

# Engagement Plan – Developing Mental Health Services in Harrogate and Wetherby

V4 2019 06

This document provides guidance to Clinical Commissioning Group (CCG) staff, GP practices and patient groups (The Patient Assurance Group at the CCG or Patient Participation Groups at GP practices) about how to engage members of the public, patients and wider stakeholders when making service changes. These changes might include;

- Starting a new service
- Closing a service
- Changing the way a service is provided
- Changing opening hours at a GP practice
- Merging with another practice

## Overarching principles

When engaging with patients or the public you should consider the following principles:

<p><b>Involve your Engagement team and/or PPG (Patient Participation Group)</b></p>	<ul style="list-style-type: none"> <li>• If you are a commissioner or practice manager, speak to the engagement team at the earliest opportunity so that you can assess the scale and impact of the change.</li> <li>• For changes at a GP practice, the PPG should be involved at the earliest stage and before the proposal is shared with the CCG. The PPG should be kept informed and involved throughout the process.</li> </ul>
<p><b>Leave enough time</b></p>	<p>The length of time you need to plan, deliver and report on your engagement will depend on;</p> <ul style="list-style-type: none"> <li>• the scale of the change</li> <li>• the impact on members of the public/patients (especially those from ‘seldom heard’ groups)</li> <li>• other factors such as political interest.</li> </ul>
<p><b>Consider levels of influence</b></p>	<p>Be clear about what is changing and what people can actually influence.</p>
<p><b>Make the engagement accessible</b></p>	<ul style="list-style-type: none"> <li>• You will need to demonstrate that you have made your engagement accessible to people from different communities.</li> <li>• Provide information in alternative formats when requested such as easyread.</li> <li>• Use different methods to engage such as drop-ins, paper surveys, online surveys.</li> </ul>
<p><b>Feedback ‘you said, we did’</b></p>	<p>Feeding back the findings of the engagement and demonstrating what difference people’s feedback has made is an essential part of the engagement process. You should write a brief report and outline ‘<i>you said, we did</i>’.</p>

You should also consider the **gunning principles** when planning your engagement:

<http://www.nhsinvolvement.co.uk/connect-and-create/consultations/the-gunning-principles>

Guidance for commissioners and practice managers – **Appendix A**

Guidance for patient groups providing assurance – **Appendix B**

# Engagement Plan

Outline your plans for engaging with the patients, the public and wider stakeholders about your service change.

<b>Project Title:</b> The name of your project. Make this really clear and concise.	<b>Developing community mental health services for adults and older people in Harrogate, rural districts and Wetherby</b>
<b>Date:</b> The date you will share this with the PAG or PPG.	Originally shared with PAG – <b>01.05.19</b> ( <a href="https://bit.ly/2XwQkPj">https://bit.ly/2XwQkPj</a> ), assurance received with some amendments.  Updated version – <b>27.06.19</b> , assurance provided virtually from all attending PAG members on 04.07.2019
<b>Project lead:</b> Name and contact details of person leading the project (commissioner or practice manager).	Kashif Ahmed – Head Commissioner for Mental Health and Learning Disabilities
<b>Engagement Lead:</b> Name and contact details of person from the CCG engagement team overseeing the engagement (if applicable).	Chris Bridle – Engagement Manager Adam Stewart – Engagement Officer
<b>Communications Lead:</b> Name and contact details of person from the CCG communications team overseeing the engagement (if applicable).	Shak Rafiq – Communications Manager
<b>1. Background</b> <i>Provide a background to your project. Keep this brief and to the point. Consider including:</i> <ul style="list-style-type: none"><li>• An outline of the service (who is it for, what does it provide?)</li><li>• How does this change meet the requirements of local/national strategy (The NHS Long Term Plan or Leeds Health and Wellbeing Strategy etc)</li><li>• An outline of what is changing (what will be different after the change?)</li><li>• Why are you making the change? (What impact will it have on patient safety, patient experience or clinical effectiveness?)</li><li>• What is the engagement aiming to do?</li></ul> <p>Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust deliver community and inpatient mental health services for Harrogate and its rural district. As part of a contract between the NHS Leeds Clinical Commissioning Group (CCG) and Harrogate and Rural District CCG, TEWV also provides these services for the residents of Wetherby and its surrounding areas.</p> <p>Proposals for the future development of mental health services for adults and older people were recently approved by the Harrogate and Rural District CCG. These proposals allow TEWV to maximise patient safety and provide the best possible patient experience, whilst remaining true to their commitment to providing care as close to home as possible.</p> <p>In the future, when people need to spend time in hospital these services will be provided in a specialist facility in York where TEWV is already building a new mental health hospital (expected to be completed in 2020). This decision has now been approved by Harrogate and Rural District CCG.</p>	

By transferring inpatient services from the Briary Wing, Harrogate, it enables TEWV to reinvest money in community services to focus on supporting people at home whenever possible. It also ensures that when someone needs inpatient care they will receive it in a safe, high-quality environment.

