



**Vale of York**  
Clinical Commissioning Group

# **Developing a new mental health hospital for the Vale of York**

**Public consultation outcome report**

Published January 2017

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# 1. Introduction

- 1.1 NHS Vale of York Clinical Commissioning Group (CCG) is the organisation responsible for commissioning the majority of healthcare services across the Vale of York.
- 1.2 In 2014 the CCG announced plans for the creation of a new mental health hospital for the Vale of York. The CCG has carried out extensive engagement to seek the views of local people on the development of mental health services.
- 1.3 The CCG is clear that a clinical model, based on the principles of therapeutic care, and meeting the needs of what the local community has said it wants; is delivered in an environment that meets the fundamental principles of safety and dignity. Any hospital provision must be fit for purpose and comply with the quality standards set by the Care Quality Commission (CQC) as the regulator of services.
- 1.4 Between 23 September 2016 and 16 January 2017 the public engagement culminated in a formal consultation asking for feedback on the proposed number and configuration of beds and preferred location of a new mental health hospital (based on three possible sites).
- 1.5 A wide ranging programme of communication and engagement activity was planned and delivered in partnership with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), the provider of mental health services for the Vale of York. Collaborative working enabled us to provide a joint approach to gather the views and opinions of the patients, public and stakeholders. Throughout the consultation we attended 31 consultation sessions, focus groups and meetings and received 387 responses to the survey questionnaire and 40 email responses.
- 1.6 This report contains information about the formal public consultation, the communications and engagement activity with our patients, public and stakeholders and analysis of the feedback and consultation findings.

## 2. Statutory duties and assurance

### 2.1 Duty to consult

- 2.1.1 Under the Health and Social Care Act 2012 (section 14Z2)<sup>1</sup> each CCG has a legal duty to involve the public in the commissioning of services for NHS patients, and in decisions that it is going to make about services that will be provided to them.
- 2.1.2 We are clear that the intention of this consultation is to capture the views and opinions of patients, the public and stakeholders about the proposed number and configuration of beds and potential location of the new mental health hospital.
- 2.1.3 This report sets out a number of recommendations based on the feedback gathered throughout the 16 week public consultation and the CCG will use the information and data collected to inform its plans. Recommendations are not restricted to actions exclusively for the CCG and where there are multi-agency impacts and responsibilities; the CCG will work with partners to take the relevant actions forward. In particular, the final decision on the most appropriate site is out of the direct control of the CCG. Further work is required to fully assess the suitability of the proposed sites. Feedback from the consultation will form part of the final appraisal of sites that meet the required criteria.

### 2.2 Assurance

- 2.2.1 The CCG is working closely with NHS England in line with guidance for strategic service change<sup>2</sup> and will, with partners, continue to do so as the recommendations in this report are implemented.

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2013/03/a-functions-ccgs.pdf>

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf>

### 3. Background and lead up to formal consultation

#### 3.1 Opening the dialogue with the public about mental health services

- 3.1.1 It is important to us that we listen to what the Vale of York population has told us, and continue to tell us. This consultation builds on the conversations that the CCG has held over the last couple of years; such as the 'Discover' engagement events in 2014; the procurement, which led to TEWV being awarded the contract for services in 2015, Exchange events and the International Mental Health Collaborating Network symposium in March 2016.

#### 3.2 Pre-consultation meetings

- 3.2.1 In April 2016, with input from the CCG, TEWV held a number of pre-consultation public engagement events to give local people an early opportunity to be involved in the development of the new hospital. These sessions took place in Selby, Easingwold and York and were supported by Healthwatch in York and North Yorkshire. Over sixty people attended the events, including service users and carers as well as representatives from City of York Council, Selby District Council, Rethink and other members of the public.

#### 3.3 Recommendations and options to be considered

The pre-consultation review provided a series of recommendations and options which provided the basis for the formal consultation questions.

- 3.3.1 Proposed configuration of beds:  
TEWV proposes four 15 bed wards with single, en-suite bedrooms. This includes two adult, single sex wards, each with its' own day space, therapy rooms and outdoor space. The older people's unit will have one ward for people with mental health problems; such as psychosis, severe depression or anxiety (functional illnesses) and one ward for people with dementia, such as Alzheimer's (organic illnesses). Each ward will have separate male and female bedroom areas, with shared therapy rooms, day space (with separate lounges for men and women) and outdoor space (appendix i). Seclusion and de-escalation facilities for both adults and older people will be included in the design of the building.
- 3.3.2 Preferred location:  
Three sites were shortlisted based on availability of land, achievability, accessibility, cost, site layout and opportunity for expansion. A list of options was assessed against these criteria and eight, out of 11 sites, have already been discounted. The options that were offered as part of the consultation are:

**Bootham Park Hospital site**  
York,  
YO30 7YB

Bootham  
Park



**Clifton Park**  
Shipton Road  
York, YO30 5RA

Clifton  
Park



**Haxby Road**  
(former Bio-Rad site)  
YO31 8SD

Haxby  
Road



## 4. Communications and engagement activity

### 4.1 Who we engaged with

- 4.1.1 The public consultation ran for 16 weeks from 23 September 2016 to 16 January 2017. The aim of the public consultation was to ensure that the CCG followed statutory requirements and maximised all opportunities for stakeholders, patients and the public to get involved in proposals and have their say.
- 4.1.2 As part of the consultation, an extensive range of methods were adopted to encourage participation and involvement from patients, the public and stakeholders.
- 4.1.3 We worked closely with TEWV on planning communication and engagement activities. Regular weekly teleconference calls enabled us to coordinate a joined-up approach to the consultation to ensure we were involving our local communities. A communications work plan can be found in (appendix ii).
- 4.1.4 We engaged with a wide range of groups to ensure that the consultation captured views and feedback from our local populations and key stakeholders including:
- The local population of the Vale of York;
  - People who use the mental health services;
  - Local NHS and independent healthcare organisations;
  - Vale of York GP practices and Patient Participation Groups (PPGs);
  - Healthwatch - East Riding, York and North Yorkshire;
  - Health and Overview Scrutiny Committees;
  - Members of Parliament;
  - Statutory and voluntary organisations;
  - Community groups;
  - Students;
  - NHS Vale of York CCG and City of York Council staff.

### 4.2 How we communicated

In order to support the consultation a number of communications materials were created.



**4.2.1 Consultation document** – A consultation booklet was created outlining the background for the new mental health hospital, the proposed bed numbers and configuration, rationale, site options and how people could have their say (including details of public meetings). Copies were distributed and the online version was uploaded to the CCG and TEWV websites.

**4.2.2 Online survey** – In addition to a paper version of the questionnaire, an online survey was launched. It was emailed out to our stakeholder list, advertised on the website, and publicised in letters and within the consultation document.

**4.2.3 Letter** – Over 470 key stakeholders received a letter on behalf of Accountable Officer for the CCG, Phil Mettam, inviting them to take part in the consultation and offering an invitation to discuss the proposals further. This included voluntary sector, community groups, networks associated with the protected groups, interested members of the public, GP patient participation groups, local councillors, healthcare and emergency services partners, university and higher education. Letters were emailed on 6 October 2016 and 6 January 2017.

**4.2.4 Information stand** – Leaflets and posters were placed on an information stand in the entrance of York City Council from 31 October 2016 until 16 January 2017.

**4.2.5 Flyers** – Flyers were distributed in the Park and Ride locations across York and in Pocklington to advertise the consultation and public meetings.

**4.2.6 Website** – The consultation document and information about the proposals were available to download from Vale of York CCGs and TEWV's websites. In addition, the consultation information was posted on York Press, The Northern Echo (covering Pickering, Easingwold and Helmsley), Minster FM, Healthwatch York and Age UK York's websites.



### 4.3 Conversations, workshops and face-to-face events

4.3.1 Events and workshops were held with patients, the public and stakeholders as a way of gathering qualitative feedback. In partnership with TEWV, we spoke to service users, the public, stakeholders and staff about the proposed sites, configuration of beds and the building of the new mental health hospital. The sessions provided an open environment for people and/or groups to discuss issues and concerns relating to the consultation questions.

**31 public and stakeholder events**

4.3.2 In partnership with TEWV, NHS Vale of York CCG representatives attended 31 public and stakeholder meetings (appendix iii). Within the arranged consultation meetings and focus groups (excluding scrutiny committees, local authority meetings and health and wellbeing boards) we had 184 total attendances with 166 individuals.

### 4.4 Public meetings and stakeholder events

4.4.1 **11 workshop style public meetings** with 78 public attendees: where the audience had the opportunity to discuss advantages and disadvantages of the site options and rationale for proposed bed numbers and configuration in groups. Within the consultation meetings we delivered a presentation, and had two table top discussions around the main questions. On each table we had a facilitator and a scribe.

**Table 1: Formal public consultation venues**

Date	Time	Venue
7 October 2016	3pm – 5pm	Community Hall, Burnby Hall, Pocklington, York, YO42 2QF
11 October 2016	3pm – 5pm	Community House, Portholme Rd, Selby, YO8 4QQ
24 October 2016	3pm – 5pm and 5.30pm – 7.30pm	New Earswick Folk Hall, Hawthorn Terrace, New Earswick, York, YO32 4AQ
31 October 2016	3pm – 5pm	Galtres Centre, Easingwold, York, YO61 3AD
8 November 2016	2.30pm – 4.30pm and 5pm – 7pm	Priory Street Centre, 15 Priory Street, York, YO1 6ET

<b>Date</b>	<b>Time</b>	<b>Venue</b>
18 November 2016	3pm - 5pm	Boys Sunday School, Tadcaster, LS24 9BL
21 November 2016	4pm - 6pm	Community House, Portholme Road, Selby, YO8 4QQ
25 November 2016	3pm - 5pm	Memorial Hall, Pickering, YO18 8AA
30 November 2016	3pm - 5pm	Old Court House, Pocklington, YO42 2DH

4.4.2 **One workshop-style event for staff from** NHS Vale of York CCG – 4 January 2017

4.4.3 **One consultation event for** patient participant group representatives and City of York Council – 4 January 2016.

4.4.4 **Two half-day open sessions** in the foyer of City of York Council to speak to public members entering the building to use council services – 14 and 15 December 2016.

4.4.5 **Three overview and scrutiny committees:**  
East Riding of Yorkshire Overview and Scrutiny Committee – 4 October 2016;  
City of York Council Overview and Scrutiny Committee – 18 October 2016;  
North Yorkshire County Council Overview and Scrutiny Committee – 18 November 2016.

4.4.6 **Presentations at local authorities and stakeholder meetings:**  
York Healthwatch Assembly – 25 October 2016;  
Councillors meetings at Huntington and New Earswick – 9 November 2016;  
York Health and Wellbeing Board – 23 November 2016;  
North Yorkshire Health and Wellbeing Board – 25 November 2016.

4.4.7 **Informal conversations with specific groups:**  
Mental Health Action for York – 23 November 2016;  
York Older People's Assembly – 12 December 2016;  
York Mental Health Carers' Group – 9 November 2016;  
Age UK – 29 November 2016;  
York CVS – 15 December 2016.

4.4.8 **Student consultation** with the University of York on 23 November 2016 and York St John Students on 5 December 2016.

4.4.9 **Two Patient Participation Groups (PPG)** hosted by GP practices on 11 January and 16 January 2016.

4.4.10 In addition to the face-to-face discussions mentioned above, TEWV undertook a number of engagement activities with its staff, governors and service users/carers who were using bed-based services to describe and talk through the issues set out in the consultation. Feedback from these events will be used by the CCG and TEWV, along with the consultation analysis to help inform the future implementation of approved plans.

## 4.5 Digital communication campaign

4.5.1 In addition to the communication materials mentioned above, we used a number of online and digital channels to promote information about the consultation, to encourage the public to have their say.



4.5.2 **Social media campaign:** Over 150 Tweets were sent via Twitter to raise awareness of the consultation, signpost to the websites, promote the public meetings and how people could have their say. Regular contact with key community groups, media and voluntary organisations via Twitter was also pursued to encourage promotion of consultation. Some of the most substantial retweets (organisations passing on the information to its followers) included Minster FM to 19,700 followers and City of York Council to 32,600 followers.

4.5.3 **Digital campaign** – We placed a digital campaign banner on York Press website, promoting the new mental health hospital consultation. It ran from the Friday 16 December 00.00hrs to Monday 16 January 23.59hrs with the following results:

- 65,014 page impressions
- 1,487 clicks to the consultation information on the CCG website
- 2.29% click through rate

## 4.6 E-bulletins

4.6.1 **Stakeholder news** – Information was included in the CCG's stakeholder news bulletin.

4.6.2 **Practice newsletter** – The mental health consultation was promoted in several editions of the weekly newsletter sent to all GPs, OOH GPs, practice staff and locums within the Vale of York.

4.6.3 **Internal communications (e.g. email, team brief)** – TEWV and the CCG used internal communication mechanisms, such as staff briefing sessions, internal emails and weekly e-newsletters to raise awareness of the consultation.

4.6.4 Item in **York CVS Newsletter** (1,500 subscribers)

## 4.7 Media

4.7.1 **Traditional media** – The CCG and TEWV communications team issued a press release, which was sent out to local and regional press to launch the consultation, signposting to more information and to promote the public



meetings. The story was included in York Press, The Northern Echo (covering Pickering, Easingwold and Helmsley) and Minster FM.

**Table 2: Media coverage in local and national press**

<b>Date</b>	<b>Press outlet</b>	<b>Article</b>
<b>16 January 2017</b>	York Press	Share your views and be a part of delivering in mental health for the Vale of York
<b>13 January 2017</b>	York Stories	Let's hang on to Bootham Park: your views needed – now
<b>12 January 2017</b>	The Northern Echo	NHS appeals for views over mental health services
<b>2 January 2017</b>	York Press	Have your say on health issues in York
<b>22 December 2016</b>	Minster FM	Consultation for New Mental Health Hospital
<b>31 October 2016</b>	York Press	Public urged to give opinions on new mental health hospital
<b>10 October 2016</b>	Health Service Journal	Shortlist for new hospital site revealed
<b>03 October 2016</b>	York Press	Hundreds turn out to support mental health services in York
<b>03 October 2016</b>	BBC News	Peppermill Court York's new mental health hospital opens
<b>30 September 2016</b>	Minster FM	People visibly moved by the #WalkbacktoBootham
<b>29 September 2016</b>	York Press	The people of York deserve a visionary new hospital
<b>28 September 2016</b>	York Mix	Hundreds expected on protest march marking one year since Bootham Hospital closure
<b>28 September 2016</b>	Minster FM	March for Bootham this Friday evening
<b>23 September 2016</b>	York Press	These are the 3 possible locations for York's mental health hospital
<b>23 September 2016</b>	Minster FM	The NHS to consult public on the new mental health hospital in York

4.7.2 **Radio interview** – Dr Louise Barker appeared on Minster FM to talk about the new mental health hospital proposals. The interview was re-played on the hour, every hour throughout the day during the news segment.

4.7.3 **Newspaper campaign** – A paid advert was placed on the front page of the York Press on 10 January 2017 and on page 3 on 16 January 2017, asking people for their views, reaching 92,700 people across Yorkshire.



#### 4.8 Limitations and constraints to communication methods and data collection

4.8.1 Due to respecting respondents' anonymity and right to voice their views, we recognise that some members of the community could have expressed their opinions through several methods via public consultation, online and email. We acknowledge that this needs to be taken into consideration when reviewing the feedback.

4.8.2 It is also noted that there were members of the public who felt very strongly about the new mental health hospital proposals and took the opportunity to attend more than one public meeting to voice their concerns. As a result, we have recorded the number of attendees when publishing the figures of people at the public meetings.

4.8.3 We restricted the online service to a single IP address (a single computer location), so that the survey could only be counted from one individual computer location. This was to limit an individual being able to submit multiple responses.

