

Transforming Mental Health Services

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Report for: Assurance

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1. Introduction and Purpose

This cover report provides the context and background to the appended document: *Transforming Adult and Older Peoples' Mental Health Services in Hambleton and Richmondshire – a case for change*. Members of the Health Overview and Scrutiny Committee are asked to consider and comment on the information contained in this report and appended documents.

The report *Transforming our Communities* that was presented to Health Overview and Scrutiny Committee in November 2016 outlined proposals for the transformation of services in line with the vision of the Clinical Commissioning Group (CCG) for community services across Hambleton Richmondshire. Building on that, this report and appended case for change document provides a briefing on proposals to transform adult and older peoples mental health services, informed by the principles and recommendations agreed in the *Transforming Communities* consultation.

Specifically this report presents;

- the case for change for transforming adult and older peoples mental health services, available at Appendix 1
- proposals to commence a period of pre-engagement with key stakeholders and the wider general public on the development of future models of adult and older peoples mental health services
- a draft engagement and consultation strategy available at Appendix 2.

2. Background

In 2013 HRW CCG published its case for change in *Fit 4 the Future*. This outlined the CCG's vision for the development of community services in the coming years. Public and stakeholder engagement undertaken during this time demonstrated support for the case for change, with a real understanding from the public for the need to change.

In line with *Fit 4 the Future* and the outcomes of the *Transforming our Communities* consultation, it is now the ambition of the CCG to transform adult and older peoples mental health services aimed at developing a modern, recovery-focused model. The Five Year Forward View for Mental Health has made an arguable case for transforming mental health care in England. Meeting the needs of those with mental illness and the promotion of good mental health and wellbeing is key to the Clinical Commissioning Group's (CCG) overarching strategic vision. For people with mental health issues, this means looking at a wide range of services, including those which respond to and rehabilitate patients when they are in crisis, as well as considering a range of more proactive services, both through statutory services and the voluntary sector, which can promote health and independence and hence improve well-being.

This case for change has as its focus the provision of services to people with mental health problems, highlights the level of need in the area, the variable quality of services people often encounter and considers the complexity of current service arrangements.

3. Case for Change

The attached Case for Change outlines the different drivers that support the need to review how current services are provided. These include The Five Year Forward View for Mental Health (2016), Mental Health Crisis Care Concordat (2014), Prime Minister's Challenge on Dementia 2020 (2015), North Yorkshire Mental Health Strategy 2015-2020 (2015) and Building the Right Support (2015).

The latest Joint Strategic Needs Assessment told us that the number of people in Hambleton and Richmondshire with mental health related illness and their outcomes are broadly worse than that of the national picture. In order to respond in a meaningful and effective way service providers must look at how mental health services are organised and how all partners work together. It is clear that with an ever increasing prevalence of people with mental health problems and the health needs associated with them that services cannot remain as they are. The CCG and its partners, with service users and their carers have identified some of the main issues and priorities for the development of mental health services. This is a great opportunity to improve mental health services while following the CCG's general principles of providing care closer to home wherever possible, allowing people to remain at home as long as possible and putting quality of care, patient safety and experience at the heart of what we do.

4. Communication and engagement

The CCG and its partners have developed a comprehensive communications and engagement strategy around a *Transforming Mental Health* vision to engage with patients, carers, stakeholders and partners in Hambleton and Richmondshire. This is available at Appendix 2 and outlines:

- Engagement and consultation principles
- Aims and objectives
- Stakeholder analysis
- A three-phased engagement process and timescales Engagement and consultation methodology
- A communication and engagement plan including key messages and questions
- Communications/engagement management and responsibilities
- Reporting, feedback and evaluation mechanisms

5. Recommendations

In progressing the development of the vision for *Transforming Mental Health*, this report seeks the insight and observations of Health Overview and Scrutiny Committee and invites them to consider and comment on the information contained in this report and the case for change report appended.

Transforming Adult and Older Peoples' Mental Health Services in Hambleton and Richmondshire - a case for change

Foreword

Welcome to the vision for Transforming Adult and Older Peoples' Mental Health Services across Hambleton and Richmondshire. This outlines – and sets the scene for open debate – the priorities for developing health and social care services in the area over the coming years.

This document sets out the case for changing adult and older peoples' mental health services in Hambleton and Richmondshire and introduces the engagement phase of our transformation programme.

We have identified, thanks to their help, some of the main issues and priorities of our patients, their carers and our partners. It is clear that with an ever increasing prevalence of people with mental health problems and the health needs associated with them that services cannot remain as they are. We have a great opportunity to improve the services that we provide to our population while following our general principles of providing care closer to home wherever possible, allowing people to remain at home as long as possible and putting quality of care, patient safety and experience at the heart of what we do.

By the end of the engagement phase of this work we hope to have identified options that ensure local NHS services are the best they possibly can be to meet future healthcare needs. We are looking forward to meeting as many people as possible and hearing your ideas and opinions.

Acknowledgements

The writing and development of this document has been carried out as a partnership involving representatives from Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG), the Partnership Commissioning Unit (PCU), Tees, Esk and Wear Valley NHS Trust (TEWV), North Yorkshire County Council (NYCC) and NHS England.

This case for change is intended as a partnership document led by HRW CCG in partnership with other local organisations. It will evolve and develop before a final version for members of the public is published.

1. Introduction

Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG) is responsible for commissioning the majority of the healthcare services received by its population. Ensuring that people receive the best possible care within the resources available is a complex task and HRW CCG is committed to undertaking this in partnership with patients, their carers, partner organisations and local stakeholders.

The focus for this document is the adult and older people mental health services in the localities of Hambleton and Richmondshire. Its purpose is to provide an over-arching document to be used as the basis to start detailed discussions in both localities. As discussions progress further, it is anticipated that locality-specific ideas and issues will be identified which will need to be reflected in locality plans and documents accordingly.

In addition, as part of commissioning mental health services, we need to consider the wider needs of people who experience mental health problems, for example those with long term conditions, learning disabilities and dementia, frailty and social isolation.

2. Background

In 2013, the CCG launched the *Fit 4 the Future* programme to involve local people and service users in the commissioning of services and to prepare the local health (including mental health) and social care system to meet the challenges of its population. Since the publication of *Fit 4 the Future* the CCG has been refining the vision and case for change through extensive public and stakeholder engagement to influence the direction of travel. This involved a formal 14 week consultation process which included 33 public consultation events, two public meetings, numerous other stakeholder meetings and an online survey.

Emerging themes and issues were also raised through the *DISCOVER!* engagement programme. *Discover!* is an innovative engagement tool set up by the Partnership Commissioning Unit to support the commissioning of local mental health services. *DISCOVER!* events were undertaken during Summer 2015 to look at mental health services in rural communities.

Public and stakeholder engagement undertaken during this time demonstrated support for the case for change, with a real understanding from the public for the need to change. This included a rich source of evidence gathered from the consultation undertaken on the development of the North Yorkshire Mental Health Strategy and in addition the North Yorkshire Dementia Strategy.

Feedback from this consultation was broadly similar and can be summarised in the following themes:

- Keep people in their own homes for as long as possible
- Care close to home
- More information for patients and their carers
- Better patient transport
- Facilitating social interaction
- More support for carers
- Utilise new technologies as part of the solution

Following this extensive consultation, in July 2016 the CCG published its *Transforming our Communities* programme which describes proposed new models of community based care which have been developed in partnership with local clinicians and members of the public over the last three years.

In line with *Fit 4 the Future* and the outcomes of the *Transforming our Communities* consultation, it is now the ambition of the CCG to transform adult and older peoples mental health services aimed at developing a modern, recovery-focused model. It is widely recognised that improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include improved physical health and life expectancy, better educational achievement, increased skills, reduced health risk behaviours such as smoking and alcohol misuse, reduced risk of mental health problems and suicide, improved employment rates and productivity, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation. This has an impact across all statutory and non-statutory providers and it is important therefore that services work together across the system to shift the focus from illness to wellness.

This document describes the key components of a successful mental health care system and explains why, at this current time, and supported by appropriate evidence, they are not yet optimally established to meet the future need in Hambleton and Richmondshire. This information is intended to form the basis of an informed discussion about the services that should be commissioned for the future.

3. The local challenge

Hambleton is a large mainly rural district, running from York in the south to Darlington in the north.¹ Approximately 10% falls within the North York Moors National Park. There are five market towns, Bedale, Easingwold, Northallerton, Stokesley and Thirsk, and 130 villages. Just over half of the population live outside the market towns and population density is one of the lowest in the country. Richmondshire is one of the largest districts in England, covering an area of just over 500 square miles (1319 square kilometres) two thirds of which is in Yorkshire Dales main centres include Richmond, Catterick Garrison, Leyburn, Hawes and Reeth. Outside of urban centres and market towns, the areas are sparsely populated with 70.6% of the population living in rural areas and 15.3% of the population living in areas which are defined as super sparse (less than 50 persons/km).

Hambleton and Richmondshire has a predominantly rural area with a local population that is increasing and ageing, with significant in-migration from other parts of the UK in the pre-retirement and the recently retired age groups.

Much of the population is healthy and well and makes a major contribution to the health and wellbeing agenda as direct carers, as volunteers in their local voluntary organisations and through silent, often un-noticed work both with families, their neighbours and their faith groups. However, a significant number also have specific mental health needs around accessing and receiving high quality support and information; managing their own support as much as they can; maintaining a family and social life; work and education and contributing to community life.

¹ North Yorkshire H&R JSNA

According to the latest Joint Strategic Needs Assessment (JSNA) however, both Hambleton and Richmondshire mortality from suicide and underdetermined injury is higher than that of the national average; although the numbers are small the impact consequence to people is evident. In addition, the population experiences a worse picture against the national of levels of mental health and illness and the percentage with dementia aged 18 plus (not age standardised) and percentage with depression aged 18 plus (not age standardised).

