Appendix 2. Communication and Consultation Plan

1. Introduction

At the highest level, Leicester City Council and NHS Leicester City consult with and engage partners & stakeholders, the wider public, as well as staff and people who use services, in the development of strategies and priorities for all health services and public services that they deliver, as set out in One Leicester and One Healthy Leicester. Both organizations also set out their intentions and commitment to engagement and consultation in their main strategies and framework documents.

The Mental Health & Well Being Implementation Group brings together a range of partners who are engaged in planning for future services for people

There has been consultation about the commissioning priorities with service users and family carers facilitated through voluntary organisations and existing forums. Following completion of the draft strategy, a communication plan was approved to engage with all key stakeholder groups including:

- Staff and clinicians working for LCC and LPT
- Services users and carers
- Residential Care providers within Leicester City
- Other independent Providers of mental health services within Leicester City
- GPs and primary care staff
- Voluntary organisations

The main aims of the Communication Plan were:

- to raise awareness of the Joint Commissioning Strategy and specifically the commissioning intentions and implementation plans
- to provide opportunities for stakeholders to comment on the plans and consider the implications
- to begin the process of engagement in the development of detailed action plans for implementation

Key Findings

Overall, the Joint Commissioning Strategy was well received and there was a positive response to the proposals. Voluntary sector engagement was central to the process and informed the development of the priorities, as well as facilitating focus groups. There have been some delays in engaging LPT in the process though there is now better engagement. It is of concern that few adult social care staff attended the workshop with a general lack of ownership of the need to change services by front line managers. The process also highlighted the fact that mental health staff are also less engaged in the personalisation agenda and less aware of the positive risk taking policy, presenting a significant risk to delivery.

The consultation process highlighted the importance of ensuring that the work is linked to personalisation and positive risk taking and also emphasised the importance of integrated working across health and social care.

Residential providers have generally recognised the opportunity (and need) to diversify and offer a wider range of services, tempered by some fears about the impact on businesses. There has been follow up contact from a number fo providers who wish to open negotiations on working together to provide different sorts of services in the future.

Finally, ongoing communication will be the key to further engagement to take forward delivery.

Adult Mental Health Joint Commissioning Strategy Priorities
Engagement with services users and carers August/September 2010

The engagement process was by an on-line survey, which could also be completed in paper form.

Initial contact was made to groups by telephone to elicit interest and advise that information would follow. This was in early August with the survey going live mid August to mid September 2010

The following groups were circulated with explanatory information, the survey document and web links. They were encouraged to undertake focus groups supported by themselves and/or with help from the two commissioners undertaking the work. The response time for the Universities was extended to allow for returning students in term time.
Only one group did not respond to a follow up call following the distribution of the information.

Participating Groups
Adhar
Akwaaba Ayeh
LAMP
Genesis Project
Leicester Lesbian, Gay and Bisexual Group
Network for Change
Savera Resource Centre
City Social Inclusion Team (Leicester City Council)
Community Development Workers (Black and Minority Ethnic communities) (NHS Leicester City)
The Universities of Leicester, Loughborough and Demontfort (via their mental health support services)
Managers and social workers in the CMHTs who were asked to ensure that patients on wards were able to participate, as well as those in the community.

The online survey was accessible via the NHS Leicester City, Leicester City Council and LAMP websites.

The Web links that were sent out with the literature, also linked to where help could be access if required.

Focus Groups
The following held specific focus groups or had sessions to assist individuals to complete paper forms:
Adhar,
Savera,
City Social Inclusion Team
Community Development Workers (BME)
Network for Change
Genesis Project

The focus groups were held with groups, that the statutory organisations often do not engage with directly: the South Asian community, a Bengali women's group and the Somalian Community. An interpreter was on hand to assist as required.

What information did the consultation want from those who participated?
The consultation was to seek the views of service users and their carers on the proposed joint commissioning priorities, people's current experiences and the type of services they would like in the future.

The Vision of the Strategy.

Our vision is to improve the wellbeing of the people of Leicester by strengthening resilience, reducing health and social barriers to good mental health and wellbeing and strengthening the communities within which we live.

- Promoting positive mental wellbeing through reducing stigma, building strength, resilience and safety in individuals, families and communities. Providing early and timely access to services that will promote positive wellbeing.

- Developing responsive and accessible support for those who need specialist support
  - Focusing on vulnerable groups (inc Black, Asian Minority Ethnic groups, offenders, asylum seekers, victims of violence, substance misuse) and people with life limiting/life threatening illnesses

- Having choice and control over your services
  - providing individuals with greater choice and control over the support/services they need

The Mental Health & Well Being Programme Board identified, based on local needs and gaps in services, and consultation with service users,

the following top priorities for the next eighteen months. These are the 3 proposed priority areas on which comments were requested.

