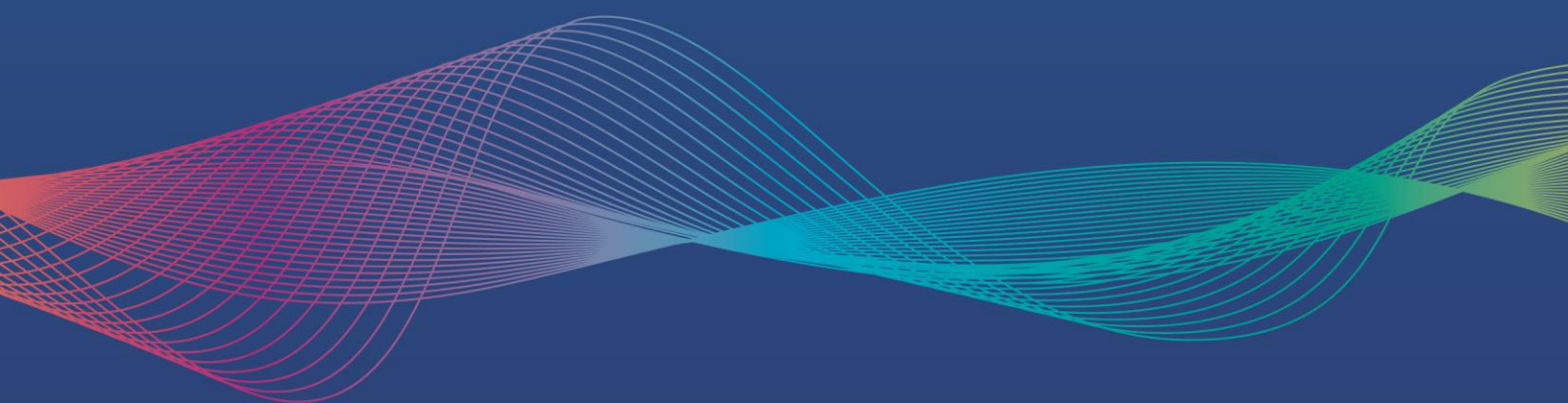NHS
Midlands and Lancashire
Commissioning Support Unit

Adult and older people's specialist mental health services consultation

Public events report of findings
10 September 2018

Contents

Introduction

Introduction

This report of findings summarises the key themes and reactions raised during the public consultation events around the current provision of services, and the new model of care and associated options proposed within the Adults and Older People's Specialist Mental Health Services consultation.

The findings from this report will be used to decide which, if any, of the proposed options outlined in the consultation would be most appropriate in terms of meeting the needs of the population.

Background

NHS Eastern Cheshire Clinical Commissioning Group (CCG), NHS South Cheshire Clinical Commissioning Group (CCG), NHS Vale Royal Clinical Commissioning Group (CCG) and Cheshire and Wirral Partnership (CWP) NHS Foundation Trust are all committed to making improvements to the way mental health services are provided.

Previously, a series of; events, engagement workshops, meetings and discussions with; users, patient representative organisations, clinical staff including nurses and consultants, local authority organisations, commissioners and service providers, were held to develop a series of proposals around how the provision of adult mental health services could be improved.

User and carer feedback, along with recent audit recommendations and inspections have shown that some things in these services work well but that other things need to change for the better.

Through the proposed service redesign, the local NHS would like to;

- Provide new services so that there is better access for people to help keep them well and active in the community
- Provide much greater choice of services for those in, or at risk of, crisis
- Support people with dementia and those who care for them to stay in their own surroundings
- Delivering the best care possible within available resources.

In-line with the proposed re-design, Eastern Cheshire CCG, South Cheshire CCG, Vale Royal CCG and CWP NHS Trust worked closely with; patients, clinical and non-clinical healthcare staff, NHS regulators and NHS England, to identify a number of options for a proposed new approach.

A formal consultation was then held to obtain public feedback on the three options, two of which include a new model of care. The consultation ran from Tuesday 6th March 2018 to Tuesday 29th May 2018. Responses around the different options were received through an online survey, public events, letters and emails.

Report authors

NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG, working in partnership with CWP NHS Foundation Trust, commissioned NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) to collate and analyse all of the feedback from the

engagement events and produce this report. This report has been produced by the Communications and Engagement team at MLCSU.

Engagement events

The aim of the public consultation events was to gather feedback from service users, carers and other stakeholders on the three options, two of which included a new model of care.

In total, seven events were held, the table below provides an overview of these, including the number of attendees at each.

Table 1. engagement events and number of attendees

Event date	Event location	CCG	Number of attendees
21st March 2018	Macclesfield Town Hall	Eastern Cheshire	61
23rd March 2018	Hartford Golf Club, Northwich	Vale Royal	24
28th March 2018	Congleton Town Hall	Eastern Cheshire	30
26th April 2018	Crewe Alexandra Football Club	South Cheshire	19
3rd May 2018	Macclesfield Town Football Club	Eastern Cheshire	20
4th May 2018	Canalside Conference Centre, Middlewich	South Cheshire	17
23rd May 2018	Macclesfield Town Football Club	Eastern Cheshire	52

The events were also attended by key members involved in the consultation from the four organisations and MLCSU who facilitated the events. We also had independent observers who feedback on the process being followed and made suggestions on how we could improve the consultation

Event structure

Each event followed a set structure, outlined below, which out lined the proposed new care model and the options.

- Aims, objectives and purpose of the event
- Session 1 – 'your experiences'
- Session 2 – 'reasons for change'
- Session 3 – 'a new care model'
- Session 4 – 'the options'
- Session 5 – Q&A

Attendees were split across a number of tables, each facilitated by a member of the project team. At the tables, attendees shared their views and opinions on the new model of care and the different options. This insight was captured by the table facilitator using their facilitator pack (Appendix 1). Table facilitators used the packs to capture the different insights and feedback shared. Facilitators also noted questions individuals raised during the discussions which were then answered in a question and answer session at the end of the event. Overall, throughout the course of the seven events over 200 questions / comments were raised. Responses to these questions and comments were also made available on the NHS Eastern Cheshire CCG website.

The options

The three options explored in the consultation around the future provision of services are;

Option 1: Do 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/diverted from other current local NHS services.

Option 2: Improve community and home treatment (crisis) teams, provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester.

Option 3: Improve community and home treatment (crisis) teams, provide local crisis beds within the community, provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester

Promotion of the events

MLCSU took full-colour, quarter page newspaper adverts in the following titles serving the area;

- Congleton Chronicle (plus Alsager & Sandbach titles)
- Macclesfield Express
- Cheshire Independent
- Knutsford & Wilmslow Guardian
- Crewe & Nantwich Chronicle
- Northwich, Middlewich and Winsford Guardian

The adverts were run twice in the newspapers serving Eastern Cheshire and Congleton and once in those serving SCVR.

Additionally, two media releases were also released. These also resulted in radio coverage across stations such as Canalside Radio, Silk FM, Signal Radio and BBC Radio Stoke. The releases were also promoted extensively across social media channels and Eastern Cheshire CCG's website.

Several health and social care stakeholder organisations, including third sector partners, have also promoted the consultation, not least by sharing the almost-daily social media posts that were published promoting the consultation.

Analysis and reporting

This report of findings summarises the key points raised at each of the public consultation events held across the region.

The main basis for the analysis was the facilitator work packs (Appendix 1) which were completed by each facilitator and collected at the end of each event.

This report of findings provides a summary of the themes and points raised at each event location in relation to the proposed new model of care and the three options outlined within the consultation.

Demographic profiling of attendees

Those attending the engagement events were asked to complete a short demographic profiling questionnaire. This was not a mandatory requirement, with attendees given the freedom to choose whether they wanted to complete it, or not.

In total, 130 out of all those who attended the events completed the demographic profiling questionnaire, the tables below show how many completed the questionnaire at each event.

Table 2. engagement events and number of attendees. Base: 128

Event date	Event location	Number completing profiling questionnaire
21st March 2018	Macclesfield Town Hall	39
23rd March 2018	Hartford Golf Club, Northwich	17
28th March 2018	Congleton Town Hall	2
26th April 2018	Crewe Alexandra Football Club	19
3rd May 2018	Macclesfield Town Football Club	11
4th May 2018	Canalside Conference Centre, Middlewich	11
23rd May 2018	Macclesfield Town Football Club	29

Considering those who completed the demographic profiling questionnaire; the figure below shows that around a quarter are members of the public and a fifth are 'a current or former mental health service user' and 'a current or former mental health carer'.

Figure 1. Please indicate in what capacity you are attending this event today. Base: 123
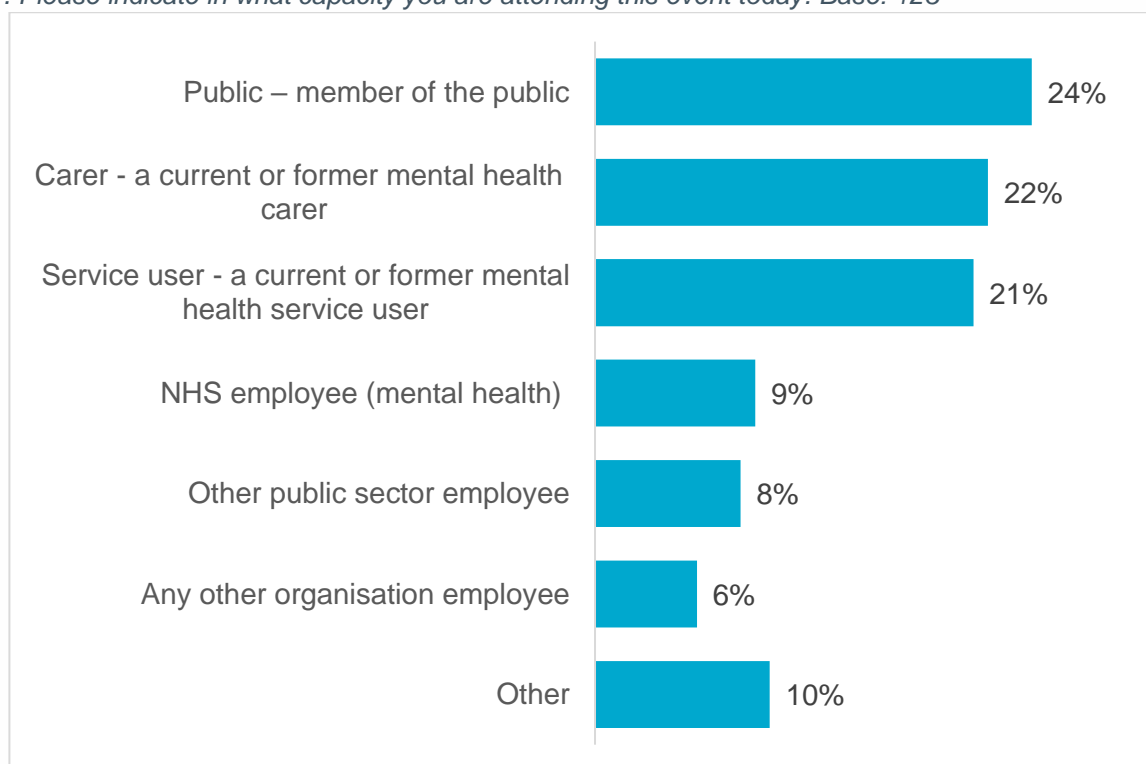
Those attending the events were from a variety of locations as summarised by the table below which shows the postcode region of those in attendance.