## 5. Equality duty

- 5.1 Prior to the formal consultation we conducted an equality impact assessment (EIA) (appendix iv) to ensure the organisation had paid due regard to eliminate discrimination, advance equal opportunities and foster good relations between people of diverse groups; in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.
- 5.2 Through the EIA we identified additional key groups it was important to engage with, notably carers and students. We proactively communicated information about the consultation to community groups that had networks and links with protected groups, and extended the offer to meet face-to-face to discuss further. We held workshop-style events with those that took up the invitation including: Age UK, York Carers' Group, both of York's Universities, York CVS, York Older People's Assembly and GP Patient Participation groups.
- 5.3 York Lesbian, Gay, Bi-sexual and Trans (LGBT) forums declined the invite to have a member of our consultation team present at an event but contacted us to say they were 'glad to be asked for LGBT input – much appreciated.' Contacts representing this group replied to say they would push the survey with its members.
- 5.4 In order to ensure we were able to capture views of those with protected characteristics we added a number of diversity monitoring questions to the online survey and consultation document (through a questionnaire insert). These questions were not compulsory, and respondents could choose to bypass the question if they did not wish to provide an answer. As a result, we can only offer partial insight into the profile of respondents. However, it is encouraging to note that that approximately 64.6% per cent of the respondents answered at least one of the equality monitoring questions.
- 5.5 As part of the planning phase we wanted to ensure that the consultation reached across the geographical spread of the Vale of York CCG. We held public forums in New Earswick, Easingwold, Tadcaster, Selby, Pickering, Pocklington and York. Information regarding the consultation was shared with local newspapers and media outlets covering the whole 351,000 CCG population – see section 4 for more details of our communication activity.
- 5.6 To encourage views from localities we emailed key local community and social groups with a copy of the consultation letter and link to the online survey, and asked for it to be circulated to members. For all groups we offered a visit if they wanted to discuss the proposals in more detail. In



partnership with a Healthwatch member, we were asked to visit Pocklington town centre, in addition to the public meetings, to distribute leaflets and talk to local people about the new hospital proposals.

## 6. Consultation responses – numbers

- 6.1 Throughout the period of the formal consultation we received 387 responses to the survey questions. In addition we received 40 general ‘contact us’ emails (the CCG’s email address).
- 6.2 Where members of the public had highlighted a preferred option via email or letter, these have been incorporated in the overall survey response figures – in total this accounted for 33 of the 387 responses. A wealth of qualitative feedback was also gathered from 31 formal public consultation events and meetings with stakeholders and focus groups.
- 6.3 Within this next section of the report we will cover the results and findings associated with the:
1. Proposed number and configuration of beds;
  2. Site options: Preferred location;
  3. Comments and opinions of key stakeholders and groups.

**387 survey  
responses**

**40 email  
responses**

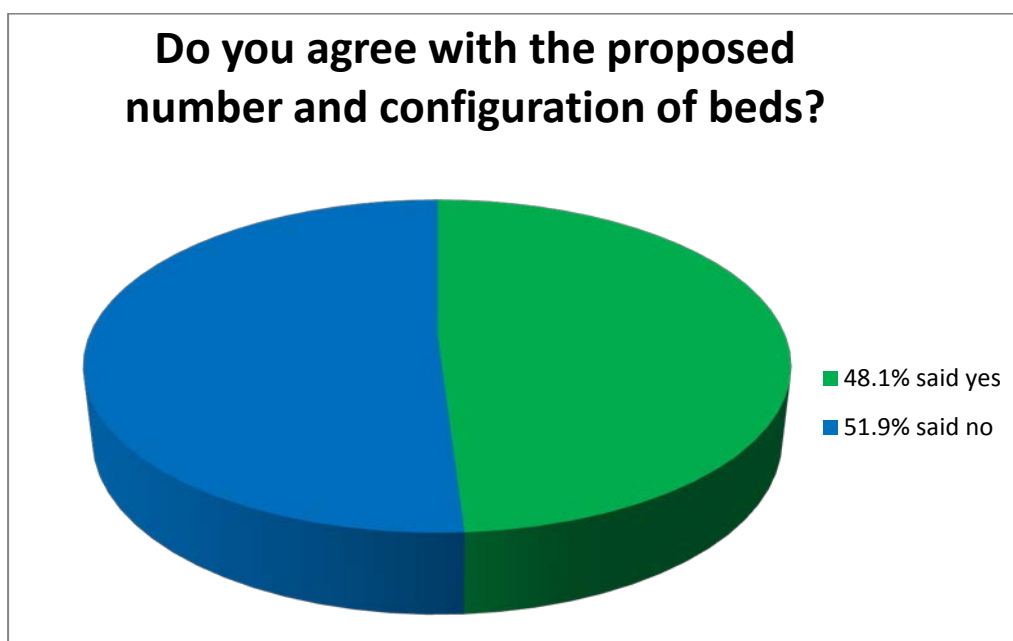
**31 public and  
stakeholder  
meetings**

## 7. Proposed number and configuration of beds

### 7.1 Online and paper survey results

7.1.1 The survey results show that 343 out of 387 respondents provided an answer to the question: Do you agree with the proposed number and configuration of beds?

- 48.10% of respondents (165 people) agreed with the proposals,
- 51.9% of respondents (178 people) disagreed.



7.1.2 Of the 178 survey respondents who disagreed with the proposal, 157 individuals provided comments in the free text area to explain why they had chosen this response. Analysis of the qualitative data outlines a number of strong themes that emerged.

#### 7.1.3 Provision of beds for patients with dementia

One of the most common themes appeared in relation to the configuration of beds for dementia patients. In particular, concerns were expressed about the reduction of organic (dementia) beds from the current allocation of 28 beds to 15 beds under the new proposals. Several of the comments linked to an 'ageing population' and 'growing demand'.

**It is important to stay local and not have to be supported in a far off city**

#### 7.1.4 **Provision of beds for elderly patients**

Several comments reflected upon the demographics of an increasing elderly population and questioned whether there would be enough beds to accommodate the predicted ageing profile of the population. One respondent commented that reducing beds further would place a 'massive strain/pressure on community over 65 units'. This comment came from an electronic survey response, and reflects concerns raised in the public consultation events. At the open forums TEWV colleagues were able to discuss the developments in community services that would support a reduced bed base.

#### 7.1.5 **Out-of-area admissions**

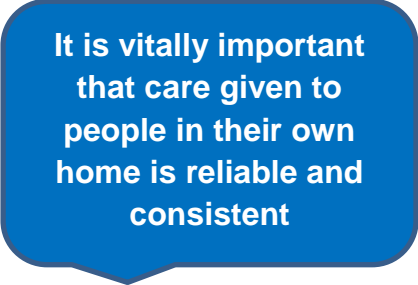
A high proportion of the responses touched on instances where patients believed there to be a 'lack of availability of local beds' within York. One patient wrote that it was a 'trauma' when her husband was sent to an out-of-area hospital and another advocated that it can be 'detrimental to care.' A survey respondent stated that it is important to 'stay local and not have to be supported in a far off city away from friends and family.'

#### 7.1.6 **Specialised services and Psychiatric Intensive Care Unit (PICU)**

A significant number of responses mentioned the absence of specialised services within York, including mother and baby unit and services for eating disorders. In addition, several responses noted the absence of PICU as being a concern. Information regarding the reasons for why these services are not included as part of the consultation is highlighted in section 11 of this report.

#### 7.1.7 **Making the service future proof**

Several comments were raised in relation to ensuring that, in particular, the new facility is 'flexible' and 'future proof' in light of a growing population.



**It is vitally important that care given to people in their own home is reliable and consistent**

#### 7.1.8 **Provision of community services**

Many responses mentioned the correlation between the number of beds and the need for community services to be in place. One respondent commented that 'it is vitally important that care given to people in their own home is reliable and consistent' and another stated that 'without upfront investment in community teams, it will put pressure on other parts of the system'.

#### 7.1.9 **Young people and child mental health services**

There were several replies which touched on the absence of provision of services for children, and queried why they were not incorporated into plans. In addition, comments were made with regards to services for young adults (18-24 years old), in particular about being on wards with more elderly patients and that it would be a 'frightening' period in their life.

## 7.2 Formal consultation meeting feedback

7.2.1 In order to add some wider context to the survey results on the proposed configuration and number of beds, the data is further supported by feedback received at our face-to-face events.

7.2.2 At the 11 formal consultation meetings and at some of the focus groups where requested, time was allocated for table-top sessions to discuss questions posed in the consultation. Several conversations took place between TEWV and CCG representatives and the public to understand more and try to alleviate concerns. The open dialogue allowed attendees to have a frank discussion, find out more about the proposals and receive immediate feedback. As a result, although similar themes emerged, concerns were weighted more towards topics around flexibility, ward layout and community services.

It seems reasonable if people can be adequately cared for in community settings

### 7.2.3 Formula used to calculate the number of beds

During the meetings a number of conversations took place about the methods used to calculate the proposed number of beds. TEWV representatives were able to explain the process and rationale for the formula. When specifically discussing the proposed number of beds, some of the positive comments included that 'it felt about right' and another that the beds feel 'comfortable.' The Healthwatch Assembly believed it was good to have gone to the 'top end' of the formula and that the number 'seems reasonable if people can be adequately cared for in community settings'.

### 7.2.4 Flexible beds

The ability to flex the beds on the wards was taken as a positive measure. One member of the public commented that it is 'good to have a plan where individual wards meet for flexibility', another stated that they 'liked the opportunity of flexibility and capacity to increase ward bed base.'

I like the opportunity of flexibility and capacity

### 7.2.5 Design and layout

Comments on the design were also collated. The separation of male and female bedrooms was considered a good design. In addition, one member commented that they were 'happy with the provision of ensuite facilities'. Feedback about the importance of outside space 'not just to visit but to see' was also

It's fantastic that it's all on the ground floor

captured and one member of the public commented that 'it's fantastic that it's all on the ground floor'.

### 7.2.6 **National concerns**

Those members of the public who disagreed with the proposed amount and configuration of 60 total beds commented on this number and linked it to 'national concerns around insufficient bed numbers'. Similar to the survey response feedback, there were still several concerns raised that the reduction of overall bed numbers to 60 seemed 'huge'.

### 7.2.7 **Community services**

Within the consultation event, much more of the conversation focused on the provision of community services to help support the number of mental health in-patient beds. One attendee questioned the sustainability of care in the community and suggested that it needs to 'be ramped up and be robust' and another wanted 'assurances that services will be in place.' One attendee stated that 'the premise of enhancing community beds and reducing beds has validity, but depends on that enhancement actually happening'. There were also some comments about the absence of community support in more rural areas. At these meetings TEWV responded in real-time to questions raised and more information will be highlighted in a dedicated frequently asked question section on the Vale of York CCG website.

Has the future ageing population had been taken into consideration?

### 7.2.8 **Population growth and ageing population**

Similar themes arose from the conversations about the number of beds in light of the population growth and the dependence on community provision. At several meetings the public questioned the rationale for the specified number of older people and dementia beds, and wondered if the 'future ageing population had been taken into consideration'. One member of the public raised a concern with the 'number of beds and doubling number of York residents'.

### 7.2.9 **Ward layout**

Several questions were raised about the decision not to separate wards into male and female areas for older people and those with dementia. In addition, a strong theme formed around the accommodation of young adults in the same ward as patients who are older. One member of the public commenting: 'How will you manage different age ranges on adult wards – e.g. an 18 year old sharing with a 53 year old?' This reflects concerns raised within the online survey.

Is there room for expansion?

### 7.2.10 **Care home provision**

There were also queries raised over care home provision. One member of the public stated '15 beds for the elderly is not enough if there are no care homes in the community to support'. Others asked about the links with nursing homes and if there would be care home provision in place.

### 7.2.11 **Site expansion**

At most of the meetings there was a discussion around the ability to expand the site if the number of beds was not sufficient. The importance of having enough room on the site to adapt services in the future if needed was highlighted by TEWV.

7.2.12 Overall, the general comments collated through the online survey, consultation events and meetings indicate that there is a very mixed response about the number and configuration of beds. There is a strong concern about the reduction of overall beds, despite the calculations, and some of this is related to personal or family experience of patients having to be supported for their mental health needs out of area. It appears that some of the ambiguity is due to needing to seek further clarification on areas such as provision of community services, the rationale for decreasing the number of older people beds, the explanation for flexing of beds and the understanding of the provision of specialised services.

7.2.13 Although similar themes are mirrored in the online survey and consultation events, it is apparent that respondents at the face-to-face sessions benefited from question and answer sessions where much more focus was placed on understanding the community provision that is used to support inpatient beds. Transcripts capture some of the two-way conversations that were held between the public members and representatives from TEWV and the CCG on the CCG's website.

7.2.14 There were a number of additional queries about challenging behaviour, respite facilities, facilities for visitors, prayer and multi-faith facilities, and funding for the new hospital. Many of these queries were unrelated to the location or number of beds. However, they still remain an important part of the consultation and will be used to inform the future provision of mental health services.

7.2.15 Verbatim comments will be made available, and common queries that have been raised will be responded to in the Frequently Asked Questions (FAQ) section of the CCG website.

### 7.3 Emails

- 7.3.1 On all of our communications, emails, and letters and within the literature we offered a 'contact us' address. Through several emails we received a number of generic comments in addition to the consultation proposals.
- 7.3.2 Of the 40 contact us emails, 30 were in direct response to the consultation questions and have therefore been incorporated into the 387 questionnaire responses. The remaining responses have been captured in the general themes gathered from other activities and some more specific questions have been fed into the Frequently Asked Questions.

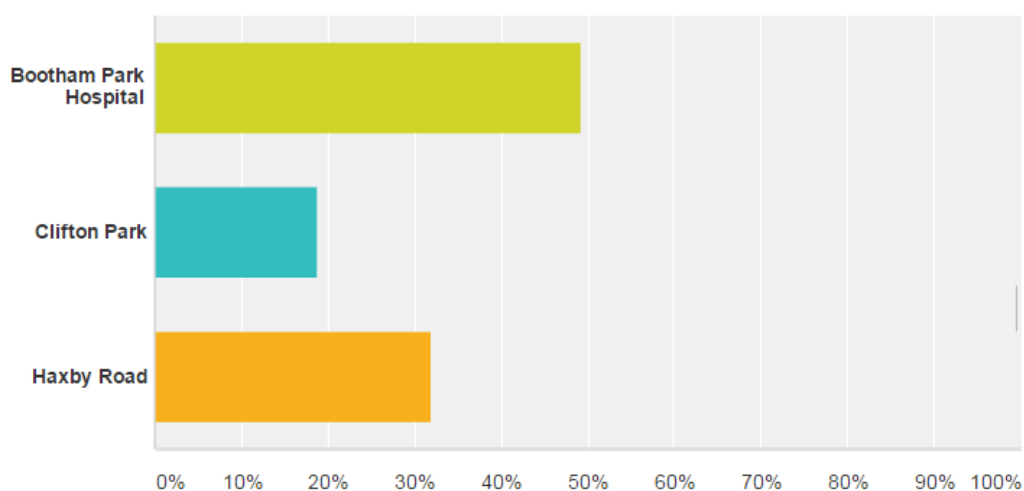


## 8 Site options and preferred location

### 8.1 Survey results

8.1.1 The survey results show that 367 of the 387 respondents indicated a preferred site option.

- **Bootham Park Hospital** had the most support with 49.32% of respondents (181 people) preferring this option
- **Haxby Road** site was the next most popular with 31.88% of respondents (117 people) preferring this location
- **Clifton Park** was the least popular with 18.80% of respondents (69 people) showing a preference for this site



8.1.2 In addition, there were a number of individual preferences captured at the formal consultation events. Within the meetings it was not an explicit requirement for each member of the audience to have to give a choice of their preferred location. However, it is recognised that, through some of the discussions, members of the audience specified a preference and these are outlined below. If a member of the public voiced a preference within the public meeting we are not able to verify if an additional survey was also completed. As such, public consultation responses remain separate from the online survey figures.

- 17 preferred Bootham Park Hospital
- 4 preferred Haxby Road
- 2 preferred Clifton Park

8.1.3 From the feedback received, there are many advantages and disadvantages noted for each site. Key themes have been captured below and incorporate the responses from the survey, emails and the stakeholder meetings.

## 8.2 Bootham Park Hospital – reported advantages

### 8.2.1 Central location, close to amenities, York Hospital and the city centre.

The strongest theme that was noted at all of the workshops, and throughout the survey responses, was the location of Bootham Park Hospital (Bootham).

**Central location  
Convenient  
access**

### 8.2.2 Attendees and respondents felt that the central position of Bootham was a key positive aspect of the site as it is close to amenities and the city centre allowing for ‘convenient access’. It is near to the ‘community’ as well as neighbouring York Teaching Hospital, which many deemed better for ‘integrating physical and mental health care’. One respondent comments that it is important to be ‘close to York centre as it is essential for people visiting and for patients to rehabilitate back into society.’

