

North Yorkshire County Council

Scrutiny of Health Committee

7 September 2012

Mental Health Services for Older People in the Harrogate Area

Purpose of Report

1. The purpose of this report is to brief the Scrutiny of Health Committee on the development of plans for mental health services for older people in the Harrogate area, in particular on the future plans for in-patient services currently provided at Alexander House in Knaresborough for older people with dementia.

Introduction

2. Members will recall that this matter was discussed at the Committee meeting on 20 April 2012.
3. The following papers are attached as appendices:
 - Appendix 1 – Mental health services for older people in the Harrogate area.
 - Appendix 2 – Consultation on the future of the mental health inpatient beds for older people in Alexander House, Knaresborough.
 - Appendix 3 – Proposal for the reconfiguration and improvement of older people's mental health services in the Harrogate area.
4. George Lee (Senior Commissioning Manager, NHS North Yorkshire and York) and Adele Coulthard (Director of Operations - North Yorkshire Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV FT)) will be attending the meeting to summarise developments since April.

Recommendation

5. Members are asked to note the progress made to date and offer comment on the planned engagement process.

Bryon Hunter
Scrutiny Team Leader
County Hall, NORTHALLERTON
29 August 2012

Background Documents: None

July 2012

Mental health services for older people in the Harrogate area

Background

People are living longer and the need for specialist mental health services for older people is increasing. The Harrogate locality has a population of over 158,000 and 20% are over the age of 65 (compared to the national average of 16%). It is estimated that the number of people aged over 65 living in the locality will increase from the present number of 31,600 to 41,200 in 2019 and 51,700 in 2029.

The way we provide mental health services is changing as we provide more tailored care that is based on the needs of the individual. More and more people are able to get the support they need at home and are spending less time in hospital.

Dementia is a high priority both nationally and locally and since the national dementia strategy (Living Well with Dementia) was launched in 2009 we have been working with other NHS organisations, Social Services and the voluntary sector to improve services for people with dementia.

Day hospitals

Our aim: To support people with mental health conditions to maintain an independent lifestyle in the community.

What this means for day hospital services

As we work towards providing individualised and tailored support for people with dementia, the number of people attending traditional day hospitals has decreased.

In consultation with patients and their families, we have combined three day hospitals previously provided in Harrogate, Knaresborough and Ripon. This has freed up space in the Orchard in Ripon and Alexander House in Knaresborough. We will continue to provide mental health services for local people from these two units and we are currently reviewing options for the future use of the Orchard (see sections on memory services and inpatient services for more information on Alexander House).

These day services are now currently running two days a week from a central base at Rowan day hospital in Harrogate District Hospital. Transport is provided for patients attending the day hospital thereby eliminating any inconvenience for patients.

We will continue to provide these services for those who need them and we will also continue to work closely with local voluntary sector organisations and Social Services to identify suitable, more socially engaging, day care provision. Our aim is to ensure that patients and their families get care and support that is tailored to meet their individual needs using, where possible, direct payments and personal budgets.

These changes have also released staff and we are currently reviewing, with them, how best to use their skills and expertise in the future. Many of them will help us develop and improve our memory services and support early diagnosis of dementia (see below) and some will help us to establish a dedicated nursing and residential care home liaison service so that we can support more people with dementia as close to their home as possible. We do not anticipate any staff being made redundant as a consequence of these changes.

Benefits:

- More patients and carers will receive support that is tailored to meet their individual needs (personal budgets will give patients choice and flexibility about the kind of support they need)
- Staff released by combining the three day hospitals are now able to provide an extended memory service (see below) and will help establish a dedicated nursing and residential care home liaison team.

Memory services

Our aim: to ensure people with dementia are assessed, diagnosed and start active treatment as quickly as possible

What this means for memory services

In North Yorkshire at present only 40% of people with dementia receive a diagnosis. It is very important that the diagnosis rate increases as early diagnosis and treatment is key to improving the quality of life of someone with dementia and to preventing unnecessary admissions to hospitals and care homes.

The number of people referred to the service will increase significantly, not only because early referrals are encouraged, but also due to the increasing number of people aged over 65 living the locality.

In June 2012 we launched a new memory service in the Harrogate area to provide timely access to good quality early diagnosis and treatment as well as education support and advice.

