other NHS Vanguard areas, who shared their experiences of developing and enabling self-care strategies. Attendees then took part in round table exercises to begin mapping local community assets and discuss how more local people can be encouraged to make use of these.

The resulting themes from this exercise was that the Fylde Coast possesses a wide range of assets which enable self-care for individuals and communities but that these are not always utilised as well as they could be. Delegates at the event identified a number of factors which prevent people from utilising a range of local assets, including:

- people's personal motivations
- time
- lack of awareness that the assets and opportunities exist to support self-care.

These findings were supported by the additional engagement work that was undertaken across the Fylde Coast with patient focus groups, and as part of the on-line survey whereby they identified healthy lifestyles and behaviours as the key component of self-care (such as healthy eating and exercise) and that a lack of motivation and a lack of awareness of local community groups and other services which people could access to support self-care were perhaps the main barriers.

When respondents were asked to prioritise which options would help them and others to take a more active role in managing their general health and/or a specific long-term condition, the responses showed people felt that support and advice provided to them via a GP or other health professional would be the most important and beneficial.

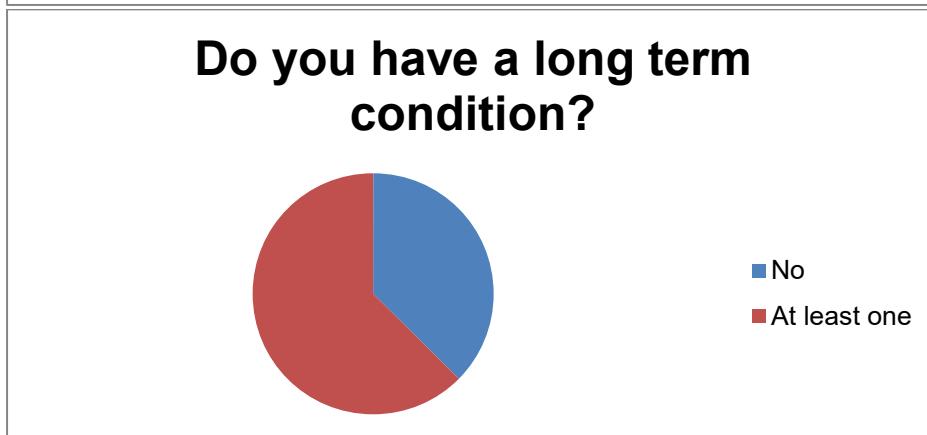
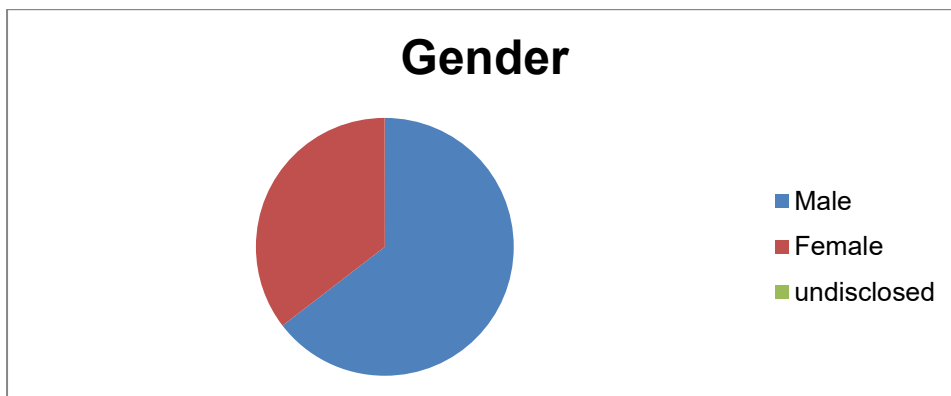
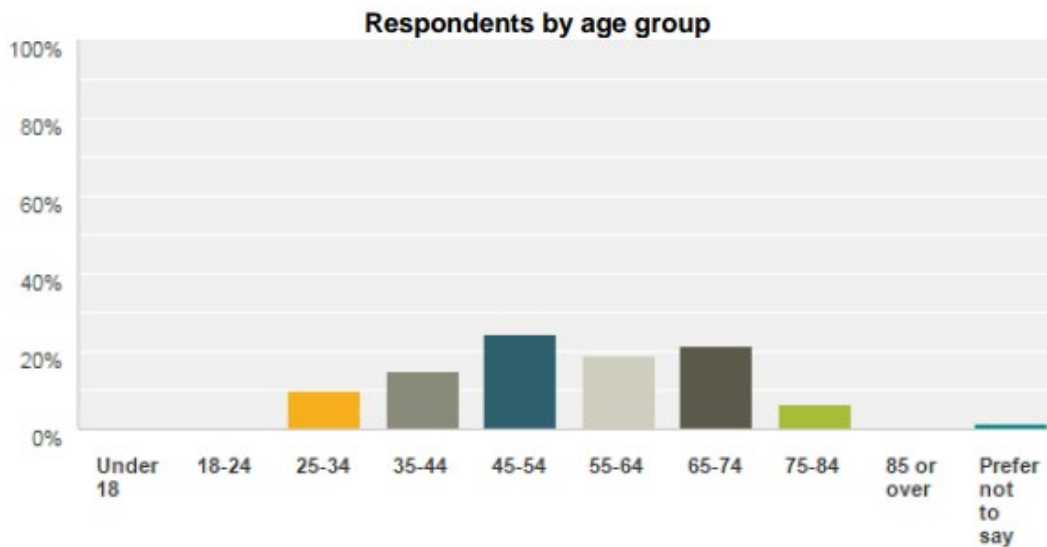
Evidence shows that when individuals have control of their own health, wellbeing and care and are supported to become more activated, they benefit from better health outcomes, improved experiences of care and fewer unplanned care admissions.

