MENTAL HEALTH SERVICES UNDER THE SPOTLIGHT

Feedback from patients, service users, carers and the public

November 2010

Acknowledgements

Thank you to everyone who contributed their comments and views during this engagement process; attending public meetings, completing questionnaires or by forwarding comments individually. Your help and support is very much appreciated.

Tracey Callaghan-Hayes

Project Manager – Mental Health Commissioning

Rebecca Davis

Network Director – Mental Health Commissioning

MENTAL HEALTH COMMISSIONING IN THE SPOTLIGHT

The proposed inpatient mental health reconfiguration in Lancashire, which is the result of extensive consultation over the last six years, has to be reviewed and retested in line with the coalition Government's new rules on service change.

The Government has asked the NHS to revisit completed consultations to ensure they are consistent with these tests for service change. The four tests, which are outlined in the revised *NHS Operating Framework*, require any proposed reconfigurations to demonstrate:

- support from GP commissioners
- strengthened public and patient engagement
- clarity on the clinical evidence base
- consistency with patient choice

The PCTs in Lancashire are therefore running this process between September and February 2011 for the mental health inpatient reconfiguration. To this end, during October 2010, the Lancashire Mental Health and Social Care Partnership Team ran six evening engagement meetings across Lancashire. These were attended by members of the public, service users, carers, professionals', clinicians and councillors.

The review is not a public consultation. A formal public consultation is bound by a number of statutory requirements e.g. a minimum period of 12 weeks for stakeholder meetings and questionnaires. The current engagement exercise was an opportunity enabling Commissioners to listen to peoples' views. It additionally aimed to fulfil the NHS constitution (2009) where people have the right to be involved in the planning of health care services, the development and consideration of proposals for changes in the way those services are provided and in decisions to be made affecting the operation of those services.

This report aims to summarise feedback about current services and possible changes into discussion topics or headings. These will be used to inform the next steps.

The venues were:

- Monday 18th October. 18.30-20.30. County Hall, Preston
- Tuesday 19th October. 18.30-20.30. Town Hall, Blackpool
- Wednesday 20th October. 18.30-20.30. The Globe Centre, Accrington
- Thursday 21st October. 18.30-20.30. Town Hall, Lancaster
- Wednesday 27th October.18.30-20.30. The Ecumenical Centre, Skelmersdale
- Thursday 28th October. 18.30-20.30. Town Hall, Blackburn

The sessions were attended by 92 people in total.

Each meeting was chaired by Debbie Nixon, Strategic Director for Mental Health. The Lancashire Mental Health and Social Care team members who managed the meetings were; Rebecca Davis, Network Director, Tracey Callaghan-Hayes, Project Manager and Pat Rolph, Senior Project Support Officer. Most meetings had additional representation from local PCT colleagues.

The format for each meeting was similar in all areas. A power point presentation was delivered providing an introduction and context to the original Lancashire Consultations together with an overview of key actions and developments since that time. Group discussion took place seeking experiences of acute mental health care in Lancashire and suggestions for improvements, together with important issues for change in the future.

The presentation and notes of the six meetings are available on the website www.lancashirementalhealth.co.uk

The Questions

1. How have the changes affected you?
2. What are your experiences of community alternatives?
3. How could these be improved?
4. Reduced beds may mean fewer sites- what do you think? (Travel vs. fit for purpose services)
5. What would be the key issues?

Key points from the discussions are summarised as follows.

1 & 2) The effects of change and experience of community alternatives

The engagement workshops asked people to provide information on their experiences of change and community services.

Themes	Issues
Crisis Services	• Many people reported contacting crisis and being told to go to A&E • Frequent suggestion that Crisis as a single point of access/helpline is not working effectively • Monday – Friday service reported to be working well • Reported delays in crisis response • Inconsistent crisis response evident within localities and across areas • Carers commenting on the difficulty navigating the crisis system • Experience of crisis team only responsive when there is risk of harm
Preventative services	• Repeated commentary that prevention is key • Concern expressed on a lack of integration between community and crisis/inpatient to keep people out of hospital • Interface between health and social services could be improved • early intervention and preventative input is wanted • Concerns expressed on waiting time for community intervention/therapy • Carers in particular expressed a need to be supported earlier so they can help the management of crisis
Inpatient experience	• Several reports of a good service when person has been admitted • Many expression of inconsistencies (differences experienced from unit to unit) • Agreement with general ethos for new units expressed • Concern expressed that units don't cater for other needs (eg. Learning Disability) • Reports that many changes have been made already
Consistency	• Some respondents noted differences in their care when service users known to staff – suggesting the care is better when there is familiarity • People turn to services they know and have used in the past • Inconsistent crisis response across areas • Variation in adult and older adult services
Locality	• Users and carers appreciate services being local • People prefer not to travel outside of their local area • Recounts of experience of sending patients out of the area already is a problem • Queries made as to whether there will be capacity to meet local demand