By investing in community services, the aim is to reduce the number of inpatient admissions as well as the length of time individuals need to spend in hospital (this is what people told us they wanted). The approved approach releases £500,000 per year to invest in community services. TEWV have already begun looking at how they can improve the way they work to give people the support they need.

This approach meets the NHS Long Term Plan aim for ‘*Delivering world-class care for major health problems - delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.*’

You can find out more by visiting the TEWV NHS Foundation Trust website here:

<https://www.tewv.nhs.uk/get-involved/what-you-can-do/a-vision-for-mental-health-in-harrogate-and-rural-district/>

In Wetherby people will notice the following changes:

- From 2021, inpatient care will no longer be provided in Harrogate and patients and their carers will travel to a new hospital in York.
- People will be able to access enhanced community care, closer to home, reducing the need to be admitted to hospital
- People who are admitted to hospital will experience enhanced care in a purpose built facility

The engagement will give people the opportunity to:

- Understand what is changing
- Share their views on changes to community services
- Comment on any other aspects of the change, including moving inpatient facilities from Harrogate to York

TEWV NHS Foundation Trust will use feedback from the engagement to shape community services for people in Harrogate, Wetherby and Rural District.

This engagement plan outlines how NHS Leeds CCG will engage with people in Wetherby about the change. As agreed with the PAG in May 2019 (<https://www.leedsccg.nhs.uk/meetings/patient-assurance-group/patient-assurance-group-1-may-2019/>) and following further discussions with TEWV NHS Foundation Trust we have updated this engagement plan. This engagement will ensure that the views of people in Wetherby will be fed into the wider engagement and be used to shape community services provided by TEWV NHS Foundation Trust.

### **Patient assurance** (to be filled out by the patient group)

Does the plan clearly outline the background and reasons for the change?

Yes (fully assured)

## **2. Level of change and potential influence**

*Outline the level of change (see appendix C). Explain why you have chosen this level, for example;*

- *What can people actually influence?*
- *How many people will it affect?*
- *Is it potentially controversial? (political, public)*

Changing an existing service  
(a service redesign)

**Category 3**

		Consider completing QEIA	
<p>Proposals for the future development of mental health services for adults and older people were recently approved by the Harrogate and Rural District CCG. This engagement allows people to influence how <b>community services</b> will be provided in Harrogate, Wetherby and surrounding areas.</p> <p>In 2018 the following numbers of people in Wetherby used adult and older people's mental health services provided by TEWV NHS Foundation Trust:</p> <ul style="list-style-type: none"> <li>• 18 inpatient admissions a year from the Wetherby area</li> <li>• 60 people from the Wetherby area currently using community services</li> </ul> <p>Local politicians across the area have been following the proposed developments.</p> <p>TEWV NHS Foundation Trust are leading this engagement and it has been classed as a 'category 3' change, requiring a three month engagement. NHS Leeds CCG will be supporting this engagement by engaging specifically with the population of Wetherby and its surrounding areas. The work in Wetherby will run alongside and complement the wider engagement and will run for three months.</p>			
<b>Patient assurance</b> (to be filled out by the patient group)			
Does the engagement reflect the size and topic of the change?			
Yes (fully assured)			

