



University of Salford
A Greater Manchester University

**‘Working to improve mental health in
Lancashire – modernising hospital services’**

**Analysis and Evaluation of the findings from the
Public Consultation**

Academic Enterprise and School of Nursing
University of Salford

September 2006.

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1. Executive Summary

1.1. Overall Responses

(See section 5)

- The consultation received a total of 454 responses via the consultation response form.
- A total of 389 responses were received from individuals and 65 responses were received from organisations.
- The project undertook 74 meetings and events.
- The consultation received 24 formal responses from organisations.

1.2. Demographics of respondents

(See section 7)

- Most responses were from respondents aged between 41-60 (200, 53.6%) followed by those aged between 61 - 80 (85, 22.8%) and between 19-40 (81, 21.7%).
- Most responses came from females (231, 61.6%).
- There were responses from 16 different areas, with most responses coming from West Lancashire (55, 14.8%), Preston (47, 12.6%) and South Ribble (40, 10.7%).
- Most respondents classified themselves as White –British (343, 91.7%). There were 7 responses from respondents with an Asian ethnic group and 1 from a Chinese respondent.
- Most responses were received from mental health service users (111, 28.6%) followed by members of NHS staff (98, 25.3%) and members of the public (78, 20.1%).
- From the 67 responses from organisations responding via the consultation document questionnaire most were based in Preston, Burnley, Chorley and South Ribble and Blackburn and Ormskirk/Skelmersdale.

1.3. Question 1 - Do you agree with the general principles for improving mental health services?

(See section 10)

- Out of the 384 individual respondents to this question, 321 (83.6%) agreed with the general principles for improving mental health services.
- The majority of group respondents (59, 90.7%) also agreed with the general principles for improving mental health services.
- There was a high level agreement from respondents from all areas of domicile, the highest from Wyre and Fylde, Ribble Valley, Other areas, Blackpool and Pendle. The least percentage agreement came from respondents living in Preston Blackburn Rossendale and West Lancashire.

- Over 80% of respondents who classified themselves as NHS staff, a member of the public and an unpaid carer agreed with the principles for improving mental health services. Just over three quarters of mental health service users agreed with this question

The main issues arising were:

- Reduction in services concerns.
- Access, availability of services.
- Reduction in beds/shortage of beds.
- Involvement of service users in services.
- The need for more facilities.
- Improve quality of services.
- Age discrimination in services.
- Community services to be in place prior to changes.
- The need for proactive working, seamless working and an integrated service.
- Concerns on location of new sites.
- Concerns over the extent of consultation.
- The need for more Staff training.

Positive issues arising were:

- Mental Health services do need improving.
- Community care is beneficial for mental health patients.
- Therapeutic communities work well.
- Better crisis services are needed.

1.4. Question 2 - Do you agree with our proposals to convert or close the existing mental health units, create three new mental health inpatient sites and release funding to provide improved community services such as crisis support and respite services?

(See section 11)

- Out of the 447 respondents completing the question, 225 (50.3%) agreed with the proposals and 140 (31.3%) respondents did not agree.
- Over half of individual respondents agreed with the proposals and 126 (33%) did not agree.
- Half (50%) of group respondents agreed with the proposals set out in Question 2.
- Over 50% of people in the largest age group (41-60) agreed with the proposals. 49.4% of those in the second largest age group (61-80) also agreed with the proposals. The lowest level of agreement came from those in the 19-40 age group (36.2%).
- Respondents indicated the highest level of agreement lived in South Ribble, Blackpool, Wyre, Ribble Valley, Fylde, Preston and Pendle.
- The areas where respondents indicated most disagreement to the proposals came from West Lancashire, Blackburn, Other and Rossendale.

The main issues arising were:

- Agreement but providing support is provided to community services.
- Risk of increased stigma/back to larger institutions.
- Improve links with other agencies.
- Community services to be in place prior to changes.
- More respite care needed.
- Agreement provided there is a balance between preventative and response services.
- Agreement as long as local services provided.
- Agreement provided there are enough respite/crisis houses available.
- Agreement as long as transport is adequate.
- Concerns that there are unanswered questions in proposals.

Positive issues arising were:

- Mental Health hospitals need updating.
- In support for the development of local crisis and respite houses.
- Care in the community reduces the risk of institutionalisation and encourages a more normal way of life.

1.5. Question 3 - Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies?

(See section 12)

- The majority of respondents (both individual and group) agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies.
- The majority of individual respondents also agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies.
- Over 93% of group respondents agreed that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies

The main issues arising were:

- Communication between agencies and professionals must improve.
- Provision of a seamless service.
- Patient needs must be taken into account.
- Availability and locality of services.
- Services need improving.
- Service closures/lack of services.
- More staff required.
- More well trained staff, more training, better training, and qualified staff.
- Concern over the length of time for changes.
- The extent of the Consultation and awareness of cultural sensitivities.
- Concern with proposals.

Positive issues arising were:

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- Agreement with the importance of good care in homes.
- Joint working is vital and should be encouraged.
- MDT work is invaluable and creates a more balanced view.

1.6. Question 4 - Do you have any other ideas for improving and modernising mental health services which you think we should consider?

(See section 13)

- Two thirds of respondents (both individuals and groups) agree that there are other ideas to consider for modernising mental health services.
- Out of those responding, 225 (65.2%) individuals indicated that they felt there were other ideas to consider for modernising mental health services.
- Out of the 65 group responses, 44 respondents (73.3%) stated that they felt there were other ideas for consideration when modernising mental health services.

The main issues arising were:

- Treatment should be based on individual need/service users needs and should be service user led.
- Access, locality, choice and availability of services.
- Increase facilities/more needed.
- Improve accommodation.
- Involve other agencies/continuity of care.
- Improve communication between agencies.
- More staff/adequate staff required.
- Training, recruitment, retention of staff.
- Staffs attributes.
- More GP participation.
- Ask service users for their needs.
- Consultation – extent of, who else should be consulted.

Positive issues arising were:

- Agreement that there is definitely a need for respite care centres.
- Agreement with the principles for modernisation.
- Care in the community needs to be greatly improved. More thought given to encouraging therapeutic activities etc.

1.7. Presentations/Meetings

(See section 14)

- The consultation team undertook 74 meetings over the consultation period. From the proforma which was completed by presenters an estimated total of 1216 people attended meetings, averaging 16 people per meeting.

The main issues arising were:

- Concern about travel to and from new sites
- Concern around travel for staff.
- Concern about the location of the new units.
- A second consultation may be required regarding the location of new sites.
- That community services are adequately resourced prior to new units being built.
- Consultation process concerns – ‘middle class and academic’.
- Concern about stigma of larger mental health units.
- The impact on GPs in regard to awareness and access.
- Must ensure information sharing.
- Concerns around the current bed shortage.
- The need for a single point of access.
- Support for Scarisbrick unit.
- BME people slipping through net – as not sure how to access services.

1.8. Correspondence

(See sections 15 and 16)

- The Partnership Board received 24 formal responses from organisations and 7 written responses from individuals.

The main issues arising from the organisational responses were:

- Some groups expressed support for the proposals and welcomed the opportunity for the building of new units.
- There was agreement with the proposals to shift more into the community.
- There was some agreement with the need for dedicated units.
- Concerns about the location of the new sites.
- The reasons for change are driven by financial constraints.
- The geographical distances that maybe involved.
- Possibility of developing the Scarisbrick unit for one of the new units.
- Concern in accessing the three sites.
- The need not to see inpatient services in isolation and to actively work on issues such as social isolation and exclusion.
- The need to ensure that dual diagnosis patients are taken into consideration and that appropriate facilities are in place for those with secondary problems.
- Involvement of service users and carers in services.
- Larger Mental Health Units increasing stigma and reverting to the old asylums.

The main issues arising from the individual responses were:

The main issues arising from these responses are as follows:

- Where did the proposal of building three new hospitals come from?
- The Scarisbrick Centre should be considered for one of the units.
- Welcome the changes like Crisis and Home treatments and Early Interventions.

- Take into consideration transport when deciding on the locations of the new hospital in Central Lancashire.
- State of the art hospitals would increase stigma
- Long waiting times for appointments.

1.9. Benchmarking

(See sections 19 and 20)

- The results of the benchmarking exercise show that on the whole a great deal of effort was undertaken to engage across all areas, and with a wide range of groups from service user groups and staff to hard to reach groups.
- The results from the comparison with Census statistics shows that responses from individuals and groups came from all geographical areas involved in the consultation.
- The level of response by the BME community is an area of concern.
- The comparison with other similar mental health consultations shows that this consultation has out performed in some areas and underperformed in others. The consultation should share its good practice with other consultations.

The University recommends that:

- That the Partnership Board needs to be clear about how the public response will affect the reconfiguration process.
- Whether there is sufficient involvement of patients and public in the partnership.
- How the level of involvement with key groups (service users, staff, stakeholders and hard to reach groups) will be sustained in the reconfiguration process and beyond?
- The decision making process be clearly defined and disseminated in the next stages of reconfiguration.
- In regard to benchmarking the consultation against best practice guidelines the process has performed relatively well. On the whole most guidelines have been fully or partly met which indicates that the process has followed guidelines set out by the Department of Health and the team should be complimented on this.

2. Introduction

The University of Salford was commissioned by the Lancashire Joint Primary Care Trust Board Committee to undertake the analysis of responses to the public consultation and evaluate the consultation against a set of benchmarks. The public consultation took place from 24th March to 14th July 2006.

The data analysed here was collected and entered electronically by the Lancashire Mental Health and Social Care Partnership team¹. The University has analysed these results independently.

The University was commissioned to:

- Analyse consultation document responses including both quantitative and qualitative data.
- Analyse feedback from meetings/presentations to stakeholders, staff and public.
- Analyse organisational correspondence.
- Undertake a Benchmarking process of the consultation process against Cabinet Office and Department of Health Best Practice Guidelines

This paper presents a brief overview of pre-consultation activity and presents the findings from the consultation document questionnaire including demographic data. The report features an evaluation of the process against benchmarks from other similar consultations, Census 2001 population statistics, Department of Health Best Practice Guidelines and Cabinet Office Consultation Best Practice Guidelines. Observations about the consultation process are also provided.

In addition to this final report three supplementary documents are also provided:

Supplementary Document 1 – Organisation and Individual Responses to the Consultation

Supplementary Document 2 – Comments made by Type of Respondent.

Supplementary Document 3 – Tabulated Results.

¹ Here after referred to as to the Partnership Board
'Working to improve mental health in Lancashire – modernising hospital services'
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3. Methodology

The Partnership Board produced a full and summary consultation document which outlined the proposals and provided a questionnaire for respondents to complete. The University provided advice on the questionnaire.

The data from the questionnaires was entered on to a database by the Partnership Board and delivered to the University. Paper copies of the questionnaires, proformas completed at events and meetings and all correspondence received were also delivered to the University. These were used to check that the data had been entered accurately.

3.1. Data Cleansing and Management

The first stage of the process for the University was to check and cross reference both electronic and paper copies of the response form and meeting proforma's. Any void and anomaly data was recorded, and removed if necessary. Random checks on 10% of the data were conducted on both quantitative and qualitative data to check for data entry accuracy. On the whole the data entry was of a good quality.

3.2. Data Analysis

There are 5 data sets which are reported on here. These are:

- Full Consultation Document Response Form.
- Summary Consultation Document Response Form.
- Presenter's feedback from meetings.
- Correspondence by letter and email.
- Notes from question and answer sessions.

These forms provided both quantitative and qualitative data.

3.3. Quantitative analysis

There were two Consultation Document Response Forms inserted into each public consultation document. Each response form featured identical questions. These were:

Question 1 - Do you agree with the general principles for improving mental health services?

Question 2 - Do you agree with our proposals to convert or close the existing mental health units, create three new mental health inpatient sites and release funding to provide improved community services such as crisis support and respite services?

Question 3 - Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies?

Question 4 - Do you have any other ideas for improving and modernising mental health services which you think we should consider?

The quantitative data for these questions from each response form was merged into one overall data file to enable an overall picture of results. The response forms also collected data regarding the demographic profile of respondents. These were:

- Age Group.
- Gender.
- Area of Domicile.
- Ethnic Group.
- Type of Respondent.

The data was then analysed through the use of statistical software (SPSS) and utilised descriptive statistics such as Frequencies and Cross-tabulations to analyse the data. The data in this report is reported in tables, the data is provided by Number (N) and Percentage (%). Each table where relevant highlights the number of responses that were not given by respondents per question. Therefore the total number of respondents may vary between tables and this is indicated after each table of results. Each calculation has been rounded up to one decimal point so not every table of results will total exactly 100%.

3.4. Qualitative analysis of Comments

The qualitative data from open questions were reported through the use of Access Reports. This enabled each comment to be highlighted, where possible, by the demographics from each respondent (Area of Domicile, Gender, Age, Type of Respondent and Ethnic Group). The University's team of researchers analysed each response with the use of an appropriate coding framework to enable the comments to be categorised into themes.

The thematic analysis provides an overall view of the types of responses received. The top three themes are then examined in more depth providing a view of sub themes/categories. Randomly chosen verbatim quotes are then provided to give a further insight into the responses. To provide a balanced view of the issues raised a list of positive comments are also provided. For response by organisations a similar process was undertaken, with a summary of the main themes arising provided. For organisational responses an overview of the main themes arising is provided.

3.5. Feedback forms from Meetings

After each event presenters were asked to complete a feedback form on the meeting. The form recorded the following data:

- Type of Organisation presented to.
- Location/Venue of meetings.
- Numbers of people attending meetings.
- Any issues raised.

The report indicates the types of organisation presented to, the number of people present, and an overview of the issues raised at the meetings.

3.6. Benchmarking

The benchmarking process is utilised here to assess the extent and quality of the consultation engagement. The process involves the team of 4 researchers assessing the information provided by the consultation team about engagement activity and the results from the questionnaire returns, presentations and correspondence.

A number of benchmarks are examined. Firstly, a comparison with other similar mental health consultations in the UK is undertaken, secondly a comparison against Census 2001 PCT area population statistics, and thirdly assessing the extent of engagement with hard to reach groups. The final benchmarking exercise involves the team of researchers independently assessing the details provided in this report against Department of Health benchmarks for Best Practice.

4. Background

This section summarises briefly the report 'Working together to improve mental health: A report on the outcome of the stakeholder events held across Lancashire during September 2005'. This report was provided by the Partnership Board team to provide a context for the proceeding sections which focus on the formal consultation stage.

In September 2005, 243 people (155 from the statutory sector) attended a series of eight mental health stakeholder events across Lancashire. The aims of the events were to:

- Update Stakeholders in Mental Health Service Developments.
- Discuss next steps and agree criteria against which options for future improvements to NHS inpatient will be assessed.
- Listen to stakeholders views and ideas for improvement.

The report states that in general feedback from those who had attended the events was positive and most people agreed that improving inpatient services was a priority for action. There was some concern however that not all stakeholder views were fully represented with reference to the black and minority ethnic community. The report identified a number of key themes raised by stakeholders:

- People want to see, as a minimum, hotel standard accommodation that is designed to enable therapeutic interventions and meaningful activity.
- The need for a highly competent, skilled workforce, which is well-supported and rewarded to retain experience and develop specialist expertise, was a top priority at most of the events.
- Close proximity was important, but some people, especially parents of young service users, are prepared to travel to get the best quality care.
- Local alternatives and good community care was a priority and the need to have these in place before changing inpatient services was highlighted.

The report states that 'a clear commitment was made on behalf of the Lancashire Mental Health and Social Care Partnership Board to ensure that any decision made about the possible number of NHS Mental Health Inpatient sites in Lancashire would take into account the views and priorities expressed by stakeholders during the events.'

5. Overall Responses to the Consultation

In the following sections the findings are presented indicating the types of people responding to the consultation document questionnaire. Results are provided by Individual and Group, Age Category, by Area of Domicile, by Ethnic Group and by Type of Respondent.