### 8.2.3 Good transport links - It was emphasised that Bootham Park Hospital had good cycling and walking access to the site. In particular, it was felt that the proximity to public transport was a huge advantage for patients and visitors. One person expressed that you ‘can walk from every bus service in York’ and another stated that the ‘transport links from all over the catchment area are adequate to Bootham Park.’

**You can walk  
from every bus  
service in York**

### 8.2.4 Historical significance and aesthetics of the site - At many of the meetings there was a discussion about the historical significance of the site, supported by themes from the online survey. Respondents commented that ‘we shouldn’t break with the long tradition’ and that the building has ‘national importance’ and ‘heart and soul’. Some commented that it is a ‘fine’ and ‘beautiful’ building and one member of the public stated that ‘people love what they are used to and have affection for the building’. Another person commented that it would ‘look great to put old and new together’ and thought that it could be accommodated as part of the design for the new hospital as it would be ‘easy to extend and expand’.

**Fine and beautiful  
building**

### 8.2.5 Tranquil site with green space - The public commented on the ‘nice grounds’ and ‘good outdoor space’ available at Bootham Park Hospital which made it a ‘restful, peaceful’ and ‘therapeutic’ location for patients and would ‘assist with patient recovery’.

**Nice grounds  
Good outdoor  
space**

8.2.6 A recognised site - On several feedback forms it was expressed that it was already an established site and should be maintained for 'continuity and consistency' and for 'familiarity for users and their families'. University students highlighted that it was good access from the university and that it was a known site so people are 'aware it exists'. In addition, many commented that the infrastructure was already in place.

### 8.3 Bootham Park Hospital – reported disadvantages

8.3.1 Limitations of listed building and feasibility of incorporating a new design - One of the main concerns raised at many of the meetings was the question as to whether the new single storey hospital design would fit onto the site. One public member commented: 'you can't have what you need at Bootham and preserve the building' and a staff member stated that were 'strongly against Bootham as the listed status may distract from patient care by compromising design'. A GP patient participation group representative highlighted that there would be 'difficultly balancing historic consideration, cost and patient need' and several survey respondents commented that 'it is no longer fit for purpose'. A survey respondent expressed the fact 'that people suffering mental ill-health have been cared for in such an old and inadequate facility shows how marginalised people with mental illness have become.'

**It may distract from patient care by compromising design**

8.3.2 Access for patients with a disability - In particular, several comments arose around the fact that 'disabled access could be limited' due to Historic England restrictions and that there would be a 'challenge' to keep the building one storey or offer 'room for expansion'. It was also raised by a member of the public that 'in a time of diminishing resources would we be tying up all our money in a building?' and another highlighted that 'limited funds are important to people.'

**Disabled access could be limited**

8.3.3 Stigma - The topic of 'stigma' arose at many of the meetings. Some members of the public felt that the stigma attached to the site had dissipated. One university student commented that if Bootham Park Hospital could be 're-branded' this would help. However, several members of the public still felt that there was 'stigma' attached to Bootham Park Hospital, and a student emphasised the 'very negative patient experience' of inpatients at

**Should we be tying up all our money in a building?**

Bootham and the outcome of the Care Quality Commission report. One member of staff suggested that we should just 'leave it be' and a survey respondent thought Bootham 'has had its time'.

8.3.4 Traffic Congestion - In addition, strong concerns were raised over the traffic congestion and parking facilities.

8.3.5 Too central - As for the location of Bootham, it was highlighted by a member of staff that it could almost be 'too central' and that 'acutely unwell patients may not need city access.'

#### 8.4 Clifton Park – reported advantages

8.4.1 Transport - One of the positive themes that emerged was that people felt there was good access to the site for visitors and staff by car due to having the 'best road links' and therefore 'avoiding the clogged up city centre'. A member of the public at one of the public meetings mentioned that it was good access for Easingwold and a survey respondent suggested that there was 'easy access from most points of the city' and it was 'close to the ring road'. Others mentioned the park and ride route and that there was a path access to the site.

**Best road links**

**Avoids the  
clogged up city  
centre**

8.4.2 Amenities - At the consultation meetings, attendees felt that the site was in a good location due to the proximity to amenities such as Tesco and the cinema. It was also highlighted that the new hospital may increase facilities in the area.

**Peaceful**

**Green spaces  
nearby**

8.4.3 Green space - Some members of the public proposed that the trees could provide privacy and that there was a possibility of using recreational allotments for therapeutic purposes. One survey respondent stated that it is 'quiet area' with 'green spaces nearby' and another expressed that the surrounding environment is 'peaceful' and that this 'can be key for relaxing/less environmental pressures for rehabilitation of patients and relatives.'

8.4.4 An NHS owned site - Some conversations at meetings drew on the fact that there are already existing NHS facilities on the site, which may make it easier to build upon, as well as the potential to increase links with the forensic services and police. This theme was mirrored in the online survey responses, with one respondent stating that they had chosen the option 'due to all services being together in one place'.

## 8.5 Clifton Park – reported disadvantages

8.5.1 Flood risk - The greatest issue raised at the vast majority of the meetings, and through survey responses, was around the potential flood risk of the site – incurring extra cost and higher insurance and the ‘inconvenient and distressing’ impact it could have for patients and visitors. The Healthwatch Assembly said they were ‘very concerned’ as this could impact design and a student questioned the possible ‘cost of defences’. Some asked if the building could be raised to prevent the flood risk.

**Very concerned  
about the flood  
risk**

8.5.2 Public transport limitations - Access and public transport was another area that was considered a major drawback. Some expressed concern that it is ‘quite a long way to walk’ from the bus stop. In addition, one member of the public highlighted that the park and ride ‘isn’t brilliant as it closes at 8pm’. Rush hour would be difficult to access as it gets congested and the A19 was considered a very busy road. A university student and some members of the public highlighted that there would be ‘multiple switches of transport’ involved.

8.5.3 Capacity to expand - As for the site itself, several concerns were raised over the size of the land and the ‘capacity to build extensions’ and if this would ‘compromise designs’. A member of the public highlighted that they ‘wouldn’t see this as a positive development’ as it would ‘impact and spoil the views’ and another commented on how there would be a ‘loss of green space’. In addition, some people raised concerns about the proximity to residential areas and wondered if there would need to be ‘consultation with residents’. A survey respondent comments that it would have to ‘encroach on the allotments and open space’.

**Compromised  
designs  
Loss of green  
space**

8.5.4 Stigma - The issue of stigma was also indicated as a concern by several members of the public with one commenting that they felt there was ‘far worse stigma than Bootham’.

## 8.6 Haxby Road – reported advantages

8.6.1 Optimal design and capacity for expansion - The most prominent theme that was evident in public consultations and through the survey, was the advantage of the size, shape and orientation of the Haxby Road site. People

commented that Haxby Road is the ‘biggest site of all and most suitable for expansion’ and ‘large enough to be future proof’. One person stated that ‘we should have a new mental health hospital in a place that gives us capacity and opportunities for the future’. Haxby Road was considered the ‘least restrictive’, ‘most optimal for design’ and ‘the most straightforward of the three options in terms of the practicalities associated with such a build’

**Large enough to be future proof**  
**Most optimal for design**

8.6.2 Transport - When discussing the transport options and availability, some thought that it has the ‘best access for out of town’ and that there are good parking facilities. Some mentioned that it was on a ‘well-serviced’ bus route with ‘good access’. According to one consultation attendee it was ‘one of the best’ routes in York and a representative from York Mental Health Carers stipulated that it was a ‘fantastic bus route’, and that the bus stop is near to the proposed facility. In addition, several people commented that it is a good location for cyclists.

8.6.3 Brownfield site - Haxby Road’s status as a brownfield site was seen as an advantage to some as it is ‘less environmentally damaging’ and ‘better use of land than using an existing greenfield site’.

8.6.4 Green space - In terms of location of the site at Haxby Road, people felt that it was ‘surrounded by green space’ and in a ‘quiet, discrete location’. Some members of the public highlighted the close proximity to the New Earswick facilities and the potential to link into the local community.

8.6.5 ‘Fresh start’ - There were many comments collated from meetings, and via the survey, about the opportunity for Haxby Road to provide ‘a fresh start’. A member of the Healthwatch Assembly commented that we can ‘welcome services into the 21<sup>st</sup> century’. Survey respondents expressed that it was beneficial to have ‘a new site to allow for a modern hospital’ and another that it would ‘allow the development of new modern day services without the hangover and stigma of the past’.

**Welcome services into the 21<sup>st</sup> century**  
**Allow for a modern hospital**

## 8.7 Haxby Road – reported disadvantages

8.7.1 Possible flood risk - Several questions arose about the possibility of the site flooding and its proximity to the river.

8.7.2 Brownfield status and contamination risk - Another strong theme was around the brownfield status of

**Unknown factor**  
**Decontamination**


the site. The public raised concerns about its decontamination and the 'unknown factor of the ground quality' and 'pollution'. One member of the public questioned if too much money would be spent clearing the site.

8.7.3 Transport - The issue of transport was a concern for many. Some members of the public felt that the bus access was poor – especially on a Sunday. One member of the public did not like the fact that it was 'not within walking distance of the city' and that there was 'poor access' from the west of the city. There were also concerns about traffic congestion.

8.7.4 Location – isolation: The location of the site was seen as 'too far out' for some and perceived as 'less accessible' and 'isolated' as there were no amenities close by. Others raised concerns that the lighting and walking routes to the site would need to be improved and there would need to be increased security and safety.

8.7.5 In addition to the individual comments around each site, it is acknowledged that some respondents felt they needed more information about the cost, the flood risks and the feasibility of whether the design can be incorporated into each of the sites.

8.7.6 Other members of the public stipulated that the design of the building was the most important aspect of the new hospital over the location – as one respondent stated: 'priority should be given to sites with space to build the right building for our current needs, with an eye to the future as needed.'



**Priority should be given to sites with space to build the right building for our current needs**

## 9. Responses and opinions from specific groups and key stakeholders

As part of the engagement process we identified a cohort of our population that we wished to seek views from and opened the invitation to discuss the proposals in more detail. We carried out sessions with the specific groups of stakeholders in the way that suited the target group, which ranged from workshop-style focus groups with facilitators to closed question and answer sessions. We have provided this analysis as a separate section to the document as we feel it can offer some interesting insight into the opinions these groups.

### 9.1 Carers

9.1.1 On 9 November 2016, a workshop was held with the York Mental Health Carers Group. Conversations at this session were primarily focused on the sustainability of community services and the importance of 'continuity of care'. In particular, several concerns were raised about 'crisis' care – with focus on the need for services to help 'avoid a crisis'. Discussions were had about up-skilling of staff to support de-escalation and on the importance of communication.

**Community services are crucial... it underpins the whole model**

**Support for carers is crucial in supporting positive outcomes.**

### 9.2 Healthwatch

9.2.1 On 25 October 2016 TEWV and the CCG attended the Healthwatch Assembly mental health consultation. Discussions took place about the numbers of beds and the feeling that they are 'reasonable'. The flexibility of 'swing beds' was also seen as favourable. However, it was recognised that community provision was seen as a key component – 'getting the right care in the right place'. It was raised that 'community care feels challenging' at the moment and that a 'single point of access' would be useful.

**Key is community  
Single point of access  
would really help**

9.2.2 Concerns were also voiced about demographics and 'capacity' for future need. Other common topics included staff training, ensuring there is the right skill mix, and recognising the role and importance of the carer stating that they are 'crucial in supporting positive outcomes'. It was also noted that it needs to be seen in the wider context, with reference to prevention and public health initiatives.

**Contingency needs to be built in if there are new/different needs**



### 9.3 Mental Health Action York

- 9.3.1 We were invited to hold a closed session with Mental Health Action York (MHAY) on 23 November 2016. This session focused on a range of questions that MHAY prepared in advance of the meeting. CCG and TEWV colleagues attended the session and discussed the issues raised. Many of the questions raised by MHAY have been raised in other forums throughout the consultation and have been incorporated in the frequently asked questions.
- 9.3.2 The session was delivered in this way as several of the MHAY group had already attended one or more public event, and as a result, wanted a more in-depth and focused conversation.

### 9.4 Patient Participation Groups

- 9.4.1 As part of our conversations with patients and representatives from GP practices we were invited to a Patient Participation Group (PPG) to carry out a session. Comments recorded in the facilitated workshop queried the decrease in beds (with an ageing population and increased demand) and capacity of community provision. Site accessibility and parking was noted as being important and they stated that they were 'impressed' by the flexibility of the wards.

**Impressed by the flexibility**

### 9.5 Staff

- 9.5.1 The CCG consulted with staff from VOY CCG and the CYC. Over 20 members of staff attended. Conversation focused on designs and capacity – asking where the inspiration was taken from, the flexibility and potential expansion of the site and what will happen to existing facilities. In addition, a number of other comments about need for out-of-hours provision, crisis team operating hours, support for families and for university students, and whether the community services are 'ready for this'.
- 9.5.2 The tensions that exist between the perception of reducing bed numbers and the financial costs of commissioning empty beds were specifically highlighted. In addition, TEWV undertook informal discussions within teams/meetings and encouraged staff to feedback using the consultation processes.

### 9.6 Students

- 9.6.1 Within the equality impact assessment (EIA), consultation with students was highlighted as a priority. With an increasing student population

**Patients get better with local support**

within the CCG's footprint, it was deemed important to engage with this section of the population. As a result we met with groups of students from University of York on 23 November 2016 and York St John on 5 December 2016.

9.6.2 The new mental health hospital was viewed favourably, as it would allow 'capacity for enhanced services and joint working'. However, several conversations were held about the provision of community care and how it would work in a university environment.

9.6.3 It was suggested that having community care in student accommodation 'puts a lot of pressure on flat mates' and they 'don't want to worry families'. They also raised concerns about 'more community counselling' as 'a priority' and were anxious about the 'lack of capacity' at peak times.

9.6.4 Where a location was discussed, four of the York University students felt that Bootham was the preferred option – 'especially with a rebranding' as it is a central and peaceful location, close to amenities. They also raised that 'pathways need to be made clear' and that 'patients get better with local support'.

**What steps are you taking to ensure that things are in place to avoid a crisis?**

## **9.7 Voluntary sector**

9.7.1 We delivered a consultation workshop with York CVS and Age UK. During the sessions points were raised about taking into consideration those with visual impairments, and the concern over the Clifton bus stop being far from the site. One attendee mentioned that it is important to 'co-balance bed reduction with improvement of community care' and that the 'voluntary sector could contribute'. Age UK representatives discussed specialised services, timeframe and volunteering.

## **9.8 York Older People's Assembly (YOPA)**

9.8.1 On 12 December 2016 we attended the York Older People's Assembly to present on the consultation for the development of a new mental health hospital. On 10 January 2017 the CCG received a formal letter of response from the York Older People's Assembly, which thanked the CCG and TEWW for the 'extensive consultation programme, whatever the outcome.'

**Extensive consultation programme**

9.8.2 Overall, it stated that it was 'broadly in support of services being developed within local

communities in non-institutional settings, but recognise the need for some in-patient facilities’.

9.8.3 In relation to number and configuration of beds, concern was expressed about the lack of forward projections locally of those requiring access to mental health services.

9.8.4 Commenting on design requirements, YOPA is ‘supportive of the design proposals’. However, it suggests that ‘a two-storey design should not be ruled out if it was restricted to staff and ancillary accommodation.’

9.8.5 With reference to the site options, YOPA commented that it is difficult to arrive at a preferred view until key information concerning the views of the Planning Authority on the three shortlisted sites is available. Recognising that the existing Bootham site is ‘highly problematic’ YOPA highlighted that ‘easy physical movement between the Mental Health Hospital and York Hospital is highly desirable.’

