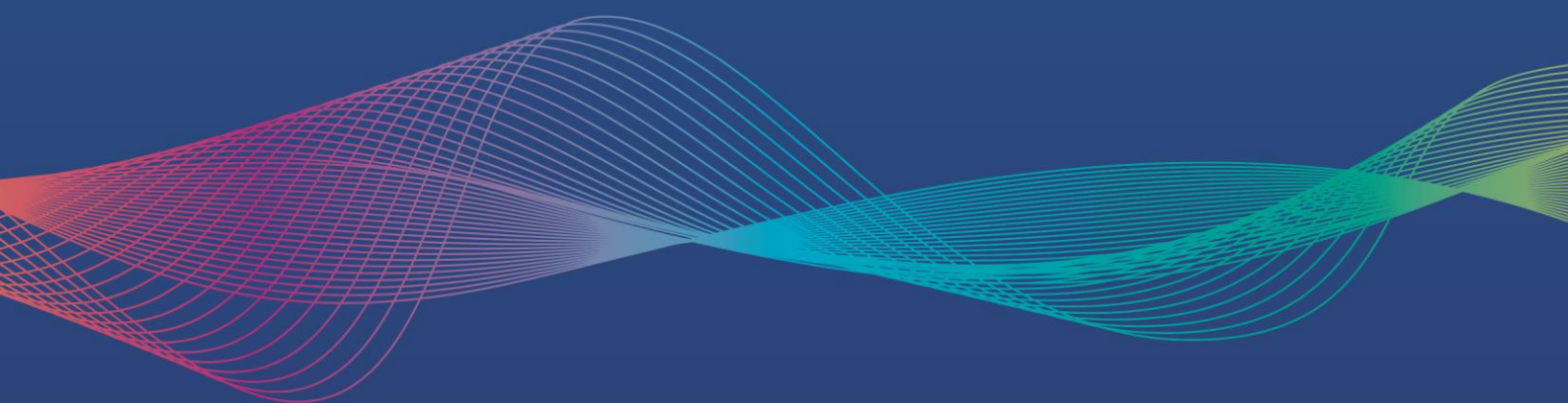


Adult and older people's specialist mental health services consultation

**Consultation Feedback from the Additional Engagement
Meetings and Events**

10 September 2018



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Introduction

As part of the consultation process, 26 additional events were arranged for the public and patients and alongside these six staff engagement events were organised. In addition, a separate Healthwatch event took place which covers all Cheshire.

The 26 events fell into the following categories.

Drop-in events

These were mainly used to promote the consultation and encourage attendees and those engaged with to read the consultation document and complete the consultation survey.

New events

There were some small events designed to engage with specific stakeholder groups and or individuals. These ranged from 1:1 sessions with specific patients or carers to presentations to local councillors. These events were used to promote the consultation and encourage people to read and complete the consultation document and survey.

Existing events

These were similar to the new events but here the consultation team attended pre-existing events and gave presentations and engaged with specific stakeholder groups.

Most of the events were used to promote the consultation and encourage attendees and those engaged within the community to read the consultation documents and complete the consultation survey. Consequently, most of the feedback received was through informal conversations and notes were light due to the nature of the engagement activity. However, these events were an important vehicle for encouraging specific stakeholder groups to engage in the consultation, become aware of the proposals and complete the consultation questionnaire.

Methodology

For each event a form was completed. The form gathered the following information:

- Name of presenter
- Event type
- Date
- Stakeholder type
- Feedback
- Number of attendees and number of surveys distributed
- Key questions asked
- Four tests which event evidences i) support from GP commissioners, ii) strengthen patient and public engagement, iii) clinical evidence based, iv) patient choice
- How the evidence will be used

This report has used the information provided in the feedback forms. The data captured on the forms during these events are presented in Appendix A.

– refers to the number of the event, so the feedback captured can be connected with the specific event (details of the events outlined in Appendix A)

Event feedback and overview

The events have been listed according to the CCG area in which they took place.

