



**Commissioning Alliance**  
Brighton and Hove CCG  
Crawley CCG  
East Surrey CCG  
High Weald Lewes Havens CCG  
Horsham and Mid Sussex CCG



**Sussex Partnership**  
NHS Foundation Trust



**Coastal West Sussex**  
Clinical Commissioning Group

# Working with you to improve mental health in West Sussex

## Public Consultation Communications and Engagement Plan

**NHS Coastal West Sussex Clinical Commissioning Group,  
NHS Crawley Clinical Commissioning Group  
NHS Horsham and Mid Sussex Clinical Commissioning Group  
Sussex Partnership NHS Foundation Trust**

## 1. Overview

- 1.1 The NHS Coastal West Sussex, NHS Crawley, NHS Horsham and Mid-Sussex Clinical Commissioning Groups (West Sussex CCGs) and the Sussex Partnership NHS Foundation Trust (Sussex Partnership) are working together to improve services across West Sussex for adults and older people with mental health problems – and those living with dementia.
- 1.2 It is vital that we carry on giving our patients the best quality care so we need to look at doing things differently. That is why, over the last year, we have looked at our current services and how we can make improvements.
- 1.3 One of our main priorities is to improve community services to help people with mental health needs stay at home, rather than going to hospital - unless, of course, it is absolutely necessary.
- 1.4 What we also found is that we have some buildings and hospital wards which are of poor quality and not fit-for-purpose. While staff that work in these places are doing their best to provide the high quality care we expect, we need to address this issue now.
- 1.5 The state of the buildings and their ability to allow us to provide high quality care is being compromised, and we need to make changes – particularly as we want to improve the community services surrounding these inpatient services.
- 1.6 We have one preferred option in terms of how we could provide the best quality of care to local people in the future.
- 1.7 The option is to close the Harold Kidd Unit in Chichester, which has two wards, and Iris Ward based at Horsham Hospital and move the patients to safe, modern and high quality environments in Crawley and Worthing.
- 1.8 We also propose changing all wards across West Sussex from mixed to single sex wards, to meet national NHS guidelines.

- 1.9 In June 2019, West Sussex CCGs and Sussex Partnership will launch a formal public consultation on their proposals to improve mental health services in West Sussex for working age adults and older people, including those with dementia.
- 1.10 This document sets out how we intend to engage all stakeholders before, during and beyond the consultation process so that they can have their say.

## **2. Pre-consultation and engagement**

- 2.1 As part of the pre-consultation work undertaken to date, service users and carers have been involved in reviewing the options considered. These included Crawley Mental Health Forum, Sussex Partnership Service User Working Together Groups (during July 2018 and March 2019) and Chichester Carers' Support Group. Sussex Partnership has engaged with service user representatives through the Capital Project Trust and MIND.
- 2.2 Sussex Partnership also contacted Carer Support branches in Crawley, Worthing and Littlehampton, Age UK and Worthing Churches and has received emails from several service users and carers requesting further information about the plans.
- 2.3 There has been a significant and ongoing programme of staff engagement events during 2018. A video featuring the clinical director detailing the proposals has been viewed almost 356 times. Staff, including senior clinical representatives from all disciplines, have been involved at an early stage in the development of the proposals – and this engagement led to the proposals being revised.
- 2.4 For 2019, we have 30 staff engagement events planned. The issues that have arisen so far include plans to improve community services, transport implications, job roles and responsibilities and the need for certainty about when plans would be implemented.
- 2.5 A series of more than 12 service user, carer and staff events were held between January and March 2019, as well as more informal engagement with as many of these stakeholders as possible. We have also had contact with representative organisations such as the Dementia Alliance, West Sussex Carer Support and local carer committees.
- 2.6 These meetings generated debate around the pros and cons of moving from mixed to single sex wards, transport issues, why the need to close down units and wider general issues facing services users and carers. These are being collated and will feed into the formal public consultation process.