## 9.9 Local authority responses

9.9.1 City of York Council: The City of York Council (CYC) affirmed its support for the CCG’s plan to build a new state-of-the-art mental health hospital for York. It supports the notion that a new hospital is needed to ensure the dignity, privacy and safety of those needing it to help them recover from mental ill health. CYC made some very detailed suggestions around design features. It also has asked for more clarification on several areas:

- a better understanding of the contribution of a new mental health hospital within an overarching strategy for dealing with mental health illness in the Vale of York;
- the rationale that will be used to achieve a balance of provision between hospital and community based provision. CYC seeks assurance that reducing the bed base will result in investment in improved community services;
- assurance that steps will be taken to engage, on an on-going basis, the local community so that the final proposal, whichever location is chosen, will integrate within its local setting.

9.9.2 North Yorkshire County Council (NYCC): On 13 January 2017 NYCC offered a response to the consultation. It was noted that the CCG and TEWV have made a ‘concerted effort’ to ‘seek the views of people who use services, carers, the wider public and partner agencies.’

Responding on the topic of proposed bed numbers, NYCC believes it to be a ‘pragmatic response’, noting that the TEWV average is 49 beds for these

types of services. However, concerns were raised about the proposed down-scaling of bed numbers for older people with dementia, including:

- the rationale for the change in bed numbers;
- the replacement of services in Selby and York with a single unit in York decreasing the ability to be able to receive care and support locally, and
- the forecast bed requirement data not allowing for any indication of the split that may be needed between dementia and functional conditions for older people.

In response to the preferred site option it was highlighted that the Clifton and Haxby Road sites are more accessible for North Yorkshire residents, however they are not good for residents of Easingwold or Selby. NYCC feels that Bootham may be a better location due to public transport access, however it was recognised that the history of the site may be 'unacceptable' to people with mental health needs.

In addition, issues were highlighted about the provision of mental health services across the North Yorkshire patch in comparison to neighbouring areas, and NYCC welcomed the opportunity to work with the CCG to explore any future opportunities.

## **9.10 Responses from local Overview and Scrutiny Committees**

9.10.1 We attended the three Overview and Scrutiny Committees that cover the CCG population and have been invited back to report on the findings and discuss the outcome of the consultation in more detail as follows:

- East Riding of Yorkshire Overview and Scrutiny Committee – 4 October 2016;
- City of York Overview and Scrutiny Committee – 18 October 2016;
- North Yorkshire County Council Overview and Scrutiny Committee – 18 November 2016.

9.10.2 All of the Overview and Scrutiny Committees were satisfied with the consultation plan and had no specific issues to be addressed. All of the Committee members were encouraged to attend public consultation events and an offer was extended to councillors to follow up on an individual basis if required.

## **9.11 Responses from health partners**

9.11.1 We invited the Yorkshire Ambulance Service (YAS) to comment on the new hospital proposals. The new section 136 suite was welcomed as it would 'reduce transports to Leeds and Scarborough but the Service stated that it

wanted assurance that staff in this facility will be able to undertake clinical assessment. YAS suggested the opportunities for strengthening partnership working with the potential for shared posts in the mental health hospital, and highlighted the access for the 24/7 mental health clinicians in the YAS control room into local mental health teams.

## **9.12 Responses from interested parties**

9.12.1 On 13 January 2017 York Civic Trust (YCT) wrote to the CCG to offer an opinion on the proposals for the new mental health hospital site options. In particular, YCT responded in relation to the Bootham Park site. YCT believes the Bootham Park Hospital is of 'national architectural and social interest' and requested that the Bootham Park buildings are 'appraised against the same criteria as the other sites, in a transparent process.' It offered its assistance with regard to heritage matters.

## 10. Equality monitoring information

As part of the survey we asked a series of questions to find out more about the demographic of the respondents. It is encouraging to note that, although this section of the survey was only optional; we received 250 responses to some of the questions. All of the data on respondent profile can be found in appendix v and the responses from different protected groups will continue to be analysed and used to inform future plans within the development of mental health services. An overview of those who responded to the survey and chose to answer the demographic and equality monitoring questions can be viewed below.

**Table 3: Equality monitoring question - In what capacity are you responding?**

In what capacity are you responding?	Number	Percentage
Member of the public	147	59.04
Patient or community group	14	5.62
Patient carer	15	6.02
Partner organisation	20	8.03
Staff clinician	56	22.49
Other	40	16.06

We were able to capture some of the information around location of respondents. We arranged consultations out of York City Centre, in localities and used local and regional media outlets. In total 86.03% of respondents who answered the demographic question stated they lived in York.

**Table 4: Equality monitoring question – Location of respondent**

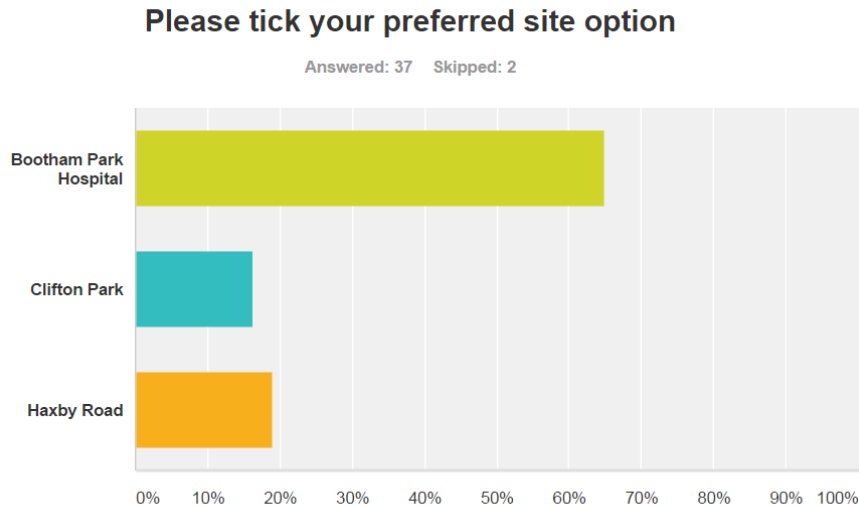
Location	Number	Percentage
York	197	86.03
Selby	15	6.55
Easingwold	4	1.75
Tadcaster	1	0.44
Pocklington	5	2.18
Ryedale	7	3.06

### 10.1 Survey responses split by demographic and equality monitoring information

10.1.1 Asking respondents to fill in the equality monitoring aspect of the document was to enable us to analyse responses by specific strands of the population.

## 10.2 Respondents living with a mental health condition

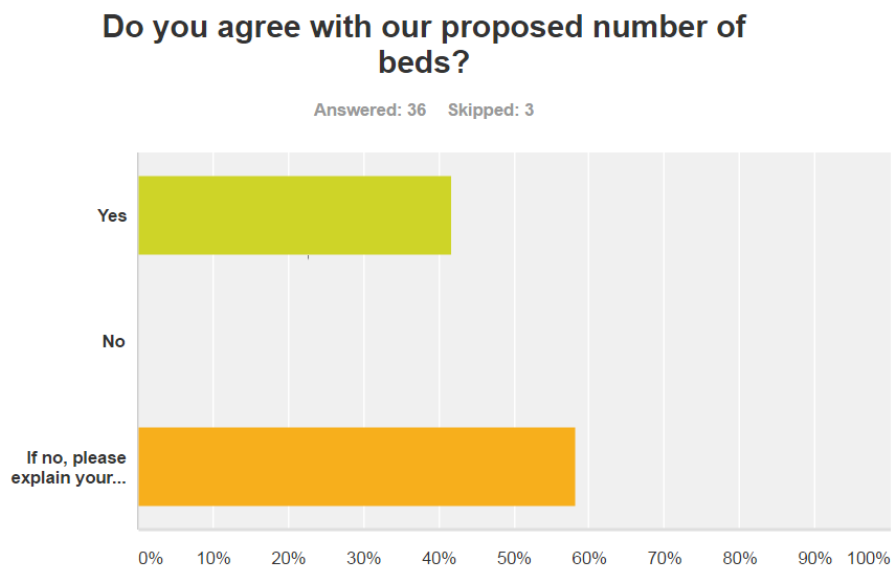
10.2.1 Through the online survey we were able to collate a number of insights from those who identified themselves as living with a mental health illness. 39 people (16.53%) of the respondents identified themselves as having a mental illness:



- 64.86 % (24 respondents) preferred Bootham Park
- 18.92% (7 respondents) preferred Haxby Road
- 16.22% (6 respondents) preferred Clifton Park.

10.2.2 Good transport links, accessibility, being close to York Teaching Hospital and familiarity of an established site were highlighted as important reasons for preferred choice of location.

10.2.3 When asked about the proposed number and configuration of beds, 41.67% (15 respondents) felt it was sufficient and 58.33% (21 respondents) % did not.



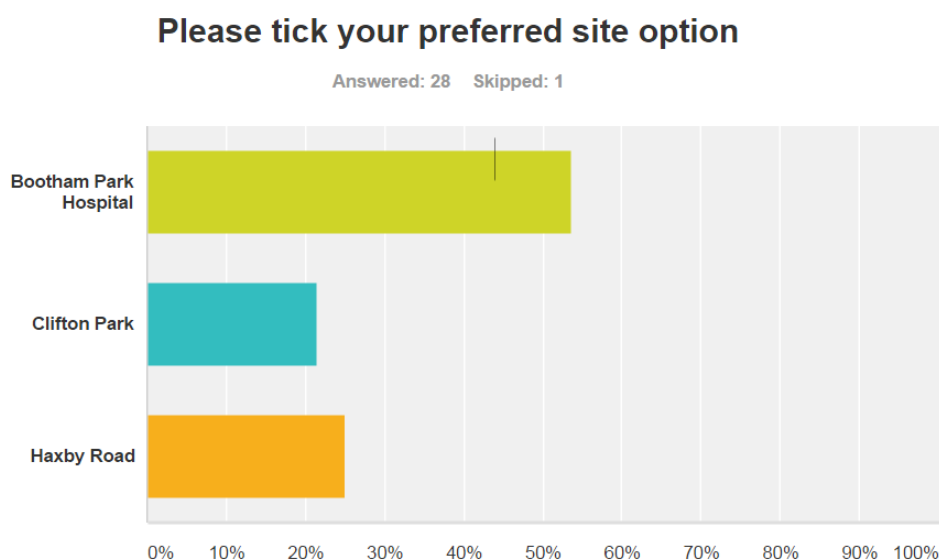
10.2.4 Pertinent themes that emerged from this group of respondents included concerns about community services, shortage of beds and being treated out of area. Some stated that there was ‘too little wiggle room’ in the current system and another suggested that ‘if there had been a bed available my recovery would have been quicker.’ With regards to design of the new facility, it was highlighted that chaplaincy and quiet-room provision, accessibility for those with disabilities, access to outside space, single rooms and single-sex facilities are very important. One service user had found it ‘distressing’ to have had to share facilities with the other sex.

10.2.5 In relation to ensuring the service meets the diverse needs of its population there were several comments about ensuring ‘inclusivity’, ‘not alienating patients’ and ‘listening to marginalised people’s views’. In addition, a strong message of person-centred care was expressed by one respondent about not adopting a ‘one size fits all’ approach and ‘seeing the person not the illness’.

### 10.3 Patients who considered themselves to have a disability

10.3.1 We received 28 (12.28%) responses from people who considered themselves to have a disability. In relation to potential site location:

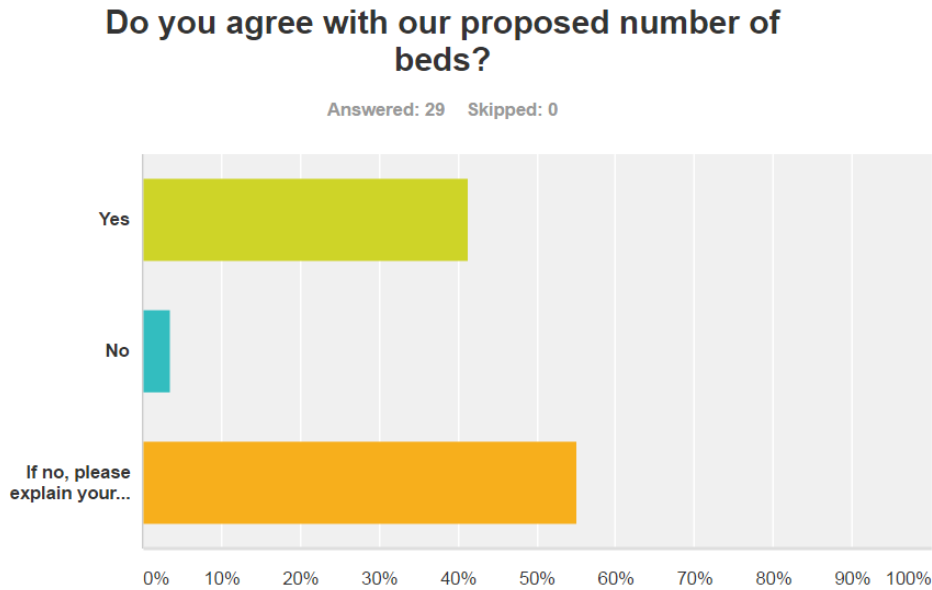
- 53.57% (15 respondents) preferred Bootham Park
- 25% (7 respondents) preferred Haxby Road
- 21.43 % (6 respondents) preferred Clifton Park.



10.3.2 In relation to bed numbers



- 41.38 % of the respondents (12 people) agreed with the proposed number and configuration of beds and
- 58.26 % of the respondents (17 people) disagreed.



10.3.3 Respondents were concerned with the ‘so few’ bed numbers in light of a ‘population demanding more of mental health services’. Whereas some thought the ‘total numbers may be adequate if the room usage can be flexible’.

10.3.4 General comments about providing a service to meet the needs of our diverse population included concerns around meeting the needs of an elderly population, as well as ensuring a good transition between child and adult mental health services. In terms of design, it was highlighted that the ensuite rooms need to be accessible for users with disabilities.

## 10.4 Young adults (18-24)

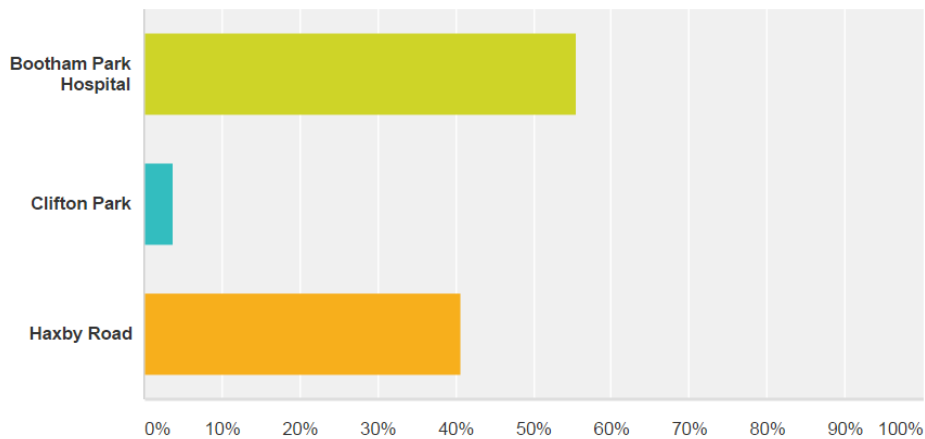
10.4.1 As provision of services for ‘young adults’ has been a consistent theme throughout the consultation, we have analysed results for those who stated they are between 18-24 years of age.

10.4.2 In relation to potential site location,

- 55% (15 respondents) preferred Bootham Park,
- 41% (11 respondents) preferred Haxby, and
- 4% (1 respondent) preferred Clifton Park.

## Please tick your preferred site option

Answered: 27 Skipped: 1



10.4.3 In relation to bed numbers, 60 % of the respondents (17 people) agreed with the proposed number and configuration of beds and 40% of the respondents (11 people) disagreed.

10.4.4 General comments revolved around ensuring the location is convenient and accessible, close to universities as 'students struggle with mental health a lot' and on good public transport routes. Other feedback was received about concerns that there appeared to be too few beds and it is always 'good to have spare'.

10.4.5 Respondents also commented on the provision of services for young adults; one respondent stating that 'being under 25 but over 18 is terrifying' and 'especially when you have been unwell for many years ' and may be 'functioning at a lower age than your chronological age'. Another young adult expressed the opinion that 'student mental health is a massive issue'.

10.4.6 When asked about shaping the services around the diverse needs of the population, questions were raised around provision for non-binary gender identify and transgender patients.