Table 1 shows the overall responses by differing data collection methods used in the consultation. It shows that the project received a total of 454 responses via the consultation response form and undertook 74 meetings and events. Five consultation document responses were received late so have not been included in the analysis.

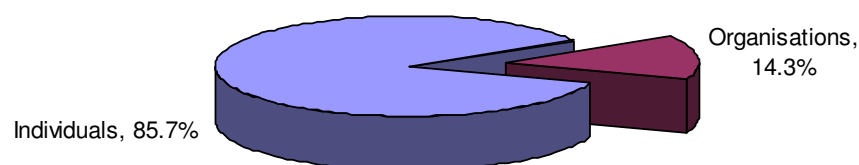
Table 1: Numbers of responses received by various methods

Type of Response	Number
Consultation Document Questionnaire	454
Number of meetings/presentations proformas	74

6. Individual and Group Responses via the consultation document response form

The response form asked respondents to indicate whether they were responding as either an individual or on behalf of a group or organisation. The figure below shows that 389 (85.7%) individuals and 65 (14.3%) organisations responded.

Figure 1: Organisational and Individual Responses

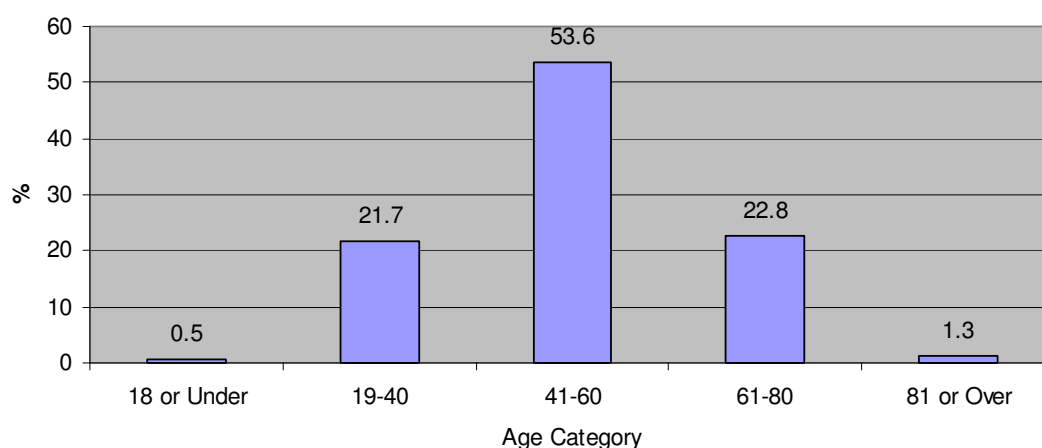


7. Demographic Results from Individual Responses

7.1. Age Range of Individual Respondents

Figure 2 indicates that most responses were from respondents aged between 41-60 (200, 53.6%) followed by those aged between 61 and 80 (85, 22.8%) and between 19-40 (81, 21.7%).

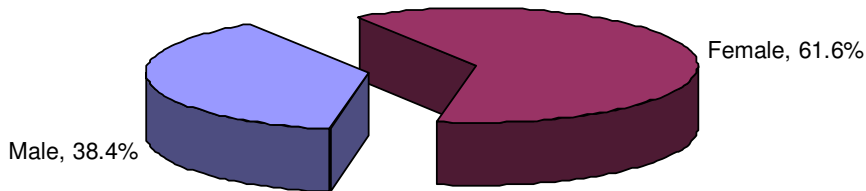
Figure 2: Individual returns via Consultation Response Forms by Age Group



7.2. Gender of Individual Respondents

Figure 3 shows that most responses came from females (231, 61.6%).

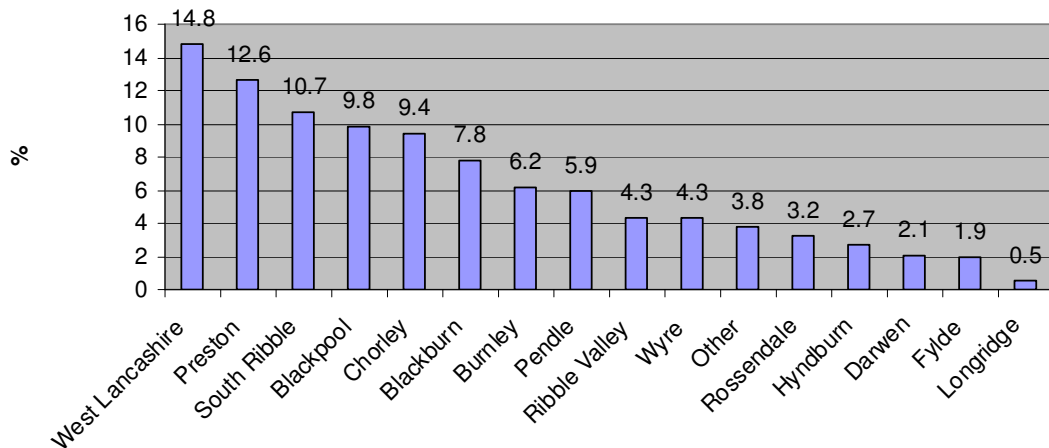
Figure 3: Individual returns via Consultation Response Forms by Gender



7.3. Area of Domicile of Individual Respondents

The consultation form requested information regarding the respondent's area of domicile. Figure 4 shows that there were responses from 16 different areas, with most responses coming from West Lancashire (55, 14.8%), Preston (47, 12.6%) and South Ribble (40, 10.7%).

Figure 4: Individual returns via Consultation Response Forms by Area of Domicile



Other areas listed by respondents were:

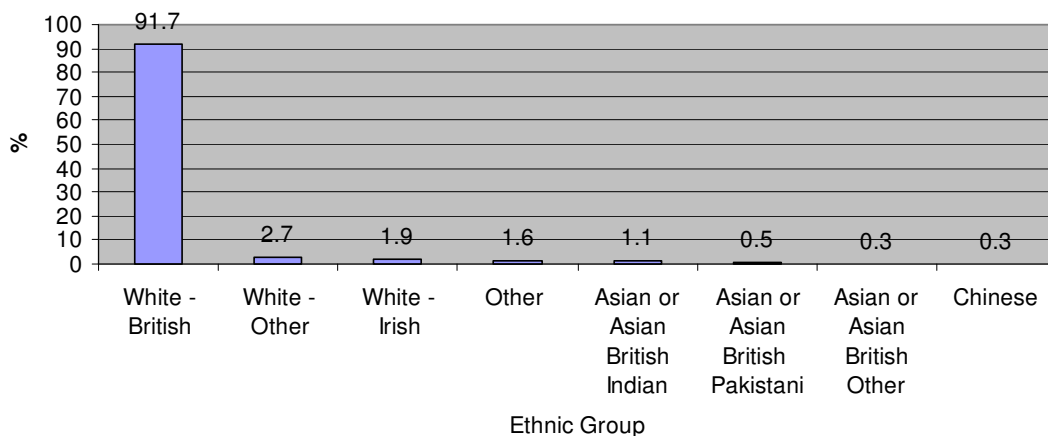
- Bolton.
- Bury.
- Chipping.
- Colne.
- Croston.
- Higher Walton.
- Houghton.
- Horwich.
- Merseyside.

- Lancaster.
- Leyland.
- Nelson.
- Southport.
- Todmorden.

7.4. Ethnic Groups of Individual Respondents

The figure below indicates how respondents classified their ethnic group. Most respondents classified themselves as White–British (343, 91.7%). There were 7 responses from respondents with an Asian ethnic group and 1 from a Chinese respondent.

Figure 5: Individual returns via Consultation Response Forms by Ethnic Group



Those respondents, who classified themselves as Other, were asked to specify their Ethnic Group. Those that specified are as follows:

- British Italian.
- East - African Asian.
- English.
- English White.
- “Not playing.”
- White Scottish – British.

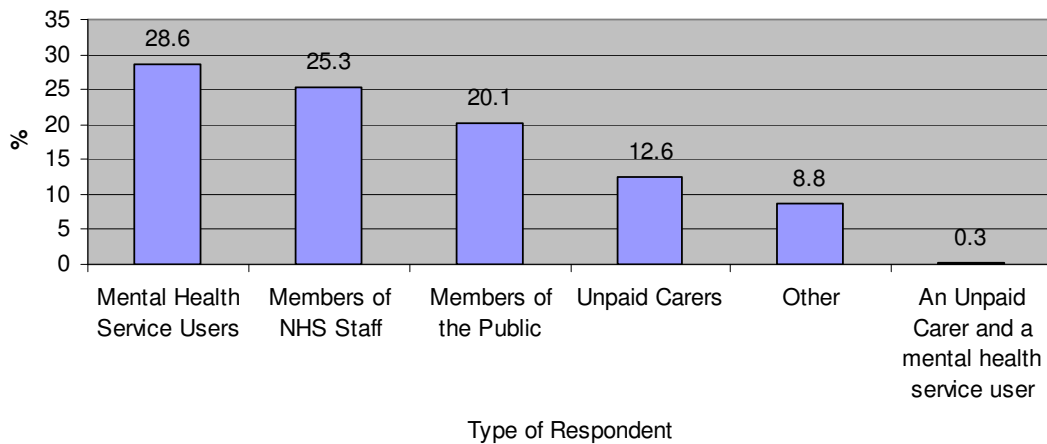
The results by Ethnic Group are not reported in the main document as the cell counts for all Ethnic group categories were low apart from those classifying themselves as British . The results by Ethnic Group can be found in Appendix 1.

7.5. Type of Respondent of Individual Respondents

The consultation form asked respondents to describe what type of respondent they were from five categories – a member of NHS staff, a mental health service user, an unpaid carer, a member of the public or other respondent. Other respondents were asked to specify what sort of respondent they were.

Figure 6 shows that most responses were received from mental health service users (111, 28.6%) followed by members of NHS staff (98, 25.3%) and members of the public (78, 20.1%).

Figure 6: Individual returns via Consultation Response Forms by Type of Respondent



See Appendix 2 for the list of Other Types of Respondent

8. Group Responses

There were 65 responses from organisations made via the consultation document questionnaire. Those organisations who responded to the consultation via the response form from the consultation document were asked to indicate where their organisation was based. Most organisations responding via the consultation document questionnaire were based in Preston, Burnley, Chorley and South Ribble and Blackburn and Ormskirk/Skelmersdale. See Appendix 3 for the list of named organisations.

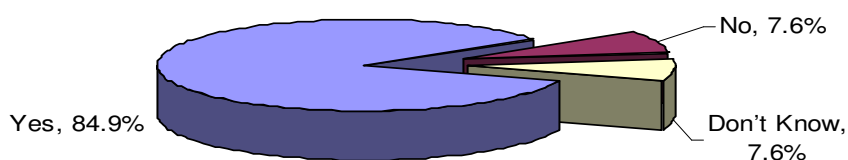
9. Summary of Results

In this section a summary of results to each question in the consultation document questionnaire is provided. The results include responses from both individuals and groups. In sections 10-13 a detailed analysis by key demographic data (Individual and Group responses, by Age, Gender, Area of Domicile, and Type of Respondent) is given.

9.1. Question 1 - Do you agree with the general principles for improving mental health services?

Figure 7 indicates that from the 449 responses to this question, that 381 (84.9%) of people agreed with the general principles for improving mental health services, 34 (7.6%) respondents did not agree and 34 (7.6%) did not know.

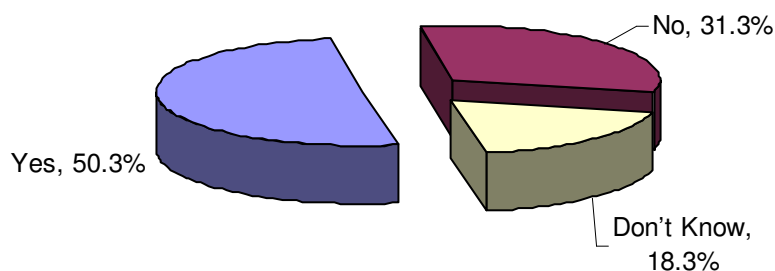
Figure 7: Do you agree with the general principles for improving mental health services?



9.2. Question 2 - Do you agree with our proposals to convert or close the existing mental health units, create three new mental health inpatient sites and release funding to provide improved community services such as crisis support and respite services?

Figure 8 shows that 225(50.3%) respondent's agreed with the proposals. 140 respondents (33%) disagreed with the proposals and 82(18.3%) did not know.

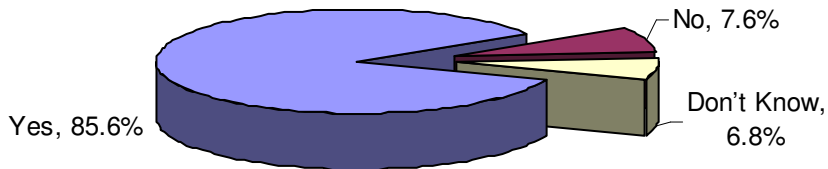
Figure 8: Do you agree with our proposals to convert or close the existing mental health units, create three new mental health inpatient sites and release funding to provide improved community services such as crisis support and respite services?



9.3. Question 3 - Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies?

Figure 9 shows that 379 (85.6%) of respondents agreed that the main elements of a good mental health crisis service are provided by a range of professionals from different agencies. 34 respondents (7.6%) disagreed with the question and 30 (6.8%) did not know.

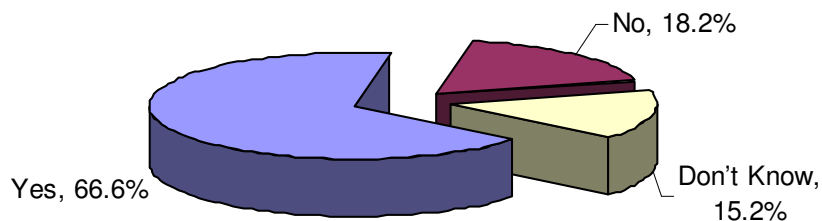
Figure 9: Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies?



9.4. Question 4 - Do you have any other ideas for improving and modernising mental health services which you think we should consider?

Figure 10 shows that two thirds of respondents (271, 66.6%) felt that there were other ideas for modernising mental health services which should be considered. 74 respondents (18.2%) stated 'No' and 62 respondents (15.2%) did not know.

Figure 10: Do you have any other ideas for improving and modernising mental health services which you think we should consider?

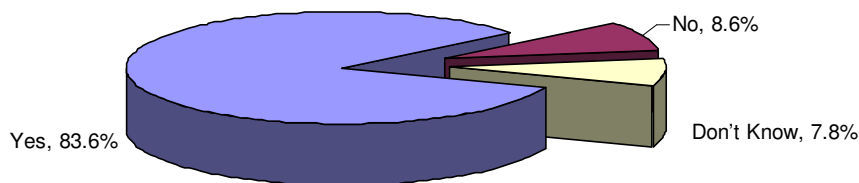


10. Question 1 - Do you agree with the general principles for improving mental health services?

10.1. Individual Results

Figure 11 shows the results to this question for individual respondents only. Out of the 384 individual respondents to this question, 321 (82.7%) agreed with the general principles for improving mental health services, 33 (8.6%) disagreed and 30 (7.8%) respondents stated 'Don't know'.

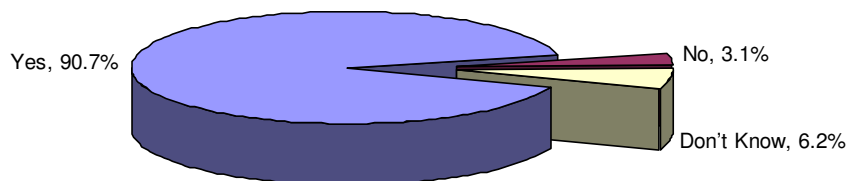
Figure 11: Do you agree with the general principles for improving mental health services?
Individual Responses



10.2. Group Results

Figure 12 shows that the majority of group respondents (59, 90.7%) also agreed with the general principles for improving mental health services.

