



**Transforming care for people with  
learning disabilities and autism in  
the Black Country:  
Communication  
&  
Engagement Plan  
2018**

# 1. Background

- 1.1 Since the investigation into the abuse at Winterbourne View and other similar hospitals, there has been a cross-government commitment to transform care and support for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition or behaviour that can lead to contact with the criminal justice system. This is focused on building up community capacity and reducing inappropriate hospital admissions.
- 1.2 In October 2015, NHS England published a national plan; Building the Right Support<sup>1</sup>, along with a national service model<sup>2</sup> that sets out a clear programme of work to drive system-wide change and enable more people to live in the community, with the right support, and close to home.
- 1.3 The national service model (developed with the help of people with lived experience, clinicians, providers and commissioners) sets out a vision in terms of the range of support that is expected to be put into place.
- 1.4 Part of Building the Right Support included the development of 48 Transforming Care Partnerships (TCPs) across England. TCPs are made up of clinical commissioning groups, NHS England's specialised commissioners and local authorities, tasked with agreeing and delivering local plans for the programme.
- 1.5 The Black Country TCP covers Dudley, Sandwell, Walsall and Wolverhampton. Partners include:

#### **Clinical Commissioning Groups**

- Walsall CCG
- Dudley CCG
- Sandwell and West Birmingham CCG
- Wolverhampton CCG

#### **Local Authorities**

- Sandwell Metropolitan Borough Council
- Dudley Council
- Walsall Council
- Wolverhampton Council

#### **Provider(s)**

- Black Country Partnership Foundation Trust
- Wider social care markets (/)

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<sup>1</sup> Building the Right Support

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

<sup>2</sup> National Service Model

*Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition; Service model for commissioners of health and social care services*

<https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>

- 1.6 The Black TCP programme has interdependencies with other programmes of work, where improving the lives of people with Learning disabilities has also been identified as an area of priority. This is true for local Health and Wellbeing Boards as well as STP programmes.
- 1.7 We are committed to working alongside people who have lived experience of our services, their families and carers, as well as key stakeholders, to help shape local services, as part of the formulation and implementation of joint transformation plans; reducing inpatient provision to enable more focused and timely assessment and treatment and shifting investment into strengthening support in the community to avoid unnecessary hospital admissions.

## 2. Communications and Engagement Objectives

- 2.1 The communications and engagement plan aims to support The Black Country Transforming Care Partnership Board in communicating their strategy, vision and objectives. The plan sets out an effective approach to communicating and engaging, patients, carers and relatives, staff and other key stakeholders to help improve services and in turn the quality of life for people with learning disabilities and/or autism with more complex support needs.
- 2.2 Our communications and engagement objectives are to:
  - Support the Transforming Care Programme across the Black Country with a focus on patients, carers and family involvement
  - Support ongoing workforce engagement throughout from the outset throughout the lifetime of the programme
  - Involve people with lived experience, carers and families throughout the programme
  - Continuous engagement with stakeholders, including health and social care professionals, providers and wider stakeholders
  - Advise on events, which bring stakeholders together to inform and further develop and deliver the plan
  - Support the provision of easy read information through a local specialist peer advocacy organisation for people with learning disabilities and autism
  - Support the production of communication materials for stakeholders
  - Highlight the communications and engagement issues and concerns at a programme level and providing solutions to any problems.
- 2.3 The objectives will continue to be reviewed throughout the lifetime of the plan.



### 3. Our Key Messages

3.1 The Black Country Transforming Care plans are based on the national Transforming Care programme vision and values and follows nationally prescribed guidance. The new community models are based on the following key aims

- To improve quality of care for people with a learning disability and/or autism
- To improve quality of life for people with a learning disability and/or autism
- To enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay

3.2 Promoting equality and addressing health inequalities are at the heart of NHS England's values and the Transforming Care programme of work. Throughout the development of the national service model they state they have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

3.3 The Transforming Care programme aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition.

#### 3.4 **Local implications**

A Transforming Care Partnership (TCP) formed across the Black Country to include Dudley, Sandwell, Walsall and Wolverhampton, which was tasked with:

- A review of Assessment and Treatment inpatient bed provision, provided by BCPFT for people with learning disabilities and/or autism across the Black Country. The national recommendation is to provide 10-15 beds per 1 million population count which means a reduction in provision for the Black Country.
- The development of a Black Country Community Model to reinvest and strengthen the support people with Learning disabilities and/or autism who display behaviours that challenge, including those with a mental health condition.

