

Health Scrutiny Committee Briefing July 2021

Better Mental Health for Bassetlaw Transforming mental health services: including a focus on adults and older people's inpatient services

1. Introduction

NHS Bassetlaw CCG and Nottinghamshire Healthcare NHS Foundation Trust have previously briefed Health Scrutiny Committee (HSC) on potential changes to improve inpatient mental health services for adults and older people in Bassetlaw at meetings in September and December 2020. In the latter meeting, the HSC were asked to consider the approach and plans for public engagement and this feedback helped to shape the final design of the engagement.

The public engagement was launched on 10 February and closed on 18 April 2021. The CCG is currently in the process of considering the findings of that engagement and will be developing a Decision Making Business Case (DMBC) that will be presented to its Governing Body on 20 July 2021. The DMBC will detail how the findings of the engagement, alongside clinical considerations, have fed into the plans and will make recommendations to the Governing Body.

This paper, and accompanying verbal presentation, provides an update on the process and public engagement for Health Scrutiny Committee ahead of any decision being taken by NHS Bassetlaw CCG.

2. Background

The proposed changes to inpatient mental healthcare in Bassetlaw are being explored in the context of new investment in community mental health services as part of the Mental Health Long Term Plan and our commitment to improving the quality and sustainability of local services.

The CCG plans to invest more than £4 million in local mental health services over the next four years. Strengthening community services in this way will provide greater access to 24-hour crisis and urgent care at Bassetlaw Hospital and home treatment services as well as bringing together new community services to offer physical, mental and social support as close to people's homes as possible. It will deliver improvements to existing services, improving access and quality, as well as bringing new services to the people of Bassetlaw helping to improve health and wellbeing across our district.

The proposal to improve inpatient mental health services focuses on ensuring that, for those small number of patients who need hospital-based mental

healthcare in Bassetlaw, it is the best that it can be, delivered in the highest quality environments and offering as positive an experience as possible for patients and their families. Consequently, the vast majority of mental health needs will continue to be met by local services provided in Bassetlaw.

While urgent and emergency mental health care would still be available at Bassetlaw Hospital, part of the proposals looked at the potential move of inpatient services for adults and older people's mental health care to be delivered at new and refurbished sites in Mansfield, at Sherwood Oaks and Millbrook respectively.

This potential solution would move services away from the old, isolated wards with dormitory accommodation and offer inpatient mental health services in modern, purpose-designed wards which meet national guidelines and are linked to other on-site mental health services and staff with safe, en-suite single rooms for patients.

The public engagement on transforming mental health services in Bassetlaw, with a focus on adult and older people's inpatient services, began on 10 February 2021 and closed on 18 April 2021, allowing time for all interested parties, stakeholders, staff and patients and the public to take part in the important conversation about the future of mental health services in Bassetlaw.

3. Engagement process

Assurance

Prior to the launch of the public engagement, the CCG's proposals were subject to NHS England/Improvement's (NHSE/I) assurance process for service change. Following submission of the assessment against the tests for service change, in January 2021 the CCG received confirmation that NHSE/I was assured that it is compliant with these and could proceed to public engagement.

The proposals and plans for engagement were also discussed with the Health Scrutiny Committee (HSC) in both September and December 2020. The CCG were ready to provide an update on the engagement process in April 2021 but the HSC thought that it would be more appropriate to get a fuller update once the engagement had been fully completed and ahead of any final decision being made.

The CCG also sought clinical assurance from the independent Yorkshire & Humber Clinical Senate. In January 2021, the CCG and Nottinghamshire Healthcare NHS Foundation Trust received a report from Yorkshire and Humber Clinical Senate which stated that the Senate supported transformational changes for services put forward.

Pre-engagement

During the pre-engagement phase, the CCG worked together with Nottinghamshire Healthcare NHS Foundation Trust to gather and review existing insight on mental health services in Bassetlaw from patients, carers and staff.

The views of stakeholders and representative organisations were also sought during this phase through the Bassetlaw Mental Health Collaborative and other key stakeholders, on the principles of future mental healthcare for Bassetlaw. This insight and discussion helped to shape and inform the engagement process.

Engagement

Engagement activity has been carried out in line with the engagement plan and principles presented to HSC in December.

The approach has been iterative and responsive throughout with monitoring of activity and responses through a fortnightly programme board, which has allowed the approach to be adapted accordingly at every stage.

The engagement was launched on 10 February with the core engagement document, a summary and FAQs distributed to all stakeholders identified through the pre-engagement and as part of the earlier stakeholder mapping.

The initial distribution included: NHS partner organisations, local authorities, staff communications, local Voluntary and Community Sector organisations. Alongside this, a press release, ICP Bulletin and Primary Care E-Bulletin have all been issued. In combination we estimate these communication channels were distributed/shared to over 75,000 people. Appendix 1 provides further information.

