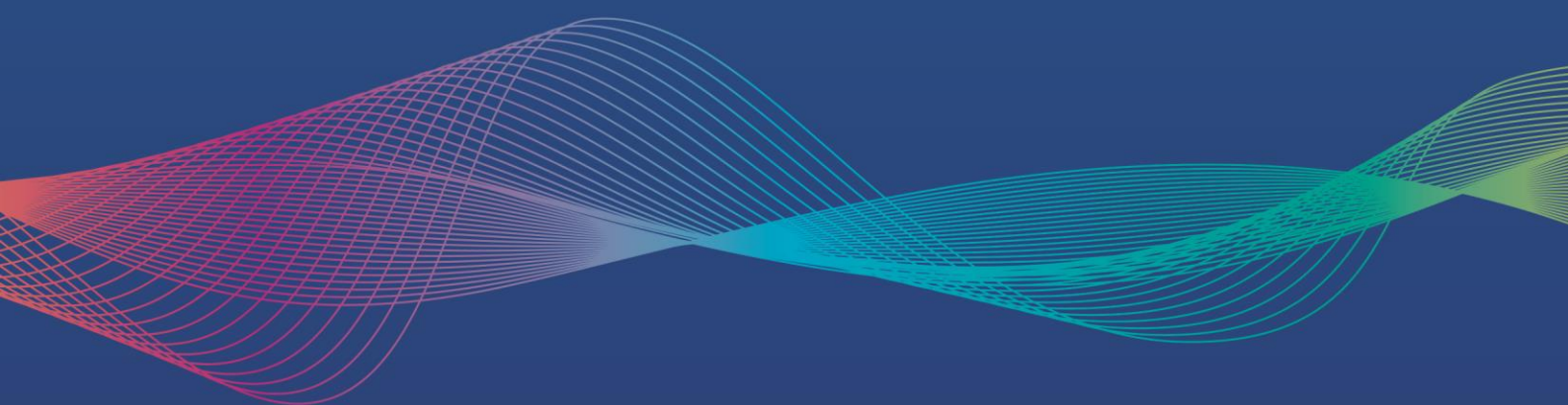


# Adult and older people's specialist mental health services consultation

**Executive summary of summary report of findings**

**10 September 2018**



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# Executive summary

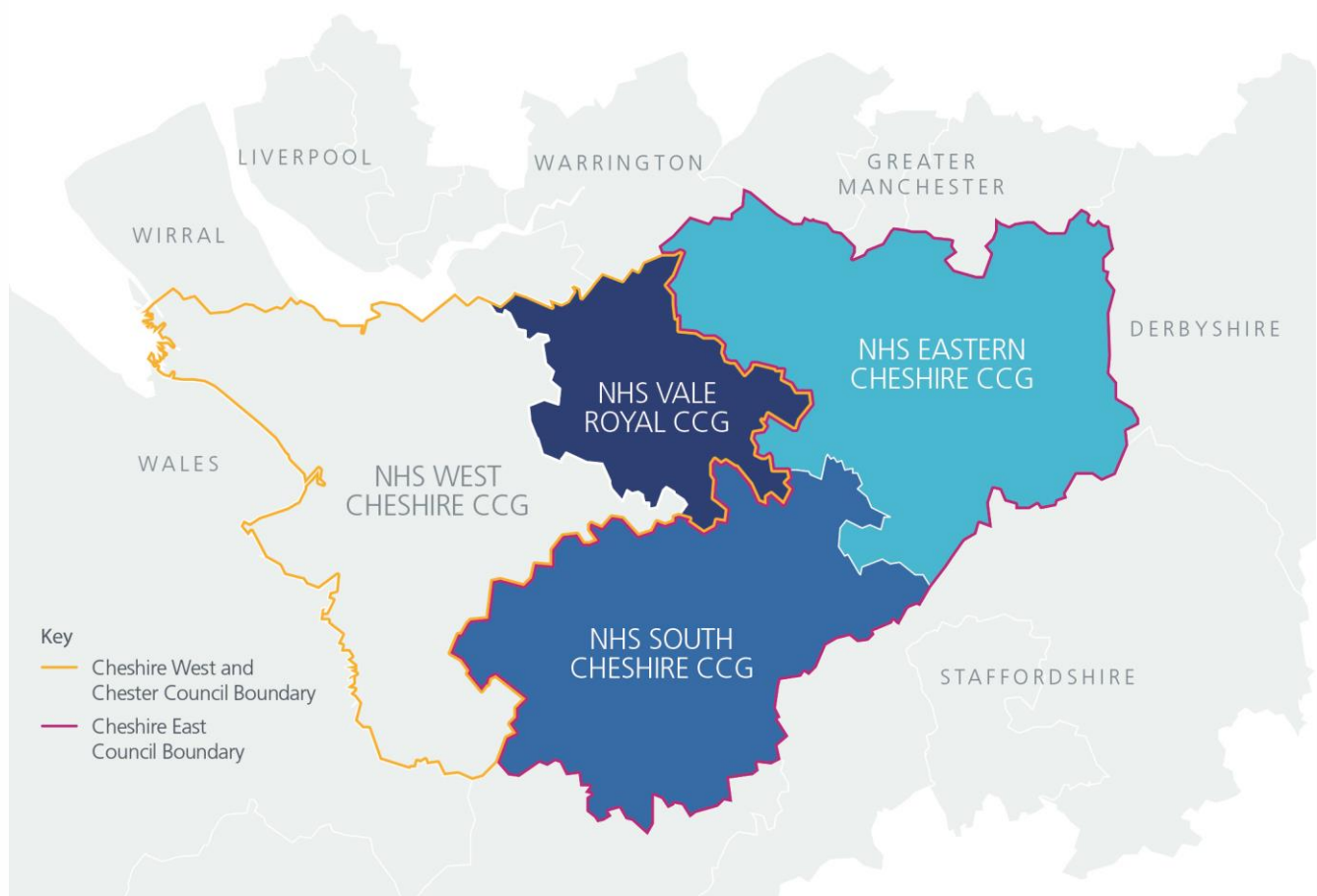
## Introduction

This executive summary presents an overview of the key findings from the consultation on the proposed redesign of adult and older people's specialist mental health services, which ran between 6 March and 29 May 2018. The consultation targeted the residents of three CCG areas (listed below) and covered a total population of 480,000 people.

The purpose of this report is to provide feedback to the commissioners – as the consulting organisations - on the results of the public consultation. This will inform the decision-making business case for adult and older people's mental health services, to be developed by the commissioners later in the year.

The consultation was led by:

- NHS Eastern Cheshire Clinical Commissioning Group (CCG)
- NHS South Cheshire Clinical Commissioning Group (CCG)
- NHS Vale Royal Clinical Commissioning Group (CCG)



The population of NHS Eastern Cheshire CCG live in the main towns and surrounding areas of Alderley Edge, Bollington, Chelford, Congleton, Disley, Handforth, Holmes Chapel, Knutsford, Macclesfield, Poynton, and Wilmslow. The population of NHS South Cheshire CCG live in the main towns and surrounding areas of Alsager, Crewe, Middlewich, Nantwich and Sandbach. Together, the geographies of both CCGs are coterminous with Cheshire East Council. Cheshire East Council was not a consulting organisation.

The population of NHS Vale Royal CCG live in the main towns and surrounding areas of Northwich and Winsford. The geography of and population living within NHS Vale Royal CCG, along with that of NHS West Cheshire CCG are coterminous with that of Cheshire West and Chester Council. Both NHS West Cheshire CCG and Cheshire West and Chester Council were not consulting organisations.

In delivering the consultation, the commissioners worked in partnership with Cheshire and Wirral Partnership NHS Foundation Trust (CWP), which is the main provider of mental health services across the four CCGs.

## Background to the Consultation

The consultation document set out the proposals for adult and older people's specialist mental health services. The proposals were developed through 12 months of collaboration with service users, carers, patient representatives, clinical staff, experts by experience, local authority overview and scrutiny committees, commissioners and service providers.