Priorities gathered from the engagement included:

- Focus on healthy lifestyle choices, getting people to quit smoking, drink less alcohol, eat a healthy diet and take more exercise
- Increase levels of social prescribing as an alternative to medication, and connect people more so that peer support is widely available to those who want it and group activities to support health and wellbeing are inclusive to all and well publicised

- Value the role of people and communities in their health and wellbeing (focusing on their strengths and what they can do, not what they can't), including through co-production, volunteering and social movements for health
- Support and integrate the voluntary, community, faith and social enterprise sector; working alongside people

Audience involved



7. Fylde Coast CCG influence panel

On Thursday 4 July 2019 the Fylde Coast CCG influence panel met to discuss the ICP strategy. The group were led through a template that was due to be used by Healthwatch Blackpool for some public engagement on the ICP strategy.

Below are some of the responses from the group summarised in various categories.

- **What should good health and care services look and feel like?**
 - They should be accessible.
 - They should be joined up and talk to each other efficiently.
 - They should be easy to use and easy to understand the pathway you are on and what your treatment involves.
 - They should communicate what services there are and how to access them.
 - No matter where people live, they could receive the same level of care and have access to the same services.
 - Need to manage health inequalities – some people can't travel.
- **What ideas would you like to offer the decision-makers to make improvements?**
 - Make it easier to understand.
 - Make the IT systems talk to each other better.
 - Practices all need to work in roughly the same way
 - How can someone tell their friend how to access a particular service or person, etc, if that person then goes to their GP practice and the process is different at that practice?
 - Charge people who do not turn up for their appointments.
 - Make all GPs employees of the NHS – pay them well.
 - Can never truly implement a long-term vision because of politics – need to be able to do this.
 - Going to the walk in centre should be the same as going to the GP.
 - Make it easier – and cheaper – to get a medical degree placement.
 - Work with local institutions to get more local people studying to become clinicians.
- **What are people's views on primary care networks?**
 - Sounds great. Feels like a good move.
 - Would be good to have information displayed on what services are now available through the primary care networks, where they are offered and how to make appointments for them.
 - Could there be a patient pack produced by each network detailing what patients need to know in that neighbourhood?
 - Would be better if the services were offered in the practice so patient didn't have to travel to another practice to access that service/healthcare professional.
 - As long as another practice has your record then would be happy to have an appointment at a different practice in the same network.
 - It shouldn't matter who provides your care as long as it's the right person.

8. 2030 vision for health and care in Fylde and Wyre

Engagement on the 2030 vision took place in 2015 however participants in that engagement were asked for long term goals. The output from that was a goal and principles that remain valid until 2030. These are outlined in the full report but summarised below.

Strategic objectives:

- Commission high quality, safe and cost effective services that reduce health inequalities and improve access to healthcare.

- Effectively involve patients and the public in decision making.
- Develop excellent partnerships that lead to improved health outcomes.
- Make the best use of resources.
- Develop and maintain an effective organisation.