## 10.5 Lesbian, Gay, Bisexual and Trans (LGBT)

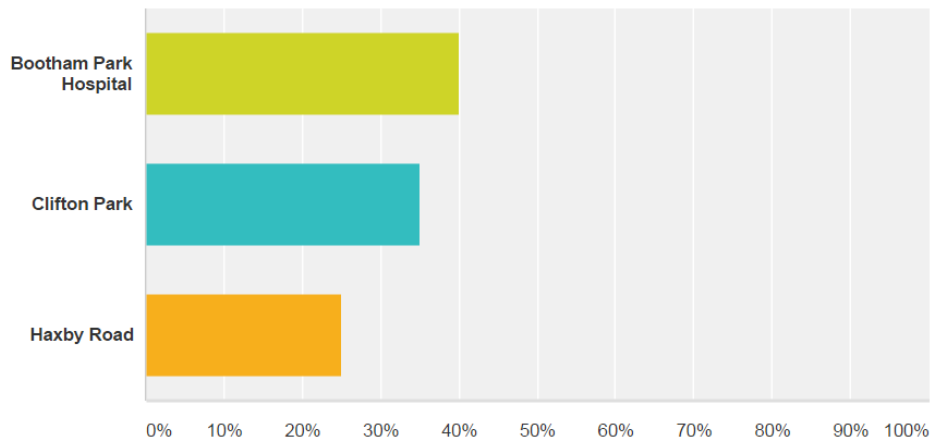
10.5.1 We received 20 responses to the consultation from people within the LGBT community.

10.5.2 In relation to potential site location:

- 40% (8 respondents) preferred Bootham Park
- 35% (7 respondents) preferred Haxby Road
- 25 % (5 respondents) preferred Clifton Park.

### Please tick your preferred site option

Answered: 20 Skipped: 0

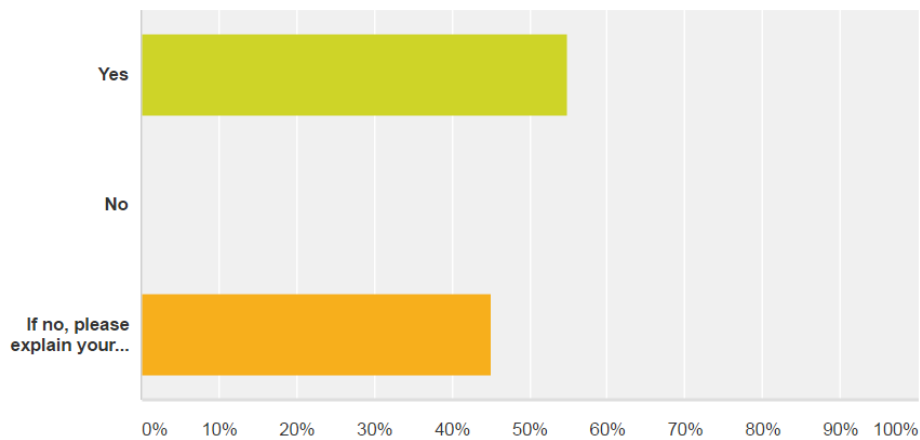


#### 10.5.3 In relation to bed numbers

- 55 % of the respondents (11 people) agreed with the proposed number and configuration of beds and
- 45% of the respondents (9 people) disagreed.

### Do you agree with our proposed number of beds?

Answered: 20 Skipped: 0

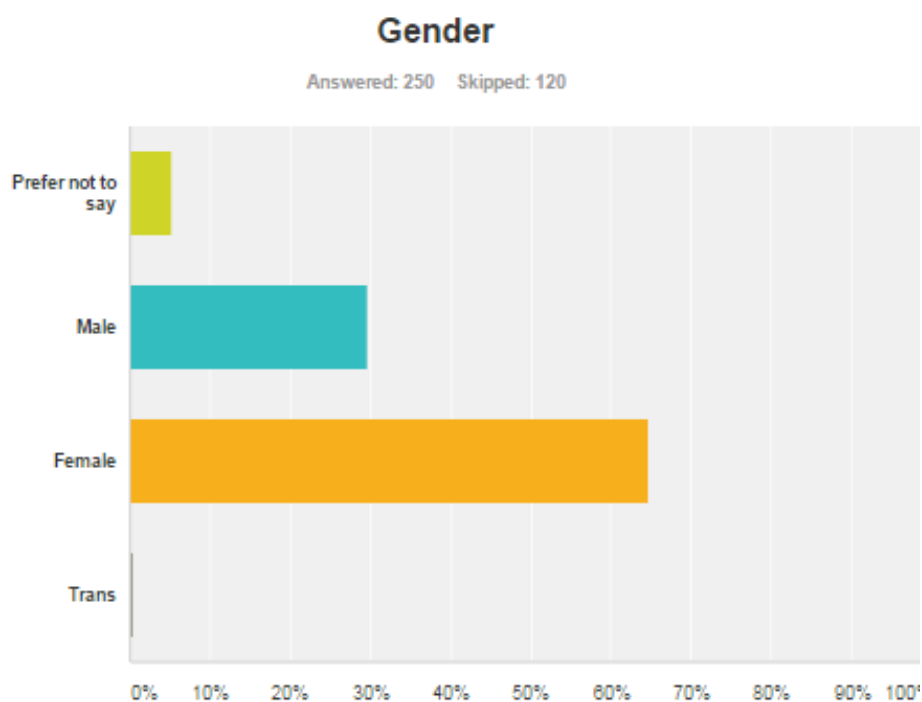


10.5.4 General feedback about the number and configuration of beds focused on concerns about current capacity, patients having to go out of area and whether future population growth has been taken into consideration. Respondents expressed the view that the site needs to have good public transport, be accessible for those with disabilities and have space for relatives to visit. Other comments focused on provision for the student population in terms of mental illness and psychological therapies, the absence of 'outreach work within the LGBT community' and concerns around providing a safe environment and how staff would deal with homophobia.

## 10.6 Gender

10.6.1 The split of the respondents was:

- 64.8% (162) female
- 29.6% (74) male
- 0.40% (1) trans
- 5.2% (13) prefer not to say



10.6.2 Female respondents commented on design features – around space for multi-faith quiet reflection room, facilities for young adults and considerations for all diverse needs. Preferred choice was Bootham Hospital with 51.3%, Haxby with 32.92% and Clifton Park with 14.91%. In relation to proposed bed numbers there was concern that there would be enough for the elderly population and 51.9% did not agree with the proposed number and configuration of beds.

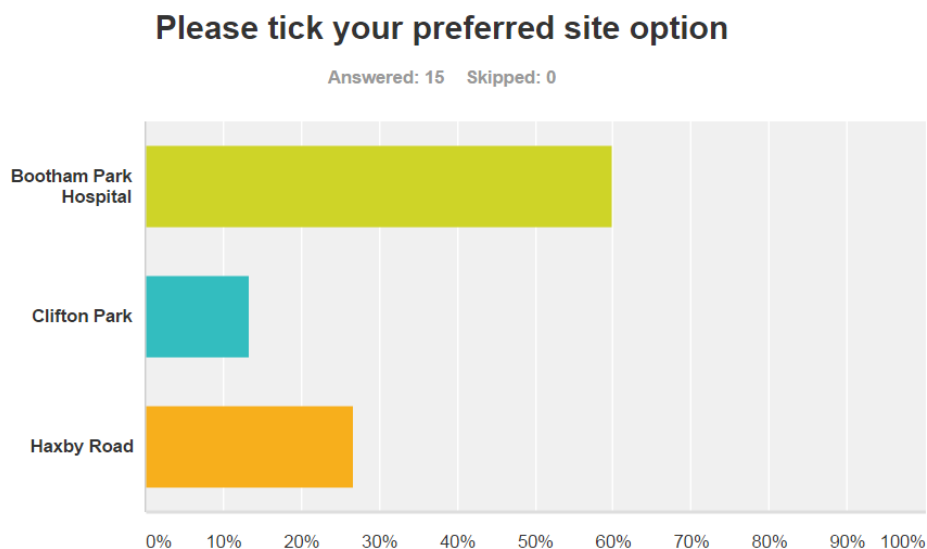
10.6.3 For male respondents – the preferred choice was Bootham Hospital with 51.3%, Haxby with 25.71% and Clifton Park with 22.86%. A total of 55.71% did not agree with the proposed number and configuration of beds. Themes were in line with those highlighted in other areas of the document.

10.6.4 We had one transgender respondent who indicated Bootham Park as the preferred location due to buildings already being in place, and its access and surroundings. They agreed with the proposed bed numbers. In addition a

number of comments were raised throughout the consultation about provision for transgender patients.

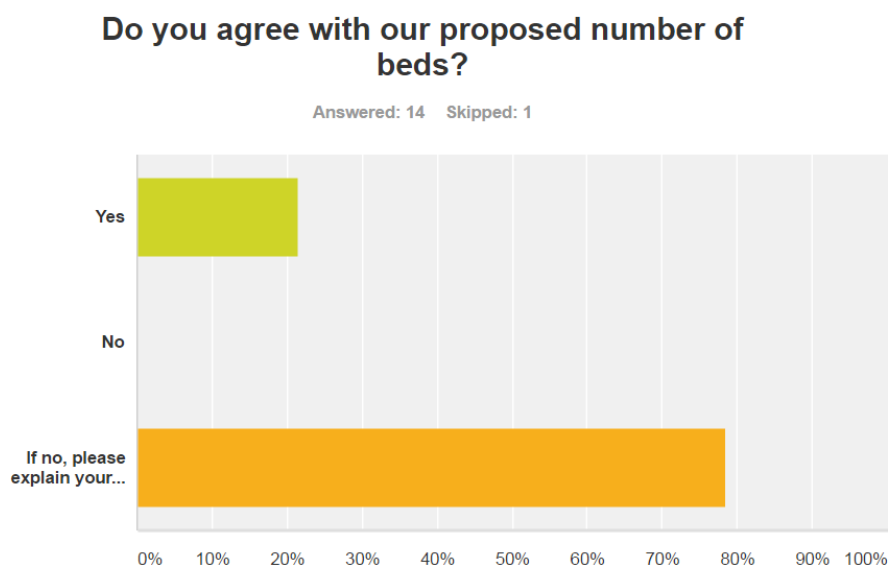
## 10.7 Patient carers

10.7.1 Within the online survey, there is some insight into the views and opinions of carers, through information captured via the equality monitoring section. A total of 15 respondents identified themselves as a patient carer.



10.7.2 Of these, 60% (nine respondents) indicated Bootham Park as their preferred choice, with 27% (four respondents) opting for Haxby Road 13% (two respondents) opting for Clifton Park.

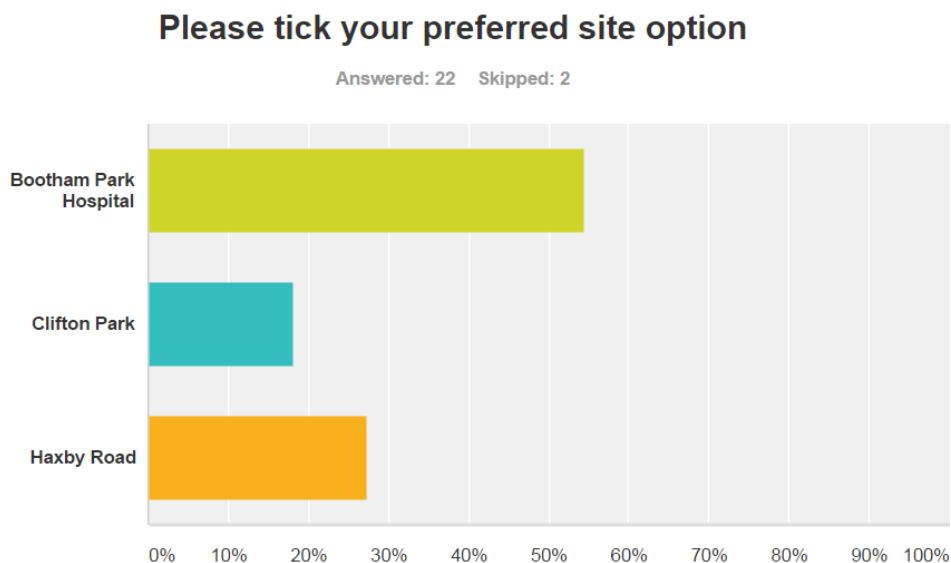
10.7.3 In answer to the question about the proposals for the configuration and numbers of beds, only three respondents (21%) stated they agreed with the proposals, while 11 respondents (79%) disagreed.



10.7.4 Several views were captured from the free text comments. One carer thought that ‘care in the community is a good idea, but when it is not working hospitalisation is required’. Several of the responses alluded to the negative impact felt by patients having to go out of area for specialised services, one carer stating that it ‘increases the pressure on the patient and their families and can only have the adverse effect on the recovery process.’

## 10.8 Over 65s

10.8.1 We received 22 responses from respondents who stated they were over 65 years of age. The preferred choice was Bootham Hospital with 54.55%, Haxby with 27.27% and Clifton Park with 18.18%.

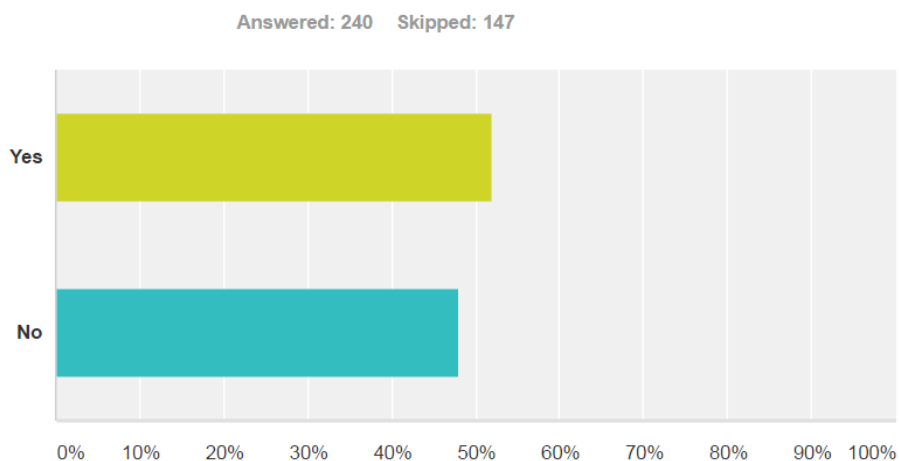


10.8.2 Concerns were raised about the underfunding of mental health services and the increasing population figures. One respondent highlighted the importance for older people to ‘be able to access both mental and physical health care at the same time’ and another suggested that there may be more older women than older men, so flexibility in male/female bed allocation should be built in.

## 10.9 Shaping services around the diverse needs of our population

10.9.1 Within the demographic and equality monitoring information section of the survey, we posed a key question to respondents about shaping our services around the diverse needs of our population. We wanted to capture information about any issues we need to consider in relation to this topic.

Question we asked: We want to shape the services around the diverse needs of our population. Are there any issues you think we need to consider in relation to diverse need?



- 240 out of 387 people responded to this question and we received 144 free text comments.
- 52% of respondents (125 people) said there were issues that are needed to consider in relation to the diverse needs of the community and 48% of respondents (115 people) answered no.

10.9.2 Of the 144 comments a number of key themes emerged, in particular around the design of the new ward and provision of services for those with mental ill health.

10.9.3 Many of the themes captured were directly linked to understanding more about how TEWV will ensure the design meets the needs of a diverse and changing population. Within this section some very valuable and important qualitative data has been captured about the concerns of the local community including:

- provision of services for young people and students;
- ensuring services will meet the needs of an ageing population;
- clear access for patients with disabilities and visual impairments;
- provision of areas for quiet reflections and prayer, as well as ensuring it meets the needs for multi-faith purposes;
- facilities and support for those who are undergoing gender reassignment and provision for those with non-binary gender identity;
- equality and diversity awareness and training for staff.