The TCP is made up of clinical commissioning groups, NHS England's specialised commissioners and local authorities

## 4. Progress to date

### 4.0 Communications and Engagement

- 4.1 Targeted consultation carried in Wolverhampton July-August 2016 with regard to assessment and treatment inpatient beds.
- 4.2 Workshops were held in August 2017 to bring together partners and other stakeholders across the Black Country, including health and social care professionals and providers. The workshops were facilitated by NHS England to support the mapping out of an action plan and time lines that would inform the local strategy.
- 4.3 Workforce pre-engagement activity has been undertaken with BCPFT staff with a view to informing staff of the scope for change. Regular updates will be provided going forward so that staff are clear on what this means locally and are empowered throughout the programme to make informed choices about their role in the event of any significant changes.
- 4.4 Patient experience questionnaires were developed in easy read by Dudley Voices for Choice. The questionnaire was piloted in Dudley and Wolverhampton during September 2017 to identify current perceptions of services, Impact of the CTR process for Black Country Patients and what's important to people and the scope for service improvement. The questionnaire may potentially be rolled out across the wider Black Country. Initial feedback has echoed the sentiments of the programme and has highlighted the importance of good quality care coordination, effective timely information and interventions.

The questionnaire is based on the 9 outcomes and principles in Building The Right Support; the questionnaires have been used in community settings within Dudley, the outcomes and results from the questionnaire highlighted that people were experiencing things very differently with a wide variation in their responses. Twenty five questionnaires were sent out in Dudley with fifteen responses returned. This was alongside the completion of questionnaires by people who had attended care and treatment reviews in a selected timeframe with the views of both experts with lived experiences, carers, advocates and their support staff. Two of the findings that were raised on all questions was that the services offered were all very different and people had very different experiences because of this. Some stated that their experiences were positive where others felt unsafe in their service. Two quotes which were received from patients were that "there was no choice in where I live" and "nothing to learn when I was in hospital". The priorities of the patients were about commenting about activities and the lack of opportunities available to people with learning disabilities and parent and carers comments were more focused on the lack of services available for people with learning disabilities. It will be interesting to see when the questionnaire is used in the other parts of the Black Country what comparisons and similarities there are.

- 4.5 Consultation with carers April 2016 conducted by Chris Sholl commissioned by Sandwell CCG, this was sent out to 26 families who had recent experiences of Care and Treatment Reviews(CTRs), there were 11 respondents and 4 families were met face to face and other engaged via telephone. One of the

recommendations made by the families was for “Increased focus on early intervention to avoid hospital admission is vital”

- 4.6 West Midlands Expert Advisory Group meetings with clinical collaboration have been established by NHS England. This group is in the early stages of work and Dudley Voices for Choice have attended this group.
- 4.7 Community Catalysts have been commissioned by the Local Government Association to talk to people with learning disabilities and autism and capture their experiences post discharge as part of the So What , What Next project. The project is the idea of the National Empowerment Steering Group, a group of people with a lived experience who say “getting out of hospital is important but the work doesn’t stop there”. “Making sure that people have good lives when they are out of hospital is really important. This can make sure people don’t go back in to hospital”. Community Catalysts is working with the Black Country TC Partnership who have helped to identify people across the TCP who are happy to share their story. A report will be written at the end of the project which finishes in July 2018.

#### **4.8 Transforming Care Programme**

- 4.9 Each CCG and Local Authority has been working to make improvements in care and support following Winterbourne and set out improvement plans as part of the Joint Improvement Plans between 2013 through to late 2014. The Transforming Care Programme was established to build on that work and accelerate progress.
- 4.10 The transforming care programme mandates that each Transforming Care Partnership meets the nationally prescribed trajectory , for the Black Country this was reducing from approx 40 beds to 16 by March 2019, however only 5 of the 16 would be commissioned with BCPFT. There would continue to be some spot purchased assessment and treatment beds commissioned based on the individual needs of the patient and the most appropriate resource available that is capable of meeting those needs.
- 4.11 **Sandwell** – A provision of 5 assessment and treatment inpatient beds will remain open at Penrose, as a single facility to serve the Black Country. This is in alignment with the national recommended bed provision in proportion with the population size. While there isn’t a reduction of beds in Sandwell, these will now be shared with patients from across the Black Country. This has been happening for some patients from neighboring authorities across the West Midlands over the last 12-18 months.
- 4.12 **Wolverhampton** - Assessment and treatment inpatient beds at Pond Lane, have now closed following a consultation process in July – August 2016. Patients are already being redirected to other facilities in the Black Country.
- 4.13 **Dudley** – Dudley closed the beds at Ridge hill to new admissions due to concerns about the provider trust being able to staff the provision safely. The Provider undertook an estates assessment and concluded that the most efficient and effective resources to deliver assessment and treatment would be located from the Sandwell Heath Lane facility. Ridge Hill