Guiding principles

- Everyone counts: We use our resources to benefit the whole community, making sure people are not excluded. We recognise how we all have a part to play in making ourselves and our communities healthier.
- Improving lives: We are committed to improving people's experiences of the NHS and improving their health and wellbeing. We will work with all our partners to deliver the best outcomes for our residents. We will be honest about our point of view and what we can and cannot do.
- Working together for patients: We put patients first in everything we do. By reaching out to staff, patients, carers, families, communities and professionals outside the NHS, we put the needs of our patients and communities before organisational boundaries.
- Commitment to quality of care: We repay the trust that is placed in us by insisting on quality and striving to get the basics right every time – safety, safeguarding the most vulnerable, confidentiality, professional and managerial integrity, accountability, dependable services and good communication. We welcome feedback, learn from our mistakes and build on our successes.
- Respect and dignity: We value all people as individuals, respect their aspirations and commitment in life, and seek to understand their priorities, needs, abilities and limits. We expect healthy challenge from our Governing Body members and practices as we take up the challenge of providing high quality healthcare services within available resources.
- Value for money: Every act of commissioning commits public money. We aim to ensure every one of these decisions is value for money.

9. Multispecialty Community Provider engagement

In February 2017, NHS Fylde and Wyre CCG utilised a number of engagement events to provide an update on its 2030 Vision, specifically the new models of care, as well as looking at how the provision of services may be developed in the future.

The main focus of the engagement activity was to consider what makes a community health service 'excellent' and in doing so prioritise a number of statements around what was most important to them. The prioritised statements will be used by the CCG to develop 'objectives' to measure the quality of community health services in the future.

A number of clear themes emerged through general discussion of what makes a community health service 'excellent':

- Prevention/education
- Supporting self-care
- Care that is accessible and timely
- Care that is coordinated
- Good communication
 - Between professionals and different providers of services
 - In terms of signposting and education (in relation to self-care)

Analysis of the prioritisation exercise with suggested outcome measures shows the following measures to be of the highest priority to people:

- Fewer A&E attendances for people who could be seen or supported elsewhere.
- Ensure illnesses are diagnosed at an early stage.
- Ensure patients receive coordinated care.
- Ensure early treatment is provided for illness.
- Fewer people with chronic conditions making unplanned visits to hospital.
- Improve uptake of screening programmes.
- Help people to self-care when they have a minor illness or injury.
- Ensure patients are treated with dignity and respect.
- Fewer people developing long-term conditions, such as diabetes.

10. BTH staff engagement on Trust-wide strategic review

In preparation for the review of the Blackpool Teaching Hospitals NHS Foundations Trust's strategy staff were asked a series of questions around what the strategy should focus on and what they thought priorities should be.

The majority of staff said they felt the main focus should be on high value efficient services and well integrated services.

When asked what it would take to improve quality and productivity the following summary responses were given:

- Best practice care pathways
- Matching supply to demand in all aspects of care
- Skill mix changes
- Substitution by technology
- Trust wide programmes e.g. reducing LOS, agency use
- Increasing asset utilisation
- Reducing costs of procurement
- Shift in culture and behaviour

These can be summarised into the following themes:

- Efficient use of resources – technology, procurement etc
- Integrated care – sharing skills mixes and improved care pathways

Key priority areas of focus within the Trust include:

- LTC and out of hospital care – integration
- Urgent and emergency care
- Elective care services
- Cardiac services
- Families.

11. Fylde Coast 'working together' staff survey

The Fylde Coast Integrated Care Partnership (ICP) – known as Healthier Fylde Coast – is currently in the process of developing its five year strategy. It is being built upon the needs of the local population, as well as being aligned to regional and national priorities. The aim is for the strategy to be completed by December 2019. Between now and then staff, stakeholder and public engagement will take place to 'test' the priorities. These priorities

have been identified as a result of previous insight work, local challenges and regional and national asks. Crucially over the coming weeks and months, staff working across the ICP will be asked 'how' we can best deliver the strategy.

As part of the ongoing engagement work a staff survey was developed to ask staff across the ICP how aware and involved they are in the development of partnership working, the benefits of working in partnership and how well plans are communicated.

The survey ran from 1 August to 17 September 2019. A total of 173 responses were received, with the breakdown below:

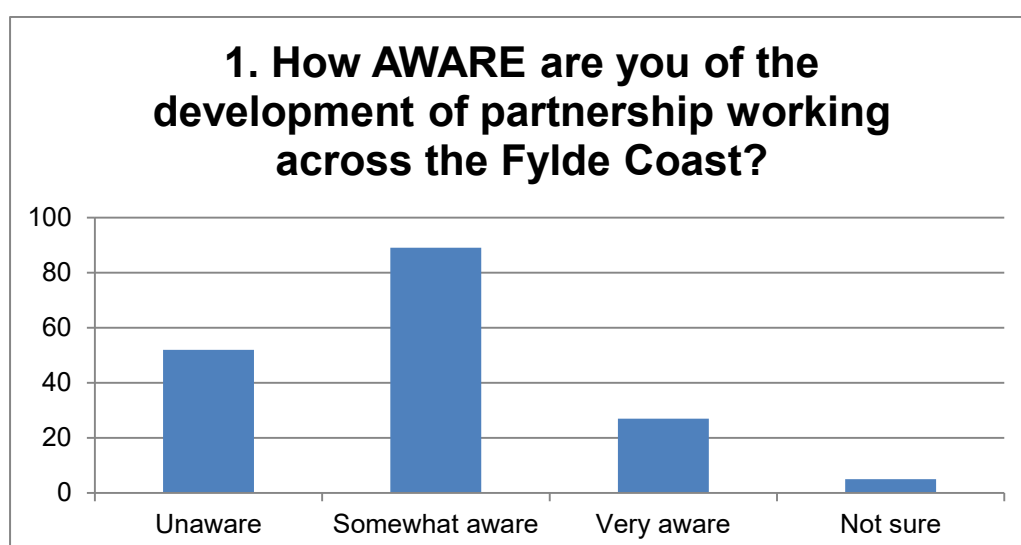
- Fylde Coast CCGs – 18
- Blackpool Teaching Hospitals NHS Trust – 152
- Blackpool Council – 0
- Lancashire County Council – 1
- Other – 2

Key findings

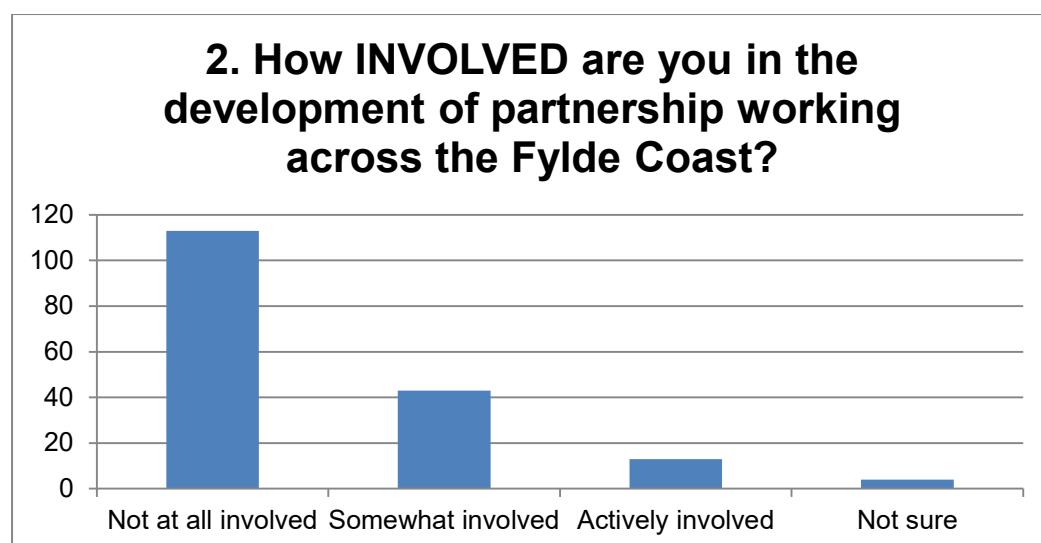
Generally speaking, around two thirds of the staff who responded to the survey said that they were at least 'somewhat *aware*' of the development of partnership working across the Fylde Coast. However, a similar number said they were 'not at all *involved*' in the development of partnership working across the Fylde Coast. Around half of staff who responded to the survey said that the ICP was poor at communicating its plans and priorities to staff, while nearly a third said that this was done at least satisfactorily.

Staff cited emails/newsletters/apps, events and staff meetings as the best ways for the ICP to communicate its plans and priorities. They believe better communications (between and about services, about the ICP and staff engagement), integrated IT systems and meetings/networking opportunities would make it easier to work together across the Fylde Coast. Finally, the respondents cited the following benefits for staff working in partnership across the Fylde Coast: sharing best practice and more opportunities for development, improved patient experience and greater efficiencies.

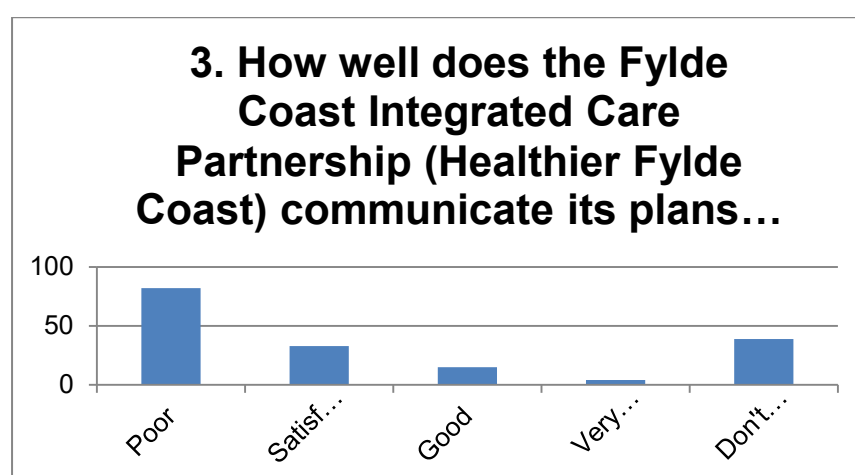
Data analysis



Around two thirds of staff who responded to the survey said that they were at least somewhat aware of the development of partnership working across the Fylde Coast, nearly a third said they were unaware.



