Catterick Integrated Care Campus
Stakeholder Engagement Forum – Special Session

1 November 2022, Donaldson Suite, Scotton Road, Catterick Garrison

Summary

Purpose and Introduction

The overarching purpose of the session was to invite representatives from the local voluntary, community and social enterprise (VCSE) sector to have open, two-way conversations around the design and service proposals for the Catterick Integrated Care Campus (CICC).

Progress continues with the CICC programme where Richmondshire District Council approved the planning submission on 4 October 2022. There is increasing stakeholder and public interest in the programme and visible site preparation work is underway.

The Stakeholder Engagement Forum (SEF) consists of members from the NHS, MOD, the Richmondshire locality and from those organisations connected with clinical and community services directly for or surrounding Catterick Garrison.

The CICC Clinical Operating Model Working Group identified an opportunity to utilise the knowledge and experience of the SEF therefore the SEF session was expanded to other representatives of the community to give feedback on the designs and outline service model.

Engagement Process

SEF members were formally invited to the interactive session (e.g. NHS, MOD, Healthwatch). Personal invitations were emailed to request additional representation for:

- Practice Patient Participation Groups
- Mental health
- Adult and parents/carers of children with disability
- Parent and breastfeeding
- Dementia
- Housing charity

- Veterans' support
- Army welfare
- Youth support
- Rotary Clubs
- Ghurkha (Nepalese) Community
- Carers groups
- District Councillors

An option was offered for delegates to attend virtually via Microsoft Teams. Attendance summary (detail Appendix 1):

Delegate Type	**Count (inc online)**
External delegates	23
Facilitators, programme and support delegates	24

Agenda and Format

10am	Welcome and outline of today	Andy Bacon
10:05am	CICC: where we have been and where we are now	Lisa Pope and Paddy McKillop-Duffy
10:15am	The latest CICC designs (Presentation)	Mihalis Walsh and Jenny Ferguson (BDP)
10:30am	Table discussion – designs (indoor and outdoor spaces)	All tables with facilitators
10:50am	Summarise and feed-back	Facilitators
10:55am	**Break**	**5mins**
11:00am	Outline service proposals (Presentation)	Dr Mark Hodgson
11:10am	Table discussion – service proposals	All tables with facilitators
11:40am	Summarise and feed-back	Facilitators
11:55am	Summary of the day & close	Andy Bacon

Attendees were allocated to a table which included a facilitator from the NHS and the MOD. Facilitators help guide the table and make any notes of discussions where possible. Delegates were also encouraged to make notes, comments, questions or suggestions by writing on the flip chart paper or post-it notes provided on each table.

Table Discussions Key Themes

Session 1: CICC Design following BDP presentation

Bookable meeting space	Additional needs support group space	Positive green space on each floor	Hot desking space
Security and fencing (particularly after hours)	Parking – free or paid?	Positive designs – not too clinical	Colour palettes – consider dementia friendly and special needs

Wayfinding – lines on the floor	Involve young people (art groups, competitions, Young Inspectors)	Positive design – sustainability	Future proof against energy costs
Allotments?	Commission VCSE and community groups e.g. veterans woodcraft	Public wifi?	Support for families during appointments e.g. creche
Consider smaller but quieter spaces	Positive colour schemes	Travel and transport	Privacy concerns
Tree planting and natural space	Autism aware spaces (adults and children)	Cycle sheds	Proof-test designs with other groups e.g. disability
Dedicated taxi bays	Very positive overall designs	More information on clinical areas	