Table 3. Postcode analysis. Base: 90

Postcode	Number of attendees	Postcode	Number of attendees	Postcode	Number of attendees
CH2	1	CW10	1	SK11 0	2
CH6 4	1	CW10 0	2	SK11 3	1
CK11	1	CW10 9	1	SK11 6	3
CW1 3	2	CW11 **4**	2	SK11 7	1
CW1 6	1	CW12 1	1	SK11 8	3
CW2 8	1	CW12 2	2	SK12	1
CW4	1	CW12 3	4	SK12 1	2
CW5 5	1	CW12 4	2	SK12 2	1
CW5 7	1	CW12 6	1	SK9	1
CW2 6	2	SK10	8	SK9 2	1
CW6 9	1	SK10 1	1	ST7 2	1
CW2 7	1	SK10 2	2	SY9 7	1
CW7 2	1	SK10 3	5	WA16 7	1
CW8	4	SK10 4	1	WA6 6	1
CW9	1	SK10 5	4		
CW9 8	3	SK11	10		

As shown in the figure below most of those completing the profiling questionnaire are aged between 45 and 79 years. However, those aged between 15 and 44 were also present.

Figure 2. Attendee age. Base: 119
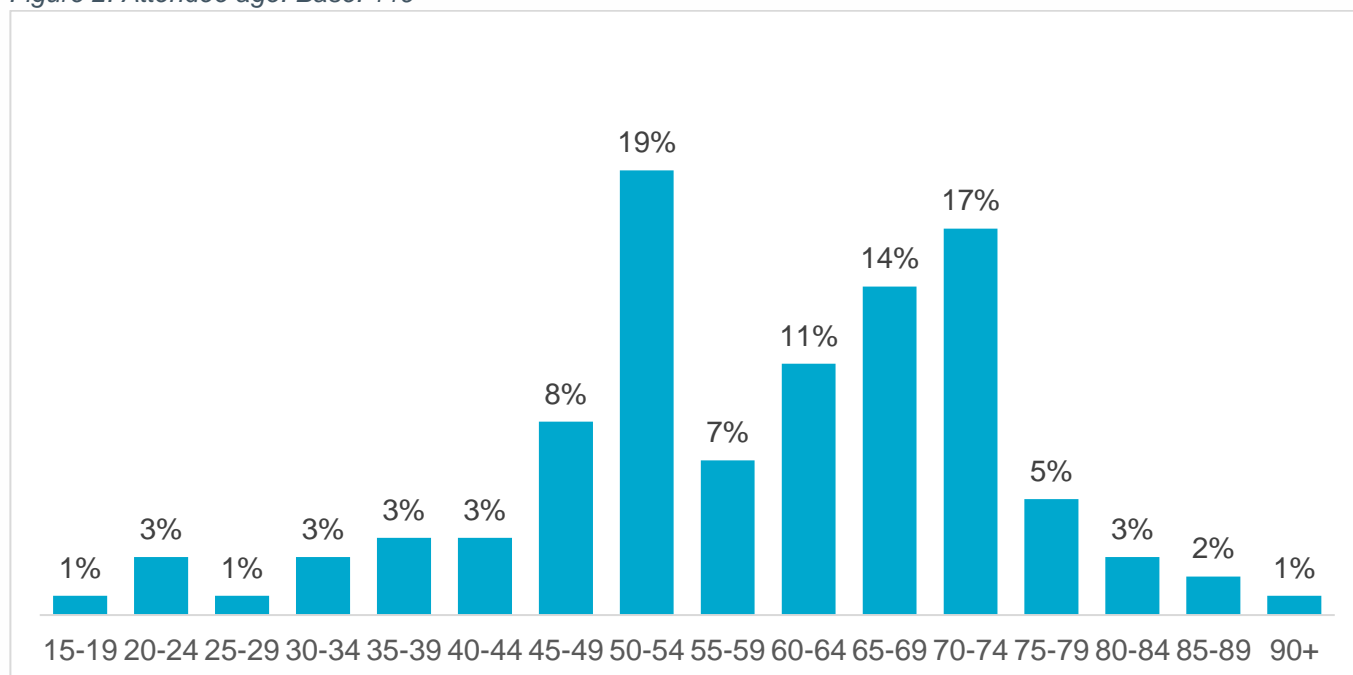
Over half of those completing the profiling questionnaire are female, whilst two fifths are male. Additionally, the majority (98%) identify as the same gender they were at birth.

Figure 3. attendee gender. Base: 126
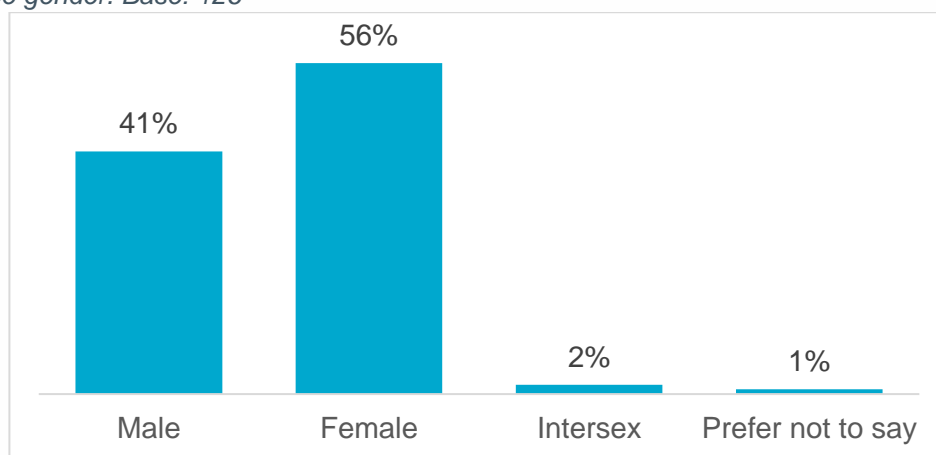
As illustrated in the figure below, around three fifths state they are not a carer for anyone accessing mental health services. However, one fifth state they care for someone aged 25 to 49 and aged over 50. Some also state they care for a young person aged under 24 years (4%).

Figure 4. carer for those accessing mental health services. Base: 98
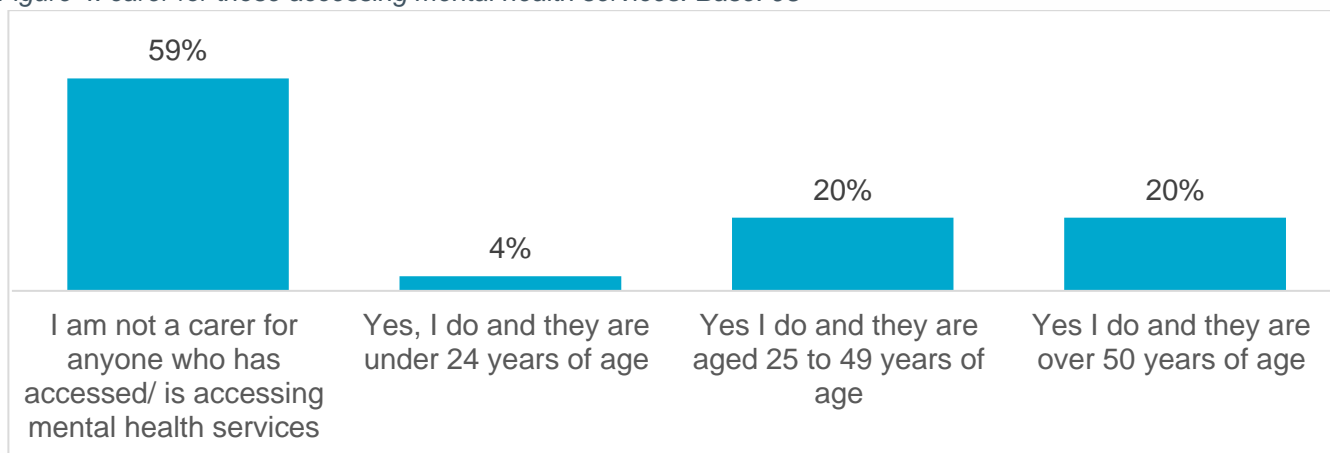
When considering the ethnicity of attendees, the majority of the 120 attendees outlining their ethnicity were British (98%). Additionally, one person stated they were Irish and another stated they were from the United States of America.

The figure below shows over nine in ten of those completing the profiling questionnaire state their sexual orientation as heterosexual, whilst the minority stated they are either gay or bisexual. A small proportion chose not to disclose their sexual orientation.

