Older People's Mental Health Communications and Citizen Engagement strategy

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Background

Dementia is one of the main long term conditions of later life and it has a huge impact on capacity for independent living. Dementia is estimated to cost £17 billion per year in the United Kingdom. It is predicted that there will be a doubling, possibly trebling of the number of people who have dementia in the UK. It represents a huge challenge to health and social care at a time when resources are restricted so all services have to be as effective and productive as possible whilst providing a high quality of care.

The vision for east Kent is as follows and is consistent with the recommendations in the National Dementia Strategy (Department of Health, 2009 :

- To increase awareness of dementia, improve early detection and diagnosis and reduce the stigma attached to dementia.
- To ensure that people with dementia receive timely diagnosis and support that promotes their independence and helps them to 'live well' with dementia, and that all services and support are provided to the highest possible standards; promoting dignity, choice and respect.
- To ensure that there is sufficient capacity in community based services so that people with dementia and their carers are well supported and independence is maximised for as long as possible

People with dementia thrive best in a familiar environment, with familiar carers and established daily routines. Removing someone with dementia from their home (or their care home), very often increases their confusion and their levels of stress and anxiety, with a direct effect on their wellbeing, their recovery and their ability to do things for themselves. It is therefore better for people with dementia to be looked after in their own environment when appropriate (National Dementia Strategy, 2009, Counting the Cost, Alzheimer's Society, 2009) and important to avoid admission to hospital wherever possible. If hospital admission is necessary, the length of stay should be as short as possible to minimise disorientation and maintain independence.

This is also what people with dementia and their carers want. In a recent survey for the Alzheimer's Society (Support, Stay, Save, 2011), 83 per cent of carers of people with dementia or people with dementia themselves said that being able to stay in their own homes was very important.

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Business case

In east Kent, too many people with dementia are currently being admitted to general or mental health hospital beds, because of a lack of community services to support them at home when their condition deteriorates, or their carer feels unable to cope any longer.

In September and October 2011 an audit by the mental health trust, Kent and Medway NHS and Social Care Partnership Trust, estimated that up to a third of inpatients need not have been admitted if there had been better support in the community.

Admission to hospital is distressing and disruptive to both the person with dementia and their carers, detrimental to their long-term care (as people with dementia are likely to spend longer in hospital than people without dementia, and are likely to need more care after leaving hospital than before they were admitted. It is also very expensive for the NHS and social care.

NHS plans are to increase the availability of community services which will be available 24 hours a day and which can provide support to people with dementia and their carers in their own homes and reduce the need for people to go into either a general or mental health hospital bed. This will be achieved by the introduction of a dementia crisis service which will be available 24 hours a day, seven days a week, together with an enhanced home treatment service. Both services will work closely together to assist people to remain in their own homes when extra support is needed. The crisis service will be provided by trained carers. The home treatment service is already in operation and is provided by a range of professionals (nurses, occupational therapists and psychologists) and helps to identify why the behaviour of the person with dementia may have changed, e.g. they may be aggressive to their carers, and help to identify ways of managing these behaviours. The home treatment service will work with people with dementia and their carers in their own homes as well as in care homes. These changes will mirror the approach already operating successfully in the west of Kent.

The enhancement of community support will allow a review of the function, location and number of mental health beds for older people. Outcomes from this process will be to:

- Improve the flexibility of the accommodation to meet the changing needs and demographics of patients.
- Enhance the staff provision and specialism of staff on the older people's mental health wards to deal with the more complex cases who will require inpatient care.
- Reduce the spare capacity in current wards and therefore reduce overheads.

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Objectives
• Clear vision - communications and engagement activity based on our clear strategic vision for the future of mental health services in Kent and Medway articulated in a clear and accessible way. • Clinically led - the proposals are based on clinical evidence and judgement, and clinicians will work alongside commissioners to present and explain them to the public. • Discreet but linked consultations - there are two separate consultations the NHS will use economies of scale where possible, and ensure a coherent a joined-up story about mental health services across Kent and Medway. • Targeted, effective communications, while ensuring all members of the public have opportunity to have their say, some audiences will be more interested than others and we will target our resources accordingly, working with partners where that is the most effective way to reach our audiences. • Effective partnership in a time of great change - communications and engagement activities will support each organisation's broader strategic aims at the same time as delivering the engagement and consultation, working consistently together in partnership to improve clarity and consistency for all audiences