The majority of staff who responded (65%) said they were not at all involved in the development of partnership working across the Fylde Coast.



Nearly 50% of staff who responded said that the ICP was poor at communicating its plans and priorities to staff, while nearly a third said that this was done at least satisfactorily.

4. How can the Fylde Coast Integrated Care Partnership (Healthier Fylde Coast) better communicate its plans and priorities to you?

In terms of the main themes and trends in relation to this question, staff felt that the following mechanisms would be best used to communicate the plans and priorities of the ICP:

- Emails/newsletters/apps
- Events/roadshows
- Meetings (team/head of department)/face to face briefings

5. How could it be easier to work together across the Fylde Coast?

In terms of the main themes and trends in relation to this question, staff suggested the following which could make working together across the Fylde Coast easier:

- Better communications
 - Between services
 - About services
 - About the ICP
 - Staff engagement
- Integrated IT systems/standardised paperwork/shared information/records
- Meetings/events/networking opportunities

6. What are the potential benefits for staff working in partnership across the Fylde Coast?

In terms of the main themes and trends in relation to this question, staff suggested the following benefits of partnership working across the Fylde Coast:

- Sharing knowledge/skills/experiences/more opportunities for development
- Better care for individuals/improved patient experience
- Joint working/more efficient/reduce duplication

Outcomes

The findings of this survey will be shared with the ICP development team, as well as communications and engagement teams across the Fylde Coast, and will be used to help shape and inform future communications and engagement with staff across the integrated care partnership.

The survey will be repeated at a later stage to determine whether awareness of and involvement in the integrated care partnership has increased amongst staff following a period of specific ICP communications and engagement.

12. 100 system leaders

In November 2018 the 100 system leaders were engaged with on the development of a healthier Fylde Coast Integrated quality strategy. As part of this they were asked 'What is quality?'

Eighty five of the 100 system leaders responded with the following being summaries of their answers:

- Individualised and person centred outcomes facilitated by barrier free communication and working
- Right care and intervention, right place, right time
- not limited to specific environments and settings – i.e. in hospital and out of hospital.
- Improving health and wellbeing of the Fylde Coast population from cradle to grave, reducing health inequality and the need for secondary and third sector health care intervention.
- Supporting you to achieve a better healthier future
- Live healthier, happier, fairer and fulfilled lives
- Working together with you to design and deliver safe and effective care at the right time and place which meets your needs and provides a good quality experience

- Contact with and the care of our citizens will be of the highest standard
- A system wide preventative approach to deliver a Healthier Fylde Coast. Ensuring safe, appropriate and effective care for those that need it, when they need it
- The integration of health and wellbeing (including social care) as a single organisation and budget.
- Promoting healthier lives for longer and providing safe, personalised co-ordinated care with timely access to the right services when needed from caring, committed, skilled staff who listen and involve the patient in their care

13. Hospital Trust patient experience reports

Each month the patient experience team at Blackpool Teaching Hospitals NHS Foundation Trust compile reports summarising the findings of its patient's feedback that month. As well as the results of the friends and family test they also categorise the themes of complaints.

For example in March 2019 the themes were around treatment issues, staff attitude and administration.

A review of quarter four (January to March 2019) has been supplied for this report as it is the most up to date review available.

Compliments

A log of the number of compliments, thank you cards and gifts each section of the hospital receives is kept which can be used to show areas that are most appreciated within the Trust.