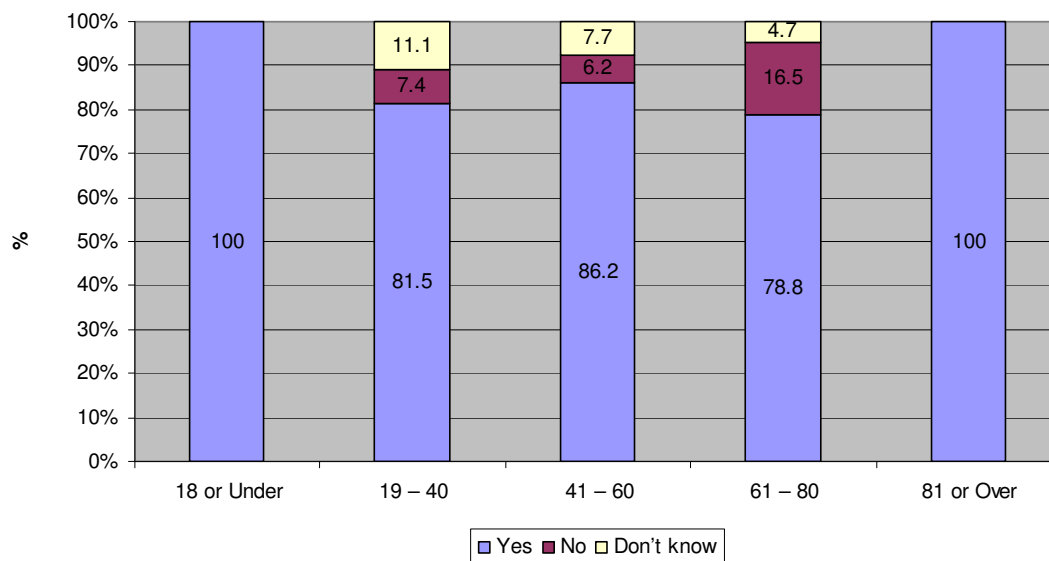
Figure 12: Do you agree with the general principles for improving mental health services?
Group Response



10.3. Results by Age Category

The figure below shows the response to question 1 by age category of respondent. The results show a high level of agreement with the question from all age groups.

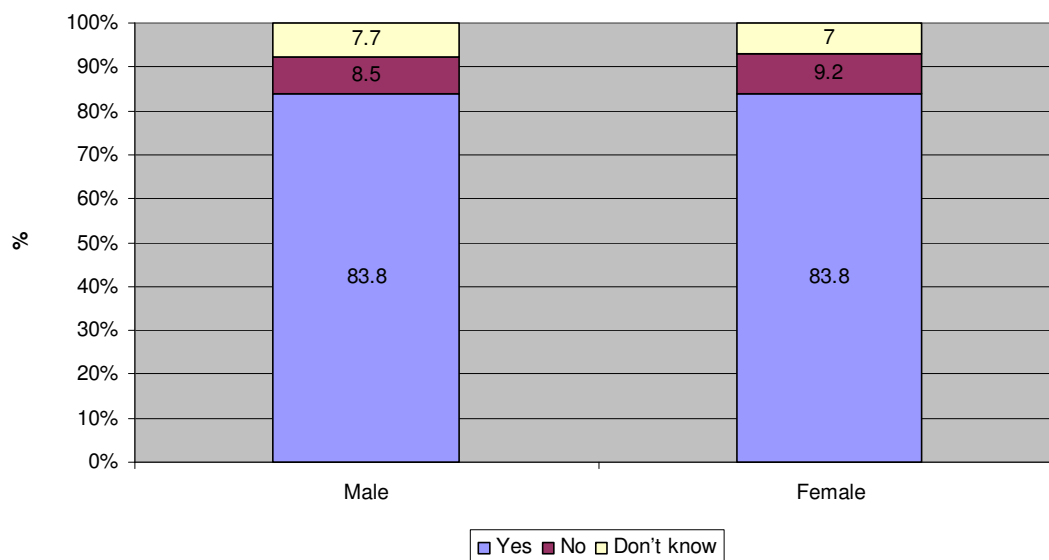
Figure 13: Do you agree with the general principles for improving mental health services? By Individual Age Category



10.4. Results by Gender

The response by gender to this question is shown in Figure 14. It shows a high level of support for the general principles to improve mental health services from both sexes.

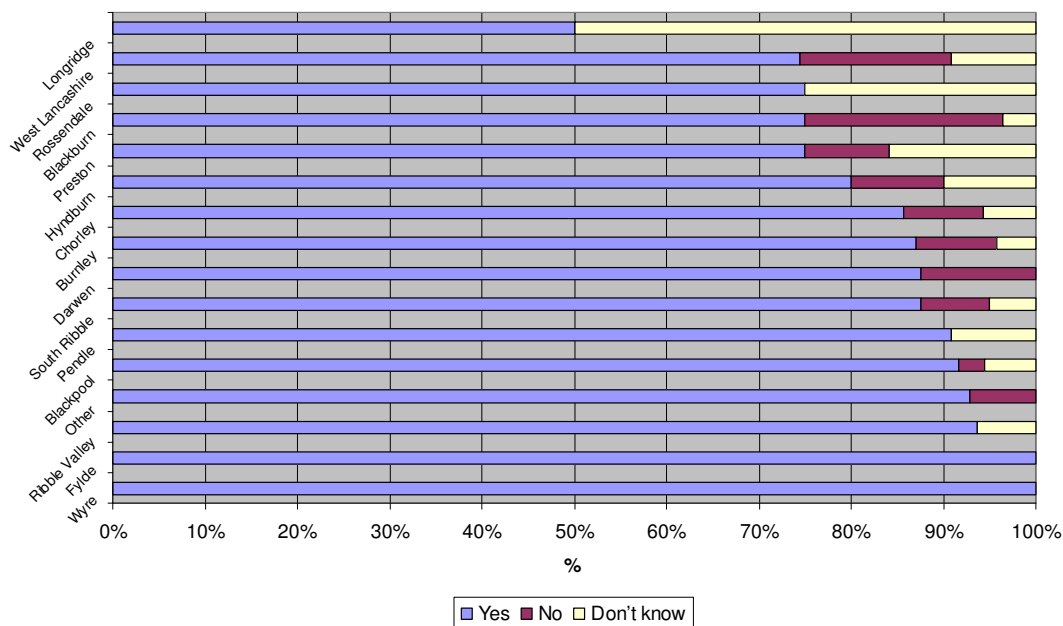
Figure 14: Do you agree with the general principles for improving mental health services? By Individual Age Category



10.5. Results by Area of Domicile

Figure 15 indicates the level of agreement to this question by area of domicile. The table shows that there was a high level agreement from respondents from all areas of domicile, the highest from Wyre and Fylde, Ribble Valley, Other areas, Blackpool and Pendle. The lowest percentage agreement came from respondents living in Preston, Blackburn Rossendale and West Lancashire.

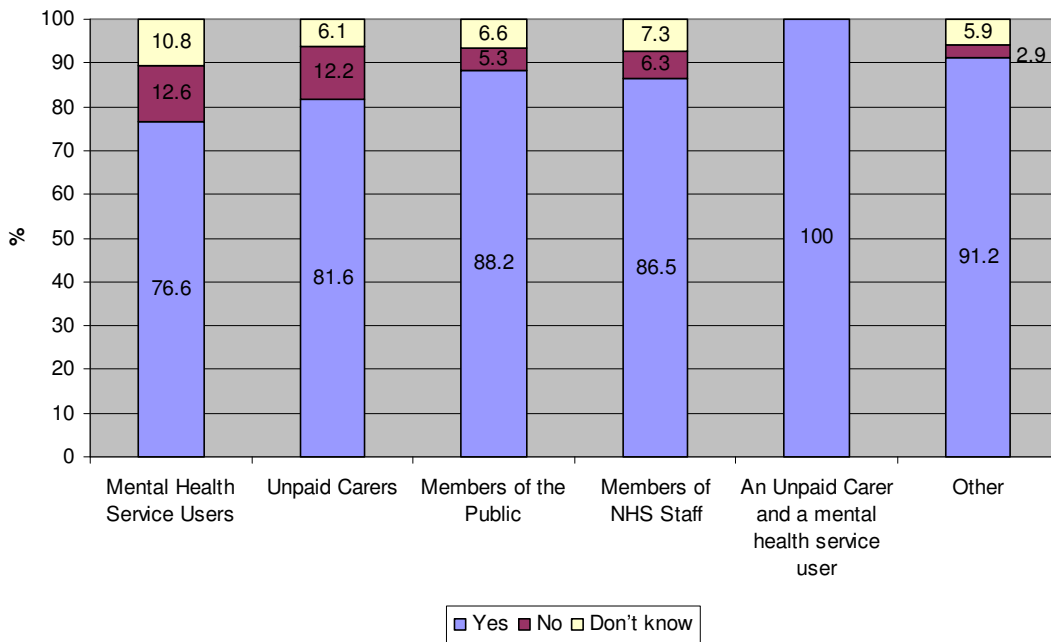
Figure 15: Do you agree with the general principles for improving mental health services? By Area of Domicile



10.6. Results by Type of Respondent

Figure 16 shows that over 80% of respondents who classified themselves as NHS staff, a member of the public and an unpaid carer agreed with the principles for improving mental health services. Just over three quarters (76.6%) of mental health service users agreed with this question.

Figure 16: Do you agree with the general principles for improving mental health services? By Individual Type of Respondent



10.7. Analysis of Individual Comments

A supplementary question asked 'Are there any other things we should consider?' The analysis of the comments provided by respondents have been grouped and tallied to indicate an overall view.

Table 2: Prominence of headline themes

Perceived reduction in the quality of services following reconfiguration
Consultation process concerns
Staffing levels
Transport and Travel
Financial concerns
Consultation process – positive comments
Waiting times/appointments

The analysis now identifies any sub themes within the headline category to provide further insight into responses for the Top 3 indicated above:

Perceived reduction in quality of services following reconfiguration:

- Concern about the reduction in services.
- Concern about access and availability of services.
- Concern about the reduction in beds/shortage of beds.
- That service users should be involved in services development.
- The need for more facilities.
- Then need to Improve quality of services.
- Need to take account of age discrimination in services.
- That community services need to be in place prior to changes.
- The need for proactive working, seamless working and an integrated service.

Consultation process – concerns:

- Concerns over the proposals.
- Concerns over the extent of consultation.

Staffing:

- Concern over staff shortages, staffing levels, training and staff attributes.

The positive issues and comments that have been expressed are:

- Mental Health services do need improving.
- Community care is beneficial for mental health patients.
- Therapeutic communities work well.
- Better crisis services are needed.

The following three sections provide randomly chosen verbatim quotations from the questionnaire responses.

10.8. Perceived reduction in quality of services following reconfiguration

“Cannot see how closing units will improve services.”

(Other, Preston, Male, 19 – 40, White – British)

“I feel the recent reduction in day hospital care for the elderly was a mistake.”

(Service User, West Lancashire, Female, 19 – 40, White – British)

“Keep hospital within easy access to where patient lives.”

(Member of the Public, Darwen, Female, 61 – 80, White – British)

“Quicker access to psychological treatments (counselling, CBT, anxiety management, social skills trainers, anger management, group therapy) as early as possible to reduce over dependence on medication.”

(Member of NHS Staff, Preston, Male, 41 – 60, Asian or Asian British – Indian)

“Locality of the three new hospitals.”

(Member of NHS Staff, Preston, Female, 19 – 40, White – British)

“Having LOCAL facilities is the most important thing for someone going into a psychiatric hospital.”

(Service User, Chorley, Female, 41 – 60, White – British)

“There is a shortage of beds and increasingly having to obtain beds many miles away for those people subject to MHA (1983) - new teams such as crisis/assertive outreach have not impacted upon reducing the need for beds they will try to work with someone and then decide it is not feasible.”

(Not Given, Not Given, Female, Not Given White – British)

“I would have grave concerns about reducing the number of beds overall present services are over stretched in many areas and community services frequently to meet present demands.”

(Member of NHS Staff, Fylde, Male, 41 – 60, White – British)

“Services to be finely tuned to meet the needs of people with dementia of all ages.”

(Other, South Ribble, Female, 61 – 80, White – British)

“Appropriate services for mother and babies, post natal psychoses and depression.”

(Member of NHS Staff, South Ribble, Female, 41 – 60, White – British)

“Mental Health in the community should be marketed with a view to it being seen more positively, i.e. ignorant people become aware people are not “freaks” who have mental illness.”

(Wyre, Female, 19 – 40, White – British)

“More service users in key committees - outlining all S.U services and remove stigma, establish equality/ parity - between experience based support and statutory services in partnership”.

(Ribble Valley, Male, 41 – 60)

“More attention required to day care services.”

(Service User, Rossendale, Male, 41 – 60, White – British)

“There is also a need for good inpatient services - I don't see why good community services mean than inpatient services suffer. Some mental health patients are a danger to themselves and others in the community.”

(Member of NHS Staff, Blackburn, Female, 41 – 60, White – British)

“Yes as long as there is no age limit, i.e. 65 yrs old people who become 65 still have mental health problems and need some where to go or attend for help and support. We have a two tier age group to look at young 65 or and old 65 person, two different people, please don't discriminate on age.”

(Service User, Chorley, Male, 61 – 80, White – British)

“That there are services available to those over the age of 64.”

(Service User, South Ribble, Female, 61 – 80, White – Irish)

“More provision of services to the local communities must be in place before the new units open.”

(Service User, Blackburn, Female, 41 – 60, White – British)

“I agree with the need to improve mental health services as there are areas lacking in therapeutic interventions, however I feel we first need to improve the services we have then introduce new and innovative ideas.”

(Other, Darwen, Female, 19 – 40, White – British)

“More proactive work and more liaison between various agencies.”

(Other, Blackpool, Female, 61 – 80, White – British)

“Making sure that a seamless service from both health and social services is readily available for patients and their carers. This is not always available at present.”

(Member of the Public, Blackpool, Female, 61 – 80, White – British)

“Sometimes mental health patients need the security of permanent stay facilities, because they may have difficulties mixing no family or close friends or even a friend at all. This is why we need a friendly drop in resource centre.”

(Service User, Preston, Male, 41 – 60, White – British)

“More drop in centres locally (near peoples homes) including my own.”

(Service User, Preston, Female, 19 – 40, White – British)

10.9. Consultation process – concerns

“If and when these plans are implemented, are they going to build at major hospital (as our 1 in Blackpool is) or are they going to be built away from hospitals.”

(Member of the Public, Blackpool, Male, 61 – 80, White – British)

“But condensing hospital beds into one site is unworkable and unrealistic. You need to re-think.”

(Member of NHS Staff, Pendle, Male, 19 – 40, White – British)

“I agree with the principle, but it has been my own experience whenever changes of this magnitude take place, everything falls short of expectations and promises.”

(Unpaid Carer, South Ribble, Male, 41 – 60, White – British)

“You need to consider the fact that many service users and carers have experienced abysmal mental health services for many years with your continuous lies after lies about services improving. How are you going to convince us that mental health services will definitely improve once and for all?”

(Unpaid Carer, Blackburn, Female, 41 – 60, White – British)

“Issues affecting minority ethnic communities cultural and religious needs to be considered. Issues affecting women - meeting their needs. Mental health services for all.”

(Member of the Public, Preston, Female, 19 – 40, Asian or Asian British – Other)

“Users and carers to be fully and sensitively consulted.”

(Member of the Public, Preston, Male, 61 – 80, White – British)

10.10. Staffing

“Care in the community was promised years ago when the big institutions closed down but it was not managed properly and funding was directed to other causes. For it to work properly there should be many more supported staff and access to a range of alternatives therapies - without waiting times!! There should also be befriending services.”

(Unpaid Carer, Blackburn, Female, 61 – 80, White – British)

“I understand the need to increase provision but this could be achieved by running services at full staffing levels rather than spending money on new building which are bound to run at less than full staff capacity as the NHS M.H services are chronically understaffed.”