Figure 5. sexual orientation. Base: 113
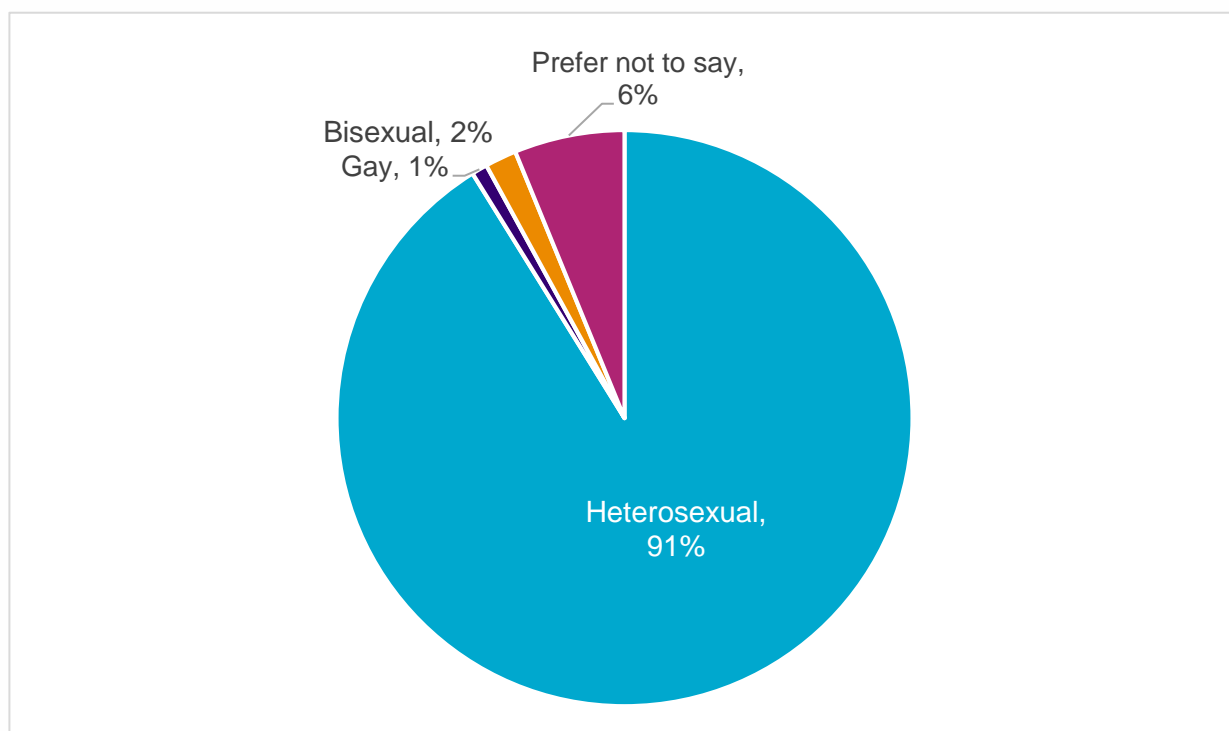
When considering relationship statuses, over two thirds state they are married, whilst one in ten are single and a minority state they are divorced (7%) or widowed (5%).

Figure 6. Relationship status. Base: 116
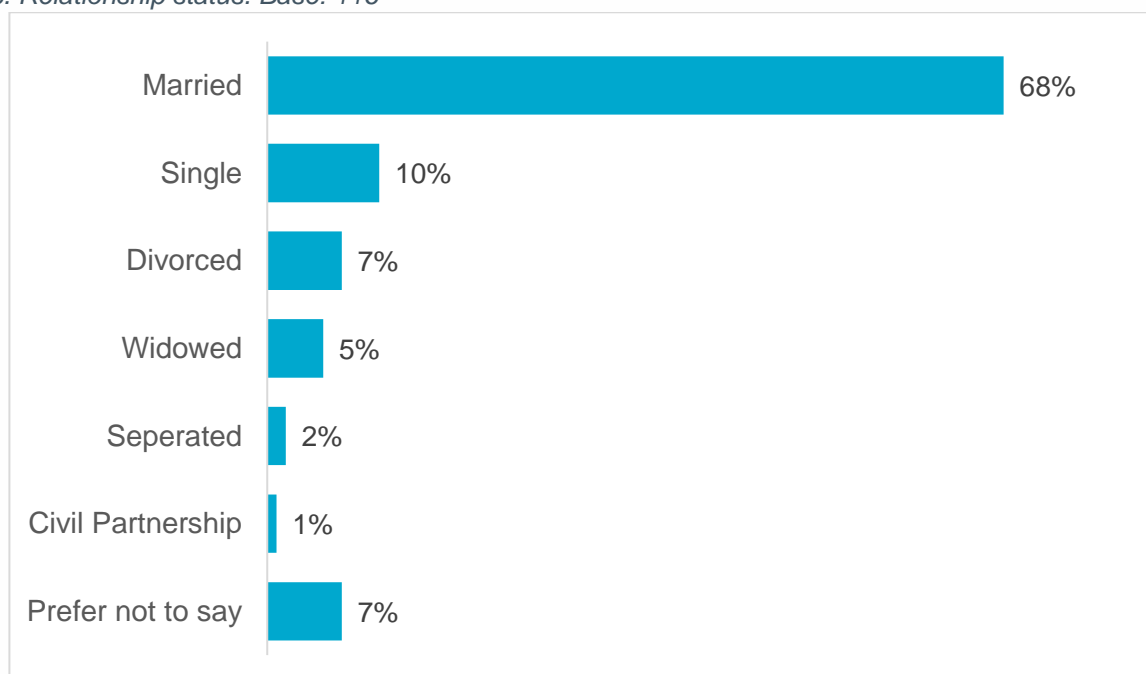
Over two thirds of those completing the profiling questionnaire state their religion/ belief as Christian, a small minority also state Buddhism as their religion. Over a fifth stated 'no religion'.

Figure 7. Religion or belief. Base: 117
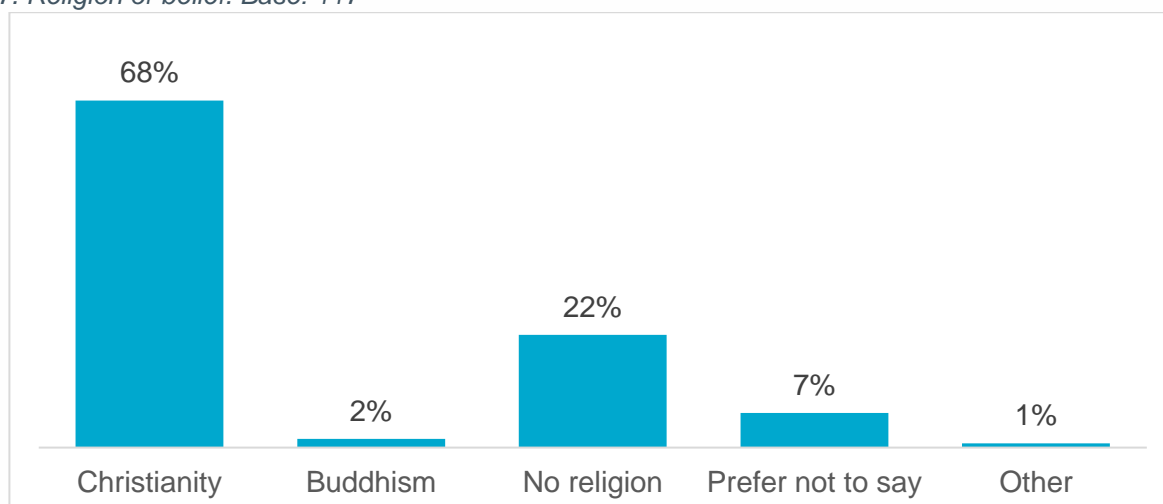
When asked if those completing the profiling questionnaire consider themselves to have a disability, of the 32 attendees answering the question, half state they have a mental health need and a quarter a long-term illness.

Figure 8. Disability. Base: 32
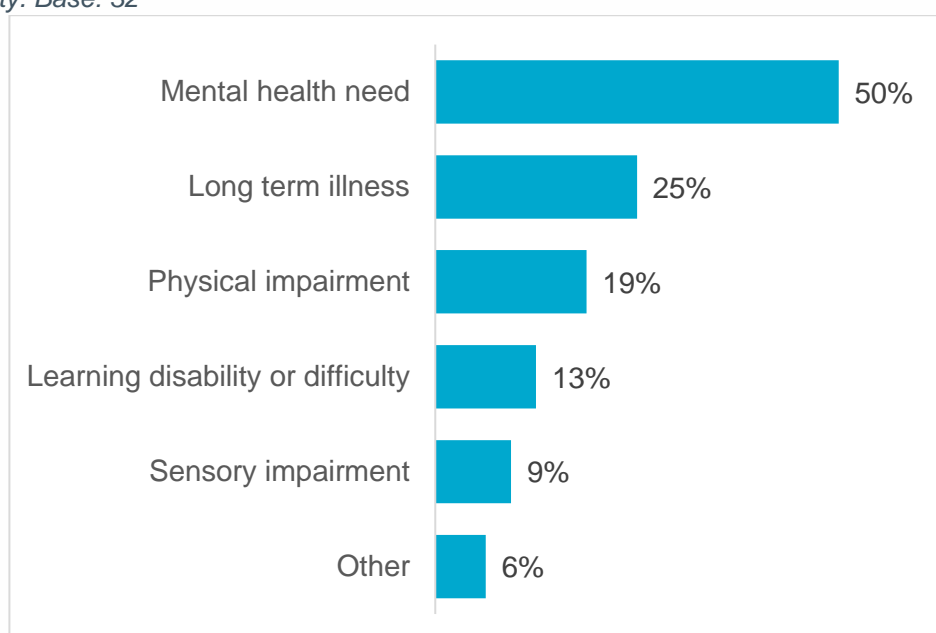
Event findings

This section provides an overview of the insights raised at the events held in each location in response to the three options, two of which include a proposed new model of care.

For a detailed review of the insights raised at the events at each location, please refer to the Appendix.

Macclesfield events feedback

Feedback on the proposed new model of care

Overall, when encapsulating the feedback received from the three events held in Macclesfield it is felt as though the overarching principles of the new model of care are supported, particularly the idea of prevention and early intervention and crisis care provision. However, when the proposed new model and options were presented, it was felt there was a lack of detail with some commenting they would have liked to have seen more of the options that were initially considered. As a result, a series of questions were raised, most significantly, around the future of Millbrook and the local provision of services if it were closed; and the financial aspects of the proposals, with many commenting they didn't understand where the figures came from.

Other feedback gathered in response to the proposed new model of care was around the impact of increased travel and the associated burden on patients and their support network (families, friends, carers). This was a particularly big area of concern with comments around how the additional travel requirements under this proposed model could cut patients off from their support networks. Questions were also raised around how patients would get to inpatient services in the middle of the night if transport is an issue.

During the event, when considering the implementation of a proposed new model of care, it was suggested that a combination of the two options that utilise this model (option two and three) would be the most ideal as there would be inpatient beds for adults and older patients in Macclesfield, thus keeping inpatient services locally.

Comments were also made around the need to change the flow of the pathway as currently a lot of people are presenting at A&E.

Community care

The proposals around enhanced community care were considered positively as it is felt this form of care is very effective at providing early intervention and keeping patients from crises. However, questions were raised around how the proposed enhanced service would be implemented in practice with comments around staff shortages and the current community care service being stretched. Some also commented over-reliance on the community could be an issue as volunteers and friends will not be able to diagnose medical issues.

Continuing to focus on the implementation of this service, questions were also raised around the provision of travel services, the provision of a 24-hour care service and how those in crisis are treated by other healthcare professionals with continuity of care a particular requisite.

Additionally, it is felt that the number of crisis beds are not enough, however attendees did not share how many crisis beds they would like to see within the proposal. Also, questions were raised around how other emergency services will interact and treat those in crisis, with some recalling times when previous community care programs were established which resulted in many of those in crisis being picked up by the police and taken into custody. This is felt to be

totally inappropriate and a repeat of this is not desired if this proposed model were implemented.

