

# Public Document Pack

## NORTH LINCOLNSHIRE COUNCIL

<b>HEALTH, INTEGRATION AND PERFORMANCE SCRUTINY PANEL</b>
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**27 July 2023**

**Chairman:** Councillor David Robinson      **Venue:** Conference Room  
f01e, Church Square  
House

**Time:** 2.00 pm      **E-Mail Address:**  
dean.gillon@northlincs.gov.uk

### AGENDA

1. Substitutions
2. Declarations of disclosable pecuniary interests and personal or personal and prejudicial interests and declarations of whipping arrangements (if any).
3. Public speaking requests, if any.
4. Care Quality Commission (CQC) Self-Assessment Framework - Discussion with the Director: Adults and Health (Pages 1 - 22)  
  
Consideration of background, process and procedures, alongside potential benefits.
5. Humber Acute Service Review - Panel update (Pages 23 - 46)
6. Added Item, if any
7. Any other items that the Chairman decides are urgent by reason of special circumstances that must be specified.

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## NORTH LINCOLNSHIRE COUNCIL

### HEALTH INTEGRATION & PERFORMANCE SCRUTINY PANEL

## CARE QUALITY COMMISSION (CQC) PILOT INSPECTION OF ADULT SOCIAL CARE

### 1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To provide an overview of CQC Pilot Inspection of Adult Social Care onsite visit.
- 1.2 To provide summary Self-Evaluation of Adults (as of May 2023) articulating key progress highlights and achievements together with areas of continued development and next steps across the CQC inspection themes - how the Local Authority **works with and supports people**, how the Local Authority **ensures safety in the system** and **leadership** capability.

### 2. BACKGROUND INFORMATION

- 2.1 CQC (independent regulator of health & social care in England) have been given new powers under the Health & Care Act 2022 to assess how Local Authorities (LA's) deliver against key aspects of their duties under Part 1 of the Care Act 2014. Preparations for inspection have been continuing, with us now taking part in one of 5 pilot assessments between May and September 2023. **North Lincolnshire Council inspection will take place w/c 21 August 2023 with the onsite fieldwork being carried out 22-24 August 2023.**
- 2.2 Following the pilot assessment, CQC will write a short report and score against the CQC themes. This will lead to an overall rating (inadequate / requires improvement / good / outstanding) and the report will be published. The focus will be on the local authority meeting its care act responsibilities, quality of care and improved outcomes for people.
- 2.3 The CQC assessment framework for local authorities comprises 9 quality statements (QS) mapped across 4 overall themes with quality

'we' statements (detailed within the accompanying slides) for each theme (that local authorities must commit to in delivering high-quality, person-centred care).

- Theme 1 - Working with people  
QS: Assessing needs / Supporting people to live healthier lives, Equity in experiences and outcomes
- Theme 2 - Providing support  
QS: Care provision, integration and continuity / Partnerships and communities
- Theme 3 - Ensuring safety within the system  
QS: Safe systems, pathways and transitions / Safeguarding
- Theme 4 - Leadership  
QS: Governance, management and sustainability / Learning, improvement and innovation

2.4 As part of the CQC Inspection process Local Authorities are requested to complete an Information Return, gathering of evidence and key information (including self-evaluation) required for the assessment, ahead of the fieldwork activity. In addition to this provide case tracking identifying 50 cases with CQC inspectors to then follow the pathway of 6 cases in gathering evidence for the assessment.

2.5 Local Authorities are encouraged to provide an objective, honest and authentic self-assessment of its strengths and areas to improve, driving the focus of improvement planning and delivery at the local, regional, and national levels in a way that ensures local ownership. There is no requirement by CQC for local authorities to produce a self-evaluation however should LA's choose not to CQC have informed they may then need to spend more time in the fieldwork part of the assessment to gather and analyse required evidence from various sources. This includes time with senior leaders to understand successes, risks, challenges and improvement plans. A self-assessment template **is not provided** and again it is up to individual authorities to develop their self-assessment in any format they choose, or they can use the framework developed by the LGA and ADASS in 'Getting Ready for Assurance: A guide to support the development of your Adult Social Care Self-Assessment'.

2.6 Self-assessment is an opportunity for us to:

- assess and make judgements about our own performance in relation to the quality statements, using evidence to support our judgements
- explains the local context, issues and priorities, recognising that every council is different and local elected leaders are involved in creating local priorities and plans.
- focuses on CQC assessment framework themes, which in themselves reflect the requirements set out in Part 1 of the Care Act 2014 and other relevant legislation, the aim is that it will have sufficient confidence of the CQC to meet their "Local Authority Self-Assessment and Information Requirements" (LASAIR) needs.

- includes feedback from people who draw on social care together with various supporting data and evidence throughout.

### **3. OPTIONS FOR CONSIDERATION**

- 3.1 There are no options available to the scrutiny panel related to this report, for information only.

### **4. ANALYSIS OF OPTIONS**

- 4.1 N/A

### **5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

- 5.1 As well as bringing about learning opportunities, the pilot inspection and preparations including developing, sharing and supporting understanding of our strengths and areas of development across the workforce, partners and people with lived experience does bring additional burden and pressures on our workforce especially with the pilot taking place over the holiday period.

### **6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

- 6.1 There are no other relevant implications.

### **7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 7.1 N/A

### **8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

- 8.1 Preparations for the pilot are continuing. Work is ongoing in sharing, inviting discussions and supporting understanding of our self-evaluation with the workforce, partners and people with lived experience – via regular webinars and specific focus briefing sessions.