(Member of NHS Staff, Hyndburn, Female, 19 – 40, White – British)

“Definitely, there are not enough resources going into the CAMHS, not enough staff and criteria for referral are too restrictive.”

(Member of NHS Staff, Blackburn, Female, 41 – 60, White – Other)

“It seems that there is going to be more community care. This has its advantage but there’s not anywhere near enough staff to deal with people in the community now. They seem just to be able to deal with acute inpatients - great lack of maintenance care.”

(Service User, Darwen, Female, 41 – 60, White – British)

“Investing in staff training at all levels is very important too.”

(Service User, Hyndburn, Male, 19 – 40, White – Other)

“Staff that are properly trained in the care of all mental health users.”

(Service User, Preston, Female, 41 – 60, White – British)

“The main priority should be to reduce administrators/ managers currently attached to the hospitals and redistributing money saved into front line professionals whose skills and expertise make the actual improvement to mental health services.”

(Member of NHS Staff, White – British)

“Friendly staff.”

(Member of the Public, South Ribble, Male, 19 – 40, White – Irish)

“Commitment of staff to adhere to the changes: it will not work if the staff are not supportive and forward thinking to proposed changes.”

(Other, Other, Female, 19 – 40)

The following section provides randomly chosen positive verbatim comments that were made with regards to question 1.

10.11. Positive comments made with regards to question 1.

“Excellent idea as improving ‘personal development’ in particular would forestall hospital admissions.”

(Service User, South Ribble, Female, 41-40, White-British)

“Some yes, many points no. It seems that there is going to be more community care. This has its advantage but there’s not anywhere near enough staff to deal with people in the community now. They seem just to be able to deal with Acute inpatients - great lack of maintenance care.”

(Service User, Darwen, Female, 41-60, White-British)

“Yes – working to improve access to quality safe housing, supported liaising, and meaningful occupation. Also you haven’t mentioned increasing quick access to psychotherapy, psychologist family therapy etc. You haven’t mentioned reducing socially exclusive practice at all or the inequalities

experience by women and BME communities etc. Where is the awareness of cultural and gender sensitivity practice?"

(Unpaid Carer, Preston, Female, 41-60, White – British)

"Possibly a little bit of fine tuning in places however the basis of it all is good"

(Member of the Public, Preston, Male, 41-60, White – British)

"Principle Yes, practice must take into account for local concerns and even prejudices!"

(Member of the Public, Blackpool, Male, 61-80, White – British)

"I believe mental health services should be more community focused but it is a very fine balance. I like the idea of local crisis responses houses. I think therapeutic communities work well if resourced appropriately (i.e. as long as 24 staffing is provided on site)"

(NHS Staff, Blackburn, Female, 19-40, White –British)

"As a CPN I generally agree with increasing community based services. However, a proliferation of new teams should only be operational after adequate provision has been made for inpatient services."

(NHS Staff, Pendle, Male, 41-60, White –British)

"I agree with improving the mental health services but services to be kept at local hospitals so they are within reach of local people. More staff needed"

(NHS Staff, West Lancashire, 41-60, White –British)

"I agree that improving mental health services is important however, I believe that 3 sites in the whole of Lancashire is too few, not only for transport/visiting/ isolation from the family for clients, but for staff travelling/ retention."

(NHS Staff, Wyre, Female, 19-40, White –British)

"Broadly agree with more responsive community services, better crisis services, better support, alternatives to hospital less beds. Crisis services must be 24 hour, 365 days a year to be successful."

(NHS Staff, Wyre, Male, 41-60, White –British)

"Definitely, there are not enough resources going into the CAMHS, not enough staff and criteria for referral are too restrictive."

(NHS Staff, Blackburn, Female, 41-60, White – Other)

"The proposals are sound enough - but obvious problems are planning permission and community acceptance for sites. Afterwards, resourcing should meet public expectations as community care previously much under-funded and staff often under-trained."

(Other, Pendle, Male, 61-80, White-British)

10.12. Organisational Responses to Question 1- Are there any other things we should consider?

The responses made by groups and organisations via the consultation response form have been analysed separately from those of individuals. The main themes arising from responses made by organisations were:

Perceived reduction in the quality of services following reconfiguration

- The issue of stigma in relation to the 'return to larger institutions'.
- The need for more promotional work to reduce the stigma attached to mental health.
- Concerns expressed about the shortage of available beds.
- Any new system will need to provide 24hour access to beds.
- New sites will require improved accommodation and facilities.
- The requirement for more activities and that the new units should be welcoming.
- Questions whether more choice for service users was a good thing.
- New services would have to meet the needs of services users.
- A requirement for more respite care and more options to be available.

Consultation Process concerns

- Concern that drug and alcohol services were not included in the proposals.
- Concern that rehabilitation services were not included in the proposals.
- The need for additional consultation in regard to where the new mental health buildings are going to be built.
- The consultation needs to take into account cultural awareness of black and minority ethnic groups and women.

Financial concerns

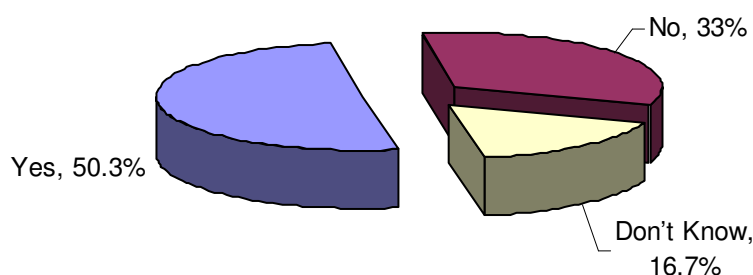
- The availability of community grants.
- The possibility for increased funding for voluntary groups.
- How services will be provided with additional funding.
- Currently funding for mental health services was currently under resourced.

11. Question 2 - Do you agree with our proposals to convert or close the existing mental health units, create three new mental health inpatient sites and release funding to provide improved community services such as crisis support and respite services?

11.1. Individual Results

Figure 17 indicates that just over half of individual respondents agreed with the proposals and 126 (33%) did not agree. 64 (16.7%) stated they did not know.

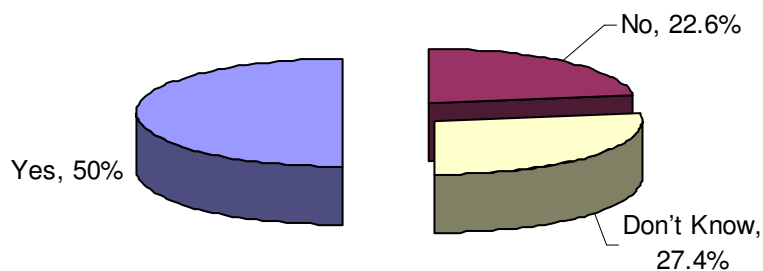
Figure 17: Do you agree with the proposals as set out in Question 2? By Individual response



11.2. Group Results

The figure below shows that half of all group respondents agreed with the proposals set out in Question 2.

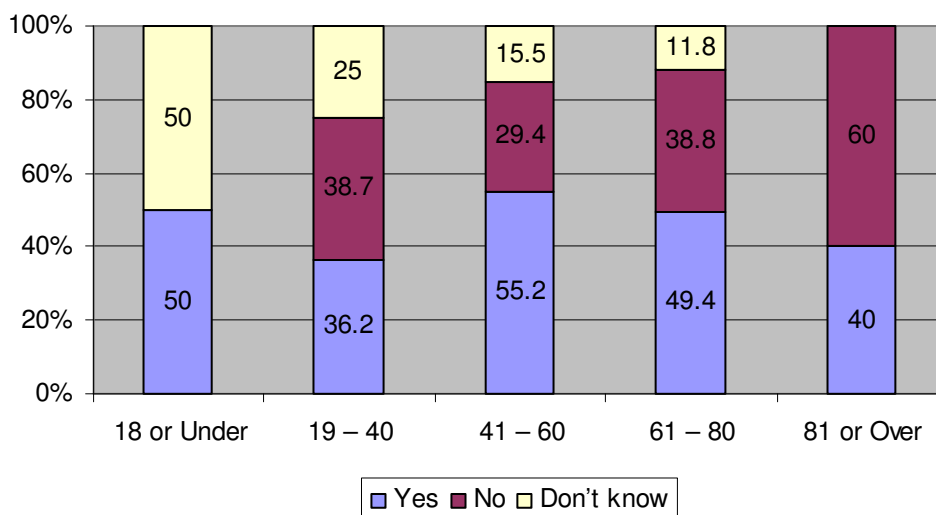
Figure 18: Do you agree with the proposals as set out in Question 2? By Group response



11.3. Results by Age Category

The results of the analysis shown in Figure 18 indicate that just over half of people in the largest age group (41-60) agreed with the proposals. The responses from people in the age group 19-40 indicate that there was less agreement with this proposal and a higher proportion of respondents who responded with 'Don't know'.

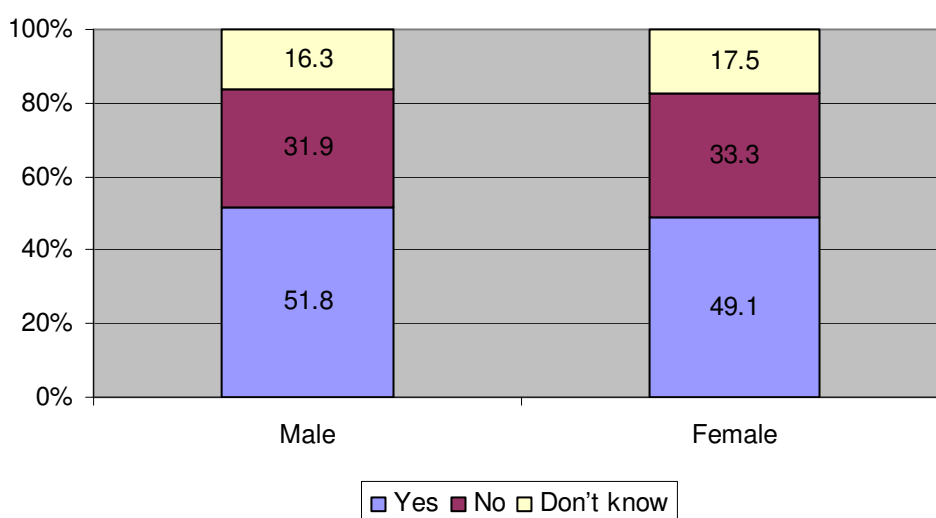
Figure 19: Do you agree with the proposals as set out in Question 2? By Age category



11.4. Results by Gender

Figure 20 shows that 112 (49.1%) females and 73 (51.8%) males agreed with the proposals.

Figure 20: Do you agree with the proposals as set out in Question 2? By Gender



11.5. Results by Area of Domicile

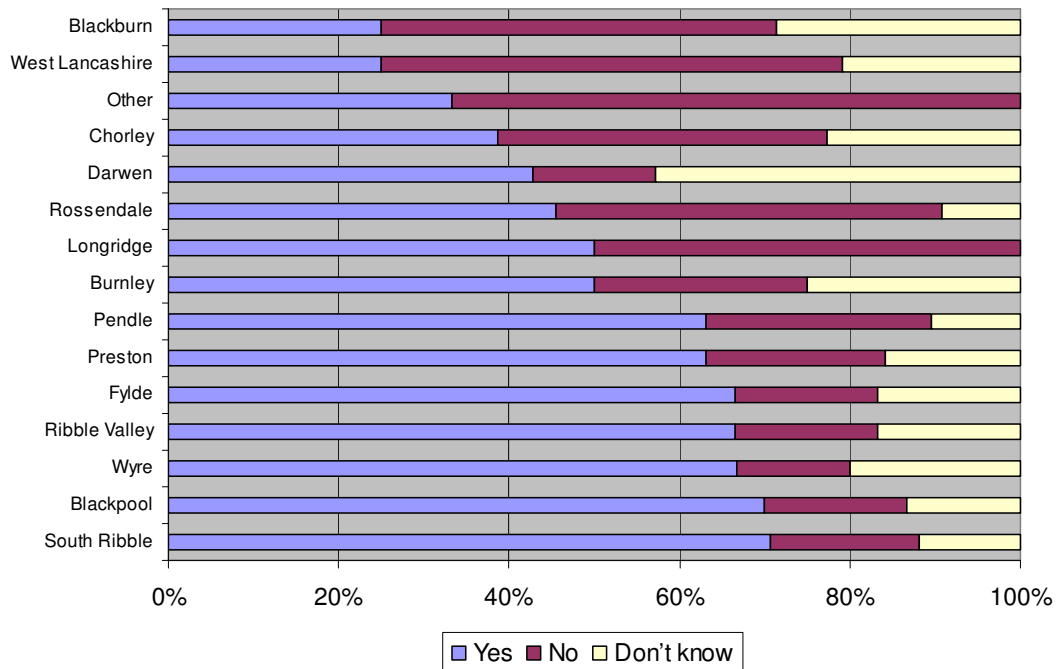
Figure 21 shows the level of agreement from respondents by area of domicile. Respondents indicated the highest level of agreement from the following areas:

- South Ribble, Blackpool, Wyre, Ribble Valley, Fylde, Preston and Pendle.

The areas where respondents indicated most disagreement to the proposals came from respondents living in:

- West Lancashire, Blackburn, Other areas and Rossendale.

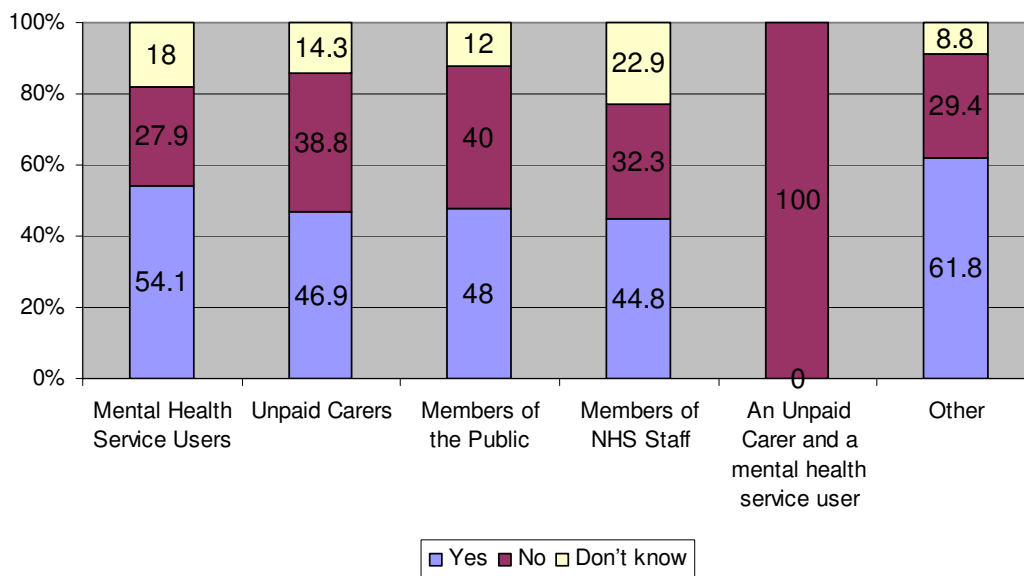
Figure 21: Do you agree with the proposals as set out in Question 2? By Area of Domicile



11.6. Results by Type of Respondent

The results by Type of Respondent shown in Figure 22, indicate that the highest level of agreement came from 'other' types of respondent, mental health service users and members of the public. Unpaid carers and members of the public indicated the most opposition to the proposals in question 2.

Figure 22: Do you agree with the proposals as set out in Question 2? By Type of Respondent



11.7. Analysis of individual comments

The supplementary to question 2 asked 'Please provide further comments'. The analysis of the comments provided by respondents have been grouped and tallied to indicate an overall view.