When dealing with home treatment teams, it was commented that often patients see different members of staff and therefore must provide context and background to their issues multiple times. Therefore, questions were raised around whether there is any way of making changes to avoid this repetition.

Feedback on Millbrook

The closure of Millbrook under this proposed new model of care was largely negatively received with many commenting it is easy to access for patients and their support network with very few travel issues and it provides a local service. Following presentation of the new model of care many expressed their displeasure at the idea of having to travel out of Macclesfield to receive care which was previously provided in Millbrook. As a result, many of those in attendance raised questions around investing in Millbrook and updating Millbrook rather than closing it and shifting services outside of the local area.

Crisis care

It was commented that If someone has a psychotic episode, protocol suggests getting the patient into a safe place as soon as possible and keep in touch with their community care nurse. If this safe place wasn't in Macclesfield, the patient's community nurses may not be able to travel to Chester, therefore leaving the patient to be treated by nurses they don't know.

Young people

It is felt the provision of services for young people needs to be evaluated with a current perception there are a lack of facilities for this cohort.

Dementia support

It is perceived there will be more people with Dementia as the population age rises, therefore comments were made around the provision of care for this cohort, with the feeling that current services are poor.

Option 1

It was felt that the consultation document did not provide enough information to allow for a decision to be made. It was commented that this option is portrayed as the worst-case scenario as it doesn't showcase any prospect of improvement and has several negatives. Therefore, there was a feeling of bias towards options two and three and away from this option. However, there is a feeling this option could work with greater investment apportioned to it and the provision of greater community care. A particular benefit of this option is that care would be provided locally with Millbrook remaining open.

Community care

There is a general agreement that community care is an important support service and seen as a positive, where improved community services could reduce the need for emergency care. However, those attending the events expressed a lack of faith around the implementation of community care services in practice, with perceptions that the current service is facing staff shortages and is stretched. It was also perceived that community services won't necessarily help those in crisis who feel unsafe. Questions were also raised around whether the crisis

houses will have the means to provide services such as sedation and ECT, which typically require the presence of a healthcare professional.

Dementia support

In response to option one where there is no enhanced Dementia support outlined, it was felt a Dementia outreach service would be a good idea and that current private sector provision of Dementia care should be bought back into the public sector.

Financial elements of the proposed model

A lack of understanding around the financial aspects was also expressed where comments were made around how the financials were calculated and where the money would come from, including the £7 million to upgrade Millbrook.

Option 2

The principle theory of this option was positively received with a clear understanding of the benefits this option provides older patients by allowing them to remain in the area and being closer to their support network. However, a particularly large area of concern is the movement of inpatient care for adults out of the local area and the increased need for this patient group to travel further to access it and the increased burden placed on their support network.

To overcome this issue, those at the events questioned whether accessibility assistance would be provided through volunteer services. The greater use of technology was also suggested to overcome the burden of travelling and keeping patients in contact with their support network.

Although it was felt, as with the other options, the implementation of this option would be difficult, due to the costs involved, the view is this option would provide greatest value for money. There was also a belief that the implementation of this option will be difficult, due to perceived inabilities to recruit and train staff, to provide adequate community and crisis care for the growing number of people with serious mental ill health.

Also, within this proposed option, the decrease in the number of beds was considered a negative. It was felt that cafés may not be the most suitable location for ill patients, and therefore a degree of nervousness and apprehension was expressed, around the transition of inpatients into community care, with the current perception of a lack of co-ordination between the two areas.

Concerns were raised around how, practically, all users will be accommodated at Soss Moss, as they are transferred from Lime Walk House. Questions were also raised around what effects this would have on Soss Moss and their current inpatients.

Option 3

Similarly, to the response following the presentation of option two, those attending the Macclesfield events felt that if this option were implemented, the increased travel requirements would have a large negative impact on older patients, those requiring access to psychiatric care and the patients' support network.

Again, similar to the comments received in response to option two, many highlighted that this option will be difficult to implement, due to the financials involved and provision of adequate numbers of staff, to provide this level of community care. The movement of Dementia services to Chester was also highlighted as a negative of this option. It was also felt that more than six crisis beds would be required, as outlined in this option, however an ideal number of beds was not shared, and the exact use of these beds also needs to be clarified.

For a more detailed overview of the feedback captured at the events held in Macclesfield, please refer to Appendix 2.

Northwich

Feedback on the proposed new model of care

It was appreciated by those attending the event that changes need to be made and there was positivity towards the proposed new model of care. However, the need and importance of the provision of local services was also expressed. Therefore, upon reviewing the proposed model, concerns were raised around the requirements for patients and their support network to travel to access services, particularly those who are unable to drive.

Provision of Dementia services

The support outlined within the proposed new model of care for Dementia patients was received positively amongst those attending the event.

Community care

The provision of enhanced community care services was also received positively, with those in attendance commenting on the benefits of the availability of a 24-hour crisis care service. To learn more, questions were raised around the implementation of this service.

When discussing the implementation of this new model of care, questions were raised around the recruitment of staff to provide these enhanced services and the need for continuity of care.

It was also commented that if this proposed new model of care were implemented, the model should be fully operational before any changes are made to inpatient services to ensure a safe transition.

Crisis Cafés

Focussing on the crisis café service, it is felt that cafés filled with a large number of people could be an intimidating environment for some, so the availability of smaller spaces may be required.

Home treatment

It was understood the new model of care proposes greater home treatment options which was highlighted as a positive, as there is a preference to be treated in a familiar environment rather than a hospital setting.

It was also felt that the levels of contact and access proposed in the new model could relieve A&E visits and hospital admissions.

Accessing online information and using technology

During the event it was commented that the CWP website must be improved, as some of those in attendance stated they found it very difficult to navigate and locate information. This was raised because it was felt that the CWP website holds excellent care study material which helps explain what CWP can do.

Focussing on the use of technology, it was also highlighted that socially isolated and older people who don't use technology often, could be missing out on support and support materials that are only available online.

Option 1

There was some support for this option, however, in the main it is felt that doing nothing is not an option. It was also felt the current system is not working properly, with comments around a lack of support and confusion around who to contact.

There is a preference for Millbrook to remain open due to the consistency of staff and their knowledge, skills and attitude. There was also a negative response to the idea of relocating services to Chester with travel a particular area of concern. Also, when discussing this option, some shared their positive experience of Bowmere.

It was also felt that there needs to be an increase in the budget into Dementia care. However, questions were raised around how this money could be found from other services.

Option 2

It was commented, of the three, this is the best, most sensible option, however, the travel requirements are considered a big issue, with a number of areas highlighted, such as; the distance to Bowmere and the impact on patients and their mental health when travelling.

Overcoming travel issues

To overcome the travel issues, it was suggested that contracts with taxi firms be agreed to provide transport for vulnerable patients. Additionally, suggestions were made that patients and their support network could utilise social media and technology to keep in touch.

Community care

Those attending the event felt as though enhanced community care could aid shortened inpatient stays, and as a result those in attendance focussed on their practical implementation and how the services would be provided to give a better service of care. Positive comments were also made around the provision of crisis cafés.

Provision of services

The provision of 53 beds outlined in this option is an influencer for some in selecting this as their preferred choice. However, some expressed concern, and questioned whether there are enough beds for everyone at Chester.

There is also a feeling that there is a lot of real estate in Macclesfield with the possible scope to produce a small unit in the area.

Since the hospital environment can be intimidating, a visitor space was suggested, where there is a private, relaxed space for children and other relatives/ visitors.

Option 3

Upon review of this option it was noted that it provides crisis and home treatment, however there is a greater preference for option two because this option is not accessible for older patients with travel and transport an area of concern for patients and their support network.

A lack of a psychiatric intensive care unit (PICU) in Macclesfield is seen as a concern in this option.

Those in attendance also discussed the requirement for a good website to cover how to access services and self-help advice. The provision of an easily accessible mobile app containing information on all available resources was also suggested.

For a more detailed overview of the feedback captured at the event please refer to Appendix 3.

Congleton

Feedback on the proposed new model of care

When presented with the new model of care, questions were raised around the cost of implementing it and how the funds would be raised. It was also felt the new model of care only covered a small proportion of the overall patient population, meaning there are still those who need to be focused upon. However, this feedback was not elaborated upon, therefore it is not known which groups within the population require further attention. Those in attendance also stressed the importance of patients having their support networks near them which would be more difficult if they are required to travel to Chester. This is important because it is felt patients have more positive outcomes when they are close to their support network and can interact with them regularly.

It was felt travelling to Macclesfield from Congleton would be okay, but Chester is considered too far. Focussing on option two, the decreased need for older patients to travel by having provision in Macclesfield is considered a positive.

Community care

Those in attendance also stressed the importance of keeping patients out of hospital and the Congleton home treatment team were praised during the event for the service they provide the local community.

Feedback on Millbrook

Upon presentation of the closure of Millbrook within this proposed model of care those at the event commented they did not want to see it closed and stressed patients preferred to be treated closer to home.

However, when considering the facilities provided at Millbrook, there was a degree of polarisation amongst those in attendance with some commenting they do not require additional facilities such as en-suite rooms, whilst others felt these elements were essential in providing the best care.

Option 1

Some commented the refurbishment of Millbrook could be a positive outcome, especially for current service users. However, it is felt the wording used to present this option is designed to 'persuade' those attending the event to choose option two. Furthermore, it is felt the consultation document does not provide enough detail around the option with questions raised around the financial elements, the provision of beds and crisis cafés.

Within this option, it is felt that services will remain but there will not be enough resource to improve crisis care and community teams, meaning acutely ill patients will be adversely affected.

Feedback on Millbrook

The quality of care provided at Millbrook is considered to be good by patients, so in response to this option questions were raised around why the system should be changed.

There was a degree of polarisation amongst those in attendance when discussing Millbrook.

Some commented on the lack of space in the wards when visiting patients and therefore a requirement for larger, more spacious wards and en-suite facilities were voiced. However, others shared their preference for smaller wards.

Additionally, some feel Millbrook offers a lot to the local area, and that the facility should be kept open with other services being looked at instead. However, others at the event felt if Millbrook were to remain open, other services will suffer, therefore the closure of Millbrook would enable East Cheshire Trust to use the resource in other areas instead. This cohort stated in an ideal scenario Millbrook would remain open, but the funding isn't available.

Option 2

In response to this option the additional travel requirements were mentioned numerous times with many stating this would have a negative impact on patients and their support network. It was also felt the information presented around travel and transport was vague, and a robust, detailed transport plan needs to be put in place to allow families/ carers to support patients. Additionally, other options should be explored, such as the use of technology for keeping in touch.

