

## Redesign of Inpatient Services: East Sussex - RIS:ES

### Communication and Engagement Delivery Plan - May 2021

#### 1. Introduction

This plan describes how we will communicate and engage with the public and our stakeholders during the twelve weeks of formal consultation process regarding the relocation of the Department of Psychology currently on site at Eastbourne District General Hospital (DGH). The plan has been informed by our pre-consultation engagement work, which included attending virtual meetings, organising workshops, undertaking in-depth interviews and a survey.

The plan includes communications and engagement that may be required with staff.

#### 2. Background and context

East Sussex Clinical Commissioning Group (ESCCG) in collaboration with Sussex Partnership NHS Foundation Trust (SPFT) is proposing to relocate the acute adult mental health services provided at the Department of Psychiatry (DoP), currently on the site of the Eastbourne District General Hospital, to a new site either in Hailsham or Bexhill.

As well as the need to relocate, there is a national requirement to replace dormitory accommodation, which currently comprises 40 beds in multi-bed rooms in the Department of Psychiatry (as part of an overall complement of 54 beds), with 54 single ensuite bedrooms (18 beds for Working Age Males, 18 beds for Working Age Females and 18 beds for Older Adults) and this change is expected to:

- enhance the safety, privacy and dignity of patients
- improve the individual care that can be given to patients
- enable a reduced length of patient stay in a facility
- improve patient safety, including better infection control
- reduce the risk of incidents involving patients or staff; and
- provide a better environment for patients and staff to support improved outcomes

Improved inpatient accommodation with ensuite single bed rooms configured optimally to enable unobtrusive patient supervision and with provision of improved indoor and outdoor therapeutic spaces will play its part in supporting delivery of the Trust's Clinical Model. It will maximise the positive impact of inpatient stays as part of a holistic service with a single pathway to community and inpatient services.

The potential re-provision of the DoP on to a new site forms the first step in a longer-term vision. The vision is for new state-of-the-art facilities in East Sussex to cover all inpatient services which could be provided on a single campus sufficient to service all of the mental health inpatient needs of the people of East Sussex, now and in the future.

To support the public consultation process, an independent organisation, Opinion Research Services (ORS) have been commissioned to provide additional capacity for consultation activity and be a critical friend when reviewing key documents and communications. They have a wealth of experience in supporting and delivering public consultations. Once the consultation comes to a close they will undertake the analysis and provide an in-depth report with the findings.

### 3. Governance

To provide a communications and involvement governance framework to support the wider activity undertaken by the Programme Board, a **Communications and Involvement Oversight Group** has been established and meets monthly.

Membership includes:

- Communications representatives from both Sussex Partnership and ESCCG
- People participation representatives from both Sussex Partnership and ESCCG
- Sussex Partnership's Workforce, Diversity and Inclusion Lead
- Healthwatch East Sussex
- Communications and engagement representatives from East Sussex County Council

**An Assurance Group** has also been established - which includes service user, carer and staff representatives, Experts by Experience and Healthwatch. This Group will act as a 'critical friend' throughout the development of the Programme to make sure it fulfils the key co-production priority we have set ourselves.

In addition, a **small advisory sub-group of Sussex Partnership Governors** has formed. This group will provide advice, support and challenge throughout the length of the programme. The group consists of five Governors who will also be asked to report on the RIS:ES Programme at any relevant Governors' meetings.

#### 4. Key principles

In undertaking communications and engagement around our formal consultation we will adopt a transparent, best practice approach based on a number of key principles:

- Building on our wide range of previous engagement with local people and describing our journey, the purpose of our review and our intent to consult;
- Sharing information about current of mental health inpatient bed services and acknowledging the importance of service user feedback and insight to further inform our options;
- 'Strength-testing' all aspects of our thinking, planning and approach;
- Incorporating the findings from our Equalities/Health Inequalities Impact Assessment (EHIA) to help us identify the groups and communities we should target for our communications and engagement work;
- Embed participation and collaboration into the work of the programme from the outset to final implementation of any agreed proposals;
- Utilising our stakeholder mapping to ensure that we engage with all groups and partners with an interest in our plans including local councillors and MPs;
- Approaching our conversations with transparency in relation to our financial challenge and our need to balance the sustainability of inpatient mental health services while offering high quality care, at the right time and place for service users;
- A 'you said, we did' approach will be taken when routinely feeding back to those who have shared their views and where necessary, provide reasons why we did not take on board particular responses.