Table 3: Prominence of Headline Themes

Perceived reduction in the quality of services following reconfiguration
Transport and Travel
Consultation process concerns
Financial concerns
Staffing levels
Consultation process – positive comments
Waiting times/appointments

The analysis now identifies any sub themes within the headline category to provide further insight into responses for the Top 3 indicated above:

Perceived reduction in the quality of services following reconfiguration

- Agreement but provided support given to community services
- The risk of increased stigma/back to larger institutions
- That links with other agencies must be improved.
- That services must in place prior to changes.
- That more respite care needed.
- Agreement provided there is a balance between preventative and response services.
- Agreement as long as local services provided.
- Agreement provided there are enough respite/crisis houses available.

Transport and Travel concerns

- As long as transport is adequate

Consultation process concerns

- That there are unanswered questions in proposals

Positive issues and comments that have been expressed are :

- Mental Health hospitals need updating.
- In support for the development of local crisis and respite houses.
- Care in the community reduces the risk of institutionalisation and encourages a more normal way of life.

The following three sections provide randomly chosen verbatim quotations from the questionnaire responses.

11.8. Perceived reduction in quality of services following reconfiguration

“Unsure if 3 units are sufficient for the area and especially east Lancashire.”
(Not supplied)

“Do not reduce the number of existing units.”
(Other, Male, 19 – 40, White – British)
“As long as we can see our psychiatrists locally (Chorley).”
(Service User, Male, 41 – 60, White – British)

“I think the idea of having one unit per area is unrealistic both from client/ services users and carers perspective considerations.”
(Service User, Blackburn, Female, 19 – 40, White – British)

“I certainly feel community services should be improved and that this will reduce demand on inpatient services, however having 3 centralised units feels like going the full circle to institutes again and a long way from local communities.”
(Member of NHS Staff, Blackburn, Female, 19 – 40, White – British)

“Agree in principle as mental health hospitals certainly need re vamping but improved community services must be considered and put in place - using the NHS along with social services and especially in Blackburn where mind centre and mount pleasant resource were shut as drop ins.”
(Service User, Blackburn, Female, 41 – 60, White – British)

“In saying yes I consider it essential that community based mental health services are in place BEFORE any further ward closures.”
(Other, Blackpool, Male, 61 – 80, White – British)

“Provide the appropriate balance is maintained between preventative and responsive services.”
(Other, Burnley, Male, 41 – 60, White – British)

“I am concerned that this will represent a loss in service in real terms. Many patients in Burnley area now have routine appointments at B.G.H. where there is on going assessment, support and treatment. The community services would have to be very extensive to replace this.”
(Other, Burnley, Female, 41 – 60, White – British)

“They would be too centralised. Access to/from would need to be considered. Cost for access to other services could be astronomical.”
(Member of NHS Staff, Chorley, Female, 19 – 40, White – British)

"I believe that by centralising these units in 3 areas is creating old asylum type institutions that are remote from peoples communities - how are people going to maintain community links and remain 'included'. Also these units will 'ghettoise' the most complex needs increasing 'stigma' of being in the unit. Accessibility will be a problem and don't believe that 'looking' at bus routes will suffice. Three units are going to social exclusion."

(Unpaid Carer and a Service User, Preston, Female, 41 – 60, White – British)

"I agree that the current hospital bases are providing inadequate care and found being in hospital detrimental in the long term."

(Service User, Ribble Valley, Female, 41 – 60, White – British)

"Inpatient sites needed to be accessible to all so the sites need to be situated where the need is."

(Member of the Public, Wyre, Female, 41 – 60, White – British)

11.9. Transport and Travel Concerns

"Although I believe in improving mental health inpatient sites there are many people who would find spending time further away from family/ loved ones very difficult, especially if these could not afford transport costs etc. Thus could make a patient feel worse/ more anxious whilst in hospital."

(Other, Blackburn, Female, 19 – 40, White – British)

"I am a bit concerned that some patients will be too far from family and friends if they have to be an inpatient. This could cause a lot of distress for both patient and carers."

(Service User, Blackpool, Female, 41 – 60, White – British)

"Transport should be made available to these new units - and if possible not MORE than ten miles from any patient's residence."

(Unpaid Carer, Chorley, Male, 61 – 80, White – British)

"What about the people who do not have their own transport."

(Service User, Chorley, Female, 61 – 80, White – British)

"Despite the offer of the provision of free transport for families and carers, many elderly visitors will find the length of the journey too tiring and time consuming."

(Member of NHS Staff, Preston, Female, 41 – 60, White – British)

"If you are to create three new mental health inpatient sites, these should easily be accessible by public transport and more or less equal distance from the boundaries of each particular area."

(Service User, Preston, Male, 41 – 60, White – British)

"These hospitals should be on bus routes close to shops."

(Service User, South Ribble, Female, 61 – 80, White – Irish)

“However, I do think commuting for family and friends could be a problem. As there are at present 15 MH venues, presumably distances are shorter. New sites should be close to railway stations and this issue should be a priority when deciding location.”

(Member of the Public, West Lancashire, Female, 41 – 60, White – British)

“The travelling distances and times may make it impossible for user’s children to visit. Also, visits from others such as CPN would be difficult. The link between hospital and home support would be lost.”

(Service User, West Lancashire, Female, 41 – 60, White – British)

11.10. Consultation process concerns

“However poorly designed the mental health unit at Queens Park, its new: it is ridiculous to close and build new one.”

(Member of NHS Staff, Blackburn, Male, 41 – 60, White – British)

“However will it really happen? Rossendale have just had 2 wards closed with no provision. Do you expect families to look after their loved ones with no support?”

(Member of NHS Staff, Burnley, Female, 41 – 60, White – British)

“Providing it can be proved the conversions would genuinely be in the interests of most of the service users.”

(Service User, Chorley, Male, 19 – 40, White – British)

“I am concerned about the provision for people with a learning disability and mental health needs.”

(Member of NHS Staff, Other, Female, 41 – 60, White – British)

“Providing that independent trust members or the only trust members and an appointed chair from the health care trust/governance body that is the community to have the overriding responsibility to challenge forthcoming proposes and that staff/manager are invited to meet with the group if and when needed to be put through the vote and chair of this forum.”

(Service User, Other, Male, 41 – 60, Other)

“I appreciate the different stages this process must go through but it is early days to agree to these proposals until the likely cost and availability and availability of sites etc have been resolved. It is early days to commit to your proposals.”

(Member of the Public, Pendle, Male, 61 – 80, White – British)

“If hospitals were too big and dealing with lots of people would this not affect people’s ability to approach staff as they would have more to deal with? Would these new buildings become New Institutions? Some of the existing building could maybe used for outpatients and Day care.”

(Service User, West Lancashire, Female, 41 – 60, White – British)

"I do not agree to the proposals. I do not think it is in the interest of the service user to go back to large mental institutes and think it would be a step into the past, as there will always be people who need hospitalisation."

(Member of NHS Staff, West Lancashire, 19 – 40, White – British)

The following section provides randomly chosen positive verbatim comments that were made with regards to question 2.

11.11. Positive comments made with regards to question 2.

"I moved from Cornwall 10 years ago who had respite centres, since living in Blackpool, I miss respite periods."

(Service Users, Blackpool, Female, 41-60, White-British)

"Respite services should be definitely high priority, it would help many people and allow their carers/ family the support that they need. My husband thinks ward 20 is a hell hole, not much nursing is practiced, just counting you so many times a day, so you feel like a number"

(Service User, Pendle, Female, 41-60, White-British)

"Agree in principle as mental health hospitals certainly need re vamping but improved community services must be considered and put in place - using the NHS along with social services and especially in Blackburn where mind centre and mount pleasant resource were shut as drop ins"

(Service User, Blackburn, Female, 41-60, White-British)

"I can see benefits arising from such changes but not sure that less inpatients beds will be needed. Even if community services are improved it must be remembered that currently Lancashire mental health wards are almost full - and that's with people still suffering in silence or not getting the treatment they actually need due to staff and of course bed shortages."

(Service User, Chorley, Female, 18 or Under, White-British)

"Specific targeted resource is more effective and surroundings definitely make a difference. Respite is essentials for carers to continue high standards of care."

(Service User, South Ribble, 41-60, White-British)

"I am in huge support for the development of local crisis and respite houses. When I hit my wall I had very few support options that I could access immediately and hospital admission would not have been right. Have you considered mental health clinics/ dropins through GP's."

(Service User, West Lancashire, 19-40, White-British)

"I like the idea of providing space for gardens at the new inpatient sites. At the Blackpool Hospital units there was no air conditioning and the windows could only be opened a small gap, making it unbearably hot and stiffly in warmer months of the year."

(Service User, Blackpool, Female, 19-40, White-British)

"I agree that these units are probably widely inadequate and unfortunately located, like the one at Chorley hospital - tucked away' in its shady depths like a dirty secret. I do think, though, that the alternate provisions should be in place before closely anything."

(Service User, Chorley, Male, 19-40, White-Other)

"Care in the community reduces the risk of institutionalisation and encourages a more normal way of life. Crisis support is more cost effective in the long run as it decreased hospital admissions."

(Service User, South Ribble, Female , 41-60, White-British)

"To convert yes, NOT to close Chorley unit. See above (q1). Regarding the three new MH inpatient sites, it depends where they are, I realise the faults with Chorley unit and understand how difficult it is and that it would not be perhaps cost effective to convert. Therefore, I propose a newly built unit on the Chorley campus. Improved community services and crisis support are necessary for users and carers."

(Unpaid Carers, Chorley, Female, 61-80, White- British)

"Respite services are desperately needed - as a carer of an elderly dementia patient - respite care is virtually non existent at present in a suitable environment."

(Unpaid Carers, Chorley, Female, 61-80, White- British)

"I agree but obviously it will depend on the site and size and transport facilities. The idea is good but there are a number of as yet unknowns and unanswered questions."

(Unpaid Carers, Pendle, Male, 41-60, White-British)

"Yes - providing the new service are in place prior to closing old sites."

(Member of the Public, Rossendale, Male, 41-60, White-British)

"Good reason to improve the services, more studies about other countries."

(Member of the Public, Burnley, Male, 61-80, White-British)

"As long as the community services are funded properly and consideration is given to carers needs."

(Member of the Public, Darwen, Female, 61-80, White-British)

"Sounds great!! It will take our total in house management of mental health care."

(NHS Staff, Blackburn, Male, 61-80, Indian)

"I strongly agree with the points on P12, re providing best quality care especially wards of no more than 2 storey high and surrounded by secured, landscaped areas and individual bedrooms."

(NHS Staff, Burnley, Female, 41-60, White-British)

“If the support is there it is a good idea but I hope it is not going to be a broken promise.”

(NHS Staff, Wyre, Male, 41-60, White-British)

“Yes I agree with an improved community service but again I recommend that consideration is given to small services such as dietetics and speech and language therapy as they would have to spread service over a wider area and reconfiguration would demand an increase in staffing in these departments.”

(NHS Staff, Rossendale, Female, 41-60, White-British)

11.12. Organisational Responses to Question 2- Do you agree with our proposals to convert or close the existing mental health units, create three new mental health inpatient sites and release funding to provide improved community services such as crisis support and respite services?

The main themes arising from responses made by organisations were:

Perceived reduction in the quality of services following reconfiguration

- Agree with the need for crisis/respite houses in each area.
- A need to keep present number of ward beds.
- Not enough patient beds.
- Unclear from the proposals how many beds will remain.
- That inpatients are given appropriate support in the community.
- Unsure as to the feasibility of the proposals in relation to only one site covering the whole of East Lancashire.
- Provide appropriate balance between preventative and responsive services.
- Community services need improving.
- Risk of isolation and social exclusion in the community.
- Carers see the danger of in reducing local inpatient facilities.
- Single location may lead to units becoming a place of stigma.
- Creating another asylum and increasing stigma?
- More information on proposed community services required.
- Provision of additional psychological services is essential.
- Ridiculous to close new units.
- Consider that service users would be more comfortable socialising with existing groups.
- Welcomes moves to community based care.
- The need for the new units to be in publicly accessible locations.
- Funding to enable to extend services needed.
- Oppose the closure of the Scarisbrick unit.
- Improved community services welcomed.
- Needs assurance that funding would be ring fenced to improve community services.
- Provided existing services not compromised.
- New facilities need to be at local level.
- Services must be available 24 hours and all year round.
- Agree with the question but as long as services are available and accessible.
- Success of moving to smaller number of sites dependant on prior introduction of a range of community services.

Transport and Travel concerns

- Public transport arrangements are not likely to meet the needs of carers.
- Travel a problem for family members.

- Visitors and relatives may have to travel unreasonable distances.
- Travelling will be difficult for some people.
- Concern expressed about access and transportation links for residents.
- Pressure on availability of inpatient beds, transport links given the large geographic area.
- New sites should be developed with ease of access/travel in mind.
- Transport to and from hospital, parking and facilities are needed, for family and friends.
- Happy with proposals but services must be in place first together with good transport facilities.

Staffing levels

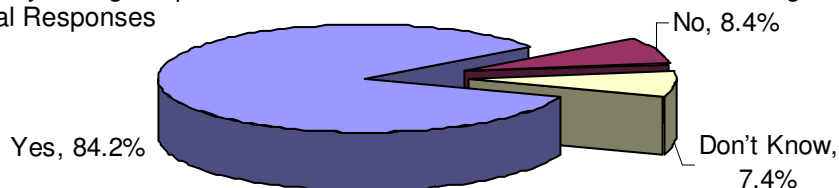
- Not enough staff at the moment.
- Crisis support must be fully staffed and have adequate resources.
- Need to address staff culture and experience rather than close units.
- Recruitment and retention of staff critical in the development.

12. Question 3 - Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies?

12.1. Individual Results

Figure 23 shows that the majority of individual (84.2%) respondents also agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies.

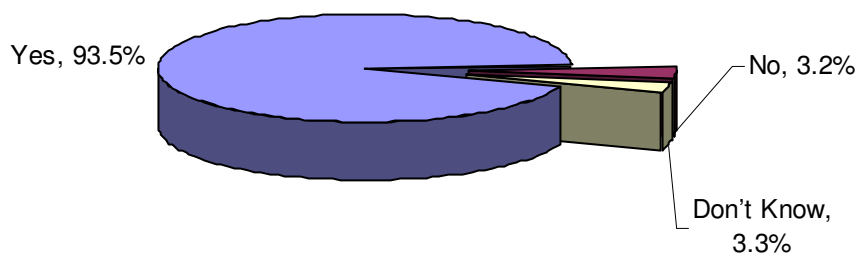
Figure 23: Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies? Individual Responses



12.2. Group Results

Over 93% of group respondents agreed that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies.

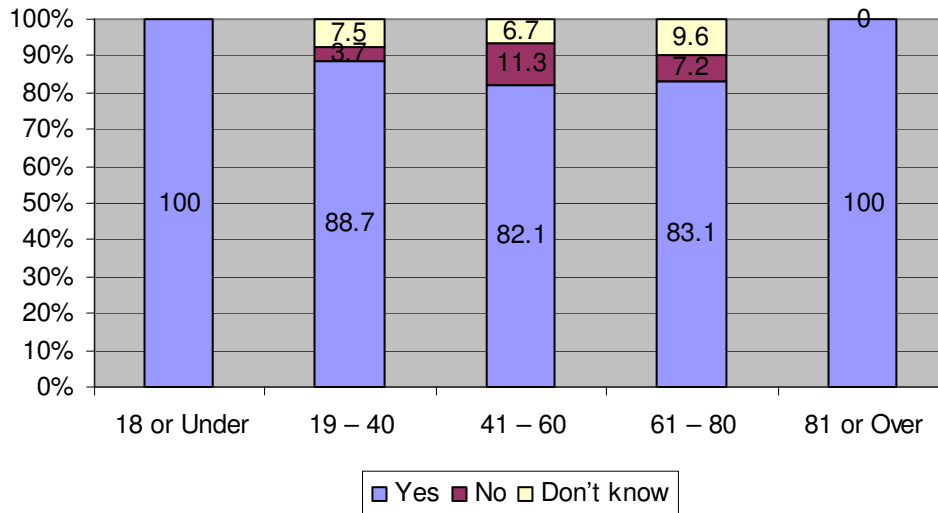
Figure 24: Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies? Group Responses



12.3. Results by Age Category

Figure 25 shows that the majority of respondents from all age groups agree with this question.

