



Better Care Together Public and Patient Involvement Assurance Group

Report from meeting of: 22/01/2020		
Area / topic for engagement:	Acute and maternity reconfiguration	
Presented by:	Dave Rowson - Consultation Project Manager	
Purpose of engagement:	To gain assurance that there has been sufficient engagement to inform the consultation and to comment on the consultation document and the communication and engagement plan.	
Geographical scope:	Leicester, Leicestershire and Rutland.	
Demographic scope:	All	
Timescales:	The programme is going through NHS assurances process. Once assurance has been given at a local, regional and national level and approval to consult it given then consultation can commence. It is anticipated that this will be in April 2020. After approval and prior to the consultation commencing the Preconsultation Business Case (PCBC) for the programme will be published into the public domain. This is anticipated mid-march.	
Which LLR wide work stream does this impact:	Acute and maternity. Primary care and the Integrated Community Board have key interdependences. All workstreams are indirectly impacted including the enabling workstreams.	
Evidence of engagement activities is provided by:	Provided in the PCBC and summarised in the consultation document and the communications and engagement plan.	
Any (relevant) groups not	Any groups not identified in the communication plan.	

engaged with: Key themes emerging from insights: How have these insights and	 Chinese community Eastern European community People with Learning Disabilities Rural communities Connectivity with others, ensure links are clarified. Need for clear communication in a range of formats. Engage with NHS staff to understand the plans and be ambassadors of change. Link to rural medicine. Delivery of this part of the assurance process will commence post
key themes been used to inform service design and delivery:	consultation.
Are there any implications for consultation processes (if applicable)?	Is the 10 point scale right or should a five point scale be used. Establish clear criteria to guide choice of organisation to manage analysis of data and involve them in refining data collection tools. Avoid asking more than one question per box and ensure the questionnaire is accessible to as many people as possible.
Areas of good practice:	Clear explanation of the consultation document.
Areas for improvement and recommendations:	 More clinician focused and engagement with health professionals. Need to engage with Heads of Service at their regular meetings with teams. Discuss opportunities and where the threats are. Engagement needed prior to consultation to understand what staff and think develop them as ambassadors. Also target Allied Health Professionals. Need to consider rural medicine and rural health. Clarity of information particularly around travel, transport and access. Honesty in the proposal and explanation of what can be influenced and changed in the proposal. Explain that concerns will be take notice of. Improve list of specialities to make it easier to read. Simplicity of documentation. Wide variety of media. Good balance of face to face engagement. Include young people's views. Using partner's resources to help communicate wider, i.e. library staff helping the public access the questionnaire online. Also engage with Local Area coordinators. Information around the consultation provided in outpatient departments. Whilst the group understand the need to separate the acute consultation and other issues in Community Services, we need to be clear how that consultation will happen and

	how it links in. A list of services currently in the community was felt to be helpful.
These engagement activities have/will predominantly involve: 1. Co-production 2. Co-design	Formal consultation, Engagement and Educating.
3. Engagement4. Formal consultation5. Informing6. Educating	

PPIAG was assured with on the basis that the recommended improvements above were implemented.

Actions and review dates:

Update at all PPIAG meetings.

Further reviews at the following stages:

- Production of final consultation document
 - Mid-point consultation review
- End of consultation
- Prior to submission of evaluation report to Governing Bodies