#### 5. Consulting during COVID-19

Currently in line with national guidance and roadmap out of the COVID-19 pandemic, a lot of the consultation activity is planned to take place face to face. These activities are subject to change and contingencies are being put in place to respond to any change in national or local direction of travel. Key learning has been transferred from previous consultations that were live during the pandemic to ensure that there is maximum reach and opportunity for the public to get involved.

## 6. High level timeline

Organisation	Activity	Date
NHS England Stage Two Assurance	Sign off	27 <sup>th</sup> April 2021
East Sussex CCG Governing Body	Presentation of reviewed consultation plans and proposal for endorsement of proposal to go out to consultation	09 <sup>th</sup> June
HOSC	Presentation of consultation plans	10 <sup>th</sup> June
	<b>Consultation begins</b>	14 <sup>th</sup> June
East Sussex Communications and Engagement Steering Group	Communications and Engagement – discuss and share progress with communications and engagement partners in Healthwatch, East Sussex Healthcare Trust and East Sussex County Council	24 <sup>th</sup> June with two further updates midway and two weeks before end date
East Sussex CCG Governing Body	Communications and engagement – Update re. consultation progress	TBC
East Sussex HOSC Review Board	Communications and engagement – Update re. consultation progress	TBC
	<b>Consultation ends</b>	6 <sup>th</sup> September
Independent third party	Collation and analysis of feedback – Opinion Research Services (ORS) report prepared and submitted to the CCG	7 <sup>th</sup> September- 8 <sup>th</sup> October
RIS:ES programme team	Final decision-making business case produced	11 <sup>th</sup> October

<b>NHS England</b>	Final decision-making business case submitted to NHSE for assurance	TBC
<b>East Sussex CCG Governing Body</b>	Final recommendation paper, together with the decision-making business case, taken to the East Sussex CCG Governing Body	1 <sup>st</sup> December
<b>East Sussex HOSC</b>	CCG final decision submitted to HOSC for scrutiny	2 <sup>nd</sup> December
	Post Consultation engagement	December 2021- Febrary 2022

## 7. Stakeholders

Stakeholder mapping has also been undertaken to identify the people, groups, staff and organisations we want to reach through the delivery of this plan.

## 8. Equality and Health Inequality Impact Assessment

We have developed an EHIA to identify, prior to public consultation, population groups that may be disproportionately negatively or positively affected by the proposed re-location and to make appropriate recommendations to mitigate any potential inequity in access to services and to reduce the inequalities in outcomes. It also provides an opportunity to proactively assess the proposals in terms of tackling known health inequalities and promoting equality, diversity and inclusion. Having reviewed the EHIA, there are key equalities groups that will be targeted as part of the consultation process.

<b>Key populations</b>	<b>Planned engagement activity*</b>
BAME - Approximately 8% of patients at the four inpatient units across East Sussex were recorded as BAME. This indicates that people from a BAME background are twice as likely as other groups in East Sussex to be admitted to an inpatient unit. Engagement was lower with these communities in the pre-engagement phase.	<ul style="list-style-type: none"> <li>• Provide communications and the questionnaire in the five most common community languages. Further languages will be available on request</li> <li>• Link in with local faith and cultural groups including the Eastbourne Cultural Inclusion Group</li> <li>• Briefing to Vandu/ Diversity Resource International/ Sussex Interpreting Services to be shared with linguists</li> <li>• Opportunity to arrange telephone interviews (with support from Bilingual Advocates where there are language barriers)</li> </ul>