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Key message
A step-change is needed in the support offered to people with dementia. Resources at the moment are concentrated on high cost inpatient services for the few, rather than preventative, strong support close to home for the majority, to help them live well with dementia. Reversing this approach is already working in West Kent. It is important that the approach is an integrated one between health and social care. The aim is to: • Increase the emphasis on early intervention and enable people to access appropriate community services which support people in their own homes and maintain independence for as long as possible. • Increase levels of support in primary care to enable early diagnosis and the development of an personalised care plan. Ensure high quality environments which utilise a therapeutic approach to help people with dementia to maintain their independence and reduce the reliance on the use of medication, such as anti psychotic drugs. • Ensure the delivery of safe, efficient services which are flexible and reflect best practice locally and nationally • Encourage the role of voluntary organisations, particularly in enhancing support for carers.

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Target audience

- Clinical Commissioning Groups
- GPs as providers of primary care
- LMCs, royal colleges professional bodies etc
- Mental health clinicians and interrelated disciplines
- SEC Amb, police and emergency care providers
- NHS and independent community providers
- Social care providers KCC, MC, care homes
- Patients, carers and the public
- District and Borough councillors
- MPS,
- HOSCs Medway and Kent
- LINk
- VCS organisations e.g. Age concern, Alzheimer's Society, etc.
- Out of hours providers and NHS Direct
- Regional and local media

Focusing particularly on service users and carers, an audience we can be confident of a high level of interest and feedback such as pensioner's forums, carer organisations and support groups. Building upon the strong relationships and regular meetings which have already been established by KMPT, KCC and the VCS.

The community and voluntary groups will be an important audience, especially where they are able to act as a channel to reach service users, carers and people who do not traditionally engage.

Effective staff engagement is vitally important and essential if change is to be successful. As well as being a crucial audience in their own right, health and social care staff is also a vital channel to reach the wider public and service users. GPs are a particularly important group within the staff audience.

Health Overview and Scrutiny Committees (HOSCs) and Local Involvement Networks (LINks) are a critical audience having shown an interest in this topic already. The HOSC input is fundamental to shape the consultation process, the proposals consulted on and then to approve the plans that emerge from the process and they should be fully engaged at every stage.

MPs and councillors represent the interest of their constituents and as such are an important audience. They also have a significant impact on the media. Regular briefings are held by PCT CE and chair with MPs this dialogue should include regular updates on progress, but more specific briefings will be arranged in the run up to consultation.

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Methods

Clear Core narrative and communication materials
A core narrative, set of key messages, detailed Q&A and set of core presentation materials will be produced to support each consultation and the communications around it. (JR)

Stakeholder engagement
A stakeholder list should be readily agreed by commissioners and KMPT; each stakeholder should be communicated with as soon as possible to ensure that they are aware of the process and able to influence current proposals. Once the formal consultation has begun, all stakeholders will receive regular updates on progress. Spokespeople will be provided to present the proposals and receive feedback at stakeholder events and meetings.

GP engagement
Clinical mental health leads already work with commissioners but are less familiar with acute side of mental health they need to be involved in all aspects of planning and consultation able to cascade information to their peers and act on behalf of their CCG. In addition the GP clinical leads must be regularly briefed through the commissioning committees and able to influence and approve plans. One lead per review should be part of the operational working groups.

Staff and clinical communications
Maximising the use of existing staff communications channels; team briefings/workshops will lead the process and be regularly given to support consistent and timely communication with staff, newsletters or ebulletins will ensure consistent messages across the various organisations involved, staff will also use the intranet and be signposting the website for further details within organisations without creating further communications vehicles where they are not needed. These briefings and materials will be provided to all NHS and social care organisations in Kent, including acute trusts, CHT and the ambulance trust, to encourage widespread staff engagement.

Service user and carer engagement
Service users and stakeholders have a regular involvement in all aspects of planning and managing of mental health services these should be used before the formal consultation begins, to engage them as stakeholders in the development of the proposals and in planning the process. We will build on this at workshops or options appraisals, which will ensure a range of views influence the options developed for consultation and make sure that all key stakeholders are identified and engaged in advance of the formal consultation.

Case studies and evidence
A bank of case studies, real patient stories, examples, quotes, evidence, graphs, illustrations and photographs will be built to help set out improvements so far and to bring to life the vision for the future. Some of this maybe found in west Kent, or existing services which are to be

enhanced. We will also use this ongoing dialogue to identify potential advocates possibly film the service user, carer clinical stories.

