

Ward 6

Bishop Auckland Hospital

Consultation and communications plan

Final Version

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Introduction

The three Clinical Commissioning Groups (CCGs) in County Durham (Durham Dales, Easington and Sedgfield CCG and North Durham CCG) and Darlington have been working with County Durham and Darlington NHS Foundation Trust (CDDFT) as part of their commitment to review the provision of services on Ward 6 at Bishop Auckland Hospital (BAH).

These organisations recognise that there is a need for appropriate inpatient care and services provided locally for our patients. The CCGs also seek to ensure that these services provide the best opportunities for individuals to recover from periods of illness or injury, so that they can live the fullest possible lives as independently as possible.

This consultation and communications plan outlines the steps we intend to take to ensure that Darlington CCG (DCCG), Durham Dales, Easington and Sedgfield CCG (DDES CCG) and North Durham CCG (ND CCG) run an appropriate and inclusive public consultation on the proposals regarding the provision of inpatient rehabilitation services within Bishop Auckland Hospital, and more specifically Ward 6.

A consultation summary document which explains the proposals for consultation and includes a questionnaire/ feedback form will be available as part of how the CCGs will obtain local views and feedback.

In addition, the aims of this consultation and communication plan are to;

- Set out the background and context to the current services provided within Ward 6 at Bishop Auckland Hospital (also see pre-consultation business case)
- Provide patients, public and stakeholders with clear information about the rationale behind any proposals being suggested
- Set out the legal framework within which this consultation is undertaken
- Outline the range of methods to be used for consultation and communication

Context

Ward 6 at Bishop Auckland Hospital provides nurse-led step down care with 24 beds, which was initially set up nine years ago for patients (aged 18 years and over) who may be medically fit but were unable to return home immediately.

Unnecessary lengthy stays in a hospital bed are not good for patients; this is due to sleep deprivation, increased risk of falls and fracture and risk of catching healthcare acquired infections. Every day in hospital is a precious day away from home; the “home first” mindset across health and social care systems is more than good practice, it is the right thing to do. When patients are medically well they should be

supported to return to their own home / place of residence.¹ Health and social care professionals want to work together to do everything possible to discharge the patient home, especially older people so they can enjoy their lives in their home environments.

In 2018 local commissioners within County Durham and Darlington procured a new community services contract aimed at ensuring equity of access, care closer to home and offering a seamless transition between acute and community based care. CDDFT have also undergone major transformation in terms of the effective use of their inpatient provision, ensuring that beds are used effectively and efficiently. Ultimately to ensure that those who most need inpatient care are able to access it and to ensure timely discharge into the community to aid recovery.

Policy and Legislation

In the development of this consultation and communications plan, the CCGs in County Durham and Darlington have referenced national guidance setting out their legal duty to involve patients and the public in the planning of service provision. Included below is a summary of the various legislation, guidance and principles relevant to this consultation, such as, the requirements set out in the Health Act 2006 as amended to Health and Social Care Act 2012:

- Section 242, of the Health Act 2006
 - *Places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.*
- Section 244, of the Health Act 2006
 - *Requires NHS bodies to consult relevant OSCs on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to OSCs).*
- Section 14Z2 of The Health and Social Care Act 2012,
Places a duty on CCGs to make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):
 - *in the planning of the commissioning arrangements by the group,*
 - *in the development and consideration or proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them,*

¹ National Service Framework for NHS continuing health care and NHS funded nursing care)
www.gov.uk

- *in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.*

Other specific considerations have related to:

The 'four tests':

The 2014/15 mandate from the Government to NHS England outlines that proposed service changes should be able to demonstrate evidence to meet four tests:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. A clear clinical evidence base
4. Support for proposals from clinical commissioners

NHS England introduced a new test applicable from 1 April 2017. This requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

- I. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- II. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- III. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

The Gunning Principles

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

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.

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 in England and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

Aims and Objectives

The aim of our consultation is to create meaningful engagement with local people and stakeholders to inform them about our proposals for change, actively listen to their feedback, and ensure their feedback impacts the final decision. Our approach to consultation will be responsive and proportionate to those it will affect the most.