Session 2: CICC Case Studies and Outline Clinical Operating Modelling

Social prescribing benefits	Dentistry concerns	Need a vibrant and funded VCSE to support	Joined-up services e.g. Welfare Service
Mental health providers?	One-stop shop – reduce travel time	Minor illness 24/7?	Supported by community teams
Holistic approach and experience	Wider system considerations	Opportunity to do something differently	Day 1 integration vs future integration
Digital challenges – needs to be joined-up	Utilise existing groups e.g. Veteran's Breakfast Club	Share knowledge, skills and experience of workforce	Single point of access for family and advocates
GP main contact for patient with wrap-around care	Shared care records	Prevention	Help people understand what is available
Speech therapy?	Training courses for parents and families?	Drop-in clinics and Q&A sessions?	Social prescribers – what is their remit?
Engagement with social services?	Links to social care		

Other Comments:

Involve diverse communities	Communicate and engage with community so they understand and use facility	CICC working groups e.g. communications	Covid considerations

Summary and Recommendations

Session organisers received positive feedback from delegates during and post-event including comments around the content of the presentations, the feeling of 'being part of a conversation' and the table discussions. Positive feedback was also received by online delegates, appreciating the opportunity to join and be involved in an alternative way to face-

to-face. A feedback form was circulated to all those who attended to capture additional feedback. Requests to join future events have also been received since the session, therefore demonstrating the positive impact and appetite for continuous engagement.

Room for improvement would include expanding the time for similar sessions from two to three hours to allow more time for presentations and table discussions. Attendance was as expected a strong number with broad community representation. Reaching out further to diverse community group representatives was also a recommendation from the group.

For future sessions it is recommended to:

- Expand the session to three hours (in person)
- Continue option of face-to-face and virtual joining (hybrid approach)
- Further extend the reach to diverse community groups and include County Councillors as well as local
- Host smaller-scale sessions with targeted groups e.g. Dementia Forward to gather more specific intelligence.
- Host separate sessions for provider colleagues and MOD/Garrison representatives.

The CICC Communications and Engagement Working Group will note the learning from this session and ensure outcomes are included in the CICC Full Business Case.

Appendix 1: Attendance

In Attendance

Heather MacFarquhar	Home-Start Richmondshire
Debra Gell	Mind Hambleton & Richmondshire
Rachel Allen	Citizens Advice North Yorkshire
Judith Bromfield	Healthwatch North Yorkshire
Beth Godbolt	Catterick Breastfeeding Group
Peter Fowler	Veterans Breakfast Club
Cllr Kevin Foster	Richmondshire District Council
Tony Leete	Public
Jacqueline Brakenberry	The Bridge
David Kirton	Harewood Patient Participation Group Chair
Karen Andrews	Carers Plus
Elizabeth McPherson	Carers Plus
Cllr Pat Middlemiss	Richmondshire District Council
Paula Haigh	Hambleton Community Action
Colin Grant	Richmondshire Rotary Club
Ian Williams	Army Welfare Service
Dr Jag Sharma	Nepalese Community
Victoria Sandell	North Yorkshire County Council
Lesley Trewitt	Dept for Work and Pensions

Attendance Online (via Microsoft Teams)

Cheryl Pocknell	North Yorkshire County Council
Bob Shephard	MoD
Louise Sharf	NHS Property Services
Jane Ritchie MBE	Public
Lisa Whittles	Hambleton Community Action
Raymond Nyambira	MoD (Garrison)

Presenters

Andy Bacon (Host)	NHSE/I
Lisa Pope	HNYHCP
Gp Capt Paddy McKillop-Duffy	MoD
Dr Mark Hodgson	HNYHCP
Mihalis Walsh	BDP
Jenny Ferguson	BDP

Table Facilitators

Lisa Pope	HNYHCP
Gp Capt Paddy McKillop-Duffy	MoD
Dr Stephen Brown	Heartbeat Alliance
Jerome Douglas	MoD
Dr Emma O'Neill	HNYHCP

Lt Col R P Price	MoD
Lt Col Nicola McCleod	MoD
Col Ian McDicken	MoD
Major Neil Bulmer	MoD
Karina Dare	NHS Property Services
Dr Stephen Wild	Harewood Medical Practice
Georgina Sayers (Virtual Group)	HNYHCP

Support

Shaun Paramor	Tilbury Douglas
Lucy Bansal	Tilbury Douglas
Alex Flowers	HNYHCP
Sharon Turner	MoD
Georgina Sayers	HNYHCP
Ailsa Keogh	MoD
Greg Whalen	MoD

Appendix 2: Breakout Group Case Studies

Questions to consider:

How could a new integrated health and care facility in Catterick help?