Eastern Cheshire CCG

East Cheshire Mental Health Forum #3

The meeting was attended by East Cheshire Council and the Macclesfield MP, alongside representatives for MIND, Healthwatch, CWP, and also by service users.

Points from the meeting covered a range of areas, including fears that decisions had already been made which were more about buildings and less about people. Information provided to the meeting highlighted that there were 7000 people across Cheshire with mental health needs which underpinned a completed needs analysis; that best practice from different places had been considered and that more was needed to ask Service Users for their views. Also stated was that the CCG had to live within its means but did not want to move everyone to Chester.

Themes from the meeting were:

Travel – in terms of the length of journeys, the opportunities to use public transport and the impact on time spent by carers and families with patients was covered. Also covered was the requirements for staff to have to also travel those distances. It was noted that while Vale Royal were keen to send service users to Chester, those in Macclesfield and the surrounding area would be affected most – and that this would fall on many of the poorest people in the area.

Discussions were held on alternatives to Millbrook in the Macclesfield area.

Dementia care was thought to be a good provision, though having a unit for dementia was thought not to be enough. The levels of uncertainty were affecting the ability to recruit staff to support home-based services. Also mentioned was the need to let carers know what would be happening to the person they were caring for.

Early intervention was thought to be crucial and crisis cafes were discussed. There was concern that there would not be enough spaces to provide one-to-one help in these sites. Regarding crisis beds, it was said that should Options 2 or 3 be chosen, more work would be done on the location and numbers of beds in each area.

HealthVoice #7

Minutes from the meeting on 10th April 2018 show that Jacki Wilkes confirmed the CCG was entering into public consultation regarding the redesign of Adult and Older People's Specialist Mental Health Services in partnership with CWPT and South Cheshire and Vale Royal CCGs.

Questions raised included a request for further information on the cost and location of the Crisis Cafes referred to in the consultation and about the reduction of adult inpatient beds in the local area. Also raised was how the new members of staff, to make up extra staffing for Community Mental Health teams, would be trained and how they would operate to help carers keep people at home, and no reference has been made in the document to a local Primary Intensive Care Unit, as the only one was in Chester. It was asked whether any analysis had been done to provide detail around support available regarding the travel element or around the

crisis care centres (including their location or number). This was addressed by clarification that nothing has been finalized regarding where the bed-based services will be located, but one unit will be located within the Eastern Cheshire footprint. The question about whether analysis had been done to scope out the possibility of locating a smaller local inpatient unit in Macclesfield was met with a view that it would cost considerably more to build a new unit, which would take funds out of clinical services. There were clear bidding rules regarding use of capital expenditure funding which is coordinated through the Sustainability and Transformation Partnerships (STP).

In discussion it was stated that CWPT were under increasing financial pressure, notably to avoid criticism from NHS Improvement regarding their financial management as they are at break even. The proposal is in line with NHS policy of the creation of Crisis and Resolution Teams across England to reduce residential costs. Studies of those already operating have received criticism from various sources (King's Fund, MIND charity, Mental Health Today; Manchester University) which often include:

- Inability to man the multidisciplinary teams – not enough qualified staff
- Continuity- unlikely of the patient seeing the same clinician twice
- Increase in suicides in the CRHT setting as against residential

Discussion on the lack of accountability in place to bring in 40 staff to operate the Community option. The meeting was advised that processes will be put in place to monitor outcomes for patients, but the CCG has worked very closely with CWPT and a commitment has been made that acute provision will not be reduced until the Community Services are in place.

It was felt to be important that people with a mental illness were treated in their local area and there were many empty NHS buildings that could be utilized to provide care. It was clarified that a very detailed needs analysis had been done to determine where the care needs were, and the skill mix of staff required to deal with these patients.

Further discussion covered waiting lists for Cognitive Behavioural Therapy and there were queries why Option 2 is the preferred option and not 3, as young people need help for longer and need to know, when they go home, that help and support is available locally. A question was asked about how people would know whether a chosen option was working, to which the response was, that a transition plan would be developed, with risk factors, identified and monitored.