scored lower than Sandwell in this assessment. Most Dudley patients were placed in beds in Sandwell due to their specific needs prior to the decision stop any new admissions to the Ridge Hill facility.

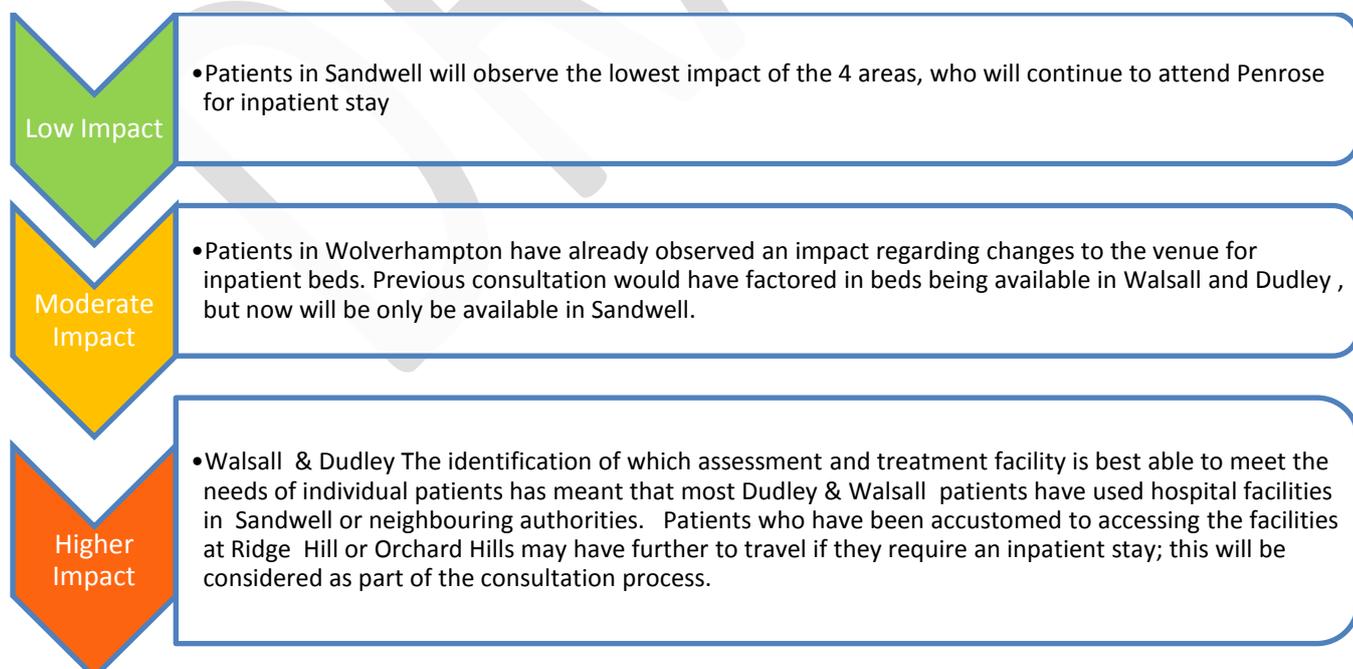
**4.14 Walsall** - Walsall patients have been using a range of independent assessment and treatment facilities as all beds are spot purchased. Whilst the closure of Orchard Hills will mean that people who previously used this facility will have to travel, many people have been travelling to different hospitals whilst Orchard hills was in use.

## 5. Equality Impact Assessment Analysis

**5.1** An Equality Impact Assessment has been carried accompanying the proposal / business case for implementing the changes. Across all protected characteristics there are no negative impacts identified. There is a positive impact in relation to disability as the proposed changes will provide service improvements for community care and changes are predicated on rights based principles developed by people with learning disabilities and or autism .

