

Engagement Planning Form

1. Project Title: Young Parents Support

2. Project Lead: Liz Wigley, Maternity Commissioning Manager Contact details: liz.wigley@nhs.net

3. Equality impact assessment Yes/No

A description of the project

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

The Maternity Strategy for Leeds 2015-2020 was developed based on extensive consultation with women and families in Leeds, using a detailed health needs assessment and the latest and best evidence of what works well in maternity services, taking into consideration national and local drivers. The strategy outlines 9 priorities which aim to improve maternity services by providing safe, high quality maternity care, meeting the needs of all families in the city:

1. **Personalised Care** – All women will receive care that is personal to their needs, where professionals work with them to plan and deliver care throughout pregnancy, birth and after the baby is born.
2. **Integrated Care** – We will ensure that every woman feels that each stage of her care is coordinated, consistent and delivered in an integrated way.
3. **Access** – Services will be easy to access to help women have their first midwife appointment early in pregnancy and to continue to receive all the care and support that they need throughout their pregnancy.
4. **Emotional Health** – We will support the emotional and mental wellbeing of women who are pregnant and ensure that those who experience any emotional problems during and after their pregnancy are well supported and offered the best care.
5. **Preparation for Parenthood** – We will support all parents to have a healthy pregnancy and to feel well prepared and confident for the birth and subsequent care of their baby.
6. **Choice** – Women and their partners will have all the information that they need to make informed choices about their pregnancy and care.
7. **Targeted Support** – We will ensure that those families, who need it, receive targeted support during their pregnancy and after the baby is born.
8. **Quality & Safety** – We will strive to ensure that all women receive high quality, safe and responsive maternity care throughout their pregnancy, birth and post-natal care.
1. **Staffing** – We will work in partnership to provide well-prepared, trained and confident staff in all our services to meet the needs of women and families.

As part of the targeted support project, work has already been completed to improve services for women and partners using maternity services who have learning difficulties. The programme board has now agreed that young parents will be the next group which we will focus on as part of the targeted support project.

b. What is the level of service change?

No change

c. Outline the key objectives of the engagement

We are keen to know about the experiences of young people in Leeds who have used these services so we can build on this knowledge to improve the experiences and outcomes for young people who use maternity services in Leeds.

d. To what extent will patient involvement affect the outcome?

Engagement received will influence the service offered

e. How does the project link in with CCG organisational vision and values (delete as appropriate)

- ✓ Improving lives - We will be proactive and determined in our efforts to improve the health of our population and reduce health inequalities, now and in the future.
- ✓ Quality -We will strive to continuously improve quality of commissioning services through improvement in safety, effectiveness and patient experience.
- ✓ Leadership - We will optimise the skills of our staff and members and together we will shape and lead our organisation.
- ✓ Collaboration- We will make the best use of public money by working collaboratively with our population, partners and key stakeholders when making decisions to transform and improve health services.
- ✓ Transparency - We are committed to fostering a culture of open communication and accountability in all aspects of our work.
- ✓ Innovation and improvement - We will explore new and better ways of developing and delivering health services, to continually improve care for local people.

4. Pre-consultation information

a. Have we done something similar before?

Extensive engagement was carried out to develop the Leeds Maternity Strategy 2015-2020

b. How can we avoid duplicating work?

Intelligence from previous engagement is used

5. What timescales are you working to?

(include planning implementation, evaluation and feedback)

December 2016	Engagement plan will go to Patient Assurance Group
February 2017	'Whose Shoes' co-production work-shop with health and social care professionals and young parents
Feb/March 2017	Engagement with young parents Engagement report and evaluation of engagement
April 2017	Feedback and evaluation of actions to people who were involved

6. Engaging with our stakeholders

(consider using a stakeholder mapping tool)

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

Young parents and their family

b. What methods will we use to engage?

A co-production event using the “whose shoes” concept – this will be at the very start of the engagement and will include health and social care professionals as well as young parents. The result of the event will influence the questions we will then later engage. Focus groups, survey and a task and finish group of young parents will be set up. The task and finish group will be involved in the life of the project.

c. What will we do to engage underrepresented groups?

We will be working with Leeds Involving People, Midwives, Health and Social Care contacts and Voluntary Action Leeds (using the engaging voices method)– this is a targeted piece of work

7. What resources do you need?

a. Who is on your project team?

Liz Wigley Commissioning Manager
Helen Butters Engagement Manager
Amy Rebane Leeds Involving People
Cuchulainn Hamilton Engaging Voices Project

Other stakeholders on the team will include social services, universities, provider organisations, education, public health and third sector organisations.

b. What other resources do you need (equipment, venues etc.)?

LIP will source

8. What are your consultation/engagement questions?

a. What questions do you plan to ask?

We want to find out from young parents about their experience of pregnancy from birth and a year beyond. We are keen to ask about their mental health, breastfeeding, nutrition, smoking and personalisation and choice. What would have made their experience better?

b. How will you pilot the questions to ensure they are suitable?

We will pilot the questions with young parents

c. How will you demonstrate that you have consulted with a representative sample?

An equality and Diversity form will be completed so we can review who we have consulted.

d. How will you ensure anonymity with your results

Personal details will not be included in the report

e. How will participants evaluate the event?

Evaluation form

9. Results

a. Who will collate the results?

Leeds Involving People

b. Who will analyse the results?

Leeds Involving People

c. Who will write the engagement report?

CCG engagement team.

d. How will you use the feedback – what will you do differently?


Feedback will be fed into the service design

10. Feedback and Evaluation

a. How and when will you feedback to your participants?

“you said we did” feedback will be posted on our website and fed back individually to participants

Definitions of reconfiguration proposals and stages of engagement/consultation

Definition & examples of potential proposals	Stages of involvement, engagement, consultation			
	Informal Involvement	Engagement	Formal consultation	
Major variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT				Category 4 Formal consultation required (minimum twelve weeks) (RED)
Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people			Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making (ORANGE)	Information & evidence base 
Minor change		Category 2		

Information & evidence

<p>Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries</p>		<p>More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought</p> <p>(YELLOW)</p>		
<p>Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours</p>	<p>Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions</p> <p>(GREEN)</p>	<p>Information & evidence base</p>		