Estates/ Facilities	• Frequent reports that buildings are in a poor state • Lack of space/meeting rooms • Broad agreement that the inpatient environment needs improving • Comments made that services compared to prisons

Some comments from respondents:

"It's not the same for adults as for older adults" (Skelmersdale 27/10/10) *"six month wait for home treatment" (Blackpool 19/10/10)* *"professionals do a great job" (Lancaster 21/10/10)* *"although crisis services are wonderful, they are not there 24 hours a day." (Blackpool 19/10/10)* *"poor carer and family contact" (Lancaster 21/10/10)* *It could be one of twenty four different people that you could see" (Skelmersdale 27/10/10)* *"services must be fit for purpose" (Blackpool 19/10/10)* *"don't want to leave my home city" (Preston 18/10/10)*

3) Improvements needed

Attendees were asked what suggestions could be made to improve services

Themes	Issues
24 hour response	• A consistent, rapid response is required • Information needs to be easily accessible • Need 24 hours face to face response • People should not need to go to A & E. Crisis ought not to be advising attendance at A&E • Assurance a bed will be available when needed
Staff attitude	• Improved customer care • Need to appreciate that users and carers are in distress • Staff need to be more positive
Crisis	• Effective follow up after discharge • Consistency in response • Increased evening support • Easily accessible central point of access • Services also for dementia
Fit for purpose facilities	• Environment needs to be improved • A consistent standard should be maintained

Family life	• Services need to appreciate the impact on family/childcare • If beds are local it is easier to maintain contact with friends / family • Single parent families – big impact if parent admitted
Range of services	• Respite service to be available before a person reaches crisis • Crisis beds needed – reference to this being in the consultation • More choice required • LCFT should work with other agencies (third sector) • Peer/volunteer alternatives ought to be considered • Locally based services are important

Some comments from respondents:

"Follow up after discharge needs to be tighter" (Blackpool 19/10/10)

"Needs better customer care and reception" (Blackpool 19/10/10)

"staff attitude needs to be more positive" (Blackpool 19/10/10)

"If you treat people at home there is a greater possibility of building a therapeutic relationship" (Preston 18/10/10)

4 & 5) Key issues if reduced beds mean fewer sites

People were asked what would the important issues would be if fewer beds meant that inpatient services were available in fewer sites / locations.

Themes	Issues
Quality assurance	• Needing a high quality service • Well qualified staff to provide inpatient care • Concern raised there were not enough staff when wards are full • Services must be fit for purpose
Transition	• Reductions in beds already taking place • Concern for how any reconfiguration will be managed • Communication between services needs to be strong • Those contact with services need an uncomplicated choice
Transport	• Public transport is a major factor • Ability to visit a family member in an inpatient unit is a concern • There are some seasonal issues to public transport • Some parts of Lancashire are very rural • Assistance with travel, such as dedicated buses would help

	• Distance to travel needs to be considered, not just the size of population
Crisis beds	• Community alternatives to inpatient units ought to be considered • More localised crisis services viewed as key • A choice of services is important
General hospital sites	• Beds could be on a general hospital site • There can be less stigma if units on a general site • Security of staff considered to be better on general hospital sites • Dementia beds could be on general hospital sites

Some comments from respondents:

"How will transition to new sites be managed?" (Preston, 18/10/10)
"if patients are in a new bigger hospital, all services are of better quality care in one location, albeit out of area" (Skelmersdale 27/10/10)
"This has an impact on the family and costs for travel" (Accrington, 20/10/10)
"We would rather keep people at home than in hospital" (Blackpool, 19/10/10)
"Patients don't want to be moved, don't want a modern building, just want care/best treatment" (Preston 18/10/10)

The Lancashire Partnership Board Service User and Carer Involvement Group Questionnaires

The Lancashire Partnership Involvement Group (LPIG), of service users and carers across Lancashire, worked with the Lancashire Third sector Consortium (LTSC) to develop a questionnaire. This was to help Involvement Group members structure additional feedback, in similar areas to the questions asked at the engagement meetings. Additionally views on the advantages, disadvantages and important features of mental health services were sought.

The questionnaires were, circulated to LTSC members and community associations including the Local Involvement Networks. It was also available on the LTSC website.

31 responses were received, 19 from Central Lancashire, 5 from East Lancashire, 4 from North Lancashire and 3 from Fylde and Wyre.

Things working well currently

The largest part of respondents, 11, reported 'Living at home' or 'remaining in their community' were the basics working well.

Respondent comments included:

- people being treated as individuals (Central)
- direct payments managed by me (Fylde and Wyre)
- The Third sector user run services (East)
- reliable support (Central)
- community mental health team home visits (North)
- Support better than it used to be (Central)
- Having various units in the community meaning easier access (Fylde & Wyre,)
- Community services – all in one building near to centre (North)
- Social workers (Central)
- Help with travel costs (Fylde and Wyre)
- Assertive Outreach Team is providing good support and back up during out of hours (Fylde and Wyre)
- Crisis team access (Central)
- GP liaison (Central)
- All good (East)
- Respite care (Central)

Things not working well currently

Eighteen respondents answered this question by reporting 'all okay' or when offered to comment on which community services were not working well answered 'none.'