To achieve our aim, we will:

- Inform people about our proposals and how they have been developed
- Be clear about who will be affected and how
- Ensure a diverse range of voices are involved, reflecting communities most likely to be affected
- Make sure our methods and approaches are tailored to specific audiences as required.
- Engage with people and stakeholders in multiple ways to enable them to make an informed response to our proposals
- Provide accessible documentation, including easy read and word documents suitable for screen readers.
- Work transparently to show the journey so far and how the final decision will be made
- Ensure compliance with legal requirements (consultation and equalities duties)
- To create a thorough audit trail and evidence base of feedback.
- Listen, respond and adapt our processes and approach throughout our consultation period where required
- Use the information gathered during the Equalities Analysis and pre-consultation to inform our approach.
- Collate, analyse and consider the feedback we receive to make an informed decision.

Our work is guided by the seven best practice principles from The Consultation Institute (<https://www.consultationinstitute.org/about/>) - integrity, visibility, accessibility, confidentiality, full disclosure, fair interpretation and publication.

No decisions about the future provision of services currently delivered from ward 6 will be made prior to the consultation. Our plans are not set in stone and we are consulting on them so that we can get a deeper understanding of the views of local people. The Durham Health Overview and Scrutiny Committee and Darlington Overview and Scrutiny Committee has recommended that the proposals should be consulted on in their role of holding the local health and Care providers / commissioners to account for the population they serve.

It is important to note that a consultation is not a local referendum or vote. The Governing bodies of the three CCGs will carefully consider the views expressed by local people but our legal duty is to consider the quality of the arguments set out, rather than to count numbers for or against our proposals. After the consultation has ended, the Committee in Common will consider its outputs, including all responses and the independent Equalities Analysis, before making a decision on whether to proceed with the proposals.

Scope of the consultation

A focus on rehabilitation

It is increasingly acknowledged that effective rehabilitation delivers better outcomes and improved quality of life and has the potential to reduce health inequalities and make significant cost savings across the health and care system.

A person-centred approach is fundamental to ensure that rehabilitation is as an active and enabling process for each individual. It ensures that support is built around a person's own circumstances and responds to the diversity of needs that will be present. This includes consideration of mental and physical health, and the relationship between these which is critical to planning effective care.

For those who require inpatient based rehabilitation it is important to ensure that care is delivered where possible closer to home and in the most appropriate setting. The health and care system understands that there is a potential need for robust inpatient rehab services however we need to ensure best use of this resource. The bed provision needs to be aligned with the community services model of care with robust criteria for referrals and discharge. Whilst people are in these settings care needs to be planned and managed effectively to ensure people achieve their optimum rehab goals

A review of the current arrangements for inpatient rehabilitation is a key initiative for CDDFT and CCGs to be compliant with national and best practice rehabilitation care.

The increase in the older population creates a demand for services, requiring organisations to focus on managing demand and prevention, therefore a change to the model of rehabilitation care delivered is a priority for CDDFT and County Durham and Darlington CCGs to meet patients' needs and be compliant with national evidence and best practice.

With robust discharge planning, proactive management and timely consideration, home first could have better patient outcomes.

The 'Home first' model aims to stop patients being stranded on hospital ward and results in fewer people going into residential care (NHS England Quick Guide To Discharge to Assess / Publications Gateway Reference 05871 2015)

Following a review of the service currently delivered from ward 6 at BAH, a clinical proposal has been put forward to repurpose the unit into an inpatient rehabilitation facility. This forms the scope of the public consultation.

With all of the above in mind our focus is to ensure people are discharged home at the most appropriate point in their pathway, with a robust care plan and comprehensive community service offer. During their time in hospital it is important that patients have access to a wide range of professions to help them in achieving their rehabilitation goals.

Pre-Engagement

A period of public engagement was undertaken through Healthwatch County Durham during May – June 2019. This provided direct opportunities for patients who had been in Ward 6 (from both County Durham and Darlington catchment areas) over the previous two years to provide comments and feedback about their care and experiences. This was through a questionnaire sent out directly to those individuals who had been a patient on the ward.

In addition, Healthwatch staff had the opportunity to attend Ward 6 and engage in conversations with current patients, as well as some family members and members of the public while they were there too.

As part of this work 560 responses were gathered. All of this information has been collated and analysed by Healthwatch County Durham and presented to the CCGs (see appendix one). Included in the report was a summary of the observations that Healthwatch County Durham was able to make from the feedback gathered, as well as their own recommendations.

Stakeholders

A stakeholder is anyone who is effected by or can affect, the project. The CCG needs the right information to inform decisions for its community. It continually strives to maintain and strengthen its strong working relationships with its stakeholders.