In respect of the current provision of mental health services, the majority of people with mental health needs receive their care in the community. Adults and older people requiring in-patient services are admitted, in the main into the Friarage Hospital in Northallerton. Other or specialist intensive mental health is provided in Teeside or Darlington.

The essence of mental health care is that there is much we can do to help people to self-manage and prevent deterioration of conditions through better education and awareness and putting plans in place to help people respond in a crisis. We can also provide better support for family and carers to help them understand and be part of the new approaches we are using to support people with mental health conditions, for example earlier recognition of issues, access to support services sooner and using new technologies and caring for more people at home where possible.

In this process therefore, it is vital that we do not just consider the treatment of those already diagnosed with mental health conditions, but also consider what preventative strategies, supported by Public Health, we can employ to keep people mentally healthier for longer and invest in work with the younger population, who are both able to support the older generation now and who will also become the adult and elderly population of the future.

4. National context and drivers for change

As well as local commissioning knowledge, there is a wide range of policy, evidence and good practice drivers emerging nationally, which are influencing our local plans. These include The Five Year Forward View for Mental Health (2016), Mental Health Crisis Care Concordat (2014), Prime Minister's Challenge on Dementia 2020 (2015), North Yorkshire Mental Health Strategy 2015-2020 (2015) and Building the Right Support (2015).

The NHS Shared Planning Guidance asked every local health and care system in England to come together to create their own ambitious local plan for accelerating the implementation of the Five Year Forward View (5YFV). These blueprints, called Sustainability and Transformation Plans (STPs), are place-based, multi-year plans built around the needs of local populations. They provide the local vehicle for strategic planning, implementation at scale and collaboration between partners. The STP which includes Hambleton and Richmondshire acknowledges that service cannot continue to be delivered in their present form. They are unable to address the key challenges of health and

wellbeing, care and quality, and finance and efficiency which we are currently facing. The strategy is a 'system -wide' solution based on effective earlier intervention and prevention through to more integrated community models of care.

4.1 Prioritise prevention and early intervention

Prevention and early intervention is widely recognised as being essential to improving health and wellbeing and in securing a sustainable health and care system for the future. A range of current national policies, including Sir Michael Marmot's report on health inequalities ('Fairer Society, Healthy Lives' February 2010) have given renewed emphasis on the promotion of wellbeing, the prevention of ill health and early intervention. Evidence shows that partnership working between primary care, local authorities and the third sector to deliver effective universal and targeted preventive interventions can bring important benefits. Public health services have transferred to Local Authorities and North Yorkshire Council is leading the development of a prevention strategy, which includes access to information and advice at an early stage at its heart.

4.2 Management of Crisis

In 2014, the CCG as one of the partner organisations in North Yorkshire and York made a declaration to put in place the principles of the national Crisis Care Concordat to improve the system of care and support so that people in crisis because of a mental health condition are kept safe. The aim is to help them to find the help they need – whatever the circumstances – from whichever of our services they turn to first.

Partner organisations agreed to work together to prevent crises happening whenever possible, through intervening at an early stage. A commitment was made to ensure the needs of vulnerable people in urgent situations are met, getting the right care at the right time from the right people to make sure of the best outcomes and avoiding hospitalisation where possible.

4.3 Provide more personalised care

The Government and the Department of Health is rolling out a personal health budgets policy nationally in the NHS. A personal health budget is an amount of money to support a patient with identified healthcare and wellbeing needs and is planned and agreed between the patient and their local NHS/social care team. At the centre of a personal health budget is a patient care plan. This plan helps patients decide on their health and wellbeing goals together with the local care team who support them. It also sets out how their budget will be spent to enable them to reach their goals and keep healthy and safe.

4.4 High quality care for all

In recent months the NHS has had to address the outcomes of recent reviews into significant failures of the health and care system. The CCG is fully committed to doing this and ensuring we foster a culture of compassionate care in which patients are genuinely and consistently at the centre of everything the service provides. The key reports published include:

- Transforming Care, the Government's final report on Winterbourne View; and
- The public inquiry chaired by Robert Francis QC on Mid Staffordshire NHS Foundation Trust and Patients First and Foremost, the Government's initial response.

4.5 Provide sustainable housing models to meet future needs of local communities

Vulnerable and older people require homes and opportunities that meet their particular needs, foster self-determination and support a good quality of life. The needs of older and vulnerable people can be met in a variety of settings, such as shared specialist supported housing, extra care housing, care settings, as well as through general housing. We recognise that vulnerability can be a temporary or a permanent state and therefore a wide range of solutions need to be available.

4.6 Continue to improve financial efficiency of services

Poor mental health carries an economic and social cost of £105 billion a year in England. Analysis commissioned by NHS England found that the national cost of dedicated mental health support and services across government departments in England totals £34 billion each year, excluding dementia and substance use. Nationally, both the NHS and Local Authorities face pressure on budgets and the need to make continued efficiencies if they are to remain in financial balance. In times of financial constraints, public services, including mental health services have to make efficiency savings at a time when demand for services is likely to rise. It is imperative that the CCG, together with its partners, ensures that each pound that is spent on mental health services delivers the maximum amount of value possible for the people who access services. A key way in which to do this is to ensure that existing investment is targeted at evidence-based prevention and early intervention for mental disorders. This can have economic benefits that go far beyond the health sector and present opportunities for innovation within mental health service provision; for example rebalancing services towards cost-effective community-based care alternatives.

Beyond the economic cost of £105 billion a year, poor mental health is destroying lives. Prevention was the public's number one priority for NHS England's Mental Health Taskforce in its public engagement stage. The Taskforce reported that 75% of people experiencing mental health problems are not using health services. This may be due to stigma, inadequate provision and people using their own resources to manage their mental health. The wider determinants of mental health issues are evident in schools, workplaces, communities and housing.

In summary we need to maximise opportunities to get better value from the NHS budget, delivering services of high quality with improved outcomes.

5. The Case for Change: 'i.e. what's not working locally'

The latest JSNA told us that the number of people with mental health related illness and their outcomes are broadly worse than that of the national picture. In order to respond in a meaningful and effective way we need to look at how we organise mental health services and how all partners work together.

The current service provided by Tees Esk and Wear Valleys NHS (TEWV) is delivered by a range of community teams that support the age orientated model defined by the Royal College of Psychiatrists. Crisis response and intensive home treatment are a separate service offer and are currently commissioned to respond to those between the ages of 16-65. All people who require assessment under the Mental Health Act (MHA) receive this through the consultant body and appropriate mental health practitioner (AMHP) in the respective services. Those who are detained by the Police under Section 136 of the MHA are managed through the Section 136 suite at the Friarage mental health unit. Currently the gap in crisis and intensive home support potentially results in people being detained under the MHA or admitted to hospital when an enhanced community package with social care may be a better option.

The population is currently serviced by two in-patient wards at the Friarage Hospital, separated for adult and older people. Both are mixed-sex and on the first floor which limit privacy, dignity and open access to outside spaces. These have been factors commented on by MHA and Care Quality Commission (CQC) inspection in the past. For people with a learning disability, this is commissioned locally through the contract with TEWV.

There are a number of recruitment and workforce retention issues specific to the locality that needs to be considered in future service re-design.

Access to alternative care settings for older people with organic mental health problems is limited in the area, resulting often in failures in packages of care. This has subsequent knock –on effects relating to inappropriate admission to acute and mental health secondary care beds and delayed transfers of care from these settings. Work is needed to look at how services can deliver enhanced care to support patients and carers in the place where people want to live, as it widely recognised that admission to hospital is detrimental to patients with organic mental ill health. This is an area of particular importance as the North Yorkshire prevalence is higher than the national average.

Service users will require a wide range of services which they will access at different times and to different extent depending on circumstances. Many patients already have a very good experience of care and may feel that services are already working effectively. However, when we look across the system as a whole, it becomes apparent that there are clear challenges and historical service gaps. The rationale to expand and close service gaps therefore needs to be considered on three levels; that of the service user, effective evidenced-based care and from an economic perspective.

If we look at the information that we learn from in our day-to-day systems (GP and patient survey, complaints, comments and compliments), our patients and partners have already given us the following key themes and messages:

- Eliminate privacy & dignity issues.
- Why do we have mixed sex accommodation?
- I don't know where to send referrals to?
- Single point of access would be good.
- How do we improve responses/communication between professionals?

- Where is crisis support for our young & older people?
- Patient referrals are 'bounced' back.
- Less handovers between teams.
- 'Not about beds – I have one'.

This next section takes a subject by subject view of the opportunities for improving services in the local area, explaining why the issues raised are important, and highlighting where improvements need to be made in order to realise HRW CCG's over-arching vision. It is essential that these services place the patient at the centre of care and are commissioned and delivered so as to provide an integrated and co-ordinated experience of care.

5.1 Access routes to services

Primary access into secondary mental health is via the patient's general practitioner into the respective age/specialist community teams. Organised into five main areas, Hambleton & Richmondshire are serviced by the following teams. Table 1 shows a summary of the access to secondary mental health.

Working Age Adult	Older persons	Learning Disabilities
<p>Operates 7 days a week offering:</p> <ul style="list-style-type: none"> • 4 hour response to people in crisis 24/7 for people aged 16-65 years, plans in place to expand initial response to all ages. • Assessment by primary care or community teams within 4 weeks of referral. • Lead service for the assessment under Section 136 of the Mental Health Act. • Benefits of integration with social care staff and AMHP. • Lead referral point for people with first suspected episode of psychosis (14-65 years) with the national 14 days access standard. • Additional capacity to support those with long-term mental health • 7 days service to provide Intensive home support • 12 inpatient beds • IAPT offers a service to those with high and low intensity needs meeting the expected prevalence standards and close to the national average for recovery. • Armed forces and veterans have access to a dedicated resource based with the MOD campus 	<p>Operates 7 days a week offering</p> <ul style="list-style-type: none"> • Assessment by community teams within 4 weeks of referral. • Care home liaison • Community Memory service • 8 inpatient beds • Acute hospital liaison providing 1 hour response to ED (8-8) and inpatient liaison within 72 hours of referral 	<p>Operates Monday to Friday with planned expansion to 7 days to support those with increased care needs in the community.</p> <ul style="list-style-type: none"> • Assessment by community teams within 4 weeks of referral. • Out of hours on call support planned to support all age crisis service. <p>The service is not commissioned to provide first diagnosis of ASD or ADHD.</p> <p>There is no inpatient facility within the locality.</p>

We have an opportunity to create a new access route, linked with the national agenda for eReferrals, simplifying access to Improving Access to Psychological Therapies (IAPT) through single speciality community teams. In addition, the ongoing work of the mental health crisis care concordat there is the ambition to have a single telephone response and assessment service for all ages 24/7.