**5.2** Increased investment in Community services: Assessment and treatment inpatient bed closures and reductions are in line with the national recommendations, so that reinvestment can be made into community provision. This is a positive impact where investment in more appropriate, high quality services can prevent inappropriate hospital admissions and reduce reliance on unnecessary inpatient stays. The shift in the clinical model to community assessment and treatment will provide the right care, at the right time in the right place . People who require assessment and treatment in an inpatient setting will have access to beds either at the Sandwell inpatient unit or as is currently the case via spot purchase across a wider provider inpatient market. Understanding the equality impact has informed our engagement plan and approach.

### 5.3 Impact per area as a result of the beds reduction



#### 5.4 Impact on staff.

The staff impact will be addressed through the workforce engagement and workforce work stream of the Black Country Transforming Care Partnership.

### 6. Audiences

- 6.1 It is highly important that the Communications and Engagement approach involves and links with a wide range of key stakeholders. Key stakeholders are identified as the following:
- 6.2 People with learning disabilities and/or autism who display behavior that challenges, including those with a mental health condition, especially those with lived experience of using Assessment and Treatment services
  - Relatives and carers
  - Black Country TCP partners
  - Current providers and their workforce
  - Other patient representatives/ advocates including community/ voluntary sector organisations
  - Clinicians
  - Key stakeholders and other influential parties e.g. Health Overview and Scrutiny Panels, Healthwatch, Health and Wellbeing Boards, local councilors etc.
  - Referrers - to include GP's,
- 6.3 Please see the below stakeholder chart mapping all stakeholders against their level of interest and their level of power or influence; thus indicating the level of engagement required.

		LEVEL OF INTEREST	
		Low	High
LEVEL OF POWER	Low	<b>A – Minimal Effort</b>	<b>B – Keep Informed</b>
		Wider public Media	CCG patient Networks CCG member practices Hospital Providers in neighboring areas NHS England Neighbouring authorities and CCGs and TCP's Local Councillors and MP's
		<b>Involve &amp; Engage</b>	<b>Coproduce</b>
	High	Black Country Partnership Foundation Trust Independent and voluntary sector providers Health watch Health and well being boards Health and Social Care Overview and Scrutiny Committees	People with learning disabilities and /or Autism within the Black Country Carers and families of people with Learning disabilities and or autism within the Black Country

## 7. Approach to Communication and Engagement

### 7.1 Engagement with patients and their carers/ representatives

- 7.2 An event in each area targeted to the people who have used assessment and treatment beds and who are at high risk of future hospital admission. The event will be facilitated by a peer advocacy organisation for people with learning disabilities, Dudley Voices for Choice and supported by local commissioners and clinicians. This will specifically focus on the impact of the beds reduction and closures alongside the strengthening of the community model. A specific easy read questionnaire has been devised to support this targeted consultation
- 7.3 A general questionnaire in easy read –coproduced by Dudley Voices for and the experts by experience from the regional carers forum . The questionnaire will be sent out widely to all clients and carers and stakeholders across the Black Country , the questionnaire is based on the 9 principles of Building the Right Support.
- 7.4 One large event centrally located to ensure the new model is shared as widely as possible , supported by the TCP board members
- 7.5 The contents of the core message that will be shared widely with all stakeholders will be consistent with the detail developed by and shared with people with learning disabilities and or autism. All information that is used with people with learning disabilities and or autism will be in an accessible format verified by people with learning disabilities .
- 7.6 Stakeholder Engagement will be facilitated in each area by commissioners, engagement and communication staff in each partners agency using a range of media such as good news stories, workshops and briefings
- 7.7 Internal workshops and briefings within health and social care to include social work teams and commissioning teams in CCG's and LA 's .

### 7.8 Provider Workforce Engagement.

There will be targeted engagement with staff directly impacted , followed by a series of events to engage the wider workforce.

- 7.9 Social care independent providers to have updates and workshops led locally within existing arrangements for engaging the provider market ; for example provider forums these will be led locally and feedback to the TCP Engagement work stream

### 7.10 High influence stakeholders

The engagement plan and new models plan/ proposal to be shared widely and updates to be provided to include the following boards :

- CCG Boards/ appropriate subcommittees
- Health Overview and Scrutiny Panels
- Health and Wellbeing Boards
- Healthwatch

### 7.11 Clinical Engagement

West Midlands Expert Advisory Group- led by NHS England

### 7.12 **Potential Communication Channels**

A range of communication channels will be used to ensure effective, ongoing communications with different stakeholders, takes place. Examples include:

- The internet - Websites
- Internal communications - the intranet, news bulletins, chairs report
- Stakeholder newsletters
- Social Media – Twitter/Facebook
- The Media – local newspapers, radio, Medical premises screens
- External communications – letters, patient information leaflets
- Documentation and supporting materials
- Word of Mouth – use of opinion leaders/informers/followers/advocates as spokespeople
- Outreach/ face to face
- Dedicated events

7.13 Underpinning all our communications will be the key messages which encapsulate our approach, which is patient focused. The development of key messages will help to ensure consistency in communication and information.