1. **Prevention & Early Intervention**
    - Improving access to psychological therapies (this includes specialist Cognitive Behavioural Therapy (CBT), Personality Disorder and Psychodynamic Therapy) steps 1-5 including early intervention with people who have long-term health conditions (diabetes / Chronic Obstructive Pulmonary Disease (COPD).
    - Supported Living – supporting people with mental health conditions to move from residential homes into independent housing and maintaining people to continue to live in their own home with support
    - Strengthening crisis intervention within health and social care in order to prevent people from requiring admission to hospital and maintain and support them safely within the community

2. **Transforming Social Care**
    - Personalisation – providing individuals with greater choice and control over the support/services they need
    - Personalised Budgets

3. **Supporting the Mental Health of Older People**
    - Dementia

Break down of the response information

Demographic data

Overall there were over 240 responses to the survey. 79% of the respondents were mental health service users and 21% were carers. 65% of the respondents were female and 35% were male. The ethnic breakdown of the respondents is as follows:

- Asian/Asian British – 56%
- Black/Black British – 8%
- Chinese – 0%
- Mixed/dual heritage – 1%
- White – 23%
- Other Ethnic Group 4%
- Non respondents 8%

When analysing the ethnicity data it is pleasing that there was such a high percentage response from the Black Minority Ethnic Groups. This level of engagement is vital in a diverse city like Leicester.

Just fewer than 54% of the respondents considered themselves to have a disability.

Mental Wellbeing
Over 96% of the respondents considered their mental wellbeing to be very important. The respondents considered that the following were **very important** to their wellbeing:

- Physical Health – 86%
- Housing – 86%
- Financial Position – 76%
- Local Environment – 73%
- Employment – 59%

Access to mental health services
Over 86% of the respondents felt that access to mental health support was important. When asked what type/s of services/support people accessed when they or a family member/friend needed support; we received the following responses:

- GP – 70%
- Family members – 54%
- Psychiatrists – 41%
- Friends – 40%
- Counselling Services – 28%

39% of the respondents indicated that they/friend/family member were an inpatient in a mental health hospital. Only 4% did not access any support for their mental health issue/s.

Over 83% of the respondents felt it was very important to have mental health services that are local i.e. within 3-5 miles of where they live. Over 89% said that services need to be easily accessible i.e. convenient opening hours, parking, meets their specific cultural and religious requirements, good disability access and public transport links.

People were asked what types of services would have met/would meet their or their family member/friend's needs. The following types of support were highlighted by the respondents:

- Group Support – 64%
- Drop-in services – 56%
- 1:1 Support – 49%
- Community based services – 49%
- Peer Groups – 39%

- Support into Education – 24%

Only 42% wanted hospital based services.

Just over 68% felt it was important to be able to choose the services or packages of support would help maintain their mental wellbeing if they were given the money to do so. This is particularly encouraging in respect of the roll out of personal budgets.

Conclusion

The Focus groups were a far more successful way of engaging with service users and carers than the larger launch events. People were much more comfortable in familiar surroundings and felt more able to talk, both in a specific response to the survey, and in general terms about their experience of services.

The results of the engagement process are included in the Joint Commissioning Strategy, and will be used to further develop and target future service provision.

Leicester City Council and NHS Leicester City would like to thank all who participated and facilitated these events.

Communication Schedule

Stakeholder Group	**Event/meeting**	**Date**
LD & MH Residential providers	Half day workshop for providers with most residents, city based. Letter sent to all smaller providers with exec summary and web link	11th November
MH Adult Social Care Staff	2 x staff sessions with commissioners	30th November
MH Service users, carers & vol orgs	Adhar Akwaaba Ayeh LAMP Genesis Project Leicester Lesbian, Gay and Bisexual Group Network for Change Savera Resource Centre City Social Inclusion Group (LCC) Community Development Workers	Original consultation process was between July and September – feedback and ongoing engagement through the same groups and forums during November and December.

