

Consultation plan

Older People's Mental Health Inpatient Service Transformation

Calderdale, Kirklees, and Wakefield

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Contents

1	Introduction.....	4
2	Background.....	4
3	The options.....	5
4	Legislation.....	6
	The legislation we must adhere to and demonstrate to is set out below.	6
4.1	Health and Social Care Act 2022	6
4.2	The Equality Act 2010.....	6
4.3	The NHS Constitution	6
5	Consultation mandate	7
6	Target audience	8
7	What do we already know	9
7.1	October 2022 Workshop for health, social care, voluntary and community sector staff 12	
7.2	December 2022 Stakeholder event.....	13
8	Principles of consultation	14
9	Approach to Consultation.....	15
9.1	Survey online and hard copy – in easy read, other formats, and translation.....	15
9.2	Face to face and/or digital meetings	15
9.3	Advocacy	15
9.4	Asset based approaches.....	16
9.5	Capturing views creatively.	16
10	Communications.....	16
10.1	Aim.....	16
10.2	Objectives	16
10.3	Outputs	16
10.4	Insight and involvement.....	17
10.5	Feedback channels	17
10.6	Communication channels	18
10.7	Media protocol.....	21

10.8	Evaluation	21
11	Equality	21
12	Resources	22
13	Analysis of data and presentation of findings.....	22
14	High level timeline for delivery	23
15	Appendix 1: Overarching delivery plan	25
16	Appendix 2: SWYPFT delivery plan.....	26
17	Appendix 3: Place based delivery plan	27
18	Appendix 4: public meeting plan	29
19	Appendix 5: Advocacy plan	41
20	Appendix 6: Summary of key points and plan following midpoint review.....	44

1 Introduction

The purpose of the document is to describe a process which will help South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) (referred to as 'The Trust') in partnership with Calderdale, Kirklees and Wakefield places and NHS West Yorkshire Integrated Commissioning Boards (ICB) consult on the future of older people mental health inpatient services for Calderdale, Kirklees, and Wakefield.

The plan describes the options and scope of the consultation including the approach we will take to deliver the consultation process. The plan also includes the communication materials and the process for ensuring due regard to equality is demonstrated throughout the process. The document includes:

- The background to this work
- What we already know
- The principles we should adopt to deliver the consultation across several local areas.
- The consultation approach and timescales
- How the information gathered from consultation will be used to inform a future service decision

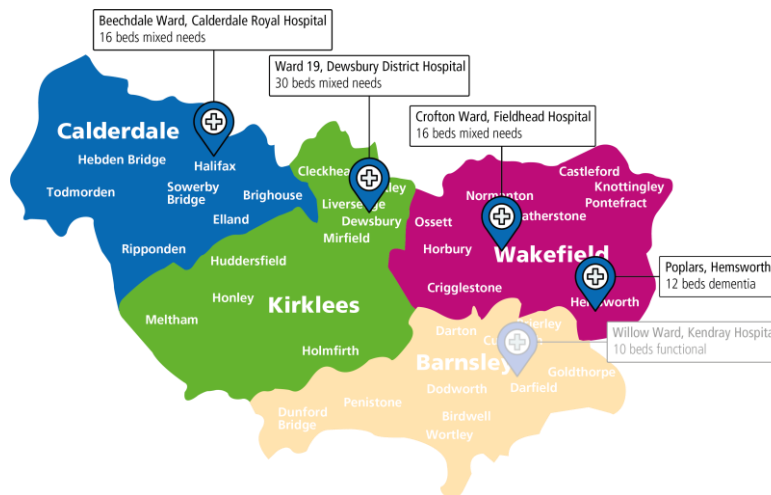
2 Background

The Trust alongside our partners and commissioners are reviewing how we provide mental health care for older people within our inpatient wards. This follows service improvements to our community mental health service in 2015.

In West Yorkshire, the Trust has five older people's mental health wards. These are:

- A ward in Halifax at Calderdale Royal Hospital (16 beds)
- Two wards in the Priestley Unit in Dewsbury, located in Dewsbury and District Hospital (30 beds; 15 male beds and 15 female beds)
- Two wards in the Wakefield district at Fieldhead Hospital (16 beds) and at The Poplars in Hemsworth (currently operating as 12 beds).

In South Yorkshire, the Trust has a ward for people with functional mental health needs (10 beds) at Kendray Hospital Barnsley, which we do not plan will change as part of this transformation.



There are two groups of older adults who use our inpatient wards. These are:

- People with needs such as dementia, and
- People with other mental health needs such as depression, anxiety, and psychosis (often referred to as functional needs).

Evidence shows that the care of people diagnosed with dementia, and people with functional needs is very different.

There are different types of supervision, clinical intervention, and workforce skills required to provide specialist care for people with dementia and people with functional needs. The living space, and the activities which are needed to effectively support and provide the best care for each group are also different.

People with dementia may require more specialist care and support. Currently, our wards support a mixture of mental health needs, which means that not everyone gets the specialist care they may need.

The CQC also highlighted the challenges of managing patients with dementia and functional needs on mixed wards during their visit in 2019.

We also face challenges with some current estate which does not provide an optimum layout for managing the care of people with dementia and functional needs on a mixed ward.

From a patient perspective, we know from previous engagement that patients, carers, and families also agree that specialist care would provide better outcomes for both groups of patients. (Add link to engagement report)

Therefore, we are looking at how we might separate care for people based on their needs, which is consistently regarded as a model of good practice.

3 The options

The two proposed options to create separate specialist wards are:

Option one: a specialised dementia unit at Ward 19, Dewsbury District Hospital.

There are two ways that this could be done:

- **Option 1a** – with an extra 10 beds at the Crofton Ward, Fieldhead Hospital for functional mental health needs. This would be two wards, one male and one female only, with 26 beds in total.
- **Option 1b** – with an extra 6 beds at the Crofton Ward, Fieldhead Hospital for functional mental health needs. This would be a single ward and mixed gender with 22 beds in total.

Option two: a specialised dementia unit on Crofton Ward, Fieldhead Hospital, Wakefield.

This would be a 26-bed dementia unit across two wards, with 10 beds being relocated from The Poplars, Hemsworth. Functional only wards would be located at Ward 19, Dewsbury District Hospital and Beechdale Ward, Calderdale Royal Hospital.

4 Legislation

The legislation we must adhere to and demonstrate to is set out below.

4.1 Health and Social Care Act 2022

In its responsibilities for public involvement and consultation under section 13Q of the National Health Service Act 2006, NHS England, and NHS West Yorkshire Integrated Care Boards (ICB) has a duty to consult individuals to whom services are being or may be provided, in the planning and development of commissioning arrangements for those services. The Act extends this to include “carers and representatives” of people receiving a service or who may do so. The extension of this duty is replicated in an equivalent duty on integrated care boards.

4.2 The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - 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. All public authorities have this duty so partners will need to be assured that “due regard” has been paid through the delivery of consultation activity, and in the review.

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 several 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.

The consultation approach and mandate should also satisfy key tests. The test for both consultation and equality are set out below:

The **Brown Principles** for equality state an organisation must be aware of their duty set out below:

- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken.
- Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigor and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

The 'Gunning Principles' state that:

- Consultation must take place when the proposal is still at a formative stage (i.e., no decision until the process has concluded)
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response (clearly describe the model, criteria used to determine the model and reasons)
- Adequate time must be given for consideration and response (the length of the consultation is important to ensure it allows for this)
- The product of consultation must be conscientiously taken into account (demonstrate clearly how the product of consultation has been considered)

5 Consultation mandate

We, South West Yorkshire Partnership NHS Foundation Trust and NHS West Yorkshire Integrated Care Board (ICB) want to understand views of the target audience set out in section 6 of the consultation plan concerning the transformation of older people mental health inpatient services so that South West Yorkshire Partnership NHS Foundation Trust can take into consideration the views of those consulted by Spring 2024, to make a decision on the future transformation of older people services which will be implemented across the geographical areas of Calderdale, Kirklees and Wakefield District.

6 Target audience

The key audiences and communities for this consultation will be the following groups in Calderdale, Kirklees, and Wakefield (EIA reference)

- Anyone currently using older people mental health inpatient services.
- Families, relatives, and carers of people who are currently using older people mental health inpatient services.
- Voluntary and community groups representing, supporting, or advocating for older people, carers and families.
- Staff with an interest in older people mental health services, from all health and social care sectors, including but not exclusive to hospital, community, local authority, and primary care.
- Key partners and stakeholders who have an interest in older people mental health services.
- Anyone with an interest in older people's mental health services
- People who are identified as future service users.

We do not plan change to services in Barnsley, but we will seek views from the following groups as Barnsley is within the Trust footprint:

- Key partners and stakeholders who have an interest in older people mental health services.
- Anyone with an interest in older people's mental health services
- People who are identified as future service users.

A more detailed stakeholder map can be found below. This will be monitored and reviewed regularly throughout consultation planning and delivery to ensure we are reaching the right audiences.