Clinical advocates and champions
KMPT and commissioners will identify a panel of key spokespeople from both commissioners and providers, clinical and managerial, who will take public platforms and speak with the media. We will ensure that they are fully prepared, briefed and (where appropriate media trained) from the outset, and that they receive regular updates of key messages, Q&A etc. We will see if core service user representatives and VCS organisations will agree to champion the involvement of their service users and carers, ensuring that their representatives carry the message within their own working relationships with local communities.

Public meetings and events
A few should be arranged, tailored to best meet local circumstances and stakeholder expectations in terms of the number, location, format and content; supported by core materials and suitable spokespeople from the PCT and KMPT and other advocates. Showing that we are striking a balance between targeting audiences and demonstrating that we are giving all sections of the public a chance to have their say. Events will be extensively promoted through the media, targeted distribution of leaflets and posters, and through partner stakeholder channels and followed up through proactive media relations, in staff communications and in updates to stakeholders.

Media relations
Key media will be identified and briefed on the consultation by each PCT before it launches. Following the consultation launch we will maintain a regular flow of proactive media stories to promote and report on consultation events. We will use existing media monitoring arrangements to keep abreast of any media coverage and to ensure that any inaccurate or adverse coverage is addressed immediately.

Consultation documentation
We will produce a full consultation document and a summary document for each consultation OPMH first. There will be economies of scale in the design and drafting of the documents, with content shared between the documents where appropriate. Documents and summaries will be clear, person centred and accessible following best practice in terms of plain English, font sizes and colour schemes. They will be made available in alternative formats and will offer advice in the most common community languages on how to receive more detail in other languages.

Websites
Detailed consultation materials (including reference material such as national policy frameworks, clinical evidence etc) will be hosted on KMPT and the relevant PCT's website, along with updates, latest information on events and opportunities to provide feedback and get involved. Both the PCT websites and KMPT website will feature core information about the overarching plans, providing links to the other consultation materials and enabling partner organisations to flag the consultation on their website and provide enabling links etc

Social media will be used to promote active engagement for those utilising different forms of virtual discussions: tweets, blogging, etc

Response handling

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We will establish (or use existing, where possible) a wide range of mechanisms to capture consultation responses in each PCT, including:
- Freepost address
- E-mail address
- Online response form
- Dedicated phone line with voicemail
- Provision to transcribe comments from those unable to use other means.

Budget
£26,000

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Timescales

- Feb financial appraisal, case consideration by SHA, preparations for consultation, brief MPs and key stakeholders
- 9 March HOSC presentation
- 14 March – Consultation documents to printer
- 19 March – 15 June (13 week consultation period)
- June Analyse results
- July 20 – report levels of engagement to Kent HOSC
- July Board decision
- September/October implement

Media coverage

Warm-up

- **Pre-launch week one:** Launch campaign to raise awareness of signs and symptoms in line with DH and Alzheimer's UK campaign (w/c 20 February)
- **Pre-launch week two:** Support provided for those just diagnosed – dementia cafes, dementia webs, admiral nurses (w/b 27 February)
- **Pre-launch week three:** Home treatment and crisis service (w/b 5 March)
- **Pre-launch week four:** Caring for dementia patients in hospital (w/b 12 March)
- **LAUNCH (week one) :** Launch east Kent consultation with press release, web link to online consultation document (19 March), promote roadshow dates

Evaluation

This communications and engagement strategy will be formally evaluated by both commissioners and trust based upon the responses, evaluation of core parts of the strategy against measureable outcomes.

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Risks
o Reputation, radical plans are likely to be opposed by local communities. Mitigation: build carefully internal support and championship with local stakeholders to build acceptance for need to change and trust in plans. Have clear and consistent information and communication that builds understanding of the situation and the proposed plans. o Carers and service users may have differing views, be sure to provide adequate means for both to comment – difficult with dementia patients so clinical and voluntary advocates necessary. o Engagement and consultation process requires changes in original planning so will delay financial savings. Mitigation Strategic overview group work with PCT cluster and SHA from outset to manage process on reasonable timetable for success. o Legal challenge if process is not thorough and does not fulfil four tests the decision could be held up by challenge to the process. Mitigation early engagement of SHA to build in assurance from start, regular briefings and information to HOSCs to agree plans for JHOSC and constructive scrutiny of process, plans and decision, early engagement with clinicians and stakeholders leading to comprehensive consultation process delivered within local communities working with local support groups.