Consider:

- What are the main points of the patient's situation that are cause for concern?
- Proposed CICC services – what may help?
- What could the patient journey be like?
- What are the potential barriers to care and support?
- What would support them to get care and support?

Case Study 1

- Rose is frail and elderly who lives alone in Hawes. Her husband, a veteran, died a few months back. They had been married for 45 years.
- When neighbours pop round to see how she is doing she becomes tearful and says that she is not sleeping well. She says that she has not been eating as she feels there is no point cooking for one. It is clear she has lost weight.
- Her sight problems have worsened, and this is affecting her day-to-day activities. Her husband used to take care of the finances. She cannot use the internet.
- Her daughter is away serving with the Navy and there is no other local family support.

Case Study 2

- Arthur is an Army veteran living in Leyburn.
- He was medically discharged from the Army, 8 years ago, due to physical and psychological injuries. He has PTSD, severe tinnitus and has had multiple operations on his legs. He has been waiting months for his GP referral to audiology.
- Arthur also struggles with alcohol addiction.
- He says that his living accommodation (private rental) is unsuitable; three flights of stairs to climb and no lift.
- He has lost touch with all his Army mates and is finding Civvy Street a challenge, he is unable to work at present due to his disabilities.
- His partner is finding it difficult to cope and has recently been diagnosed with depression.

Case Study 3

- Aimee is the partner of a serving Officer living in Colburn. They moved into the area five months ago.
- She works three days a week and has a two year old (breastfeeding) who goes to nursery two days a week along with a six year old attending the local school.
- Aimee's eldest child has been diagnosed with Autism and Aimee sometimes struggles with their care outside of school when her partner is away serving.
- Aimee has recently found out she is pregnant and is going to book an appointment with the midwife for an early booking.
- Aimee suffers from anxiety so struggles to drive alone for long distances and is concerned about accessing her maternity appointments.

- Sometimes Aimee finds it difficult to balance responsibilities and make time for herself. She used to be quite active in her previous local and military community.

Case Study 4

- Col Nick Marsh was posted to Catterick Garrison two weeks ago.
- He has an ongoing knee injury and also has a history of mental health, although he is currently well.
- Col Marsh is based in Single Living Accommodation whilst his family live in North Birmingham. He sometimes struggles with the distance and being away from his wider support network.

Case Study 5

- Maj Shelley Jefferies has ongoing dental issues requiring periodontal treatment.
- The periodontal issues are a result of being a lifelong smoker, Shelley has been advised she needs to change her lifestyle to avoid further irreversible damage.
- Her smoking habit is made worse by her anxieties.

Appendix 3: Table Notes

Online Group – Facilitated by Georgina Sayers

- Youth voice – bookable meeting space by community groups?
- Additional needs support groups space?
- Like green spaces on each floor – some young people scared of surroundings
- Dentistry
- Fenced area? Concern over security particularly at night due to night club location
- Parking – is it free or paid?
- Like designs – not too clinical

Case Study 1 comments:

- Could consider a taxi space
- Digital exclusion
- Clinical vs social needs – social prescribing
- Can neighbours support?
- Befriending groups – care plan
- Military family welfare service -needs to be looped-in and keeping families aware
- Social work element?
- Distance is concern – community teams and MDT helpful
- One stop will support distance and travel – use of care area etc
- Explain what centre is for to Garrison – language is important – holistic experience
- Wider system needs to be taken into consideration – can make you feel isolated
- Blueprint for stripping away some restrictions – start afresh and do differently
- Day 1 vs the future integration – what is realistic and achievable?
- Digital discussions
- Need to be evaluated in the future – youth groups could support? Youth Inspectors - flying high for SEND
- Designs not proof-tested – e.g. disability groups