Understanding our stakeholders, tailoring communications and engagement appropriately is crucial to a success outcome.

7.14 Accessible Information

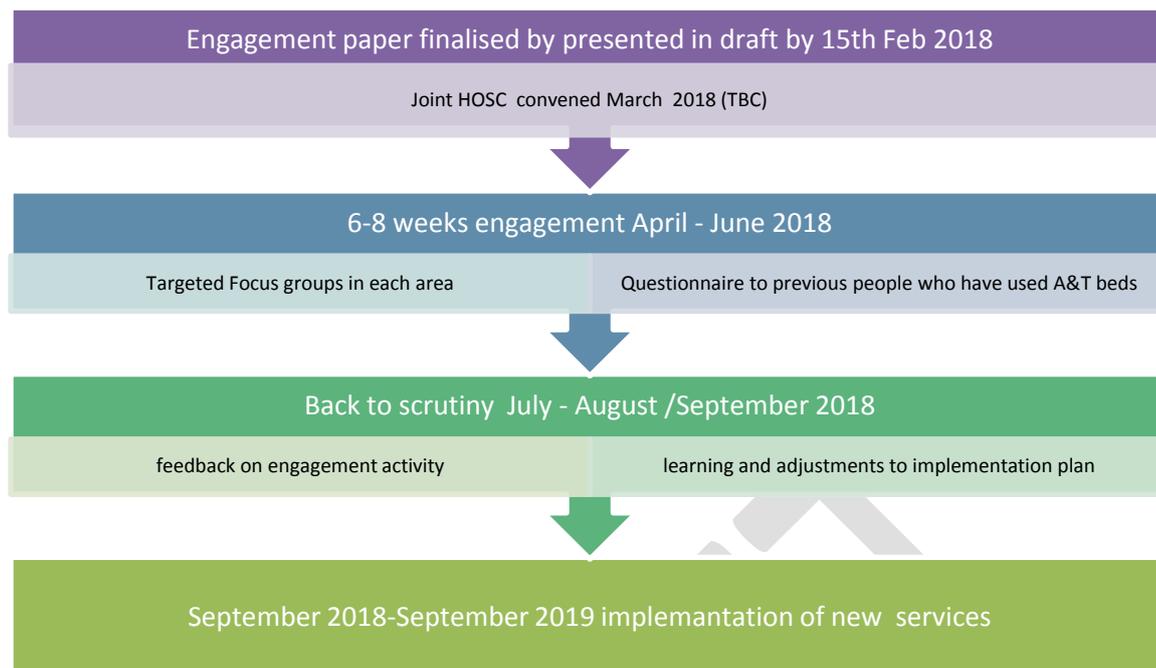
In accordance with the Accessible Information Standard, and as part of our commitment to effectively communicate with our local population, we will endeavor to provide information in an accessible format for those who require it. Materials, will be provided in suitable formats for people with sensory impairment and/or learning disability e.g. easy read, with the help of appropriate specialists/ external suppliers.

7.15 Papers associated with the Transforming Care Programme will be made available in alternative formats where appropriate.

### 7.16 **Public relations**

7.17 Due to the national focus on this work, it is important to be prepared for any reactive media enquiries about the work we are doing. A reactive media statement will be prepared, to be used in the eventuality of any enquiries.

## 8. Timeline/ Communications and Engagement action plan



## 9. Recommendations

Black Country Partner organizations consider this Engagement Plan via the appropriate Health and Social Care governance board in order to :

- Approve the communications and engagement plan.
- Agree where and when further updates are presented

## Enclosures

1. EQIA
2. Business case for new Black Country Community Model
3. General 9 Principles questionnaire accessible version
4. Specific targeted questionnaire for people with learning disabilities and autism with experience of using assessment and treatment services
5. Costed engagement activity to be facilitated by Peer Advocacy Group

DRAFT