<b>3. Timescales</b>	
<i>Outline the timescales for your project. Ensure these are realistic.</i>	
Recruit CCG volunteer/s	Patient representatives have been recruited by TEWV NHS Foundation Trust to their steering group. NHS Leeds CCG have recruited a CCG volunteer to oversee the work in Wetherby.
Briefing scrutiny board (if appropriate)	Pending – date to be confirmed
Design and print survey	Designed survey being produced by TEWV NHS Foundation Trust Easy read survey being produced by TEWV NHS Foundation Trust The surveys will be distributed in Wetherby by NHS Leeds CCG
Carry out engagement (include number of weeks)	24 June 2019 – 13 September 2019 (12 weeks)
Complete engagement report and add to website	Feedback from events in Wetherby will be written up by the beginning of October 2019 and shared with TEWV NHS Foundation Trust for inclusion in their engagement report.
Update website with 'you said, we did'	NHS Leeds CCG will add the full engagement report to our website in October 2019. We will outline how TEWV NHS Foundation Trust have responded to feedback in December 2019.
<b>Patient assurance</b> (to be filled out by the patient group)	
Does the plan clearly outline the timescales for the engagement and they are realistic?	
Yes (fully assured)	

<b>4. Who is affected by the change?</b>
<i>Clearly outline who is affected by the change and how it will affect them.</i>
<ul style="list-style-type: none"> <li>• <i>What do you already know about peoples' access, experience, health inequalities and health outcomes when they use this service? (where has this information come from? – local/national engagements, best practice, patient experience reports etc)</i></li> </ul>

- How well do people from protected groups (Appendix D) fare in relation to the general population? (what groups do you not have information about?)
- Consider positive or negative impact on:
  - **Patient reported experience** (National surveys, complaint themes and trends, Patient Advice and Liaison Service (PALs) data, Friends and Family data, incident themes and trends)
  - **Patient Choice** (Informed choice, choice of provider, choice of location)
  - **Patient Access** (Physical access, systems or communication, travel and accessibility, threshold criteria, hours of service including out of hours)
  - **Compassionate and personalised care** (Patient dignity and respect, empathy, control of care, patient/carer involvement, care that is tailored to the patient's needs and preferences)
  - **Responsiveness** (Communication, waiting times, support to patients)
  - **Promotion of self-care and support for people to stay well** (People with long term conditions, social prescribing initiatives, social isolation, help and advice elements)

### Community affected

This change potentially affects all adults and older people registered at four practices in the Wetherby area who, by default, receive mental health services via TEWV. While the change potentially affects 34,914 people, we know that:

- 18 people per year use inpatient services
- 60 people currently use community services
- Carers will be affected due to additional travel time and cost

The practices affected are:

- Wetherby and Harewood Surgery (Wetherby) – practice population: 3,640
- Crossley Street and Moat House Surgery (Wetherby) – practice population: 11,481
- Spa Surgery (Boston Spa) – practice population – 6,893
- Bramham Medical Centre (Bramham) - practice population: 3,493
- Collingham Church Street Surgery (Collingham) – practice population: 9,407

### Impact on travel

Details correct as of 05.07.19. The routes listed below are the most direct and quickest routes.

Harrogate District Hospital – HG2 7SX	Bramham	Boston Spa	Wetherby	Thorner	Collingham
Bus route number	<b>7</b>				1 <sup>st</sup> - X98/X99 2 <sup>nd</sup> - 7
Travel time by bus	55 mins	45 mins	30 mins	1 hour 7 mins	55 mins
Costs by bus	<b>£8 return (can't use concession cards before 9:30am)</b>				<ul style="list-style-type: none"> <li>• Fare for X98/X99</li> <li>• £8 return for 7</li> </ul>
Frequency of buses	Buses run fairly frequently throughout the day (up to every 30 mins). Goes down to once an hour after 6pm.  Buses travel up Wetherby Road which is often very congested and make a significant impact on travel time (important when trying to attend appointments at Harrogate Hospital or elsewhere)  Last bus leaves Harrogate at 10:30pm				
Travel time by car	30 mins (12 miles)	30 mins (12 miles)	25 mins (8 miles)	33 mins (14 miles)	25 mins (11 miles)
	Harrogate District hospital sits on Wetherby Road which is often very congested and make a significant impact on travel time (important when trying to attend appointments at Harrogate Hospital or elsewhere)				
Costs via taxi (Uber)	£26	£24	£18	£30	£20