Division	Cards	Letter	Gifts	Others
Scheduled Care	86	20	69	98
Unscheduled Care	109	21	126	112
Families Division	16	2	17	29
Clinical Support and Facilities Management	1	1	1	3
Adult and Long Term Conditions	76	12	70	212
Corporate Services	0	0	0	0

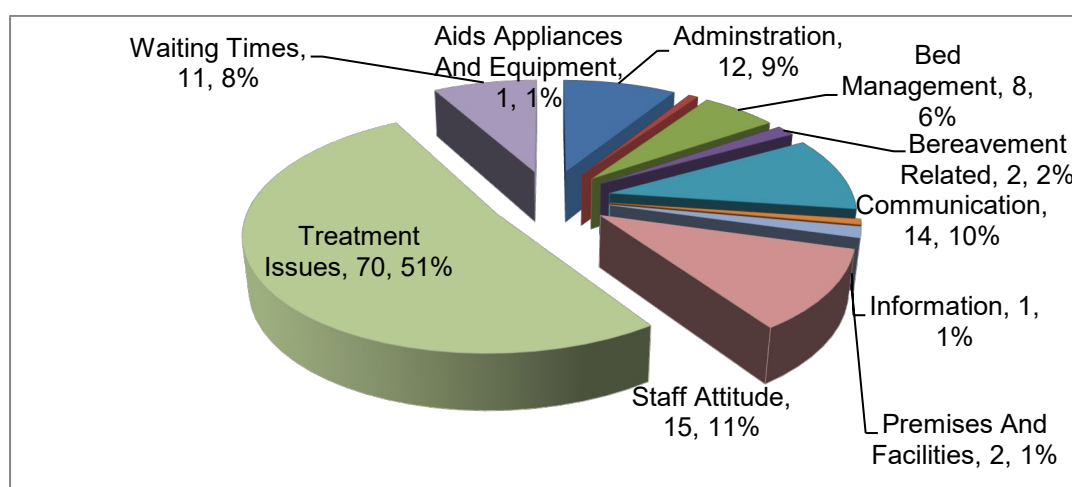
Complaints

In total, 148 formal complaints were received in quarter four (136 written and 12 e-complaints). There were 25,477 admissions to Blackpool Teaching Hospitals NHS Foundation Trust and of the 136 formal written complaints received, 126 related to care in the hospital, this equates to 0.49% of hospital visits.

Top themes	Formal complaints	Informal concerns	Friends & Family Test comments	Totals
Treatment Issues	70	45	2	117
Waiting Times	11	63	1	75

Administration	12	41	4	57
Communication	14	16	5	35
Staff Attitude	15	7	6	28
Premises & Facilities	2	2	7	11
Information	1	5	3	9
Bed Management	2	4		6
Aids & Equipment	1	3		4
Access	0	2		2
Bereavement Related	2	0		2
Equality & Diversity	0	1		1

From the table above we can see that the most common theme for complaints is 'treatment issues' followed by waiting times and administration and communication. In general there are very few complaints relating to amount of information, bed management or access.

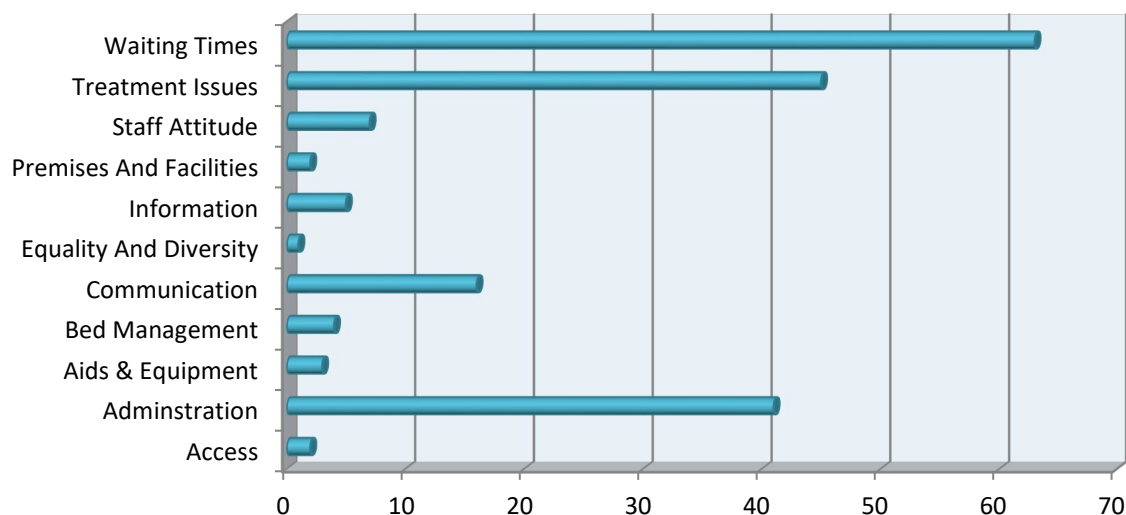


Patient relations contacts

During quarter four, the team dealt with 1120 informal patient contacts, 931 of these contacts were general enquiries and 189 were informal cases. Of the 189 informal cases dealt with by the team, 85% of the cases related to the Blackpool Teaching Hospitals and 15% related to the community & other services/organisations.