Table 1 – Facilitated by Lisa Pope and Gp Capt Paddy Mckillop-Duffy

- Dentistry concerns
- Very positive feedback on design and landscape
- Transport concerns

Case Study 1 comments:

- Medical model vs holistic model
- Assessment through GP and social prescribing or via PCN/community
- Biggest issue is transport
- Holistic approach – ownership GP

Table 2 – Facilitated by Dr Mark Hodgson and Col Ian McDicken

- Consider colour schemes for people with dementia
- Transport concerns and access to vehicles

Case Study 2 comments:

- Social prescriber? Lead in this case
- Veteran's breakfast club in Leyburn
- MDT for patient and wife
- Social care referral re housing
- CICC services, alcohol services, audiology, physio, mental health services
- Reablement important to enable Arthur to work
- Social prescriber needs good knowledge of services, statutory and voluntary to function
- Holistic, integrated approach

Table 3 – Facilitated by Dr Emma O'Neill and Lt Col Nicola McCleod

- Focus on 3rd sector activity - how we integrate those services, like overall design, options for shelter with outdoor space for meetings etc
- Barriers - childcare. Creche etc helpful. Transport issue although Colburn fairly local.
- Transfer of knowledge about what exists in community. Screens available in communal areas with notices etc.
- Need a vibrant well-funded voluntary sector

Case study 3 comments:

- Help identify community groups to help.
- Role of care navigation.
- Local parent/carer groups.

Table 4 – Facilitated by Dr Stephen Brown and Jerome Douglas

- How will building be heated? Energy saving?
- £19m levelling up review in Richmondshire linked to funds developments of the town centre – how fit into bigger picture?
- Colour palettes – need appropriate colours, signage/wider community involvement – dementia – décor needs to be fit for purpose
- Design sensitive to people with special needs accessibility
- Colour coded – lines on the floor e used for guidance navigation?
- Provide young people with interactive communal art groups and school competitions (best artist)
- Manage anti-social behaviour on site – how engage then in development of the site – e.g. open youth work or satellite base for engaging youth. Ensure VCSE groups involved in supporting youth engagement.

- Design is better thought out than most – well though out for future sustainability – helps people maintain healthy
- Future proof against energy costs
- Make sure sell the design to the community so they are involved/buy-in to it ensure fully optimised and used – not an empty building
- Commission local veterans/services/support/woodcraft/local craftmanship
- Community groups feel a sense of ownership and invest time in building as a community asset e.g. invite expressions of interest – help facilitate people and local assets in support use of the building – as distinct lack of communal groups
- Community engagement needed to get their involvement in supporting the wider concept of community ownership
- Risk that if belong to the Catterick Garrison – might not use the facility
- Need wider input to ensure Richmondshire community fully involved in its use and feel sense of ownership

Case study 4 comments:

- Need knee sorted by clinical practice
- Referral to MH team
- Holistic approach to his wellbeing
    - One stop shop for all his needs
    - Eg. Personal welfare – clinical and military and housing and social voluntary/community groups converging to support him – so references made to appropriate services
- Share knowledge about each other's services – cross fertilisation of skills and awareness of service offer
- Single point of contact for family members and advocates
- How ensure family are involved in discussing his needs
- Local GP connectivity to shared care records – enabled by IT to review his meds
- Ensure MDTs are enabled with GP and military doctor are communicating about his needs
- Avoiding health issues escalating using VCS and community assets and holistic approach t support his needs
    - Army families federation – proactive in supporting health issues on behalf of families
    - What can the CICC advise is available regarding wider services
- Work related occ health support – from military DMS
- Avoid crisis by developing his social/community needs
- Need to ensure IT technology enables patient record sharing
- Website portal to advise self-help – what services are out there
- Challenge of maintaining all community services – f a website created to support this for self-help offer info/advice