Participants	Key players
• South West Yorkshire Partnership NHS Foundation Trust staff • Overview and Scrutiny Committees - Barnsley, Calderdale, Kirklees, and Wakefield • Health and wellbeing boards - Barnsley, Calderdale, Kirklees, and Wakefield • NHS West Yorkshire ICB • Staff networks • Patients, families, carers, and members of the public	• South West Yorkshire Partnership NHS Foundation Trust executive management team and operational management group • NHS West Yorkshire ICB • NHS South Yorkshire ICB
Observers	Contributors

• Local media • Campaign groups • Community groups	• Primary care providers • Voluntary and community sector groups • Local Medical Committees • Local Pharmacy service providers via West Yorkshire Pharmacy services • Healthwatch organisations • Local authorities • Hospital trusts • MPs and local councillors • Care homes • West Yorkshire Police, South Yorkshire Police • Fire and rescue service • Yorkshire Ambulance Service • Education providers – including colleges and University of Huddersfield
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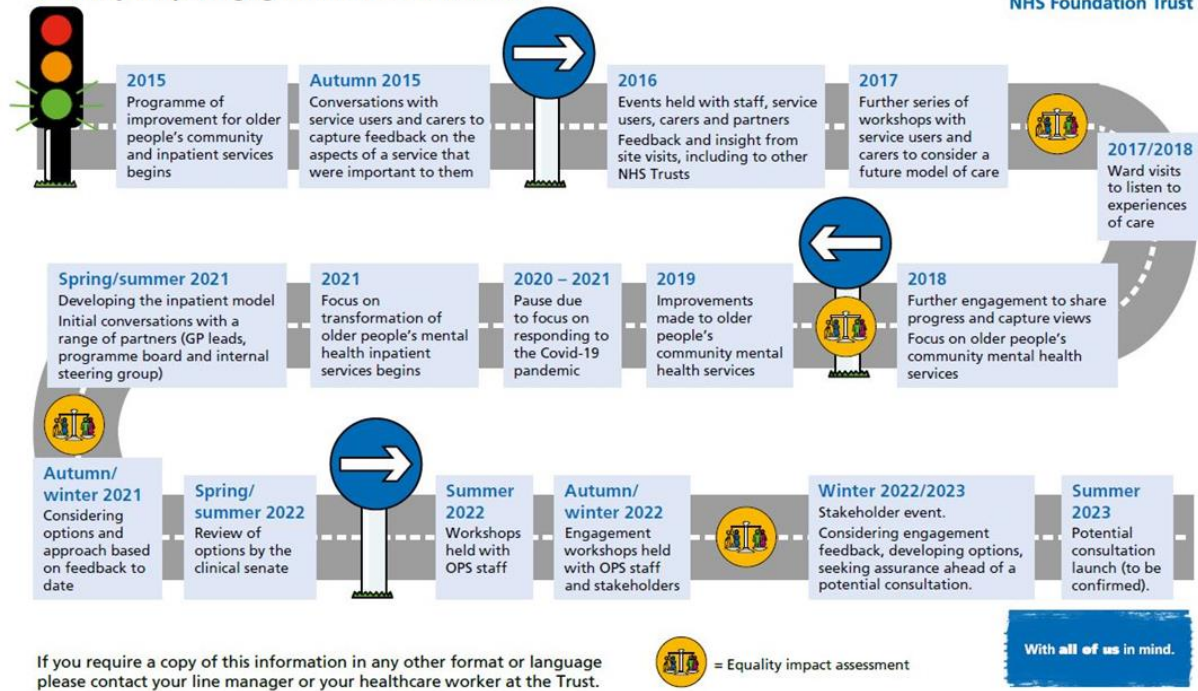
As part of our equality duty, we will ensure we consider equality and diversity at each stage in the consultation process. What this means in practice is that we will consider equality in the development of our plan to ensure we reach people identified in the target audience using an equality impact assessment. That we will ensure that we have a representative view which reflects the communities we serve so that we can make fair and informed decisions for everyone. To use the consultation process to identify any action required to mitigate any negative impacts or maximise any positive impacts on equality, and ensure we comply with our statutory responsibilities under the Equality Act 2010.

7 What do we already know

The Trust has already delivered several conversations across Barnsley, Calderdale, Kirklees, and Wakefield on older people inpatient services. This engagement has been captured into a report of findings. The journey to capturing views is highlighted below:

Older people's mental health inpatient services transformation

Journey map (engagement to consultation)



The findings collectively report on engagement from 2015 and all reports can be found here: [Transforming older people's inpatient mental health services - South West Yorkshire Partnership NHS Foundation Trust](#)

- Conversations with service users and carers in Autumn 2015 which captured feedback on the aspects of a service that were important to them.
- A range of mixed audience events which took place in March 2016. These events were attended by staff, service users, carers and partners.
- Feedback and insight from site visits including other NHS Trusts
- A further series of workshops with service users and carers which took place in May 2017. These workshops focussed on the consideration of a future model of care.
- Several ward visits which resulted in listening to current service user and carer accounts of care in the winter of 2017/2018.
- Further engagement took place in 2018 to share progress and capture views.

From all the engagement work which took place there were some key themes that started to emerge. These themes told us that.

- People were generally positive about the community proposals, and they prefer to be supported to have their **care closer** to home or in the home, for as long as possible.
- People were keen to ensure that the **hours of service were appropriate**, with extended hours available for people as needed.

- People were keen to ensure **dementia awareness within a care home** setting is built into a future model.
- People were positive about **benefits of a specialist dementia unit**.
- There were **concerns about potential extra travel for families**.

Following on for this work the engagement findings were used to inform the criteria to determine the options. Proposals were tested against a set of criteria informed by national guidance and clinical good practice. The engagement provided additional considerations for each of the criteria to ensure that the findings were used to inform the proposals. The criteria headings and 'what people told us' are set out below.

People told us what 'Good Quality Care' would like:

- Person centred.
- Good quality information available at each stage, not all at once
- Telling a story once
- A service that meets all cultural and religious needs – particularly South Asian
- More support and focus on families and carers.
- Improved access for carers so they can continue a caring role.
- Better communication between GP and specialist service
- Quality of assessment
- Being kept informed at each stage of the process.
- Quality of direct care and support
- Gender- Male/female privacy
- Continuity of care – seeing the same person
- A safe and supportive environment
- Physical and mental health needs are met.
- Maintaining independence and good health throughout the patient journey including admission and discharge
- Consistency in medication

People told us what 'Access to Care' means to them:

- Early intervention – help people understand the process to access services.
- Services that are responsive and accessible
- Access to the right person to receive the right treatment in the most appropriate setting.
- More support at the stage of diagnosis
- Minimise delays in care and ensuring the prompt action of staff.
- Distance to travel and transport routes
- Good access to travel, transport, and car parking
- Access to physical health care and other clinical support
- Access for carers which include flexible visiting times.
- Good care coordination – one person overseeing the patient journey.

People told us what 'Value for Money' means to them:

- Reimbursement of travel expenses if travelling further
- Explore the concept of funding a shuttle bus.

People told us what should be 'Delivered and Sustained':

- Safe, effective, and well led outcomes.

- Standard referral criteria
- Admiral nurses and nurse prescribing built into the model.
- Specialist dementia wards were seen as a good idea.

People told us what other factors we should consider:

- More links with local health and social care providers
- Physical, mental, and social care needs are met.
- Focus on care closer to home where possible – community hubs and clinics.
- Promoting an independent healthy, active lifestyle
- Supporting people at home
- Preventative approaches
- Involvement from the third sector

Previous engagement can demonstrate through equality monitoring that a range of views were gathered from a diverse audience. The equality monitoring from this engagement was captured separately to the feedback. We do know who we reached and will address any identified gaps through the consultation.

In addition, the Trust further involved key stakeholders in two events. The events and key themes are set out below.

7.1 October 2022 Workshop for health, social care, voluntary and community sector staff

A workshop was held in October 2022 to further involve health, social care, voluntary and community sector staff in the development of options. In total the event was attended by **50** health and social care staff from Barnsley, Calderdale, Kirklees, and Wakefield. The key themes for the event are summarised as:

- **Theme 1: Consider the travel impact of all options**, factoring in cost-of-living challenges and using travel impact analysis which should include travel by car and public transport.
- **Theme 2: Ensure we address inequalities** identified through the equality impact assessment in the development of options. This includes the impact on people who use services staff and carers.
- **Theme 3: Consider flow and length of stay** by considering potential solutions which enable a reduced length of stay and consider other developments which could support this ambition, such as step-down facilities.
- **Theme 4: Consider the impact on staff** of the potential changes and ensure that staff are fully engaged in the process and are consulted on the changes. It is important that staff feel involved in the process and can deliver the proposed approach solving any current staffing pressures.
- **Theme 5: Consider the additional option to centralise specialist services in Wakefield** - Following feedback from clinical senate and discussions which took place at the workshop it is evident that the Trust need to option appraise centralising specialist

services on the Wakefield site.

- **Theme 6: Describe what the Trust mean by re-purposing Poplars** in the proposed options so that we can articulate this clearly to key stakeholders and the public.
- **Theme 7: The length of time since engagement** should be considered and the Trust need to make sure that any gaps in information or target audience is picked up in consultation.