This document described the case for change, which was based on feedback from the collaborative engagement activities, as well as recent audit recommendations and inspections. This showed that changes are needed to improve quality and safety standards, to improve accommodation standards and to ensure that the funds available, for mental health services, achieve the best impact.

The document also set out the objectives for service redesign, a proposed new model of care, with two service delivery options, alongside an option to maintain current service configuration for adults and older people experiencing severe or mental ill-health across community and hospital care settings.

## Three options for public consultation

The three options which were taken to public consultation are outlined below.

- **Option 1:** To not introduce the proposed new model of care. In this option there would be no prospect of improvement or development of the following services: community care, crisis care / choice of service, dementia outreach, or inpatient care unless funding was taken or diverted from other current local NHS services. All inpatient care would be retained in the Millbrook Unit, Macclesfield.
- **Option 2:** To improve community and home treatment (crisis) teams, and provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester. This option proposes to enhance community and home treatment (crisis) teams to provide a wider range of services and improve access to care locally for the 7,000 adults and older people in the community who currently access specialist mental health services.
- **Option 3:** To improve community and home treatment (crisis) teams, provide local crisis beds within the community and provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester. This option proposes to enhance community and home treatment (crisis) teams. This would provide a wider range of services and improved access to care locally for the 7,000 adults and older people in our communities who currently access specialist mental health services.

## Approach to the analysis of feedback

The University of Chester was commissioned to undertake an independent review of the consultation survey feedback and findings. NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) worked closely with commissioners and was contracted to provide a range of support services, including the production of this report of findings and the analysis of the public events, correspondence and other information collected at 'pop-in' events and meetings. The report draws on several supporting documents, which are referenced in the main report.

## Communications and engagement activity

The communications and engagement strategy aimed to both inform and consult all stakeholders, including patients and public, carers and staff. Activities were planned to explain the proposed model and options and gather feedback.