The service is based at Alexander House day unit in Knaresborough (Monday – Friday) and also offers an outreach service to rural areas and to patients who are physically frail and unable to travel (currently this is offered two day a

week in the Ripon area). All patients and carers, referred by their GPs, will be offered:

- An initial assessment with memory clinic nurse
- An appointment with the consultant psychiatrist for diagnosis
- Follow up appointments with the nurse or doctor as required
- Information and education to the person diagnosed and their spouse, partner, or carer

Psychologists, occupational therapists and physiotherapists are also available if specialist input is required.

The memory service team will also monitor the effect of anti-dementia medication and other complex psychiatric medications.

The benefits:

- People with dementia and their carers will have a better quality of life
- People with dementia will be able to stay in their home environment for longer
- Faster access to the service
- Meeting the growing need for these services

Our aim is to offer an assessment appointment to all patients within four weeks of referral.

Inpatient services

Our aim: to support people with dementia so that they can remain in their home environment for as long as possible

What this means for inpatient services

As we strengthen our community services and change the way we work to support people at home, there is less reliance on inpatient beds. Although some people will need and benefit from admission to hospital people with dementia generally want to stay in their own homes. Evidence shows that early diagnosis and treatment is key to preventing unnecessary admissions into hospital (see section on memory services).

We currently have 32 beds for older people with organic (eg dementia) and functional (eg depression) mental health illness in two units:

- Alexander House – a purpose built community unit for the elderly situated in Knaresborough with 16 beds for male and female patients. Historically the unit has also provided long term care and planned respite care on a rolling basis.
- Rowan ward – a mixed ward for male and female patients in the Briary Unit, Harrogate District Hospital for 16 patients.

We currently have twice as many beds as the national average for the size of our population but we are already starting to see changes in the use of

inpatient services. Bed occupancy at Alexander House is reducing significantly - currently less than half of the beds are in use at any one time. We are also seeing an increasing complexity in the needs of people who are being admitted to hospital and as such all admissions are being primarily directed to Rowan Ward where the environment is more appropriate to both meet those complex needs and manage the associated clinical risk. This is also impacting upon bed occupancy at Alexander House.

We are confident that 16 assessment and treatment beds will give us sufficient capacity to provide services for the people of the Harrogate area and we have agreed with Harrogate and Rural District CCG and North Yorkshire and York PCT to carry out a formal public consultation. Our proposal is to reduce the number of inpatient assessment and treatment beds to 16 and providing these services on a single site – Rowan Ward in Harrogate District Hospital. The consultation is likely to start in August and will run for an extended period of 16 weeks (to allow for summer holidays).

Benefits:

- Assessment and treatment inpatient services are centralised on a single site
- Frees up space at Alexander House to develop a community focused mental health resource centre for older people
- Allows us to protect and invest in our community services and make best use of taxpayer's money

The future use of Alexander House

Alexander House is a valuable part of the mental health infrastructure in the Harrogate and Knaresborough area and we need to make sure we make the best use of this excellent facility.

Historically, staff on the unit have provided planned respite care for patients with dementia. Respite is an essential component of the care available for people with dementia and their carers. However, it is really important that patients and their carers get the individualised care they need, at the right time and in the most appropriate environment. A hospital bed is not the best environment for regular, planned respite care and there are other organisations that are better placed to provide this type of support.

Currently there are no more than four people at Alexander House at any one time. However, we will continue to provide respite care for those who need it until more appropriate support can be found and we will work closely with Social Services, families and the voluntary sector so that people continue to get the respite care they need.

If this proposal to reduce inpatient assessment and treatment beds is approved we will review options for the future use of Alexander House. In the meantime, however, we want to continue to make good use of the facility and of tax payers' money. We are awaiting planning permission to develop a specialist inpatient unit for the whole of North Yorkshire to care for older

people with dementia who have complex needs. This new facility will be built on the site of an existing unit in Malton and while it is being built we plan to move temporarily a small number of patients from Malton to Alexander House. Work on the development is due to start in October 2012 and will take a year to complete.

Nursing and residential care home mental health liaison service

Our aim: to support people with dementia so that they can remain in their home environment for as long as possible.

We currently have very limited resource, just one nurse to assess and treat patients in nursing and residential care homes. In the Harrogate locality there are currently approximately 2000 nursing and residential home beds.

How we will achieve our aim

With just one nurse working with the nursing home / residential home, only a reactive service is possible. This needs to change so that proactive advice and support is provided. It is in everyone's interests that great help and support is provided.