Covered in the meeting was the need to ensure that carers and families can reach distant patients and that the community teams/drop-in centres need to be based on the high street, for people to access facilities, before a crisis occurs. CWPT agreed that mental health and physical health are not separate and integration between the community and general practice was essential.

The chair of East Cheshire Mental Health Forum brought forward a suggestion from a previous recent meeting of the Forum, where the merging of options to form a new option - a local facility which includes additional inpatient beds – was offered as an alternative view to the options presented.

Open Minds, Crewe and Nantwich #8

General disappointment at the plans to move mental health inpatient services from east Cheshire. Concern was also raised at the perceived lack of general inpatient beds throughout east Cheshire. It was also expressed that travel will be a major issue for patients and carers, especially those who do not have access to a car.

Lime Walk #11

The CCG visited the 20 residents at Lime Walk. Where possible the consultation team helped residents to complete the easy read versions of the consultation questionnaire.

Jocelyn Solly #12

One person felt that investing in community care was not necessary, whilst others expressed support for increasing community support.

Congleton Hospital #13

Few people attended however those who gave a view were supportive of the proposed care model.

Knutsford Hospital #15

Attendees were encouraged to complete the consultation survey. Those who gave an opinion were supportive of the proposed care model.

Macclesfield District General Hospital #20

Attendees were encouraged to complete the consultation survey. Attendees who gave an opinion were supportive of the proposed care model.

One outpatient argued that the Millbrook Unit should be retained and refurbished. This person had been an inpatient at the facility and said the care received was excellent. There was an acknowledgement that the facility failed to meet modern standards.

Presentation to Cheshire East Councillors #21

Elected members were provided with a presentation on case for change, proposed care model, consultation options and approach, activities to date, actions to follow, and next steps in terms of governance and implementation. At the end there was time for questions and answers.

Waters Green Medical Centre #23

Purpose of event was to encourage patients and visitors to complete the survey. The consultation team engaged with lots of people. Those who gave an opinion were supportive of the proposed care model.

One person argued that the Millbrook Unit should stay open, despite its environmental shortcomings, this is because they had received excellent care there as an inpatient.

Another person said it was disingenuous for the consultation partners to claim that reducing the number of inpatient beds would be the right thing to do, even if sufficient funding existed to refurbish Millbrook. They said that, were it not for inadequate government funding, CWP would refurbish Millbrook as well as investing in community and crisis care.

Elm House, Macclesfield, CAMHS #26

This session was designed to engage with young people. The team spoke to a parent and member of staff and encouraged them to read and complete the consultation document and survey.

Other known CCG area

Mental Health Partnership Board #5

A member of the board asked if the CCG has applied for funding to refurbish the Millbrook unit.

The difficulty in travelling via rail from Vale Royal to Bowmere Hospital Chester was raised because there is no direct transport to and from Winsford. It was asked if transport was being considered as part of the consultation. One board member noted that an MP had raised the problem of travel from Macclesfield to Bowmere.

The number of additional beds at Bowmere was raised and this was confirmed at 22.

Questions raised included: what is the impact on admissions for West Cheshire patients? What is the impact on social care staff? What is the potential increase in safeguarding referrals and AMHP activity? And why has the CCG not applied for capital funding?

West Cheshire Mental Health Forum, Chester #6

There was positive feedback on the crisis provision in the proposal. However, questions were raised including: where was the funding from the closure of Parkside and what would be the impact on admissions for West Cheshire patients?

South Cheshire and Vale Royal CCGs

Open Minds, Crewe & Nantwich #1

The enhanced community provision was welcomed by this group.

There was concern that previous promises (e.g. additional services following closure of the Leighton site) were not fulfilled and this may happen again.

It was felt that there should also be some indication on the location of the proposed 6 crisis beds.

It was also suggested that photos of what Chester facilities look like should be included at public meetings.

Crewe and Nantwich Open Minds #14

Attendees provided feedback on the first public meeting at Macclesfield.