Other comments included:

- Uncertainty about cuts (Central)
- Layers of bureaucracy in the system (East)
- Crisis teams not sufficiently manned (Central)
- Responses of services can be too slow (Fylde & Wyre)
- Have to go to A & E (Central)
- Crisis response poor (North)
- Pathways in acute care not clear to service users and staff Central, service user, adult MH)
- Lack of day services (North)

- Don’t give enough time to get to know the person (Fylde & Wyre)
- Out of hours services (North)
- If someone is a former service user who may relapse there doesn’t seem to be much support at all and have to start at the beginning (Central)
- Visits have been cut (East)
- Crisis and acute mental health needs – worse out of hours (Central)
- CMHTs are understaffed and fragmented. Not clear about their role (Fylde and Wyre)
- Access to information and advice (Central)
- Lack of specialist support to GP (Central)

Advantages to service users and carers of the Current Proposals

Ten responses stated the advantage, considering the proposed inpatient reconfiguration would be ‘people being cared for in the community’.

Other comments given were:

- Purpose built, pleasant places to be (Central)
- New modern buildings and facilities (North)
- People are better looked after in the community (Central)
- Better units (assuming will cater for dual needs) (Fylde and Wyre)
- Care when 1:1 observation will be more easily managed (North)
- New high spec buildings (East)
- All level of services together (Fylde and Wyre)

Disadvantages for service users and carers of the current proposals

Twenty respondents referred to the potential distance to travel and transport difficulties as a disadvantage.

Comments included:

- Too far away (East)
- Public transport may not be good enough and it may be expensive (Central)
- People are familiar with services (North)
- New buildings wont help unless they have staff genuinely caring and pro-active (East)
- Not to close units before alternative inpatients and crisis units are open (Central)
- Not all locations are going to be convenient for everyone (Central)

- If not local, travel time and costs (Fylde and Wyre)
- Assist with transition back – keep some things together eg. Day release (Central)

What would you change to make these disadvantages better

A common response, with ten responses, commented on the need for 'facilities to be near people's homes'.

Further comments included:

- Transport to be provided by the health service (Central)
- Make sure there is enough 'promotion' so service users can access all the help they need (Central)
- Establish regular bus service (North)
- Not to be dislocated from their lives and work than necessary (Central)
- Communication about changes and things in place (Central)
- Really listen to the carer and involve them more (Fylde and Wyre)
- One stop shop or drop in within local areas (Central)

Mental health services important to prevent admissions

The most common answer, nine respondents, referred to 'daily activities and 'access to help'.

Additional comments included:

- Information for carers (Central)
- Organisations providing care should have a good relationship with third sector organisations (East)
- Access in an emergency to medical, social, financial support and advice (Central)
- Consistent dedicated named workers (Fylde and Wyre)
- Crisis services (East)
- Well communicated and co-ordinated pathways to services – single point of access (Central)
- Someone coming out to assist in an acute crisis (Fylde and Wyre)
- Help should be immediate and ongoing (Central)
- Crisis services as alternative to inpatient admissions (East)
- Drop in services for help and advice (North)
- Mental health care should be varied (East)

Mental Health services important to help recovery and stay well

A common answer, nine responses, was 'being with other people'

Further comments included:

- Holistic approaches to recovery services – physical, mental and spiritual (North)
- Staff with the right attitudes (Fylde and Wyre)
- Crisis services as an alternative to admissions (East)
- Support in the home (Central)
- Local GPs to be provided with an options list including everything available (East)
- Crisis response when needed including out of hours (Central)
- Day services including work based projects (Fylde and Wyre)
- What we have are okay (East)
- Easy access to support staff when needed (Central)
- To have a safe haven (Central)

Conclusions

There is much to be learned from the feedback gathered. Key issues that were raised by lots of people included:

- Services have improved
- People want to be supported at home / in their own community
- Crisis care needs to be available around the clock, including face to face contact
- Service responses should be reliable and consistent wherever you live
- Some services should be very local
- There should be good co-ordination and communication between services,
- Access to services and how people can travel to them is important, and this is about cost as well as time and convenience.

We would like to thank everyone who took the time to offer their comments.

Next steps

A brief summary of feedback messages gathered from the public meetings was used in the "Case for Change" document presented to PCT Boards in November / December 2010. (Available on the website)

If the "Case for Change" is approved by PCT Boards, the next stage of the re-test process will be the Technical Appraisal of proposals. The information gathered in these engagement exercises will be used to guide the specification for future services and inform the **criteria** for evaluating options.