### **9. RECOMMENDATIONS**

- 9.1 Scrutiny Panel members are requested to receive the overview of CQC Pilot Inspection of Adult Social Care and how we will be graded as well as note the areas of strengths and developments

DIRECTOR OF ADULTS & HEALTH

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SCUNTHORPE

North Lincolnshire  
DN15 6NL  
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Date: 20.07.23

**Background Papers used in the preparation of this report –**

Self-Evaluation of Adults

# North Lincolnshire Council Adults CQC pilot

## On site w/c 22nd 23rd & 24th August



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Keeping people in their own homes, families, jobs and communities



# The Interim Assurance Framework



Graded – Inadequate/Requires Improvement/Good/Outstanding

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Graded on 4 themes

Working with people  
Providing support  
Safe systems  
Leadership

1. Are we meeting our care act responsibilities?
2. What is the quality of care in North Lincolnshire?
3. Have we improved outcomes for people?



# What are the Key Lines Of Enquiry of the Assurance Pilot?

The CQC Framework comprises of the following 9 areas:

1. Assessment needs
2. Equity in experiences and outcomes
3. Supporting people to live healthier lives
4. Care provision, integration and continuity
5. Partnerships and communities
6. Safe systems, pathways and transitions
7. Safeguarding
8. Governance, management and sustainability
9. Learning, improvement and innovation



Started with a self assessment  
Document bank of evidence to  
support and 50 cases of which  
6 will be scrutinised in detail

## CQC Pilot Assessment

### Quality 'We' Statements

#### Working with People

**'We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.'**

**'We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.'**

**'We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.'**

#### Providing Support

**'We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.'**

**'We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.'**

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## CQC Pilot Assessment

### Ensuring Safety within the System

'We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.'

'We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.'

### Leadership

'We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.'

'We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.'

# People we supported in 2021-22



Over **12,000** people have contacted us for support from advice & guidance to urgent temporary accommodation, safeguarding & support, this is an increase of over **38%** on the previous year *(Source: Internal performance data 2021/22)*.



**782** people were supported to set outcomes as part of their safeguarding enquiry, of which, **98%** said their outcomes had been fully or partially met *(Source: SAC 2021/22)*.



**1,428** people received rehabilitation & reablement support, of which over **93%** of people did not require longer term services to manage their care & support needs *(source: SALT 2021/22)*.



We supported **689** adults living with a mental illness, **485** adults living with a learning disability and **415** adults living with Dementia (**Aged 65+**) *(source: SALT 2021/22)*.



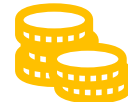
**82%** of care homes & **100%** of home care support is rated as good or outstanding by the Care Quality Commission (CQC) *(Source: CQC data 2021/22)*.



**3,900** people received services following an assessment of their care needs with **2,125** people receiving long-term support *(source: SALT 2021/22)*.



We also supported over **500** people to enable them to continue to care for loved ones *(source: SALT 2021/22)*.



We spend **£478** per population 18+ on adult social care which is lower than our comparators. However, our spend has increased at a higher rate than the national average *(Source: UoR 2021-22)*.

# Knowing ourselves our strengths and areas for development



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## Working with people

### Headline Strengths:

- **Early help & prevention** - Strong Council offer which prioritises early help and prevention including Live Well North Lincolnshire, community hubs and partnerships with the community and voluntary sector.
- High proportion of **initial contacts to adult social care** are triaged within **2 days** and over 40% are concluded with **information & guidance**.
- Equipment and **adaptations to the home** - supported 2832 in 2021/22 people to live independently.
- High performing **rehabilitation and reablement** support with 93% (*national average 77.6%*) of people who receive short term support did not require further ongoing support.
- **Carers have choice and control** over their support with 100% of carers with a personal budget in receipt of a direct payment.
- **42%** of people with a personal budget (*national average 26.7%*) choose a **direct payment** to manage their support.
- North Lincolnshire **performed in the top 5 of Local Authorities in the country** for the number of adult social care outcome indicators in the top quartile (*performing well*) in 2021/22.
- **Investment** in the physical infrastructure to enable an accessible community offer.
- **91.7%** of people in 2022 felt **safe and secure** as a result of services (*national average 85.6%*).
- Our approach to **EDI goes beyond the legal duty**, we take an intersectional approach looking at 3 types of diversity.
- **A practise model** - Co-produced with the workforce and heavily influenced by the Experts Together Partnership
- A **workforce strategy** that enables the workforce to feel safe, supported and confident with a grow our own approach to continued **professional and leadership development**.

## Working with people

### How we will achieve more of this:

- ✓ Enhance the **information, advice and guidance** available to people to further promote independence, choice and control.
- ✓ **Embed the practise model** with clear practise standards to further support the assurance of practise.
- ✓ Develop a model for **integrated multiagency neighbourhood** working which has a consistent and proportionate approach to intervention.
- ✓ **Changing lives** developments aimed at increasing the number of **younger adults** living independently and in voluntary and paid employment
- ✓ Increase the **proportion of reviews** conducted in a timely way to maximise people's opportunities for independence.
- ✓ Further enhance and strengthen the support and **voice of carers**.

### Our impact will be evidenced through people's experience:

“I have care and support that is co-ordinated, and everyone works well together and with me.”

‘I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.’

‘I can get information & advice about my health, care & support & how I can be as well as possible—  
physically, mentally & emotionally.’

‘I am supported to plan ahead for important changes in my life that I can anticipate.’



