

# **Transforming Care Programme (TCP) Services for People with a Learning Disability**

## **Communication, engagement and equality Strategy**

GHCCG  
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<b>Contents</b>
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	<b>Item</b>	<b>Page</b>
1.	<b>Introduction</b>	
2.	<b>Background</b>	
3.	<b>The aim of the strategy</b>	
4.	<b>Legislation</b>	
	4.1 Health and Social Care Act 2012 4.2 The Equality Act 2010 4.3 The NHS Constitution	
5.	<b>What people have already told us</b>	
6.	<b>Approach to communications, engagement and equality</b>	
	6.1 Communication and engagement with key stakeholders 6.2 Using what we already know 6.3 Our approach to communication and engagement 6.4 Training service users to deliver engagement 6.5 Annual delivery plan for communications, engagement and equality	
7.	<b>Equality</b>	
8.	<b>High level timeline for communications, engagement and equality</b>	
9.	<b>High level budget for communications, engagement and equality</b>	
10.	<b>Governance</b>	

## 1. Introduction

This strategy sets out the communications, engagement and equality activity required to engage with service users, carers, families and key stakeholders on services currently provided for people with a learning disability across Calderdale, Kirklees, Wakefield and Barnsley (CKWB).

This strategy sets out a partnership approach to communicate and engage with service users, carers, families and key stakeholders who will be directly affected by any transformation to current services. The strategy includes:

- Background to the transformation
- The aim of the strategy
- The legal requirements we will follow
- What we already know
- Our approach to communication, engagement and equality
- The high level resources required
- A high level timeline of activity

## **2. Background**

The Calderdale, Kirklees, Wakefield and Barnsley (CKWB) Transforming Care Partnership has been formed to collaboratively develop a programme that will transform our community infrastructures and reshape services for people with a learning disability and autism.

The transformation plan will be framed around 'Building the Right Support' and the 'National Service Model' October 2015 for transforming services. The service areas requiring transformation will include:

- Mental health services
- Services that support specific neurodevelopmental syndrome
- The criminal justice system
- Lower level health or social care services
- Inpatient care

Each local area (CKWB) within the partnership had already developed individual programmes to transform services. The partnership will share collective knowledge and experience to further build on progress already made. The key aims for the plan will be:

- Reduction of inpatient beds, delivering a 60% reduction across the partnership by 2019
- Developing better/new/broader range of specialist community services that are flexible and responsive to manage crisis better and prevent admission
- Developing capable communities to enable people to live in their own homes
- Developing a better understanding of our local populations with complex needs and how best to support them in a crisis
- Ensure people with a learning disability and autism have the opportunity to live meaningful and fulfilled lives

## **3. The aim of the strategy**

The aim of the strategy is to ensure that all service users, carers, families and key stakeholders are involved in the development and consideration of any plans to transform the future of learning disability services across the four local areas (CKWB). This includes gathering any information to support the completion of an equality impact assessment.

The objectives are:

- To ensure we work within our legal obligations, as the CCG are the lead organisation it will require the programme to be compliant with NHS legislation
- To develop an annual action plan which will ensure the strategy is delivered
- To collectively utilise any existing intelligence, resources and approaches to deliver the communication, engagement and equality activity required
- To map all key stakeholders across CKWB and ensure a plan is in place to involve people at each stage of the commissioning cycle
- To ensure we have targeted the right audiences and it includes representation from protected groups
- To ensure we inform and communicate people at the right time and in the right way using methods and approaches that are suitable for the target audience
- To demonstrate that we have listened to service users, carers, families and key stakeholders and can evidence how they have helped to shape future services. To provide a report of findings on all activity
- To use the engagement findings to support the development of any equality impact assessment
- Deliver formal consultation as and when required with the legislative requirements if there are any changes to the way services are currently provided or delivered

## **4. Legislation**

Under current legislation CCGs are the accountable organisations for all engagement and consultation activity. The legislation that the CCGs must abide by is set out below:

### **4.1 Health and Social Care Act 2012**

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees 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.

## **4.2 The Equality Act 2010**

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. GHCCG has developed an Equality and Diversity Strategy which details their approach. To evidence 'due regard' as required by the Equality Act 2010 where a decision is being made about a potential change to a service an equality impact assessment (EQIA) will be completed.

## **4.3 The NHS Constitution**

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is 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 the decisions to be made affecting the operation of those services.

## **5. What people have already told us**

There have been numerous engagement events across the four areas in the TCP over the last three years. South West Yorkshire Partnership Foundation Trust has also delivered several engagement events around their transformation for LD community and inpatient services that covered the TCP region.

There has also been lots of engagement across the TCP following on from the Future in Mind Report with children, young people and their families and carers. The feedback from this engagement has helped develop a 5 year strategy.