	<ul style="list-style-type: none"> <li>• Work in partnership with “Friends, Families and Travellers” (national charity working on behalf of all Gypsies, Travellers and Roma) to develop appropriate communications and offer support with accessing involvement activity.</li> </ul>
Religion. There are much higher proportions of other religions than Christianity among patients (9.7%) and staff (23%) than across East Sussex as a whole.	<ul style="list-style-type: none"> <li>• Link in with East Sussex Interfaith forum</li> <li>• Use existing relationships with leaders of places of worship to promote public consultation and ask what communications materials/involvement activities would be appropriate for their congregations and visitors</li> </ul>
Gender re-assignment – currently no data is collected on Transgender inpatients	<p>Liaise with the following organisations to promote public consultation and offer closed focus groups to encourage a safe space to share experiences and feedback on plans:</p> <ul style="list-style-type: none"> <li>• Rainbow Alliance Trans Support Group (HRRAT)</li> <li>• LGBT Switchboard</li> <li>• MindOut (LGBT mental health project)</li> </ul>
People with disabilities or sensory needs	<ul style="list-style-type: none"> <li>• Promote consultation through known forums such as Eastbourne Disability Group and Access Group</li> <li>• Liaise with DeafCOG (local d/Deaf led organisation) to invite d/Deaf people to take part in one-to-one interviews and/or support a virtual focus group with interpretation</li> <li>• Promote the Signlive Video Relay Service to enable direct feedback to CCG Involvement team</li> <li>• Approach Eastbourne Blind Society to promote the consultation through their telephone service and provide dedicated CCG telephone number for people to feedback</li> <li>• Share information and consultation documents with East Sussex Disability Involvement Group</li> </ul>
Other disadvantaged or Inclusion groups- Carers	<ul style="list-style-type: none"> <li>• Work with carers organisations including Care for the Carers and Association of Carers</li> <li>• Continue to utilise networks built up in pre-engagement and offer a range of engagement activities so they have the opportunity to participate around their</li> </ul>

	caring schedule including one-to-one interviews, liaison with representative groups and targeted focus groups
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\*This list is not exhaustive but provides examples of the activities planned to reach marginalised groups

## 8. Supporting information/materials

Supporting information will be published on EngagementHQ (with links in from a page on the CCG and SPFT webpages); an interactive platform that enables people to give their views and feedback on programmes and public consultations. For this public consultation, a project page has been created which holds all important documents, promotes all engagement opportunities and encourages the public to share their views through the use of the official survey, quick polls, sharing stories, a live Q and A section and an ideas area.

<https://yoursaysussexhealthandcare.uk.engagementhq.com>

The CCG's public website has also been updated with the correct documents and promotes the new webpage;

Item	Location/format	Details	Responsible
<b>Consultation document</b>	Available in print and on SPFT/CCG website and EngagementHQ website		Communications lead
<b>Survey</b>	Link on SPFT/CCG website and EngagementHQ website; paper copies provided at engagement events and on request		Involvement Lead
<b>Easy Read Consultation summary document and survey</b>	Available in print and on SPFT/CCG website and EngagementHQ website		Involvement Lead
<b>British Sign Language consultation document and survey</b>	Link on EngagementHQ website		Involvement Lead

<b>Community language translated consultation document and survey</b>	Top ten languages translated	Will be translated further as required	Involvement Lead
<b>Equality and Health Inequality Assessment</b>	On EngagementHQ website		Involvement Lead
<b>Pre Consultation Business Case</b>	On EngagementHQ website		Project team
<b>Frequently Asked Questions</b>	On EngagementHQ website	To be added to during consultation	Comms lead/project lead
<b>Posters</b>	A4 poster, display in Libraries, Council offices, Urgent Treatment Centres, GP practices and local walk in services (sexual health, mental health services)	“Have your say” generic message	Communications lead
<b>Leaflets</b>	A5 leaflet, available in GP practices, UTCs, in any other languages identified as a result of the EHIA and our engagement. Send out with food parcels from foodbanks.	To include dates and details of key engagement opportunities	Involvement Lead

## 9. Draft consultation activity plan for the period June- September 2021

**Note:** some activity subject to change and confirmation of dates

<b>Communications</b>	
<b>Date</b>	<b>Activity</b>
<b>May 2020</b>	<b>Planning</b> Key documents including: EHIA Communications and Involvement delivery plan written and approved