# Providing Support

## Headline Strengths:

- The **voice of people** with lived experience continues to remain at the heart of planning in terms of commissioning activity.
- An established **Home First approach** supports people through strengths-based reablement and rehabilitation enabling people to remain in their own homes.
- **82%** of care homes & **100%** of home care support is rated as good or outstanding by the Care Quality Commission (CQC) (Source: CQC data 2021/22).
- **Invested in care at home** with a 12.7% fee uplift for care at home following the completion of cost of care exercises to support transformation.
- **Trusted reviews** by regulated care providers which has led to positive outcomes for people through increased community support and reductions in support required.
- Long history of **partnership working** with the care sector – 100% completion of capacity tracker.
- **Working proactively with the care sector** to enable residents to remain within their communities.
- **Demographic and JNSA Data** alongside horizon scanning informs commissioning of sustainable models of care to improve health and wellbeing outcomes for people.
- **Market Sustainability Plan and Position Statement** published.
- **Specialist and Supported Housing Position Statement** which sets out our current housing with support options alongside future development plans providing options for people to have homes with their own front door.
- A developed **Proud to Care brand** with a range of recruitment and retention initiatives.
- Promotion of **digital technologies** - piloting Genie connect and Autonme identifying support needs and outcomes using technology as a solution.
- **Care at Home Framework** was recognised by the Government Opportunities, Excellence in Public Procurement Award, winning project of the year (above £20m in value) in 2019/20.

## Providing Support

### How we will achieve more of this:

- ✓ **Recommission a new transformational model of care at home** that draws on **community** and **neighbourhood assets**.
- ✓ Move to a **sector led improvement model** for the **care sector**.
- ✓ **Commission modern, enabling and progressive models of housing and care** with a specific focus on **younger adults** and those with the most **complex needs**.
- ✓ Embed a **technology first** approach.
- ✓ **Increase the capacity of home first** and **reduce the use of short stay**. **Expand and enhance the options for short term support** with **reablement for younger adults**.

### Our impact will be evidenced through people's experience:

“I have care and support that is co-ordinated, and everyone works well together and with me.”

## Ensuring safety in the system

### Headline Strengths:

- **Holistic approach to safeguarding** - offering support to people at risk of domestic abuse & homelessness & transitional safeguarding.
- Open & honest culture which enables & embeds **safeguarding to be 'everybody's responsibility'**.
- Timely & proportionate safeguarding responses with **concerns triaged within 4 days** and high proportion of individuals **safeguarding outcomes being fully or partially achieved**.
- **Deprivation of Liberty Safeguards (DoLS)** applications are managed timely & **numbers waiting remain low**.
- **Strong partnerships** & focus on **high quality pathway to adulthood** strengthened to support **good transitions**.
- **Multi-agency response** enables people to remain in their own home & **avoid admission** to hospital (where possible) or residential care & **return home** following discharge from hospital (**Accelerated Home First Event held Nov 2022**).
- Strong partner participation in the **Safeguarding Adults Board** and annual SAB Conference is led by **people with lived experience** & provides an opportunity for **reflection, learning & feedback**.
- Different mechanisms are in place to support a **learning culture**, for example audits, people's feedback, line of sight to practice sessions, learning reviews.
- Adults and their families are **empowered to keep themselves and others safe** - several easy read documents in relation to recognising the signs of abuse have been co-produced and are now available on the website.
- The **SAB** delivers a wide range of training and education to partners.
- **Preparation for adulthood** is a key overarching priority within the SEND and Inclusion Plan 2021-2024 and has strategic and operational focus.

## Ensuring safety in the system

### How we will achieve more of this:

- ✓ **Strengthen safeguarding practice** particularly around **professional curiosity, carer awareness, legal literacy and trauma informed responses.**
- ✓ **Progress urgent care strategy** – further developing **alternatives to short stays from hospital.**
- ✓ **Review and enhance transition arrangements for young people** inclusive of those experiencing risk outside the home & young carers.
- ✓ **Further expand and enhance safeguarding dashboards** to help recognise emerging themes quicker & strengthen the voice element.
- ✓ In partnership **review all shared out of area placements**, to reshape our local provision.

### Our impact will be evidenced through people's experience:

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.'

'I feel safe and am supported to understand and manage any risks.'

## Leadership

### Headline Strengths:

- **Clear ambition for vulnerable adults, their families & carers** - Published Adult Strategy 2023-25, 'Keeping people in their own homes, families, jobs & communities'
- Investment in capacity to support participation & developed co-production with **Experts Together Partnership**.
- **Community First** approach permeating through systems, process, behaviours & practice - embedding practice model.
- Adults Delivery Board - to oversee and have a line of sight to the strategy implementation towards an **enabling, progressive, sustainable model of care** & support across a wider population.
- Corporate & political leadership with longstanding senior leaders & managers & **proven system leadership**.
- Engaged in **opportunities to shape & influence** locally, regionally, nationally.
- **Workforce conference** held January 2023 to strengthen engagement & enable coproduction.
- **Framework for integration** at place published - Community First Strategy.
- **Strong partnership** interface, working together in a holistic & integrated way to achieve the best possible outcomes for people.
- **Co-produced** Carers and Autism Strategies.
- Created **the Pledge** with 26 organisations signed to say they would "**Ask, Listen and Act**".
- **Clear and robust governance** and decision-making democratic processes.
- The LGA **Adult Social Care Use of Resources** annual report has consistently evidenced our comparatively low spend, high quality and good outcomes-providing value for money.
- **#TeamNL** to connect with colleagues across the organisation, engage on upcoming events, share knowledge, ask questions and support each other.

## Leadership

### How we will achieve more of this:

- ✓ **Further integration of ICB & Council statutory functions** - safeguarding, brokerage, commissioning and quality assurance.
- ✓ **Embed the new service structure** - induction for new roles and organisational development plans.
- ✓ **Social care record replacement** maximising opportunities for improved records and a single system approach with the ICB.
- ✓ **Continued workforce engagement and co-production.**
- ✓ **Deliver the Community First Strategy.**

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### Our impact will be evidenced through:

‘We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.’