- Consultation document sent to each of the 7,000 patients currently receiving specialist mental health services from CWP
- 3,000 copies of the consultation document, including an easy-read version, distributed in healthcare and community settings
- Consultation questionnaire, which was designed and distributed both online and as a hard copy (and reproduced as an easy read version) to enable easy feedback by all to the consultation proposals
- Seven formal public meetings, with a total of 223 attendees
- Engagement with a further 500+ people at an additional 26 events, meetings and briefing opportunities at local mental health forums and other health and community settings were undertaken
- Widespread print, broadcast and social media reach, including with over 2,000 people actively engaging with social media content such as videos, reaching circa 160,000 newsfeeds
- Over 100 media articles, adverts and advertorials was generated across all platforms including TV, print, radio and internet
- Targeted updates to over 500 CWP members in Vale Royal, South Cheshire and Eastern Cheshire
- 97 enquiries received via the freephone Patient Advice and Liaison Service (PALS) line.

## Respondent / participant and demographic profiles

A total of 324 people responded to the consultation survey. The survey respondents included:

- 186 (57%) from the Eastern Cheshire CCG area
- 81 (25%) from South Cheshire CCG area
- 34 (10%) from Vale Royal CCG area
- 23 (7%) from other/unknown.

The largest proportion of respondents were female, 175 (54%) compared to 111 (34%) males. The remainder did not provide this detail. Most respondents were under 65 years (62%) and most were white British (88%). Of the total respondents, 65 (20%) were carers of people who accessed mental health services.

A total of 223 people attended the seven public consultation events.

- Four of the events were in the Eastern Cheshire CCG area, with 163 participants.
- Two of the events were in the South Cheshire CCG area, with 36 participants.
- One event was in the Vale Royal CCG area, with 24 participants.

There was an almost even split between females and males with 71 (56%) females and 52 (41%) males in attendance. The remainder did not provide this detail. Just over three quarters were aged 45 to 79 years and 118 of the 120 (98%) attendees were white British.

A total of 23 pieces of correspondence were received. Most of the correspondence was from members of the public.

## Findings from the consultation survey and seven public events

This section summarises findings from the consultation survey and key themes from the seven public events. For each option an overview of the key findings is presented followed by findings by CCG area.

Survey respondents were asked to rank the three options from most to least preferred. Option 2 was most preferred, being ranked first by 115 respondents, followed by option 1 with 84 respondents and option 3 with 57 respondents.

Survey respondents were also asked the extent to which they agreed with each option. Table A compares the level of agreement for each option. Most agreement was for option 2 (52%) compared to options 1 (36.1%) and 3 (37.5%).

Table A: Respondents level of agreement/disagreement with each of the three options

	Numbers agreeing with option	Number neither agree or disagree	Number disagreeing with option
<b>Option 1</b>	109 (36.1%)	40 (13.2%)	153 (50.7%)
<b>Option 2</b>	150 (52.0%)	32 (11.0%)	107 (37.0%)
<b>Option 3</b>	104 (37.5%)	67 (24.2%)	106 (38.3%)

Survey respondents were asked to review a list of eight outcome statements and identify the top three in order of importance. Table B identifies these outcome statements in order of importance.

Table B: The eight service delivery outcome statements in order of importance

Number	Service delivery outcome statements
<b>1</b>	Option x will improve outcomes for people with mental ill-health
<b>2</b>	Option x will provide 24-hour access to crisis services
<b>3</b>	Option x means people being able to visit hospital easily
<b>4</b>	Option x will offer a dementia outreach service supporting people in their own homes
<b>5</b>	Option x offers access to a better range of treatment options
<b>6</b>	Option x will offer more choice about the services available for people in crisis
<b>7</b>	Option x will provide better access to community services
<b>8</b>	Option x provides inpatient services meeting privacy and dignity standards

Respondents were then asked to rate the extent to which the options fulfilled each service delivery outcome statement. See table C.

When the top three most important service delivery outcome statements are compared against the three options, option 2 received the overall highest score. Comparison of the scores for each of the top three outcome statements, show that option 2 received the highest scores for outcome statement 1 and 2. Option 1 received the highest score for outcome statement 3.

*Table C: Respondents most important three service delivery outcome statements and the extent to which the three options meet these.*

	Service delivery outcome statements	Most selected outcome statement	Option 1	Option 2	Option 3
1	Improve outcomes for people with mental ill-health	248	82 (32%)	145 (58%)	120 (50%)
2	24-hour access to crisis services	181	74 (30%)	168 (67%)	127 (54%)
3	Being able to visit hospital easily	118	141 (56%)	72 (29%)	52 (22%)
<b>Total for top three</b>			297	385	299
<b>Base – number of survey respondents to question</b>			247-255	245-251	231-238



# Feedback on option 1

## Overall feedback on option 1

153 (51%) of survey respondents disagreed with option 1, compared to 109 (36%) who agreed. By respondent type there was a greater proportion of service users disagreeing, whilst carers and members of the public were more evenly split. Table D provides an overview of the response to key survey questions and commentary on key messages from event participants.