	<p>Consultation document written, approved and printed          Questionnaire written, approved and printed          Accessible formats of Consultation document and questionnaire arranged and ready for launch day          EngagementHQ set up- frequently asked questions, links to Easy Read, community languages and BSL surveys          Posters, flyers and leaflets designed and printed          Press release drafted and approved          Social media planning          MP briefings and letters          Templates for engagement activities (events, roadshow, forums etc.)          Briefings and newsletters for staff</p>
<p><b>14<sup>th</sup> June 2021</b></p>	<p><b>Implementation</b></p> <ul style="list-style-type: none"> <li>• Consultation document and associated supporting documents published on EngagementHQ webpage with link to complete consultation questionnaire on Opinion Research Services webpage</li> <li>• Video launch on all three websites</li> <li>• Materials including the Consultation document and leaflets to be distributed to food banks, libraries, council offices, GP practices, hospitals, community hubs, Citizens Advice Bureau and mental health organisations such as MIND and Southdown Housing Association</li> <li>• Press release issued (including press release in British Sign Language)</li> <li>• Tailored emails to:             <ul style="list-style-type: none"> <li>➢ Key stakeholders (based on stakeholder mapping)</li> <li>➢ East Sussex Patient Participation Group members</li> <li>➢ Community and Voluntary Sector (CVS) organisations</li> <li>➢ Healthwatch East Sussex</li> </ul> </li> <li>• Social media posts</li> <li>• Inclusion in GP Primary Care bulletin</li> <li>• Article in East Sussex Health and Social Care News</li> <li>• Articles in local newsletters</li> </ul>

	<ul style="list-style-type: none"> <li>• Content sharing by key partners (e.g. ESHT, ESCC Social Care, Healthwatch, voluntary and community sector etc.) on social media, public websites, intranets, newsletters, etc.</li> <li>• Local radio/print/online advertising</li> </ul>
14 <sup>th</sup> June – 5 <sup>th</sup> September 2021	<ul style="list-style-type: none"> <li>• Social media posts continue until end of the consultation</li> <li>• Geo targeted social media based on locations, underrepresented groups</li> <li>• Reminder in GP bulletin</li> <li>• Article in East Sussex Health and Social Care News</li> <li>• Articles in local newsletters - ongoing</li> <li>• Content sharing by key partners (e.g. ESHT, ESCC, Healthwatch, voluntary and community sector etc.) on social media, public websites, intranets, newsletters, etc.</li> <li>• Reminder tailored emails to: <ul style="list-style-type: none"> <li>➢ Key stakeholders (based on stakeholder mapping)</li> <li>➢ East Sussex Patient Participation Group members</li> <li>➢ Community and Voluntary Sector (CVS) organisations</li> <li>➢ Healthwatch East Sussex</li> </ul> </li> </ul>
Post Consultation and final report	<ul style="list-style-type: none"> <li>• Tailored emails to: <ul style="list-style-type: none"> <li>➢ Key stakeholders (based on stakeholder mapping)</li> <li>➢ East Sussex Patient Participation Group members</li> <li>➢ Community and Voluntary Sector (CVS) organisations</li> <li>➢ Healthwatch East Sussex</li> <li>➢ RIS:ES public distribution list (gathered throughout the public consultation)</li> </ul> </li> <li>• Article on East Sussex CCG website</li> <li>• Press release which includes highlights from consultation feedback report and a link to the full report</li> <li>• Provide update and copies of the final report at all forums and groups that took part in the consultation</li> </ul>