7.2 December 2022 Stakeholder event

A stakeholder event was held in December 2022 with further wider stakeholders from Barnsley, Calderdale, Kirklees, and Wakefield. In total 67 attendees attended the event. The key themes for the event are summarised as:

Theme 1: Clinical Model - General agreement across several group discussions that a change is needed. Separating the services out and having a specialist dementia ward and the staffing was seen as positive dependent on the correct staff numbers with the right training and skill being in place. The change would provide better outcomes for patients and doing nothing was not seen as an option.

Theme 2: Use of estates – Several groups discussed the inpatient estate and there was a general view that Ward 19 would work better as a dementia ward in the model than Crofton. Overall, the ward environment of Ward 19 lends itself more to being a site for dementia due to design, layout, and use of space. More work would be required on the site to further improve the environment, though some improvement activity is already taking place. Need to consider spaces for families particularly for patients nearing end of life.

Theme 3: Bed numbers and ward sizes - The number of beds and ward sizes within the proposed model and how capacity will be managed. Ensuring the model is still fit for purpose in 10 years, given the predicted population increase.

Theme 4: The Poplars – Most people felt Poplars should not be part of the proposed acute model but could be used in other ways to support people. The future use of the Poplars site needed to be clearly articulated as there are several identified potential uses.

Theme 5: Barnsley patients – how Barnsley patients would be accommodated in the model, given that some patients are currently admitted to West Yorkshire, needs to be described. Also, to clearly articulate why there is no impact for Barnsley public in the consultation.

Theme 6: Alignment with other services – Need to ensure that the proposed options align with the wider systems including both SWYPFT teams and partner organisations that will need to work in new ways and across boundaries to support a different model.

Theme 7: Workforce – Need to consider the workforce implications for all proposed options including staffing to the right levels, roles, staff specialist skills for each group but not losing overall old age specialism. The workforce model needs to be clearly articulated for each

option to ensure that the workforce implications can be considered fully.

Theme 8: Travel, transport, and parking - The impact of travel, transport and parking for both patients, carers, families, loved ones and staff should be considered. This includes transport times and aligning with visiting, the age of people travelling (including access) and the frequency and reliability of transport networks. Transport during discharge should also be considered if the patient is out of their local area.

Going forward the consultation will need to specifically identify any positive or negative impacts of the options on each of the protected groups to ensure that the option considered provide an opportunity to demonstrate due regard, reduce health inequalities and advance equality of opportunity.

8 Principles of consultation

To ensure we meet our statutory obligations we must satisfy the principles set out in Gunning. The 'Gunning Principles' are applied if a decision is taken to judicial review. The Gunning Principles are:

- Consultation must take place when the proposal is still at a formative stage.
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response.
- Adequate time must be given for consideration and response.
- The product of consultation must be conscientiously taken into account.

It is worth noting that it is not the decision that is tested but the process that has been followed to come to that decision. In addition, a shared set of principles have been developed which set out a partnership approach to consulting people including our commitment to equality of opportunity.

The principles are set out below:

- We will use what we already know as a starting point.
- The consultation will be supported by **clear information** and opportunities for **communication**, so people feel informed and able to participate.
- We will ensure that we consult the right people at the right time in the **development and design** of services.
- We will ensure we are fully **inclusive** in our consultation approach.
- We will be **honest and transparent in our approach** which will include being honest about what people can and can't influence and the reasons why.
- For the things people can influence we will provide **a genuine opportunity for consultation**. This will include providing the right conditions for people to get involved.
- The views gathered will be properly **documented** so people can see the information they have provided and feel confident that it is gathered in such a way that it can inform a decision on future services.
- We will thank people for their contribution and **provide feedback** on our next steps.

- That we keep people **informed and in the loop** by providing a communication platform which everyone can access.

9 Approach to Consultation

The purpose of the consultation is to deliver the agreed mandate which is described and set out in section 5 gathering feedback from the key stakeholders set out in section 6. The Trust will do a mid-point review at week 6 to ensure that we are gathering a representative population sample based on our local census data 2021. Targeted approaches to capture the views of those underrepresented will take place using community contacts, and the Trust equality and involvement team.

The consultation approach to support delivery is set out below:

9.1 Survey online and hard copy – in easy read, other formats, and translation.

A survey will be used to provide feedback on the consultation proposals. These questions will ensure that we can fully understand and capture the impact of the proposed approach. Surveys will be provided online and in paper format. All responses will be collated centrally.

9.2 Face to face and/or digital meetings

Face to face and/or digital meetings will take place, these will be aimed at staff, stakeholders, and public audiences. These meetings will be supported by a presentation of the proposals. Clinicians and subject matter leads will be available to support responses to any questions. Questions will be submitted in advance where possible. Meetings will ensure people can gain the information they need, provide an opportunity to have clarity on any proposals. The aim of the meeting is to support a clear understanding allowing for an informed consultation response.

9.3 Advocacy

We know that the involvement of older people with dementia and functional mental health requires specialist input and that our independent advocacy teams work closely with our inpatients to provide much needed independent support. As service reconfiguration may have an impact on our workforce we will be inviting staff to respond to the consultation. This means that we need to maintain a level of independent support for those inpatients so they can respond without relying on Trust staff.

Advocacy services will support inpatients to respond to the consultation by providing information and/ or communicating in a way that meets the needs of that inpatient. Ensuring that all inpatients have been approached and included, and capacity to be involved assessed. Families, carers, loved ones and relatives will be contacted directly on day one of the consultation. A letter will be sent to the home address or email of an identified person for each inpatient, sign posting them to information and resources so that they can also provide a response.

9.4 Asset based approaches.

Each locality has a wealth of assets and contacts that can be harnessed to support a consultation approach. Funding will be available to support asset-based initiatives to capturing feedback from communities. This will provide an opportunity for people who do not feel involved to have a say at a very local grass roots level those who cannot access digital meetings or online surveys.

9.5 Capturing views creatively.

For those who cannot respond using the proposed methods there will be an opportunity for creative methods of feedback. Prompts will be used but people can respond using other media for example:

- A short film
- By providing a story
- Through the creation of an image/art
- Pictures and images

10 Communications

10.1 Aim

The aim of our communications approach is to provide clear and timely information to our wide range of stakeholders, helping to build awareness, understanding, and encourage engagement at every stage of the consultation process.

10.2 Objectives

- To be respectful, honest, open, and transparent.
- Work with our partners and stakeholders to ensure a broad and relevant reach across our geographical locations, particularly amongst those groups who are typically under-represented.
- Produce clear, concise, and accessible information available in a range of formats.
- Proactively inform, involve, and engage our stakeholders at each stage.
- To inform, engage and support our staff through each stage, and encourage them to give feedback.
- Make appropriate connection to other transformation work which may be happening in other health and social care organisations.
- Make it easy for people to give their views.
- To keep people informed and up to date, in a timely manner, on the progress and outcome of the consultation.

10.3 Outputs

The Trust will develop the following communication outputs to support the delivery of the consultation, with the main aim of ensuring that the information provided is accessible and inclusive to all audiences including those who do not English as a first language, people requiring reasonable adjustments and accessible materials and formats. We will be testing in consultation the quality of the information we provide and whether it was accessible. We

will ensure we adjust our offer accordingly in line with feedback. The following media will be used (note that this is not an exhaustive list and further outputs may be created):

- Consultation document – electronic and hard copy, full version and summary version, Easy Read, text only webpage, audio only option
- Posters – including a general poster, and posters tailored for each consultation event/local place – electronic and hard copy.
- Q&A materials
- PowerPoint slide for use on digital screens
- Display boards for key locations across every place
- Social media graphics and content
- Direct mail to carers and families of current inpatients
- Website page(s) – to act as one source of information.
- Internal communications – including copy for use in newsletters, staff event(s), frequently asked questions (FAQs)
- Consultation events – face to face, virtual
- Digital assets – including use of video and graphics.
- Media release – consultation launch, and localised media releases tailored to each local place, aligned to consultation events.
- Toolkit for partners/stakeholders to facilitate promotion – including printable posters, social media planner, website content, shared narrative, and briefing packs, and content for onward cascade.

10.4 Insight and involvement

The Trust will involve our staff and stakeholders in the development of our communications to ensure that they are clear, cohesive, and accessible to our stakeholders.

Insight and involvement will be sought from:

- A dedicated communications and engagement reference group, consisting of communications, involvement, and equality professionals from our partners, and representing the broad scope of our geographical locations.
- Communications and involvement professionals with expertise in producing accessible information.
- Staff, including those working in older people's mental health inpatient services and staff networks.
- Appropriate stakeholders – such as voluntary and community sector organisations who work with older people, their families, and carers.

10.5 Feedback channels

We want to make it as easy as possible for people to give their feedback. To do this we will use a variety of channels, including (but not limited to):

- Online form/survey
- Face to face conversations including advocacy and peer to peer approaches

- Dedicated email address
- Freepost address for return of paper-based consultation questionnaires
- An identified telephone number.

Our approach to run face to face and virtual events throughout the consultation period will enable a two-way dialogue with our stakeholders and encourage people to ask any questions they may have. These will continue to form part of a Q&A which will be published and shared with those who are supporting the consultation.