## 11. Specialised services

11.1 During the consultation, the community raised a number of helpful issues that we could not include in the consultation report as they were about mental health services that are not commissioned by the CCG. These include:

- Specialised eating disorders – provided in York by the Retreat;
- High secure and medium secure mental health – provided at specialist units;
- Low secure mental health – provided in Leeds by Leeds and York NHS Partnership Foundation Trust;
- Specialised hearing impaired mental health – provided at specialist units;
- Gender identity – provided at specialist units;
- Perinatal mental health (mother and baby inpatient unit) – provided in Leeds by Leeds and York NHS Partnership Foundation Trust and Northumberland Tyne and Wear NHS Foundation Trust in Morpeth;
- Tier 4 child and adolescent mental health (CAMHS) – provided at Mill Lodge in York by Leeds and York NHS Partnership Foundation Trust;
- Tier 4 severe personality disorder (adults) – provided at specialist units;
- Mental health specialised forensic child and adolescent mental health service (CAMHS) secure – provided at specialist units.

11.2 We will ensure that any comments related to these are shared with our colleagues in NHS England, who are responsible for commissioning these services.



## 12. Next steps

- 12.1 Following the closure of the consultation on 16 January 2017, and consideration of the findings outlined in this report by the CCG's Governing Body on 2 February 2017, the following milestones will be progressed by TEWV unless stated otherwise:

**Table 5: Outline timetable for next steps**

Milestone	Date
Option appraisal	February 2017
Outline Business Case (OBC) completed	March 2017
OBC approved	April 2017
OBC to CCG, NHS Property Services, NHS England	May 2017
Full Business Case (FBC) completed	December 2017
FBC approved	January 2018
FBC CCG, NHS Property Services, NHS England	February 2018
New hospital completed by	December 2019

- 12.2 The cost and progression of new mental health services sits with TEWV in line with the current contractual arrangements. This means that the final decision on the configuration of beds and site from the current options will be made in January 2018 when the Full Business Case is considered by TEWV. Formal assurance of the on-going process from 2 February 2017 will be at the point of receiving the Outline and Full Business Case in May 2017 and February 2018 respectively.
- 12.3 **It is important to note that the timetable above and milestones within it are as currently planned.** However, these are subject to impact from external agencies. Issues that could have an effect may include: planning permissions, site option appraisals and further detail on financial feasibility and building timescales. The CCG will follow up the recommendations set out in this report through the Executive Committee and this will be monitored by the CCG's Director of Joint Commissioning.

## 13. Summary

- 13.1 The consultation provided the opportunity to collect views from local stakeholders through a broad range of engagement methods. The wide range of ways available for people to get involved and have their say provided opportunities to reach people across the whole Vale of York footprint. The consultation's Equality Impact Assessment helped to identify groups with protected characteristics and views from these groups were actively sought and included in the analysis.
- 13.2 Although there were variances in the raw data due to different methodologies, there were strong themes that came through the feedback. These gave a consensus view from those who engaged in the consultation. These themes can be broadly summarised as follows:

**Table 6: Feedback themes**

<b>Feedback theme 1</b>	Bed numbers may be appropriate but are dependent on robust, effective community services for all cohorts of the population being in place before further reduction in the bed base is made.
<b>Feedback theme 2</b>	Future needs and flexibility for the on-going development of services should be a key component of any design and clinical model.
<b>Feedback theme 3</b>	Respondents gave a preference for the location of the new hospital to be on the Bootham Park site.
<b>Feedback theme 4</b>	Respondents wanted to understand more about the criteria considered by TEWV in identifying the 3 sites, which were consulted on, and when/how a final decision would be made.
<b>Feedback theme 5</b>	People wanted to remain involved and engaged in the detailed design and plans. Having sight of initial project designs was helpful for people to understand the configuration of beds and how services would actually be delivered.
<b>Feedback theme 6</b>	A number of issues relating to broader mental health service provision and delivery were highlighted as part of the feedback, which need to be addressed by the relevant partners.

## 14. Recommendations

14.1 Analysis of qualitative and quantitative data collected from the consultation feedback has informed the following recommendations, and these respond directly to the key themes in section 13.

**Table 7: Recommendations**

<b>Recommendation number</b>	<b>Response to feedback theme</b>	<b>Detailed action</b>
<b>1</b>	<b>Response to feedback theme 1</b>	The CCG should seek further assurance from TEWV about 24/7 community services provision in the form of a detailed implementation plan to ensure that the proposed bed numbers (60) are sufficient for the population of Vale of York.
<b>2</b>	<b>Response to feedback theme 2</b>	The CCG should seek further assurance from TEWV on the robustness of the proposed bed numbers in light of the future trend for the demographic changes profiled for the population of the Vale of York.
<b>3</b>	<b>Response to feedback theme 2</b>	TEWV should ensure the organisation of in-patient mental health services reflect current best practice and are developed in a flexible way to meet future models of care. The CCG recognises the need to work with the wider system and partners to maximise effective use of resources.
<b>4</b>	<b>Response to feedback theme 3</b>	TEWV should progress the further detailed site / option appraisals guided by the preference stated by respondents.  If there are constraints by any of the criteria within the detailed site / option appraisal, the remaining options should be progressed in line with preferences in the feedback.

## 14. Recommendations (continued)

Recommendation number	Response to feedback theme	Detailed action
5	Response to feedback theme 4	<p>TEWV should maintain an open, honest and transparent approach with the public and its partners in the consideration of the detailed site / option appraisals and provide timely updates around any constraints or limitations.</p> <p>Information and regular updates should be available via TEWV's website and stakeholder communication channels, such as its newsletter.</p>
6	Response to feedback theme 4	<p>The CCG should remain involved in the on-going consideration of the detailed site / option appraisals within the context of its responsibilities as commissioner of mental health services for the population of the Vale of York.</p> <p>The CCG expects this to be evident through regular updates and discussions.</p>
7	Response to feedback theme 5	<p>To help ensure that stakeholders have an influence on the way services will be delivered, the CCG requires TEWV to continue to actively involve service users, their carers and partners in designs and plans.</p>
8	Response to feedback theme 6	<p>To address issues that were highlighted as areas of concern, but were not directly related to the number and configuration of beds or the location of a new mental health hospital, the CCG will share the consultation findings with partners across the system.</p>

## 15. Appendices

## Appendix i

### Calculations used for the number of beds:

TEWV used PRAMH (person based resource allocation for mental health), which is used by NHS England, to help it work out how many beds it need. This approach looks at the population, taking into account a number of factors such as age, sex, prevalence of mental health conditions and their severity, accommodation and employment status, ethnicity and length of contact with mental health services. Alongside this TEWV compared it with other information such as the National Benchmarking Network Mental Health Toolkit as well as established bed numbers across TEWV's other localities (where current occupancy levels average 86%).

**Table 8: Calculation of bed numbers**

<b>Summary</b>			
<b>Bed numbers</b>	<b>Adult</b>	<b>Older people</b>	<b>Total</b>
Maximum required (based on PRAMH)	37	26	63
Minimum required (based on PRAMH)	21	19	40
National benchmarking toolkit (mid point)	29	31	60
TEWV average	27	22	49
<b>Proposed bed numbers</b>	<b>30</b>	<b>30</b>	<b>60</b>

<b>How does this compare with current bed numbers?</b>		
	<b>Current</b>	<b>Proposed</b>
<b>Adult</b>	24 beds (Peppermill Court)	30 beds
<b>Older people</b>		
- Functional	18 beds (Cherry Trees)	15 beds
- Organic (dementia)	28 beds (Meadowfields and Worsley Court)	15 beds

## Appendix ii

Sections taken from the communications and engagement work plan

**Table 9: Stakeholders and key communication/ engagement channels**

Stakeholder Group	Purpose		Communication / Engagement channel				
	Inform	Engage	Social media / online	Consultation document	questionnaire	Open or pre-arranged meetings	External communications (press release / websites)
Service users and their families	√	√	√	√	√	√	√
Staff directly impacted by the proposals	√	√	√	√	√	√	√
TEWV staff	√	√	√	√	√	√	√
Staff at CCG	√	√	√	√	√	√	√
Healthwatch	√	√	√	√	√	√	√
Health Overview and Scrutiny Committees	√	√	√	√	√	√	√
Councillors	√	√	√	√	√	√	√
Service user and carer groups	√	√	√	√	√	√	√
Local voluntary and statutory organisations	√	√	√	√	√	√	√
GPs	√	√	√	√	√	√	√
MPs	√	√	√	√	√	√	√
TEWV governors and members	√	√	√	√	√	√	√

**Table 10: Engagement work plan**

Activity	Communication platform	Audience	Lead by	Outcomes / measures	Completed
Consultation document posted online on day one of consultation, including details of public meetings	N/A	All	JJ	Posted	23/09/16
Media release issued	Media Website	All	JJ	Distributed / posted	23/09/16
Social media posts to announce start of consultation and public meetings	Twitter and Facebook	All	JJ	Posted	23/09/16
Consultation document sent to stakeholders with covering letter including offer to meet / attend events / meetings and details of how to give feedback	Email and post	External stakeholders	JJ/KM	Distributed  Electronic and hard copies of consultation document sent	23/09/16
Social media posts to advertise public meetings and to promote consultation throughout three month period	Twitter and Facebook	All	JJ/KM	Posted	Throughout Oct / Nov / Dec / Jan
Letter sent to governors and members with information about consultation and details of how to access more information	Email and letter	TEWV members and governors	JJ	Letters sent	w/c 23 Sept
Attend meetings / events as requested by stakeholders	Meeting	Stakeholders	JJ	Record of meetings and feedback	Throughout Oct / Nov / Dec / Jan
Hold workshop style public meetings – 11 meetings in York, Selby, Pocklington, Easingwold, Tadcaster and Pickering	Meeting  Group work	All	JJ	Record of meetings and feedback  Opportunity for people to learn more about the options and discuss at tables with access to clinical experts	Throughout Oct / Nov
Article in TEWV e-bulletin for staff with links to more information about consultation and how to give feedback	E-bulletin	TEWV staff	JJ	E-bulletin article	Oct 16
Item in TEWV core team brief	Team brief	TEWV staff	JJ	Core brief item	Oct 16
Item in CCG Staff Update for staff with links to more information about consultation and how to give feedback	Staff Update	CCG staff	KM	Staff Update	Throughout Oct / Nov / Dec / Jan
Item in Practice Communication (weekly GP newsletter)	Practice Communication	GPs, Practice Nurses, Practice Staff, CCG	KM	Practice Communication	Throughout Oct / Nov / Dec / Jan

Activity	Communication platform	Audience	Lead by	Outcomes / measures	Completed
		Staff			
Leaflet distribution in Pocklington (hard to reach audience)	Leaflet	Pocklington community	HS	Leaflet distribution	23/11/16
Article on Age UK website	Age UK website	Age UK stakeholders	KM	Posted on homepage	22/11/16
Digital advertising	The Press	All	SH	Posted on the York Press website	23/12/16 – 16/01/17
Print media advertising	The Press	All	SH	Front page and third page 92,000 readers	16/12/16 – 16/01/17
Item in CCG Stakeholder Newsletter	Stakeholder Newsletter	CCG stakeholders	KM	Stakeholder Newsletter	23/12/16
Radio interview with Minster FM	Radio	All	KM	News item to 158,000 listeners	29/12/16
Raising awareness / call to action with staff at CYC, NYCC, ERYC and YTHFT	Email	CYC, NYCC, ERYC, YTHFT staff	KM	Email sent	01/12/16
Information shared with and meeting opportunities offered to MPs	Email	MPs	HF-D	Email sent	15/11/16
Information shared with and meeting opportunities offered to LGBT stakeholders	Email	LGBT community	KM	Email sent	01/12/16 and 04/12/16
Information shared with and meeting opportunities offered to local universities and colleges	Email	Higher York	KM	Email sent	01/12/16 and 04/12/16
Information shared with and meeting opportunities offered to Selby AVS	Email	Selby AVS	KM	Email sent	01/12/16 and 04/12/16
Follow up email to MPs	Email	MPs	HF-D	Email sent	29/12/16
Information shared with and meeting opportunities offered to PPGs	Email	PPGs	SV	Email sent	07/12/16
Meetings with PPGs	Meeting	PPGs	SV/EW	Record of meetings and feedback	Jan 17
Information stand in West Offices foyer	Information stand	West Offices visitors / staff	HF-D	Surveys collated	Nov 16 – Jan 17
Manning of information stand to collate views / encourage survey completion	Face-to-face	West Offices visitors / staff	SV	Views / surveys collated	14/12/16 – 15/12/16



Activity	Communication platform	Audience	Lead by	Outcomes / measures	Completed
Item in York CVS Newsletter (1500 subscribers)	York CVS Newsletter	York CVS stakeholders	KM	York CVS Newsletter	24/11/16
Email to all York CVS subscribers (1000 subscribers)	Email	York CVS stakeholders	KM	Email sent	24/11/16
CYC OSCs	Committee meeting		EW	OCS attended	
Two consultation events held with CCG and CYC staff	Meeting Group work	CCG and CYC staff	EW/MD	Record of meetings and feedback	04/01/17
Media release issued announcing consultation extension and extra events	Media Website	All	KM	Distributed	15/11/16
Social media posts promoting deadline extension and extra events	Twitter and	All	KM/JJ	Social media posts	15/11/16 – 30/11/16
Media release issued – final reminder	Media Website	All	KM	Distributed	10/11/16
Social media posts promoting final reminder	Twitter	All	KM/JJ	Social media posts	10/11/17 – 16/11/17
Targeted twitter activity – students, LGBT community, people with disabilities	Twitter	Students, LGBT community, people with disabilities	KM	Social media posts	Jan 17
Governing Body meeting – to present engagement report	Governing Body meeting	All	EW		02/02/17

## Appendix iii

A list of all venues and dates for the formal consultation sessions can be found below. The sections highlighted in pale blue provide details of the sessions held by TEWV as part of their own feedback exercise. The CCG was not present at these meetings and these are not considered in the 31 stakeholder and public meetings.

**Table 11: List of venues and dates of face-to-face events and meetings**

Date	Time	Organisation	Event/meeting	Venue
4/10/2016	10am	East Riding of Yorkshire Council	Health Care and Wellbeing overview and scrutiny committee	County Hall, Beverley, HU17 9BA
07/10/2016	3-5pm	Pre-Consultation meeting	Pocklington venue	Burnby Hall, Pocklington
11/10/2016	3-5pm	Pre-Consultation meeting	Selby venue	Community House, Selby
18/10/2016	5:30-7pm	City of York Council (CYC)	York Health Scrutiny Committee	West Offices, York
24/10/2016	3-5pm, 5:30-7:30pm	Consultation meeting x 2 sessions	New Earswick Consultation	Folk Hall, New Earswick
25/10/2016	2pm-5pm	York Health Watch Assembly	York Health Watch Assembly	Priory Street
27/10/2016	9am	TEWV	Appraisal training event for TEWV staff	Sports Club, Shipton Road. Clifton.
31/10/2016	3-5pm	Consultation meeting	Easingwold Consultation	Galtres Centre, Easingwold
08/11/2016	2:30-4:30pm and 5-7pm	Consultation meeting x 2 sessions	York Consultation	Priory Centre, York
09/11/2016	7-9pm	Huntington and New Earswick Councillors	Huntington and New Earswick Ward Meeting	Orchard Park Community Centre, Huntington
09/11/2016	7-9 pm	York Mental Health Carers Group	Carers Group meeting	Sycamore House Reading Café, 30 Clarence Street.
10/11/2016	10:00am-3:00pm	TEWV	TEWV public recruitment event	Royal York Hotel, York
18/11/2016	10:30/45am	North Yorkshire County Council (NYCC)	Scrutiny of Health Committee (NYCC OSC)	County Hall, Northallerton
18/11/2016	3-5pm	Consultation meeting	Tadcaster Consultation	Tadcaster Boys Sunday School
21/11/2016	4-6 pm	Consultation meeting	Selby Consultation	Community House, Selby
23/11/2016	1-2:30PM	York University Student Union	York University Student Consultation	York University, James College room J/Q/005
23/11/2016	7:30-9pm	Mental Health Action York	Mental Health Action York	Briar House, Museum Street, York

Date	Time	Organisation	Event/meeting	Venue
23/11/2016	4:30pm	CYC	York Health & Wellbeing Board	West Offices, York
25/11/2016	3-5pm	Consultation meeting	Pickering Consultation	Memorial Hall, Pickering
25/11/2016	10:30-12.30	NYCC	North Yorkshire Health & Wellbeing Board	Evolution Business Centre, Northallerton
29/11/2016	3.00 pm	Age UK	Age UK meeting	Early Music Centre, Walmgate in York
30/11/2016	3-5 pm	Consultation meeting	Pocklington Consultation	The Old Court House, Pocklington
05/12/2016	3pm-4:30pm	York St John student/staff consultation	York St John University	York St John University, Room HG013 (Holgate Building)
12/12/2016	2pm-4pm	York Older People's Assembly	York Older People's Assembly	The Garth, White Rose Avenue, New Earswick
14/12/2016	12pm-4pm	Open session in York City Council Foyer	General public consultation	West Offices, York
15/12/2016	9am-1pm	Open session in York City Council Foyer	General public consultation	West Offices, York
15/12/2016	1pm-3:30pm	Consultation Meeting	York CVS Consultation	Priory Street
19/12/2016	1pm-	Inpatient consultation event		Cherry Tree House, York
04/01/2017	11:30-1:30pm	Staff consultation	NHS Vale of York CCG staff	West Offices, York
04/01/2017	1:30-3:30pm	Consultation meeting	City of York Council and Patient participant groups	West Offices, York
10/01/2017	2pm-	Inpatient consultation event	General public consultation	Meadowfield, York
11/01/2017	3:30pm-5pm	Patient participant group consultation	Patient participant group consultation	Scott Road Surgery, Selby
13/01/2017	1pm	Inpatient consultation event	Inpatient consultation event	Peppermill Court, York
16/01/2017	6.30pm-8.00pm	Patient Participant Group general meeting	Slot assigned during meeting to CCG, consultation raised.	Elvington Surgery, Elvington.