<b>Engagement Activities</b>	
<b>Membership and provider engagement</b>	

Date (to be added in as confirmed)	Activity	Leading (SPFT/ Public Involvement Team/ ORS)
10.06.21	East Sussex Communications and Engagement Steering Group	SPFT / CCG
TBC	Sussex wide GP webinar/ localities with discussion and Q+A promoting the start of the consultation and how to get involved	Clinical Lead
TBC	Informal huddles on Wards	SPFT
<b>Patient and public involvement</b>		
14.06.21-	<p><b>Roadshow</b></p> <p><b>Shopping Centres:</b></p> <ul style="list-style-type: none"> <li>• Beacon</li> <li>• Priory Meadow</li> <li>• Langney</li> <li>• The Mall Bexhill</li> <li>• Quintins Centre</li> </ul> <p><b>Libraries:</b></p> <ul style="list-style-type: none"> <li>• Eastbourne</li> <li>• Hastings</li> <li>• Battle</li> <li>• Rye</li> <li>• Hailsham</li> <li>• Newhaven</li> <li>• Uckfield</li> </ul> <p><b>Open air markets:</b></p> <ul style="list-style-type: none"> <li>• Eastbourne Borough Market</li> <li>• Eastbourne Seafront Market</li> </ul>	Public Involvement Team

	<b>Pre-existing events (tbc)</b>  Attendance to promote public consultation and carry out socially-distanced questionnaire completion with the public	
	<b>Series of public events (virtual or face to face) for residents:</b> <ul style="list-style-type: none"> <li>• Hailsham (face to face)</li> <li>• Eastbourne (face to face)</li> <li>• Bexhill (face to face- be aware of impact of potential development on community)</li> <li>• Hastings (face to face)</li> <li>• Rother (covered as part of two virtual events)</li> <li>• Uckfield (covered as part of two virtual events)</li> <li>• Newhaven (covered as part of two virtual events)</li> </ul>	SPFT/ Public Involvement Team (face to face)  ORS facilitate virtual events (Q+As)
	Community Voluntary Sector organisations and Forum meetings*- opportunity to discuss consultation and seek views from key voluntary and community sector groups where a face to face or virtual meeting can take place (equalities data)	SPFT/ Public Involvement Team
	PPG meetings- opportunity to discuss consultation and seek views <ul style="list-style-type: none"> <li>• East Sussex PPG Steering Group</li> <li>• PPG forums (Eastbourne Hailsham and Seaford, Hastings and Rother, High Weald, Lewes Havens)</li> </ul>	Public Involvement Team
	Stakeholder workshop(s)- Including statutory stakeholders (Police, SECamb, Social Services etc), those working with vulnerable people (housing associations, CAB, Shelter, ACORN, student support services etc), and specific advocacy and support groups and charities (digital)	ORS with intro from SPFT and CCG attendance
	Meeting/s with inpatients at the SPFT Dept. of Psychiatry (face to face)	Decision pending discussion with leadership team at DoP
	Meeting with SPFT patients discharged and in the community (probably digital)	Decision pending discussion with leadership team at DoP
	Meeting with EbE at the SPFT East Sussex Working Together Group (digital)	SCFT
	Recruited to focus groups (including closed FG for transgender people if there is an appetite)	ORS

	In depth telephone interviews offered to members of the public using dedicated telephone number, with Signlive assigned and interpretation available	SPFT/ Public Involvement Team/ ORS
	Standard telephone support to complete questionnaires	SPFT/ Public Involvement
	Commissioning of and support from Equalities organisations such as those supporting Gypsy, Roma, Traveller	SPFT

\*Including:

- Eastbourne Disability Involvement Group
- Eastbourne Strategic Partnership Board
- Eastbourne Cultural Involvement Group
- Working Together Groups
- I-Rock Youth Advisory Group
- Southdown Community Groups
- East Sussex Interfaith Forum
- East Sussex Seniors Association (ESSA)
- Deaf Cultural Outreach Group
- Care for the Carers forums
- YMCA groups and forums

This list provides a flavour of the types of forums that will be attended. It is not comprehensive and will continue to be added to during the consultation period.

## 10. Monitoring activity

A Communications and Engagement Log will be established that can be added to throughout the public consultation and will inform the final report. ORS will provide a dashboard to enable SPFT and ESCCG to monitor volume and equalities data so further targeted communications and engagement can be planned in if there is a low response from certain equalities groups. ORS will work with SPFT and ESCCG colleagues to design standardised templates for all engagement opportunities so, regardless of who is undertaking the activity, feedback is collected in a methodical way.