We need to employ an additional three qualified nurses in this specialist field. They will work with staff, residents and families to develop detailed care plans to help maintain residents in their home and prevent admission to hospital. The team will also support and educate staff in care homes to help improve their care of people with dementia and associated challenging behaviour.

As the Trust reduces expenditure on traditional NHS inpatient services for people with dementia, some of those savings will be used to fund the additional three nurses. Less admission beds for people with dementia are needed because of better support to people at home.

Benefits:

- People with dementia living in nursing or residential homes will have fewer admissions to hospital
- Improved support and education for nursing and residential home staff in caring for people with dementia and associated challenging behaviour
- people with dementia in nursing and residential homes will have improved care and treatment.

Acute hospital liaison service

There is currently one nurse providing hospital liaison services. We are looking to expand this service and have set up a Dementia Collaborative with Harrogate District NHS Foundation Trust, the local authority and commissioners. We are working together to identify how we proceed with developments in this area.

REPORT TO:	North Yorkshire Health Overview and Scrutiny Committee
REPORT FROM:	George Lee, Senior Commissioning Manager
REPORT DATE:	23 August 2012
REPORT STATUS:	Final draft
REPORT SUBJECT:	Consultation on The future of the mental health inpatient beds for older people in Alexander House, Knaresborough

Executive summary

This paper describes the plan for NHS North Yorkshire and York and the Harrogate and Rural District Clinical Commissioning Group to engage in a consultation and engagement with patients, carers, the public, and key stakeholders on the future of the mental health inpatient beds for older people in Alexander House, Knaresborough.

Background

Tees, Esk, and Wear Valleys NHS Foundation Trust (TEWV) currently provide 16 inpatient beds at Alexander House in Knaresborough, and 16 beds in Rowan Ward on the Harrogate Hospital Campus.

TEWV has provided the NHS North Yorkshire and York PCT (PCT) and the Harrogate and Rural District CCG (CCG) with evidence that there is an over provision of NHS mental health beds for older people in the Harrogate and Rural District area.

TEWV have carried out a detailed analysis of current demand for hospital admission for older people patients requiring assessment and treatment for mental health problems, and also some modeling on expected need for beds for the Harrogate and Rural District area. This work indicates that there is a need for only fifteen or sixteen beds to meet current and expected future demand.

The under-utilisation of hospital beds is not good value for money for the taxpayer. The requirement to staff a ward with few or no patients prevents the use of valuable staff resources in more productive ways that would benefit other patients, for example patients living in their own homes.

TEWV have asked the PCT and the CCG to engage with local people and consult on their proposals to reduce the number of beds in the Harrogate and Rural District from 32 to 16. This would be in line with the expected number of beds required for the Harrogate and Rural District population percentile of older people who are experiencing dementia type illness. The CCG as the commissioner of local health services will lead the engagement process, with support from the PCT, and with

input from TEWV as the provider of older people's mental health services in the area.

TEWV propose to close the inpatient beds at Alexander House because the inpatient hospital environment is of a lower quality to that of Rowan Ward.

The closure of the inpatient beds in Alexander House has potential benefits.

- Firstly the financial and staffing resources released will be used to improve the capacity and the quality of services for older people living with dementia in the community
- It would also will assist in ensuring the financial viability and sustainability of services for the future and also ensure best value in the use of NHS resources.

What would future services look like?

TEWV NHS Foundation Trust has already begun the process of improving their community mental health services for older people.

Inpatient services for assessment and treatment

TEWV wish to provide inpatient services on Rowan Ward in Harrogate District Hospital for the following reasons:

- Reducing bed numbers on each of the present two sites would be potentially unsafe, inefficient and more costly per bed to run. There is clinical guidance about the numbers of qualified and unqualified staff required to run a unit safely, which makes two small units unviable.
- Adult and older people's mental health inpatient assessment and treatment services would both be located at Harrogate District Hospital. With the increasingly complex needs of those being admitted to hospital, this would mean a greater pool of experienced staff to call on and provide support when required.
- Alexander House is isolated at night, which is not ideal for safely managing the increasingly complex needs of those who are admitted to hospital.
- The close proximity of general hospital services to Rowan Ward would be an additional clinical benefit for patients.
- There is more scope to develop and improve the environment on Rowan Ward.
- It frees up space at Alexander House to develop a community focused mental health resource centre for older people on that site. Staff would work on and from this site to provide services for the local communities. This would mirror proposals that are being developed for adults of working age in the area and provide a real focus for community services.