The common themes from engagement from the learning disability transformation programmes, the care closer to home programmes and the future in mind transformation are similar. The findings are set out below:

- Easy access to services and information that is easy to understand
- Care closer to home, but do not want homes turned into hospitals
- Bespoke housing- right housing/environment for the individual.
- Personalisation needs to include people with challenging behaviours.
- Families should be recognised as being part of the workforce, could support be provided in the family home whilst Mum and Dad take a break elsewhere?
- Training does not just have to happen in a 'room'. Sometimes it's about sharing information and good ways of doing things.

- Using people's communication plans and person centred plans helps us understand what they want. It helps us make sure the Mental Capacity Act is being used affectively.
- We need to get the voice of families in the JSNA.
- We need to make sure people who are away from home get access to advocacy.
- We need to make sure that people are not isolated. People need those who love them in their lives and support should be given to visit family and friends
- We need to invest in prevention to prevent families breaking down.
- Having access to the internet.
- Accessible leisure activities e.g. swimming, football, drama group and other groups are important to our wellbeing and support to be able to do these
- LD champions who work in general hospitals to ensure the nursing staff understand our needs.
- Keep our Activity centre, and have more groups.
- Reasonable adjustments should be included within all health and social care contracts.
- Very important to have efficient caring help. Priorities for carers; plenty of help and more facilities for good respite care.
- Supporting people who use services is critical to maintaining their care / wellbeing
- Independent support such as advocacy is highly valued by users and carers
- People also find support in other ways such as community groups, voluntary organisations, friends and social groups
- Social connections and a sense of belonging is important to wellbeing and coping
- Staff can be caring and compassionate, basing their care around the person's needs as much as they can in the restrictions that they work in
- Hospital / bed based care does work for some people; it is often very much like a house or flat not like a ward – it is home for some people and should be recognised
- Visits to doctors are helped if the doctor or nurse knows the individual and their history and has time to listen carefully, it is important that if referring to hospital the right information is passed on.
- Local register needs to include all people with challenging behaviour.
- Still too many people in high cost placements out of district.
- Access to Mental Health Services is sometimes difficult.
- Barriers to accessing universal services within the community.
- Short breaks tend to be building based.
- Too much investment in specialist services and high cost placements without understanding the quality of these placements.
- Not all GP practices offer health checks.
- Lack of hydrotherapy services – time limited/cost.
- Landlord/housing issues – not responding to repairs quickly, chasing up responses from housing.
- Withdrawal of service bus and general bus services reducing.
- The negative impression of hospitals that have been given since winterbourne, and other hospital scandals .
- More supported work placements/job opportunities - We do not want to just walk round shopping centres all day.
- Speech and Language Therapy and support in school, needs resourcing.

- There needs to be raised awareness at all levels of learning disability and autism.
- More communication is needed with the people who use services, their families and carers. This needs to be ongoing genuine consultation resulting in recommendations that are acted upon and resourced.
- We need more learning disability and autism champions – on the Clinical Commissioning Group Board, in general practice, at the council and other providers of health and care services.
- Not getting diagnosed early enough- underlying conditions or co-morbidities not being addressed in a holistic way
- Confusion of where to go for services/help and understanding what is available - no single point of access
- Transitions are problematic (children’s services to adults, hospitals to community, from one provider or funder to another)
- Too much focus on risk and not enough thought given to independence
- Lack of understanding of MHA / Consent, some people noted that Sections are being used or managed inappropriately
- Not enough independent / advocacy support to help explain and challenge restrictions / out of area decisions that take the person far away from family
- Professional workloads / processes are not well designed to meet needs for this group – e.g. GP appointments too short, LD Community teams have too broad a remit, support workers are isolated/ low wage based, specialist providers are few
- Care plans are often not complete or up to date or well followed; reviews are often infrequent or not robust; health action plans in primary care not being used
- There is a lack of networking across the system to wrap care around people – reports of arguments between agencies and refusals to accept cases e.g. Autism
- When communications are poor, people with learning disabilities feel they are not listened to and not understood – their views are not taken into account and changes in care are being made ‘to them’
- Professionals noted the lack of integration in systems, partnerships and funding leading to delayed decisions, particularly in relation to judicial requirements: “people are getting stuck in the system”

## **6. Approach to communications, engagement and equality**

### **6.1 Communication and Engagement with key stakeholders**

Partner organisations involved in the delivery of the transformation plans will be engaged at a Transforming Care Board, this board will be led by Greater Huddersfield CCG. Those organisations represented at the CKWB Transforming Care Board include:

- Kirklees Council
- Calderdale Council
- Wakefield Council
- Barnsley Metropolitan Borough Council
- Calderdale Clinical Commissioning Group
- Greater Huddersfield Commissioning Group

- North Kirklees Clinical Commissioning Group
- Wakefield Clinical Commissioning Group
- Barnsley Clinical Commissioning Group
- Specialist Commissioning Services