‘We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.’

In the past year, our Experts Together groups have helped us to:

**Experts Together Pledge:** Members of the group came together with other partnership group members to design the Experts Together Pledge. The Pledge has been designed to help organisations hear people's voice, to help them describe to you what their lives are like and hold organisations to account when things are not working.

**Mystery Shopping:** Conducted a number of mystery shops across the North Lincolnshire Community Hub sites and fed back to services on what is working well and provided insight into what could be even better. Worked with the services to develop information for sharing with the public.

**Safeguarding Strategy:** Attended workshops with partner services, to review and plan the North Lincolnshire Safeguarding Adults Board Strategy 3 Year Plan Refresh. Safeguarding Conference: Members of the planning team, which includes partnership organisations and people with lived experience, for the next Safeguarding Adults Board Conference 2023.

**Commissioning:** Reviewing tenders and taking part in tender evaluations of commissioned services, including the Advocacy Service, the Voice and Influence Partnership Support Service and Health Care Voice Services.

**Interviews:** Including leadership posts, Heads of Service and Principal Social Worker posts, Social Workers and Independent Chair of Safeguarding Adults Board, feeding back scoring and observations of the panel to be included in the final decision making.

**Walking the Way to Health :** Reviewed and experienced Walking the Way to Health local walks to look at appropriateness for people with various mobility issues. Feedback given so that walks can be adjusted to be more inclusive and provide improved information for the walks.

**Blue Badges:** Influenced processes to improve information, make application more accessible, clarifying the Blue Badge messaging and raising concerns regarding practice. The Blue Badge Service continues to meet with the Senior Citizen Forum to share updates and understand the impact.

**Platinum Jubilee:** Celebration of Queens 75 year reign, bringing together people & partners to celebrate and network together.

**Place partnership :** Developed a Easy read strategic intent for the place partnership.



**Senior Citizen Forum**  
“Your forum, your voice”



Carers' Advisory Partnership



EXPERTS by EXPERIENCE



North Lincolnshire Learning Disability Partnership



# Keeping people in their own homes, families, jobs & communities

## (Adults Strategy 2023-25)

- Developed using evidence and lived experience.
- Builds on knowledge & expertise in our communities to reduce health inequalities & improve the quality of life for all our residents to **keep people in their own homes, families, jobs & communities**.
- Approach links to ongoing partnership working, bringing people, communities & organisations together to share resources & expertise.
- Summary key areas for development:-

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**1. Promoting Independence** - *Developing more models for independence, utilising housing & technologies & ensuring paid work is a real option for people.*

**2. Embedding Integration** - *Community First approach enables people to remain & return to their own homes, families, jobs & communities.*

**3. Transforming the care sector** - *Care at home to be more modern, enabling & progressive - all care to be good or outstanding.*

**4. Enabling the workforce** - *To feel safe, supported, & enabled to be themselves, be well & healthy & confident to keep people in their own homes, families, jobs & communities.*

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Let's Get Better  
Hospital Care



## Humber Acute Services Programme Consultation Engagement Plan

DRAFT

Version 2

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# Introduction

## Our Aim and Approach to Consultation

Services work better when they are designed in partnership with those who use them and those who provide them.

It is therefore our aim is to design and deliver a best practice public consultation that will seek out the views of those most likely to be impacted by change, identify ideas for potential mitigations, and ensure that everyone who wants to take part and share their views is given sufficient opportunities, sufficient information, and sufficient time to do so.

This will ensure that decision-makers are well-informed when making decisions about the future shape of services for the region.

In order to successfully deliver those core aims, the consultation will:

- Be open and accessible to all who may be impacted by the potential changes.
- Be as simple as possible to complete.
- Make additional efforts to reach out to those who might be most impacted by the potential changes.
- Make additional efforts to reach out to those who might find it most difficult to engage / respond to the consultation.
- Proactively seek views from relevant statutory bodies and external experts.
- Be innovative and flexible in approach, particularly in relation to the use of alternative engagement methods (including digital and social media).
- Use evidence-based approaches to data collection, analysis and reporting.
- Meet all relevant statutory requirements.
- Be anchored against key sets of guidance, including: the Gunning Principles<sup>1</sup>, the Consultation Institute's Consultation Charter<sup>2</sup>, NHS England guidance for planning assuring and delivering service change for patients<sup>3</sup> and planning for participation<sup>4</sup>.



<sup>1</sup> [The Gunning Principles](#)

<sup>2</sup> The Consultation Institute – [Consultation Charter](#)

<sup>3</sup> NHS England – [Planning Assuring and Delivering Service Change for Patients](#)

<sup>4</sup> NHS England – [Planning for Participation](#)

## Our Legal Duties

Under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022), NHS Integrated Care Boards (ICBs) and NHS England have a duty to involve the public in the commissioning of healthcare services. ICBs assumed the responsibilities previously carried out by Clinical Commissioning Groups from 1<sup>st</sup> July 2022. These duties are set out under sections 14z2 and 13Q, respectively<sup>5</sup>.

Under Section 242(1) of the NHS Act 2006, NHS Commissioners and providers (e.g. Acute Hospital Trusts) are subject to similar legal duties and are required to ensure that patients and/or the public are involved in:

The planning and provision of services

The development and consideration of proposals for change in the way services are provided.

Decisions to be made by NHS organisations that affect the operation services.

In addition, Section 244 of the NHS Act 2006<sup>6</sup> requires NHS organisations to consult with relevant Health Overview and Scrutiny Committees (HOSCs) on any proposals for a substantial development or variation of the health service the area of the Local Authority, where patients are impacted. More information on Local Authority and Health Scrutiny functions can be found in section 9.1.2 in our Pre-Consultation Business Case.