5.2 Health and social care integrated community teams

We have the opportunity to improve access to mental health services by:

- Early detection and home based interventions providing effective intensive home support
- Recovery focused community services
- Step up and step down models of care in our community using care home liaison and specialist rehab in the community
- Access to 'fit for purpose' estate

Any future model of mental health services must be underpinned by a resilient interface with community and neighbourhood services - building capacity within community-based services to reduce demand and release capacity from the acute sector and in-patient beds – whilst in parallel moving towards a 'place-based' approach where health and social care mental health services intervene earlier to prevent escalation and direct people to a broad range of appropriate provision; including social, private and third sector.

5.3 GP practices

GP practices across the CCG have the highest patient satisfaction rating in the country and are working efficiently to provide a wide range of services in primary care. Nevertheless, practices will need to undergo some significant development in the next few years. There is a national move through the updated GP contract towards some level of seven day working, proactive identification of at-risk individuals through risk profiling, and identifying lead professionals for complex vulnerable patients. There are also drives elsewhere in the country for primary care to support more early mental health interventions in the primary care setting by skilling up their own staff.

5.4 Voluntary sector / local communities

Services provided from the voluntary sector play a vital role in supporting people in their own communities. However, services may often be fragmented, disconnected and dependant on short-term funding. The result is that services do not always work effectively together and staff working in statutory organisations may not know what services exist and so are unable to sign-post patients to them effectively. Services are also patchy or incomplete in some areas, with unequal access depending on where a person lives to services such as: voluntary transport, support for shopping or home laundry, social opportunities, befriending, etc. In Hambleton and Richmondshire the offer by the voluntary sector is limited by many of the national partners not having a presence in the locality. There is an opportunity through work with our housing partners to look at alternative supported living settings for people with enduring mental health needs, as well as working with

them to provide supportive places for people to attend when they have emerging mental health needs.

5.5 Information management and technology

While in recent years there have been great advances in the opportunities available through IM&T, some significant obstacles remain. Currently there are no consistent systems and processes for using the NHS number as a single patient identifiable number across all health and social care organisations to help co-ordinate care, using safe and secure e-mail addresses to share information, obtaining shared consent, and limited capability to access different provider record systems in common locations, let alone a single common shared IM&T solution between health and social care.

5.6 Transport

Funded transport to access health and social care services is not an automatic right and is dependent on clinical need. Patients and service users therefore need a range of options to access available services, dependant on circumstance.

In Hambleton and Richmondshire, emergency and patient transport services are provided by Yorkshire Ambulance Service NHS Trust. There are also voluntary transport schemes operated by the voluntary sector.

5.7 Police partners

Our Police partners play a vital role in responding to people who are in need of mental health support, not only through the help they give through 101 or 999 calls but also as a primary response to those with high risk behaviours and require detaining under the MHA. Potential for closer working with Police for those who are most vulnerable and high users of all services need to be an essential part of this work.

6 The overarching vision for Hambleton and Richmondshire

Hambleton, Richmondshire and Whitby Clinical Commissioning Group's overarching strategic vision is *'to commission (buy) first class healthcare which improves the health and well-being of everyone living in Hambleton, Richmondshire and Whitby'*. For people with mental health issues, this means looking at a wide range of services, including those which respond to and rehabilitate patients when they are in crisis, as well as considering a range of more proactive services, both through statutory services and the voluntary sector, which can promote health and independence and hence improve well-being.

The intention is to make a real impact on population and system health outcomes, including:

- Enabling people to enjoy the maximum possible good health for as long as possible.
- Increasing community productivity and improved patient outcomes

- Reducing the overall number of admissions to hospitals and average bed days (and lengths of stay) for those admissions.
- Reducing the number of long term placements in residential and care homes.

The priorities set out below are drawn from the feedback from our service-users and stakeholders, national and international evidence and our local commissioning knowledge of how well the current health and social care system is performing.

Our ambition is to transform key elements of mental health provision and the following high level requirements have been identified:

- Simplify access
- Access at the point of need
- Care as close to home as possible for the majority of people
- Access to specialist acute care when required
- Effective use of resources in the locality
- Management of deteriorating patients in community
- Sustainable service offer
- Evidence-based model of care

We want to deliver this ambition by:

- Investing in the provision of a recovery orientated approach in the community close to patients' homes; so that the majority of people receive their care in the community
- Providing assessment and treatment to patients and carer support when they need it, whatever time of day or night
- Supporting access to specialist assessment and treatments such as inpatient care, when required
- Providing evidence-based treatment in the most appropriate care setting
- Retaining our local identity to ensure we can continue to work closely with general practice
- Delivering services in high quality fit for purpose buildings across inpatient and community services.

7 Implementation and way forward

Our vision for Hambleton, Richmondshire and Whitby was first documented in discussion documents in 2013 ("Fit 4 the Future"; reconfiguring older people's services in Hambleton and Richmondshire – vision and case for change). Since this time we have been refining our vision and case for change through extensive public and stakeholder engagement and service prototyping to influence our direction of travel. This included a range of locally based 'Transforming Our Communities' public consultation events held between July 2015 and May 2016.

Following this work HRW CCG and partners are now developing a communications and engagement strategy around our Transforming Mental Health vision to engage with patients, carers, stakeholders and partners in Hambleton and Richmondshire. This strategy will be guided and influenced by the following principals:

1. Care and support is person-centred; personalised, coordinated and empowering.
2. Services are created in partnership with citizens and communities.
3. Focus in on equality and narrowing inequality.
4. Carers are identified, supported and involved.
5. Voluntary community and social enterprise, and housing sectors are involved as key partners and enablers.
6. Volunteering and social action are key enablers.

At the heart of the principles is the assertion in the NHS Five Year Forward View that ‘a new relationship with patients and communities’ is key to closing the three gaps identified by the NHS Five Year Forward View: health and wellbeing, quality of care and treatment, finance and efficiency.

These principles require the NHS to ensure that there is a move away from paternalistic, fragmented health and social care services and that the focus is on supporting people better to manage their health and wellbeing. It is for NHS organisations to ensure that the focus is on ensuring people have as much choice, voice, control and support as they want in decisions that involved their health and care. Growing evidence shows that involvement is the key to improving outcomes and improving the experience of care.

Creating services in partnership with the public and communities and using a co-design approach to design services means working with all sectors of the community including voluntary, community and social enterprise sectors along with patient participation groups, carers and other agencies.

The Key messages are:

- The challenges we face:
 - Rurality - resulting in inequity of access
 - Adverse effects of hospitalisation on patients with a mental illness
 - Workforce challenges
 - Some lack of public understanding around mental health services and services required
- The way in which healthcare can be delivered is changing and evolving. In the last 15 years, there have been great advances in medical knowledge and technology. This has enabled more services to be provided outside of hospitals, in GP practices and community-settings, while hospitals increasingly focus on the most seriously ill patients
- HRW CCG has already consulted on older people’s community services and during engagement, mental health provision was highlighted by the public as an area to address
- Caring for mental health patients is now able to change. We have evidence to show that hospital stay is not always the best place to care for adult patients with a mental illness

- Because of national challenges facing the NHS and local authority financial climate there is an increasing need to use resources effectively and efficiently. We must achieve the best outcomes for our patients within the available budget
- The public tell us that they want to see more services being provided at home or as close to home as possible.
- We need to review the type of services that are available in community settings and those that are delivered in hospital. We also need to look at integrating some services and providing others so that more can be delivered locally, close to where people live.

We intend to carry out a triple phased engagement process. Phase 1 will be the listening phase, to take place between February and March 2017. This phase will be about gathering views and suggestions from patients, carers, clinical staff and other stakeholders.

Key questions will include:

1. What do we need to do to care for more people in the community?
2. How do we improve the care of those with increased need or in crisis?
3. What do we need to do to reduce the need for hospital admission and keep the length of stay to a minimum?

Phase 2, between March and May 2017 will cover reporting and options development. This will involve reviewing feedback from the listening phase, responding to queries and developing consultation options.

Phase 3 is the formal 12 week consultation period involving locality based engagement events between mid-May and mid-August 2017. The purpose of these events will be to:

- Make and confirm people's understanding of the case for change
- Present and confirm whether people agree the overall vision
- Discuss the choices the CCG will need to make in order to implement the vision.

In addition to the engagement events, a detailed consultation document will be distributed widely across Hambleton and Richmondshire as well as being available on line and upon request.

Following the engagement, there will be a post consultation period between July and September 2017, when outcomes will be decided and feedback provided to all stakeholders.

8 Conclusion

This document is intended to provide information and provoke discussion. It starts to set the scope of both the challenge and the opportunity relating to commissioning mental health services in the Hambleton and Richmondshire area. It also confirms the central idea that people with mental health issues are more likely to remain safe and well in their own homes and communities if we can

strengthen the care and support that they receive there. If we do this successfully, then admission to hospital can in some cases be avoided and the overall cost to NHS and social care services reduced.

Perhaps inevitably, the solutions largely lie in the reconfiguration and integration of community services. However, the exact scale and formal proposals for what needs to be developed will require extensive local discussion with service users, their carers, partner organisations and other stakeholders.

A detailed programme of engagement events will be undertaken in 2017 to start to turn this vision into a reality.

We thank you for reading this document and we look forward to hearing your views.