Some attendees raised concerns about the potential location of inpatient beds at Chester, including access to beds.

There was a view by the group that crisis beds must be based in the Crewe and Nantwich area.

Delamere Resource Centre, Crewe #16

Attendees were encouraged to complete the consultation survey.

MCHFT health and wellbeing event #17

Attendees were encouraged to complete the consultation survey.

Comments were generally positive about the increased community support.

Audlem Village Community event #18

Attendees were encouraged to complete the consultation survey.

Attendees were generally positive about the increased community support.

Macclesfield is generally thought to be a long distance from Audlem.

Vale House, Winsford / Mind Mental Health charity (adjacent address) #19

Attendees were encouraged to complete the consultation survey.

There were no other comments/feedback recorded.

Bevan House walkaround #22

Those spoken to were generally supportive of the increased community support.

There was some confusion around location, as some staff are not residents in SC/VR.

Mill Street, Crewe, CAMHS #24

Attendees were encouraged to complete the consultation survey.

Polish mum and baby drop-in group, Crewe #25

A translator was in attendance at this event.

There was generally support for the increased community support.

There was a view that the difference in travel between Macclesfield and Chester from Crewe is not that different and so is not a consideration.

Staff Engagement Sessions #27

Six staff engagement sessions were held at locations across Vale Royal, East and South Cheshire footprint including Macclesfield, Crewe and Winsford.

Each included a presentation by a senior clinician / manager, outlining the consultation process and the options available followed by the opportunity for staff to ask questions.

The questions raised by staff were responded to in an FAQ document and circulated. Subjects included:

Consultation Process – questions exploring the timescales for the consultation, and how the survey at the end of the consultation document was produced.

Facilities - questions explored the cost of redeveloping Millbrook and issues regarding the contract.

Proposals – questions explored the options, requesting further information and how the proposed new service model would work in practice

HR - questions explored the jobs process and whether staff would have to reapply for their jobs.

All Cheshire

Healthwatch Meeting #2

The consultation team gave a presentation explaining the consultation and the proposals. They encouraged attendees to read the consultation document and complete the consultation questionnaire.

Unknown

Private meeting with a local patient P1 #4

During the meeting the patient provided background information around their experiences of using mental health services, what has worked well and where there have been issues and concerns.

The patient raised concerns about the community support available in the long-term especially when she is considered to be 'well'.

Patient supported plans to increase community teams and offer continuous care to help people to stay well.

The patient said that the consultation documents were too difficult to read and too long for many of the users. It was suggested that the easy read documents are promoted amongst users, as the consultation document was too difficult for some to read.

The patient mentioned that the golf club public event was difficult to attend because it was not accessible by bus.

Private meeting with local patient P2 #9

During the meeting the patient provided background information around their experiences of using mental health services, what has worked well and where there have been issues and concerns.

The patient said that people who are in hospital need to be there. The patient was broadly supportive of the theory behind the development of the crisis service and the range of options this proposal could provide. The patient agreed that seeing this in action would be more assuring (a visit to Cambrian House Crisis was arranged).

The patient explained that due a lack of support he was unable to remain in work. He would like to see access to the crisis service to not be restricted to patients already in secondary care.

The patient as concerned that a decision had already been made.

The patient was concerned that the proposals were purely financially driven.

The patient's key concern is that if the preferred option is chosen and if Millbrook closes this would result in insufficient community services.

Meeting with a member of the public P3 #10

We spoke to a mother and carer of her son who uses specialist mental health services.

Their response was focussed on the need to ensure that their care is tailored to the individuals need. For example, her son needed supervision with meds and whilst the home treatment team undertook to do this, it was not at the right time for him, which impacted on his quality of life.

As a carer she explained the need for proposals to support carers who provide so much of the care and support for people with long term complex mental health needs.