## Stakeholders and Priority Groups

### Stakeholder Mapping

Extensive stakeholder mapping (See Appendix (i)) population health data analysis, activity and transport analysis ([See Consultation Planning – Population Mapping document](#)) has been undertaken to identify groups of people, communities and businesses who are more likely to be impacted by any potential future changes to services. We have also reflected upon our pre-consultation engagement work and identified gaps in our insight from groups of people and communities who we heard little from.

From this we have developed three priority groups with whom we will undertake specific, targeted engagement with to ensure their voices are heard during the consultation.

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<sup>5</sup> Health and Social Care Act 2012, [section 14z2 \(Health and Social Care Act 2012\)](#)

<sup>6</sup> NHS Act 2006: [National Health Service Act 2006 \(legislation.gov.uk\)](#)

## Priority Groups:

### Priority Group – A

#### Core 20PLUS5

##### Focusing on the most deprived communities in our area.

- NEL (*East and West Marsh, Bradley, Nunsthorpe, Immingham, and Cleethorpes*)
- NL (*Central Scunthorpe, Brigg, Winterton, and Gunness*)
- ERY (*Goole*)
- Low car ownership rates (*NEL 26.9%, NL 18.9%*)
- Low digital connectivity (*NEL -, DN31, DN31, DN34, DN37, NL – DN17*)

##### Focusing on Equality and Health Inclusion Groups.

- **Ethnic minority communities**
  - *Muslim communities in NL*
  - *Asian Communities across NEL and NL*
  - *Eastern European communities/Migrant workers (Polish, Lithuanian, Romanian) across NEL and NL*
- **Disabled (including learning disability) across NEL, NL and Goole**
- **People with multiple LTC**
  - *particular focus on Cardiology, Gastroenterology and Respiratory*
- **Homeless**
  - *North East Lincolnshire homeless rates are 2.9 compared with an England average of 0.8*
- **Drug and alcohol dependant**
- **Coastal Communities / Rural Communities**
- **Primary or Secondary Carers (of adults aged 18+, including adults with learning disabilities)**



### Priority Group – B

#### Children and Young People, and Parents, Carers and Guardians

##### CYP living in deprivation

- NEL – 1 in 4 children are classed as living in poverty
  - *Immingham, parts of Cleethorpes, East, and West Marsh, and Nunsthorpe areas of Grimsby.*
- NL – 1 in 5 children are classed as living in poverty
  - *Central Scunthorpe, Brigg, Winterton, and Gunness.*
- Schools, colleges and nurseries in areas of deprivation

##### CYP and PCG from BAME backgrounds

- *Muslim communities in NL*
- *Asian Communities across NEL and NL*
- *Eastern European communities/Migrant workers (Polish, Lithuanian, Romanian) across NEL and NL*

##### CYP with Long-Term Conditions

- *particular focus on Cardiology, Gastroenterology, and Respiratory*
- *Work with the trusts to reach these patients and their parents/carers/guardians*
- *VCSE organisations supporting CYP and their families with LTC*

##### PCG of CYP with LTC

- *Work with the trusts to reach these patients and their parents/carers/guardians*
- *VCSE organisations supporting CYP and their families with LTCs*

##### CYP with mental health illness

- *Work with providers to reach this stakeholder group*
  - *NEL – Navigo, Compass*
  - *NL - CAMHS*
- *Work with VCSE organisations supporting CYP and their families living with mental health conditions.*





## Who else do we want to hear from?

In addition to our identified priority groups, we will be looking to engage with the following wider stakeholder groups through our “engagement for all, outreach and piggy backing” activities (*see engagement approach, P6*)

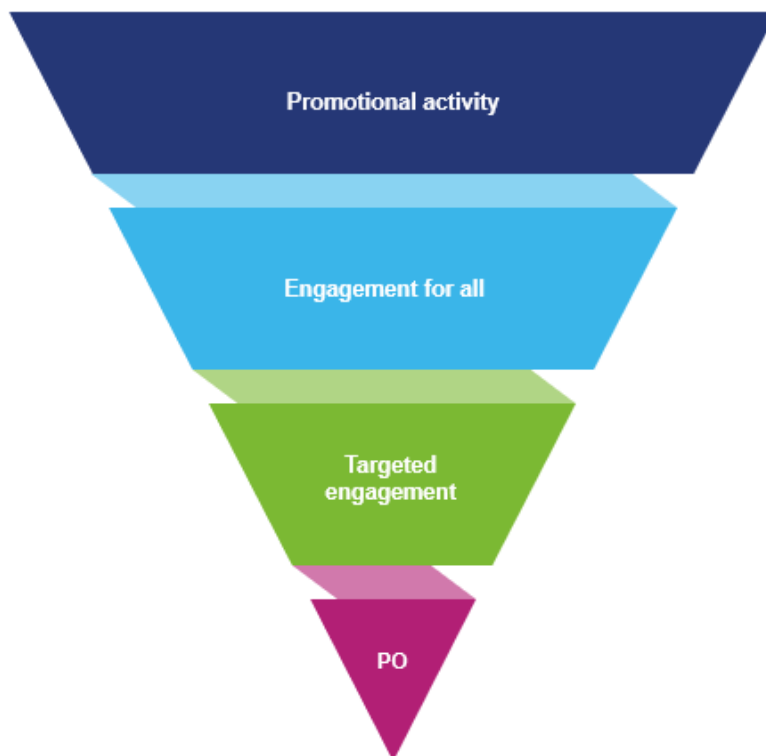
- Patients and service-users
- Urgent and Emergency Care – patients who have recently received emergency care, people who are likely to need emergency care in the future, the wider public and other stakeholders.
- Voluntary and community sector – Healthwatch, local charities and patient support/representative groups.
- Clinicians and staff – Clinical and non-clinical staff working in primary care, secondary care, social care, and mental health, this will also include their trade unions.
- Partners and providers – local partners and providers of services such as ambulance trusts, community services providers and mental health providers.
- Political stakeholders – Joint Health Overview and Scrutiny Committee, individual Health Overview and Scrutiny Committees, Health and Wellbeing Boards, Members of Parliament and Local Councillors.
- Media – Local, regional and national media outlets including radio, online and newspapers, social media commentators including bloggers and vloggers.
- Local and national government and regulators – Yorkshire and Humber Clinical Senate, NHS England, NHS Improvement, Secretary of State.