The highest number of informal concerns (not including general enquiries) related to the Scheduled Care division with 74 cases.

The main themes which were raised via the informal concern route related to waiting times (63), administration (41) and treatment issues (45). The graph below shows the themes of issues which the team dealt with in this period.



Friends and Family test

The friends and family test asks a single simple question about services and therefore does not provide any detail to analyse. However we can take note of the results of individual service break down.

	% who would recommend – Jan	No. of responses – Jan *	% who would recommend – Feb	No. of responses – Feb *	% who would recommend – Mar	Number of responses – Mar *
Children's Services	97.43%	273	95.26%	338	97.26%	402
Community Services **	98.18%	1490	97.90%	1244	98.28%	1460
Mental Health Services	93.90%	82	92.37%	118	95.27%	148
Day Case & Outpatient	97.04%	744	95.82%	886	96.53%	980
Emergency Department	96.10%	257	95.45%	308	98.04%	205
Inpatients	96.02%	1158	95.44%	1009	94.85%	1166
Maternity Services	95.37%	108	97.74%	133	96.27%	161

The day case and outpatient department is consistently highly rated through the friends and family test as is community services. Mental health is consistently the lowest rated which could indicate a need to focus more on this area within any ICP strategy.

14. Healthier Lancashire and South Cumbria Children and adolescent mental health redesign

Healthier Lancashire and South Cumbria conducted engagement in May-September 2018 to look at people's views on the mental health services. As well as survey several co-

production events were held with two taking place in Blackpool that were open to anyone living on the Fylde Coast.

Although this looked specifically at the service pathways to improve that particular service the themes that emerged could be analogous to wider strategy planning. These are summarised below:

- Fewer barriers to health
- Better signposting
- Honesty
- More robust pathways for referral.
- More involvement with schools
- More empowerment to take control of own health
- Consistency of message and service provision
- Friendlier environments – this seemed to focus on health services often being daunting places that people are often afraid of whereas they should be welcoming and reassuring and in settings that are associated with positivity.
- Better sharing of information between agencies

15. Lancashire Policy Harmonisation

The process for aligning policies across the Lancashire and South Cumbria area has been ongoing since 2015. The very first piece of engagement carried out on the Fylde coast connected with this process was seeking agreement of a set of principles on which all policies would be based.

Engagement at the time showed support for the following principles and these have not changed. Since these are the principles that policies are designed around it could be useful to align strategy to similar principles.

- Appropriateness
 - Using the best means of achieving its purpose
 - Prevents, diagnoses or treats a medical condition
 - Timely
 - Legally necessary
- Effectiveness
 - Capable of achieving its intended outcome, and of doing so with the benefits exceeding any harm done.
- Cost-effective
 - Achieves a greater health gain than alternative uses of the same money or resources.
- Affordable
 - The CCG aspires to use the Principle of Cost-Effectiveness to assist it to make commissioning decisions that make best use of resources. However, the CCG reserves the right to consider affordability above cost-effectiveness given the need for the CCG to prioritise the use of resources.
- Ethical
 - Is provided justly and fairly according to need, and in accordance with systems of accepted beliefs and in accordance with values of relevant professional bodies such that the health of the population is maximised within the resources available.

16. Healthwatch reports

Healthwatch produces several reports each year looking at health and social care. Below is a summary of some of the findings that are pertinent to this report.

GP Surgeries in Blackpool

https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/2018_REPORT_HavingYourSayGPsInBlackpool.pdf

- Should be close to public transport
- Accessibility is important
- Emergency same day appointments are important
- 55 per cent said they felt seeing the same GP at each appointment was important because they value continuity of care

Young people have their say

https://healthwatchblackpool.co.uk/wp-content/uploads/2019/03/18012019_CYPReport_finaldraft_low-res.pdf

- Over 3000 comments about what makes people stay happy, healthy and feeling good. The vast majority of young people said spending time with friends and family.
- 2,000 comments from young people detailing what they would like to see that would help them to thrive
 - Improved provision and quality of health services, particularly mental health services.
 - Being listened to, particularly within health services and school or college.
 - More support and care at school or college, particularly in relation to exam pressure, bullying and sexuality.
 - Improving health information and advice, including how to find a therapist, support for young carers, support or addressing drug use, eating disorders and sexual health.
 - Support for people with disabilities or long-term conditions.
 - Improving communities or environments, including feeling safe in their community, more access to physical activities in their community and more facilities for young people in smaller towns or villages.
- 77% of young people said they did not use any digital health apps and most were uninterested in using them in the future. Those that did use health apps primarily used apps for exercise, calorie consumption or wellbeing.

