

Transforming Mental Health Services**Consultation Management and Communications Plan October 2010**

	Contents	Page
1	Background	1
2	Objectives	2
3	Planning, reporting and consultation management processes	2
4	Timescales	3
5	Consultation approach	3
6	Consultation methods	5
7	Evaluation	7

Appendices

- 1 Stakeholder consultation matrix
- 2 Consultation evaluation template

1 Background

- 1.1 This document sets out the arrangements and processes required to ensure effective and inclusive public consultation on proposals to transform mental health services in Luton, Central Bedfordshire and Bedford Borough.
- 1.3 NHS Bedfordshire and our partner agencies must ensure that any consultation work undertaken meets statutory requirements and legislation, under Section 242 of the NHS Act 2006. National legislation states:

Prepare a report on any consultations taken out by a person, or proposed to be carried out by any person, before it makes a commissioning decision outlining how that consultation has influenced the PCT's commissioning decisions.

In addition, during any consultation process, NHS Bedfordshire must ensure compliance with consultation and audit processes. Public consultation will be undertaken following the completion of an Office for Government Commerce (OGC) Gateway review. A National Clinical Assessment Team (NCAT) review was completed on 23 September, which strongly supported the service transformation proposals.

1.4 This consultation management plan was approved by the NHS Bedfordshire Board on 29 September 2010.

2 Objectives

2.1 The objectives of the plan are to outline:

- How the consultation will be planned and managed to meet legislative requirements
- How and where consultation developments and outcomes are reported
- Timescales for the consultation process
- An approach for the consultation
- Consultation methods
- Evaluation mechanisms of the consultation

3 Planning, reporting and consultation management processes

3.1 This consultation management plan has been written in line with the following documentation:

- Real Involvement - Guidance for NHS organisations on section 242 (1B), Department of Health, Department of Health, October 2008
- A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services, Department of Health, July 2006
- Code of Practice on Consultation, Cabinet Office, September 2005
- Guidance on four service reconfiguration tests, DH July 2010.

3.2 As part of the consultation process and to meet local and national codes of good practice, the following external organisations have been notified of the consultation to independently scrutinise and approve the proposed consultation process:

- East of England Strategic Health Authority (Simon Wood, Programme Director, Service Reconfiguration)
- Bedford Borough Adult Social Care and Health Policy Review Development Committee (PRD)
- Central Bedfordshire Social Care, Health and Housing Overview and Scrutiny Committee (OSC)
- Luton Health Overview and Scrutiny Committee (OSC)

As a result, Bedford Borough, Central Bedfordshire and Luton Borough have established a Joint Health Overview and Scrutiny Committee (JHOSC).

- 3.3 As part of national good practice, each consultation must identify a clinical lead to provide expertise and support for every formal consultation. For this consultation, the clinical lead is Dr Hameen Markar, Medical Director of South Essex Partnership Trust (SEPT).

The roles and responsibilities of the clinical lead will involve:

- Providing clinical expertise to ensure that the clinical benefits and the infrastructure that are needed to deliver the changes are understood
- Acting as a media spokesperson for the project, as required
- Ensuring that appropriate clinical staff are involved throughout the process

- 3.4 The development of the Mental Health Services Transformation Strategy is being led by SEPT, in partnership with NHS Bedfordshire. The project has clear and well defined reporting and governance processes.

4 Timescales

- 4.1 The proposals to transform mental health services do not involve withdrawing any services, but will involve developing and relocating some services and reproviding some services in a new build facility. As this is a highly targeted consultation and to avoid undue delay, we propose to conduct an intensive shorter consultation of up to a maximum duration of 60 days and are seeking approval from the JHOSC for this course of action.

- 4.2 The consultation timetable, including activity to date, is outlined below:

SHA (Service reconfiguration proforma and supporting documents / four tests)	02/09/10
NHS Bedfordshire PEC approval	07/07/10
PBCs / GPs	July 2010 ongoing
JHOSC initial presentation	03/09/10
NCAT review	23/09/10
Consultation proposal approved by NHS Bedfordshire Board	29/09/10
Consultation proposal presented to JHOSC	15/10/10

OGC Gateway review	13-15/10/10
Formal public consultation	22/10-20/12 TBC
Consultation report and summary implementation plan to NHS Bedfordshire Board for decision	26/01/11 TBC
Consultation report and decision published on NHSB website	27/01/11 TBC
Further revision / implementation	TBA

5 Consultation approach

- 5.1 The proposals being consulted on are for inpatient treatment and assessment mental health services for adults and older people in Bedfordshire and Luton. As such, most value will be gained from focusing consultation activities on these service users, their families and carers as well as those involved in delivering services.