### **3. Public consultation principles and process**

- 3.1 The aim of this communications and engagement plan is to make sure we have everything in place for the public consultation. We want to make sure that all interested parties know about the proposals, understand the reasons for the proposed changes and expected benefits – and are able to take part and contribute to any discussions.
- 3.2 The start date for the consultation has yet to be finalised. But it will be a 12 week consultation which is in line with recommended guidance.
- 3.3 During this consultation we will want to hear as many views as possible on our proposals and whether or not they can be improved or people have better ideas that we might have missed.
- 3.4 The consultation will be guided by the following key principles. It will be:
  - visible - to ensure as many people as possible have their say
  - open and transparent
  - engaging and accessible
  - proportionate, and
  - designed to provide people with the opportunity to express wider views and individual preferences.
- 3.5 We will listen to the views put forward by everyone who takes part in the consultation and, more importantly, we will be prepared to be influenced by those views when making our final decisions.
- 3.6 Our decisions will be influenced by a number of factors and we will explain to all those who take part that the result of the public consultation will be just one of those factors. The results of a public consultation do not represent a veto over any form of change.

- 3.7 We will conduct this public consultation in line with the Government's Code of Conduct on consultation. We also seek to comply with NHS England's guidance document, 'Planning, assuring and delivering service change for patients', published in March 2018.

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#### **4. The public consultation document**

- 4.1 We will publish a consultation document setting out our proposals and publicise how people can contribute to the consultation generally and have their comments listened to. The consultation document will be available in large print, different languages and Braille, on request.
- 4.2 The document will be written in a consistent, clear and concise style so that it is easy to understand, jargon-free and expressed in plain English. We will make sure that the document will be available both online and as a hard copy in a variety of public venues, including GP surgeries, hospitals, libraries etc.
- 4.3 It will also be made available at any public meetings which we organise so that people can attend and make their views known. It will also be available by downloading it from both CCG and SPFT websites.
- 4.4 However, we know we have a high proportion of older people living in West Sussex and that many of them will prefer to receive – and respond to - any communications by traditional methods.
- 4.5 Therefore, we will make sure that people can use both online and offline channels to respond to the consultation. We will also seek to work with existing community groups to help encourage the conversation with older people who do not have access to the internet.

## 5. Communications and engagement activity

- 5.1 We will undertake an integrated communications approach to make sure that we meet the key principles underpinning the consultation and that everyone who wants to has a chance to have their voices heard and listened to.
- 5.2 This approach will include a range of channels which will target all interested parties, including those who are hard-to-reach. So that we know who to target, and how best to target them, we have compiled a database of key stakeholders.
- 5.3 This can be used to track when people and organisations have been contacted and how – and how their perceptions about our proposals may have changed following engagement activity.
- 5.4 The range of people on the stakeholder database include:
  - Service users, their carers and families
  - Staff members, their respective unions and other social care and mental health professionals (local authority employees)
  - Our respective Boards and Council of Governors
  - Sustainable Transformation Partnership (STP) members
  - Police and ambulance services
  - Neighbouring Trusts and Clinical Commissioning Groups
  - Pathfinder Alliance (consisting of local charities, carers' groups etc.)
  - GPs and other primary care providers
  - Local government politicians and officers
  - MPs
  - Healthwatch
  - National health bodies
  - Campaign and advocacy groups
  - Media.