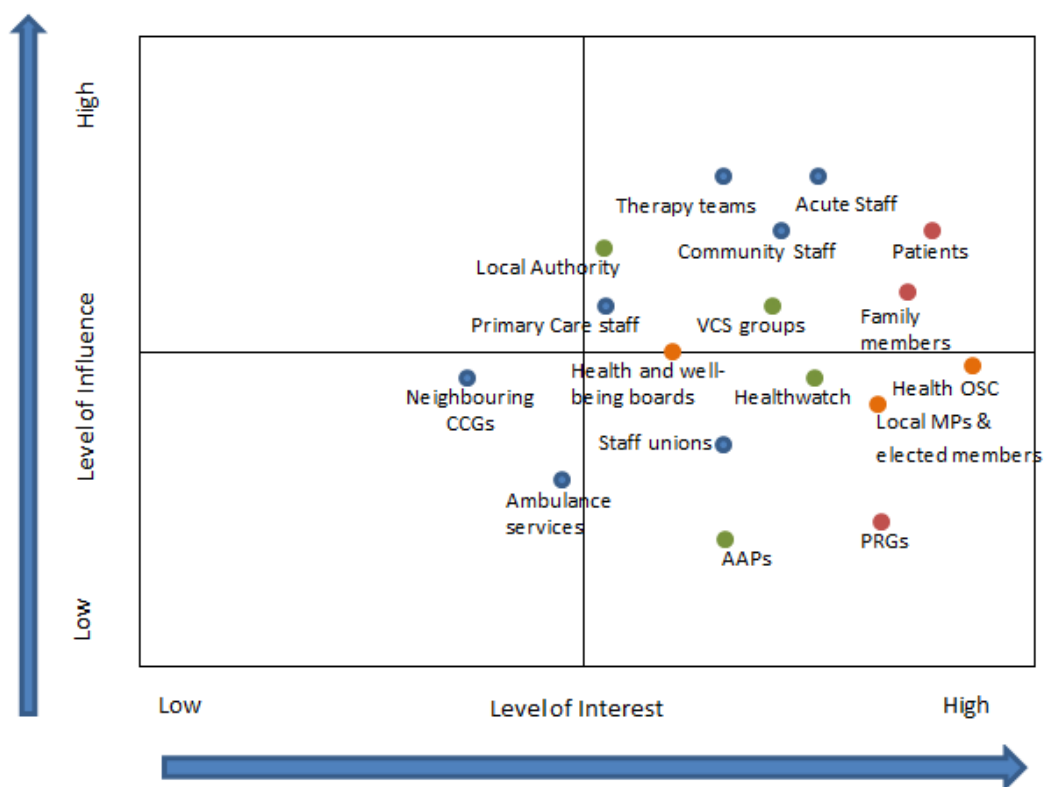
Patients and the public	Healthcare professionals / providers	Partner organisations and Voluntary and Community Groups	Political / Governance
Patients who access these services	CDDFT staff teams at Bishop Auckland Hospital	Local Authority directors of Social Care / Adults services	Local MPs
Family members and carers	CDDFT staff teams at other hospital sites	Healthwatch	Health Overview and Scrutiny
Patient, Public and Carer Engagement Committee (PPCE)	Community staff and teams	Voluntary and Community sector providers	Local Councillors and elected members
Patient Reference Groups (PRGs)	Physiotherapists / Orthopaedic staff	Area Action Partnerships	Health and well-being boards
	Ambulance Service / Patient Transport	Durham County Carers Support	CCG Governing Body
	GPs and Primary Care	Housing organisations	
	Primary Care Networks	Health networks	
	CCG Staff	Neighbouring CCGs	
	NHS Improvement		
	Staff Unions		
	Local Medical Committee		

The consultation and communications processes will also include a focus on disadvantaged, marginalised and minority groups and communities, who may not always have the opportunity to have their say in decisions that affect them. This is particularly important in the County Durham and Darlington areas due to high levels

of deprivation and health inequalities, as well as the diverse make-up of the local population. The engagement team will work to establish links with these groups.

Healtwatch and Patient Reference Groups (PRGs) will be key partners in supporting the CCG with the communications and consultation work to ensure that we simplify messages and don't use jargon and to act as critical friends throughout the process.

Considering the example list of stakeholders above, we can see the relevance to the consultation and its conversations through a graphical representation below. This grid outlines, as an example, the levels of interest identified stakeholders have alongside the scope to influence as part of this process.