Representation will be from senior leaders from each organisation who have the authority to deliver the transformation programme. This means that they will also take the lead on any required communication, engagement and equality by:

- To agree jointly the resources required for communications, engagement and equality and develop and agree a joint strategy and delivery plan
- Supporting the delivery of communication, engagement and equality across CKWB with existing staff in their own organisations as part of a working group

Broader stakeholders will be engaged at various stages of the programme. These stakeholders include:

- People with Learning Disabilities, Carers and their Families, all ages
- Patient Reference Groups – Kinfo
- MPs and Councillors
- NHS service providers including
  - Primary care
  - Community Services
  - Acute Care
  - specialist learning disability service providers
- Voluntary and Community Sector
- Public Health
- Criminal Justice System,
- Private Providers
- Health Education England
- Health and Wellbeing boards
- Healthwatch
- Overview and Scrutiny Committee (OSC)
- Inclusion North

## **6.2 Using what we already know**

All existing intelligence that has already been gathered from service users, carers, families and key stakeholders over the last two years from CKWB will be collectively reviewed. This would include:

- Pals and complaints data
- Patient Opinion and NHS Choices postings
- Friends and family test
- Any previous engagement activity

This information will be used to develop an overview of the things people want to see as part of a transformation programme. A number of key themes have already been identified in section 4, these themes will support the development of an initial plan for transforming services.

## **6.3 Our approach to communication and engagement**



In order to gather views on the draft plan to transform services across CKWB it is our intention to deliver a CKWB wide 'My Health Day'.

'My Health Day' was an annual engagement event already set up to engage all stakeholders across CKW. These events were held in a central location and service users, carers, families and key stakeholders attended the event to engage people. The events were very well attended and received excellent feedback.

The events will be revived and renamed, they will also be held in the same venue which is central to CKWB and all stakeholders will be invited to attend. Barnsley stakeholders will be new to this arrangement and we will ensure we gather feedback at the end of the first event to ensure they are suitable.

The events will be run at the same time in the same venue each year on an annual basis. The aim of each event is set out below:

- **April 2016 - Event 1:** The aim of the first event will be to map and engage key stakeholders on the draft transformation plans. Participants will be encouraged to provide feedback on the plans and identify how they would like to be involved. This will include the completion of a stakeholder mapping exercise. Principles for engagement will be agreed and added to the strategy.
- **April 2017 - Event 2:** The aim of the second event will be to provide an update on the progress of the plans. Participants will be asked to evaluate any progress and provide further feedback. More opportunities for involvement will be communicated.
- **April 2018 - Event 3:** The aim of the third event will be to communicate the transformation of services, provide opportunities for any feedback and final evaluation. Success can be celebrated and ongoing engagement of key stakeholders could be a key theme.

#### **6.4 Training service users to deliver engagement**

Calderdale CCG currently has 8 people with a learning disability who are trained to deliver engagement. The training package is delivered by the Engagement Champions programme which is a joint CCG and voluntary sector initiative.

The 'Engagement Champions' project recruits individuals from voluntary organisations and trains them as a volunteer. The volunteer is trained to understand the importance of involvement and how as a champion they can help others to have a voice. The training is specifically adapted in an easy read format using pictures and images and each participant has to attend three training sessions to qualify as a champion. The champion receives a certificate and is registered as an 'approved provider', providers are paid in recognition of their skill. The champion has to attend an annual training refresh to maintain their approved provider status.

The volunteers, trained as 'champions', help to design approaches to engaging other service users, families and carers. As part of the approach to engagement it is recommended that this model is rolled out across CKWB. The role of the 'Champions' will be to:

- Involve themselves in a joint working group for communications, engagement and equality
- Help to co-design the delivery plan for the communications, engagement and equality strategy

- Identify the content for each of the annual 'My Health Day' events and identify appropriate methods of engagement

## **6.5 Annual delivery plan for communications, engagement and equality**

An annual delivery plan for communications, engagement and equality will be developed. The plans will reflect the timelines and delivery set out in 3 year transformation plan. The annual 'My Health Day' will support the development of this plan and ensure:

- Any plans for communications, engagement and equality are shared and communicated to all stakeholders at the beginning of each year. This will ensure people are aware of the service areas and can help shape the plans
- Methods and approaches for effective communication and engagement will be discussed at the 'My Health Day' to ensure the process for involvement is right for the target audience
- Recruitment to any working groups can take place as an annual event ensuring everyone has an opportunity to be involved.

The plans will suggest a number of methods for involving people and will include:

- Co-production
- Interviews and case studies
- Surveys
- Workshops
- Face to face conversations and interviews
- Measuring service user/carer experience

The plans for communication will include a joint programme approach for communications which will include:

Stakeholder management

- Social media
- Publicity and campaigns
- Individual communications to support any engagement
- Communications to support 'My Health Day'

The annual delivery plans for communication, engagement and equality will be signed off by the Transforming Care Board each year.