Although it should be noted that these are services for people with severe mental illness, it is nevertheless important that the general population is given the opportunity to participate in the consultation on the broader key aims that underlie the service transformation proposals as well as on any of specific proposals in which they may have an interest. It will also seek to gather the views of harder to hear and easily overlooked groups, such as rough sleepers, gypsies and travelers and people from minority ethnic communities.

Monitoring of responses during the consultation will enable us to identify any additional actions that may be required to ensure that responses are representative of the demographic profile of the population.

- 5.2 The consultation approach should therefore be:
- Targeted to current service users and carers in the first instance
 - Actively taken to user/patient/community groups and organisations
 - Structured to encourage input from other members of the public who may access future services
 - Creative to maximise the possible coverage by media and gain the interest of consultees.
- 5.3 To ensure that the consultation engages with consultees, we need to ensure that those being consulted are:
- Aware that the consultation is taking place
 - Aware of what the proposals mean for services

- Understand why changes are being proposed
- Aware that their comments are welcome
- Confident that their opinions count
- Clear about how they can get involved and what they can and cannot influence
- Aware of the different ways they can make their views known
- Knowledgeable about where they can obtain further information.

5.4 To do this we must:

- Explain the proposals in the right amount of detail for the respective audiences
- Focus on the benefits and implications for patients
- Inform and educate the general public
- Ensure a local focus by making full use of the expertise of local community and faith groups and networks.
- Consult consistently and widely throughout the process
- Be clear about what is proposed
- Provide consultation material that is clear, concise and widely available
- Record all comments and questions posed by those being consulted
- Provide prompt feedback
- Monitor and continue the momentum of the consultation
- Follow best practice and build on successful techniques from previous consultations.

6 Consultation methods

6.1 Consultation methods fall into four areas of activity:

- a) Giving information
- b) Getting information
- c) Forums for debate
- d) Participation

a) Giving information

Information on the consultation and ways for people to be engaged will be undertaken in the following ways:

Summary leaflet

This will provide a succinct overview of the proposals and incorporate a

sealable questionnaire/feedback form with a freepost address. It will be sent out by post, published on the NHS Bedfordshire, NHS Luton and SEPT websites and be available on request. It will also be displayed in a range of public locations, such as:

- GP practices
- Health centres
- Mental health facilities
- Dental practices
- Libraries
- Community centres
- Places of worship
- Clinics
- Council offices

Direct mail

We will write to all SEPT FT members (approximately 4,000) in Bedfordshire and Luton, enclosing the summary leaflet and freepost response form.

Consultation document

The full consultation document will be published on websites, displayed in a range of public locations, posted to key stakeholders and made available on request.

Staff

We will work with partner organisations to ensure consultation information is made available through appropriate internal communications channels.

Media relations

Media support will be provided by the media relations manager at NHS Bedfordshire, working closely with communications colleagues in NHS Luton and SEPT, to promote the public consultation and publicise the outcomes. Various local community publications and media channels will be utilised, as appropriate.

Magazines and newsletters

A special Bedfordshire and Luton edition of SEPT's members' magazine, 'One in Four' will be produced and distributed to all FT members in November with consultation information. Internal staff publications will be used to raise awareness of the consultation. We will also seek to place information local authority magazines and newsletters sent to the public during the consultation.

Translation

All consultation materials will be available on request in alternative formats and languages. The most prevalent community languages are: Bengali, Farsi, Gujarati, Hindi, Italian, Pashto, Polish, Punjabi and Urdu.

b) Getting information

There will be several channels for receiving feedback from consultees:

- Completing and returning freepost response form
- Complete the questionnaire online at www.bedfordshire.nhs.uk
- Writing to NHS Bedfordshire
- Emailing NHS Bedfordshire at mhconsultation@bedfordshire.nhs.uk
- One-to-one interviews with service users and carers
- Interviews and/or focus groups with seldom heard individuals/groups
- Involvement in community events
- Support to individuals requiring assistance in completing response forms due to language, literacy or time barriers.