As stated Information will be produced in a variety of formats, this will include a word version of all publications on our website. For those who, for accessibility reasons, require information in an alternative format, a point of contact will be given to be able to request this and a timely alternative will be provided using our Trust Translation and interpretation service who will receive a full and summary word version of all materials to support quick and easy alternatives. All documents, including the survey will be in plain English summary and easy read.

10.6 Communication channels

The Trust will utilise the following communication channels to ensure messages are cascaded to stakeholders (note that this is not an exhaustive list and further channels may be added):

- **Internal channels:**
 - Regular staff newsletters and briefings
 - Events – face to face and virtual
 - Staff networks
 - Intranet
 - Direct email
 - Posters and leaflets
 - Cascade via leadership teams
- **External channels:**
 - Trust website
 - Trust social media accounts
 - Stakeholder websites and social media accounts
 - Local media
 - Direct email / mail
 - Public events – face to face and virtual
 - Public newsletters
 - Cascade via partner and stakeholder networks / channels – including key stakeholder organisations working in the voluntary and community sector.

We will work with colleagues and named leads within our partner organisations to ensure delivery to our key target audiences. Some key target audiences and delivery methods are outlined below:

Target audience	Delivery method
People who have had direct experience of health and care services –all older people currently using our older people’s mental health services (inpatient and community), families, relatives, and carers	Raise awareness of the consultation through: • Direct mail to carers and families of current inpatients • Third sector networks and assets • Patient groups • Carers groups • Via staff working on wards • Display boards located on site/in wards. • Consultation events • Posters and leaflets • Direct with our communities via community representatives • At relevant appointments with service users/patients (e.g., our Trust, GPs) • Social media – organic and paid (if budget) • Websites and newsletters • Local media • Video • Public newsletters
Voluntary and community sector organisations who support, represent or advocate for older people, carers, and their families	• Direct briefings to organisations • Toolkit for onward cascade and to support promotion. • Consultation events • Via relevant meetings • Local media • Websites and newsletters • Social media • Posters and leaflets • Video • Public newsletters
Staff working in older people’s mental health services (inpatient and community)	• Direct briefings • Internal staff bulletins • Staff intranets • Cascade via leadership team and managers • Posters and leaflets • Direct email • On site display boards

Key NHS partners and stakeholders with a stake/interest in older people's mental health services	• Direct mail out to all Trust members • Direct briefings to organisations • Toolkit for onward cascade and to support promotion. • Consultation events • Via relevant meetings • Local media • Websites and newsletters • Social media • Posters and leaflets • Video • Public newsletters
People identified as future service users	• Third sector networks and assets – the reach of these groups can be found in the place-based delivery plans in the appendix. • Patient groups • Carers groups • Consultation events • Posters and leaflets • Direct with our communities via community representatives • At relevant appointments with service users/patients (e.g., SWYPFT, GPs) • Social media – organic and paid (budget dependant) • Websites and newsletters • Local media • Video • Public newsletters
Under-represented groups / those who are seldom heard	• Third sector networks and assets • Patient groups • Carers groups • Consultation events • Local media – including specialist media outlets. • Communications assets (e.g., posters and leaflets) – adapted to meet accessibility needs
Other patients and the public	• Patient groups • Carers groups • Consultation events • Posters and leaflets • Social media – organic and paid (if budget) • Websites and newsletters • Local media • Video • Public newsletters

10.7 Media protocol

Proactive media planning will cover the public announcement of the consultation, consultation launch, social media, and ongoing media relations.

Reactive media will be managed by the marketing and communications team at our Trust, working with partners in the NHS West and South Yorkshire ICBs, local HCPs, and appropriate stakeholders as required.

Media protocol will include:

- An approvals process for proactive and reactive media. This will include arrangements for handling media enquiries out of hours if required.
- Identified communications leads within our Trust and partner organisations.
- Identified senior management and clinical spokespeople.
- Media briefings planned for appropriate milestones in the consultation timeline.
- Frequently asked questions which will be published on our website, and regularly reviewed as the consultation progresses.
- Media monitoring, including social media.

10.8 Evaluation

The effectiveness of communication and engagement activity will be monitored using the following measures (not an exhaustive list):

- Website data
- Social media data
- Media coverage
- Consultation response rates
- Consultation event attendance rates
- Anecdotal feedback

We will regularly review each of these measures throughout the consultation so we can adapt our communications and involvement approach as required. Where possible, this data will capture equality data and geographic information. This will enable us to target further communications more effectively to the areas and communities we may not have reached.

11 Equality

An Equality Impact Assessment (EIA) has been developed on all the options and this has informed the consultation approach. The consultation will ensure that any gaps in our understanding from previous involvement work are addressed. We will make sure we reach the groups that have been identified in the EIA as being potentially more affected, through their underrepresentation in our services, the factors that influence the experience of mental ill health (?) and dementia and by the other impacts service change may bring.

We understand from the data and insight that support the EIA that there is more likely to be potential impacts on the following groups:

- Black, Asian and minority ethnic communities
- Carers
- Trans people
- Lesbian, Gay and Bisexual people

- Faith groups – particularly Muslim and Sikh people
- Working age adults with dementia
- People with a disability – sensory, physical and learning disability

The consultation activity will specifically target these groups to ensure representative views are collected. Progress on this will be monitored and where there are gaps activity will be designed to address.

The approach to capturing feedback has been designed to be appropriate and accessible, but there are also ways for people to access additional support where there are unaddressed needs.

All respondents to the consultation will be asked to provide equality monitoring data to assess the representativeness of the views gathered during the process. This will include a mid-point review. The mid-point review will highlight any risks in under or over representation and the consultation approach will be refocussed where necessary to ensure feedback is reflective of the groups identified by the EIA as potentially more likely to be impacted.

Following the consultation process the data and insight will be analysed and used to update the EIA.

The EIA will provide an understanding of the potential impact of the options on different groups. The EIA will form part of the process for decision making and its conclusions will influence the outcomes.

12 Resources

There will be a resource and budget implication for the delivery of the consultation, and some may be sought using in house contributions. The overarching list of resources required to deliver this work are set out below:

- Developing a survey – online and paper version – printing
- Consultation materials, including document, summary version, posters and displays – printing.
- Discussion group hosts – cost implications
- Circulation of materials to a range of audiences – partners commitment and time of staff to do this.
- FREEPOST host and costs
- Communication plan – dedicated time to create materials for circulation.
- Analysis of findings and report writing
- Report publication

13 Analysis of data and presentation of findings

Following the consultation all the feedback generated including equality monitoring will be analysed and a report of findings will be developed. The report will be shared initially with the NHS West Yorkshire ICB committees and Overview and Scrutiny Committees (OSC) in Calderdale, Kirklees, and Wakefield. In parallel the report will be used to facilitate a workshop style event where the findings, including equality data will be considered against

each of the proposed options. As part of this approach the EIA will be further updated with any additional considerations and impacts that were raised during the consultation.

In addition, using the consultation plan and report of findings the local NHS West Yorkshire ICB committees will review the consultation process. As the duty to consult sits with the commissioner each local NHS West Yorkshire ICB committee will want to be assured that the approach and process were robust, that the feedback reflects and represents adequately the views of those agreed in the mandate and that there are no gaps in representation that require further work to capture.

Feedback from the local NHS West Yorkshire ICB committees and OSCs will be triangulated with internal conversations and our Trust will use all the feedback to make recommendations to inform a decision on the future of older people's mental health inpatient services.

14 High level timeline for delivery

Process	Action for Equality, Involvement, and communication	Timeline
Prepare for formal consultation process	Preparation and planning for Consultation including a review of engagement and EIA documents and stakeholder mapping	
	Develop a draft consultation plan, including consultation mandate, document and survey which articulates the proposals to be formally consulted on	
	Share draft consultation plan and collateral with the NHS West Yorkshire ICB and NHSE for comment and assurance	
	Following NHS West Yorkshire ICB/NHSE approval share the consultation plan and collateral with the Overview and Scrutiny Committee for any final comments and considerations	
Preparing for launch	Develop collateral required to deliver formal consultation	
Consultation Launch and delivery	Website updated with consultation materials, consultation in the public domain	Considering school holidays and religious festivals – launch (tbc)
	Consultation (12 weeks) – will include clinical support to front conversations with resources to support/ social media and media publicity maintained throughout	12 weeks delivery

Consultation assurance	Mid-point review of reach – approach adjusted if required	6 weeks in consultation
Post consultation	Report of findings on consultation including equality section. EIA updated	4 weeks post consultation
	Report of findings and EIA shared with NHS West Yorkshire ICB and OSC for comment and assurance	6 weeks post consultation
Deliberation	Internal deliberation of the findings from consultation and EIA – including feedback from NHS West Yorkshire ICB and OSC	10 weeks post consultation
Decision	Business case updated for decision.	14 weeks post consultation

The midpoint review took place on Monday 12 February 2024. See appendix 6 for summary of key points and agreed plan.