We have also formed working relationships with engagement colleagues in neighbouring ICBs and we are committed to ensuring they are sighted on our plans and provided with opportunities to inform and influence our approach, particularly in their areas.

This list of stakeholders is not exhaustive, and we will continuously review the evidence we receive during the consultation to ensure we are constantly updating our stakeholder list and adapting our approach as required to allow us to target stakeholder groups effectively.

## Engagement Approach

To ensure we are reaching the different stakeholder groups mentioned on pages 5 and 6, we have adopted the following tiered approach to engagement:



Each tier listed above will use different methods and approaches, some examples for each include:

	Promotional Activity – social media campaign, newsletters etc, coastal/rural roadshows, stalls at local events, generic leaflet drops – mainly information giving and signposting to engagement for all .
	Engagement for all – Consultation survey, open invitation / public meetings.
	Target Engagement – specific focus groups with identified priority groups, existing forums and targeted leaflet drops in alternative languages.
	Playing On – Drama based workshops with targeted seldom heard groups likely to be affected by changes.

All engagement materials and methods will be accessible, informative, and tailored to their intended audiences to ensure consultees have '*sufficient information to give intelligent consideration*'<sup>7</sup>

The below table sets out what methods of engagement we will be looking to use, which stakeholder groups these methods will aim to reach and which locations we aim to target.

<sup>7</sup> Gunning Principle 2 – The Gunning Principles -

<https://www.local.gov.uk/sites/default/files/documents/The%20Gunning%20Principles.pdf>

## Engagement Methods

Please note, this is a summary of our engagement approach and methods. For each engagement activity listed, a more detailed individual plan will be developed. These can be found in Appendix (ii).

	Method	Target Audience	Location
Promotional Activity	Website	All Population and stakeholder groups	Online
	Social Media		Targeted paid-for social media campaign <i>(see communications plan)</i>
	Infographics / Videos		
	Stakeholder Newsletter	Online and paper copies available upon request	
	Rural / Community Roadshows (x14)	Priority Group A <i>(Deprived communities, low digital connectivity, low car ownership)</i>	Village Hall/Community Hubs: X5 North Lincs <i>(Winterton, Brigg, Gunness, Epworth, Barton)</i> X5 North East Lincs <i>(Cleethorpes, Immingham, Nunsthorpe, East Marsh, West Marsh)</i> X2 East Lindsey <i>(Mablethorpe, Louth)</i> X2 Goole <i>(Central Goole and East Goole)</i>
Poster Distribution <i>(A4/Digital)</i>	All Population and stakeholder groups	Hospital Sites – <i>(HRI, CHH, DPoW, SGH, GDH)</i> Outpatient Clinics / A&E Waiting Rooms / Public Toilets East Lindsey – <i>(Louth, Caistor, Mablethorpe, Market Rasen, Skegness, Binbrook)</i> GP Practices, Children’s Centres, Libraries, Job Centres, Nurseries, Schools.	

		<p>Doncaster - (<i>Gainsborough</i>) GP Practices, Children's Centres, Libraries, Job Centres, Nurseries, Schools.</p> <p>East Riding of Yorkshire – (<i>Goole</i>) GP Practices around Goole only, Goole UTC, Children's Centres, Libraries, Job Centres, Nurseries, Schools.</p>
Public Events ( <i>See Appendix (iii) for timetable of events</i> )	All Population and stakeholder groups	North East Lincs, North Lincs, Goole. ( <i>Numbers currently unknown</i> )
Targeted leaflet drop in alternative languages.	Priority Group A ( <i>BAME families, European Migrant workers, Asylum Seekers</i> )	<p>North Lincs: DN15 area of Scunthorpe Central and Crosby – Polish, Romanian Lithuanian and Bengali</p> <p>North East Lincs: DN31 area of East Marsh and Port – Polish, Romanian, Lithuanian</p> <p>Goole – DN14 – Boothferry/Pasture Road area of central Goole – Polish, Romanian, and Lithuanian.</p>
Written Letter – Working Voices	Large employers in the local area ( <i>e.g., Steel, ABP, Factories, refinery, police, fire, tourism</i> )	Written letter to businesses inviting them to provide a formal response on behalf of the company and its employees.
Written Letter – Partners and Providers	Key partners and providers in the local area ( <i>e.g., LA authority stakeholders, VCSE partners, providers, Healthwatch</i> )	Written letter to identified partners/providers/stakeholders inviting them to provide a formal response on behalf of the organisation/people or groups they support.
Written Letter / Text Message – Parents/Carers of Children with LTCs	Priority Group B	Written Letter/Text Message sent by NLaG, to parents/carers/guardians of children currently