NHS Hambleton, Richmondshire and Whitby CCG

Tees, Esk and Wear Valleys NHS
Foundation Trust

**Transforming Mental Health Services
Hambleton and Richmondshire**

Communications and engagement strategy

2016/2017

Version control

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Contents

Introduction and purpose of document	4
Background	5
Legislation – our statutory requirements	9
Key messages.....	10
Stakeholders	11
Communication and Engagement Process	12
Engagement Process	12
Phase one: Listening.....	12
Phase four: Post consultation.....	15
Engagement and Consultation Timeline:	16
Methodology.....	17
Previous engagement and consultation	18
Communications and Engagement Action Plan	21
Key players and spokespeople	21
1. Phase one – announcing the start of engagement.....	22
Sharing Information	31
Communications/engagement management and responsibilities	32
Budget	32
Risk and Mitigation	32
Reporting and Feedback	32
Evaluation	32
Appendix 1: Legislation.....	Error! Bookmark not defined.
The Gunning Principles	35
Best practice and managing risk	36
Appendix 2: Stakeholder plan.....	33

Introduction and purpose of document

This paper sets out a joint communications, engagement and consultation strategy intended to form the basis of an informed discussion about the transformation of mental health services in Hambleton and Richmondshire.

Partners involved in the joint strategy are NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG), Partnership Commissioning Unit (PCU) who procure mental health services on behalf of the CCG, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) who are the mental health service provider and North Yorkshire County Council. We will also work closely with South Tees Hospitals NHS Foundation Trust (STHFT) due to the Friarage Hospital.

This document provides a framework for the engagement and consultation process and includes but is not limited to:

- The aims and objectives of the strategy; including some high level key messages,
- Current legislation on the 'Duty to Involve' and the 'Equality Act 2010',
- The key principles for communication, engagement and consultation,
- Proposals for the engagement process including a clear action plan,
- The work required preparing for consultation and any additional resources required to deliver the strategy and plan,
- The action plan details the work required for all aspects of communication, engagement and consultation. This is essential to support good practice and to fit in with guidance such as that from the Cabinet Office and 'Compact',

There will be a period of 12 weeks for the consultation (which may be extended due to the summer holidays). Prior to this, there will be a pre-consultation period of engagement.

Background

NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG) is responsible for commissioning a majority of the healthcare services received by its population.

In 2013 HRW CCG published its case for change in *Fit 4 the Future*. This outlined the CCG's vision for the development of community services in the coming years. Public and stakeholder engagement undertaken during this time demonstrated support for the case for change, with a real understanding from the public for the need to change. Key themes and messages included:

- Keeping people in their own homes for as long as possible.
- More information for patients and their carers.
- Better patient transport.
- Facilitating social interaction.
- More support for carers.
- Utilise new technologies as part of the solution.

In line with *Fit 4 the Future* and the outcomes of the '[Transforming our Communities](#)' consultation, it is now the ambition of the CCG to transform mental health services aimed at developing a modern, recovery-focused model. This will be called 'Transforming Mental Health' with a focus on Hambleton and Richmondshire localities.

It is widely recognised that improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include improved physical health and life expectancy, better educational achievement, increased skills, reduced health risk behaviours such as smoking and alcohol misuse, reduced risk of mental health problems and suicide, improved employment rates and productivity, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation. This has an impact across all statutory and non-statutory providers and it is important therefore that services work together across the system to shift the focus from illness to wellness.

The [NHS Shared Planning Guidance](#) asked every local health and care system in England to come together to create their own ambitious local plan for accelerating the implementation of the [Five Year Forward View](#) (5YFV). These blueprints, called Sustainability and Transformation Plans (STPs), are place-based, multi-year plans built around the needs of local populations. They provide the local vehicle for strategic planning, implementation at scale and collaboration between partners. The STP which includes Hambleton and Richmondshire acknowledges that services cannot continue to be delivered in their present form. They are unable to address the key challenges of health and wellbeing, care and quality, and finance and efficiency which we are currently facing. The strategy is a 'system -wide' solution based on effective earlier intervention and prevention through to more integrated community models of care. The STP which includes Hambleton, Richmondshire and Whitby can be found here:

<https://www.hambletonrichmondshireandwhitbyccg.nhs.uk/sustainability-and-transformation-plan>

Hambleton and Richmondshire has a predominantly rural area with a local population that is increasing and ageing, with significant in-migration from other parts of the UK in the pre-retirement and the recently retired age groups.

In respect of the current provision of mental health services, most people receive their care and treatment in a community setting. Adults and older people requiring in-patient services are admitted for assessment and treatment, in the main, to the Friarage Hospital, Northallerton. Other or specialist intensive mental health is provided in Teesside or Darlington.

The essence of mental health care is that early intervention, through better education, awareness and care planning can help people to self-manage and prevent deterioration of their condition. Similarly improved support for family and carers, speedier access to support services, the use of new technologies and caring for people at home where possible all bring improved outcomes for people and help them to maintain good mental health.

In this process therefore, it is vital that services do not only consider the treatment of people already diagnosed with mental health conditions, but also consider preventative strategies aimed at the wider population, supported through Public Health services.

A full 'Transforming Mental Health' case for change document can be found in Appendix 1.

Strengths and challenges

We have learnt from our engagement to date that **our strengths** as a health care system are:

1. Strong communities that support each other.
2. Good self-care and resilience with good informal networks.
3. Lots of projects that work well to improve care.
4. Staff that are dedicated and committed to the area.
5. Multi-professional team working.
6. Good communication with our population and a feeling of being empowered.
7. High regard for our GPs, urgent care and mental health working together.
8. Excellent care and service at the Friarage Hospital.

Some of **our challenges** identified from engagement include:

1. Perception that the Friarage Hospital will be closed.
2. Difficulties with transport.
3. Rurality of the area.
4. Poor IT and communications infrastructure which is not joined up.

5. Workforce challenges.
6. Some lack of public understanding around mental health services and services required.
7. Need for modern, evidence based services and care for patients with a mental health illness.

Key Principles

We will adhere to the following principles of good practice:

- **Open** – decision makers are accessible and ready to engage in dialogue. When information cannot be given, the reasons are explained.
- **Two-way** – there are opportunities for open and honest feedback, and people have the right to contribute their ideas and opinions about issues and decisions.
- **Timely** – information arrives at a time when it is needed, relevant to the people receiving it, and able to be interpreted in the correct context.
- **Clear** – communication should be in plain English, jargon free, easy to understand and not open to interpretation.
- **Targeted** – the right messages reach the right audiences using the most appropriate methods available and at the right time.
- **Credible** – messages have real meaning, recipients can trust their content and expect to be advised of any change in circumstances which impact on those messages.
- **Planned** – communications are planned rather than ad-hoc, and are regularly reviewed and contributed to by senior managers and staff, as appropriate.
- **Consistent** – there are no contradictions in messages given to different groups or individuals. The priority to those messages may differ, but they should never conflict.
- **Efficient** – communications and the way they are delivered are fit for purpose, cost effective, within budget and delivered on time.
- **Integrated** – internal and external communications are consistent and mutually supportive.

- **Corporate** – the messages communicated are consistent with the aims, values and objectives of NHS Hambleton, Richmondshire and Whitby CCG and Tees, Esk and Wear Valleys NHS Foundation Trust.

Aims and objectives of this strategy

The overarching aims and objectives of this strategy are:

- To underpin providing adult mental health services for adults and older people.
- To raise awareness and understanding of why it is important that HRW CCG and TEWV has a plan to deliver sustainable and viable mental health services closer to home in the future.
- To ensure that appropriate mechanisms are in place so that the public, key stakeholders and partners feel engaged and informed throughout the process so they can influence the future model.
- To contribute to shaping public, and health services' staff, expectations of mental health services across Hambleton and Richmondshire.
- To provide a framework by which HRW CCG and TEWV, who are both involved in the consultation are able to deliver consistent messages through a coordinated approach to communications and engagement activity.
- To maintain credibility by being open, honest and transparent throughout the process.
- To monitor and gauge public and stakeholder perception throughout the process and respond appropriately.
- To be clear about what people can and cannot influence throughout the engagement and consultation phases.
- To achieve engagement that is meaningful and proportionate, building on existing intelligence and feedback such as previous engagement/consultation activities, complaints, compliments etc.
- To provide information and context about the proposals in clear and appropriate formats that is accessible and relevant to target audiences.
- To give opportunities to respond through a formal consultation process.
- To maintain trust between the NHS and the public that action is being taken to ensure high quality NHS services in their local area.

- To demonstrate the NHS is planning for the future.

Legislation – our statutory requirements

Any reconfiguration of services requires a robust and comprehensive engagement and consultation process. NHS organisations are required to ensure that local people, stakeholder and partners are informed, involved and have an opportunity to influence any change.

This document is guided and influenced by the “Six Principals for Engaging People and Communities; definitions, evaluation and measurement”. The principals are:

1. Care and support is person-centered; personalised, coordinated and empowering.
2. Services are created in partnership with citizens and communities.
3. Focus in on equality and narrowing inequality.
4. Carers are identified, supported and involved.
5. Voluntary community and social enterprise, and housing sectors are involved as key partners and enablers.
6. Volunteering and social action are key enablers.

At the heart of the principles is the assertion in the [NHS Five Year Forward View](#) that ‘a new relationship with patients and communities’ is key to closing the three gaps identified by the NHS Five Year Forward View: health and wellbeing, quality of care and treatment, finance and efficiency.

These principles require the NHS to ensure that there is a move away from paternalistic, fragmented health and social care services and that the focus is on supporting people better to manage their health and wellbeing. It is for NHS organisations to ensure that the focus is on ensuring people have as much choice, voice, control and support as they want in decisions that involved their health and care. Growing evidence shows that involvement is the key to improving outcomes and improving the experience of care.

Creating services in partnership with the public and communities and using a co-design approach to design services means working with all sectors of the community including voluntary, community and social enterprise sectors along with patient participation groups, carers and other agencies.