## **7. Equality**

An EQIA will be prepared for any of the affected services. This will require consideration of protected groups access, experience and outcomes through evaluation of engagement and experience data and evidence of the user profiles and any research available.

This will be gathered from patient information and other local health and social care information. Information collected as part of any engagement will be included. Research other proxy data will be utilised to give a profile of each local area.

All engagement activity will be equality monitored (see appendix 1). The engagement information gathered will be used to assess whether we have engaged a representative sample of the relevant community and to establish whether there are any trends in opinion and feedback.

Once analysed all the data will be used to develop the EQIA and consideration given to the potential impact of any change to the commissioning of services which could have an differential impact on any protected groups. Where this is identified consideration will be given to any mitigation of the potential impact.

The completed EQIA will be used to support the relevant decision making body to be assured that they have given due consideration to any potential impacts on protected groups.

## 8. High level timeline for communications, engagement and equality

What	When by
Develop a strategy for communications, engagement and equality	March 2016
Develop a draft delivery plan for communications, engagement and equality	March 2016
Event 1: 'My Health Day'	April 2016
Deliver the communications, engagement and equality plan (2016/17)	May 2016 onwards
Set up 'Engagement Champions' training programme	July 2016 onwards
Develop a draft delivery plan for communications, engagement and equality	March 2017
Event 2: 'My Health Day'	April 2017
Deliver the communications, engagement and equality plan (2017/18)	May 2017
Engagement Champions training refresh	July 2017 onwards
Develop a draft delivery plan for communications, engagement and equality	March 2018
Event 3: 'My Health Day'	April 2018
Deliver the communications, engagement and equality plan (2018/19)	May 2018
Engagement Champions training refresh	July 2018 onwards

## 9. High level budget for communications, engagement and equality

Communications, engagement and equality budget	
Item	Estimated cost (3 year)

	<b>period)</b>
Communications, engagement and equality lead (CKWB) (3 years)	<b>TBC</b>
My Health Day – 3 annual events	<b>£12,000</b>
Engagement champions training programme and management over a 3 year period	<b>£20,000</b>
Annual non pay budget to deliver communications and engagement – 10k per annum	<b>£30,000</b>
Interpreter and support costs – 5k per annum	<b>£15,000</b>
Consultation budget – not included	<b>Cost per consultation</b>
<b>TOTAL</b>	<b>TBC</b>

## 10. Governance

Kelly to add

## Appendix 1 – Equality monitoring form

### Equality Data Collection Form

In order to ensure that we provide the best services for all of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

**Please tell us the first part of your postcode \_\_\_\_\_**     **Prefer not to say (i.e. HD2)**

#### Gender - What sex are you?

Female                       Male                       **Prefer not to say**

#### Transgender - Is your gender identity different to the sex you were assumed to be at birth?

Yes                       No                       **Prefer not to say**

#### What is your age?

Under 16     16-25     26-35     36-45     46-55     56-65  
 66-75     76-85     86+

**Prefer not to say**

#### What is your ethnic group?

##### Asian or Asian British

- Indian
- Pakistani
- Chinese
- Other Asian background

##### Black African/Caribbean or Black British

- African
- Caribbean
- Other Black/ African/ Caribbean background

##### Mixed/ multiple ethnic groups

- Black Caribbean and White
- Black African and White
- Asian and White
- Other mixed/multiple ethnic group

##### White

- British - English/Scottish/Welsh /Northern Irish
- Irish
- Gypsy/Traveller
- Other white background

##### Other

- Arab
- Other ethnic group

**Prefer not to say**

**Please state any other ethnic group here.....**

**Do you consider yourself to be disabled?**

The Equality Act 2010 states that a person has a disability if:  
'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'

- Yes (detail below)       No       **Prefer not to say**

**If yes, please tick impairment below (Tick all that apply).**

- Physical or mobility       Visual       Learning disability  
 Mental Health condition       Hearing       Long-standing illness or health condition e.g. cancer, diabetes, HIV  
 Other (please state)       **Prefer not to say**  
.....

**What is your sexual orientation? (Please tick)**

- Bisexual (both sexes)       Lesbian (same sex)       Gay man (same sex)       Heterosexual (opposite sex)  
 Other       **Prefer not to say**

**Do you consider yourself to belong to any religion?**

- Yes (please tick below)       No       **Prefer not to say**  
  
 Christianity (including Catholic, Protestant or any Christian denomination)       Judaism       Buddhism       Hinduism  
 Sikhism       Islam

**Carer**

Do you provide care for someone, such as family, friends, neighbours or others who are ill, disabled or who need support because they are older?

- Yes       No       **Prefer not to say**

**Thank you for taking the time to complete this form.**