Thrive

<https://healthwatchblackpool.co.uk/wp-content/uploads/2018/10/Thrive-report-FV.pdf>

- What people want to see fixed
 - Be more inclusive
 - Better equipped staff – training
 - Support being available/offered where children and young people are comfortable
 - Longer-term support with the same person
 - Waiting times are too long
 - Knowing where to go for help.
 - Be person-centred – recognising and accepting individuals
 - Being taken seriously and being heard
 - Voluntary Community and Faith Sector being joined up
 - School – coping strategies and prevention
 - Support for families, children and young people and schools in a range of ways - listening
 - Location - where services are delivered

- Joined-up services around the young person
- Families – skills development for support
- Young people – support in a variety of ways and settings; with a variety of people
- Consistency - seeing the same members of staff and provision (postcode lottery)
- Right service at the right time by the right people
- Not to have to tell their story every time
- Single point of access
- More Prevention
- Barriers to accessing services – should be the right place at the right time.

Helping the Public Understand Changes in the NHS and Social Care

[https://healthwatchblackpool.co.uk/wp-](https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/REPORT_2018_UnderstandingChangesintheNHSEvents.pdf)

[content/uploads/2017/08/REPORT_2018_UnderstandingChangesintheNHSEvents.pdf](https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/REPORT_2018_UnderstandingChangesintheNHSEvents.pdf)

- What is most important to you about the NHS?
 - Remaining a publicly owned service that is free at the point of access.
 - That it remains free/low cost.
 - That it is accessible e.g. - not long waiting times for appointments.
 - That we invest in current trained staff, and provide opportunities for others.
 - It remains free at the point of access but that access to services is dramatically improved!"
 - "That it gives access to the majority of people quickly and efficiently locally.
 - That it cares about people."
 - "Good care and a quick and reliable service, as convenient as possible."
 - "Access to communication."
 - "That the staff listen to me and deal with my problems to the best of their ability."
 - "Being able to access care with relative ease."
- Trends and themes from questions
 - Sustainability
 - Staffing
 - Referral processes
 - Social care
 - Prevention

17. Improving health services in Kirkham and Wesham

NHS Fylde and Wyre Clinical Commissioning Group (CCG) has worked closely with Kirkham Health Centre and Ash Tree House Surgery, as well as Blackpool Teaching Hospitals which runs Kirkham Clinic, to come up with proposals for a new health facility for local people. Engagement took place in 2017 and as with previous insight the evidence gathered for this specific project is analogous to wider strategy development.

The respondents to the engagement said they felt a range of services should be available in one place.

Main areas of concern were travel and accessibility to services showing a requirement for services to be provided within easy reach of patients.

18. Wyre Council – Life in Wyre 2018

In 2012, 2014 and 2016, Wyre Council undertook a residents' survey to understand satisfaction levels across the borough and determine priorities to inform the delivery of services. In order to benchmark progress since 2012, a 2018 Life in Wyre survey was commissioned. This covered a number of questions asked in previous surveys including a section relating to services delivered and commissioned by the NHS Clinical Commissioning Group.

Respondents to the survey were asked if they, or someone they care for, have accessed both health and social care services in the past 12 months, and if so whether they agreed that the services were co-ordinated and worked well together. 62% of the sample had not access them in the last 12 months.

Of the 379 respondents in the sample able to take a view, 45% strongly or tended to agree that the services are joined up, 25% strongly or tend to disagree.

19. Public opinion in Fylde and Wyre 2016

In 2015, NHS Fylde and Wyre CCG launched *Our Vision for a Healthier Future*, a strategy which sets out a long-term vision for health services. In it, the CCG describes 10 'pledges' that can be used to measure how the CCG is doing and to help local people judge how the local NHS is performing. It also outlines the areas of focus and describes the goals the CCG aspires to achieve by 2030.

Against this backdrop, independent researchers Ipsos MORI were commissioned to undertake a repeat of the Fylde and Wyre residents' tracking survey to measure how the CCG is doing against some of its pledges, to help evaluate progress towards achieving the goals set out in the 2030 vision and to feed into the pathways model work of the Vanguard.

Overwhelmingly, residents say the biggest challenge to the NHS concerns levels of resourcing and investment (63%). These issues are consistently cited as the biggest problems facing the NHS in our national tracker studies for the Department of Health (DH).

Most residents (84%) say the NHS in their local area needs at least some improvement which represents no significant change from 2015's figure of 86%. While this might look discouraging, recognising a need for improvement does not necessarily equate to dissatisfaction. This year's survey shows that 82% of those who agree the local NHS is providing them with a good service say it needs at least some improvement. Respondents largely base their judgements on personal experience (74%) rather than on something they have heard from friends or family (32%) or the media (9%).