The document supports the need to focus on equality and ensuring that includes all the groups protected under the Equality Act 2010, as well as people who are less likely to use services and those who have the lowest health outcomes. Identifying and supporting carers and ensuring they are involved in this part of the process.

Key messages

It is our ambition to support people to live fulfilling and meaningful lives in their community, irrespective of symptoms or diagnosis of mental illness (a recovery-focused approach)

We will achieve this by:

- Providing more recovery-focused services in the community, closer to patients' homes.
- Making sure patients and their carers get the treatment and support they need, when they need it (any time, day or night).
- Supporting access to specialist assessment and treatments such as inpatient care, when required.
- Providing evidence-based treatment in the most appropriate care setting
- Mental health services and general practitioners (GPs) continuing to work closely together to provide local services for local people.
- Delivering inpatient and community services in high quality, fit-for-purpose buildings.

The key messages are:

- The ways in which mental health care can be delivered is changing and evolving. More people are now able to receive the mental health care and treatment they need at home and hospital admission is becoming the exception rather than the norm.
- HRW CCG has already consulted on older people's community services and during engagement, mental health provision was highlighted by the public as an area to address.
- Because of national challenges facing the NHS and local authority financial climate there is an increasing need to use resources effectively and efficiently. We must achieve the best outcomes for our patients within the available budget.
- The public tell us that they want to see more services being provided at home or as close to home as possible.
- We need to review the type of services that are available in community settings and those that are delivered in hospital. We also need to look at integrating some services and providing others so that more can be delivered locally, close to where people live.
- Reassurance around the future of the Friarage Hospital.

Stakeholders

For the purpose of this strategy, the definition of stakeholders is anyone who will be affected (either positively or negatively) by a proposed change to mental health services locally, those who have an opinion on the proposed changes and those who could influence other stakeholders.

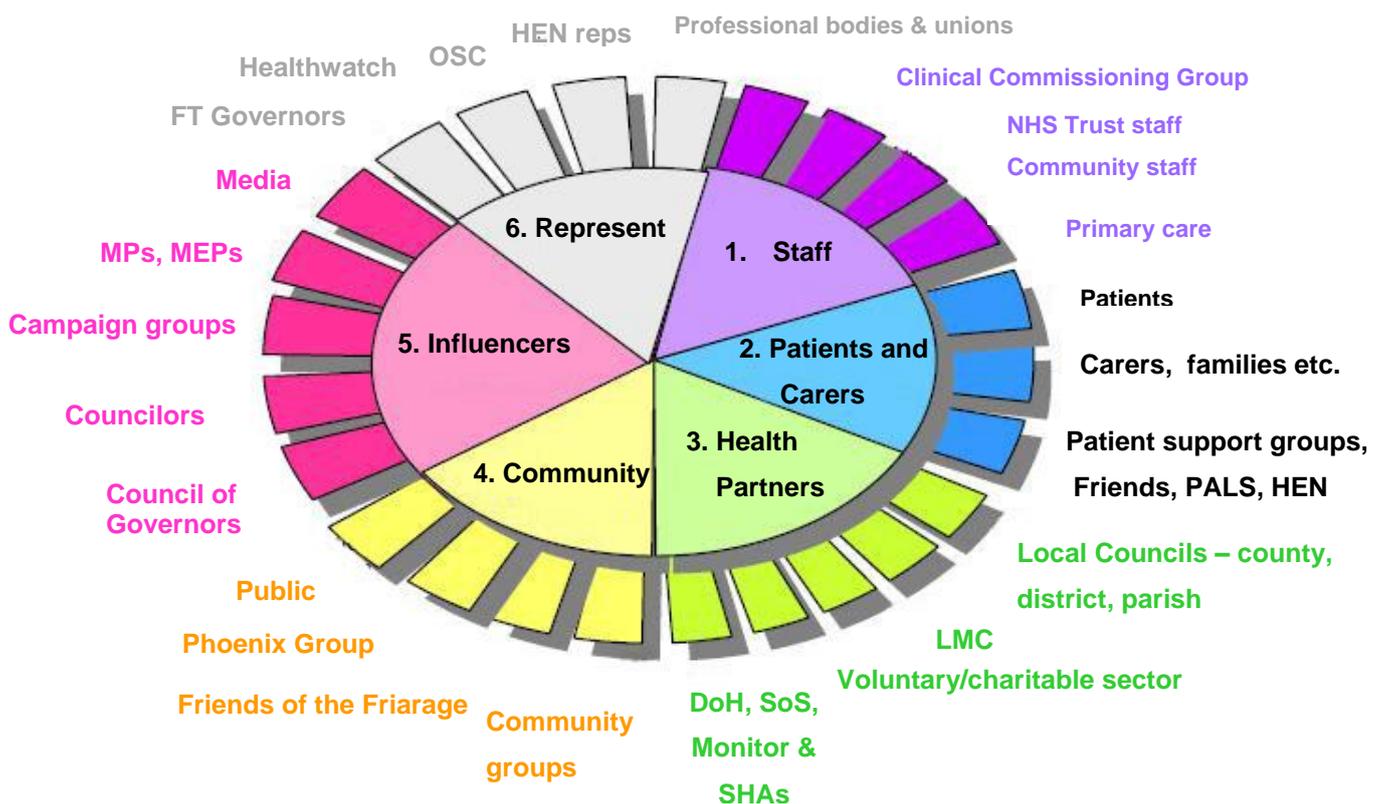
There are a wide range of stakeholders who will have varying degrees of interest in and influence on the acute care services agenda.

Broadly, those stakeholders fall into the following categories:

- Internal (CCG and Trust staff)
- NHS partners (including GPs) and local authorities
- Service users and their carers
- The local community
- Political audiences
- Governance and regulators
- Under-represented groups

Please refer to Appendix 2 for further detail on stakeholders

Stakeholder Segmentation



Communication and Engagement Process

The three phased plan to build a better future was approved by the HRW Transformation Board, which is made up of the following members:

- NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG)
- South Tees Hospitals NHS Foundation Trust (STHFT)
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- York Hospitals NHS Foundation Trust (YHFT)
- County Durham and Darlington NHS Foundation Trust (CDDFT)
- Harrogate & Rural District NHS Foundation Trust (HDFT)
- Humber NHS Foundation Trust (HFT)
- Yorkshire Ambulance Service NHS Trust (YAS)
- Hambleton District Council (HDC)
- Richmondshire District Council (RDC)
- Scarborough Borough Council (SBC)
- North Yorkshire County Council (NYCC), through the Joint Health and Wellbeing Board (JHWB) and the Scrutiny of Health Committee.
- Heartbeat Alliance - GP Federation
- Community and voluntary sector organisations
- NHS England Area Team – North Yorkshire and Humber

Engagement Process

The engagement stage forms part of the early discussions and is about gathering detailed information to support the health economy to develop the formal public consultation proposal for service change. It will operate via a three-phased approach.

Phase one: Listening (February 2017 and March 2017)

This listening phase (or pre-engagement phase) will involve:

- the in-depth gathering of views and suggestions from identified patients and carers.

- revisiting existing staff, patient and public views based on previous consultation feedback (including customer feedback, complaints, suggestions and previous surveys).
- reviewing the ways in which those people, and the wider general public, think adult mental health services can be improved or changed.
- the view of clinicians and other professionals in relation to current in-hospital mental health provision across Hambleton and Richmondshire.
- the public in developing the options criteria to assess potential health services scenarios to go forward for modelling and then as potential options for consultation.

Key questions will include:

1. What do we need to do to care for more people in the community?
2. How do we improve the care of those with increased need or in crisis?
3. What do we need to do to reduce the need for hospital admission and keep the length of stay to a minimum?

In addition, this engagement will lay the groundwork for discussions during the formal consultation.

Phase two: Reporting and options development (March 2017 - May 2017)

This important phase is an opportunity to review feedback, respond to queries and review reoccurring themes from the listening events. It will also be an opportunity to build on any gaps in the listening phase.

This information helps to develop the formal consultation options. These options will be informed by public feedback and clinical evidence and will be shared for formal consultation during the final phase.

During this phase, authorities such as NHS England and the North Yorkshire Scrutiny of Health Committee will continue to be updated along with our key stakeholders.

Phase three: Formal consultation (Mid May 2017 until mid-August 2017)

Following the engagement, there will be a formal consultation period of 12-14 weeks. The consultation will provide:

- the public with the opportunity to comment on the options that are taken forward from the appraisal and scoring process.
- a balance between clinical and public perspectives within the models going forward as potential options for consultation.
- engagement around the equality impact assessment conducted by HRW CCG.
- validation of the equality impact assessment.

A consultation document which outlines the case for change and questions will be distributed widely across Hambleton and Richmondshire, available online and upon request.