Reducing the number of inpatient beds will enable TEWV to make the savings that are needed to protect and invest in community services and also to continue to improve services for the benefit of local people.

Strengthening community services

TEWV wish to improve care and experience for older people with mental health problems living in care homes. The Trust plan to invest to expand the liaison service for nursing and residential care homes by employing three additional qualified nurses in this specialist field. This will help to better maintain residents in their home and prevent or reduce the need for hospital admission. The team will also support and educate staff in care homes to help improve their care of people with dementia and associated challenging behaviour. This will also ensure that local residents have the same access to these more specialist services as residents of other areas served by the Trust.

TEWV wish to improve the care and experience for older people in acute hospitals. Significant numbers of older people who are admitted to acute hospitals have dementia. The liaison psychiatry service is a specialist mental health service which works in our major hospital in Harrogate, community hospital in Ripon and Lascelles Neuro Rehabilitation Unit in Harrogate. It has a key role to play in helping to support staff treating patients with dementia and is already working well in the locality.

TEWV will continue to develop this service and by working closely with on-call psychiatry and will extend the service to cover seven days a week. Clinicians will also work with colleagues in the acute hospitals to support care for people at the end of their life.

TEWV have combined their three Day Hospitals at a central base at Rowan Day Hospital in Harrogate District Hospital. The Trust plan to develop day hospital services to provide more specialised mental health interventions, such as medication monitoring and behavioural assessment. TEWV will continue to work closely with social care colleagues so that patients and their families get care and support that has been tailored to meet their individual needs using, where possible, direct payments and personal budgets.

In line with the National Dementia Strategy TEWV are developing the memory service to provide early access to good quality diagnosis and treatment for patients thought to be suffering from dementia. Education, support and advice will also be provided as part of this service. TEWV aim to reduce the time it takes to receive a diagnosis of dementia and to start active treatment. The Trust have TEWV have already reduced waiting times from ten weeks to seven weeks and aim to offer an appointment within four weeks of referral.

TEWV wish to improve the management of anti-psychotic prescribing. Ninety per cent of people with dementia will at some point experience behavioral and

psychological symptoms, such as restlessness and shouting. These distressing symptoms can often be prevented or managed without medication. However, people with dementia are sometimes prescribed anti-psychotic drugs as a first resort. This increases the risk of other health problems and can reduce a person's quality of life.

Reducing the use of anti-psychotic drugs for people with dementia is a national priority. TEWV will work with local services to monitor and reduce the level of anti-psychotic drug prescribing and initially focus this with nursing and residential care home services.

TEWV plan to improve the inpatient environment. For those people who need to spend time in hospital it is important that the quality of the environment supports the quality of care they receive. TEWV has an excellent track record in modernising its facilities and has some of the best inpatient accommodation in the country. TEWV recognise that the current quality of Rowan Ward in Harrogate is not as high they would wish, and we are looking at how to improve the fabric of the ward to bring it in line with the standard of other TEWV properties (i.e. providing all single rooms, most with en-suite facilities).

The proposed future use of Alexander House

Alexander House is a valuable part of the mental health infrastructure in the Harrogate and Rural District area and TEWV wants to ill ensure the best use of this excellent facility.

Historically Alexander House has provided planned respite care for patients with dementia. The PCT does not routinely commission respite care. However the PCT and CCG are very clear that respite is an essential component of the care available for people with dementia and their carers. It is really important that patients and their carers get the individualised care they need, at the right time and in the most appropriate environment. A hospital bed is not the best environment for regular, planned respite care and may expose patients to other risks associated with hospital care. There are other organisations that are better placed to provide this type of support.

Currently there are no more than four people who receive respite care at Alexander House at any one time. TEWV have given assurance that they will continue to provide respite care for those who need it until more appropriate support can be found, and will work closely with Social Services, families and the voluntary sector to ensure that people continue to get the respite care they need.

If this proposal is approved Alexander House will be used for community teams and services. In the meantime TEWV want to continue to make good use of the facility and will use it to accommodate a small number of patients from Malton while a specialist inpatient unit for the whole of North Yorkshire is built. The new facility will be built on the site of the existing unit in Malton and will care for older people with

dementia who have complex needs. Work on the development will start in October 2012 and will take a year to complete.