A level of disagreement was expressed around the requirement for any patient to have to travel to Chester. However, with this option the benefits to older patients were realised in terms of decreased travel requirements.

When reviewing this option, the need for further detail was required with questions raised around; the procedure when the system is at capacity; how public transport to wards will be provided, will there be a single point of contact, will there be a need for any refurbishments in this option and what effect will this option have on the Bowmere facility.

Community care

It is felt this option hinges on the provision of enhanced community care services and volunteer support. However, questions were raised around whether enough staff and resource will be made available to deliver this enhanced community service offer – many express a degree of apprehension and feel this will not be delivered in reality.

Option 3

Upon presentation of this option, transport issues were highlighted, especially for patients' support network who don't have easy access to transport. Some commented for the need for volunteer drivers at visiting times. It was also felt this option would negatively impact older patients for whom travel is more difficult.

When presented with this option those in attendance tried to rationalise why it was put forward querying whether it's because; more younger people are affected than older people, or because older people may have fewer visitors hence it makes more sense for them to have to travel to Chester, or because younger patients and their carers/ families have more commitments.

For a more detailed overview of the feedback captured at the event please refer to Appendix 4.

Crewe

Feedback on the proposed new model of care

In response to the proposed new model of care, there seemed to be a degree of apprehension amongst those in attendance with comments around; obtaining guarantees the model will be

implemented in full, whether the model has been costed properly, the provision of beds in the region, concern that the decisions have already been made to lose Millbrook, the need for a real 24-hour support service and whether the proposed model will lighten the workload of community teams.

Community care

Comments were made around patients getting greater community support within this new model of care and those attending the event mentioned how there are support groups run by service users and self-support groups in Crewe. Focussing on home treatment care, comments were made at the event stating this service does not work.

Feedback on Millbrook

Focussing on Millbrook, comments were made highlighting how good the staff are and how it provides easy access for families/carers to visit, aiding patient recovery. However, some stated the facilities and resources in Millbrook are not good, with comments made around how inpatients are taken into care, rather than being admitted. The number, and availability of beds is also a concern as well as a lack of en-suite facilities and loss of personalised care.

Staff recruitment and development

It is felt there needs to be an improvement in the training around complex mental health for those in A&E and other services. Additionally, it is felt that social care staff are not currently experienced enough.

It was also commented, that there needs to be a greater provision of paid/unpaid carers to support patients. Those at the event also stress the importance of listening to experienced carers to better understand the clinical pathways.

Option 1

Upon presentation of the option, the feedback from those in attendance was that this isn't really a feasible option and will only make things worse. However, keeping the system as it is will benefit those in crisis as travelling could make their situation worse.

It was also commented that travelling is not such an issue as the distance is similar, but Chester is easier to travel to.

There is a need for better facilities, but questions were raised around how this could be financed as the cost could be considerable.

Option 2

In response to this option, travelling to Chester is not seen to be as big an issue, especially for adults who will be able to travel more easily than older patients. However, those in attendance outline appropriate transport methods need to be put in place to alleviate any travel concerns some may have.

Questions were raised around whether this option is cheaper than refurbishing Millbrook.

Comments were made around the provision of crisis support proposed in this option, where it was stated that it is good to focus on providing care outside of the hospital setting and avoiding/reducing hospital admissions. Also, it was commented that under this option, older people can be cared for closer to home.

Option 3

Under this option those attending the event commented older patients will not be treated closer to home.

However, the option outlined good crisis support services and the recognition of the provision of enhanced community support services.

Travel is seen to be an issue, with concerns around cost and accessibility for visiting families/ carers.

For a more detailed overview of the feedback captured at the event please refer to Appendix 5.

Middlewich

Feedback on the proposed new model of care

Those attending the event felt the theory of the model sounded positive, however questions were raised around the model's implementation. For instance, questions were raised around how patients would access services and the extent of the waiting times. As such, a level of reassurance is required to give users the confidence that the proposals outlined in the new model of care will be actioned accordingly.

Feedback on Millbrook

There was concern in response to the proposed closure of Millbrook, with those in attendance requesting more information around the alternative options that would be put in place.

Travel

Upon reviewing the proposed new model of care travel was highlighted as an issue with comments around how it would be more difficult for those supporting patients to visit and assist patients.

Community care

There was recognition amongst those attending the event that community services provided a beneficial service, however, it is felt they aren't always available when needed. Therefore, it was suggested that the implemented community services provide a range of services that would meet the need of all users. For instance, this could be looking at the opening hours, so they are in-line with when users may be inclined to utilise the service.

Additionally, questions were raised around; whether crisis cafés would be a safe environment to meet the needs of the community, what 'care at home' would look like, whether these changes would reduce the number of suicides and what alternatives to inpatient care would be available.

Option 1

In response to the presentation of this option, the following feedback was given by those in attendance;

- Millbrook would remain open however it was realised that this would require substantial investment to improve the facilities and bring it up to standard.
- It was felt that under this option there won't be any investment in early intervention processes.
- It was felt that care is too hospital focussed which isn't seen as the best approach.

Option 2

Upon reviewing this option, it's felt this option appears to be preventative as it offers access to out of hospital services which could avoid/ drop hospital admissions. However, to implement this it is felt more co-ordinated care is required. Comments were also made around the requirement for further staff training. Positively, under this option it is believed by those in attendance that there won't be a financial deficit.

Community care

Possible safety and security fears with crisis cafés as those in attendance feeling these could be unsafe if users are having an episode.

Travel concerns

Travel was outlined as a concern with an increase in demand placed on patients' support network to travel further to see patients. It is felt the lack of support network contact could impact patient recovery and well-being.

Impact on older patients

Following review of this option, it was commented that older patients will be at Lime Walk House, where there is no onsite PICU access.

Questions were also raised around how the Dementia outreach service would be provided, and how it would work to keep patients in their own homes.

Option 3

Similarly, upon review of this option, it was commented that this also appears to be preventative as it offers access to out of hospital services which could avoid/ drop hospital admissions. However, to implement this, it is felt more co-ordinated care and greater access to out of hospital services are required.

Travel concerns

Travel is outlined as a concern, with an increase in demand placed on patients' support networks to travel further to see patients. It is felt the lack of support network contact could impact patient recovery and well-being.

Provision of services

Under this option, it is felt adult patients will be negatively impacted as Lime Walk House doesn't have onsite PICU access.

Questions were raised around; how staff skill levels will be improved and how many Millbrook staff will want to work in the community.

Possible safety and security fears with crisis cafés – it is felt these could be unsafe if patients are having an episode.

For a more detailed overview of the feedback captured at the event please refer to Appendix 6.

Appendix

Appendix 1 – facilitator pack

The below screenshots show the facilitator pack used by table facilitators to capture the insights of those on their tables.

NHS

Adult & Older People's Specialist Mental Health Services:
Eastern Cheshire, South Cheshire and Vale Royal Clinical Commissioning Groups and
Cheshire and Wirral Partnership NHS Foundation Trust
Consultation: 6 March – 29 May 2018
RESOURCE BOOKLET

#JoinTheConversation

NHS

Table details

- Table number:
- Number of respondents on table:
- Table facilitator:
- Date of event:
- Location of event:
- Has everyone completed their demographic profiling questionnaire?

#JoinTheConversation

What's working well and good experiences

NHS

What's not working well, issues, concerns, bad experiences

NHS

Reasons for change

NHS

Question	Answer	Correct Answer
1		
2		
3		
4		
5		

Questions / observations

Questions / observations

The new care model

What do you disagree with in the model?

What do you agree with in the model?

The new care model

Are there any specific groups of people you think may be unfairly impacted by this model? Please tell us who they are and how they may be impacted

Do you believe the issues, concerns, challenges you have raised above can be overcome and, if so, please describe how?

Option 1 - Do not introduce the proposed new model of care

What do you disagree with in the option?

What do you agree with in the option?

Option 1 - Do not introduce the proposed new model of care

NHS

Are there any specific groups of people you think may be unfairly impacted by this option? Please tell us who they are and how they may be impacted

Do you believe the issues, concerns, challenges you have raised above can be overcome and, if so, please describe how?

Option 2 – Preferred option

NHS

What do you disagree with in the option?

What do you agree with in the option?

Option 2 – Preferred option

NHS

Are there any specific groups of people you think may be unfairly impacted by this option? Please tell us who they are and how they may be impacted

Do you believe the issues, concerns, challenges you have raised above can be overcome and, if so, please describe how?

Option 3 –

What do you disagree with in the option?

What do you agree with in the option?

Option 3 –

Are there any specific groups of people you think may be unfairly impacted by this option? Please tell us who they are and how they may be impacted

Do you believe the issues, concerns, challenges you have raised above can be overcome and, if so, please describe how?

Please write any comments about today's event

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Appendix 2 – detailed feedback: Macclesfield events

Feedback on the new model of care

The following feedback was provided by those attending the three events in Macclesfield, around the proposed new care model;

- Principles of the model are supported, particularly the idea of prevention and early intervention.
- Questions were raised around the removal of facilities from Millbrook with those in attendance asking why there'll be additional investment in Chester but not in Macclesfield.
- It was commented that attention to detail is lost in the presentation of the new care model and proposed options. Some commented they would have liked to have seen more of the options that were initially considered.
- Reports that there is a 20 week wait when accessing psychological therapy, with a cost of £16 per session.
- Requirement to consider transport options when moving services out of the area. This is an issue causing concern, with comments the extra travel requirements could cut-off patients from their support network (carers, family, friends).
- Questions were raised around how patients would get to inpatient services in the middle of the night if transport is an issue.
- Growth of community services is seen as positive, however, carving up of the services is not. Comments were made around money being spent on creating a ward in Chester rather than Macclesfield.
- It is felt that inpatient facilities should not be removed across both physical and mental health.
- It was commented that poor funding, equals, poor services. If this is about saving money it is difficult, could possibly look at care homes for savings.
- It is also felt that the criteria around the acute care model doesn't work well, as it is not clear and there are poor pathways and bed blocking happening. There is also a lack of services catering for those on the autism spectrum.
- The Autism model has proved the model works, reducing admissions. Charity is saving the NHS money. However, charities can't support the services. Charities and voluntary services need to be commissioned to provide services for mental health that are specific.
- Questions around how a £2 million reduction in spend is good. It may be good if it were being spent in other areas, for instance A&E. Is there a proposal to keep people in crisis out of A&E?
- Need to change the flow of the pathway as currently a lot of people are presenting at A&E.
- A shared triage COR/Ambulance/Police crisis response needs more investment.
- It is felt that regardless as to whichever option is chosen, there is a cohort of the population who will lose out.
- It was also commented that there is a degree of variation in levels of understanding and interpretation around mental health, therefore there is a requirement for wider education amongst the public.
- It was also suggested that a combination of options two and three would be the most ideal scenario, as there would be inpatient beds for adults and older patients in Macclesfield.