Table D: Survey and event participant feedback on option 1

<b>Reasons for agreeing with the option</b>	<ul style="list-style-type: none"><li>• 'The location of services'</li><li>• 'The minimisation of stress and anxiety'</li><li>• 'Minimisation of travel'</li><li>• 'The Millbrook Unit would be kept open or improved'.</li></ul>
<b>Reasons for disagreeing with the option</b>	<ul style="list-style-type: none"><li>• 'The finance/ cost of the option'</li><li>• 'The service levels provided'</li><li>• 'The idea that change is needed'.</li></ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"><li>• The most agreed with statement (receiving over 50%) was statement 3 (Table B) – 'means people being able to visit hospital easily'</li><li>• The remaining seven statements had between 15% and 35% agreement.</li></ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"><li>• Dementia patients</li><li>• People using community services.</li></ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"><li>• 'Service structure and coverage'</li><li>• 'Finance and building usage'.</li></ul>
<b>Public event commentary</b> 7 events = 223 participants	<ul style="list-style-type: none"><li>• Some support for option 1, but also a recognition that the current system is not working properly and that doing nothing is not an option.</li><li>• Support for quality of care provided by the Millbrook Unit, however mixed views on the current facilities (e.g. ward size, en-suite facilities).</li><li>• An understanding that there would not be enough resource to improve crisis care and community teams.</li><li>• Some event participants were confused about the financial modelling and concerned about the perceived limits in the supporting detail provided.</li></ul>



## Eastern Cheshire CCG area feedback on option 1

There was an even split between survey respondents agreeing and disagreeing with option 1. 79 (44%) respondents disagreed with this option, whilst 78 (43%) respondents agreed.

Table E: Survey and event participant feedback from Eastern Cheshire CCG area on option 1

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'The location of services'</li> <li>• 'The minimisation of stress and anxiety'</li> <li>• 'The Millbrook Unit would be kept open / improved'</li> <li>• 'Minimisation in travel requirements'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Finance / cost of the option'</li> <li>• 'The impact on service levels'</li> <li>• 'The need for change'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The most agreed with statement with over 70% agreement, was statement 3 (table B) – 'means people being able to visit hospital easily'</li> <li>• The remaining seven statements had between 20% and 45% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Dementia patients</li> <li>• People using community services.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Finance'</li> <li>• 'Building usage'</li> <li>• 'Service structure and coverage'.</li> </ul>
<b>Public event commentary</b> 4 events: 3 events in Macclesfield = 133 attendees 1 event in Congleton = 30 attendees	<ul style="list-style-type: none"> <li>• <b>Macclesfield events:</b> participants felt the option was presented in a way that made it difficult for attendees to select it as their preferred choice</li> <li>• <b>Congleton event:</b> some felt the Millbrook Unit remaining open would be a positive outcome for current service users.</li> <li>• <b>Macclesfield and Congleton events:</b> agreed on the need for community care and dementia outreach and that this would reduce demand on emergency care; but questioned how these could be implemented.</li> </ul>

## South Cheshire CCG area feedback on option 1

43 (61%) of survey respondents disagreed with option 1, compared to 18 (26%) who agreed.

Table F: Survey and event participant feedback from South Cheshire CCG area on option 1

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Location of the service'</li> <li>• 'Stress and anxiety minimised'</li> <li>• 'Agree with nothing'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Change is needed'</li> <li>• 'Finance / cost of option'</li> <li>• 'Service levels'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The eight service delivery statements received low levels of agreement (all under 30%).</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• People using community services.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Service structure and coverage'</li> <li>• 'Staff'</li> <li>• 'Finance'</li> <li>• 'Building usage'.</li> </ul>
<b>Public event commentary</b> 2 events: 1 event in Crewe = 19 attendees 1 event in Middlewich = 17 attendees	<ul style="list-style-type: none"> <li>• <b>Crewe event:</b> participants commented that facilities in the area could be improved, however there was concern how this would be financed. Participants also sought reassurance that any changes are implemented fully.</li> <li>• <b>Crewe event:</b> travel was not seen to be such an issue for people in Crewe as the distance is similar. However, it was commented that it is easier to travel to Chester from Crewe.</li> <li>• <b>Crewe event:</b> concern that decisions have already been made to lose the Millbrook Unit.</li> <li>• <b>Middlewich event:</b> limited comments regarding this option.</li> </ul>

## Vale Royal CCG area feedback on option 1

More survey respondents disagreed with option 1 than agreed. 21 (68%) disagreed with this option, whilst six (19%) agreed.

Table G: Survey and event participant feedback from Vale Royal CCG area on option 1

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Location of service'</li> <li>• 'Travel minimised'</li> <li>• 'Finance / cost of options'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Change is needed'</li> <li>• 'Service levels'</li> <li>• 'Finance / cost of options'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• There was more agreement with the service delivery outcome statements in this area, but none received more than 40% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Dementia patients</li> <li>• People using community services</li> <li>• 'Crisis'</li> <li>• Minority groups (e.g. Traveller, Bangladeshi).</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Finance'</li> <li>• 'Service structure and coverage'.</li> </ul>
<b>Public event commentary</b> 1 event in Northwich = 24 attendees	<ul style="list-style-type: none"> <li>• Some support for the Millbrook Unit to remain open due to quality of staff.</li> </ul>

## Other consultation survey feedback on option 1

There were four respondents from the West Cheshire CCG area. Of these, one agreed with the option and two disagreed.