Impact on patients now and in the future

TEWV have given assurance that patients who have had the benefit of Alexander House for respite stays will continue to receive this service until such times as a suitable alternative can be found. TEWV, the CCG and the Local Authority will continue to work together in developing a range of suitable alternatives for respite care to take account of future need.

If the proposal goes ahead, the closure of the inpatient beds in Alexander House will mean that all patients requiring inpatient assessment and treatment will need to be transported to Harrogate. Unfortunately, this may be less convenient for families and carers living in Knaresborough. However Alexander House will remain in use and with improvements to the services provided to local people, including the capacity to provide rapid assessment and treatment in the community along with and also earlier diagnosis of dementia, will help avoid the need for hospital admission.

The service improvements will benefit people living in Knaresborough and more generally in the Harrogate and Rural District area.

Clinical Evidence to support the proposals

At the point that services were transferred to TEWV there was recognition that the care model was “traditional”. TEWV have been driving a programme of quality improvements to their local services since becoming the NHS provider. The service improvements and plans for further development are informed by current best evidence and practice, National Policy and by noting local reports.

- *The National Service Framework for Older People* (2001) - a framework for services that are centred around the person regardless of their age
- *Inpatient care for older people within mental health services* (2011) - a report by the Faculty of the Psychiatry of Old Age of the Royal College of Psychiatrists. Provides some recommendations around key issues surrounding inpatient provision
- *Our health, our care, our say* (2005) - sets a clear direction for services to make sure they are based in community settings, linked to primary care (GPs) and with pathways into specialist, secondary care services (such as our service). It highlights the need to promote early intervention and prevention
- *Everybody's Business* (2005) - says that mental health services for older adults should be 'joined-up' supporting both the patient and carer

- *The National Dementia Strategy* (2009) - guidance about dementia services and how these should be provided in the future. It talks about:
 - Providing better information
 - Earlier diagnosis and services to keep people out of hospital
 - Improved support for carers
- In July 2011 an All-Party Parliamentary Group (APPG) on dementia reported that greater effort should be put into preventing inappropriate hospital admissions through investment into community services. They also said that better discharge planning and improvements to care pathways could reduce length of stay for people with dementia who did not clinically need to be in hospital.
- Independent Review of Health Services in North Yorkshire and York August 2011 Provides guidance that there should be a reduction in hospital inpatient beds in order to create a shift towards community services (health and social care)

Outcomes of consultation with Alexander House inpatient care staff

TEWV clinicians are committed to developing and improving services for the benefit of local people. They have been closely involved in developing these proposals and are supportive of what the Trust wants to achieve. TEWV have also consulted with inpatient staff about the impact of the proposed changes on them. Staff will continue to provide inpatient care at Alexander House for the patients who are moving temporarily from Malton (until October 2013). TEWV has a robust organisational change policy and a staff 'compact' (a psychological contract between the Trust and its staff that outlines the 'gives' and the 'gets') and will continue to consult with and involve staff as plans are finalised and agreed.

Patient and public engagement

NHS North Yorkshire and York PCT and the Harrogate and Rural District CCG wish to consult with the public and carry out a focused engagement process using an approach that assures a high standard of consultation of and engagement with the public and key stakeholders, and also delivers a high quality outcome.

Consideration was given to a full formal public consultation. However, as the issue is one of an over- provision of health services, and there are no other options to consult on, the additional resource and cost implications of carrying out such a consultation exercise would seem to be hard to justify. However, should the focused engagement not be demonstrated to be robust then formal consultation may be required. Additionally a full public consultation would consume significant additional NHS resources and for little, if any, additional benefit.

The PCT and CCG wish to model the consultation and engagement approach against the quality standards that would otherwise be used in a formal public consultation. As such the proposal is to run the process for 12 weeks. The CCG will lead the engagement process, with support from TEWV and the PCT.

Assurance Plans

There are a number of controls available to NHS North Yorkshire and York PCT and the Harrogate and Rural District CCG.

There are safeguards in place to ensure that services continue to be provided as specified in the contract. The Contract Monitoring Board performance manages TEWV to assure contract compliance. It also provides senior clinical oversight of services by the CCG lead and also provides a contractual mechanism for managing changes where these are desirable or necessary.

The PCT engagement consultation plan and the information to the public and stakeholders provides transparency on the proposals and the process. As part of the assurance, the CCG would like to invite representation from the Overview and Scrutiny Committee onto the Alexander House Stakeholder Involvement Group.