Methodology - Outline

Included below is an outline of the intended approaches that will be used to enable the CCGs to deliver effective and meaningful consultation with the previously identified stakeholders. Activities may be altered to help us achieve these aims depending on feedback and suggestions received.

There will be a small number of public events at which people will be able to hear information presented by staff from the CCGs and CDDFT. There will then be opportunities for attendees to share their thoughts and experiences to help inform the decision making process.

Alongside this there will be information (documentation and an animation) available online for people to access. This will cover the same information that will be used at the public events. To enable individuals the opportunity to feedback outside of the public events, an online questionnaire will also be available.

In recognition of the need to help provide opportunities to contribute to where people are, the CCGs will also be working with local groups and community organisation to enable us to hear from people where they are as much as is practically possible.

Pre-Consultation activity

Activity / action	What's included	Additional information
Design and produce consultation document	Production, editing and proof reading. Work with PRG / Healthwatch members to help review content and language	Needs to ensure it clearly enables stakeholders to understand the issues and proposed solutions being presented.
Development and design of easy ready and summary documents	Work with expert partners to ensure documents meet best practices requirements and communication needs	
Produce any relevant stakeholder briefings		Needs to ensure it clearly enables stakeholders to understand the issues and proposed solutions being presented.
Development and design of any summary information / infographics	Relevant 'branding' or associated design for the consultation is agreed	Need to ensure all materials can be used across printed and online communication channels
Development of survey questions	Conformation of the agreed questions and key feedback that is required	
Confirm freepost address responses and identified information collection points		Work with partners to help ensure a variety of methods and locations are available for stakeholders to share feedback
Devise programme of public events and activities to attend	Research appropriate locations of publically accessible sites for engagement events	Ensure that materials for capturing feedback mirror survey questions and that information can be directly comparable between formats / audiences
Advertising of events	Promotional materials for events	Registration opportunities to help manage events appropriate and health and safety requirements Consider budget for paid

		advertising where possible
Liaise with partner organisations for targeted outreach sessions	Identify key audiences and groups to liaise with directly	
Development of required video / animations for communication	Summary of key information and issues to help inform people with feedback. Work with PRG / Healthwatch members to help review content and language	Needs to ensure it clearly enables stakeholders to understand the issues and proposed solutions being presented.
Website page development	Content and key materials prepared as above	Work with Communications team to develop
Schedule of social media posts	Regular information required to keep people updated and informed. Signpost to survey, events and work undertaken	Work with Communications team to develop
Press release	Agreed press release prepared for circulation at launch of consultation	

Consultation activity

Activity / action	What's included	Additional information
Public events	Deliver the public events, likely to include presentation to set out scenario and proposals, table discussions for participants to share comments and gather group feedback. Open opportunities for questions	
Presentations	Attend AAPs, Parish councils or other local groups requesting presentations on issues and consultation options	Devise appropriate methods for collating and collecting comments and feedback from these events
Targeted outreach sessions	Meetings with specific and identified audiences from stakeholder list Visit open public events and space; farmers markets, community events etc.	Add in any further groups as identified
Continue social media schedule of posts	Updates on events and activities.	

	Continued promotion of ways to respond and contribute	
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Post Consultations activity

Activity / action	What's included	Additional information
Data input and collection	Ensure all feedback gathered in all formats is appropriately compiled and record for analysis	
Analysis of feedback for key themes and preferred options	Analysis and coding of feedback	
Consultation summary briefing	Provide stakeholders with	Work with Communications team to develop
Update website pages	Ensure all information on the website is up to date and reflects the fact the consultation period had completed	Work with Communications team to develop
Draft full consultation report		
Consultation report published	Share document with all required audiences including Governing body, OSC, and public through CCG websites	

Standard formats of information

We will ensure that all information produced as part of the consultation will be in language that can be easily understood. Technical phrases and acronyms will be avoided, and information will be produced in a range of formats as required (for example, large print, braille, different languages), to reflect the needs of the diverse County Durham and Darlington populations.