## Appendix iv

### EQUALITY IMPACT ANALYSIS FORM

**Table 12: Equality impact analysis form**

<b>1. Title of policy/ programme/ service being analysed</b>	
	Developing a new mental health hospital for the Vale of York – consultation on proposed bed numbers and alternative sites.
<b>2. Please state the aims and objectives of this work.</b>	
	To obtain feedback from the public (including service users and carers) on the alternative proposals for the siting of a new mental health hospital and proposed bed numbers. This is a living document that will be regularly reviewed and updated throughout this piece of work.
<b>3. Who is likely to be affected? (e.g. staff, patients, service users)</b>	
	<ul style="list-style-type: none"> <li>• Patients/ service users</li> <li>• Staff</li> <li>• Carers</li> <li>• Service providers</li> <li>• Other public sector and voluntary sector organisations (e.g. police for Section 136 place of safety)</li> </ul> <p>1 in 4 British adults experience at least one diagnosable mental health problem in any one year and 1 in 6 experiences this at any given time (The Office for National Statistics Psychiatric Morbidity report, 2001). Although mental disorders are widespread, serious cases are concentrated among a relatively small proportion of people who experience more than one mental health problem (The British Journal of Psychiatry, 2005).</p> <p>More than 5700 people in the UK died by suicide in 2010 (The British Journal of Psychiatry, 2005).</p> <p>The suicide rate among people over 65 has fallen by 24% in recent years, but is still high compared to the population overall (Samaritans Information Resource Pack, 2012). The UK has one of the highest rates of self-harm in Europe, at 400 per 100,000 population (Samaritans Information Resource Pack, 2004).</p> <p>People with current mental health problems are 20 times more likely than others to report having harmed themselves in the past. (National Collaborating Centre For Mental Health).</p>

4.	<b>What sources of equality information have you used to inform your piece of work?</b>
	<ul style="list-style-type: none"> <li>• 2011 Census data</li> <li>• National research and evidence referenced in EIA</li> </ul>
5.	<b>What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics</b>
	<p>Vale of York CCG serves a population of more than 351,000 people living in York, Selby, Tadcaster, Easingwold and Pocklington and the surrounding towns, villages and rural areas, with City of York making up about 60% of the population. It is mainly rural with a number of small market towns and the main urban centre of York and it covers three local authority boundaries - North Yorkshire County Council, City of York Council and East Riding of Yorkshire Council. The Vale of York is a comparatively affluent area but with pockets of significant deprivation in the York, Selby and Sherburn-in-Elmet areas. The local health profile shows:</p> <ul style="list-style-type: none"> <li>• Life expectancy to be slightly higher than the national average.</li> <li>• A higher proportion of the population is over 50 than the national average.</li> <li>• There is a higher proportion of 20-24 year olds due to the transient population of two universities based in York.</li> <li>• In 2011 around 16% of people reported that their day to day activities are limited or a lot by their health</li> <li>• The percentage of people over 65 is expected to grow by 10%.</li> <li>• The percentage of people over 85 is forecast to increase by 18%</li> </ul> <p>The 2011 census states that for city of York:</p> <ul style="list-style-type: none"> <li>• 94% of the population in York identified itself as “white” compared to 86% residents in England and Wales and 89% in Yorkshire and Humber</li> <li>• The largest non-White group in York was Chinese at 1.2% of the population</li> <li>• In York 59.5% of residents recorded their religion as Christian, which was similar to the national picture</li> <li>• 90.8% of York's population was born within the UK with 2.7% born in other EU countries and 5.5% born outside the EU</li> </ul> <p>During 2014, the CCG consulted extensively with mental health service user and carer groups and the whole population as part of the DISCOVER engagement process, using the appreciative inquiry model, which involved over 90 groups and a wide range of the population. The current consultation process will be built on earlier discussions around the provision of mental health services for the locality.</p>

	<p>Tees Esk and Wear Valley NHS trust (TEWV) took over the responsibility of providing services in October 2015 and have held four engagement events in March and April 2016 to give people an opportunity to share across their views and be involved in the development of mental health and learning disability services across the Vale of York. There is no equality monitoring data available from the initial engagement events, but a wide range of organisations and patients, carers and the public were invited and the workshops took place across Selby, Easingwold and York to ensure a geographical spread. We have put in place processes to capture equalities monitoring information (on a voluntary basis) at future events. The CCG is currently about to start further engagement with local people, patients and carers to ascertain their views on the proposals and the three option sites as part of the pre consultation process. This engagement activity will include equality monitoring in order to demonstrate that the CCG has engaged with a representative sample of local people, patients and carers.</p>
<p><b>6.</b></p>	<p><b>Who have you involved in the development of this piece of work?</b></p>
	<p>It is important to listen to what the Vale of York population has told us, and continue to tell us. This consultation builds on the conversations that the CCG has held over the last couple of years; such as the 'Discover' engagement events in 2014; the procurement, which led to TEWV being awarded the contract for services in 2015, and the International Mental Health Collaborative Network symposium in March 2016.</p> <p>In April 2016 TEWV led, with input from the CCG a number of pre-consultation public engagement events to give local people an early opportunity to be involved in the development of the new hospital. These sessions took place in Selby, Easingwold and York and were supported by Healthwatch in York and North Yorkshire. Over sixty people attended the events, including service users and carers as well as representatives from City of York Council, Selby District Council, Rethink and other members of the public.</p>
<p><b>7.</b></p>	<p><b>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics?</b></p> <p><b>Do you have any gaps in information?</b></p> <p><b>Include any supporting evidence e.g. research, data or feedback from engagement activities</b></p>
<p><b>Disability</b></p> <p>People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term</p>	<p>Consider building access, communication requirements, making reasonable adjustments for individuals etc.</p>

chronic conditions such as diabetes, HIV)	
<p>People with disabilities use health and care services more often than people who do not have a disability, however, evidence suggests that they routinely struggle to access appropriate care and support; because of this many disabled people experience less favourable health outcomes.<sup>3</sup></p> <p>An estimated 25-40% of people with learning disabilities also have mental health problems.<sup>4</sup> People with learning disabilities are more vulnerable to more of the risk factors associated with mental ill health, such as adverse life events and lack of social support, and are much less likely than the general population to be able easily to access psychiatric services.<sup>5</sup></p>	
<b>Sex</b>  Men and Women	Consider gender preference in key worker, single sex accommodation etc.
<p>Women are more likely to have been treated for a mental health problem than men (29% compared to 17%). (Better Or Worse: A Longitudinal Study Of The Mental Health Of Adults In Great Britain, National Statistics, 2003).</p> <p>Depression is more common in women than men. 1 in 4 women will require treatment for depression at some time, compared to 1 in 10 men. The reasons for this are unclear, but are thought to be due to both social and biological factors and depression in men may have been under diagnosed.<sup>6</sup></p> <p>Nine out of ten of the 1.15 million people in the UK who have an eating disorder are female. (Eating Disorders Association (2004)).</p> <p>Women are also more vulnerable than men to risk factors linked with poor mental health including; poverty; social isolation, child sexual abuse, domestic violence and sexual violence and rape. In addition, women's greater life expectancy also means they are:</p> <ul style="list-style-type: none"> <li>• more likely to experience bereavement in old age;</li> <li>• more likely to experience institutional care;</li> <li>• more likely than men to suffer from physical ill health and long-term disability.</li> </ul>	

<sup>3</sup> Sir Michael, J. (2008) Healthcare for All: Report of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities.

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_106126.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_106126.pdf).

<sup>4</sup> Department of Health (1993). Services for people with learning disabilities, challenging behaviour or mental health needs. Project group report. London: Department of Health.

<sup>5</sup> Bouras N, Holt G, Gravestock S (1995). Community care for people with learning disabilities: deficits and future plans. Psychiatric Bulletin 19: 134-137.

<sup>6</sup> National Institute For Clinical Excellence, 2003

5.4% of men have a personality disorder diagnosis and men are three times more likely than women to be alcohol dependent and twice as likely as women to use class A drugs. (12 Wilkins D (2010). Untold problems: a review of the essential issues in the mental health of men and boys. London: Men's Health Forum).

72% of male prisoners have two or more mental health problems and more than twice as many male psychiatric inpatients are compulsorily detained (Wilkins D (2010). Untold problems: a review of the essential issues in the mental health of men and boys. London: Men's Health Forum).

Suicide remains the most common cause of death in men under the age of 35 (Five Years On, Department Of Health, 2005), with three quarters of suicides being male (Wilkins D 2010). British men are three times as likely as British women to die by suicide (Samaritans Information Resource Pack, 2004).

**Race or nationality**

People of different ethnic backgrounds, including Roma Gypsies and Travellers

Consider cultural traditions, food requirements, communication styles, language needs etc.

For members of many minority ethnic communities, the stigma attached to any suggestion of mental illness influences their decision when deciding whether to acknowledge the problem and seek treatment, or to conceal it.

BME patients are over-represented in acute care but under-represented at the counselling or psychiatric therapy stage. In other words, their treatment tends to be via by medication rather than by "talking therapy". In addition, they may often be misdiagnosed at this stage and are not informed of the diagnosis that is applied to them.

The most recent systematic review of prevalence of mental health disorders in adult minority ethnic populations shows that Black or Black British people are more likely than white people to have used services and more than twice as likely to have spent time in hospital as White people. People from other ethnic groups are much more likely to have used services but no more likely to have been hospital.<sup>7</sup>

Immigrants to the UK are typically at two to eight times' greater risk of psychoses than native- born groups. This higher risk extends into the second generations. Factors that explain raised rates in immigrants and their descendants include: stressful life events, discrimination, urban living and socio-economic deprivation.<sup>8</sup>

<sup>7</sup> Prevalence of mental health disorders in adult minority ethnic populations in England: a systematic review. Rees R, Stokes G, Stansfield C, Oliver E, Kneale D, Thomas J ( 2016)

<sup>8</sup> Foresight Mental Capital and Wellbeing Project (2008). Final project report. London: The Government Office for Science



Women refugees and asylum seekers have higher rates of post-traumatic stress disorder and other mental illness.<sup>9</sup>

**Age**

This applies to all age groups. This can include safeguarding, consent and child welfare

Consider access to services or employment based on need/merit not age, effective communication strategies etc.

The consultation process relates to adult mental health services. The Health and Social Care Information Centre's Mental Health Bulletin, Annual Report for 2014-15, states the following.

Dementia affects 5% of people over the age of 65 and 20% of those over 80. (National Institute For Clinical Excellence, 2004). About 700,000 people in the UK have dementia (1.2% of the population) at any one time. (National Institute For Clinical Excellence, 2004)

Incidence of mental health problems is higher in older people in the UK: For every 10,000 people aged 65 or over, there are:

- 2500 people with a diagnosable mental illness
- 1350 people with depression (1135 receiving no treatment)
- 500 people with dementia (333 not diagnosed)
- 650 people with other mental illness

Over a quarter of admissions to mental health inpatient services are people over the age of 65. Approximately 700,000 people in the UK have dementia, and this is predicted to rise to over one million people by 2025. There is evidence of ageism in relation to:

- exclusion of older people from mental health services that are available to adults
- very low levels of referrals from GPs to specialist units for older mental health sufferers, and
- a general lack of age appropriate service provision. Older people do not have the same access as working age adults to assertive outreach, crisis home treatment and early intervention services, or to rehabilitation, psychotherapy and general hospital liaison services.

Due to the large numbers of students this will be picked as a separate group in other disadvantaged groups.

<sup>9</sup> Department of Health (2002). Women's mental health: into the mainstream. London: Department of Health

<p><b>Trans</b></p> <p>People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets &amp; bathing areas etc.</p>
<p>There is limited published research into trans health issues outside of gender reassignment pathways of care. There is also limited research into the long term impact of hormonal treatment, although there is evidence of increased incidence of metabolic syndrome in male to female trans individuals using hormones.</p> <p>The largest survey of trans people in England found that 20% of trans people identify as heterosexual, 58% have a disability or chronic health condition including 8.5% who were deaf and 5% who were visually impaired, 18% were carers with 7% giving significant levels of care.</p> <p>41% of trans people reported attempting suicide compared to 1.6% of the general population. Care pathways for trans people are not meeting the international standards as set out by the World Professional Association for Transgender Health (WPATH). Care pathways remain inconsistent due to uneven commissioner and GP awareness of trans people's needs; 25% of trans people have been refused health treatment because a practitioner did not approve of gender reassignment (JSNA, LGBT Foundation 2012).</p>	
<p><b>Sexual orientation</b></p> <p>This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.</p>
<p>Gay men and lesbians report more psychological distress than heterosexuals, despite similar levels of social support and physical health as heterosexual men and women.<sup>10</sup> They are also more likely than other patients to report a negative experience of using health services, and less likely to report that they have been treated with dignity and respect. Anxieties, depression, self-harm and suicidal feelings are more common among lesbian, gay and bisexual people than among heterosexual people. Rates of drug and alcohol misuse are also higher among lesbian, gay and bisexual people. In all studies, bisexual men and women are usually found to have the highest levels of mental distress, including suicidal feelings.<sup>11</sup></p>	

<sup>10</sup> King M, McKeown E (2003). Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales. London: Mind

<sup>11</sup> King M, McKeown E, Warner J et al (2003). Mental health and quality of life of gay men and lesbians in England and Wales.

The JSNA, LGBT Foundation 2012 (<http://lgbt.foundation/policy-research/JSNA>) found:

- Significantly higher rates of attempted suicide, self-harm and mental ill health across all minority groups compared to the general LGB&T population.
- Domestic violence rates higher among minority LGB&T groups than in the general LGB&T population.
- Variation between different ethnic groups of LGB people in their health risks and health behaviours.
- New migrant gay men are at particularly high risk of mental ill health and sexually transmitted diseases, including HIV.
- Surveys suggest a slightly higher proportion of the LGB&T population are living with a disability than the general population.
- Fewer LGB disabled people are accessing the health, mental health and social care services they feel they need than heterosexual disabled people.
- Fewer LGB disabled people are out to their GP or healthcare professionals than non-disabled LGB people.
- There is limited research into bisexuality. However, there is evidence for bisexual men and women of increased risk of eating disorders, mental ill health and increased alcohol consumption compared to lesbians and their heterosexual peers.
- The lack of inclusion of sexual orientation and gender identity in routine data collection means that few studies have a large enough group of participants to be able to analyse differences between sub-groups within the LGB&T population. This therefore limits the ability to understand and compare the impact of multiple identities on health outcomes.

<b>Religion or belief</b> Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
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Health inequalities for people of different religions or beliefs are not well understood, but some minority ethnic groups consistently report lower satisfaction with health and social care services than the rest of the population<sup>12</sup>.