	(one way)	(one way)	(one way)	(one way)	(one way)
<b>York – Haxby Road YO31 8LA</b>	<b>Bramham</b>	<b>Boston Spa</b>	<b>Wetherby</b>	<b>Thorner</b>	<b>Collingham</b>
<b>Bus route number</b>	1 <sup>st</sup> - 7 to Wetherby	1 <sup>st</sup> - 77 to Tadcaster	1 <sup>st</sup> - 412 to York Rail Station	1 <sup>st</sup> – 7 to Leeds	1 <sup>st</sup> - X98/X99 to Wetherby
	2 <sup>nd</sup> - 412 to York Rail Station	2 <sup>nd</sup> - 843 to York	2 <sup>nd</sup> - 1 to Haxby Road	2 <sup>nd</sup> – ZAP to York	2 <sup>nd</sup> - 412 to York Rail Station
	3 <sup>rd</sup> - 1 to Haxby Road	3 <sup>rd</sup> - 1 to Haxby Road		3 <sup>rd</sup> - 1 to Haxby Road	3 <sup>rd</sup> - 1 to Haxby Road
<b>Travel time by bus</b>	1 hour 50 mins	1 hour 20 mins	1 hour 5 mins	1 hour 58 mins	1 hour 20 mins
<b>Costs by bus</b>	<p>As York is out of the West Yorkshire Metro area, tickets have to be bought separately with each bus company. Can't use concession cards before 9:30am.</p> <p>7 - £4.70 return to Leeds (X98/X99, 412 and 77 probably similar price) ZAP - £10 return to York</p> <p><b>NB: After the last buses for the most 'direct' routes (above), an alternative route is the as the Thorner route – (into Leeds then ZAP to York) – Collingham would do the same but via X98/X99 to Leeds instead of the 7. Journey times increase based on where travelling from along the bus route, up to 35/40 mins from Wetherby.</b></p>				
<b>Frequency of buses</b>	Last bus back from York to Wetherby is 4:20pm	Last bus to Tadcaster is at 3:20pm and the last one back to Boston Spa is at 3:50pm	Last bus back from York to Wetherby is 4:20pm	Last bus from York to Leeds is 9:07pm	Last bus back from York to Wetherby is 4:20pm
	7 and ZAP run up to every 30 mins during the day and around once an hour after 6pm				
<b>Travel time by car</b>	35 mins (24 miles)	35 mins (21 miles)	35 mins (17 miles)	45 mins (23 miles)	40 mins (22 miles)
	Harrogate District hospital sits on Wetherby Road which is often very congested and make a significant impact on travel time (important when trying to attend appointments at Harrogate Hospital or elsewhere)				
<b>Costs via taxi (Uber)</b>	£45 (one way)	£42 (one way)	£34 (one way)	£47 (one way)	£37 (one way)

### Previous mental health engagement with people in Wetherby

People from the Wetherby area have told us about their experiences of using mental health services via previous mental health related engagements ran by the NHS Leeds CCG. The views of people from Wetherby were consistent with the views of the wider public:

- They want care closer to home
- They want timely access to care when they need it
- They want good quality information about mental health services and how to access them
- They want information about their referral when they are waiting for an appointment
- They want to be treated with dignity and respect.

You can view previous mental health engagements on our website here:

### Equality impact assessment for this engagement carried out by TEWV

<https://www.harrogateandruraldistrictccg.nhs.uk/data/uploads/governing-body-papers/6-december-2018/84-mental-health-transformation/appendix-10-equality-impact-assessment.pdf>

In the equality impact assessment carried out by TEWV and HaRD CCG, there were no notable impacts on protected characteristic groups.

Our engagement will be widely promoted and accessible to all communities in Wetherby. While people with all protected characteristics are potentially affected by the change we have identified a number of communities who are prevalent in Wetherby or may be disproportionately affected by the change. We have used feedback from the EIA and from our equality lead to target the following communities.

We will hold focus groups with the following communities

- **Older people** (aged 65+) – because this is a service for older people. Also because we are moving inpatient facilities to York and travel may impact on some older people
- **People with mental health difficulties** – because this service change directly affects them and we know that sometimes this group can be seldom heard
- **People with long term conditions**- Around 30% of all people with a long term physical health condition also have a mental health problem, most commonly depression/anxiety (The Kings Fund).
- **Carers** – because we are moving inpatient facilities to York carers may need to travel further to see patients. (note: TEWV and HaRD committed to ensure that families and carers are made aware of any financial assistance or support with travel that they may be eligible for/have access to as well as any public transportation that is available)
- **Men** – The male suicide mortality rate in Leeds was nearly five times that of females (State of Men’s Health in Leeds, 2016). In addition we know from experience that men are less likely to share their views during engagements

We will promote the survey with voluntary sector groups who work with the following communities:

- **People with learning difficulties**
- **Lesbian, gay, bisexual and transgender (LGBT) communities**
- **Young Asian women**
- **Young black men**
- **Asylum seekers**
- **Gypsy and Traveller women**

### Patient assurance (to be filled out by the patient group)

Does the plan clearly outline the groups affected by the proposal, especially the impact on people with protected characteristics?