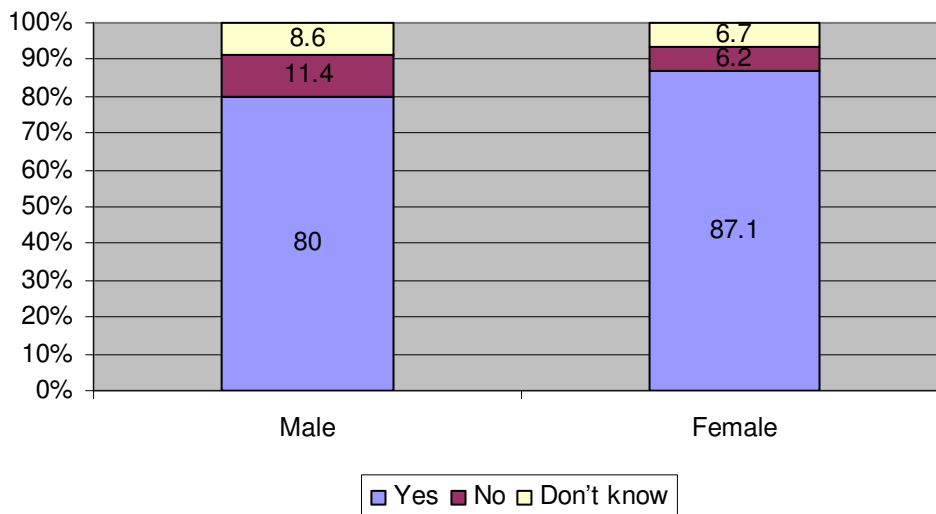
Figure 25: Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies? By Age category



12.4. Results by Gender

As with the previous tables, the results by Gender show majority support from both males and females for Question 3.

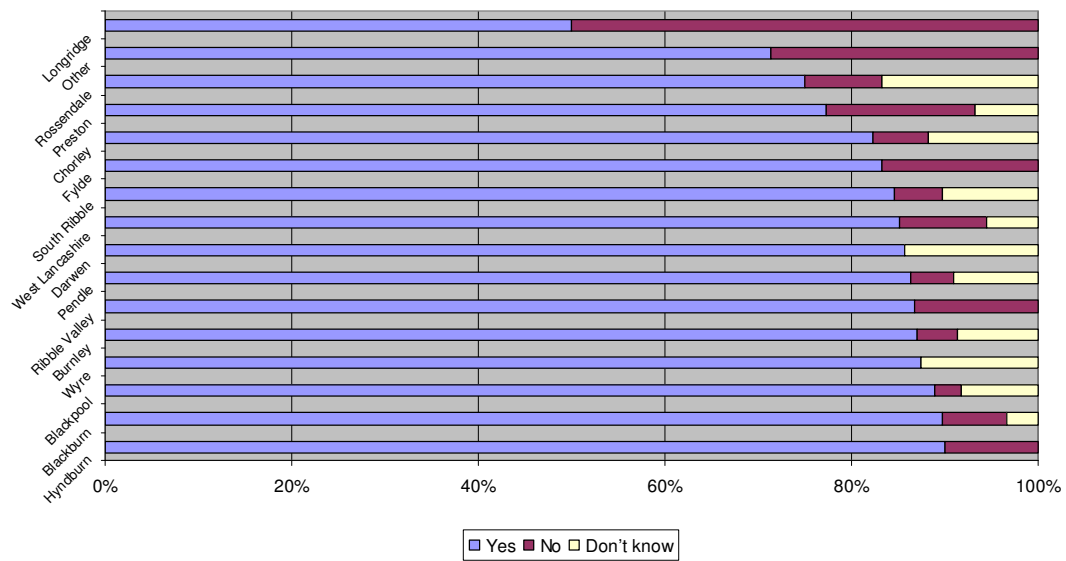
Figure 26: Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies? By Gender



12.5. Results by Area of Domicile

The results shown below for this question by area of domicile shows that there was a high level of agreement from respondents in all areas.

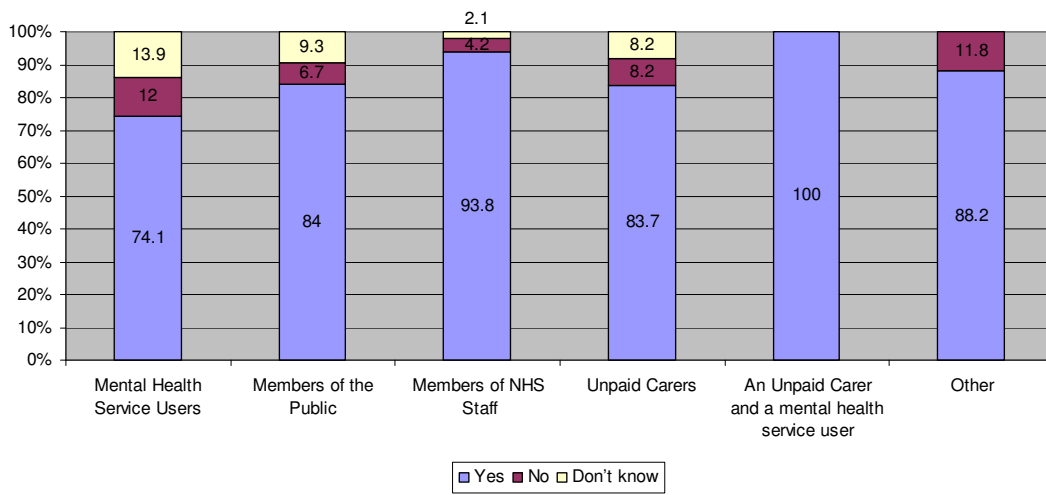
Figure 27: Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies? By Area of Domicile



12.6. Results by Type of Respondent

Figure 28 indicates the level of agreement for this question by the type of respondent. A high level of agreement can be seen from all types of respondent mental health service users (74.1%) to members of NHS staff (93.8%).

Figure 28: Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies? By Area of Domicile



12.7. Analysis of individual comments

A supplementary question to Question 3 asked 'Are there other things we should also consider?' The analysis of the comments provided by respondents have been grouped and tallied to indicate an overall view.

Table 4: Prominence of Headline Themes

Perceived reduction quality of services following reconfiguration
Staffing levels
Consultation process concerns
Financial concerns
Transport and Travel
Consultation process – positive comments
Waiting times/appointments

The analysis now identifies any sub themes within the headline category to provide further insight into responses for the Top 3 indicated above:

Perceived reduction in the quality of services following reconfiguration

- Agreement with the proposals providing communication between agencies is achieved.
- That agencies must work together to provide a seamless service.
- That patient needs must be taken into account.
- The availability, locality and availability of services.
- Agreement that services need improving.
- Concern about service closures and the perceived lack of services.

Staffing

- More staff are required/ensure there are sufficient staff.
- A need for more well trained staff and more qualified staff.

Consultation process concerns

- The length of time for changes to take place.
- Concern with the consultation proposals.

Positive issues and comments that have been expressed are :

- I agree with the importance of good care in homes.
- Joint working is vital and should be encouraged.
- MDT work is invaluable and creates a more balanced view.

12.8. Perceived reduction in quality of services following reconfiguration

"Improve communication and multi - disciplinary working is a must."
(Other, Blackpool, Female, 61 – 80, White – British)

"There must a close understanding of all agencies with view to provided mental health crisis services."
(Other, Pendle, Male, 41 – 60, Asian or Asian British – Pakistani)

"Better communication links between various agencies providing care."
(Member of the Public, West Lancashire, Female, 41 – 60, White – British)

"Interactivity between service users is also a great element to be considered in users recovery."
(Service User, Rossendale, Male, 41 – 60, White – British)

"Provided elderly adults are treated the same as adults. Also that units are properly serviced by admin support etc."
(Member of NHS Staff, South Ribble, Female, 41 – 60, White – British)

"The range of professionals need to be highly co ordinate working in the same teams - services such as crisis should be equally available to people regardless of age and person centred to respond to the different crisis's that occur for different age groups and individuals."
(Member of NHS Staff, Blackburn, Female, 19 – 40, White – British)

"Preventative services to stop people hitting crisis."
(Other, Other, Female, 19 – 40, White – British)

"Crisis service must be 24/7 365 days a year. NHS direct - not suitable - a person in crisis cannot go through that system."
(Service User, Darwen, Female, 41 – 60, White – British)

"The quality of service and continuity of service is more important."
(Member of NHS Staff, Wyre, Female, 19 – 40, White – British)

"This service needs to improve as at the present not satisfactory."
(Member of NHS Staff, Blackburn, Male, 41 – 60, Asian or Asian British – Indian)

"Communication between all parties including any attendances to A & E, and police involvement etc."
(Unpaid Carer, South Ribble, Female, 41 – 60, White – British)

"I think it's essential that the day services, such as New Directions and the Mind Centre remain."
(Service User, Blackpool, Male, 41 – 60, White – British)

"The psychiatrists are the only ones that understand the problem. The services do a poor job."
(Service User, West Lancashire, Male, 61 – 80, White – British)

12.9. Staffing

"Put professionals in place in existing mental health units."
(Member of NHS Staff, Burnley, Female, 19 – 40, White – British)

"General lack of support workers to help service users in the community with day to day activities of daily living. If these services were more readily available this would also reduce length of admissions and make work done with Nurses and OT's more effective."
(Member of NHS Staff, Other, Female, 19 – 40, White – British)

"More training and input into Primary Mental Health care."
(Unpaid Carer, Hyndburn, Female, 61 – 80, White – British)

"There is no substitute for experience of an illness that can be adequately catered for in health training initiatives to change culture and mentality towards mental health and staff training should be publicised and be compulsive for all levels of staff and management alike. This document places all emphasis on professionals and gives impression that S.U's (views) are 'accommodated' Much more is actually having direct impact from S.U's."
(Not Given, Ribble Valley, Male, 41 – 60)

"Ensure that there are enough trained staff. To cover all aspects of mental health care and treatment."
(Service User, Darwen, Male, 61 – 80, White – British)

"Staff who are running these crisis and respite houses need to be very well trained."
(Service User, Chorley, Female, 41 – 60, White – British)

12.10. Consultation process concerns

"Slow change not "big bang", Paper is so vague it is impossible to support."
(Member of the Public, Blackburn, Male, 61 – 80, White – Irish)

"Service users (past and present) could be canvassed or consulted for their input and experiences to improve the crisis services."
(Service User, Chorley, Male, 19 – 40, White – British)

"Have you considered tapping into the skills, knowledge and experiences of ex users of the services?"
(Service User, West Lancashire, Female, 19 – 40, White – British)

“Testing of these ideas via pilot schemes on an existing site within the next 12 months to see if you are right or wrong! If it is shown to work support for the full scheme will be there plus the confidence of the staff involved.”

(Unpaid Carer, Burnley, Female, 61 – 80, White – British)

“Your answers to mental health seem a bit simplistic life can be much more complicated is it usually quite a long process.”

(Unpaid Carer, South Ribble, Female, 41 – 60, White – British)

The following section provides randomly chosen positive verbatim comments that were made with regards to question 3.

12.11. Positive comments made with regards to question 3.

“The Scarisbrick Centre is very good. I agree with the importance of good care in homes as well as the importance of care in places like the Scarisbrick centre.”

(Service User, West Lancashire, Female, 61-80, White-British)

“Let the people pass their skills if the people here wish to do so.”

(Service User, Preston, Male, 41-60, White-British)

“I have been a service user of the home treatment twice over a twelve month period and here found that far more beneficial than being in hospital.”

(Service User, Ribble Valley, Female, 41-60, White-British)

“With the proviso that they work together and coordinate their illegible to serve the patients best interests not endeavour to act alone out of arrogance.”

(Service User, South Ribble, Male, 41-60, White-British)

“Communication between agencies needs to be excellent and they all need to have similar views on treatment - for example: treating the patient as a person and not a set of symptoms that can be graded into different treatment plans”

(Member of the Public, Chorley, Female, 19-40 White-British)

“Of course I agree MH crisis services should be MDT, in order to increase the number of front line staff needed.”

(NHS Staff, Other-North West Lancashire, Female, 61-80, White-British)

“Joint working is vital and should be encouraged.”

(NHS Staff, Blackpool, Female, 41-60, White-British)

“How will support services like speech and language therapy be commissioned? There are very different levels and models of provision across Lancashire...how will this be managed to ensure equity of access for all patients who use the services of Lancashire care trust.”

(NHS Staff, Ribble Valley, Female, 41-60, White-British)

“MDT work is invaluable and creates a more balanced view.”

(NHS Staff, Preston, Female, 41-60, White-British)

“There is no doubting this sentiment but in practice communication remains poor.”

(Other, Not Given, Male, 19-40, White-British)

“Fine if it works. I am concerned about the levels of training for specialist mental health conditions.”

(Other, West Lancashire, Female, 61-80, White-British)

“That is to say in an ideal world, yes! But, in practice I doubt if things will operate as smoothly as in diagram on page 14.”

(Other, West Lancashire, Female, 61-80, White-British)

“The council agrees that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies, but would like to encourage professionals to make more use of information provided by carers themselves. It is noted that the document refers to assistance of care to people in their homes. This is welcomed. However all too often borough councils come across people with mental illnesses living in their own homes that are substandard and in a poor state of disrepair. If there is to be a total care package that meets people's needs, the role borough council housing services can play in the health of the community programme should be fully recognised in the review.”

(Other, South Ribble, Not Given, Not Given, Not Given)

“We support the creating of neighbourhood based multi - disciplinary teams to provide intensive a co-ordinated support to individuals and families in need. These would be concentrated on early intervention/ preventative work, with specialist teams picking up on crisis work after referrals from this team.”

(Other, Burnley, Male, 41-60, White-British)

12.12. Organisational Responses to Question 3

The main themes arising from responses made by organisations were in relation to the perceived reduction in the quality of services and staffing issues. These are summarised below:

Perceived reduction quality of services following reconfiguration

- Number of beds needs to be maintained.
- In practice communication remains poor.
- Need to involve the voluntary sector and offer training to them.
- Concern expressed over level and quality of services provided by agencies.
- Support creating neighbourhood multi disciplinary teams – need to be concentrated on early intervention/preventative work.
- Very difficult to organise professionals from so many agencies.
- If patients discharged from hospital and resettled in community then need support and skills to meet their needs.
- Crisis service must be available 24 hours a day 365 days a year.
- Requirement for more practical help – advocacy, debt and benefit advice.
- Important that voluntary organisations are included in range of services.
- Have bi lingual health and social care workers.
- Would like to encourage more information to be available.
- Links with A&E and liaison psychiatry needs consideration.
- As long as agencies liaise with one another – need to look at referrals criteria.
- The assistance of people in their own homes was welcomed.
- It must meet service user's needs.
- Emphasize importance of joint working.
- Currently there is a lack of integrated services.
- Crisis services vital as are telephone help lines.
- Concern about lack of information about services.
- Responsibility between agencies must be clearly defined.
- Need for more timely information regarding services.
- User friendly service required.
- Communication between agencies is essential.
- Ensure patient is at heart of the decision making process.
- Ensure patient and carer involved in decision making about treatment.
- Integrated working and with GP's.
- Provision of care for 55+ age groups.

Staffing Issues

- Training and recruitment of professionals very important.
- Concern about the level of training for specialist mental health conditions.
- Training issues for staff in regard to understanding stress of service users and carers.
- Ensure staff fully trained and an understanding of mental health illnesses.