There were also 19 survey respondents with an unknown CCG area. Of these, nine disagreed with this option, compared to four who agreed.

## Feedback on option 2

### Overall feedback on option 2

150 (52%) respondents agreed or strongly agreed with this option, compared to 107 (37%) disagreeing or strongly disagreeing. When analysed by respondent type, there was a greater number of service users 63 (57%) and carers 35 (58%) agreeing, whilst more NHS employees and other respondents disagreed with this option.

Table H: Survey and event participant feedback on option 2

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Dementia care'</li> <li>• 'Location of service'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Adult care worse'</li> <li>• 'Service levels would decrease'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• There were seven most agreed with statements (with between 50% and 70% agreement).</li> <li>• Statement 3 (table B) – 'means people being able to visit hospital easily' - received least agreement with between 25 and 30%.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Adults and younger people</li> <li>• Those based in the Eastern Cheshire area</li> <li>• Service users and carers, families and relatives.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Building usage'</li> <li>• 'Service structure and coverage'</li> <li>• 'Travel'</li> <li>• 'Finance'.</li> </ul>
<b>Public event commentary</b> 7 events = 223 participants	<ul style="list-style-type: none"> <li>• Option 2 was generally positively received with some saying it was the most sensible option</li> <li>• Reasons for supporting the option included: additional clinical and support staff offering 24-hour crisis care; improvement in community care, which could result in a reduction in hospital admissions; and the provision of 53 beds to mention the key comments</li> <li>• This was considered a preventative option which could reduce hospital admissions, however, greater co-ordinated care would be required.</li> <li>• Although it was thought that implementation would be difficult due to cost and accessibility, this option was considered to provide the greatest value for money. Some questioned whether this option would be cheaper than refurbishing the Millbrook Unit.</li> <li>• Main concerns related to travel implications for adults. To address this, the use of technology, social media and contracts with taxi firms or assistance from volunteers was suggested.</li> <li>• There was some mixed reaction towards crisis cafés because of possible safety and security concerns.</li> <li>• Further clarification was asked for regarding how capacity would be managed; access to public transport, the need for refurbishment and any impact on Bowmere.</li> </ul>

## Eastern Cheshire CCG area feedback on option 2

84 (50%) of respondents disagreed with this option, compared to 70 (42%) who agreed.

Table 1: Survey and event participant feedback from Eastern Cheshire CCG area on option 2

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Dementia care'</li> <li>• 'Location of service'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Adult care worse'</li> <li>• 'Service levels would decrease'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The seven most agreed with statements received between 45% and 60% agreement.</li> <li>• Statement 3 (table B) – 'means people being able to visit hospital easily' - received around 20% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Adults and younger people</li> <li>• People living in Eastern Cheshire</li> <li>• Carers, family and relatives</li> <li>• Current service users.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Building usage'</li> <li>• 'Service structure and coverage'</li> <li>• 'Finance'</li> <li>• 'Travel'.</li> </ul>
<b>Public event commentary</b> 4 events: 3 in Macclesfield = 133 attendees 1 event in Congleton = 30 attendees	<ul style="list-style-type: none"> <li>• <b>Macclesfield and Congleton events:</b> agreement that this option would provide older patients the ability to remain in the area and a feeling that this option offers greater value for money than option 1. Some concerns raised at the need for patient groups to travel further, placing burden on their support network. Some suggestions of the need for a more robust travel and transport plan and to review the use of technology to stay in touch.</li> <li>• <b>Congleton event:</b> some recognition of the benefits of community care, however implementation was perceived to be an area of concern. More access with improved opening hours would be beneficial.</li> </ul>

## South Cheshire CCG area feedback on option 2

46 (60%) survey respondents agreed with this option compared to 13 (18%) who disagreed.

Table J: Survey and event participant feedback from South Cheshire CCG area on option 2

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Agree with everything in option 2'</li> <li>• 'Dementia care'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Inequality of service'</li> <li>• 'Disagree with nothing in option 2'</li> <li>• 'Adult care worse'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The seven most agreed with statements received between 60% and 80% agreement.</li> <li>• Statement 3 (table B) – 'means people being able to visit hospital easily' - received less than 45% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Those based in the Eastern Cheshire area</li> <li>• Adults and younger people</li> <li>• Carers, family and relatives</li> <li>• Those based in the South Cheshire area.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Service structure and coverage'</li> <li>• 'Finance'</li> <li>• 'Travel'.</li> </ul>
<b>Public event commentary</b> 2 events: 1 event in Crewe = 19 attendees 1 event in Middlewich = 17 attendees	<ul style="list-style-type: none"> <li>• <b>Crewe event:</b> some participants commented that the option supports older people being cared for closer to home and more generally provides less focus on beds, providing more care out of hospital, including crisis support.</li> <li>• <b>Crewe event:</b> some saw travelling to Chester as not a as big an issue, especially for adults who will be able to travel more easily than older patients.</li> <li>• <b>Middlewich event:</b> recognition of value for money – but thought that it would be difficult to implement due to the recruitment challenges and the expected growth in demand.</li> </ul>

## Vale Royal CCG area feedback on option 2

23 (68%) survey respondents agreed with option 2, compared with four (12%) who disagreed.