Yes (fully assured)

## 5. Methodology and mechanisms

*Outline what methods you will use to engage with people. Consider:*

- *Using methods appropriate to your audience: surveys, interviews, social media, focus groups etc*
- *Explain why you have used these methods*
- *How many people do you intent to engage with and why?*
- *How will you target groups identified as specifically affected by the change?*

We have chosen to use a survey to capture the views of local people. The survey will be available online, in paper format and in Easyread. This approach allows us to capture the views of a wide range of people. The survey can be viewed here: <https://www.surveymonkey.co.uk/r/Q6P9XQP>

The survey will be promoted to the population of Wetherby in a number of ways. This will enable us

to engage with a wide range of people and groups we know will be affected by the change (specifically adults, older people and carers):

- To the GPs via the Primary Care practice bulletin
- To the GPs via a briefing email/letter with posters and copies of surveys, with information on how to request more
- Via the CCG Network (WE-Ngage newsletter)
- Via the CCG Volunteer newsletter
- On the NHS Leeds CCG website here: <https://www.leedsccg.nhs.uk/get-involved/your-views/tewvmh2019/>
- Posts on NHS Leeds CCG social media
- Posts to Leedsface and Nextdoor social media pages
- Encouraging local Patient Participation Groups (PPGs) to support the engagement and promote the work
- To local voluntary organisations who work with people identified in our equality analysis
  - Wetherby in Support of the Elderly (WiSE)
  - Advonet
  - Mind
  - Age UK Leeds
  - Carers Leeds
  - William Merritt Centre
  - Forum Central
  - Mencap
  - Tenfold
  - LGBT+ Hub
  - Yorkshire MESMAC
  - Touchstone
  - Women's Lives Leeds
  - Shantona Women's and Family Centre
  - Hamara Centre
  - Black Health Initiative
  - Leeds Asylum Seekers Support Network
  - Positive Action of Refugees and Asylum Seekers (PAFRAS)
  - GATE
  - Maternity Voices
- Healthwatch
- Leeds City Council

When contacting the above list, we will send a briefing email or letter outlining the engagement and how they can support it. We will include a link to the survey or copies of the survey as well as information on drop-ins and where to find out more information and ask questions.

To ensure that we make the engagement as accessible as possible we have also agreed to hold a series of drop in events in the Wetherby area. These drop-ins will give people the opportunity to ask questions about the change and share their views directly with staff. We have contacted local PPGs via the practice to support these events and will be promoting the events widely through social media and posters.

- Monday 5 August 2019, 1pm – 4pm – **Spa Surgery** (LS23 6PY)
- Monday 19 August 2019, 4pm – 7pm – **Bramham Medical Centre** (LS23 6ZA)
- Wednesday 4 September 2019, 10am – 12pm – **Wetherby Town Hall** (LS22 6NE)

Leeds Voices will also run a number of focus groups with groups we have identified as potentially being affected by the change:

- Older people
- People with mental health difficulties
- People with long term conditions
- Carers
- Men

Following feedback from the Leeds CCG PAG we have agreed to work with TEWV NHS Foundation Trust to develop an FAQ. This will be available on our website here: <https://www.leedscgg.nhs.uk/get-involved/your-views/tewvmh2019/>

Given that less than 80 people are currently using TEWV mental health services in Wetherby we aim to receive feedback from **100** people in Wetherby and the surrounding areas. This number will also cover carers and people from the focus groups.

**Patient assurance** (to be filled out by the patient group)

Does the plan clearly outline the methods that will be used to engage with people, especially seldom heard groups?

Yes (fully assured)

**6. Partnership working**

*Outline which partners you need to involve in your engagement project and why. Consider:*

- Staff
- Provider partners
- Voluntary sector
- Local councillors
- How will they be involved? (attending events, promoting the activities, informing etc)

In addition to the public, we want to involve partners in Wetherby who will be affected by the change or have an interest in this engagement. This will compliment wider work done across the region by TEWV NHS Foundation Trust.

We will write to the stakeholders via email or letter with full details on how people can have their say, via the survey, or by coming along to a drop-in session to ask more questions and get involved. We will encourage people to share the survey and support the engagement in any way they can. People will be able to find out more information via the TEWV or NHS Leeds CCG website, or by contacting the engagement team directly.