This initial communication also encouraged participation in the process and requested that stakeholders share the information using their own communications and engagement routes.

There were a range of ways in which patients, carers, the public and stakeholders were able to take part in the engagement process, including:

- **A feedback survey** – this was accessible online and in print format as part of the engagement document. Supporting information was also available on NHS Bassetlaw CCG's website (<https://www.bassetlawccg.nhs.uk/get-involved/how-to-get-involved/bassetlaw-mental-health-engagement>) including the full engagement document and a Frequently Asked Questions document which was updated throughout the engagement.
- **Consultative meetings** – with partners, stakeholders (including carers and patients) and elected representatives held during the engagement period.
- **Representative telephone survey** – a telephone survey of local residents, broadly representative by geography and demographics was conducted across Bassetlaw.
- **Targeted conversations** – in-depth conversations with carers, patients and volunteers who had experience of the mental health inpatient services in Bassetlaw. These were people who had initially responded through other channels but who were happy to share their experiences in more detail. This allowed the voice of those who were potentially directly impacted by the proposals to be reflected in the overall engagement response.

- **Social media** – comments were received through Facebook and Twitter.
- **Other response channels** – feedback in the form of letters, e-mails and an online petition were also received.

These consistent channels for engagement ran alongside a proactive engagement plan – reaching out to staff, stakeholders and interested groups and organisations with an open offer to attend or arrange opportunities to share their views. Media coverage and social media activity relating to the engagement has also been monitored.

By the end of the process more than 900 responses had been received in the engagement through the channels shown in Table 1.

Table 1: Responses to the public consultation

Method	Total number of responses
Feedback survey (completed online)	368
Telephone survey	502
Depth interviews with patients, carers and volunteers	16
Submissions from individuals (by letter, phone or e-mail)	3
Written submissions from organisations and elected representatives	10
Stakeholder meetings	5
Social media comments	12
Petition	1
TOTAL	917

The biggest concern consistently raised about the proposals is the additional length and / or cost of travel that might be required if the current inpatient services are moved to Mansfield.

All feedback has been analysed and collated in a final report which will be used alongside all other evidence and information to inform the CCG's final service proposals at its meeting on 20 July. The executive summary of the final engagement report is included in Appendix 2.

Following the decision-making process, the CCG is committed to feeding back the outcome to our partners and local people and to continue involving them in the development of high quality inpatient mental health services for people in Bassetlaw.

4. Next steps and recommendations

This paper provides HSC with an update on the engagement and decision-making process relating to the improvement of inpatient mental health services for adults and older people in Bassetlaw

The CCG is producing a Decision Making Business Case (DMBC) for consideration by the CCG Governing Body on 20 July. The DMBC which will detail how the findings of the engagement, alongside clinical considerations, have fed into the determination of final recommendations for the Governing Body's deliberations. The Governing Body will be making its final decision at this stage. This paper (which will also contain the analysis of the engagement as an appendix) will be shared with HSC as soon as it is published a week before the meeting. Since this coincides with the date of the HSC, the CCG and Trust will provide a fuller verbal update on the day.

The CCG is committed to feeding back the outcome of its deliberations and involving all partners in the development of high quality inpatient mental health services for people in Bassetlaw and welcomes the opportunity to do so with the HSC at a convenient date.

Appendix 1: Organisational communications channels

Organisation	Audience
NHS Bassetlaw CCG	Staff Governing Body
Doncaster and Bassetlaw Teaching Hospitals NHS FT	Senior Management Communications Teams
Nottinghamshire Healthcare NHS FT	Staff Senior Management Communications Teams
Primary Care Networks	Newgate Medical Larwood & Bawtry Retford & Villages
Bassetlaw GP Practices	All Bassetlaw GPs Practice Managers
Yorkshire Ambulance Service NHS Trust	Executives Communications Team
EMAS	Communications Team
Notts Police	Communications Team
Rotherham Doncaster and South Humber NHS Foundation Trust	Executive Team Communications Team
Barnsley CCG	Communications Team
Doncaster CCG	Communications Team
Rotherham CCG	Communications Team
Sheffield CCG	Communications Team
SYB ICS	Communications Team
Nottinghamshire County Council	Chief Executive
	Communication Team
Health Scrutiny Committee	Leader Chief Executive
Bassetlaw District Council	Chief Executive Council Leader
Health and Wellbeing Board	Chairman
Nottinghamshire Healthwatch	Chief Executive
Bassetlaw Local MP	MP (Brendan Clarke-Smith)
Bassetlaw CVS	Director
Bassetlaw MIND	Chief Executive
Bassetlaw Action Centre	Chief Executive
Bassetlaw CAB	Chief Executive
Practice Patient Groups	All Chairs