Community care

- Questions around whether; early intervention will be guaranteed in the community and will there be more nurses going out to people?

- It is felt the model seems to offer robust community facilities.
- Over-reliance on the community could be an issue as volunteers/ friends will not be able to diagnose medical issues.
- Staff recruitment is an issue with uncertainty in their position not allowing staff to plan, leading to stress.
- Some of those in attendance share their positive experiences of community services, highlighting the care co-ordinator.
- Questions were raised around who will provide transport services moving forward and how it is cost effective for the care co-ordinator to take patients to another site.
- Previously when the government tried to utilise community care services, it was found that many of those in crisis ended up in police cells – therefore those at the event question whether this model will be a repeat of these previously failed attempts. Mental health issues already have stigma attached to them and acts like this will make it worse.
    - What will be the role of the police when patients are having a crisis in the community?
- Lack of follow-up from home treatment team which was not good.
- Need for greater community services, there was a feeling that six crisis beds are not enough provision to deal with future pressures on the service. There is a feeling that services are woefully inadequate.
- Feeling that community care cannot provide the care required to the people of Millbrook as they are already stretched.
- Questions around how many staff are required across the mental health and home teams to provide 24-hour care for the community.
- Beneficial to have home treatment to calm down patients, however there were questions around how this will look within the community and how it will be delivered.
- When dealing with home treatment teams, often find patients see different members of staff and therefore must provide context and background to their issues multiple times. Therefore, questions were raised around whether there is any way of making changes to avoid this repetition.

Feedback on Millbrook

- Feeling that if Millbrook is not present, the whole community will suffer.
- The locality of Millbrook is considered a strength as it allows loved-ones to care for their relatives more easily.
- It was stated that for some, following closure of Millbrook, it will be a 2-hour 20-minute round trip to Chester which is a significant increase.
- Co-ordination of Millbrook and MDGH enabled effective communications between A&E staff and psychiatrists.
- Millbrook is easy to access by public transport for those living in East Cheshire, and if this service were to be relocated, the distance Eastern Cheshire residents would have to travel will increase.
- Waiting times for access to services is too long.
- Feeling that Millbrook has been under funded for the last 10 years.
- Questions were raised around who said Millbrook is not fit for purpose, with those in attendance requesting to see this evidence. Additional comments were made around;
    - If the building isn't fit for purpose, question why it's been used for the last 10 years
    - Argument around why Millbrook isn't being improved to make it fit for purpose

- Patient experience for people with acute mental health problems is essential and it was stated that patients feel safe at Millbrook.
- Need for greater information and awareness around the financial workings of £7 million investment in Millbrook and £14 million repayment.
    - Those in attendance asked whether the money could be raised through fund-raising
- Questions/ concerns were raised around the cost of transporting patients to Bowmere because of the proposed new care model. Also concerns around travelling to Chester and Clatterbridge (which was mentioned as being a better facility).
- It was mentioned that there is a lack of communication amongst healthcare staff at Millbrook, with one individual in attendance providing an example where they had to wait a week to see a psychiatrist.
- Concerns around the quality of care provided at Millbrook with patients and nurses lodging complaints against consultants.
    - However, an outpatient attending the event mentioned Millbrook provides excellent support and early onset holistic care.
- Some feel there is a lack of privacy at Millbrook.
- Questions were raised around what will happened to sectioned patients following the closure of Millbrook.
- Feeling Millbrook could be utilised better if it had the foundation services in place. Services were shut that used to exist in South Cheshire, therefore Ambulance crews feel they are failing the patients by taking them to A&E.

Crisis care

- Questions were raised around whether the crisis houses will have the means of providing additional services such as; sedation and ECT – some of which will require a travelling psychiatric nurse.
- Questions around the safety of patients in crisis, and the potential risks around suicide (e.g. bi-polar/schizophrenia patients).
- The crisis centres in Liverpool have been working well. As such, it was questioned whether they had been trialled in this area.
- If someone has a psychotic episode, protocol suggests getting the patient into a safe place as soon as possible and keep in touch with their community care nurse. If this safe place wasn't in Macclesfield, the patient's community nurses may not be able to travel to Chester, therefore leaving the patient to be treated by nurses they don't know.

Young people

- It was felt issues around treating mental health for young people needs to be evaluated. Reports that young people have to self-refer to talking therapies after GPs provide limited support. When young patients do self-refer, the waiting list is 3 months which is too long.
- Questions around how those aged 18 are cared for. Currently this cohort is input into adult wards, so therefore question whether another step is needed between children and adult wards.
- Lack of facilities for young adults

Dementia patients

- It was commented that the number of patients with Dementia is on the rise, so questions were raised around how this cohort would be cared for. Feeling that if funding around this cohort is not increased how will the community help?
- Palliative care for Dementia/ Mental health issues is poor and therefore elements such as home care support are needed for appointments
- Transferring Dementia patients with other illness – questions around where carers for these patients can stay and obtain support, much like parents staying with their young child.

Feedback on option 1

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/diverted from other current local NHS services.

Following presentation of this idea, the following feedback was received from those attending the three events in Macclesfield;

- There was a feeling amongst those in attendance, that the document doesn't provide enough information to allow for a decision to be made. This option is portrayed as the worst-case scenario as it doesn't showcase any prospect of improvement and has several negatives. Therefore, there is a feeling of bias towards options two and three and away from this option.
- There was disagreement that this option will not improve services. There was also distrust in the new model, with questions raised around the implementation of 24-hour crisis care and investment in community staff. It was commented that within the current system there is little co-ordinated care, however crisis beds work well.
- There was a feeling that this option could work with greater investment apportioned to it, and with the provision of greater community care.
- The fact that the model shows a reduction in the number of beds is seen negatively, especially when there is a feeling that there is already a bed shortage.
- People benefit from early intervention, particularly those on the autistic spectrum.
- Questions were raised around; the impact and agreements in place around social care and travel arrangements for carers and patients.
- Comments were made around the difficulties in staff recruitment resulting in support being provided by under qualified staff and a dilution in skills/ clinical expertise.
- Comments were made at the event around the availability of outdoor spaces that patients are unable to use.
- When reviewing this option, it is felt that CWP are trying to consolidate in Chester and there was acceptance that investment is needed in that region too.
- It was acknowledged that funding is an issue in the North West, however it is felt larger cities such as Liverpool and Manchester are better served.

Local provision of services

- Comments were made around the fact that this option results in the local provision of inpatient services, thus keeping travel for patients, carers and healthcare professionals to a minimum.
- It was mentioned that occasionally people have been discharged and been unable to be re-admitted.
- Those in attendance have an understanding that the CCGs want to centralise services as per physical services. However, it is felt it would be better to have 24-hour services which this option doesn't provide.

- When considering home treatment, some commented they experienced poor continuity of care, and a decrease in the level of support outside of office hours.

Local provision of services – community care

- There is agreement that community care is an important support tool and seen as a positive where improved community services could reduce the need for emergency care. However, those attending the events express a lack of faith around the implementation of community care services in practice with perceptions the current service is facing staff shortages and is stretched.
- In response to this option, comments were made around how any reductions in community care would mean fewer treatment alternatives for patients.
- However, comments were made around how community services won't necessarily help those in crisis who feel unsafe.
- Comments were made around the Crisis Resolution Centre, which was available seven days a week, and an outreach team available two to three times a week, however, this closed due to a lack of funding.
- It was felt as though there is a shortage of community staff.
- It was suggested that there should be three crisis cafés located in major urban areas and sufficient transport arranged to take users to them.
- Questions were raised around the meaning of 'intensive support in the community'.

Local provision of services – Millbrook

- There is a strong feeling that Millbrook should remain open as there is a requirement for local centres and local services. If service users are sent to Chester, they will not receive the same level of support from their families/ carers.
- However, there is a level of realisation that it would be costly to refurbish Millbrook and upgrade the facilities. But, this approach is favoured as it means the provision of improved local services.
- There was a realisation that there is a funding gap. It was felt the deficit should be met from ring fenced Mental Health funds because, despite the CQC's evaluations, patients would rather be in Millbrook in less than ideal conditions than go all the way to Chester
- If Millbrook is closed, Macclesfield attendees feel adult and older people services should be provided locally.
- Also, if Millbrook were to close, questions were raised around where patients would go while the new unit is being built, with little domestic outreach.

Dementia support

- In response to option one where there is no enhanced dementia support, a Dementia outreach service is considered a good idea.
- There is a feeling that current private sector provision of Dementia care regarding nursing homes should be brought back into the public sector.

Financial implications

- Those in attendance state they don't understand where the money would come from for any of the options presented, including the £7 million to upgrade Millbrook – further clarity around the financials is required.
- Concerns and queries were also raised around the financial implications, in particular;
  - o How borrowing £7 million will cost the NHS £14 million?

- o The fact that £2.5 million is needed to be found to maintain existing services?
- The funding is described as investment in Millbrook and detracting from other services, it is felt as though this belittles people who use Mental health services. Millbrook services have been reduced over time through the closure of Aldephi and Bollington wards (PICU).
- The increased financial implications on visitors should also be considered if they are travelling further or utilising more public transport.

Feedback on option 2

This option involves improving community and home treatment (crisis) teams, provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester.

Following presentation of this idea, the following feedback was received from those attending the events in Macclesfield;

- The idea of this option is positively received; however, concerns and queries were raised around the increase in travel and the effect this could have on patients and their support network (carers, family and friends);
    - o A concern is the need for patients and their support network to travel further to access services. This could be of issue for vulnerable groups
    - o There is insufficient public transport available for patients and their support network to travel. Questions were raised around whether travel arrangements will be put in place
    - o The increased need to travel could have detrimental effects on patients
    - o The increased distance between the patient and their support network could have a detrimental effect on the patient
    - o The cost of travel for patients' support network should be considered as it is expensive to travel to Chester
    - o There were also questions around how many members of staff would be required to co-ordinate patient transport, and whether this is the best use of staff time
    - o Questions around who will provide transport for patients and their support network – will there be specific services or voluntary services available?
- To overcome the need to travel further, suggestions were made to access services through aspects such as video conferencing.
- There was an understanding of the benefits of allowing older patients to remain in the area, and thus allowing them to be closer to their families.
- It was felt the implementation of this option will not be possible because of the costs involved and the belief that it won't be possible to recruit and train staff to provide adequate community and crisis care for the growing number of people with serious mental ill health.
    - o Focussing on staff, questions were raised around whether staff will specialise is certain areas such as Dementia or Bi-Polar, or whether they will be 'generalists'
- Disagreement was expressed around the movement of inpatient care out of the local area with those in attendance commenting there is a need for improved local services.
- Although there were concerns around the costs of all the options outlined, there was a feeling that this option offers greater value for money than option one because CWP owns Lime Walk House so wouldn't have to borrow money to refurbish it, as it is able to invest its own capital.
- The additional clinical and support staff offering 24-hour crisis care was received positively. It was also felt that this option offers a greater investment in community care services which was considered a positive. There was a feeling that this option could help prevent crises and help reduce hospital admissions.