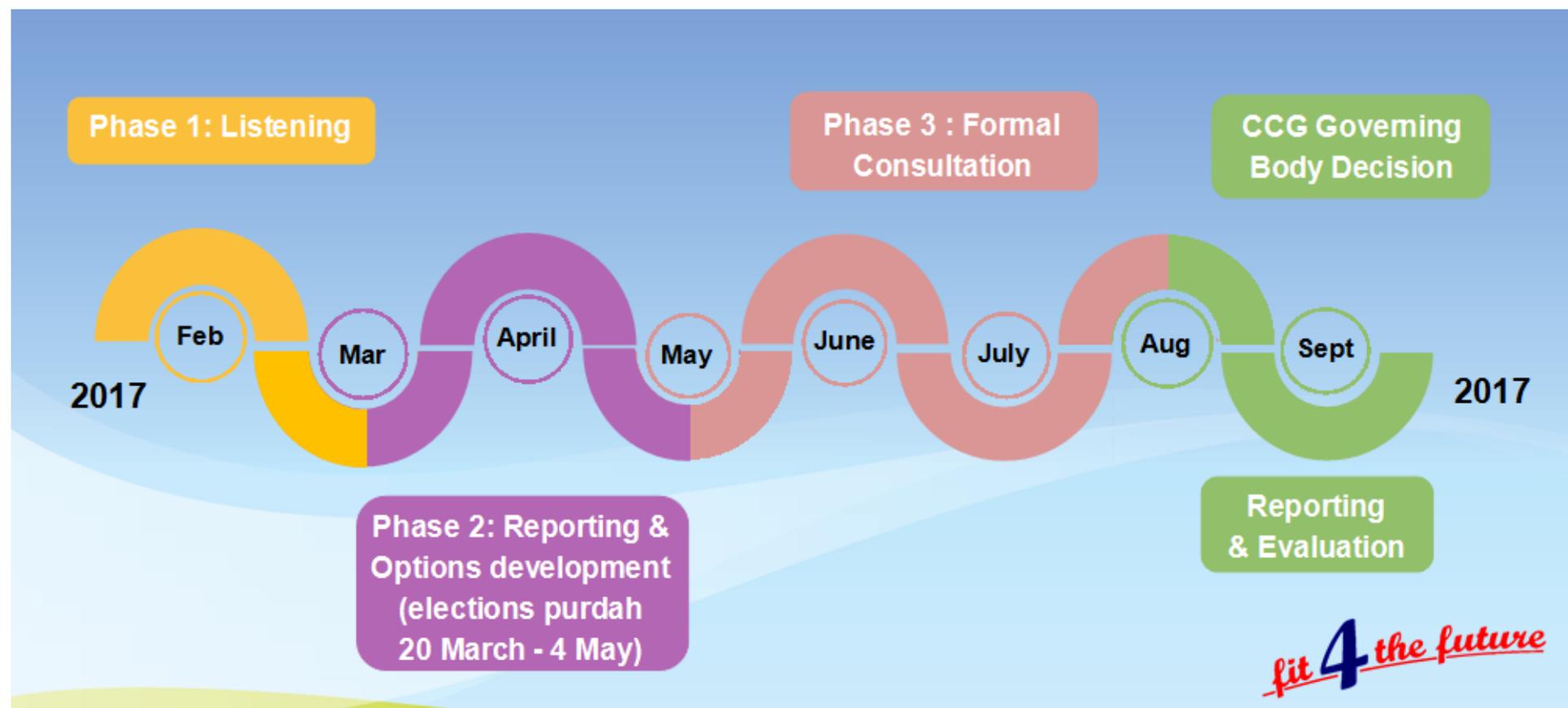
There will be a range of mechanisms and activities to gather feedback and views including:

- Opportunities for formal and informal discussion in appropriate and accessible locations.
- Presentations to a wide range of groups and audiences (pro-active and on request).
- Staff briefings and meetings.
- Information in prime community and health settings.
- Information on relevant websites.
- Media relations.
- Posters in a range of community venues throughout the health economy including health settings, libraries etc.
- Information distributed and shared through public partners publications and information points.
- Feedback forms and questionnaires.
- Social media.

Post consultation

Once the outcome of the consultation process has been decided feedback will be provided to all key stakeholders using agreed channels.

Engagement and Consultation Timeline:



Methodology

We want to involve as many people as possible in our consultation so we intend to use a variety of approaches to let people know about the consultation and to provide people with the opportunity to have their say. We aim to:

- Publish a full consultation document.
- Brief North Yorkshire County Council (NYCC) Scrutiny for Health Committee both prior and during the consultation.
- Hold a number of pre-consultation listening events to help shape the options included in the consultation.
- Hold public consultation events across the CCG footprint.
- Utilise existing CCG, Trust and community events.
- Meet with consultant physicians at the Friarage Hospital to discuss the proposals.
- Attend a number of meetings with local groups such as the Phoenix Group and the Friends of the Friarage.
- Attend a number of NHS staff briefings.
- Circulate stakeholder briefings (to include MPs, councillors and Health Engagement Network members).
- Present to representatives of NYCC, Hambleton Forum, Hambleton/Richmondshire District Scrutiny Committees.
- Produce a short video describing the purpose of the consultation.
- Conduct a survey, both online and in paper form.
- Present the consultation to the Council of Members (representing each of the 22 GP Practices).
- Involve local GPs through email correspondence and regular locality meetings.
- Distribute copies of a summary consultation document both in hard copy and PDF.
- Produce and distribute posters advertising the listening and consultation and events.
- Launch a dedicated webpage (both CCG and Trust websites).
- Issue proactive media releases and statements where appropriate.

- Respond to media enquiries, direct public/ stakeholder enquiries and MP letters.
- Post a number of dedicated tweets using #TransformingMentalHealth
- Post a number of Facebook posts.
- Include features in public and GP newsletters.
- Utilise existing 'feedback' email address: hrwccg.feedback@nhs.net

Previous engagement and consultation

Listening and consultation events held across Hambleton and Richmondshire during the 'Transforming Our Communities' consultation on community services are listed below. Overall, 885 members of the public attended these events.

Date	Venue	Location
22/03/2016	Thirsk School	Thirsk
30/03/2016	Golden Fleece	Thirsk
31/03/2016	Thirsk & Sowerby Town Hall	Thirsk
04/04/2016	Thirsk Market Place	Thirsk
07/04/2016	Thirsk Auction Mart	Thirsk
12/04/2016	Osmotherley Coffee Morning	Osmotherley
12/04/2016	Thirsk Auction Mart	Thirsk
13/04/2016	Northallerton Market Place	Northallerton
14/04/2016	Sandhutton & Breckenbrough	Thirsk
20/04/2016	East Thirsk Community Hall	Thirsk
09/05/2016	Golden Lion Hotel	Northallerton
10/05/2016	Friarage 'Hub'	Northallerton
13/05/2016	Stokesley Market Stand	Stokesley
16/05/2016	Thirsk Market Stand	Thirsk
17/05/2016	Bedale Market Stand	Bedale
20/05/2016	Leyburn Maket Stand	Leyburn
23/05/2016	Hawes GP practice	Hawes
26/06/2016	Thirsk Truck Gathering	Thirsk
07/07/2016	Thirsk Library	Thirsk
10/07/2016	Northallerton Carnival	Northallerton
12/07/2016	Coffee Morning, Osmotherley	Osmotherley
16/07/2016	Sowerby Summer Fete	Sowerby
21/07/2016	Thirsk Library	Thirsk
23/07/2016	Emergency Services Show	Richmond
25/07/2016	Thirsk Market	Thirsk
27/07/2016	Borrowby Show	Thirsk
02/08/2016	Lambert Medical Centre	Thirsk
03/08/2016	Northallerton Market	Northallerton

04/08/2016	Civic Centre	Northallerton
04/08/2016	Civic Centre	Northallerton
06/08/2016	Osmotherley Show	Osmotherley
10/08/2016	Danby Show	Whitby
11/08/2016	Thirsk Health Centre	Thirsk
16/08/2016	Glebe House Bedale Surgery	Bedale
18/08/2016	Meadowfields Extra Care Housing	Thirsk
22/08/2016	Thirsk Garden Centre	Thirsk
24/08/2016	Egton Horse & Agricultural Show	Whitby
30/08/2016	Friarage Entrance	Northallerton
01/09/2016	Thirsk Library	Thirsk
05/09/2016	Topcliffe Surgery	Thirsk
05/09/2016	Topcliffe Surgery	Thirsk
07/09/2016	Muker Show	Dales
08/09/2016	Civic Centre	Northallerton
08/09/2016	Civic Centre	Northallerton
12/09/2016	Stokesley Health Centre	Stokesley
15/09/2016	Thirsk Leisure Centre	Thirsk
19/09/2016	The Friary Surgery	Richmond
20/09/2016	Friarage Entrance	Northallerton
21/09/2016	Thirsk Health Centre	Thirsk
26/09/2016	Great Ayton HC	Richmond
27/09/2016	Meadowfields Extra Care Housing	Thirsk

Engagement already undertaken with a focus on mental health:

Date	Audience	Location
05/07/2016	Consultants and managers	The Friarage hospital
13/07/2016	Consultants and managers	The Friarage hospital
09/08/2016	Service users/carers/staff	The Friarage hospital
10/08/2016	Consultants and managers	The Friarage hospital
09/09/2016	Service users/carers/staff	The Friarage hospital
14/09/2016	Consultants and managers	The Friarage hospital
05/10/2016	TEWV and NYCC staff	The Friarage hospital
10/10/2016	Service user/carer/staff/charity/3rd sector/general public	The cricket club Richmond
12/10/2016	Consultants and managers	The Friarage hospital
09/11/2016	Consultants and managers	The Friarage hospital
09/11/2016	TEWV and NYCC staff	The Friarage hospital
11/11/2016	Service users/carers/staff	The Friarage hospital
07/12/2016	TEWV and NYCC staff	The Friarage hospital
07/12/2016	TEWV and NYCC staff	The Friarage hospital
13/12/2016	Service users/carers/staff	The Friarage hospital
15/12/2016	Consultants and managers	The Friarage hospital
04/01/2017	TEWV and NYCC staff	The Friarage hospital

04/01/2017	TEWV staff inc D&D and TEES NYCC staff service users	The Friarage hospital
11/01/2017	Consultants and managers	The Friarage hospital
13/01/2017	Service users/carers/staff	The Friarage hospital

Communications and Engagement Action Plan

NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG) key players and spokespeople:

- Janet Probert – Chief Officer (JP)
- Dr Charles Parker – local GP and Clinical Chair (CP)
- Dr George Campbell – local GP and Governing Body member (GCa)
- Dr Mark Hodgson – local GP and Governing Body member (MH)
- Gill Collinson – Chief Nurse (GC)
- Beverley Hunter – Head of Mental Health, Partnership Commissioning Unit (BH)
- Lisa Pope – Deputy Chief Operating Officer (LP)
- Abi Barron – Head of Strategy, Community Care (AB)
- Georgina Sayers – Communications and Engagement Manager (GS)

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) key players and spokespeople:

- Mr Colin Martin – Chief Executive (CM)
- Dr Nick Land – Medical Director (NL)
- Adele Coulthard, director of operations, North Yorkshire (AC)
- Julie Jones – Head of Communications (JJ)

South Tees Hospitals NHS Foundation Trust (STHFT):

- Siobhan McArdle – Chief Executive (SM)
- Amanda Marksby – Head of Reputation (AM)

1. Phase one – announcing the start of engagement

Audience	Mechanism	Attended/actions by	Date
NHS England	Attend formal meeting to discuss consultation process	JP/BH/LP	17.01.17
OSC	Attend formal meeting to discuss and present on consultation proposals	JP/BH/AB	27.01.17
CCG/PCU staff TEWV staff STHFT staff Governing Bodies HEN Reps	Briefings circulated	GS/JJ/AM	
MPs OSC Councillors	JP to brief via telephone/meeting prior to circulation of briefing: <ul style="list-style-type: none"> Rishi Sunak MP Kevin Hollinrake MP Health Overview and Scrutiny Committee (OSC) Cllr Clark / Daniel Harry 	JP	
Clinical stakeholders	Briefing circulated to clinical stakeholders including: <ul style="list-style-type: none"> GPs Pharmacies Dentists TEWV adult and MHSOP inpatient and community staff NHS partner organisations (if clinical) <p>Include dates, venues and timings and public and clinical/stakeholder engagement events.</p>	GS/JJ/AM	
Wider stakeholders	Briefing circulated to wider stakeholders including: <ul style="list-style-type: none"> County and Local Councillors Parish Councillors Voluntary sector organisations Non NHS partner organisations PPGs Health Engagement Network members Trust governors Trust members Service users and carer groups Healthwatch <p>Include dates, venues and timings and public/stakeholder engagement events.</p>	GS/JJ/AM	
Media contacts	Media release to Hambleton & Richmondshire media contacts to include dates,	GS	

	venues and timings of public engagement events. Offer interviews with senior CCG/PCU/TEWV representatives.		
Wider public	Create dedicated website page Post on social media channels Include information in relevant newsletters Create posters and circulate Create video and circulate Update FAQs	GS/JJ/AM	

Public listening events/meetings

Date	Time	Location
TBC	TBC	TBC

2. Phase two – confirming purdah and options development

Audience	Mechanism	Attended/actions by	Date
NHS England	Attend formal meeting to update on consultation process and feedback from engagement	JP/BH/AB	
OSC	Attend formal meeting to update on consultation proposals and feedback from engagement	JP/BH/AB	
CCG/PCU staff TEWV staff STHFT staff Governing Bodies HEN Reps	Briefings circulated to include feedback from engagement events and next steps	GS/JJ/AM	
MPs OSC Councillors	JP to update and feedback from engagement via email to: <ul style="list-style-type: none"> • Rishi Sunak MP • Kevin Hollinrake MP • Health Overview and Scrutiny Committee (OSC) Cllr Clark / Daniel Harry 	JP	
Clinical stakeholders	Update on engagement feedback circulated to clinical stakeholders including: <ul style="list-style-type: none"> • GPs • Pharmacies • Dentists • TEWV adult and MHSOP inpatient and community staff • NHS partner organisations (if clinical) 	GS/JJ/AM	
Wider stakeholders	Update on engagement feedback circulated to wider stakeholders including: <ul style="list-style-type: none"> • County and Local Councillors • Parish Councillors • Voluntary sector organisations • Non NHS partner organisations • PPGs • Health Engagement Network members • Trust governors • Trust members • Service users and carer groups • Healthwatch 	GS/JJ/AM	
Media contacts	Media release to Hambleton & Richmondshire media contacts to include confirmation of period of purdah. Include key themes from engagement and next steps. Offer interviews with senior CCG/PCU/TEWV representatives.	GS	

Wider public	Update website page Post on social media channels Include information in relevant newsletters Update FAQs	GS/JJ/AM	
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3 – Phase three – announcing options and formal consultation

Audience	Mechanism	Attended/actions by	Date
NHS England	Attend formal meeting to present consultation options	JP/BH/AB	
OSC	Attend formal meeting to present consultation options	JP/BH/AB	
CCG/PCU staff TEWV staff STHFT staff Governing Bodies HEN Reps	Briefings circulated to include consultation options, event details and next steps	GS/JJ/AM	
MPs OSC Councillors	JP to brief via telephone/meeting to include consultation options, event details and next steps to: <ul style="list-style-type: none"> • Rishi Sunak MP • Kevin Hollinrake MP • Health Overview and Scrutiny Committee (OSC) Cllr Clark / Daniel Harry 	JP	
Clinical stakeholders	Briefings circulated to include consultation options, event details and next steps: <ul style="list-style-type: none"> • GPs • Pharmacies • Dentists • TEWV adult and MHSOP inpatient and community staff • NHS partner organisations (if clinical) 	GS/JJ/AM	
Wider stakeholders	Briefings circulated to include consultation options, event details and next steps: <ul style="list-style-type: none"> • County and Local Councillors • Parish Councillors • Voluntary sector organisations • Non NHS partner organisations • PPGs • Health Engagement Network members • Trust governors • Trust members • Service users and carer groups 	GS/JJ/AM	

	<ul style="list-style-type: none"> • Healthwatch 		
Media contacts	<p>Media release to Hambleton & Richmondshire media contacts to include consultation options, event details and next steps. Offer interviews with senior CCG/PCU/TEWV representatives.</p>	GS	
Wider public	<p>Update website page Post on social media channels Include information in relevant newsletters Update posters and circulate Update video and circulate Update FAQs</p> <p><u>Email</u> Use the feedback email address for this project which can be accessed by a range of people to enable continuous monitoring and response.</p> <p><u>Questionnaire</u> Survey monkey questionnaire linked to website. Hard copies available.</p> <p><u>Web presence</u> Update the website page.</p> <p><u>Social media</u> Use CCG Facebook and Twitter profiles to signpost to information and engagement opportunities.</p> <p>Off line engagement Background documents and hard copy questionnaires to be used at public events and distributed to key local venues e.g. libraries, GP practices</p>	GS/JJ/AM	

Public consultation events/meetings

Date	Time	Location
TBC	TBC	TBC

Reporting and evaluation

Audience	Mechanism	Attended/actions by	Date
NHS England	Attend formal meeting to present results of consultation	JP/BH/AB	
OSC	Attend formal meeting to present results of consultation	JP/BH/AB	
CCG/PCU staff TEWV staff STHFT staff Governing Bodies HEN Reps	Briefings circulated to include consultation options, event details and next steps	GS/JJ/AM	
MPs OSC Councillors	JP to brief via telephone/meeting to include consultation options, event details and next steps to: <ul style="list-style-type: none"> Rishi Sunak MP Kevin Hollinrake MP Health Overview and Scrutiny Committee (OSC) Cllr Clark / Daniel Harry 	JP	
Clinical stakeholders	Briefings circulated to include consultation options, event details and next steps: <ul style="list-style-type: none"> GPs Pharmacies Dentists TEWV adult and MHSOP inpatient and community staff NHS partner organisations (if clinical) 	GS/JJ/AM	
Wider stakeholders	Briefings circulated to include consultation options, event details and next steps:	GS/JJ/AM	

	<ul style="list-style-type: none"> • County and Local Councillors • Parish Councillors • Voluntary sector organisations • Non NHS partner organisations • PPGs • Health Engagement Network members • Trust governors • Trust members • Service users and carer groups • Healthwatch 		
Media contacts	Media release to Hambleton & Richmondshire media contacts to include consultation options, event details and next steps. Offer interviews with senior CCG/PCU/TEWV representatives.	GS	
Wider public	Update website page Post on social media channels Include information in relevant newsletters Update posters and circulate Update video and circulate	GS/JJ/AM	

Post decision communications

Audience	Mechanism	Attended/actions by	Date
NHS England	Attend formal meeting to present results of consultation	JP/BH/AB	
OSC	Attend formal meeting to present results of consultation	JP/BH/AB	
CCG/PCU staff TEWV staff STHFT staff Governing Bodies HEN Reps	Briefings circulated to include consultation options, event details and next steps	GS/JJ/AM	
MPs OSC Councillors	JP to brief via telephone/meeting to include consultation options, event details and next steps to: <ul style="list-style-type: none"> • Rishi Sunak MP • Kevin Hollinrake MP • Health Overview and Scrutiny Committee (OSC) Cllr Clark / Daniel Harry 	JP	
Clinical stakeholders	Briefings circulated to include consultation options, event details and next steps: <ul style="list-style-type: none"> • GPs 	GS/JJ/AM	

	<ul style="list-style-type: none"> • Pharmacies • Dentists • TEWV adult and MHSOP inpatient and community staff • NHS partner organisations (if clinical) 		
Wider stakeholders	<p>Briefings circulated to include consultation options, event details and next steps:</p> <ul style="list-style-type: none"> • County and Local Councillors • Parish Councillors • Voluntary sector organisations • Non NHS partner organisations • PPGs • Health Engagement Network members • Trust governors • Trust members • Service users and carer groups • Healthwatch 	GS/JJ/AM	
Media contacts	<p>Media release to Hambleton & Richmondshire media contacts to include consultation options, event details and next steps. Offer interviews with senior CCG/PCU/TEWV representatives.</p>	GS	
Wider public	<p>Update website page Post on social media channels Include information in relevant newsletters Update posters and circulate Update video and circulate</p>	GS/JJ/AM	

Materials required:

- Full consultation document (PDF and hard copies).
- Summary consultation documents (PDF and hard copies).
- Easy-read consultation summary documents (PDF and hard copies).
- Presentation slides.
- Survey/questionnaire – online and hard copies.
- FAQ document – living document produced in house as required.
- Other evidence or case for change documents – produced in house as required.
- Dedicated webpage to host information, FAQ, link to online survey – hosted on CCG website.
- Feedback form/mechanisms including social media.
- Video – development in partnership between CCG and Trust.