These include;

- Consultation document, both printed and digital, including versions: full; summary; easy read. Other languages will be available on request.
- Freepost feedback forms
- Dedicated webpage with content and information on the CCGs websites
- Presentations for staff, public and patients, stakeholders, including Easy Read version
- Posters for GP surgeries, pharmacies, hospital departments and other public sites
- Postcard including space for short feedback and respondents' names and addresses
- Infographics – printed and digital

- Short animation – covering case for change, patient journey, and call to action
- Video of clinicians describing how the new service model will work and describing the changes from current services
- Pull-up banners
- Targeted advertising to extend reach – e.g. Facebook, promoted Twitter posts, and local media

Key messages for consultation

As part of the documentation and information available throughout the consultation process there are a number of central messages. Included below for reference is an outline of the overarching messages;

- Local NHS commissioners and providers want to improve and increase the rehabilitation and therapeutic input patients receive to aid their recovery
- Local NHS commissioners and providers want to enable patients to only stay in hospital for as long as is necessary and have care available to support them once discharged
- Due to local developments in the community and to patient flow processes in hospital we can slightly reduce the number of beds needed and invest that resource into direct patient care, in particular to ensure dedicated therapy support
- Investments in County Durham and Darlington Community Services provide a greater offer to people which is available closer to their homes, enabling them to get the right support when they are back home
- Inpatient beds are not always the best place for patients to be as part of their recovery back to living their fullest and functional life for them
- Local NHS commissioners and providers want to make best use of the workforce that is available and the extended range of skilled professionals within hospitals and community teams
- Developments in local delivery and the successes of the Teams Around Patients model (integrating Community services and Primary Care) provides greater infrastructure for staff and patients outside hospitals
- Local NHS commissioners and providers need services that can be staffed and delivered effectively to ensure that services are meeting all of the national requirements and clinical standards

Questions for Consultation

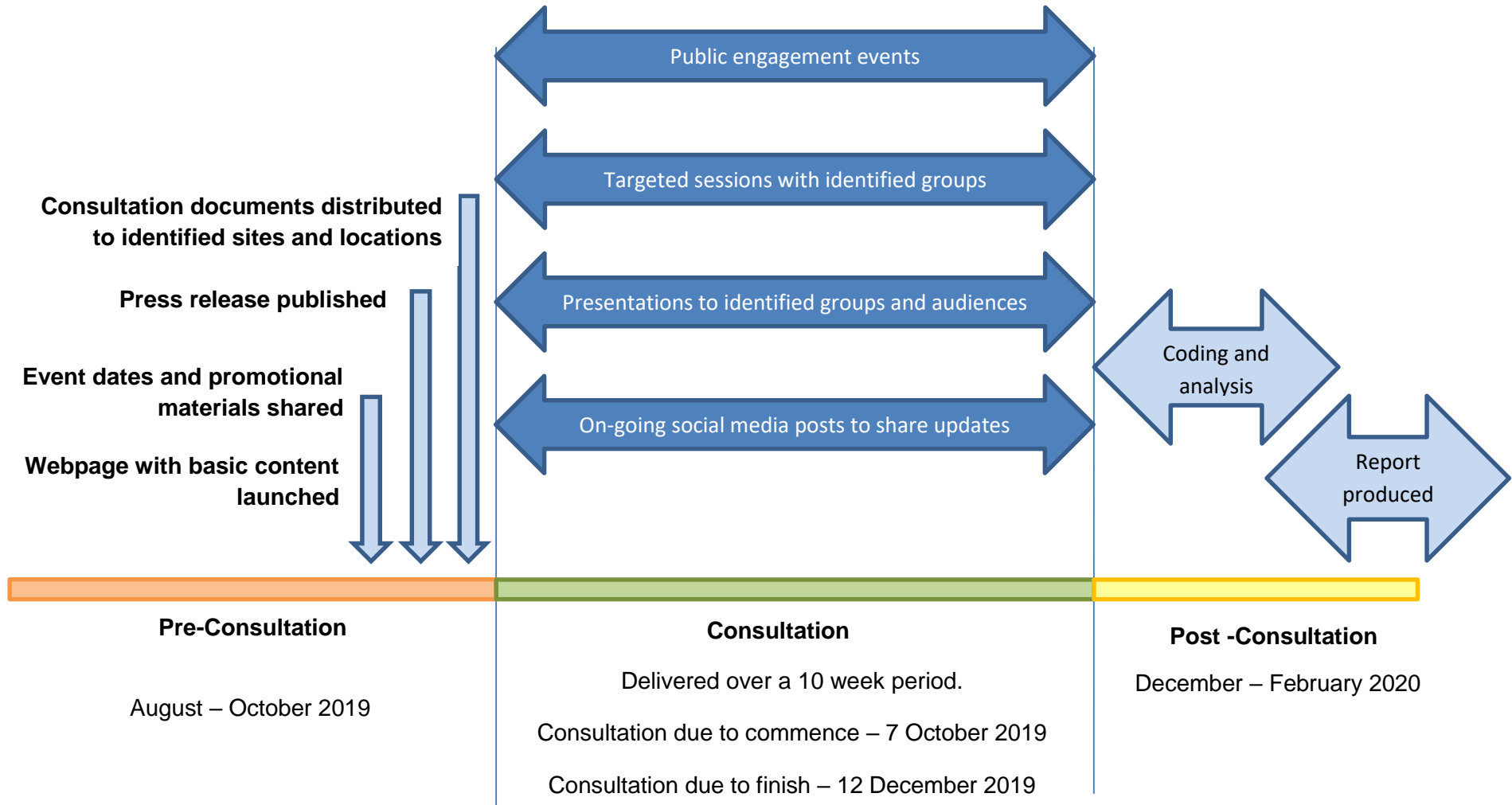
As a structure for the conversations that will take place, the following questions will be included as part of all of the conversations undertaken during the consultation process. To enable appropriate analysis of the feedback from the information provided, these are a mixture of closed and open-ended questions. This format enables analysis to include direct measurement of responses as well as