15 Appendix 1: Overarching delivery plan

Audience	Activity	Pre Consultation		Consultation (mid point review)											
		2 WEEKS BEFORE	1 WEEK BEFORE	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Briefing for all place Leads	facilitator packs, Q&A and script	MS teams meeting													
Consultation documents: locations in each place plan	distribution of requested documents to each ICB place		documents sent direct to ICB place	Documents distributed											
website	SWYPFT website goes live - link on all ICB and place websites		send link and website narrative for upload to ICB comms leads	Day 1 - website goes live											
Healthwatch	send link and website narrative for upload to ICB comms leads			week 1											
Briefing of community assets Calderdale (7) Kirklees (12) and Wakefield (2)	Presentation, materials distributed and sign post to consultation information			week 1											
Community assets deliver - 19 + Wakefield	A range of activities taking place														
Staff directly impacted	letter, consultation document and survey			Day 1											
All SWYPFT Staff	Information on the intranet/ promoted via Headlines, The														
Staff side	Presentation and sign post to consultation information														
staff networks	Presentation and sign post to consultation information														
People currently in older people MH services	Letter, consultation document and survey -			Day 1											
Families, carers and loved ones of people currently in	Letter, consultation document and survey			Day 1											
Governors	Presentation and sign post to consultation information														
Members council – all members on database	Letter/ email and sign post to website				Week 2										
Local Councillors and MPS	Letter and sign post to information			week 1											
Health and social care leaders	Letter and sign post to information			week 1											
Digital meetings															
Public Meetings x 6 (ideally week 2-3 or could be week 3-4)	panel, presentation, Q&A		Briefing		3 x meetings	3 x meetings	3 x meetings	3 x meetings							
Information stands	roller banner stands in all SWYPFT hospital entrances,			Day 1											
Road shows Calderdale (4) Kirklees (7) and Wakefield (7) town centre and supermarkets	stands in various public locations	schedule in place	facilitator Briefing												
Stakeholder meetings (24) - Calderdale (11) Kirklees (7) and Wakefield (8)	Presentation and sign post to consultation information	schedule in place	facilitator Briefing												
News article	article in local newspapers to promote consultation and public meetings, sign post			week 1	week 2										
local radio					week 2								week 10		

16 Appendix 2: SWYPFT delivery plan

Audience	Activity	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Staff directly impacted	Direct mail One to one	DAY 1											
Staff	Consultation document Online tools	DAY 1	PROMOTE WEEKLY IN HEADLINES AND THE VIEW										
Staff side	Presentation												
People in our services	Consultation documents and survey – all formats	DAY 1					PUSH						
	Healthcare comms – tablets												
	Chatpad												
	Creative activities												
Families, carers and loved ones	Letter to named contact. Consultation documents and survey – all formats	DAY 1											
Governors	Focus group? Presentation												
Members council – all members on database	Via Website												
BAME staff network	Presentation Intranet												
Disability staff network	Presentation Intranet												
LGBTQ+ staff network	Presentation Intranet												
Carers staff network	Presentation Intranet												
Volunteers	Volunteer newsletter Website												
Befriending service	Volunteer newsletter Website												
Spirit in mind	Pastoral newsletter Website												
Creative Minds	Artwork submission												
Wakefield mental health Alliance and partners Healthwatch Wakefield Nova Wakefield VCS organisations Wakefield PCN's Local councillors	Email details of the consultation and promote response options												
Kirklees mental health partnership board Healthwatch Kirklees Third sector leaders VCS organisations Kirklees PCN's Local councillors	Email details of the consultation and promote response options												
Calderdale mental health partnership board Healthwatch Calderdale VAC VCS organisations Calderdale PCN's Local councillors	Email details of the consultation and promote response options												
South Yorkshire ICS ICS Barnsley Barnsley Local Authority Barnsley PCN	Letter to chair/CEO with opportunity to provide a written response												
MPs – Calderdale, Kirklees, and Wakefield	Letter to MP with details of the consultation and an opportunity to provide a written response												

17 Appendix 3: Place based delivery plan

	Calderdale Key contacts: ICB – wyicb-cal.comms@nhs.net CIEEC partners – ICB Jill Dufton (jill.dufton1@nhs.net) Healthwatch - Karen Huntley (karen.huntley@healthwatchcalderdale.co.uk) Calderdale Council - TBC VCSI / VAC – Emma Worsley (emma.worsley@cvac.org.uk) VAC ECs – Tamsin Woodhead (Tamsin.Woodhead@cvac.org.uk) Community Pharmacy WY - Alison Hemsworth (alison@cpwy.org)	Kirklees Key contacts: ICB Comms – wyicb-kirk.comms@nhs.net ICB engagement – wyicb-kirk.engagement@nhs.net LA – Ambreen Mirza – ambreen.mirza@kirklees.gov.uk Healthwatch – helen.barlow@healthwatchkirklees.co.uk Third Sector Leaders – comms@tslkirklees.org.uk VAC - Tamsin Woodhead - Tamsin.Woodhead@cvac.org.uk Community Pharmacy WY (Alison Hemsworth – alison@cpwy.org)	Wakefield Key contacts: ICB – wyicb-wak.communications@nhs.net CIE partners – ICB Dáša Farmer / Claire Vodden (dasa.farmer1@nhs.net / clairevodden@nhs.net) Healthwatch – Gary Jevon (gary.jevon@healthwatchwakefield.co.uk) Wakefield Council – Charlotte Parker charlotteparker@wakefield.gov.uk; Emma Samardzija – esamardzija@wakefield.gov.uk Ebony Ellis ebonyellis@wakefield.gov.uk NOVA – Scott Copeland Community Pharmacy WY - Alison Hemsworth (alison@cpwy.org)
Activity	Action	Action	Action
Commissioning of community outreach and briefing assets. Assets will be briefed no later than day 3 and will use peer to peer approaches to help communities respond to the consultation.	- Calderdale Forum 50plus - Age UK Calderdale and Kirklees - ACE (Advancement of Community Empowerment CIC) - Healthy Minds - Mums on a Mission - Stainland & District Parish Council - Our Place & Girlguiding Elland	- Simba's Friends - Kumon Y'all - Thornton Lodge Action Group - IMWS / MEDO / Al-Ehsan trust - Jamaica National Council Huddersfield - Ravensthorpe Community Centre - Ready Steady Active - Shaping Care in Kirklees CIC - Moldgreen United Reform Church - ACE (Advancement of Community Empowerment CIC) - JJ Heartisan (One Good Turn) - Locorum Care	TBC from the following: All Saints Community TA - The Well Castleford Heritage Trust Eastmoor Community Project Limited/ St Swithun Ferrybridge Community centre Association Five Towns Christian Fellowship Havercroft and Ryhill Community Learning NEXT Generation Red Roof Centre Rycroft Leisure St Catherines Church centre St Georges' Lupset St Mary's Chequerfield Community Project Bless Community Services Memory Action Group Carers Wakefield Wrenthorpe Assist 5 Towns Veterans Support Hub CIC (Alan) Gasped Friends of Featherstone Community Age UK
Distribution of consultation documents/ summary, full and posters	Place based distribution to: - Calderdale Councillors – briefing to all councillors so they can have conversations with residents in their wards. - GP practices (21 practices) each to receive 2 posters and 5 summary documents or 10 leaflets depending on what the comms pack contains. GP practices to receive a briefing document on what is expected, how to contact for more copies and/or support – this to be shared with all venues / distribution channels. - Community anchors - PCNs - Engagement Champions – summary documents, easy read, other formats sent to VAC. - Community centres - posters and summary documents - Westgate House – local authority - Libraries – via Council	Place based distribution to: - LA including communities' team/Social Prescribing - CVS - Third Sector Leaders - PRG Network - HCP C&E Network - Your health, your say - Kirklees Councillors – briefing to all councillors so they can have conversations with residents in their wards. - GP practices including Health centres – Batley, Dewsbury, Heckmondwike, and Liversedge – (64 practices) each to receive 2 posters and 5 summary documents or 10 leaflets depending on what the comms pack contains. GP practices to receive a briefing document on what is expected, how to involve their PRGs, who to	Place based distribution to: - PPG Network - HCP CIE group - ICB engagement database - Peer Leaders, Social Care Citizen Panel, Covid Community Champions - People Panel - Wakefield Councillors – briefing to all councillors so they can have conversations with residents in their wards. - GP practices (36 practices) each to receive 2 posters and 5 summary documents or 10 leaflets depending on what the comms pack contains. GP practices to receive a briefing document on what is expected, how to involve their PRGs, who to contact for more copies and/or support – this to be shared with all venues / distribution channels.