Table K: Survey and event participant feedback from Vale Royal CCG area on option 2

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Dementia care'</li> <li>• 'Location of service'</li> <li>• 'Agree with everything in option 2'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Inequality of service'</li> <li>• 'Finance'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The seven most agreed with statements received between 60% and 85% agreement.</li> <li>• Statement 3 (table B) – 'means people being able to visit hospital easily' - was least agreed with, receiving 50% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Those based in the Eastern and South Cheshire areas</li> <li>• Carers, families and relatives.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Service structure and coverage'</li> <li>• 'Finance'</li> <li>• 'Building usage'</li> <li>• 'Travel'.</li> </ul>
<b>Public event commentary</b> 1 event in Northwich = 24 attendees	<ul style="list-style-type: none"> <li>• General comments were that this was the best option of the three, but travel requirements were an issue. To overcome these concerns suggestions were made around the use of private transport and technology.</li> <li>• Participants suggested enhanced community care could aid shorter inpatient stays. The provision of crisis cafés was also positively received.</li> <li>• The provision of 53 beds was a positive influencer. However, some expressed concerns about the number of available beds in Chester. Also, some suggestions that underutilised estate in Macclesfield could be used to provide a small unit in the area.</li> </ul>

## Other feedback on option 2

There were three respondents from the West Cheshire CCG area. Of these, two agreed with option 2 and one disagreed.

There were 19 survey respondents with an unknown CCG area. Of these, eight (40%) agreed with option 2, compared to five (25%) who disagreed.



## Feedback on option 3

### Overall feedback on option 3

There were equal proportions of people agreeing and disagreeing with this option. 106 (38%) disagreed with this option, whilst 104 (38%) agreed. Segmentation by respondent type showed around 60% of service users and carers supported this option. There was a split in the level of agreement amongst NHS mental health employees and other respondent types.

Table L: Survey and event participant feedback on option 3

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Comparison of options i.e. better than 1 or 2'</li> <li>• 'Location of service'</li> <li>• 'Community care and support'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Service levels would decrease'</li> <li>• 'Distress to patients'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• Only statements 1 and 2 (table B) received 50% or more support</li> <li>• The remaining six statements received less than 50% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Older people</li> <li>• Carers, families and relatives</li> <li>• Dementia patients</li> <li>• Current service users</li> <li>• Those living in Eastern Cheshire.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Building usage'</li> <li>• 'Service structure and coverage'.</li> </ul>
<b>Public event commentary</b> 7 events = 223 participants	<ul style="list-style-type: none"> <li>• This was the second most preferred option. During the table discussions options 2 and 3 were frequently compared.</li> <li>• Option 3 was supported because it provides good crisis support services and home treatment, however there was a greater preference for option 2 because this option is not accessible for older patients.</li> <li>• An acknowledgement that this option is preventative, as it offers access to out of hospital services, which could reduce hospital admissions.</li> <li>• The majority of concerns related to the travel implications for older patients, those requiring access to psychiatric care and patients' support networks.</li> <li>• Other concerns raised included the movement of dementia services to Chester; the lack of Psychiatric Intensive Care Unit at Lime Walk House and difficulties in implementation due to costs and the availability of staff to provide community care.</li> <li>• Some also raised safety and security concerns with crisis cafés.</li> </ul>

## Eastern Cheshire CCG area feedback on option 3

76 (47%) respondents disagreed with this option, compared to 50 (31%) who agreed.

Table M: Survey and event participant feedback from Eastern Cheshire CCG area on option 3

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Comparison of options i.e. better than 1 or 2'</li> <li>• 'Location of service'</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Service levels would decrease'</li> <li>• 'Distress to patients'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• Seven statements received between 40% and 50% support.</li> <li>• Statement 3 (table B) – 'means people being able to visit hospital easily' - had just over 20% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Older people</li> <li>• Service users</li> <li>• Carers, family and relatives</li> <li>• Dementia patients.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Building usage'</li> <li>• 'Service structure and coverage'</li> <li>• 'Travel'.</li> </ul>
<b>Public event commentary</b> 4 events: 3 in Macclesfield = 133 attendees 1 event in Congleton = 30 attendees	<ul style="list-style-type: none"> <li>• Respondents supported having fewer people in hospital due to the provision of community care and community services.</li> <li>• It was acknowledged that this option is preventative as it offers access to out of hospital services which could reduce hospital admissions.</li> <li>• Public event attendees expressed concern at the travel requirements. Some suggested the need for volunteer support to help overcome this issue.</li> <li>• Concerns were raised at the costs of this option.</li> <li>• Attendees sought clarity on the number and usage of crisis beds outlined in this option.</li> </ul>

## South Cheshire CCG area feedback on option 3

32 (48%) survey respondents agreed with this option compared to 14 (21%) who disagreed.