	(BME) (PCT) The Universities of Leicester, Loughborough and Demontfort (via their mental health support services) Patients on wards via Managers and social workers in the CMHTs **Focus groups held by** Adhar, Savera, Social Inclusion Team (LCC) Community development workers (BME) (PCT) Network for Change	
LPT & clinicians	Presentation to LPT corporate management team and strategy sub group of LPT Board. Roll out to LPT staff via management groups	November and 1st December
GPs	Report to Clinical Cabinet Report to Commissioning Exec Exec summary to County MH Clinical Forum GP Forum (LD) – will be linked to meeting re Health Action Plans	October December – date tbc November – date tbc November – date tbc

Outcome of Communication Plans for Joint Commissioning Strategies for Learning Disabilities and Mental Health

Stakeholder	Date of event or response	Summary of comments or questions	Management/commissioning response
LD Care Management Team	30.11.2010 Team meeting	Agree with the priorities. General concerns around quality of SL provision Really important that we involve families and carers so that they support our work to enable people to become more independent and take positive risks. Real need for step down services – move from Agnes Unit to independent living often too great. Real need for buy in from LPT – concerns around community staff raising lots of risks and not supporting positive risk taking. Need availability of 'urgent' accommodations (separate from respite). Query about short breaks strategy – where this is and what the plans are.	Talked about the pathways work underway Senior managers to continue to work with LPT Talked around options and how difficult it is to balance levels of need and block purchasing. Sarah to follow up and feed back.
Transitions Team	30.11.2010 Team meeting	Agree with priorities. Concern about importance of ensuring that specific needs of people coming through Transitions are fed into any work arising out of strategy.	Transitions Team Manager to be part of Enablement workstream. Sarah Morris to liaise with Shirley Jones re specific needs around SL

MH Service users and carers Approx 240 responded via Focus groups, written submission or on-line.	August/September 2010 – On-line survey and Focus groups.	Focus of questions was on the four main priorities for the JCS. The majority of respondents were happy with the priorities which reflect the sort of services people want A number are adding additional information which will help in the development of future services.	Consultation took place prior to publication of draft strategy which has been further circulated
MH Adult Social Care Staff 25 out of 80 ASC staff attended	30/11/10 2 workshop sessions were held.	Presentation focus was on the four priorities and how things need to change in the delivery of personalised services JCS – not enough detail on specific services. Need more info on Personalisation, more community resources to meet the required outcomes with quality services. Concern about cuts in services Things need to change There is a good emphasis on positive risk taking and focus on recovery.	Further opportunities will be offered to those unable to attend previously, to attend the LPT staff communication events. Detailed action plans are being developed for each commissioning priority JCS will be directly linked to the council programme to transform ASC The JCS sets out the framework for future services and identifies where money needs to be targeted thus ensuring that efficiencies are managed better – regardless of the financial position the JCS sets out how services need to change to improve outcomes for local people
MH & LD Residential care providers Workshop	11/11/10	Generally positive response with comments raised about the future viability of residential care. Need to keep providers well informed. Greater choice and opportunities for	Agreed that new residential provider forum to be used for communicating and explore

attended by approx 20 providers		independence seen as positive Positive feedback from some providers about how they could develop their services in line with future vision – opportunities to diversify, offer enablement services, outreach and community based support services Other large providers concerned for future of their businesses. Questions and suggestions about the need for better procurement and contracting processes, that enable small providers to compete for business	possibility of specific LD & MH Forum Following workshop several providers contacted commissioners wishing to take forward discussions for future service development – a follow up surgery style workshop is planned for January Council committed to looking at procurement processes, with a view to establishing approved provider lists for provision of community support services
LD Voluntary Sector JCS sent out for comments with most vol orgs having been involved in LDPB or other service user forums	November 2010	No comments received in response to JCS but to note that people's views have been incorporated in other forums	Voluntary Action new Health & Social Care Forum to be re-established in New Year and will be used as the main forum for future engagement and communication
LPT – LD	16.11.10	Generally positive regarding plans LD Senior management Team asked how they could be involved in the delivery of	Marcus Callaghan to send TOR and project brief and other JCS docs to LPT LPT will identify work stream leads

		the health work stream – TOR and project brief sent to LPT	LPT will circulate JCS to LD teams through management communication systems
LD Carers Presentation on Short Breaks Strategy	17/11/10	Supplementary to separate delivery of the JCS presented to carers by JH/KM Carers were positive about being involved in strategy and delivery of action plans of JCS and short breaks	
LD Short break Group work stream of JCS	23/11/10	Short break group met the providers who will pilot the short breaks new services the JCS and short breaks strategy shared with providers	Meeting with providers and group again on 20/12/10 to discuss models in more depth and contract issues
PCT Board	30/11/10	PCT CEO asked this item be deferred from agenda and paper circulated re LD/MH JCS outside of meeting to be signed off by Board	Marcus Callaghan/Yasmin Sidyot to circulate briefing paper to Board members by 10/12/10
LPT Strategic Programme Board	01/12/10	The LD/MH JCS presented to Board for consultation, in principle Board support both strategies and will forward comments on both JCS	LPT Board to feedback to commissioners – *not received at time of writing this report*
LPT LD SMT	07/12/10	LPT returned TOR and identified work stream leads, Meeting dates provisionally set for 2010	LPT will by 16/12/10 input into action plans for all 6 LD work streams.
LD: Carer leads	22/10/10	- Need to specify the date the LD Register was last updated. - Need to say the Leicester is recognised for its good work with BME communities. - The strategy needs a glossary of abbreviations and the text needs to be 'unjustified' to make it easier to read.	Figures used form LD Register stated as April 2010 Included Will be addressed at publication