Sharing Information

Information will be made available that is relevant and accessible to the public and patients. This will include the consultation document that will be prepared.

Information will also be made available via online, digital and social media channels to facilitate discussion and feedback amongst stakeholders who are more likely to engage via these channels.

Communications/engagement management and responsibilities

A communications and engagement working group comprising representatives from CCG and Tees, Esk and Wear Valleys NHS Foundation Trust led by Gill Collinson and reporting to community transformation programme board will oversee the practical implementation of plans relating to this plan. The following resources will be in place to manage this communications and engagement process:

Communications and engagement planning	CCG/ TEWV
Production of reports and consultation document	PCU
Implementing the consultation plan	PCU
Presenting to NYCC Scrutiny for Health	CCG/ TEWV
Presenting to Community Transformation Board	Gill Collinson/ Lisa Pope
Management of Comms and all enquiries	CCG / PCU
Decision following consultation	CCG Governing Body
Dissemination of decision	CCG / TEWV

Budget

Insert budget allocation for consultation (CCG and Trust).

Risk and Mitigation

Risk and risk mitigation will be managed by the Community Transformation Programme Board and escalation to the HRW CCG weekly Senior Management Team meetings. Risk will be placed on the HRW CCG corporate risk register.

Insert PESTEL analysis

Reporting and Feedback

Representatives from the CCG, TEWV and PCU will re-group on a monthly (or weekly as the consultation develops) basis to review:

- progress against the agreed timelines.
- the action log.
- the risk register.
- the effectiveness of the communications and engagement strategy.
- effectiveness in line with the wider programme strategy.

A communications and engagement working group will meet formally on a monthly basis to discuss issues. This may move to weekly as the consultation progresses.

Evaluation and monitoring

This communications and engagement strategy will be evaluated at four stages of the process:

- At the end of the phase one listening stage.
- At the end of phase two consultation stage.
- In the middle of phase three consultation stage.
- At the end of phase three consultation stage.

The CCG will formally log all communications and engagement activity. This includes materials circulated, feedback, survey responses and number of event delegates.

Appendix 1: Legislation

The process for involving people requires a clear action plan and audit trail, including evidence of how the public have influenced decisions at every stage of the process and the mechanisms used.

Section 242 of the NHS Act 2006 sets out the statutory requirement for NHS organisations to involve and consult patients and the public in:

- The planning and provision of services.
- The development and consideration of proposals for changes in the way services are provided.
- Decisions to be made by NHS organisations that affect the operation of services.

Section 244 of the NHS Act 2006 requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) on any proposals for a substantial development of the health service in the area of the Local Authority, or a substantial variation in the provision of services.

Section 2a of the NHS Constitution gives the following right to patients:

“You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.”

In addition the Secretary of State for Health has outlined four tests for service change:

Support from GP Commissioners	Engagement with GPs, particularly with practices whose patients might be significantly affected by proposed service changes
Clear clinical evidence base	The strength of the clinical evidence to be reviewed, along with support from senior clinicians from services where changes are proposed, against clinical best practice and current and future needs of patients
Strengthened patient and public engagement	Ensure that the public, patients, staff, Healthwatch and Health Overview and Scrutiny Committees are engaged and consulted on the proposed changes
Supporting patient choice	Central principle underpinning service reconfigurations is that patients should have access to the right treatment, at the right place and the right time. There should be a strong case for the quality of proposed service and improvements in the patient experience

The Gunning Principles

Before 1985 there was little consideration given to consultations until a landmark case of Regina v London Borough of Brent ex parte Gunning. This case sparked the need for change in the process of consultations when Stephen Sedley QC proposed a set of principles that were then adopted by the presiding judge. These principles, known as Gunning or Sedley, were later confirmed by the Court of Appeal in 2001 (Coughlan case) and are now applicable to all public consultations that take place in the UK.

The principles are:

- **Consultation must take place when proposals are still at a formative stage**

Consultation should be at a stage when the results of the consultation can influence the decision-making (and Gunning 4).

- **Sufficient reasons must be put forward for the proposals to allow for 'intelligent consideration'**

A preferred option may be included and this must be made obvious to those being consulted. Information and reasons for the proposals must be made available to allow for consultees to understand why they are being consulted as well as all the options available and what these mean. Equality Impact Assessment to be completed and sit alongside the consultation document

- **Adequate time must be given for consideration and response**

There is no set timeframe recommended but reasonable steps must be taken to ensure that those consulted are aware of the exercise and are given sufficient time to respond.

- **The outcome of the consultation must be conscientiously taken into account**

Decision-makers must be able to show they have taken the outcome of the consultation into account – they should be able to demonstrate good reasons and evidence for their decision. This does not mean that the decision-makers have to agree with the majority response, but they should be able to set out why the majority view was not followed.

Best practice and managing risk

This strategy takes account of NHS England good practice guidance - Transforming Participation in Health and Care - 'The NHS Belongs to us all' by:

- Engaging communities with influence and control e.g. working with CVS and Healthwatch.
- Engaging the public in the planning and delivery of service change e.g. engage early and build on insights.
- Providing good quality information.
- Providing a range of opportunities for participation.
- Working with patients and the public from the initial planning stages.

In summary, any reconfiguration of services requires a robust and comprehensive engagement and consultation process. The risk of not following these procedures could result in a Judicial Review. A number of public bodies across the UK have been taken to Judicial Review and deemed to have acted unlawfully in the Public Sector Equality Duty – usually linked to the four Gunning Principles.

As well as documented evidence of GP support, the case for change will need to:

- State clearly the benefits for patients, quality and finance.
- Demonstrate that the clinical case conforms to national best practice.
- Be aligned to commissioners' strategic plans.
- Be aligned with the recommendations of *Healthy Ambitions*.
- Have clear details of option appraisals.
- Provide an analysis of macro impact.
- Be aligned with QIPP work streams.

The Independent Reconfiguration Panel (IRP), whose role is to advise ministers on controversial reconfigurations, recommends that those considering proposals for significant health service changes should:

- Make sure the needs of patients and the quality of patient care are central to the proposal.
- Consider the role of flexible working in the proposals – this may involve developing new approaches to working and redesigning roles.
- Assess the effect of the proposal on other services in the area.

- Give early consideration to transport and site access issues.
- Allow time for public engagement and a discussion phase before the formal consultation – people want to understand the issues, so involving them early on will help when it comes to the formal stage.
- Obtain independent validation of the responses to the consultation.

The IRP has also identified a range of common themes:

- Inadequate community and stakeholder engagement in the early stages of planning change
- The clinical case has not been convincingly described or promoted
- Clinical integration across sites and a broader vision of integration into the whole community has been weak
- Proposals that emphasis what cannot be done and underplay the benefits of change and plans for additional services
- Important content missing from the reconfiguration plans and limited methods of conveying them
- Health agencies caught on the back foot about the three issues most likely to excite local opinion - money, transport and emergency care.
- Inadequate attention given to responses during and after the consultation.

Consultations should influence final proposals and it is important to be able to show that they have. Clearly, not all these recommendations will be applicable to all engagement and consultation exercises, but the basic principles of early involvement, and being able to demonstrate that responses have influenced the final outcome, are.

Commissioners and providers should also consider how their engagement and consultation activity impacts upon a wide range of service users including those protected groups identified within the Equality Act.

Appendix 2: Stakeholder plan

Stakeholder Group	Stakeholder	Stakeholder Prioritisation Category	Communication Method(s)
Internal	CCG Governing body	Key Player	Face to face meetings
Internal	CCG Staff	Key Player	Face to face meetings and briefings
Internal	GPs	Key Player	Face to face meetings and briefings
Internal	Staff-side representatives	Active Engagement and Consultation	Face to face meetings/briefings
Internal	Staff affected by changes	Active Engagement and Consultation	Team and individual briefings/meetings with line managers/ Q&As/ existing internal comms channels
Internal	FT Governors	Active Engagement and Consultation	Meetings / briefings
Patients & Public (charities)	Charitable organisations and highly interested groups	Active Engagement and Consultation	Face to face meetings and briefings/engagement events and activities
Patients & Public	General public	Keep Informed Engage and Consult	Public meetings/ media releases/ website/information stands/ posters/info distributed at prime settings/consultation and engagement documents

Stakeholder Group	Stakeholder	Stakeholder Prioritisation Category	Communication Method(s)
Patients & Public	Affected service user groups	Active Engagement and Consultation	Meetings with identified service user groups/ engagement events/ consultation events
Patients & Public	GP Patient Participation Groups	Keep Informed and engaged via practices	Meetings/briefings
Patients & Public	Healthwatch	Active Engagement and Consultation	Meetings and presentations/ongoing briefings and updates/ consultation and engagement documents
Patients & Public	Protected groups, voluntary and community groups, third sector	Active Engagement and Consultation	Meetings with identified groups/ engagement events/ consultation events
Patients & Public	Health Engagement Network	Active Engagement and Consultation	Briefings
Political Audiences	Local MPs	Key Player	Regular briefings/letters/ meetings
Political Audiences	Local Councillors	Active Engagement and Consultation	Regular correspondence updating on progress /OSC/engagement and consultation documents
Political Audiences	Overview and Scrutiny Committees	Key Player	Meetings & presentations/ regular briefings
Media	Local and regional media	Keep Informed	Pro-active and re-active press releases and statements/ interviews / briefings/ paid-for advertorials and supplements

Stakeholder Group	Stakeholder	Stakeholder Prioritisation Category	Communication Method(s)
Partners	Councils	Key player	Briefings as required/ engagement and consultation documents
Partners	Local Medical Committee	Active Engagement and Consultation	Meetings & presentations/ regular briefings
GPs	GPs	Active Engagement and Consultation	Meetings & presentations at clinical council/ regular briefings
Governance & regulators	NHS England	Keep Informed	Briefings via regional office
Governance & regulators	Overview and Scrutiny Committee	Key Player	Regular Briefings/ Consultation Documents
Governance & regulators	Local health and Wellbeing Board	Key Player	Meetings/briefings