			under the care of a paediatrician, inviting them to respond to the consultation, attend a targeted focus group or sign their child up to attend the PO workshop ( <i>see below</i> )
	Staff Newsletter	All staff ( <i>clinical and non-clinical</i> ) working across HUTH/NLaG/ICB	Digital ( <i>via email</i> ) Staff Intranets
	Staff Exhibition ( <i>Drop-Ins</i> ) (x6)		X2 Diana Princess of Wales Hospital, Grimsby X2 Scunthorpe General Hospital X2 Goole and District Hospital
	HNY Inclusion Assembly Drop-in (x1)	Intersectional working group of staff network chairs, EDI leads and broader colleagues with an interest in workforce EDI from health and care organisations across the partnership, covering all sectors	23/11/2023 - Verbal briefing to members with signposting to Staff Equality Group specific workshops ( <i>see targeted engagement</i> )
Engagement for all	Consultation document	All Population and stakeholder groups	Humber ICB geography, Lincolnshire, and Doncaster
	Consultation Questionnaire		
	Telephone Line ( <i>with answer machine facility</i> )		
	Question Portal ( <i>askHAS</i> )		
	Combined Public Exhibitions and Deliberative Events (x2)	All Population and stakeholder groups	Central Grimsby and Scunthorpe ( <i>Venues TBC</i> )
	Virtual public meeting- PM ( <i>Deliberative event</i> ) (x1)	All Population and stakeholder groups	MS Teams / Zoom ( <i>TBC</i> )

	All staff meetings ( <i>Virtual</i> ) (x2)	All staff ( <i>clinical and non-clinical</i> ) working across HUTH/NLaG/ICB	MS Teams
	Telephone Line ( <i>with answer machine facility</i> )	All Population, staff and stakeholder groups	
	Question Portal (askHAS)		
Targeted Engagement	<p>Focus Groups (x16*)</p> <p><i>*please note not all groups have been identified/mapped, so this number is likely to increase</i></p>	<p>Priority Group A (Deprived communities, young parents, BAME, Disabled, LTCs, Carers, age)</p> <p>Priority Group B (Parents/Carers/Guardians)</p>	<p>Recruitment via VCSE colleagues / community teams/hospital teams.</p> <p>Deprived Communities: NEL – Nunsthorpe/Bradley (<i>Centre4</i>) NL – Ashby, Crosby Goole – Goole East</p> <p>Young Parents: NEL – East/West Marsh NL – Central Scunthorpe BAME: NL – Islamic Centre, Scunthorpe</p> <p>Disabled: TBC</p> <p>LTCs (<i>Gastroenterology, Respiratory, Cardiology</i>) TBC</p> <p>Carers:</p>

			<p>NEL – Parent Carer Forums, Carers Advisory Group, Specific focus group in response to communication sent (<i>see promotional activity</i>)</p> <p>NL – Parent Carer Forums, Carers Advisory Group, Experts by Experience Group, Specific focus group in response to communication sent (<i>see promotional activity</i>)</p> <p>Goole – TBC</p> <p>Elderly: NL – Winterton Seniors Forum</p> <p>Other: NEL – Sex Workers</p>
	Virtual Staff Equality Networks Focus Groups (x3)	LGBTQ+, BAME, Disability members of staff	MS Teams
Playing On	Drama-based engagement (x6)	<p>Children and young people (insert ages)</p> <p>Vulnerable Users of Urgent and Emergency Care Services** (<i>e.g., Homeless, Substance Misusers, Sex workers, Veterans</i>)</p> <p><i>**To be agreed</i></p>	<p>CYP (aged XX) NEL – x1 NL – x1</p> <p>Older Young People (aged XX) NEL – x1 NL – x1</p> <p>Vulnerable Users of UEC NEL – x1 NL – x1</p>



## Resources / Materials Required

To be able to deliver the engagement methods listed in the table above, we will require the following materials and resources. The below table also highlights within which tier of engagement, we would be looking to use the different resources at:

	Promotional Activity	Engagement for all	Targeted Engagement	Playing On	Who
<p>Consultation document</p> <p>Our consultation document will be professionally designed and printed. It will be self-contained and will clearly explain why we are consulting, providing enough information to enable people to fully consider the proposed options and make an informed decision. The document will signpost people to more additional support and information should they required. A detachable survey will also be included</p>					ORS
<p>Consultation survey</p> <p>A consultation survey will be attached to the printed consultation document with a Freepost return address. The survey will also be available to download from our website (to post or email back to us) or to complete online. Paper copies will also be sent to GP practices, pharmacy's, libraries and children's centres etc</p>					ORS
<p>Easy read version – Consultation document &amp; survey</p> <p>The consultation document and survey will be made available in Easy Read versions and alternative formats, such as large print, braille and alternative languages</p>					
<p>Children and young people consultation document and survey – A simplified document and survey fully accessible for children and young people U18.</p>					FJ/ST Verve
<p>Microsite</p> <p>Developed specifically for the consultation, this website will include the consultation document and survey, information on how to get involved, events, resource library of key documents, FAQs and contact details. Accessibility software will also be incorporated including the ability to change the language and size of the font.</p>					Verve