Table N: Survey and event participant feedback from South Cheshire CCG area on option 3

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service', 'comparison of options i.e. better than 1 or 2' and 'community care and support'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel', 'service levels would decrease' and 'inequality of service'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The five most agreed with statements received between 50% and 65% agreement.</li> <li>• Statements 3, 5 and 8 (table B) received between 25% and 50% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Older people,</li> <li>• Those living in Eastern Cheshire</li> <li>• Adults and younger people</li> <li>• Carers, family and relatives.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Service structure and coverage',</li> <li>• 'Building usage'</li> <li>• 'Finance'.</li> </ul>
<b>Public event commentary</b> 2 events: 1 event in Crewe = 19 attendees 1 event in Middlewich = 17 attendees	<ul style="list-style-type: none"> <li>• Those attending the event recognised the provisions of community support in this option.</li> <li>• Concerns regarding travel were raised – particularly the cost and accessibility for visiting families and carers.</li> </ul>

## Vale Royal CCG area feedback on option 3

15 (54%) respondents agreed with this option compared to seven (25%) who disagreed.

Table O: Survey and participant feedback from Vale Royal CCG area on option 3

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Comparison of options i.e. better than 1 or 2'</li> <li>• 'Level of service'</li> <li>• 'Location of service'</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Inequality of service'</li> <li>• 'Service levels would decrease'</li> <li>• 'Carer or family impact'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree/ disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• Statements 1, 2 and 4 (table B) received most agreement with between 50% and 60%.</li> <li>• The remaining statements received less than 50% support.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Older people, carers, family and relatives, those based in South Cheshire.</li> </ul>
<b>Suggestions on how to overcome issues/challenges</b>	<ul style="list-style-type: none"> <li>• 'Travel', 'service structure and coverage', 'building usage' and 'finance'</li> </ul>
<b>Public event commentary</b>  1 event in Northwich = 24 attendees	<ul style="list-style-type: none"> <li>• Event participants noted option 3 provides crisis and home treatments but considered the option not accessible for older patients due, to travel requirements.</li> <li>• Some requested an online resource to provide information on service access and self-help.</li> </ul>

## Other feedback on option 3

There were three respondents from the West Cheshire CCG area. Of these, two agreed with option 3 and one disagreed.

There were 19 survey respondents with an unknown CCG area. Of these, four agreed with this option, compared to seven who disagreed.

## Findings: correspondence, 26 additional events and PALS

Several themes have emerged from the 23 pieces of correspondence, the 26 meetings and staff events, and the PALS feedback. This feedback has been brought together under broad themes by CCG area. Unlike the survey and events, the feedback from these sources is unstructured and is themed around the comments raised.

The **PALS** feedback reported people registering on events, requesting consultation information and requesting assistance to complete the consultation survey.

### Eastern Cheshire CCG area

The Eastern Cheshire area received the most amount of feedback from these channels.

**Event feedback** discussed the following themes: **comments and ideas** such as alternative options and other suggestions for proposals; **funding** for the options and funding levels for mental health across Cheshire; **travel, distance and facilities** with concern around distances to travel if the Millbrook Unit closes and where new facilities could be placed; pleased with quality of care at the Millbrook Unit but concern at proposed number of beds for Eastern Cheshire; **new care model** aspects were supported such as crisis provision and **crisis care**; concerns about the **consultation process** e.g. access to documents and some perceived bias; **staffing**, specifically around getting the appropriate staff for the proposed new model of care and services to be provided.

**Correspondence feedback** discussed the following themes: concern about the loss of **services within the Eastern Cheshire area**; the impact on **travel times and transport** implications for all service users from the proposed closure of the Millbrook Unit; queries about the **consultation process** including how options were reached; some **support for the options**; service redesign – focused on: access to acute beds and their location and **dementia outreach**, **pressures on partner demand** from any service change, **support for the process**, appreciation of the proposed crisis centres, **crisis care / cafés** but some mixed views, negative **pressures on users and carers** from any service change.

### South Cheshire and Vale Royal CCGs area

**Event feedback** discussed the following themes: **new care model** and welcoming the enhanced **community care and crisis care** though concern about where new beds would be located; **travel, transport and facilities** – concern about whether transport promises would be kept which previously were not, some comments and alternative ideas put forward; some consultation **process**, **staffing** and **funding** questions around the cost to redevelop the Millbrook Unit.

**Correspondence:** none received from these areas.

### Unknown/other CCG areas

**Event feedback** discussed the following themes: **funding**; **travel, distance and transport**; **new care model and crisis care**; **comments and ideas** and **consultation process**.

**Correspondence feedback** discussed the following themes: concern over the loss and future provision of **services within the Eastern Cheshire area**; impact on distance and **travel times and transport** of any service changes; queries over the **consultation process**; **support for the options**, service redesign; **dementia outreach**; **pressures on partners demand** from service changes e.g. social services; **support for the process**; mixed views on **crisis centres** and **crisis care / cafés**.