	Pharmacies – via Community Pharmacy WY (Alison Hemsworth – alison@cpwy.org)	contact for more copies and/or support. 9 PCNs - Community anchors linked to PCNs. - Community Voices – summary documents, easy read, other formats sent to VAC. - Community centres - posters and summary documents - Norwich Union House	- Connecting Care Hubs - Organisations signed up to outreach activity via NOVA. - Community centres - posters and summary documents - Alzheimer's UK - Age UK
Stakeholder meetings	Presentations to: - Involving People Network (Jill Dufton (jill.dufton1@nhs.net) - Calderdale Collaborative Community Programme Board (3CPB) (Shabana Kausar (shabana.kausar5@nhs.net) - MHLNDND delivery group - Calderdale Health and Wellbeing Board - Ageing Well Board / Sub Group (contact TBC) - Acute and community Geriatricians and older people specialist teams including safeguarding. - PCN clinical directors and GPs and other primary care/community HCPs with special interest in geriatric medicine/links with care homes - Social care colleagues and managers with responsibilities for older people's services (Contact TBC) - VCSE assembly - Chief Officers - Volunteer managers	Presentations to: - PRG Network - Kirklees Mental Health Alliance - Ageing Well Board - Kirklees Health and Well-being Board - Acute and community Geriatricians and older people specialist teams including safeguarding. - PCN clinical directors and GPs and other primary care/community HCPs with special interest in geriatric medicine/links with care homes - Social care colleagues and managers with responsibilities for older people's services	Presentations to: - PPG Network - Wakefield Mental Health Alliance including - Stakeholder Forum - Dementia Steering Group - Wakefield Health and Wellbeing Board - Acute and community Geriatricians and older people specialist teams including safeguarding. - PCN clinical directors and GPs and other primary care/community HCPs with special interest in geriatric medicine/links with care homes. - Social care colleagues and managers with responsibilities for older people's services.
	Roadshow stands (suggested locations) tbc - Supermarkets (Asda – Thurn Hall, Morrisons - Cousin Lane) - Shopping centres (Woolshops, outside M&S) - Maurice Jagger Centre	Roadshow stands (suggested locations) tbc - Supermarkets - Shopping centres	Roadshow stands (suggested locations) tbc - Supermarkets - Shopping centres – The Ridings, especially linked to organised events e.g. AgeUK WD and Silver Sunday
Public meetings	There will be 2 public meetings in Calderdale: - Halifax town Centre - Hebden Bridge	There will be 2 public meetings in Kirklees: - Huddersfield town centre - Dewsbury/Batley	There will be 2 public meetings in Wakefield: - Wakefield town centre - Hemsworth

18 Appendix 4: public meeting plan

Older People Transformation consultation – Public meeting plan

The working assumption is that prior to this event a briefing has taken place in the form of a meeting and event pack with all staff in attendance which includes executive leads, clinical leads, and key stakeholders. The briefing pack will consist of:

- Consultation document and survey
- Script of key messages
- Q&A document
- Data capture form – to capture any questions and feedback.
- Public meeting plan.
- Layout of the venue and who is in the room.
- Customer service information leaflet
- Membership information – if people express a desire to become involved with the Trust

1. Purpose of the plan

The purpose of the plan is to provide information on the public meeting format for the older people transformation, including:

- The purpose of the public meeting
- Set up and pack up.
- The layout of the building – planned use of spaces.
- List of programme leads and facilitators required.
- Presentation and consultation material.

2. Purpose of the public meeting

The purpose of the public meeting is to provide an opportunity **for people, including staff, members of the public and key stakeholders to drop in and get information** on the proposed options so they can respond. The purpose of the meeting is as follows:

- To have a visible presence in our communities to discuss the proposals supported by a range of clinical staff and system leads.
- Provide a local space for people to get information on the options.
- To support people to respond to the consultation.
- To listen to any concerns or queries and log them or sign post as needed to customer services.
- To capture any questions, not necessarily respond to all but to update the Q&A
- To respond to any questions in line with the business case, which will be supported by a core script.

The focus of the public meeting is to support our gunning and brown principles by ensuring people get the information they need in the required format so they can provide an informed response to the consultation.

The meeting will be central to our local communities and will run as a drop in. This means people can come at any time during the public meeting. Discussions with key members of the workforce will be crucial to ensure that people can get clarity on the proposals and ask questions. The **suggested timings of public meetings will be 2-7pm** – but time either side will be required to help set up and pack up. The venues have been suggested by our place leads and all will be fully accessible, risk assessed and have the space required to fulfil the venue plan (see section 5). The suggested venues are 2 in each location, and they are:

2.1 Calderdale central – one meeting in either:

Halifax Town Hall (preference)

Shay stadium.

To note, the following venues are not available on our date options:

Elim church, Halifax

Kings Centre, Halifax

Maurice jagger centre, Halifax

Hopwood Lane community centre

2.2 Calderdale upper valley – one meeting in either:

Hebden Bridge Town Hall (preference)
Todmorden town hall

2.3 Kirklees (Greater Huddersfield)– one meeting in:

Brian Jackson House

To note, the following venues are not available on our date options:

Hudawi centre

Huddersfield Town Hall

2.4 Kirklees (North Kirklees) one meeting in either:

Dewsbury Town Hall (preference)

Batley Town Hall

Al-Hikmah Centre-Batley

2.5 Wakefield – one meeting in either:

Wakefield Town Hall (preference)

Brook house working men's club.

St Swithuns centre

2.6 Wakefield – one meeting in:

Hemsworth community centre

Provisional dates and venues (table below shows booking times to include set up and packing up:

No	Date	Venue	Locality
Week 2			
1	Tuesday 16 January 2024 12:00 -20:00	Wakefield Town Hall	Wakefield Central

2	Wednesday 17 January 2024 12:00 - 20:00	Halifax Town Hall (Calderdale)	Calderdale Central
3	Thursday 18 January 2024 12:00 - 20:00	Brian Jackson House	Kirklees (Greater Huddersfield)

Week 3			
1	Tuesday 23 January 2024 12:00 -20:00	Hemsworth community centre (Wakefield)	Wakefield wide
2	Wednesday 24 January 2024 12:00 - 20:00	Dewsbury Town Hall	North Kirklees
3	Thursday 25 January 2024 12:00 - 20:00	Hebden Bridge Hall	Calderdale upper valley

2.7 Promoting public meetings.

Public meetings will be promoted through the following channels:

- Internal communication channels for workforce and people who use services.
- Trust website
- Trust social media accounts
- Stakeholder websites and social media accounts
- Local media
- Direct email / mail

- Public events – face to face and virtual
- Public newsletters
- Cascade via partner and stakeholder networks / channels – including key stakeholder organisations working in the voluntary and community sector.

We will work with colleagues and named leads within our partner organisations to ensure delivery to our key target audiences. Some key target audiences and delivery methods are outlined below:

3. Communication and information required to deliver a public meeting.

The communications collateral required for public meetings is set out below these materials will be managed centrally by SWYPFT to ensure the event is accessible and inclusive for all. Staff attending will already have been briefed and will receive a facilitator pack. The Q&A part of this pack will be updated following each public meeting and this will be refreshed in facilitator packs periodically. The information and communication materials required on the day will be:

3.1 To deliver the event:

- Facilitator pack (spare packs) – updated Q&A.
- Signing in sheet – log of attendance.
- Evaluation – emoji sign in and out approach.
- Display boards on – case for change, our estates finances and workforce, clinical model, travel, transport, parking, and sustainability.
- The case for change film and equipment – projector, speakers, and screen.
- A range of seating – high and low.
- A feedback board – post it notes available.

- Light refreshments – tea, coffee, soft drinks, biscuits etc... (no single use plastic please).
- Box to collect completed surveys.
- Portable loop system.
- Extension cables and hazard tape
- Staff name badges/ names displayed on tables.
- Who is in the room welcome board.

3.2 For public attending the event:

- Tablet to complete surveys x 2
- QR codes around the room – links to survey via android phone.
- Full consultation document.
- Summary consultation document.
- Easy read documents
- Range of word version full and summary - large print, black on yellow and black on pink, braille.
- Paper surveys – including easy read, large print, black on yellow and black on pink, braille.
- Other resources: customer services, membership, being a volunteer and connecting people leaflets.
- Pens and pencils.
- Interpreters on request.

4. Facilitators, support staff and roles

4.1 Resourcing each meeting.

Organisation	Senior leadership	CEE leads	Support
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SWYPFT	TBC but likely to include 1 to 2 SWYPTF EMT members and/or NED's	Dawn Pearson Zahida Mallard Heather McKnight Kamal Wrathall	A mix of programme team support, operational and clinical support and other key programme board members.
Calderdale	TBC – at least one senior leader from NHS West Yorkshire ICB	Jill Dufton Amiee Haggas	Healthwatch - Karen Huntley (karen.huntley@healthwatchcalderdale.co.uk) Calderdale Council - TBC VCSI / VAC – Emma Worsley (emma.worsley@cvac.org.uk) VAC ECs – Tamsin Woodhead (Tamsin.Woodhead@cvac.org.uk) Community Pharmacy WY - Alison Hemsworth (alison@cpwy.org)
Kirklees	TBC – at least one senior leader from NHS West Yorkshire ICB	Kirsty Wayman Zubair Mayet Siobhan Jones	LA – Ambreen Mirza – ambreen.mirza@kirklees.gov.uk Healthwatch – helen.barlow@healthwatchkirklees.co.uk Third Sector Leaders – comms@tslkirklees.org.uk VAC - Tamsin Woodhead - Tamsin.Woodhead@cvac.org.uk Community Pharmacy WY (Alison Hemsworth – alison@cpwy.org)
Wakefield	TBC – at least one senior leader from NHS West Yorkshire ICB	Dasa Farmer Claire Vodden Helen Haythorne	Healthwatch – Gary Jevon (gary.jevon@healthwatchwakefield.co.uk) Wakefield Council – Charlotte Parker charlotteparker@wakefield.gov.uk; Emma

			Samardzija – esamardzija@wakefield.gov.uk Ebony Ellis ebonyellis@wakefield.gov.uk NOVA – TBC following meeting with SWYPFT Community Pharmacy WY - Alison Hemsworth (alison@cpwy.org)
Other		Karen Coleman Colin Hurst	

4.2 Welcome and support staff

Welcome and support staff will be responsible for ensuring the following:

- People are signed in and navigated to each part of the meeting.
- People are aware of fire/ evacuation procedure.
- People get the information they require.
- People have support to complete the survey – using the available resources.