<p>MS Team / Zoom account Virtual meetings will be hosted using an online platform and the meeting link will be shared and communicated with stakeholders.</p>					
<p>Presentation slide pack Core presentation slide pack to be used to provide consistent, accurate information.</p>					
<p>Social media accounts We will utilise the Trusts social media accounts to promote the consultation. We will also undertake a paid social media campaign to ensure specific groups and communities are reached. Please refer to our Social Media Strategy for more detailed information on how Facebook/Twitter will be used during the Consultation.</p>					
<p>Telephone line with answering machine <i>Monitored during office hours to respond to questions, queries, requests for support/alternative materials, record any feedback provided and share with ORS for inclusion in the analysis.</i></p>					
<p>Online Question Portal An online form within the microsite for consultees to ask questions or request additional support to help make an informed response to the consultation.</p>					
<p>Newsletter (Staff and Stakeholder) During the 12-week formal consultation we will issue a weekly newsletter to staff and stakeholders signed up to our distribution list. This will include information on how many people we have responded to, upcoming events that week, how to complete the consultation survey and signposting to the microsite and how to contact the team.</p>					
<p>Infographics/Animation/Video A suite of creative assets will be produced including social media infographics, animation videos, vlogs etc providing details of the consultation and how people can give their views. This will be available online and shared with partners to promote. Where appropriate, these assets will include subtitles.</p>					

Information boards Foam A3 boards providing high-level information about the current challenges, the proposed option, impact/figures, pathway examples etc.					
Video booths As an accessible-for-all method, we are looking to provide video booths at all our face-to-face events. External providers are currently being scoped. Coped. Consent will be obtained and where needed interpreters (including BSL) will be commissioned to provide accurate transcripts to be analysed.					
Information leaflet – A5 in size, same look and feel as the consultation document. Call to action on the front, and information about how to get involved on the back (QR code / Website address / postal address / telephone number etc)					
Information posters – A4 in size, to be displayed on notice boards, staff rooms, toilet cubicles, waiting rooms, etc.					
Pull up-banners x3 – to be used at all face-to-face events					
Focus groups feedback template/questions – co-designed with ORS to ensure feedback is captured and returned in such a way it can easily be uploaded into the analysis framework					
Alternative languages leaflet – Using population data ( <a href="#">See Consultation Planning – Population Mapping document</a> ) produce a concertina folded booklet in the most commonly spoken languages in those identified areas					
Written Letter – Working voices, partners, and providers A written letter from the Consultor to local employers, providers, and VCSE partners detailing the consultation, the proposed model of care, etc, inviting them to formally respond on behalf of their organisation/workforce/people or communities they support.					
Written Letter/ Text Message – Parents, carers, guardians of children and young people with a long-term health condition					NLaG

<p>A written Letter/Text message from the consultor to parents/carers/guardians of children currently under the care of a paediatrician, inviting them to respond to the consultation, attend a targeted focus group or sign their child up to attend the PO workshop</p> <p><b>Patient information would be identified and handled by NLaG and communication would be sent via NLaG teams to ensure robust IG and data protection compliance.</b></p>					
<p>Interpreters (Including BSL) – We will be looking to have BSL interpreters and interpreters for other spoken languages at all public events to increase accessibility and participation.</p>					
<p>Elected Member Updates - regular written briefings and face-to-face meetings to ensure these key stakeholders are kept fully informed and involved.</p>					

\*Please note this is not an exhaustive list and additional resources may need to be added as they are identified.

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## Proposed Timetable of Events

\*Please Note – Week 1 has been forecasted to be w/c 18<sup>th</sup> September 2023. This is however subject to change.

	Wk 1	Wk 2	Wk 3	Wk4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11	Wk 12
	w/c 18 Sep	w/c 25 Sep	w/c 2 Oct	w/c 9 Oct	w/c 16 Oct	w/c 23 Oct	w/c 30 Oct	w/c 6 Nov	w/c 13 Nov	w/c 20 Nov	w/c 27 Nov	w/c 4 Dec
Mid-point review												
Rural/Community Roadshows (x14)												
Public Events (tbc)												
Leaflet drop in alternative languages												
Written Letter – Working Voices / Partners and Providers												
Written Letter/Text Message – Parents, carers, guardians of children and young people with a long-term health condition												
Newsletters (Staff)												
Newsletter (Stakeholder)												
Staff Exhibitions (x6)												
HNY Inclusion Assembly drop-in										23/11		
Consultation document												
Consultation survey												
Telephone line (with answer phone facility)												
Online question portal												
Combined public exhibition and deliberative events (x2)												
Virtual public meeting (x1)				PM								

Staff virtual meeting (x2)		AM			PM							
Focus groups (x16*) <i>*not all priority groups mapped, figure likely to change</i>												
Virtual Staff Equality Networks focus groups (x3) (LGBTQ+, BAME, Disability)												
Playing On (x6)												

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## Contact Details

For more information please contact:

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Anja Hazebroek	<a href="mailto:anja.hazebroek@nhs.net">anja.hazebroek@nhs.net</a>	Director of Communications, Marketing and Engagement SRO - Public Consultation
Lindsay Cunningham – Associate Director, Communications and Engagement	<a href="mailto:Lindsay.cunningham@nhs.net">Lindsay.cunningham@nhs.net</a>	Patient and Public Involvement Budget and Contracts Media Enquiries External/Internal Communications Political Communications
Ade Beddow – Associate Director of Communications and Engagement, NLaG	<a href="mailto:Adrian.beddow@nhs.net">Adrian.beddow@nhs.net</a>	Internal communication
Samantha Thompson – Engagement Manager	<a href="mailto:Samantha.thompson46@nhs.net">Samantha.thompson46@nhs.net</a>	Engagement Activities / Events Patient and Public Involvement Engagement Plan
Kia Alvani – Communications and Engagement Assistant	<a href="mailto:Kia.alvani@nhs.net">Kia.alvani@nhs.net</a>	Events General Enquiries Meetings



## Appendices

- Appendix (i) – Stakeholder Mapping
- Appendix (ii) – Detailed Engagement Plans
- Appendix (iii) – Summer Events Schedule

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*Under review*

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*In development*

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## Appendix (iii) – Public Events and Existing Groups/Forums Schedule



Engagement  
timetable of events

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