		- page 15: Table 1, the headings 'upper' and 'lower' don't make sense and need explaining. - page 16: FACS criteria needs to be removed. - page 19: debate about the % figures used, might need clarifying. - They were all to read the strategy and pass on comments directly to Yasmin & Kathy.	As these refer to the needs assessment, will be feedback to public health. The accessible version of the presentation was also amended.
LD Partnership Board	28/10/10	- Members of the board welcomed the strategy and will comment in the separate consultation meetings.	
Disabled Children's Programme Board	01/11/10	- The group welcomed the presentation and said how useful it was to understand the direction ASC will be taking. - Found the structure very helpful and will use a similar style when writing the children's version. - They stressed the need for appropriate information for carers and young people going through transition. - Questions about assistive technology and needed examples to help inform understanding. They could see the benefits and potential savings for young people. - need facilities to be accessible out-of-	Issues to be incorporated in the relevant workstreams

		hours such as Hastings Rd centre, as it has a sensory room that could be used. - Better use of universal services such as leisure centres, if these are reduced will have a negative impact on families. - Better use of public transport: clear accessible maps on buses that show the journey such as those on tube trains. - travel training and transport might need more emphasis. - safety on transport, crime reduction and anti-bullying posters. - what are the figures for the national average that Leicester is compared to? State them. - Lead Health Professional: each young person going through transition with high health needs will have a named health professional to support them. Sam Shaw is leading this piece of work.	Figures for comparator LAs are more relevant than national figures – both are available in source documents and within the public domain.
LD - Carers Action Group	17/11/10	The group welcomed the strategy. **RISK:** They thought it was important to support people to take small risks in order to learn and develop. They want to be involved in developing a strategy that enables workers to support people in taking risks. They agreed that certain parts of people's lives could be enhanced though structured risks, such as travel training to enable someone to use the	**Risk:** The group were told that would be consulted in any policy change or developed strategy.

		bus. **Moving People On:** A specific issue was raised by a carer relating to a situation where someone was moved from a residential home without prior consultation with the individual and their family. The group wanted reassurance that where people were to be moved on they would be consulted with plenty of notice, and the family would be involved.	**Moving People On:** The specific carer issue was taken forward to the relevant senior officer. Reassurance was given to the group that reasonable time would be given to consult with people that are moving on.
LD - Ansaar carers group	24/11/10	The group were happy with the overall strategy and understood what it was for. The issues raised by individuals within the group related to specific work streams not the actual strategy. These were: **Short Breaks:** **-**Information was requested about what is available and what can be requested. -Carers want to have flexibility in the support available, having support to keep the person at home while the family go on holiday. -Having a support person to go on holiday with the family to support the person with an LD. -Children's short break strategy needs to match/dove tail with the adults strategy. -One carer said she'd "…never been for a girly night out because I'm always looking after my family"	**Universal services:** A request was sent to Paul Edwards to clarify if disabled people need to have a doctors letter to use a leisure centre. Pauls reply: Customers are asked to complete a medical questionnaire before they are able to participate in gym work. Where there are contra indicators of any sort our insurers and risk management expect us to ask for a letter from their GP stating they are medically fit to attend the gym. There are no exclusions to this and this has nothing to do with having a disability, the same issue applies to everyone. Some GP's offer to prepare these letters free of charge, others charge, £50 seems excessive.

		-Some families have multiple caring responsibilities i.e. older relatives and siblings with LD. -Flexible support to meet changing needs, some weeks people need less support and other weeks they need more: services don't allow this to happen, if the support is reduced it is very difficult to get it back. **Access to universal services:** One carer reported going to her local leisure centre with her disabled daughter, she was told she needed to have a doctor's letter in order for her daughter to use the facilities. **Information** They need more information about what a direct payment and a personal budget can and can not be used for.	So to get around this we usually ask customers to ask their GP's to refer their patient under the GP referral scheme. That way there is no charge levied. I don't know why that didn't happen in this case. So, we have to ask for the disclaimer letter. We can't meet the cost as we have no budget for it and its a requirement for everyone who has a contra indicator on the medical questionnaire. Leicester is not on its own with this requirement. It is common practice nationwide. Marcus Callaghan and Dr Kumar will follow this up with GPs as it links in the work they are doing on Health Checks.