Workers in the community

SEPT has a network of eight community development workers (CDWs) established within communities across Bedfordshire and Luton. The CDWs will engage with community groups, particularly with harder to hear and easily overlooked groups and individuals to promote the consultation and encourage their involvement and feedback. NHS Bedfordshire funds 14 Health Champions who work in disadvantaged communities and these will also be utilised to promote and encourage involvement in these areas.

c) Forums for debate

Consultation forums within local communities will include:

- Three public meetings in Bedford, Luton and Central
- SEPT service user 'take it to the top' forums
- Attending drop-in sessions in local community locations
- Presenting at external meetings on request
- Attendance at appropriate community events that take place during the consultation
- Discussion groups at service user stakeholder meetings

d) Participation

Where possible, the engagement team will explore opportunities for community leaders/lobbyists to be involved and supported to undertake the consultation.

6.2 Consultation stakeholders

A matrix setting out how we will consult with the identified stakeholders is attached as appendix 1.

6.3 Promoting equality and diversity

The NHS has a statutory duty to assess the impact of its work on local populations. We are aware that some people may experience more difficulties in accessing local health services as a direct result of their race, disability or gender.

As part of this consultation, we will assess the impact of the options in relation to equality and diversity. This will form part of the information that the NHS Bedfordshire Board will consider at an open Board meeting in making a decision on the proposals.

6.4 Consultation collation and analysis

Responses to the consultation will be inputted into the Keypoint consultation software package. This enables real time analysis of responses to monitor issues such as inclusiveness in relation to the nine protected characteristics of the Equality Act 2010.

Full independent analysis of the responses will be commissioned from an experienced market research consultancy.

6.5 Feedback post consultation

The consultation report, any subsequent decisions taken and how the views expressed through consultation have informed these decisions will be published on the NHS Bedfordshire website and publicised through a news release.

6.6 The consultation is fully costed and funded.

7 Evaluation

7.1 This effectiveness of the consultation approach will be reviewed and evaluated using the assessment template and criteria attached as appendix 2.

David Levitt
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(06/10/10)

APPENDIX 2

Consultation Evaluation



Consultation:

Date:

	Theme	Evidence	Actions/Recommendations (when and by whom)	Date completed
1. Preparation				
a	Consultation entered onto database			
b	Did everyone understand the objectives			
c	Transparent process and timescale			
d	Was the level of resources and support from all partners appropriate?			
e	Costs:			
	adequate budget? (overspend/underspend)			
	actual costs			
	unforseen costs			
2. Audience				
a	Were the right stakeholders involved			
b	Were all stakeholders successfully reached			
c	Were hard to reach group successfully involved			
3. Publicity Methods (specific feedback/input required from consultees)				
a	Was the level of information right? (easy to access, relevant, language used, easily understood)			
b	Was the information provided in accessible formats and languages			
c	Were venues used throughout the consultation accessible - did the layout and format encourage participation			
d	Were the methods used appropriate for the objectives			

e	Did some methods work better with particular stakeholders			
f	Did some methods work better than others			
g	was there the right balance of qualitative and quantitative methods used			
h	Were any additional methods identified for use			
g	Where any additional methods identified for use in future consultations			
4. Outcomes (essential input here from service leads/commissioning lead/PBC)				
a	What decisions did the consultation inform and was this achieved?			
b	Did the consultation assist changes to a service in line with the needs of service users			
c	were all relevant stakeholders i.e. commissioning etc. informed of outcomes of the consultation with recommendations			
d	How many people will be affected by the changes through the consultation			
e	What positive or negative effects did the consultation have on the relationship between the organisation and the public?			
f	Were the results of the consultation and next steps communicated to all consultees and affected service users/members of the public?			
5. Stakeholder feedback on the consultation process - observation and comments				
a	What feedback was collected from the consultees - within what time scale of the consultation ending was this completed?			
b	What feedback was collected from the partners of the consultation (internal or external) - within what time scale of the consultation ending was this completed/			
6. Other Comments about the consultation requiring action/attention				