- *Have you been a patient on Ward 6?*
- *Have you had a family member experience services / stay on Ward 6?*
- *Do you understand the proposals?*
- *Based on the information available, what is your preferred option?*
- *What do you think the benefits of the preferred option are?*
- *Are there any barriers associated with the preferred option?*
- *Is there anything else that we haven't considered? / you want to suggest?*
- *What is the first part of your postcode?*

There will also be further equal opportunity questions to help us understand more about the range of people who have been able to respond.

Timeline

Included below is an overview of some of the key activities and at what points in the process these will be completed.



Equality Impact Assessment

Included below is an Equality Impact Assessment (EIA) in relation to the activities planned to be conducted as part of the consultation and communication processes. A separate EIA process will be undertaken for any outcomes of the consultation in relation to future plans and provisions of services in due course.

STEP 3 - FULL EQUALITY IMPACT ASSESSMENT	
<p>The Equality Act 2010 covers nine 'protected characteristics' on the grounds upon which discrimination and barriers to access is unlawful. Outline what impact (or potential impact) the project/service review outcomes will have on the following protected groups:</p>	
<p>Age A person belonging to a particular age</p>	<p>We will make sure that information and the opportunity are available in arrange of formats including face to face, written and online. Where appropriate the CCG / Trust will seek to work collaboratively with relevant voluntary and community sector organisations who can help ensure we are hearing from all age ranges in our community</p>
<p>Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities</p>	<p>We will make sure that information and the opportunity are available in arrange of formats including easy read and videos. Where appropriate the CCG / Trust will seek to work collaboratively with relevant voluntary and community sector organisations who can help ensure we are hearing from all age ranges in our community</p>
<p>Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self-perception.</p>	<p>The consultation will be open to all of the local population of the County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to gender reassignment. .</p>
<p>Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters</p>	<p>The consultation will be open to all of the local population of the County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to gender reassignment.</p>
<p>Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.</p>	

<p>The consultation will be open to all of the local population of the County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to gender reassignment.</p>
<p>Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.</p>
<p>The consultation will be open to all of the local population of the County Durham and Darlington CCGs. Where appropriate the CCG / Trust will seek to work collaboratively with relevant voluntary and community sector organisations who can help ensure we are hearing from all age ranges in our community</p>
<p>Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.</p>
<p>The consultation will be open to all of the local population of the County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to gender reassignment.</p>
<p>Sex/Gender A man or a woman.</p>
<p>The consultation will be open to all of the local population of the County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to gender reassignment.</p>
<p>Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes</p>
<p>The consultation will be open to all of the local population of the County Durham and Darlington CCGs. There are no foreseen negative consequences for people accessing the services due to gender reassignment. .</p>
<p>Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person</p>
<p>The consultation will be open to all of the local population of the County Durham and Darlington CCGs. Where appropriate the CCG / Trust will seek to work collaboratively with relevant voluntary and community sector organisations who can help ensure we are hearing from all age ranges in our community</p>
<p>Other identified groups relating to Health Inequalities such as deprived socio-economic groups, substance/alcohol abuse and sex workers</p>
<p>The consultation will be open to all of the local population of the County Durham and Darlington CCGs. Where appropriate the CCG / Trust will seek to work collaboratively with relevant voluntary and community sector organisations who can help ensure we are hearing from all age ranges in our community</p>