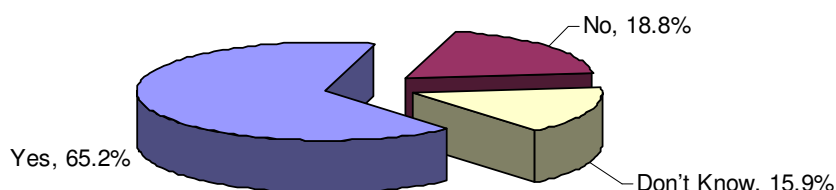
- Critical that support staff for community services are in place before closure of hospital based mental health units.
- An increase of staff will be needed for crisis teams.
- Need for more counsellors and psychologists.

13. Question 4 - Do you have any other ideas for improving and modernising mental health services which you think we should consider?

13.1. Individual Results

Out of those responding, 225 (65.2%) individuals indicated that they felt there were other ideas to consider for modernising mental health services.

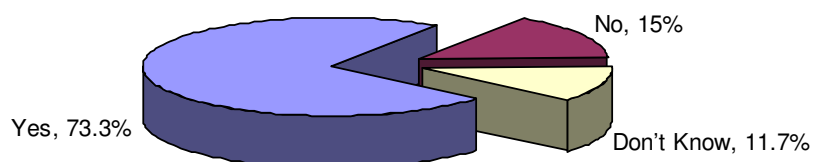
Figure 29: Do you have any other ideas for improving and modernising mental health services which you think we should consider? Individual Responses



13.2. Group Results

Out of the 65 group responses, 44 respondents (73.3%) stated that they felt there were other ideas for consideration when modernising mental health services.

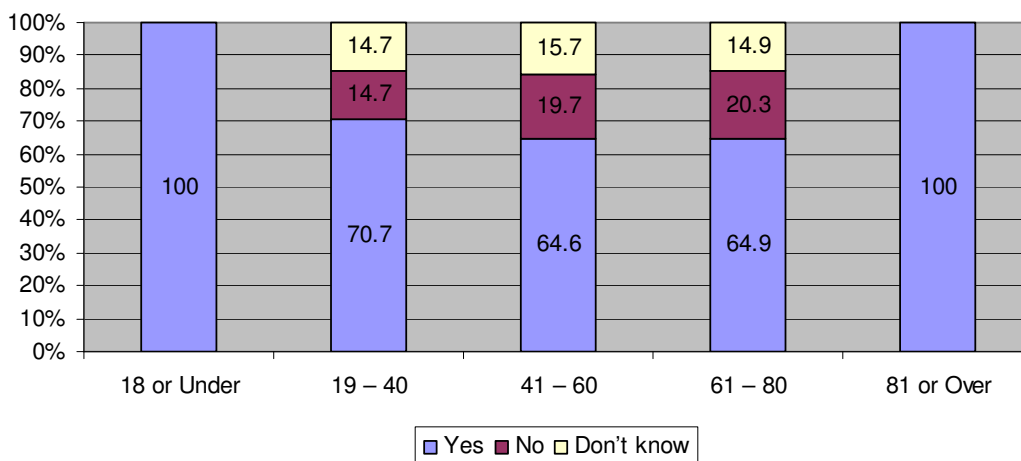
Figure 30: Do you have any other ideas for improving and modernising mental health services which you think we should consider? Group Response



13.3. Results by Age Category

The results by age category reflect the overall responses with all groups indicating that they felt there were other ideas to consider for modernising mental health services.

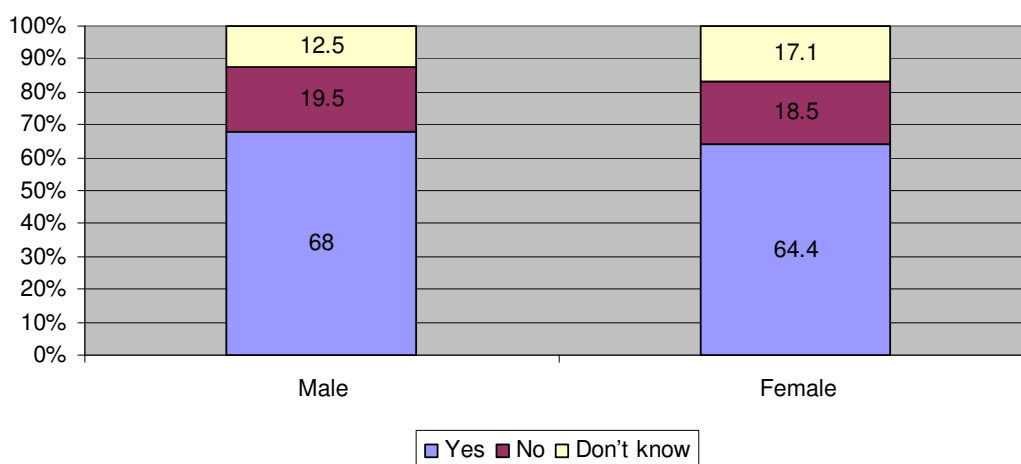
Figure 31: Do you have any other ideas for improving and modernising mental health services which you think we should consider? By Individual Age Category



13.4. Results by Gender

The results by gender also reflect that most respondents felt there were other ideas to consider when modernising mental health services.

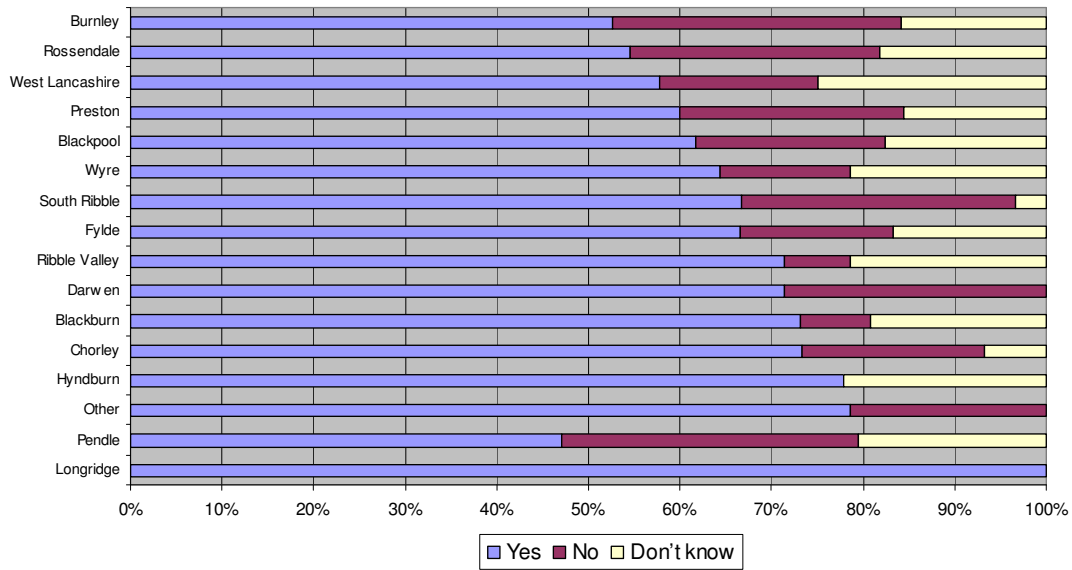
Figure 32: Do you have any other ideas for improving and modernising mental health services which you think we should consider? By Individual Gender



13.5. Results by Area of Domicile

The results by area of domicile shown in Figure 33 reflect the overall view that there are other ideas to consider when modernising mental health services.

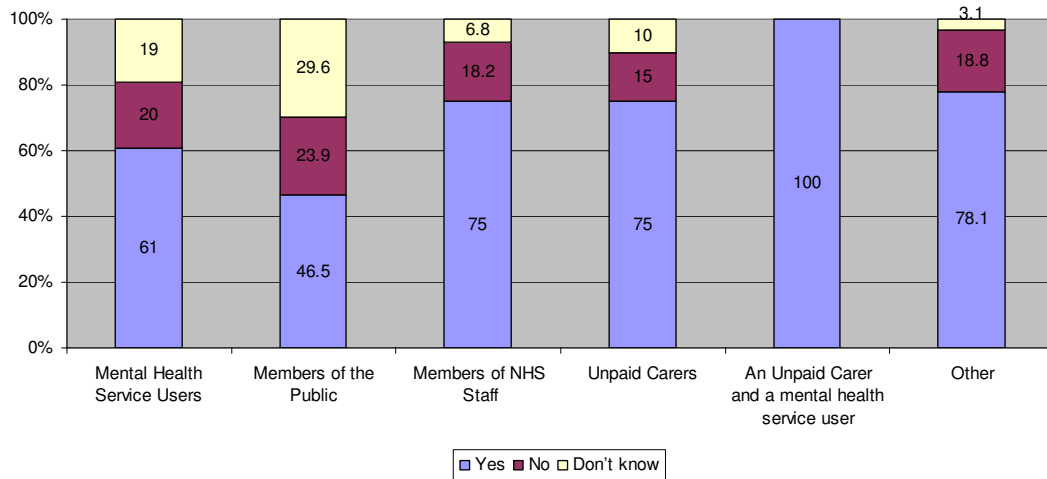
Figure 33: Do you have any other ideas for improving and modernising mental health services which you think we should consider? By Individual Area of Domicile



13.6. Results by Type of Respondent

Figure 34 shows that the results by type of respondent indicate that NHS staff, unpaid carers and mental health service users felt that there were other ideas to consider when modernising mental health services.

Figure 34: Do you have any other ideas for improving and modernising mental health services which you think we should consider? By Individual Type of Respondent



13.7. Analysis of individual comments

A supplementary Question to question 4 asked 'Please outline your ideas below'. The analysis of the comments provided by respondents have been grouped and tallied to indicate an overall view.

Table 5: Prominence of Headline themes

Perceived reduction in the quality of services following reconfiguration
Staffing levels
Consultation process concerns
Financial concerns
Transport and Travel
Consultation process – positive comments
Waiting times/appointments

The analysis now identifies any sub themes within the headline category to provide further insight into responses for the Top 3 indicated above:

Perceived reduction in the quality of services following reconfiguration

- Treatment should be based on individual need/service users needs and should be service user led.
- Access, locality, choice and availability of services.
- Increase facilities/more needed.
- Improve accommodation.
- Involve other agencies/continuity of care.
- Improve communication between agencies.

Staffing levels

- More staff/adequate staff are required.
- Issues about the need for better training, recruitment and retention of staff.
- Concerns about staff attributes e.g. professionalism and cultural awareness.

Consultation process concerns

- More GP participation required.
- The need to ask service users for their needs.
- The extent of the consultation and consideration about who else should be consulted.
- The perception that it's a waste of money.

Positive issues and comments that have been expressed are :

- Definitely a need for respite care centres.
- Agree with the principles for modernisation.
- Care in the community needs to be greatly improved. More thought given to encouraging therapeutic activities etc.
- Agree with moving the Mental Health Hospitals for the acute sites.

The following section provides randomly chosen verbatim comments that were made with regards to question 4.

13.8. Perceived reduction in quality of services following reconfiguration

“Greater service user and staff involvement with planning.”
(Member of NHS Staff, Blackburn, Male, 19 – 40, White – British)

“Services tailored to individual need. People feel like they are being listened to. More information about procedures and formalities and treatments.”
(Service User, Burnley, Male, 41 – 60, White – British)

“Mental health team attached to practice, practice based or groups and practice based.”
(Member of NHS Staff, Blackburn, Male, 41 – 60, Asian or Asian British – Indian)

“Make the CPN more available to practices. Have local facilities for assessment of patients. Have more senior doctors available for assessment of these patients locally at these centres.”
(Member of NHS Staff, Blackpool, Female, 19 – 40, Asian or Asian British – Indian)

“Respite service are a very good idea. Counselling should be more freely available.”
(Other, Other, Female, 19 – 40, White – British)

“Better access to doctors, more walk in clinics.”
(Member of NHS Staff, Blackburn, Male, 41 – 60, White – British)

“More satellite/ outreach services away from local towns, more supported tenancy teams.”
(Member of NHS Staff, Pendle, Female, 41 – 60, White – British)

“Enable services to be accessed more.”
(Service User, South Ribble, Female, 19 – 40, White – British)

“Refurbishing and utilising existing units would give a better geographical in patient coverage, hence allying more closely with 'patient choice'.”
(Member of NHS Staff, Blackburn, Male, 41 – 60, White – British)

“Using "home" based settings for respite and crisis care rather than hospital bases.”
(Service User, Ribble Valley, Female, 41 – 60, White – British)

“Involve voluntary services i.e. CVS and making space and input - carer know the service user best - use their advice and respect them.”
(Unpaid Carer, Chorley, Female, 19 – 40, White – British)

"We should aim for services to be seamless with easy transfer between various services e.g., AOT, Crisis, EI. This does not happen currently."
(Member of NHS Staff, Preston, Male, 41 – 60, White – British)

"Talking between all the people involved with the case of one person."
(Fylde, Female, 61 – 80, White – British)

13.9. Staffing levels

"Retaining staff - adequate training- effective supervision service user inclusion."
(Not specified)

"More staff in A&E walking centres to see patients rather than referring them, offering more advice to us and help to arrested persons."
(Member of the Public, Wyre, Male, 41 – 60, White – Irish)

"Invest in your staff they are the greatest resource. Fund staff, more RMN training out of University and back to wards more practical than theory."
(Member of the Public, Male, 41 – 60, White – British)

"Improve training for professionals e.g. social workers and CMHN's to work more collaboratively, remove the culture of us and them."
(Member of NHS Staff, Wyre, Female, 19 – 40, White – Other)

"More information should be given to the patient when they enter hospital. Nurses should communicate with patients more in hospitals."
(Service User, Blackpool, Female, 19 – 40, White – British)

"Treating staff well improves services responses to SU & C. There is evidence that good building designs can lift both staff and service users but this needs to be done alongside and change of culture and attitudes by staff to wards service users."
(Unpaid Carer and a Service User)

13.10. Consultation process concerns

"More GP participation and great emphasis on acute work."
(Member of the Public, Blackpool, Female, 61 – 80, White – British)

"It would be a good idea to ask the carers what they need. Maybe you could provide some advice to the carers on why the patient is like they are, and what they might expect, and what we do about helping them get better."
(Service User, Blackpool, Female, 41 – 60, White – British)

"When new service start, it is important that you listen and collect views from people using services, i.e. service users/ carers. What works and what does not work. I think people will naturally be very anxious initially on the transition."

This may be a problem with the elderly. Seeing the elderly in the community using services, having no relatives on their own, could be counter productive, especially if they suffer with dementia I really feel this could be a big problem!"
(Service User, Burnley, Female, White – British)

"Listen to all patients and make changes appropriate for them and not convenience."
(Member of the Public, Preston, Female, 19 – 40, White - British)

"Allow patients to grow in the particular skills by allowing them to do some of it."
(Service User, Preston, Male, 41 – 60, White – British)

"Stop wasting money."
(Member of NHS Staff, Other, 41 – 60)

13.11. Positive comments made with regards to question 4.

"When people are in hospital some people like dancing and activities like art and crafts."
(Service User, Preston, Female, 19-40, White British)

"There is definitely a need for respite care centres."
(Service User, West Lancashire, Female, 61-80, White British)

"Using "home" based settings for respite and crisis care rather than hospital bases."
(Service User, Ribble Valley, Female, 41-60, White British)

"For inpatients - there should be access to gardens (secure if necessary) and there should be occupational therapy and organised activities for in patients, not jut the TV and a few board games."
(Unpaid Carer, Hyndburn, Female, 61-80, White-British)

"Some practical ideas to stimulate people with great ability. My son has had to do courses with education classes to occupy his time."
(Unpaid Carer, Blackpool, Female, 61-80, White-British)

"Privacy important for individual patient, as well as access to open spaces."
(Unpaid Carer, Preston, Male, 61-80, White-British)

"Have nice grounds for them to relax in and go in to meet visitors."
(Member of the Public, Wyre, Male, 61-80, White-British)

"I agree with moving the Mental Health Hospitals for the acute sites and improved facilities and fresh air. This is essential for good health. We need to expand the community facilities in Darwen."