- 5.5 We may consider using third parties to help us engage more fully with all our stakeholders, eg we can use Healthwatch to reach service users, carers and families by using their own channels such as their access to GP surgeries.
- 5.6 It will be an important part of this public consultation that we engage as much as possible groups that are either hard to reach, or seldom heard. That is why we will take advice from our stakeholders – and using our own channels – to make sure that we give special help to these groups to make sure we engage them properly, eg producing materials in different languages, easy-read versions or Braille.
- 5.7 We will also brief interested parties, eg West Sussex Health and Adult Social Care Committee, and respond to all ad hoc meeting requests, eg from patient groups or local councils, in an appropriate and proportionate manner.
- 5.8 We will use the following channels to engage fully with all stakeholders:
- A dedicated consultation section on the CCG website(s) – with from other relevant websites, eg SPFT's).
  - Targeted and timely press releases and other initiatives with local media, eg letters to the editor.
  - An advertising campaign which will include newspaper and online advertising and social media activity.
  - A regular newsletter, electronic or otherwise, published throughout the consultation period to update the public and other stakeholders about the latest activities.
  - Possible use of TV screens in hospitals, GP surgeries and local authorities.
- 5.9 We will also produce and distribute a range of materials aimed at raising awareness of the consultation further. These will include a summary document, flyers, leaflets and posters and an animated video.
- 5.10 We will hold a proportionate number of public meetings and take steps to make sure that the discussions that take place remain relevant to the proposal under consideration, eg by appointing a skilled independent chair. There will be opportunities for other events such as drop-ins, staff engagement and participation in other related activity, eg annual meetings.
- 5.11 Throughout this process, we will look at the best way we can use clinical spokespeople who can provide our proposals with credibility and give us a voice that people will listen to.

## **6. Feedback and analysis**

- 6.1 As stated, we plan to have the responses to the consultation independently analysed and the findings will be included in a report which will be provided to the respective governing bodies, HASC and the public. They will also accompany the final outcome report which will publish as soon as possible after the consultation ends.
- 6.2 We will take a 'you said, we did' approach to the presentation of the analysis report so we can show where we have adapted or changed our proposals in light of specific feedback, or give reasons why we did not take on board particular responses.
- 6.3 We will investigate who can provide the necessary skills, experience and independence to produce the analysis in a timely manner.
- 6.4 Also, we will agree how to monitor the consultation process so we can address concerns as quickly as possible and rebut any inaccuracies without pre-empting or prejudicing the final decision.

## 7. Consultation timetable and activity\*

<b>Activity</b>	<b>Date</b>
<b>March</b>	NHSE Stage 2 Meeting (assurance checkpoint)
<b>May/June</b>	CCG Board Meetings (Coastal, Crawley and Horsham and Mid-Sussex) – private
<b>May</b>	SPFT Board Meeting
<b>Wednesday 12 June</b>	West Sussex Health and Adult Social Care Committee (HASC) – public meeting
<b>Monday 17 June</b>	Public consultation starts
<b>July/August</b>	Consultation public meetings and other activity
<b>Friday 6 September</b>	Public consultation ends
<b>Monday 9 September to Friday 20 September</b>	Analysis of consultation responses and prepare final report
<b>Monday 9 September</b>	Staff consultation starts
<b>tbc</b>	NHSE Decision Making Business Case sign-off
<b>tbc</b>	CCG Board meeting to consider and approve final recommendations
<b>Thursday 26 September</b>	HASC meeting to consider and approve final recommendations
<b>Wednesday 2 October</b>	SPFT Board meeting to consider and approve final recommendations
<b>Thursday 31 October</b>	Staff consultation ends
<b>Monday 4 November</b>	Staff side/union sign-off
<b>Wednesday 27 October</b>	SPFT Board ( if needed )
<b>November</b>	Final report published
<b>December</b>	First phase of implementation begins
<b>April 2020</b>	Second phase of implementation begins
<b>April 2021</b>	Implementation is complete

\* This is indicative.

## **8. Conclusion**

- 8.1 This public consultation will be aimed at meeting a clear set of principles which form a strong foundation for open, transparent and, above all, effective public consultation.
- 8.2 Using plain English and avoiding jargon, we will be clear what questions we are asking to make them easy to understand and answer. We will give enough information to make sure that those people we are consulting with understand the issues and can provide informed responses.
- 8.3 We will consider the full range of people who may be affected by our proposals. And we will consider how to tailor the consultation to the needs and preferences of particular groups, such as older people or those with disabilities. We will also consult these people in the way that suits them best.
- 8.4 Our proposals should be able to withstand scrutiny. So, we will publish all responses alongside the original consultation document and final proposals document. We will explain how we have responded to the feedback and suggestions and how they have informed our final proposals.
- 8.5 The communications and engagement plan will equip us to organise and run the public consultation on our proposals to improve mental health services in West Sussex in the best way possible.