Previous research has shown that certain groups face considerable access issues, which can lead to poorer health outcomes. For instance, older Muslim and Sikh women, particularly those with a lower level of English language skills, appear to

<sup>12</sup> Care Quality Commission (2013) *A New Start: Consultation on changes to the way CQC regulates, inspects and monitors care services – Equality and human rights duties impact analysis*. [www.cqc.org.uk/sites/default/files/documents/20130616\\_eia\\_a\\_new\\_start\\_consultation\\_nal.pdf](http://www.cqc.org.uk/sites/default/files/documents/20130616_eia_a_new_start_consultation_nal.pdf)

suffer heavy burdens of ill health, disability and also caring responsibilities. These women are also often in a weak position to negotiate religiously appropriate support from statutory services <sup>13</sup>.

<p><b>Marriage and Civil Partnership</b></p> <p>Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc.</p>
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This is relevant for employment and any issues should be picked up through staff engagement and consultation and it is therefore important that any staff engagement activity captures equality monitoring data.

<p><b>Pregnancy and maternity</b></p> <p>Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc.</p>
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At least one new mother in ten will experience post-natal depression. (15 Mind (2006). Examples of these illnesses include antenatal and postnatal depression, obsessive compulsive disorder, post-traumatic stress disorder (PTSD) and postpartum psychosis. However, any inpatient mental health services should follow the ‘Guidance for commissioners of perinatal mental health services’.

<p><b>Carers</b></p> <p>This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc.</p>
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NHS England Carer facts (<https://www.england.nhs.uk/commissioning/comm-carers/carers-facts/>) found:

- There are around 5.4 million people in England who provide unpaid care for a friend or family member (2011 Census Analysis: Unpaid Care in England and Wales, 2011 and comparison with 2001).
- Between 2001 and 2011, the number of unpaid carers grew by 600,000 with the largest increase being in those who provide fifty or more hours of care per

<sup>13</sup> Allmark, P., Salway, S. and Piercy, H. (eds.) (2010) *Life and Health: An evidence review and synthesis for the Equality and Human Rights Commission's Triennial Review 2010*. Centre for Health and Social Care Research, Sheffield Hallam University. [www.equalityhumanrights.com/uploaded\\_files/triennial\\_review/triennial\\_review\\_life\\_health\\_omnibus.pdf](http://www.equalityhumanrights.com/uploaded_files/triennial_review/triennial_review_life_health_omnibus.pdf)

week.

- Unpaid care increased at a faster pace than population growth between 2001 and 2011 and an ageing population with improved life expectancy for people with long term conditions or complex disabilities means more high level care provided for longer.
- Increasing hours of care often results in the general health of carers deteriorating incrementally. Unpaid carers who provide high levels of care for sick, or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities. (In Poor Health: the impact of caring on health)
- Caring responsibilities can have an adverse impact on the physical and mental health, education and employment potential of those who care, which can result in significantly poorer health and quality of life outcomes. These in turn can affect a carer's effectiveness and lead to the admission of the cared for person to hospital or residential care (Assessment, eligibility and portability for care users and carers)
- 84 percent of carers surveyed for the 2013 State of Caring Survey said that caring has had a negative impact on their health, up from 74 percent in 2011-12 (The State of Caring 2013)
- Carers attribute their health risk to a lack of support, with 64 percent citing a lack of practical support (In Sickness and In Health)
- There is an increasing prevalence of 'sandwich carers' (2.4 million in the UK) – those looking after young children at the same time as caring for older parents. It can also be used much more broadly to describe a variety of multiple caring responsibilities for people in different generations (Sandwich generation concern is growing)

This increased risk for people with disabilities and older people to need to use the service means that it will be very important to engage with carers, who themselves may also be at increased risk of mental health problems.

**Other disadvantaged groups**

This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, and people with HIV.

Consider ease of access, location of service, historic take-up of service etc.

**Students**

Mind found that:

- 2 out of 3 students feel down at some point during their studies
  - Over 50% of students don't feel comfortable admitting they're not coping to someone else
  - 1 in 8 students experience suicidal feelings at university
  - 20% of higher education students consider themselves to have a mental health problem
  - The number of students who took their own lives increased by 50% between 2007 and 2011
- (<http://mind.org.uk/get-involved/students/>)

### **Prison Population**

More than 70% of the prison population has two or more mental health disorders. (Social Exclusion Unit, 2004, quoting Psychiatric Morbidity Among Prisoners In England And Wales, 1998)

Male prisoners are 14 times more likely to have two or more disorders than men in general, and female prisoners are 35 times more likely than women in general. (Social Exclusion Unit, 2004, quoting Psychiatric Morbidity Among Prisoners In England And Wales, 1998)

The suicide rate in prisons is almost 15 times higher than in the general population: in 2002 the rate was 143 per 100,000 compared to 9 per 100,000 in the general population. (The National Service Framework For Mental Health: Five Years On, Department of Health, 2004; Samaritans Information Resource Pack, 2004)

### **8. Action planning for improvement**

Please outline what mitigating actions have been considered to eliminate any adverse impact?

- See below

### **9. Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?**

- An Equality Action Plan template is appended below to assist in meeting the requirements of the general duty

**Table 13: Equality Action Plan**

Category	Action	Target Date	Person responsible and their team
<p><b>Engagement with people with protected characteristics or disadvantaged groups</b></p> <p>(Involvement and consultation)</p>	<p>Equalities monitoring form to be handed out at meetings, attached to consultation documents.</p> <p>Re: Disabilities</p> <p>The consultation process needs to make efforts to engage with people with a range of disabilities including physical disabilities, sensory disabilities and people with learning difficulties. The Engagement and Communication plan needs to give consideration to the Accessible Information Standard and ensure that communication and engagement formats are appropriate for the communication needs of people with disabilities, including plain English, BSL signers, large print, braille etc.</p> <p>Re: Gender</p> <p>It is important that the consultation is able to disaggregate the views and opinions of men and women as they tend to use health services differently and evidence suggests different patterns in mental health.</p> <p>Re: Ethnicity</p> <p>Although the BME population in VoY is relatively small efforts need to be made to engage with this community as the small numbers can exacerbate feelings of isolation and lack of awareness and evidence suggests some BME groups are over represented in inpatient services. Consideration should be given to interpretation and translation needs.</p> <p>Re: Age</p>	<p>Throughout the consultation period</p>	<p>Joint CCG/ TEWV SIROs</p>

	<p>The Vale of York area has a higher than average older population and therefore there is likely to be increasing demand on the service by this age group. The consultation process should ensure that it engages with older people and their carers.</p> <p>Re: Trans Although there remains a lack of robust data on the health and health needs of trans people and there are issues around confidentiality and monitoring, the consultation process needs to ensure that any engagement activity is inclusive and open to this group.</p> <p>Re: Sexual Orientation The evidence suggests an increased risk of mental ill health and well-being for LGB people who are also disabled and efforts should be made to engage with this group.</p> <p>Re: Religion/ Faith Due to a lack of data and monitoring, the consultation process should be proactive in engaging with different religious groups and ensure that engagement activity captures equality monitoring data.</p>		
<p><b>Data collection and evidencing</b></p> <p><b>(What gaps in data have you got)</b></p>	<p>Equalities monitoring data to be collected</p>	<p>End of consultation period</p>	
<p><b>Analysis of evidence and assessment</b></p>	<p>Update, post consultation closure on 25.1.17</p> <p>250 out of 387 responses filled out at least one of the Equality monitoring questions – representing 64.6% of</p>		



	<p>the respondents.</p> <p>During the process we stated that options were available in different formats upon request. We also offered to visit groups to talk about the proposals face-to face in more detail.</p> <p>We proactively communicated information about the consultation to community groups that had networks and links with protected characteristics, and extended the offer to meet face-to-face to discuss further. Through the EIA we identified additional key groups it was important to engage with, notably carers and students. We held workshop-style events with those that took up the invitation including: Age UK, York Carers Group, both of York's Universities, York CVS, York Older People's Assembly, GP Patient Participation groups.</p> <p>We received 12.28% of responses from patients who considered themselves to have a disability, and 16.53% (39) of respondents identified themselves as having a mental health condition.</p> <p>We are able to disaggregate the views of women, male and transgender for the 250/387 responses and these were published in the final consultation report. The split of the respondents was:</p> <ul style="list-style-type: none"> <li>• 64.8% (162) female</li> <li>• 29.6% (74) male</li> <li>• 0.40% (1) trans</li> <li>• 5.2% (13) prefer not to say</li> </ul> <p>Age: As part of the formal</p>		
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	<p>consultation workshops we met with Age UK, York Mental Health Carers. We also contacted the York Older People's Assembly for a formal response to the consultation.</p> <p>We proactively contacted the York Lesbian, Gay, Bi-sexual and Trans (LGBT) forums to ask for information to be cascaded through their networks. The LGBT forums decline the invite to have a member of our consultation team present at an event but contacted us to say they were 'glad to be asked for LGBT input – much appreciated.' Contacts representing this group replied to say they would push the survey with its members.</p> <p>We received one response from a transgender respondent – however many respondents in the free text section of the transgender community commented about transgender.</p> <p>As part of the planning phase we wanted to ensure that the consultation reached across the geographical spread of the Vale of York CCG. We held public forums in New Earswick, Easingwold, Tadcaster, Selby, Pickering, Pocklington and York. Information regarding the consultation was shared with local newspapers and media outlets covering the whole 351,000 CCG population. The report outlines the communications activity.</p> <p>To encourage views from localities we emailed key local community and social groups with a copy of the consultation letter and link to the online survey, and asked for it to be circulated to members.</p>		
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<b>Monitoring, evaluating and reviewing</b>	We have continued to monitor our communications and engagement with specific groups. In particular we have ensured that information has been sent out by email to groups and networks that have links with each protected characteristic. We have monitored where we have received responses.		
<b>Transparency</b> (including publication and dissemination to stakeholders)	The equalities and monitoring information has been published as part of the final report to the governing body on 26 January 2017 and can provide more in-depth information.		

**Table 14: EIA sign off**

<b>Sign off</b>
<b>Pia Bruhn</b> Equality and Diversity Manager
September 2016
Elaine Wyllie, Director of Joint Commissioning
Date analysis was approved by responsible Director

## Appendix v

As part of the survey we asked a series of questions to find out more about the demographic of the respondents. It was not mandatory that respondents completed the equality monitoring information. We asked a series of questions and the outcomes are listed below:

**Table 15: In what capacity are you responding?**

Type	Number	Percentage
Member of the public	147	59.04
Patient or community group	14	5.62
Patient carer	15	6.02
Partner organisation	20	8.03
Staff clinician	56	22.49
Other	40	16.06

**Table16: What is the first part of your post code?**

Postcode	Total	Areas covered
YO31	37	Huntington, Heworth and Tang Hall area
YO24	30	Dringhouses, Holgate Road and Woodthorpe
YO30	29	Clifton, Rawcliffe, Skelton and Shipton area
YO32	29	Haxby and Wigginton, Strensall, New Earswick and Stockton on Forrest
YO10	20	Fulford, Heslington and Hull Road area
YO23	18	Bishopthorpe, Copmanthorpe, Appleton Roebuck, Askam Bryan and Rufforth area
YO26	17	Nether and Upper Poppleton, Tockwith, Green and Kirk Hammerton area
YO8	10	Selby, Cawood and Thorpe Willoughby area
YO42	5	Pocklington
YO61	5	Easingwold, Tollerton and Stillington area
YO19	4	Dunnington, Wheldrake and Riccall area
YO17	3	Malton, Rillington and Scampston area
YO1	2	York City Centre
YO6	2	Huby and Sutton on Forrest area
YO12	2	Scarborough
YO60	2	Terrington and Sheriff Hutton area
YO18	1	Pickering
YO25	1	Driffield and Wetwang area
YO41	1	Elvington and Stamford Bridge area
YO62	1	Helmsley and Kirkbymoorside area
HG5	1	Knaresborough

Postcode	Total	Areas covered
YO	3	
HG	2	
LS2Y	1	
D16	1	
GP	1	
YO3	1	
N/A	1	
Rather not say	1	

**Table 17: Which GP practice are you registered with?**

Medical Groups	Total
York Medical Group	38
Priory Medical Group	32
Haxby Group	29
Jorvik Gillygate	14
Unity Health	12
MyHealth	11
Old School Medical	9
Dalton Terrace	8
Scott Road Practice	5
Pocklington	5
Front Street	5
Milffield Surgery	4
Strensall	4
Beech Tree	3
Minster Health	2
Tollerton Surgery	2
Posterngate	2
Tadcaster Medical	2
Escrick	1
Helmsley	1
Pickering	1
<b>Out of CCG area</b>	
Derwent Practice (Malton)	3
Driffield	1
Park Parade, Harrogate	1
Mowbray House, Northallerton	1
West Ayton, Scarborough	1
<b>Other</b>	
Prefer not to say	2
Not relevant	2
"One in Selby"	1

**Ethnicity**

241 out of 387 responded to this question. 92.94% of respondents who chose to answer this question were 'white'. This is broadly in line with the 2011 census for York, where 94% identified themselves as 'white' for York and 89% for Yorkshire and Humber.

**Table18: Ethnicity responses**

First part of post code	Number	Percentage
White - British	217	90.04
White - Irish	4	1.66
White – Any other white background	3	1.24
Mixed - White and Black Caribbean	1	0.41
Mixed - White and Black African	0	0
Mixed - White and Asian	1	0.41
Mixed - Any other Mixed background	3	1.24
Mixed - Asian or Asian British-Indian	0	0
Asian or Asian British - Pakistani	0	0
Asian or Asian British - Bangladeshi	0	0
Asian or Asian British - And other Asian background	2	0.83
Black or Black British - Caribbean	0	0
Black or Black British - African	0	0
Black or Black British - Any other Black background	0	0
Chinese	1	0.41
Prefer not to say	9	3.73

**Table 19: Gender responses**

Gender	Number	Percentage
Prefer not to say	13	5.2
Male	74	29.6
Female	162	64.8
Trans	1	4.0

**Table 20: Sexual orientation responses**

<b>Sexual orientation</b>	<b>Number</b>	<b>Percentage</b>
Heterosexual/straight	182	81.25
Gay/lesbian	9	4.02
Bisexual	11	4.91
Prefer not to say	19	8.48
Other	3	1.34

**Table 21: Age range responses**

<b>Type</b>	<b>Number</b>	<b>Percentage</b>
18-24	28	12.02
55-44	78	32.62
45-64	94	40.34
65-74	18	7.73
75-84	5	2.15
85+	1	0.43
Prefer not to say	11	4.72

**Table 22: Religion or belief responses**

<b>Type</b>	<b>Number</b>	<b>Percentage</b>
Christian	111	93.28
Buddhist	6	5.04
Jewish	1	0.84
Muslim	0	0
Sikh	0	0
Hindu	1	0.84

**Table23: Are you a resident of?**

<b>Type</b>	<b>Number</b>	<b>Percentage</b>
York	197	86.03
Selby	15	6.55
Easingwold	4	1.75
Tadcaster	1	0.44
Pocklington	5	2.18
Ryedale	7	3.06

**Table 24: Do you consider yourself to have a disability?**

<b>Type</b>	<b>Number</b>	<b>Percentage</b>
No disability	157	66.53
Physical impairment such as difficulty moving your arms or mobility issues	10	4.24
Wheelchair user	1	0.42
Sensory impairment such as being blind or having a visual impairment	1	0.42
Sensory impairment such as being deaf or having a hearing impairment	4	1.69
Mental health condition such as depression, dementia or schizophrenia	39	16.53
Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	9	3.81
Learning disability or difficulty (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder)	4	1.69
Prefer not to say	11	4.66



## 16. Glossary

BPH	Bootham Park Hospital
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CYC	City of York Council
EIA	Equality Impact Assessment
FBC	Full Business Case
GP	General Practitioner
IP	Internet Protocol
LGBT	Lesbian, Gay, Bi-sexual and Trans
MHAY	Mental Health Action for York
MHSOP	Mental Health Services for Older People
NHSE	National Health Service England
OBC	Outline Business Case
OSC	Overview Scrutiny Committee
PICU	Psychiatric Intensive Care Unit
PPG	Patient Participation Groups
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust
VOY CCG	NHS Vale of York Clinical Commissioning Group
YAS	Yorkshire Ambulance Service
YCT	York Civic Trust
YOPA	York Older People's Assembly
YTHFT	York Teaching Hospital NHS Foundation Trust