Appendix

Appendix A

Event number	Consultation Event	Date of event	Number of attendees	Number of surveys distributed / completed	Type of meeting (drop-in/ existing /new)	Four tests	Stakeholder type
1	Crewe and Nantwich Open Minds	09/03	17	0 / 0	Existing	Strengthened patient and public engagement	Services users, carers and public and voluntary and community organisations
2	Healthwatch Meeting	28/03	9	- / -	Existing	-	Partner organisation
3	East Cheshire Mental Health Forum	03/04	20	- / -	Existing	Strengthened patient and public engagement and patient choice	Service users, carers and public
4	Private meeting with local patient P1 (miss c)	04/04	1	- / -	New	Strengthened patient and public engagement	-
5	Mental Health Partnership Board	09/04	15	- / -	Existing	-	Partner organisations and commissioners
6	West Cheshire Mental Health Forum	10/04	20	- / -	Existing	Strengthened patient and public engagement	-
7	Healthvoice	10/04	21 (+NHS staff)	- / -	Existing	Strengthened patient and public engagement	Carers and public
8	Crewe and Nantwich Open Minds	11/05	8	- / -	Existing	Strengthened patient and public engagement	Service users, carers and public and voluntary and community organisations

Event number	Consultation Event	Date of event	Number of attendees	Number of surveys distributed / completed	Type of meeting (drop-in/ existing /new)	Four tests	Stakeholder type
9	Private meeting with local patient P2 (Mr B)	14/04	1	- / -	New	Strengthened patient and public engagement	-
10	Meeting with a member of the public P3 (Mrs A)	25/04	1	- / -	New	Strengthened patient and public engagement	-
11	Lime Walk	30/04	20	- / 6	Drop-in	Strengthened patient and public engagement and patient choice	Service users, carers and public
12	Jocelyn Solly	01/05	10	5-10 / 1	Drop-in	Strengthened patient and public engagement	Service users, carers and public
13	Congleton Hospital	11/05	20	3 / 0	Drop-in	Strengthened patient and public engagement	Service users, carers and public
14	Crewe and Nantwich Open Minds	13/04	19	-	Existing	Strengthened patient and public engagement	Carers and public
15	Knutsford Hospital	15/05	30	12 / 1	Drop-in	Strengthened patient and public engagement	Service users, carers and public
16	Delamere Resource Centre, Crewe	15/05	10	8 / 0	Drop-in	Strengthened patient and public engagement	Carers and public
17	MCHFT health and wellbeing event	16/05	450 (information available as part of wider event)	-	Existing	Strengthened patient and public engagement and patient choice	Partner organisations and staff
18	Audlem Village Community event	16/05	45	-	Existing	Strengthened patient and public engagement and patient choice	Public and patients

Event number	Consultation Event	Date of event	Number of attendees	Number of surveys distributed / completed	Type of meeting (drop-in/ existing /new)	Four tests	Stakeholder type
19	Vale House Resource Centre, Winsford	15/05	8	-	Drop-in	Strengthened patient and public engagement	-
20	Macclesfield District General Hospital	18/05	40	25 / 0	Drop-in	Strengthened patient and public engagement	Services users, carers and public
21	Presentation to Cheshire East Councillors	21/05	7	7 / 0	Existing	Strengthened patient and public engagement	Partner organisations
22	Bevan House walkaround	21/05	50	-	Drop-in	Strengthened patient and public engagement and patient choice	Public and patients
23	Waters Green Medical Centre	22/05	40	30 / 1	Drop-in	Strengthened patient and public engagement	Services users, carers and public
24	Mill Street, Crewe, CAMHS	22/05	4	-	Drop-in	Strengthened patient and public engagement	Services users, carers and public
25	Polish mum and baby drop-in group, Crewe	22/05	20	-	Existing	Strengthened patient and public engagement and patient choice	Public and patients
26	Elm House, Macclesfield, CAMHS	23/05	3	-	Drop-in	Strengthened patient and public engagement	Service users, carers and public
27	Staff Engagement Sessions	13/03 (x3), 23/04, 24/04, 25/04	71	-	New	Strengthened patient and public engagement and clinical evidence based	other

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