- Queries raised around the meaning of 'support in the community' as it was felt this service is under pressure and doesn't work as it is currently.
- There was a feeling that a 'café' is not needed when a patient is ill.
- There was nervousness/ apprehension around the transition from inpatient care to the community, there was a feeling that this is not as joined up as it should be – lack of co-ordination.
- The reduction in the number of beds was seen as a negative.
- Concerns were also raised around accommodating those going to Soss Moss from Lime Walk House and the impact this would have on Soss Moss.
- It was considered a shame that rehabilitation services are in a building that isn't fit for purpose. Therefore, questions were raised at the event as to the future of the rehabilitation service and the long-term plan around it.
- Psychiatric patients – some of those in attendance stated they would prefer intensive care beds in Macclesfield for this cohort because there is a critical need for these patients to have access to a safe place quickly and not have to travel to Chester. There was a feeling this population will lose out if beds aren't available in Macclesfield.
- Attendees expressed the need to be careful as to not create a unit that covers a wide spectrum of services.
- It was mentioned that Social Care is provided by the Local Authority rather than the NHS, therefore transferring patients into the community could increase Social Care costs.
- Lack of information regarding the investment into Lime Walk House. Possible issues include the fact that currently ECT appointments require same day admission. If this became a previous day admission there'll be an impact on cost and on patients and carers/ relatives.
- It was also highlighted that under this option Dementia care would remain locally.

Feedback on option 3

This option involves improving community and home treatment (crisis) teams, provide local crisis beds within the community, provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester.

Following presentation of this idea, the following feedback was received from those attending the events in Macclesfield;

- The impact on travel requirements of this option were received negatively amongst those in attendance, in particular;
    - The need for older patients to travel
    - The need to travel further to access inpatient psychiatric care
    - The impact of the increased distance on carers and relatives
    - Placing patients far away from their support network, thus making it harder for them to visit is considered a negative. It is also felt, this could have a negative impact on the patient's health
    - Poor public transport for journeys to Chester from Macclesfield
- Those in attendance expressed the requirement for greater community groups to volunteer their support and assist in overcoming this travel burden.
- There was a feeling this option is not possible due to the staffing requirements associated with it.
- The idea of having fewer people in hospital due to the provision of adequate community care was considered a positive.
- Attendees raised queries around the impact of moving patients from Lime Walk to Soss Moss.
- The movement of Dementia services to Chester was highlighted as a negative of this option.

- An individual attending one of the Macclesfield events stated option three was their preferred option because the PICU unit would be local meaning older patients can be admitted locally, meaning community nurse and family can visit more easily.
- It was felt more than six beds are required (however, an ideal number was not shared), and any loss of beds is seen to be unacceptable. Questions were also raised around the detail of the option, with queries around; whether the crisis beds will be used as a holding station and who decides the care pathway, and thus who travels to Chester.
- In response to the presentation of this option a preference for improved local services was raised instead.
- Lack of information regarding the investment into Lime Walk House. Possible issues include the fact that currently ECT appointments require same day admission. If this became a previous day admission there'll be an impact on cost and on the patient, carers/ relatives.

Appendix 3 – detailed feedback: Northwich event

Feedback on the proposed new model of care

The following feedback was provided by those attending the event in Northwich around the proposed new care model;

- Some of those in attendance stated they appreciate the change and were positive towards the proposed model as they can see a change needs to happen.
- The need/ importance of services being available locally was also expressed.
- Those attending the event raised concerns around the requirement to travel if this new model of care was implemented, especially for those who don't/ are unable to drive;
    - It was stated that for those who would have to use public transport, it will be very difficult to access essential out of hours care at the times public transport is not available
    - During the event it was suggested to provide patients with essential travel information, such as; telephone numbers and the location of where they can access different forms of public transport
- The support outlined for Dementia patients in their homes was seen as a positive.
    - Questions were raised around what the Dementia outreach figures were based on, as it was commented that typically patients tend not to come forward until they reach crisis point
- The provision of more beds was seen to be a positive.
- The model proposes to enhance the resources available to the mental health team which was seen as a positive. Attendees were particularly positive about the potential availability of a 24-hour crisis care service.
- Questions were raised around where the 24-hour crisis cafés and drop-in centres would be held, as well as, how many would be available.
    - Suggestions were also made around how it could be beneficial to provide support for carers and family members through similarly styled café's.
- It was felt that cafés filled with a large number of people could be an intimidating environment for some, so the availability of a smaller space may be required.
- Questions were raised around where and how the extra staff would be recruited to fulfil the implementation of this model of care.
    - Suggestions were made to possibly recruit and retrain staff from inpatient, third sector and voluntary associations.

- Following the proposed increase in community staff, comments were made around the need to have a dedicated member of staff for greater continuity and trust.
- It was commented that socially isolated and older people who don't use technology often could be missing out on support that is only available online.
- Upon reviewing the new model, it was realised that young people may be disadvantaged.
- It was felt that the information on the CWP website must be improved as some of those in attendance commented they found it very difficult to locate information on it. This was raised because it was felt the CWP website holds excellent care study material which helps explain what CWP can do.
- Those attending the event also commented that the levels of contact and access proposed in the new model could relieve A&E visits and hospital admissions.
- The model proposes greater home treatment options which was highlighted as a positive by those attending this event as there was a preference to be treated in a familiar environment rather than a hospital setting.
- There was a feeling amongst those attending the event that a one size fits all approach will not work.
- It was also commented that if this proposed new model of care were implemented, the model is fully up and running before any changes are made to ensure a safe transition.
- Following discharge of inpatients, there needs to be a requirement for the appropriate support pathways to be in place.

Feedback on option 1

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/diverted from other current local NHS services.

Following presentation of this idea, the following feedback was received from those attending the event in Northwich;

- There was some support for this option, however, in the main it was felt that doing nothing is not an option.
- Attendees also state the current system was not working properly, with comments around a lack of support and confusion around who to contact.
  - There were also discussions around the impact on Alzheimer's Disease patients who don't have the direct contact details of healthcare staff. Those in attendance stated a requirement for a single point of contact.
- It was felt that there needs to be an increase in the budget into Dementia care. However, questions were raised around how this money could be found from other services.
- Those attending the event also stated there would be a negative impact on patients if they must travel to Chester.
- Also, there is a preference for Millbrook due to the consistency of staff, and their knowledge, skills and attitude.
- When discussing this option, some shared their positive experience of Bowmere.

Feedback on option 2

This option involves improving community and home treatment (crisis) teams, provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester.

Following presentation of this idea, the following feedback was received from those attending the event in Northwich;

- It was commented that this was the best, most sensible option, however travel/ transport would be a big issue because;
    - It will be an 80-mile round trip to Bowmere
    - There were concerns for those with a risk of suicide travelling 80 miles
    - There were concerns for those with mental health issues, and how they should not be transported in ambulances. It was felt that if there is no alternative to Bowmere, there should be a PICU at Macclesfield
- To overcome the travel issues, it was suggested that contracts with taxi firms be agreed to provide transport for vulnerable patients.
- It was also suggested that patients and their support network could utilise social media and technology to keep in touch.
- It was commented that many people weren't aware and can't visualise the difference between Chester and Millbrook, but adults should be able to travel to Bowmere.
- In response to this option, questions were raised around how services will be provided to give a better acute service of care.
- During the event it was also mentioned that there was a need for peer mentors in the area as it takes pressure off nurses. This model of care is utilised in other regions of the country with perceived positive results.
- There was a feeling that there is a lot of real estate in Macclesfield with the possible scope to produce a small unit in the area.
- When reviewing the option, positive comments were made around the provision of crisis cafés.
- The provision of 53 beds outlined in this option is an influencer for some in selecting this as their preferred choice. However, some expressed concern/ questioned whether there are enough beds for everyone at Chester.
- Those attending the event felt as though enhanced community care could aid shorter inpatient stays.
- Since the hospital environment can be intimidating, a visitor space was suggested, where there is a private, relaxed space for children and other relatives/ visitors.

Feedback on option 3

This option involves improving community and home treatment (crisis) teams, provide local crisis beds within the community, provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester.

Following presentation of this idea, the following feedback was received from those attending the event in Northwich;

- Upon review of this option it was noted that it provides crisis and home treatment, however there was a greater preference for option two because this option is not accessible for older patients.
- Transport was considered an issue with this option, especially increased travel for older patients.
    - A 'crisis bus' was suggested at the event that travels around the county like a mobile library providing help, advice and support
    - The utilisation of volunteer drivers was also suggested
- Travel concerns for patients' support network were also expressed.

- No PICU in Macclesfield is seen as a concern in this option.
- Those attending the event also discussed the idea of utilising an easily accessible mobile app containing information on all available resources listed on it.
- It was also commented that there is a need for a good website to cover how to access services and self-help advice.

Appendix 4 – detailed feedback: Congleton event

Feedback on the proposed new model of care

The following feedback was provided by those attending the event in Congleton, around the proposed new care model;

- When presented with the model, those in attendance raised questions around; the cost of implementing this, where the funds would be raised from and what research was conducted into it.
- It was also felt that the model of care only covers a fraction of patients, and there are still patients that need focussing on. However, this feedback was not elaborated upon, therefore it is not known which groups within the population require further attention.
- After reviewing the model, those attending the event stressed the importance of the need for support networks to be close to the patient. If services were to be relocated to Chester, those in attendance questioned whether support would be provided to the support network when travelling to the new location.
- Comments were made by those attending the event that it is difficult for families and carers to support psychotic patients when they are at a distance, regular contact is needed. As the discussion progressed, questions were raised around the forms of support offered.
- The importance of keeping patients out of hospital was also expressed and queries were raised around whether under this model there would be an option for healthcare professionals to go out to see the patient.
- Those attending the event raised questions around the location where the crisis cafés would be held and how the increased community care would be implemented.
- Those attending the event also asked questions around the crisis houses in the area and how they would be staffed.
- It was also felt that travelling to Macclesfield from Congleton would be okay, but Chester is considered too far.
- Decreasing the need for older people to travel by having provision in Macclesfield is considered a positive. However, there was a feeling that under this model younger people will still be at a disadvantage.
- The home treatment team in Congleton were praised during the event in that they don't stay within their local area and they work to keep support networks close to the patient in terms of distance.
- Initial reaction to the proposed closure of Millbrook is that those attending the event do not want it to go, with some stating Millbrook should be given further investment.
- When discussing Millbrook, it was stressed that patients prefer to be treated closer to home and were not interested in additional comforts such as en-suite rooms. It was commented that patients don't like unfamiliar environments.
    - However, whilst some prefer the need to stay close by, there was a split of opinion amongst attendees with some highlighting the importance of en-suite facilities in the recovery of patients.