Our partners include:

- Leeds Scrutiny Board (Adults, Health and Active Lifestyles)
- Local councillors
- Local MP
- Local pharmacies in the area
- Patient Participation Groups (PPGs) and GP Practices in the area
  - Wetherby and Harewood Surgery (Wetherby)
  - Crossley Street and Moat House Surgery (Wetherby)
  - Spa Surgery (Boston Spa)
  - Bramham Medical Centre (Bramham)
- Mental health services (inpatient services, Community Mental Health Teams (CMHTs), crisis services)
- Leeds and York Partnership Foundation Trust
- Local community organisations
- Parish Councils
- 3<sup>rd</sup> sector organisations in the area or that provide services in the area (see list in section 5)
- Citizens Leeds
- CCG Volunteers
- Healthwatch
- Voluntary Action Leeds
- Leeds City Council

**Patient assurance** (to be filled out by the patient group)

Does the plan clearly outline which partners and community, voluntary and faith sector organisations

we need to work with and how we will do this?

Yes (fully assured)

## 7. Engagement Questions

*Outline what questions you will ask people in the engagement. Consider:*

- *Providing the patient group with a worked up draft of the survey – including an introduction and equality monitoring questions.*
- *Demonstrating how you have tested these questions to make sure they are easy to understand.*

People will be able to contribute to the engagement in the following ways:

- **Completing a survey**

The survey has been developed by TEWV NHS Foundation Trust and can be viewed on their website here: <https://www.surveymonkey.co.uk/r/Q6P9XQP>. The survey will be promoted widely and will give people an opportunity to give their feedback on the change including any impact on travel arrangement

Harrogate have recruited two service user/carer representatives who sit on the steering group for this work. They were involved in developing and finalising the survey questions.

- **Attending a drop-in**

People can attend an informal 'drop-in' session where members of the NHS Leeds CCG engagement team will be in attendance. People who attend a drop-in will be able to chat with a member of staff to discuss the engagement, proposals for developing community mental health services and offer feedback. We will prompt people to talk about any impact the change may have on them including travel arrangements. Surveys will be available to complete and people can receive support to do this, if needed.

We have booked three drop-in sessions aimed to allow people situated near the affected practices to attend in person and give feedback and find out more. These sessions are:

- Monday 5 August 2019, 1pm – 4pm – **Spa Surgery** (LS23 6PY)
- Monday 19 August 2019, 4pm – 7pm – **Bramham Medical Centre** (LS23 6ZA)
- Wednesday 4 September 2019, 10am – 12pm – **Wetherby Town Hall** (LS22 6NE)

The drop-in sessions will be advertised on the NHS Leeds CCG website and promoted on the practice websites and within reception areas via a poster. These sessions will be supported by the NHS Leeds CCG mental health team.

- **Attending a focus group for seldom heard communities**

Voluntary Action Leeds (VAL) will be supporting this engagement through the Leeds Voices programme. We will be asking VAL to recruit to and run a number of focus groups for communities that were identified in our analysis of equality impact data. VAL will be arranging focus groups with these communities:

- Older people
- People with mental health difficulties
- People with long term conditions
- Carers
- Men

The focus groups will allow attendees to view a short presentation, developed by the NHS Leeds CCG, to outline the background and proposals of this engagement. The focus groups will be interactive and will use case studies to demonstrate the changes. Attendees will be able to give their feedback via questions within the presentation. There will also be a chance to ask and log questions, give additional feedback and receive support in completing a questionnaire.

Questions that will be asked in the focus group include:

- The benefits of being able to access a purpose built mental health facility in York and an

enhanced community offer

- The impact of the move on travel arrangements and travel cost
- Any other concerns about the change.

Feedback from the survey, focus groups and drop-ins will identify any impact and the CCG will explore options for mitigating any negative impact.

#### **Patient assurance** (to be filled out by the patient group)

Does the plan clearly outline what questions people will be asked?

Are the questions and introduction clear and easy to understand and have they been tested with groups that represent patients?

Yes (fully assured)

Ensure that details on drop-in sessions and focus groups are included.