Table 5 – Facilitated by Karina Dare and Col Price/Major Bulmer

- Access to spaces including wifi
- Support for families so they can access appointments e.g. childcare facility
- Broadening range of opinions

- Family considerations
- Subtly integrated
- Lovely space
- Environmental considerations
- Can access/ not controlled is nice
- Internal space – community space – warm space
- Smaller more quiet space (sensory overload) – dementia
- Community hub
- Third sector
- Larger group rooms – daytime and evening use
- Bereavement group
- Women's group
- Social interaction vs privacy
- Colour schemes good – 'not magnolia' – less clinical. Creche area:
- Logistics tricky
- Military families desperately need
- Ability to access appointments
- Community building 'privacy concerns'
- Community space – run a mother and child group
- Breastfeeding group
- Link people in
- Inclusivity and diversity – widen catchment of opinions

Case study 5 comments:

- Sharing information between services
- Dentist – mental health, stop smoking – 'living well'
- How is information shared? Permission to share?
- Referral to community-based MH support
- Dental treatment timescales – all uniform side
- DCMH – dentistry, network building by MOD colleagues
- Building upon holistic approach across services
- Understand what is available
- Routes to getting there
- Access to certain services
- Navigating this
- Stop smoking is available
- May want non-occ services
- Could solation be an issue vs support might help
- Stigma over MH access
- Confidentiality
- Attending in uniform? Not essential
- Access routes – visibility
- Patient pathway – broader range of pathways – increased integration

Online comments:

- There is intended to be access through the NHS Openspace booking system for healthcare services.
- Will there be any access for non-health care services ie local parent support groups or local early help or social care teams?
- Access Able is a scheme we're rolling out across our buildings and probably something that we should flag as an opportunity. I don't have all the details but it involves QR codes to help people navigate buildings I think. If you can pop it on the list I will find out the details and send through if deemed relevant.
- Will there be speech therapy services at the site or will this remain the same as currently. will there be anything like training courses or similar for parents and families, or drop in clinics or question and answer sessions about forms, paperwork processes delivered by external partners so not always NHS but local authority aswell?
- Perhaps we need some dedicated taxi parking as part of the visitor parking to allow for waiting for patients from a distance or single point of access.
- One of the challenges is whether social prescribers are allowed to speak to neighbours of a person needing help. I appreciate that there needs to be confidentiality, but how much does the professional really know about local support possibilities? I look forward to receiving the slides. Thank you for inviting me to the session.
- Good point, as I am not sure what social prescribers can and cannot do. social worker would be able to though surely?

From the additional comments board:

- Covid considerations – face to face contact, ventilation
- Mental health providers – who/what are they?
- Contact Keane Dunca – executive member for the transport for help – North Yorkshire county council
- Make benches out of recycled plastic last longer and cheap
- Some sort of community group formed for communication
- Autism aware space – sensory/safe space for autistic adults and children
- Use of spaces for the community groups and potentially private orgs
- Need a cycle bike shed that has a code/locked – even if just for staff and can have open one too so can choice between
- Tree planting – need natural regeneration as much as possible – if tree planting then have native trees
- PTIs – help design exercise areas?
- Garden/courtyard maintenance cost and who responsible?
- Allotments?
- Solar panels as shelter over the car park spaces – as well as roof – this is being done elsewhere e.g Ikea, Disneyland Paris!
- Can then provider the xs energy for the community
- A space for third sector hot desking?
- An opportunity for them to work remotely but be accessible to the local community (a drop in space?)
  This could help communication and share info between orgs
- Engage with the communities locally to involve everyone – diverse communities

- 24 hour minor illness services available?
- Civilian family privacy overlap – info sharing
- Outside gazebos?