## Additional ideas and suggestions

A number of ideas and suggestions were identified during the consultation. These have been grouped and summarised and are listed below:

<b>Combination of options:</b> Combination from existing ones – with inpatient beds for adults and older patients kept locally, in Macclesfield.	<b>Pressures on service users and carers:</b> More home treatment should also help carers as well as service users.	<b>Crisis care modelling:</b> Crisis care centres should reflect practice in other places where it is shown to work, e.g. Cambrian House Crisis Centre.	<b>Awareness of external changes:</b> Awareness of Department of Health and Social Care definition of out of area placements and how decision makers should consider this.
<b>Improved access to resources:</b> Improved website, which contains easily accessible information and resources. This could also be provided through a mobile app.	<b>Visitor spaces:</b> Dedicated space / rooms for visitors (family, relatives) within hospitals for them to relax.	<b>Understanding clinical pathways:</b> Use carers' knowledge to gain an understanding of their experiences.	<b>Dealing with service users in crisis:</b> Safe places should be available near to home and in the community rather than at a distance (e.g. Macclesfield to Chester).
<b>Overcoming travel issues:</b> Contracts with taxi firms and using volunteers to provide transport for service users and their support network. Use of technology between service users and support network to stay in touch. Accessing services using technology such as video conferencing to minimise travel.	<b>Use of other facilities instead of the Millbrook Unit:</b> Using other CWP land or buildings, for instance within the Rosemount site, expanding Soss Moss, or siting specialist support at Leighton Hospital.	<b>Use of other facilities:</b> Can CWP be given the Millbrook Unit so they can make changes as a capital project, without the landlord approval. Macclesfield once had a 1,500 bed mental hospital, reduced to 450 beds.	<b>Commissioning charities:</b> Commissioning charities and voluntary services to provide services for mental health that are specific.
<b>Community services:</b> Provide community care services in-line with service user demand – e.g. consider reviewing opening hours.	<b>Provision of crisis cafés:</b> There should be three crisis cafés located in major urban areas and sufficient transport to take users to them.	<b>Presenting all the options:</b> Seeing more of the options that were initially considered.	<b>Reducing repetition:</b> Service users sharing their history multiple times is considered frustrating, suggestions for system which avoids this repetition.
<b>Supporting carers:</b> Support for carers and family members through similarly styled cafés.	<b>The Autism model:</b> The Autism model has reduced hospital admissions. This could be referenced to help reduce admissions within this proposed model of care.	<b>Providing local care:</b> A 'crisis bus' that travels around the county like a mobile library providing help, advice and support.	<b>Caring for young adults:</b> Suggestions whether another step is needed between children and adult wards for those neither are suitable.

## Conclusions

This section summarises the key findings from the consultation on the proposed redesign of adult and older people's services.

### Ranking the Options

Within the consultation survey respondents were asked to rank the three options from most to least preferred (best, mid and lowest). Option 2 was identified as the most preferred option, followed by options 1 and 3.

**Option 2** – 115 (best), 72 (mid) and 59 (lowest)

**Option 1** – 84 (best), 38 (mid) and 137 (lowest)

**Option 3** – 57 (best), 136 (mid) and 53 (lowest)

The ranking of options by CCG area shows the following:

South Cheshire and Vale Royal CCG area respondents – ranked **option 2** as the most preferred

Eastern Cheshire CCG area respondents – ranked **option 1** as the most preferred.

The ranking of options by respondent type shows the following:

Services users, mental health carers, the public, other public sector employees and other organisation employees – ranked **option 2** as the most preferred

NHS (mental health) employees and other ranked **option 1** as the most preferred.

### Agreement with the options

Respondents were asked to rate the extent to which they agreed with each option. Most agreement was for option 2. The options have been listed by level of agreement received:

**Option 2** – 150 (52%) strongly agree/agree

**Option 1** – 109 (37%) strongly agree/agree

**Option 3** – 104 (38%) strongly agree/agree (please note opinion was almost evenly split with 106 (38%) strongly disagree/disagree)

### Delivery of options against outcome statements

Respondents were asked to rate the extent to which they agreed each option would deliver against eight service outcome statements. When comparing the results against the top three (most important) outcome statements option 2 received the highest score overall.

### Overall findings

Overall, **option 2** was identified as the option receiving the highest scores. There was a recognition that services had to change, however there were strong concerns regarding the difficulties this would cause. In particular, transport costs, travel time, less opportunity for carers, family, friends and staff to visit and the detrimental impact on recovery of patients, were raised as concerns.

For all options there were also concerns regarding the implementation of proposed changes and the associated costs.



## Supporting documents for this executive summary

Item
<b>Main report of findings</b>
<b>Appendix A - Engagement report</b> – produced by the consultation partners
<b>Appendix B - Independent consultation survey report of findings</b> – produced by the University of Chester
<b>Appendix C - Analysis of correspondence received during the consultation</b> – produced by MLCSU
<b>Appendix D - Feedback provided from 26 additional meetings and events</b> – produced by MLCSU using evidence supplied by the consultation partners
<b>Appendix E - Seven public events report of findings</b> – produced by MLCSU using evidence gathered by MLCSU who were contracted to design and manage the seven events
<b>Appendix F - Analysis of calls made to the Patient Advice and Liaison Service (PALS)</b> during the consultation period – produced by the consultation partners

All supporting documents for this executive summary can be found at:

[www.easterncheshireccg.nhs.uk/Your-Views/ccg-consultations.htm](http://www.easterncheshireccg.nhs.uk/Your-Views/ccg-consultations.htm)

10.09.18: Summary Report of Findings Final version (2.6)

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