### **8. Ongoing patient assurance**

*Outline how you will involve people throughout the project. Consider:*

- *How have people been involved so far?*
- *involving patient representatives (PPG members or CCG volunteers) in aspects of the engagement (such as filling in the survey with patients, analysing data etc)*
- *adding the engagement report to your website*
- *outlining how you have responded to people's feedback (you said, we did)*

Harrogate have recruited two service user/carer representatives who sit on the steering group for this work. In addition NHS Leeds CCG have recruited a CCG volunteer to oversee the work being carried out in Wetherby.

A draft engagement plan has been presented at the NHS Leeds CCG PAG. Feedback from PAG members has been used to develop this updated version of the engagement plan.

TEWV Foundation Trust will write the report for this engagement. NHS Leeds CCG will provide any specific feedback from people in Wetherby for inclusion in the report. The report will be added to the NHS Leeds CCG website and we will ensure that that TEWV NHS Foundation Trust outlines how they have responded to the feedback from the engagement.

TEWV have taken the engagement plan to the Trusts Involvement and Engagement Committee and the Governors who sit on this committee review and provide assurance on the engagement work that is undertaken within the Trust.

Leeds Scrutiny Board (Adults, Health and Active Lifestyles) will be contacted to provide assurance to them will also be contacted and briefed so they can be assured that the engagement is robust. The NHS Leeds CCG has also recruited a CCG Volunteer to provide ongoing assurance from a Wetherby perspective.

#### **Patient assurance** (to be filled out by the patient group)

Does the plan clearly outline how patient representatives will be involved throughout the project?

Yes (fully assured)

### **Other things to consider**

*You might like to consider the following:*

- *do you need additional staffing to carry out the engagement? (carrying out the survey, inputting data onto a computer, analysing the data, writing a report)*
- *Do you need a budget for the engagement (to pay for things like survey design, printing, easyread etc)*

Leeds Voices, via Voluntary Action Leeds (VAL), will provide engagement support by running focus groups with different groups of people, identified above.

The drop-in session at Wetherby Town Hall will be supported by Leeds Voices, members of the NHS Leeds CCG's engagement and mental health commissioning teams. It will be supported by members of the TEWV NHS Foundation Trust crisis and community mental health teams.

Additional drop-in sessions will be supported by the NHS Leeds CCG's engagement and mental health commissioning teams.

An easyread version of the survey is currently being produced by TEWV NHS Foundation Trust and a paper version of the survey is available to print.

## Appendix A – Q&A for commissioners and practice managers

### Why do we need to write an Engagement Plan?

Engaging with patients and the public is a **statutory duty** (<https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>). To help us get it right first time we have developed this planning template.

### Do I need to complete a separate Quality, Equality Impact Assessment (QEIA)?

Evidencing that we have considered the impact our activities will/may have on patients and the public; and identifying changes we can make to reduce/remove any negative impacts is a **statutory duty**. Filling in a QEIA is good practice and should be done for Level 3 engagements and level 4 consultations.

### Who should fill in this plan?

This plan should be written by the person leading the change (commissioner/practice manager). You can get support from the CCG engagement, equality and communications leads. It is a joint plan for the project. Because the plan will be reviewed by patients it is really important that it is concise and that you use plain English, avoid jargon and explain any terms or acronyms that you use.

### Where does the plan go?

This plan will be used to get patient assurance for engagement activity. Patient assurance is a process whereby members of the public review your engagement plan to make sure it is meaningful and engages the right people in the right ways. Patient assurance will usually come from the CCG Patient Assurance Group (PAG) or the GP practice Patient Participation Group (PPG). Their role is to help you to develop a robust plan and they should be seen as a 'critical friend'.

### When does the plan need to be finished?

The plan should be shared with patients at the earliest opportunity. You will need a completed plan **two weeks before you attend a group for patient assurance** so that members can read through. This will help them understand your plan and save you time when you present it. If you are developing a survey you should present this with your plan.

### What will we be asked when we present our plan to a patient group?

When you present your plan to patients you will have a few minutes to outline your proposal. If you have been working with a patient on the project you might like to invite them to the group to support your presentation. You should be prepared to talk about:

1. **Background** – briefly give a background to the service change
2. **The level of change** – does the engagement reflect the size and scale of the change?
3. **Timescales** – what are key dates for your engagement?
4. **Who is affected by the change** – who will the change will impact on? (especially groups with protected characteristics)
5. **Methodology and mechanisms** – how will you engage with people?
6. **Partnership working** – who do you need to work with on the engagement?
7. **Survey questions** – what questions have you asked and why have you asked them?
8. **Ongoing patient assurance** – how will you involve people throughout the project?