4.3 Facilitators

Facilitators will host a table or display and they will talk to people about the area they are presenting. The facilitator will also navigate to colleagues in the room and note down any helpful information to support Q&As.

4.4 Specialist support

Specialist staff will include:

- Digital or IMT support

- Communication – management of press enquiries

5. Venue plan and layout:

Key requirements:

- fully accessible,
- risk assessed
- have the space required to fulfil requirements

See generic venue plan and layout below which will be adapted for each event based on site specific layout.

Draft Generic Floor plan (depending on windows and doors layout)

OPS public consultation meetings for 16, 17, 18, 23, 24 and 25 January

Tables/networking space

1. Clinical
2. Executive Directors / Non-Executive Directors
3. Programme team
4. Staff side
5. Estates
6. Facilitator
7. Special support
8. Marshall
9. Support Staff – IT

Plus:

The OPS team will be showing a video presentation on the consultation.

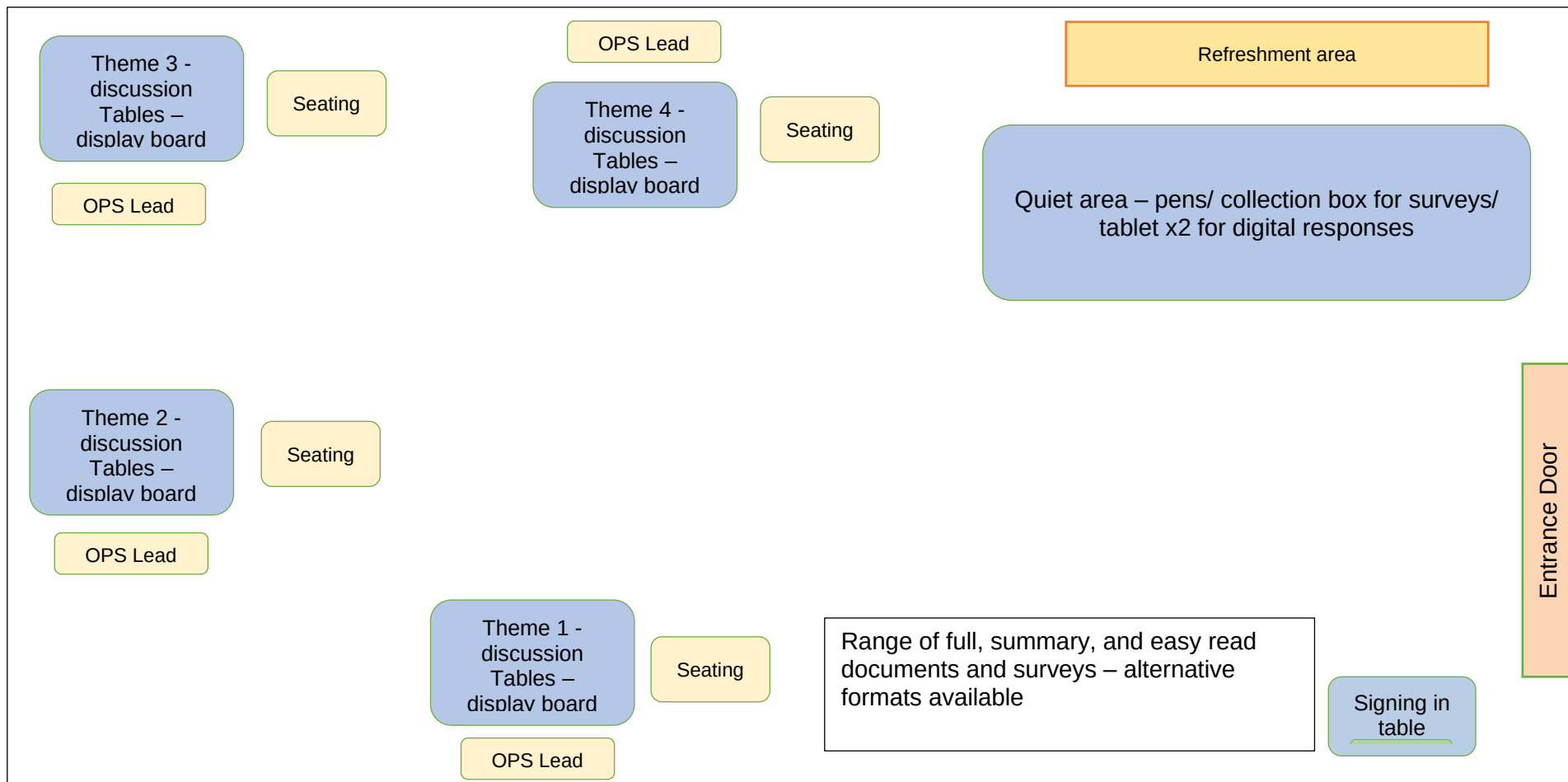
Schedule

1200 noon	Room set up
1300	Facilitator briefing
1345 – 1400	Facilitators needed
1400 -1900	Public access
1400-1900	Refreshment available
1900- 2000	Close down and leave venue

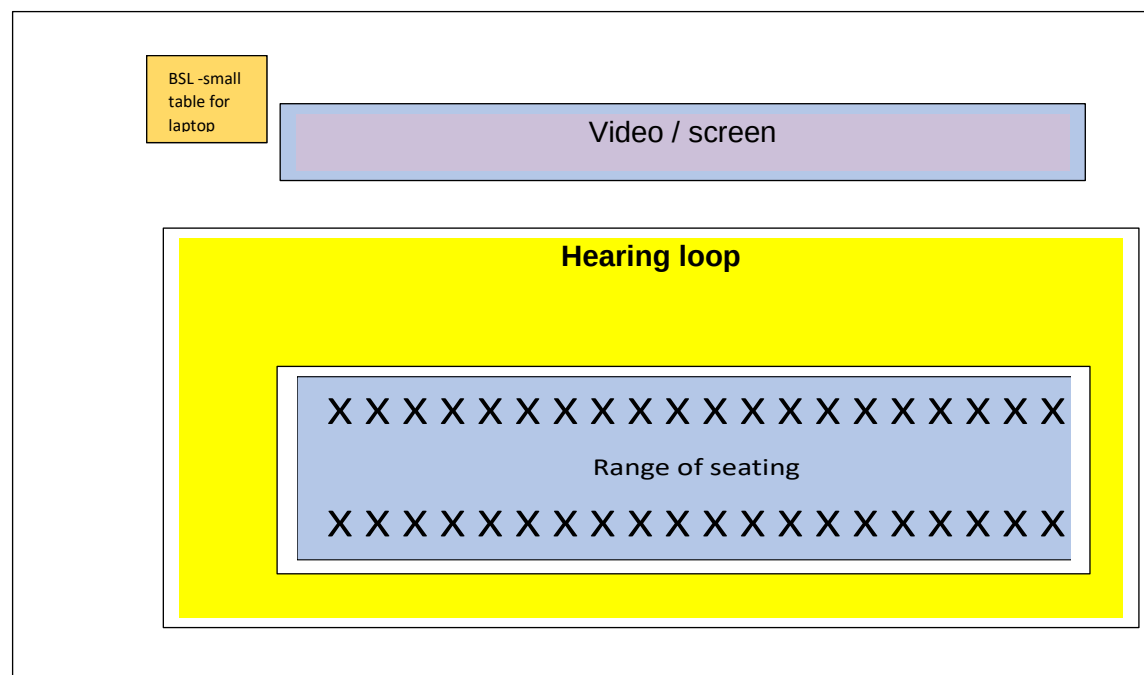
The video and presentation will be set up by the venue.

A portable hearing loop will be in the video room and we will also have two BSL interpreters in the at each meeting (subject to availability).

Room layout example



Video room



19 Appendix 5: Advocacy plan

Proposal to utilise advocacy service skills to support the involvement of inpatients in the Older People Services inpatient consultation.