The engagement and communications plan is attached as an appendix to this paper.

Next Steps

The PCT and CCG wish to note the comments by HOSC members and seek approval of the engagement process prior to proceeding to consultation.



Proposal for the reconfiguration and improvement of older people's mental health services in the Harrogate area

Working in Partnership:

NHS Harrogate and Rural District Clinical Commissioning Group

NHS North Yorkshire and York

Tees, Esk and Wear Valleys NHS Foundation Trust

Proposal for the reconfiguration and improvement of older people's mental health services in the Harrogate area

Communications and engagement strategy and action plan

1. Background

Harrogate and Rural District Clinical Commissioning Group (CCG), NHS North Yorkshire and York (PCT), and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) are committed to involving local people in making decisions about future services and proposed service changes.

Proposals have been put forward by TEWV to the PCT and CCG to close the in-patient beds at Alexander House, Knaresborough. These plans form part of the Trust's plans for improving local mental health services for older people now and for future needs of the increasingly ageing population. The CCG and PCT, as commissioners of the service, will lead a period of engagement to discuss the proposals with stakeholders. The engagement process will be supported by clinicians and managers from TEWV.

There have been some early discussions with TEWV staff who would be most affected by the proposed changes. Information about the proposals have also been sent out by TEWV to some of the key stakeholders.

The proposed closure of the inpatient beds at Alexander House is part of a programme of work by TEWV to deliver sustainable, high quality mental health services to older people and patients with dementia across the Harrogate and Rural District locality.

This strategy outlines how an integrated approach to communications will ensure consistency of communication and engagement across all stakeholder groups.

The engagement and communications activity will be delivered in two parallel streams.

The first stream will focus on raising local people's general awareness and understanding around the background and rationale for the proposals, e.g.:

- enabling more patients to be supported in the community, to stay at home and avoid unnecessary hospitalisation
- high quality care in an appropriate hospital setting where this is necessary
- discussions around respite care services

The second stream will be targeted engagement and in-depth discussions with specific key stakeholders – i.e. patients, carers, patient advocates such as Alzheimer's Society and other key voluntary sector and user/carers support groups, staff, social services, GPs and clinicians.

2. Communications and engagement objectives

- Ensure appropriate and effective communications and engagement mechanisms are in place to support the work
- Ensure that the key messages are communicated effectively to all stakeholders
- Ensure that patients, carers and staff receive timely information about the work, and, where possible, are informed first about changes affecting them
- Proactively manage media relations around the proposals
- Ensure that the appropriate level of engagement and, if necessary, consultation takes place with relevant stakeholders
- Increase public awareness and understanding of the background and rationale behind the proposals
- Ensure those responsible for bringing about change are aware of the feedback given

3. Stakeholder analysis

A full list of stakeholders is at appendix 1. Different stakeholders require different levels of communication and engagement depending on their level of interest and influence. Not all stakeholders require the same level and frequency of communication so efforts can be focussed in particular priority areas. Identifying and segmenting stakeholders according to their communications needs also helps avoid the risk of inadequate communication, or providing inconsistent communication between stakeholders in the same group. The key engagement actions below reflect the needs for communication and levels of involvement for the stakeholder groups.

4. Key Engagement Actions

The engagement process will run from **10 September to 10 December 2012**

Action	Audiences	Dates	Lead
Paper to NY Health Overview and Scrutiny Committee (OSC)	OSC	7 Sept 2012	CCG office
Letter with briefing paper on background, rationale, data including demographics, future service improvements plans	Invite to meet with key spokespeople and clinicians with opportunity for 1:1 discussions as well as in group setting: <ul style="list-style-type: none"> • Current patients, carers, families • Staff Offer to attend regular or special meeting: <ul style="list-style-type: none"> • Voluntary and community groups • Social services • LINK • MPs • GPs • TEWV and HDFT Governors • Local Councillors – NYCC, Borough, Town, City and Parish Councils • LMC 	10 Sept	CCG engagement team
			CCG leaders/ TEWV
Issue media release to launch engagement process. Publicise details of public meetings and ways to feedback comments & questions	Local people	10 Sept	CCG communications team
Post briefing paper, Q&A, and details of public meetings on PCT, CCG and TEWV	Local people NHS Staff	10 Sept	CCG communications team