Having the answers to all these questions when you seek patient assurance will help you manage the meeting.

If you have any questions please speak to the engagement team.

## Appendix B – Guidance for patient groups providing assurance

Engaging with patients and the public when we change services is a **statutory duty**. We also know that we commission safer and more efficient services when we involve patients in the design.

The role of patient groups like the PAG and PPG is to make sure that **when we change services we are engaging patients, carers, the public and wider stakeholders in a meaningful way**. When we make a change to a service or develop a new service we have to write an engagement plan to outline how we will involve local people. We ask our patient groups to review this plan and work with us to ensure that our engagement gives all communities and stakeholders an opportunity to share their needs and preferences.

### What can you expect from us?

- You will be given a draft engagement plan **two weeks** before any meeting to discuss the plan.
- The project will be at an early stage and there will be an opportunity for you to **influence the plan**.
- At the meeting the project lead will give you a **short presentation** about the project and outline their plans for engagement.
- You will be given some time to **ask questions** about the project.
- Time will be limited for questions but you will be able to **contact the project lead** outside of the meeting to ask further assurance questions.
- We will keep you updated on the project and demonstrate **how people's feedback has been used** to shape the work.

### What do we expect from you?

- Your role as a patient representative is to champion the needs and preferences of the **wider public**.
- We ask you to take a **step back from your personal views** about the project and consider the needs and preferences of all the different people that live in Leeds.
- We ask you to act as a **critical friend** to our commissioners and practice managers and support them to develop a strong and meaningful engagement.
- We will ask you to limit your questions and keep questions **focussed on the engagement**.
- Based on the information provided you will be asked if you are:
  - **Fully assured** – you are very confident that the engagement plan will engage the right people in the right ways
  - **Reasonably assured** – you may ask for some changes to the plan but with those changes you are fully assured that the engagement plan will engage the right people in the right ways
  - **Not assured** – you have serious concerns that the engagement plan is not robust or meaningful

## Appendix C – Levels of change

This is a **guide** and decisions about the level of change should be done with the support of the CCG engagement and equality teams.

### Level 1 – Ongoing development

- A small scale change or a new service
- Affecting small numbers and/or having low impact
- There is good evidence that the change will improve or enhance service provision
- Often requires an information-giving exercise (2-4 weeks)
- May require some low level engagement

**Example** (please note these examples would be assessed individually and be subject to local circumstances)

- The merger of GP practices where there is either an improvement or no change to the services being offered to patients
- Extending the hours of a service

### Level 2 – Minor Change

- A small/medium scale change or a new service
- Affecting low numbers of people
- Often requires a small engagement (4-6 weeks)

**Example** (please note these examples would be assessed individually and be subject to local circumstances)

- The closure of a branch practice at a GP surgery
- Changing or reducing the hours of a service

### Level 3 – Significant change

- A significant service change
- Affecting large numbers of people and/or having a significant impact on patient experience
- A significant change from the way services are currently provided
- Potentially controversial with local people or key stakeholders
- A service closure
- Limited information about the impact of the change
- Requires a significant engagement (3 months)

**Example** (please note these examples would be assessed individually and be subject to local circumstances)

- A significant change to the way a service operates (such as a referral criteria or location)

### Level 4 – Major change

- A major change that requires formal consultation and follows NHS England guidance
- Affects majority of the local population and/or having a significant impact on patient experience
- A substantial change from the way services are currently provided
- High risk of controversy with local people or key stakeholders
- A service closure
- Limited information about the impact of the change
- Requires a significant engagement (3 months+)

**Example** (please note these examples would be assessed individually and be subject to local circumstances)

- A major transformation of a large service
- The proposed closure of a large service following a national directive

## **Appendix D – Protected characteristics (*Equality and Human Rights Commission 2016*)**

### **1. Age**

Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

### **2. Disability**

A person has a disability if she or he 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.

### **3. Gender (Sex)**

A man or a woman.

### **4. Gender reassignment**

The process of transitioning from one gender to another.

### **5. Marriage and civil partnership**

Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1]

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

[1] Section 1, Marriage (Same Sex Couples) Act 2013, Marriage and Civil Partnership (Scotland) Act 2014.

### **6. 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. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

### **7. Race**

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

### **8. Religion or belief**

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

### **9. Sexual orientation**

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.