- A patient who stayed at 'the hospital' commented it was a frightening experience, where they shared a ward, with little privacy, with drug/ alcohol abusers. Thus, questions were raised around whether these concerns would be address under the model.
- When reviewing the model, attendees asked about the future of the A&E service.

Feedback on option 1

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/diverted from other current local NHS services.

Following presentation of this idea, the following feedback was received from those attending the event in Congleton;

- Some commented that refurbishment could be a positive, especially for current service users, however questions were raised around who may be disadvantaged because of this option.
- It was felt that with the way the option had been worded it was designed to persuade individuals to choose option two.
- Furthermore, it was felt that the document did not provide enough detail with questions raised around; the proposed interest rate, bed days provision during the refurbishment and what the crisis café support service would look like.
- Within this option, it was felt that services will remain but there will not be enough resource to improve crisis care and community teams, meaning acutely ill patients will be adversely affected.
- There was also a feeling that funding could be used more effectively under this option.

Feedback on Millbrook

- Comments were made around the lack of space in the wards when visiting patients and therefore a requirement for larger, more spacious wards and en-suite facilities. However, others shared their preference for the smaller wards, so it could be suggested that this aspect polarised those in attendance.
- The quality of care provided at Millbrook was considered to be good by patients, so in response to this option questions were raised around why the system should be changed.
- There was a degree of polarisation amongst those in attendance when discussing Millbrook. Some felt that Millbrook offers a lot to the local area, and that the facility should be kept open with other services being looked at instead. However, others at the event felt if Millbrook were to remain open, other services will suffer, therefore the closure of Millbrook would enable East Cheshire Trust to use the resource in other areas instead. This cohort stated in an ideal scenario Millbrook would remain open, but the funding isn't available.

Feedback on option 2

This option involves improving community and home treatment (crisis) teams, provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester.

Following presentation of this idea, the following feedback was received from those attending the event in Congleton;

- The impact on travel requirements was mentioned several times following the presentation of this option. Many feel the increased travel requirements will have a negative impact on patients and their support network.

- Showing the impact of a good support network, some commented patients can be treated effectively at home if they have a good support/ family network around them.
- It was also felt information presented around travel and transport was vague and a robust, detailed transport plan needs to be put in place to allow families/ carers to support patients. Additionally, other options should be explored, such as use of technology for keeping in touch.
- Those in attendance expressed a level of disagreement with the requirement for any patient to have to travel to Chester to utilise services.
- Those attending the event can see how this option would benefit older people through a smaller requirement to travel.
- Also, it was felt this option hinges on the provision of enhanced community care services and volunteer support. However, questions were raised around whether enough staff and resource would be made available to deliver this enhanced community service offer – many expressed a degree of apprehension and felt this would not be delivered in reality.
- When reviewing this option, several questions were raised around; the procedure when the system is at capacity; how public transport to wards be provided, will there be a single point of contact, will there be a need for any refurbishments in this option and what effect will this option have on the Bowmere facility.
- Access to 24-hour care is considered a positive within this option amongst those attending the event.

Feedback on option 3

This option involves improving community and home treatment (crisis) teams, provide local crisis beds within the community, provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester.

Following presentation of this idea, the following feedback was received from those attending the event in Congleton;

- Transport issues were highlighted, especially for patients' support network who don't have easy access to transport. Some commented for the need for volunteer drivers at visiting times.
- It was felt as though this option would negatively impact older patients for whom travel is more difficult.
- When presented with this option those in attendance tried to rationalise why it was put forward querying, is it because; more younger people are affected than older people, or because older people may have fewer visitors hence it makes more sense for them to have to travel to Chester, or because younger patients and their carers/ families have more commitments.

Appendix 5 – detailed feedback: Crewe event

Feedback on the proposed new model of care

The following feedback was provided by those attending the event in Crewe, around the proposed new care model;

- There seemed to be a degree of apprehension amongst attendees with comments around; obtaining guarantees the model will be implemented in full, whether the model has been costed properly, the provision of beds in the region, concern that the decisions have already

been made to lose Millbrook, the need for a real 24-hour support service and whether the proposed model will lighten the workload of community teams.

- Those attending the event stressed the importance of early intervention to avoid situations escalating and crisis point being reached.
- Some also commented it was important to combine physical and mental care together as they are as important as each other.
- Comments were made around patients getting greater community support and it was mentioned how there are support groups run by service users and self-support groups in Crewe.
- It was felt that there needs to be an improvement in the training around complex mental health for those in A&E and other services.
- Leading on from this, it was felt that social care staff are not currently experienced enough.
- There needs to be a greater provision of paid/unpaid carers to support patients. Those at the event also stressed the importance of listening to experienced carers to better understand the clinical landscape.
- Focussing on home treatment care, comments were made at the event stating this service does not work.
- Questions were raised around why the crisis line was stopped.
- Upon reviewing the model, those attending the event stated travel requirements could be an issue, with the distance making it harder for patients to be supported whilst they are away from home. The impact of a local support network was highlighted with comments around how family support is equal to professional support.
- To overcome this issue, comments were made around whether similar facilities could be built in Crewe
- Focussing on Millbrook, comments were made highlighting how good the staff are and how it provides easy access for families/carers to visit, aiding patient recovery.
- However, some stated the facilities and resources in Millbrook are not good, with comments made around how inpatients are taken into care, rather than being admitted. The number, and availability of beds was also a concern as well as a lack of en-suite facilities and loss of personalised care.

Feedback on option 1

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/diverted from other current local NHS services.

Following presentation of this idea, the following feedback was received from those attending the events in Crewe;

- It was felt that this isn't really a feasible option and will only make things worse.
- However, it was stated, keeping the system as it is will benefit those in crisis as travelling could make their situation worse.
- It was also commented that travelling is not such an issue as the distance is similar, but Chester is easier to travel to.
- It was felt that there is a need for better facilities, but questions were raised around how this could be financed as the cost could be considerable.

Feedback on option 2

This option involves improving community and home treatment (crisis) teams, provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester.

Following presentation of this idea, the following feedback was received from those attending the event in Crewe;

- Travelling to Chester is not seen to be as big an issue, especially for adults who will be able to travel more easily than older patients.
- However, those in attendance outlined appropriate transport methods need to be put in place to alleviate any travel concerns some may have.
- Questions were raised around whether this option is cheaper than refurbishing Millbrook.
- There is less focus on beds with more care being provided outside of the hospital setting. As such comments were made around the provision of crisis support proposed in this option, where it was stated it is good to focus on providing care outside of the hospital setting and avoiding/ reducing hospital admissions.
- Also, it was commented that under this option, older people can be cared for closer to home.

Feedback on option 3

This option involves improving community and home treatment (crisis) teams, provide local crisis beds within the community, provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester.

Following presentation of this idea, the following feedback was received from those attending the event in Crewe;

- It was felt the option outlined good crisis support services.
- Older people would not be treated closer to home.
- There was recognition of the provisions of community support.
- Travel was seen to be an issue, with particular concerns around cost and accessibility for visiting families/ carers.

Appendix 6 – detailed feedback: Middlewich event

Feedback on the proposed new model of care

The following feedback was provided by those attending the event in Middlewich, around the proposed new care model;

- It was felt as though the theory of the model was positive, however those attending the event questioned its implementation and user interactions with services. For example, patients being able to access the services they need and the extent of waiting times.
- Therefore, a level of reassurance is required to give users the confidence that the proposals outlined in the new model of care will be actioned accordingly.
- There was concern in response to the proposed closure of Millbrook, with those in attendance requesting more information around the alternative options that would be put in place.
- Travel issues were highlighted, with comments around how it will be more difficult for the patients' support network to visit regularly due to the distance required to travel.
- Questions were raised around; whether crisis cafés would be a safe environment to meet the needs of the community, what 'care at home' would look like, whether the proposed changes

would reduce the number of suicides and what alternatives to inpatient care would be available.

- Comments were made around the importance of early intervention, as it was perceived that it costs more to intervene further down the process.
- Recognition that community services are beneficial, however they aren't always available when needed. Therefore, it was suggested that the community services implemented provide a range of support services to meet the need of all users, thus trying to keep them out of hospital. For instance, this could be looking at opening hours.

Feedback on option 1

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/diverted from other current local NHS services.

Following presentation of this idea, the following feedback was received from those attending the event in Middlewich;

- Millbrook would remain open however it was realised that his would require substantial investment to improve the facilities and bring it up to standard.
- It was felt that under this option there won't be any investment in early intervention processes.
- It was felt that care is too hospital focussed which isn't seen as the best approach.

Feedback on option 2

This option involves improving community and home treatment (crisis) teams, provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester.

Following presentation of this idea, the following feedback was received from those attending the event in Middlewich;

- Older people will be at Lime Walk House, where there is no onsite PICU access.
- Possible safety and security fears with crisis cafés – it was felt these could be unsafe if users are having an episode.
- Travel issues were highlighted, with an increase in demand placed on the support network who'd be required to travel further to see patients. It was felt the lack of support network contact could impact the patients.
- It was commented that further training is required for staff.
- Under this option, it was believed there won't be a financial deficit.
- Consider the impact of CCG organisational changes.
- Dementia outreach – questions were raised around how this service would be provided, and how it would work to keep people in their own homes.
- This option appears to be preventative as it offers access to out of hospital services, which could avoid/ drop hospital admissions. However, to implement this it was felt more co-ordinated care is required.

Feedback on option 3

This option involves improving community and home treatment (crisis) teams, provide local crisis beds within the community, provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester.

Following presentation of this idea, the following feedback was received from those attending the event in Middlewich;

- Adult inpatient care would be at Lime Walk House, where there is no onsite PICU access.
- Questions were raised around; how staff skill levels would be improved and how many Millbrook staff would want to work in the community.
- Possible safety and security fears with crisis cafés – it was felt they could be unsafe if patients are having an episode.
- Travel issues, with an increase in demand placed on the support network who'd be required to travel further to see the patient. It was felt the lack of support network contact could impact the patient.
- This option also appeared to be preventative as it offered access to out of hospital services, which could avoid/ drop hospital admissions. However, to implement this, it was felt more co-ordinated care and greater access to out of hospital services were required.

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