websites			
Letter and briefing paper, and request for comments, feedback and for publicising website address for feedback	Harrogate Borough Council NY County Council HDFT Other CCGs TEWV PCT SHA	10 Sept	CCG engagement team
Articles in internal communications and stakeholder newsletters and e-bulletins (PCT, TEWV, HDFT, CCG)	TEWV, HDFT, CCG, PCT, GPs Stakeholders of above	During Sept, Oct & Nov	CCG communications team
Establish Alexander House Stakeholder Involvement Group – time-limited	Reps from: OSC LINK Key voluntary orgs Patient/user/carer representation Governors TEWV clinicians CCG and PCT Social services	Monthly - October, Nov and Dec	CCG engagement team/ CCG office
<p>Open public events:</p> <ul style="list-style-type: none"> • Harrogate (1 x evening and 1 x daytime) • Knaresborough (1 x eve) • Ripon (1 x eve) <p>2 hour meetings.</p> <p>Format:</p> <p>1. Brief presentation on the proposal, rationale, evidence, vision for the future.</p> <p>2. Stalls and tables with information about TEWV service, key staff, social services, and key voluntary sector organisations</p>	Local people Other stakeholders	During late Sept, Oct, and Nov	CCG engagement team/ CCG office
			Requirement for CCG clinical leaders to attend
			TEWV

<p>3.Café-style round table discussions: meet the clinicians, key staff and spokespeople from CCG, TEWV and PCT</p> <p>Note-taking (TEWV & PCT communications and engagement)</p> <p>4. Feedback forms and evaluation - chance to comment, continuing concerns, suggestions, etc.</p>			
Paper to NYCC OSC and findings from the engagement process	OSC	18 Jan 2013	CCG engagement/ commissioners
Paper to CCG with recommendation PCT for decision and TEWV – outcome of decisions	CCG PCT TEWV Local people	TBC	CCG commissioners

4. Public and Staff Consultation

Informal consultation and public engagement will continue as outlined in this plan. A formal public consultation process has not at this stage been deemed to be appropriate as there are no other options to consider as alternatives to the proposals, and that therefore it would seem disproportionate to carry out a full formal consultation, incurring extra costs and not adding anything to the process.

The NYCC OSC will be asked to approve and comment on these plans and take part in the engagement process

TEWV Governors can play a key role in this informal consultation and engagement as they have a link role between the Trust and its communities.

Staff will be consulted on changes that have a direct, significant impact on them. This consultation would follow HR legislation and guidance.

5. Resources

Communications and engagement activity will be delivered by the Communications and Engagement team in NHS North Yorkshire and York on behalf of the CCG with additional administration support from the CCG, in partnership with communications and engagement leads from partner organisations particularly TEWV.

To deliver this engagement activity is resource intensive and there will be a significant time commitment from CCG clinical leaders and TEWV clinicians. In order to deliver this engagement work there will be a financial commitment. This will be the responsibility of the commissioners.

6. Evaluation

The effectiveness of the engagement and communication plan will be evaluated to enable the approach to be refined if necessary as the work progresses and to inform future communications and engagement activity.

Methods will include:

- Patient, carer and family feedback
- Evaluations and feedback from open public events
- Analysis of media coverage
- Web traffic – traffic to site following publicity

Appendix 1: Stakeholder list

Patients

Carers and families of patients

Voluntary Sector, Advocates and Support organisations:

Alzheimer's Society

Age Concern – North Yorkshire, Knaresborough, Harrogate, Ripon

Ripon Council for Voluntary Services

Harrogate and Area CVS

Carers Resource

Harrogate and Ripon MIND

Supporting Older People – Ripon

Independent Care Group

Crossroads

Citizens Advice Bureau

Harrogate District Local Involvement Network (LINK)

Care Homes – public and private

CCG

GPs and practice managers

TEWV Staff

Trade Union Representatives

TEWV Governors and Members

North Yorkshire County Council

North Yorkshire County Council Overview & Scrutiny Committee

Harrogate Borough Council

Ripon City Council

Knaresborough Town Council

Parish Councils

Harrogate and District NHS Foundation Trust

HDFT Foundation Trust Governors and members

Yorkshire Ambulance Service

Strategic Health Authority (NHS Yorkshire and the Humber)

Commissioners (NHS North Yorkshire and York, other CCGs)

Social Services

Local MPs

Media

Professional bodies