South West Yorkshire Partnership Foundation Trust (SWYPFT)

1. Purpose of the proposal

To identify if the Trust can utilise advocacy services to support inpatient involvement in a formal consultation. The proposal sets out:

- The background to the consultation
- The scope of the work
- Indicative timescales

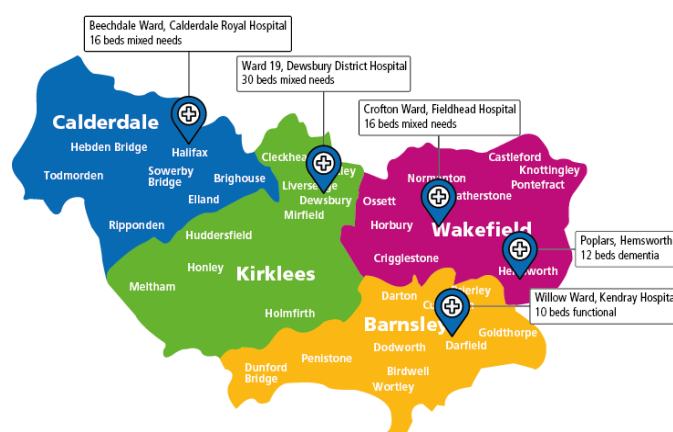
The proposal aim is to engage advocacy services in the approach and identify if they can support this work and identify any additional costs that may be associated with delivery.

2. Background

South West Yorkshire Partnership NHS Foundation Trust and the Calderdale, Kirklees and Wakefield Health and Care Partnerships have been working together to review how we improve mental health care for older people in our inpatient wards. There is a need to better support the small proportion of people who are acutely unwell, who present with complex needs and co-morbidities, and therefore require admission to an inpatient ward. The Trust has five older people's mental health wards. These are:

- Halifax at Calderdale Royal Hospital (mixed functional and dementia patients, 16 beds)
- Priestley Unit in Dewsbury, located in Dewsbury and District Hospital (mixed functional and dementia patients, 30 beds; 15 male beds and 15 female beds)
- Two wards in the Wakefield district – one on the Fieldhead Hospital site (mixed functional and dementia patients, 16 beds) and one at The Poplars in Hemsworth (dementia patients, 12 beds).

In South Yorkshire, the Trust has a ward for people with functional mental health needs (10 beds) at Kendray Hospital in Barnsley. This ward will not be in scope. A map of where all our services are located is set out below (please note that mixed functional and dementia wards are referred to as 'mixed needs'):



Map of locations of older people's mental health inpatient services within the South West Yorkshire Partnership NHS Foundation Trust footprint

3. Scope

We know that the involvement of older people with dementia and functional mental health requires specialist input and that our independent advocacy teams work closely with our inpatients to provide much needed independent support.

As service reconfiguration may have an impact on our workforce we will be inviting staff to respond to the consultation. This means that we need to maintain a level of independent support for those inpatients so they can respond without relying on Trust staff.

Families, carers, loved ones and relatives will be contacted directly on day one of the consultation. A letter will be sent to the home address or email of an identified person for each inpatient, sign posting them to information and resources so that they can also provide a response.

The scope of the project would be:

- To **act as an independent** who could ensure that the Trust has demonstrated a desire to capture the views of inpatients in a way that is appropriate, accessible, and inclusive as part of formal consultation.
- To **support inpatients to respond to the consultation** by providing information and/ or communicating in a way that meets the needs of that inpatient. Ensuring that all inpatients have been approached and included, and capacity to be involved assessed.
- To **capture the voice and views of those inpatients using the consultation survey or an alternative structure** that simplifies the consultation questions. For example:
 - Asking if a person understood the information.
 - Asking if they had any views.
 - Asking if they had any concerns.
- **For anyone that can't complete a survey please document their response anonymously** in the form of a report – one report per ward and if possible split by views relating to gender or other diverse characteristic that would help us understand the impact for different protected groups.
- **Provide an independent and written response to the consultation** on behalf of the inpatients and using professional judgement to help the Trust understand any impacts or feedback that would help inform a decision.

4. Project timeline

The time scale for delivering formal consultation is not yet agreed but we anticipate that it could be as early as December 2023 or as late as early to mid-January 2024. We will have more information early November. The **consultation will be 12 weeks** from this start date. The timescales to note would be:

- The timeline for delivering consultation conversations will be within this 12-week window.
- A report would have to be with us on the last day of consultation to be included as a response.
- We will produce a report of findings from consultation no more than 4 weeks following the end date and the report from advocacy will be analysed along with other responses, and the report will be added in the main body of the report or as an appendix. This report will be published so all findings will be publicly available at least 3 months after formal consultation.

- Feedback on the outcome of consultation could be up to 6 months after and we will ensure that advocacy services receive a briefing that they can share back with inpatients.

5. Next steps

For advocacy services to consider the proposal and provide any feedback on the approach by Friday 20th October. Could you advise on the following:

- If you can support the approach – if yes we will set up a briefing at least one week before consultation.
- If there any additional costs associated with delivering the approach.
- Any additional resources you may require to support you.

Your help to involve our patients would be crucial to ensure their voice is heard, we very much hope you can support us, thank you.

20 Appendix 6: Summary of key points and plan following midpoint review

Key points:

- Feedback on limited communication/publicity, information available on the consultation process and the survey/questionnaire.
- Effectiveness of delivery of information – Joint Committee to discuss further. Assurance needed that materials are disseminated appropriately.
- Definition of 'skipped' on the survey. Clarified.
- Metric/value for responses not set – more an emphasis on good quality responses reflective of the community.
- Transport and travel is a major consideration. Task and finish group to be established and use lobby groups.
- More evidence of meeting people where they 'are at' and deliver a simple presentation.
- What is the feedback looking like so far? Noted feedback from people working in the Trust, less so Council and community responses. Work is underway targeting community groups and also target work with social care workforce.
- Good engagement at events – positive feedback on how the events held and opportunity to provide clarity.
- Targeted work underway to engage with different faiths
- Student nurse feedback – information on the consultation came from tutors at university
- Carers (predominantly dementia) – cornerstone of work done and valuable feedback given.
- Paper surveys available at events and advocacy to support completing the surveys.
- Number of beds available – assurance given at events and in discussion.
- Everyone to complete the online survey and share with others.

Summary from the Chair:

- Huge amount of work already done and mostly on track
- Assurance on effective communications required
- Further consideration of accessibility and range of communications needed
- Transport and location of services needs a focus
- Broaden scope of consultation – who else to target, look at areas of under representation.
- Closer liaison with councillors to facilitate communication and roll out

Agreed actions:

Action	Owner
Check where leaflets have been distributed – are they visible? Is the consultation visible to the population and how we can increase it?	Programme Board
Briefing to Joint Committee to include effectiveness of delivery of information and that information circulated is being displayed – assurance needed.	Comms, Engagement and Equality Leads
Develop a detailed plan that will update the existing consultation plan which will be available on the website.	Programme Team
Targeted communications with local authority and other key stakeholders such as Healthwatch / VCSE to ensure visibility and reach.	Comms, Engagement and Equality Leads
Establish a travel and transport working group.	Programme Team
Support the visibility of the consultation, identify places with gaps / groups we can talk to.	All

Actions to address gaps in responses:

Group	Activity in place	Recommendation	Any Further Actions
Someone living with dementia	Advocacy teams on each of our wards	Advocacy - approximately 30 contacts. Dementia groups and care homes in community.	Message to community teams to promote supporting approach for people in community mental health teams.

Social care workers	Promotion of consultation through partners	Pro-active comms	Partner digital meeting, Kirklees SWYPFT/LA meeting.
Voluntary and community sector	Engagement champions and community voices, VAC, Nova and Third Sector leaders briefed and supporting the consultation	Not viewed as a risk – confident of at least 700 responses	Kirklees focus required limited number of organisations have signed up. To review reach in Calderdale and Wakefield too.
People who identify as single	No specific activity	Monitor – expected to achieve	

Group	Activity in place	Recommendation	Any Further Actions
Males	No specific activity	Target men's mental health groups	For example, contact Andy's Man Club and Men's Sheds.
Age – 80+	Age Concern and Age UK	Care homes, day centres	Make contact with partners in LAs that oversee care homes.
Asian/ Asian British and mixed ethnicity	Engagement champions and community voices – voluntary and community sector (VCS) groups targeting these communities	Monitor – expected to achieve	
Disability – learning disability and sight loss		Targeted work to reach people with a learning disability and Blind and partially sighted groups	

Group	Activity in place	Recommendation	Any Further Actions
Calderdale	Engagement champions and community voices – VCS groups targeting these communities	Monitor – expected to achieve	
Heterosexual	No specific activity	Monitor – expected to achieve	
Faith	Engagement champions and community voices – VCS groups targeting these communities	Target places of faith	Huddersfield Sikh temple – 3 Mar VCSE targeting faith groups – to monitor.

Further Events and online meetings:

Roadshows planned for:

- Tuesday 27 February, Halifax Borough Market. 10.00 – 13.00
- Wednesday 28 February, Cleckheaton Market, 10.00 – 13.00
- Friday 1 March, Pontefract Hospital, 10.00- 12.30
- Monday 4 March, Huddersfield Royal Infirmary, 9.00 – 11.30
- Tuesday 5 March, Normanton Market, 10.00 – 13.00
- Wednesday 6 March, Calderdale Royal Hospital, 13.00 – 15.30
- Thursday 7 March, Todmorden Market, 10.00 – 13.00
- Tuesday 12 March, Pinderfields Hospital, 10.00 – 12.30
- Wednesday 13 March, Pontefract Market, 10.00 – 13.00
- Tuesday 19 March, Dewsbury and District Hospital, 10.00 – 12.30

Further online meeting:

Monday 11 March, 14.00 – 15.00