(NHS Staff, Blackburn, Female, 41-60, White-British)

"Care in the community needs to be greatly improved. More thought given to encouraging therapeutic activities etc, as well as clinical needs."

(NHS Staff, West Lancashire, Female, 41-60, White-British)

"Generally I agree with the principles for modernisation, my chief concern is that I think large in-patient units (however modern) inevitable become an institution. My main comment for further improvement would be for the managers to have some training in management rather than be clinicians who have gone up the career ladder and not been offered any additional training"

(NHS Staff, Blackburn, Female, 19-40, White-British)

"The counselling and psychotherapy services in this area are totally inadequate and financially to support related initiatives to aid recovery e.g. mental health courses at colleges, green space, MH promotion worker: befriending scheme, slides 3 and 4 of PowerPoint presentation, actually outlines the achievement of our mind befriending project."

(Other, Pendle, Female, 61-80, White-Other)

"Respite services are a very good idea. Counselling should be more freely available."

(Other, Not Given, Female, 19-40, White-British)

"More therapeutic interventions. More talking therapy services with much shorter waiting times."

(Other, Blackburn, Female, 41-60, White-British)

13.12. Organisation Responses to Question 4

The main themes arising from responses made by organisations were in relation the quality of services, staffing issues and financial concerns. These have been summarised below:

Perceived reduction quality of services following reconfiguration

- More support for agencies.
- More direct user involvement, more staff support.
- Centralised pool of information.
- Provide child care facilities.
- Patients would be better served by smaller units with professional supervision.
- Increase availability of accommodation would reduce length of admission.
- More emphasis on preventing crises as well as responding to them.
- More provision of holistic therapies.
- More emphasis on links between physical health and mental health.
- More work for mental health service users.
- Dual diagnosis patients losing out – especially learning disabilities and mental health.
- Work with social services more.
- Training for carers and family.
- Modern facilities with local access.
- Continue with communication between agencies.
- Concerned about closure of Scarisbrick unit.
- Consideration of older or physically disabled service users and their carers.
- More walk in clinics.
- Counselling and psychotherapy under resourced and inadequate.
- Continuity of services regardless of age.
- After care services need to put in place.
- Better access to GPs.

Staffing levels

- Create more jobs in the health area and in housing.
- Increase recruitment of cross disciplinary graduates.
- Enough suitable caring staff most important to recovery.
- Link CPNs more closely with GP surgeries.
- Training for professional staff in relation needs of carers.
- Intensive training for staff.
- Be productive and inject more money into primary care mental health workers.

Financial concerns

- Funding mental health promotion work.
- More money.

14. Presentations and Meetings

The Partnership Board, Lancashire Advocacy and Making Space (who were independently commissioned to undertake 19 meetings exclusively for service users and carers) undertook 74 meetings over the consultation period. From the proforma which was completed by presenters an estimated total of 1216 people attended meetings, averaging 16 people per meeting. See Appendix 4 for the list of all groups which received a presentation.

Table 6: Number and percentage of meetings by Type of Group

Type of Group presented to	Number	%
Service Users	19	25.7
Voluntary Groups	9	12.2
BME	3	4
Local Authorities/Council	4	5.4
PCT	11	14.9
Mental Health Team Staff	7	9.5
User and Carer Groups	3	4
Public Meetings	14	18.9
Not provided	4	5.4
Total	74	

In addition to the meetings recorded on proformas the Partnership Board also provided evidence that it undertook 6 meetings with each borough's Health Overview and Scrutiny Committee, and a meeting with Lancashire Care Trust.

14.1. Issues Raised at Meetings

The presenters proforma allowed for any issues raised at meetings to be listed. The main themes arising from these meetings have been categorised to provide an overall view of the main issues. Out of the 74 meetings undertaken, 33 proformas listed the issues raised at the meetings. The main issues raised are listed below by the type of group:

BME

- Consultation process concerns – felt the approach was ‘middle class and academic’.
- Consultation proposal were not clear to younger people.
- Agree to develop an ongoing relationship with Lancashire Mental Health.
- Need for staff with a range of languages and from different backgrounds.
- There is a lack of cultural awareness – staff training required.

- Talking therapies need to be in other languages.
- BME people slipping through net – as not sure how to access services.

Local Authorities/Council meetings

- Keep them involved.
- Concern around the location of new units.
- Concerned about stigma of larger mental health units.
- Travel concerns expressed.

PCT staff

- General support for the proposals.
- A second consultation may be required regarding the location of new sites.
- Transport concerns.
- The impact on GPs in regard to awareness and access.
- The need for mother and baby facilities.

Mental Health Team Staff

- That the decision has already been made.
- Staff do not feel they have been listened to.
- Some general support.
- Transport concerns.
- Concern about travel to and from new sites.
- Concern around travel for staff.
- How will the services work together?
- How will the services be monitored?
- Must ensure information sharing.
- Raised issues around workforce development in particular the role of administrators and career structure.
- Concerns around the current bed shortage.
- The need to develop crisis services.
- The need for more outreach work for hospital staff.
- The need to work with other agencies.
- Concern about the stigma of larger hospitals.
- The need for more rehabilitation services.
- The system of recovery and supported accommodation needs to be sorted out.
- Concern about the proposed changes on day services.
- Concern that the PCT will take Mental Health funds and use to offset deficit in acute trust.

User and Carer Group Meetings (including independent meetings)

- The need for a single point of access.
- To maintain community links when in hospital.
- Concern about the location new sites
- That services users be involved in evaluating services.

- That community services are adequately resourced prior to new units being built.
- Concern over the location of new sites.
- More information required for contacts in service.
- A need for more activities.
- Better services for adolescents.
- Plans should be in place for young people.
- Support for Scarisbrick unit.
- With a reduction in beds the system needs to be robust.
- Services should be based on local need.
- The reduction in beds could result in an increase in community treatment orders and hence too much pressure on community services.
- 2 sites more appropriate.
- Concern expressed about employment sustainability.
- Concerns that the services (crisis and home treatments) are properly resourced and full staffed.
- Staff training needs addressing – cultural awareness, gender, attitude and customer services.
- More resources – more psychiatrists.
- More women psychiatrists need to be attracted.
- Concerns about transport.
- Need more Mental Health promotion.
- What joint work is being done with the Council?
- Environmental impact taken account of?
- The accountability of partnership board.
- Where is the business case for the new builds?
- Feels that the decision has already been made.

15. Correspondence

15.1. Organisational Correspondence

The Lancashire Mental Health consultation received 24 formal responses from organisations. A summarised version of these responses can be found in Supplementary Document 1.

Formal responses were received from the following organisations:

- Lancashire Care NHS Trust – Staff, User and Carer groups.
- Medical Advisory Committee, Lancashire Care NHS Trust.
- East Lancashire NHS Trust.
- Rossendale Borough Council.
- West Lancashire District Council.
- Chorley Borough Council.
- Wyre Borough Council.
- Hyndburn Borough Council.
- Burnley Borough Council.
- The Rt Hon Michael Jack MP, House of Commons.
- Rosie Cooper MP, Labour MP for West Lancashire.
- GP, The Thornton Practice.
- Carers and Staff from the Mental Health Service.
- Ormskirk and District General Hospital.
- Lancashire Advocacy.
- Making Space, family Support Workers.
- Age Concern, Blackburn with Darwen.
- Burnley Action Partnership.
- The Chai Centre, Burnley Mental Health Forum.
- Mental Health Service Users Forum.
- Lancashire County Council Adult & Community Services Directorate.
- After Care Team, Social Care, Blackpool Council.
- Central Lancashire Psychological Services for Older People
- Blackburn with Darwen Older Peoples Forum.

The main issues arising from these formal written responses are listed below:

- Some groups expressed support for the proposals and welcomed the opportunity for the building of new units.
- There was agreement with the proposals to shift more into the community.
- There was some agreement with the need for dedicated units.
- At the same time some groups felt that three sites were not enough.
- There were some concerns expressed about the location of new sites.
- The reasons for change are driven by financial constraints.
- The geographical distances that maybe involved.
- That the possibility of developing the Scarisbrick unit for one of the new units should be taken into account.
- There was some concern expressed about access to the three sites.

- The need not to see inpatient services in isolation and to actively work on issues such as social isolation and exclusion.
- Need to ensure that dual diagnosis patients are taken into consideration and that appropriate facilities are in place for those with secondary problems.
- The need to involve of service users and carers in service development was expressed.
- That larger Mental Health Units may increase the stigma surrounding mental health.

15.2. Public and Service User Correspondence

The Lancashire Mental Health consultation received 7 written responses from individuals. A summarised version of these responses can be found in the Supplementary Document 1.

The main issues arising from these responses are as follows:

- Where did the proposal of building three new hospitals come from?
- The Scarisbrick Centre should be considered for one of the units.
- Welcome the changes like crisis and home treatments and early interventions.
- Take into consideration transport when deciding on the locations of the new hospital in Central Lancashire.
- State of the art hospitals would increase stigma.
- Long waiting times for appointments.

16. Correspondence attached to Consultation Response Forms

16.1. Organisation Correspondence

Table 7 highlights the main themes identified in from organisation correspondence.

The mains themes identified cover both positive and negative issues and concerns such as:

- New centres are a good opportunity for the training and development for staff.
- The proposals look like they will save money.
- Agreement with the closure of all current mental health units.
- Agreement that there should be improved local provision of crisis services and other mental health services but this should include local inpatient bed provision.
- Concern that the Scarisbrick Unit should remain as it has recently been upgraded.
- Concern about the proposal to reduce bed numbers.
- That community services should be in place before the bed reduction occurs.
- The stigma of being an in patient in a large mental health hospital.
- Transport and travel issues.

Table 7: Organisational comments attached to the Consultation Documents

Comments attached to the Consultation Documents	
Organisation	Response
West Lancashire User/ Carer Forum	<ul style="list-style-type: none"> • The Scarisbrick Unit which is available for service users in West Lancashire has recently been upgraded and is now one of the best facilities in LCT. It would be senseless to close it down now or in the future. • The unit can be easily accessed by public transport. • There needs to be continued local provision of inpatient beds as when service users need a hospital admission it is usually at times of crisis when they require admission. • To admit them to a hospital which is a long way from friends and family will only add to the stress involved. • Continuity of care is an important issue. If a service user regularly sees a local consultant and local mental health professionals he/she will get to know these people. If that service user is admitted to an inpatient unit in another area they will be treated by another consultant.

<p>North East Lancs Association for Mental Health</p>	<ul style="list-style-type: none"> • Fully agree with the proposals. • Concerned about the proposal to reduce bed numbers to approx 450 beds before the saving of beds through the functioning of the new community teams has been proved here. • The proposed Mental Health Units are in danger of recreating institutions against which public suspicion and prejudice will build. • Relative isolation may damage liaison with general medical services. • Essential that the community proposals are in place before the bed reduction occurs.
<p>Thought Into Action Limited</p>	<ul style="list-style-type: none"> • Good deal of logic in creating centres of excellence across the county. Staff at these facilities will have much better opportunity for learning and development. • Proposals look as though they will save money. • There will probably be additional revenue costs associated with creating and maintaining excellent community services and it isn't clear from the document if this has been taken into consideration.

16.2. Correspondence from Individuals

Table 8 highlights the main themes identified in from organisation correspondence. The mains themes identified cover both positive and negative issues and concerns such as:

- Support for the proposals for local crisis intervention.
- Agreement with the closure of all current mental health units.
- Agree that there should be improved local provision of crisis services and other mental health services but this should include local inpatient bed provision.
- The need to make sure that the new Mental Health Units are as local as possible.
- The proposals appear to be good because there is currently no proper adequate support in the community.
- Choice of location within the Preston area is questionable.
- More needs to be done for those who suffer from an eating disorder.
- Care in the community would need to be greatly improved.
- There does not appear to have been consideration of the increasing aged population.
- The stigma of being an in patient in a large mental health hospital.
- Transport concerns.
- Disagreement with the proposal to build three purpose built hospitals and the stigma attached to larger and fewer hospitals.

Table 8: Individual comments attached to the Consultation Documents

Comments attached to the Consultation Documents	
Individual	Response
No details provided	<ul style="list-style-type: none"> • Fully support the suggestions for local crisis intervention. • Main disagreement is with the proposal to build three purpose built hospitals. • The stigma of being an in patient in a large mental health hospital. • In spite of reassurances believe that transport would be a major problem, especially for those living in West Lancashire. • Having family and friends able to visit regularly is an important part of recovery. • Time wasted in travel by Consultants and Social Workers. • A huge waste of an existing two year old unit which operates very efficiently. • Transporting patients – increased difficulty in getting patients to enter hospital voluntary. • Although support the idea of a Crisis team, in our experience has not found them helpful.
No details provided	<ul style="list-style-type: none"> • The Scarisbrick Centre has good surroundings and facilities.

	<ul style="list-style-type: none"> • It is stressful enough when you need to use these services, having to travel a greater distance to get there would make this even more difficult.
PR	<ul style="list-style-type: none"> • The Scarisbrick Unit has excellent facilities; do not see that better facilities could be provided elsewhere. • Transport will be a major problem for relatives and carers from West Lancashire visiting any inpatient hospital in the Chorley or Preston area. • If specialised Mental Health hospitals were built the stigma attached to these would grow. • Care in the community would need to be greatly improved.
ET	<ul style="list-style-type: none"> • Proposals appear to be good because there is currently no proper adequate support in the community.
KA	<ul style="list-style-type: none"> • Do not appear to have considered the increasing aged population. • Agree with the closure of all current mental health units. • Choice of location within the Preston area is questionable. The Sharoe Green site is subject to flooding and other problems.
CB	<ul style="list-style-type: none"> • As a Mental Health patient if you are dangerous to yourself or others you need to remain an inpatient unit. • Against the 3 new hospitals, because the money could be spent on existing services. • More people will have to travel further if there are only 3 hospital sites in Lancashire.
No details provided	<ul style="list-style-type: none"> • It is apparent that there is a need to upgrade the provision of in-patient services in LCT. • Would be more beneficial for the patients to upgrade existing units or build new similar sized units in current areas instead of 3 larger units. • Agree that there should be improved local provision of crisis services and other mental health services but this should include local inpatient bed provision. • Considerable difficulty and cost involved for relatives and friends visiting if there are just 3 mental health hospitals. • The Scarisbrick Unit has reasonable road links and bus services from the area which it serves. It would be a shame to lose this excellent facility which I am sure could be extended to provide further services.
JK	<ul style="list-style-type: none"> • Concerned that the proposed reduction in inpatient beds does not take account of

	<p>demographic pressures.</p> <ul style="list-style-type: none"> Concerned about moving Mental Health Services away from District General Hospitals.
SB	<ul style="list-style-type: none"> Against the closure of the mental health provision at Ormskirk Hospital. Important the Mental Health Units are as local as possible. Acute Services are very necessary for the well being, safety of the patient and general public.
No details provided	<ul style="list-style-type: none"> Make leisure, relaxation, holistic therapy, activities etc available to all patients. Remove the presence and routine of the 'medicine trolley.' Integration of a physiotherapist as part of the team on a ward. Community kitchen, supervised cookery as a therapy. Healthier meals Visiting rooms to be non-clinical. Greater measure to keep vulnerable patients safe within care. Abolish mixed sex wards with regards to sleeping areas.
DW	<ul style="list-style-type: none"> Main concern is for eating disorders. More money needs to be set aside for referral to private clinics, allowing for long term treatment. The main advantage of the private clinics is that they are staffed by well trained people who have a special interest in ED's.
RH	<ul style="list-style-type: none"> More needs to be done in order to help and support those who suffer an eating disorder. Seems to be a lack of knowledge in both in patient and out patient services.
MM	<ul style="list-style-type: none"> In favour of the new super hospitals. More care in the community is a wonderful package.
CB	<ul style="list-style-type: none"> If planning to make these new units in a built up area you will leaving your patients vulnerable to the outside public who don't understand what a mental illness is. Will increase stigma attached to mental health problems.
SC	<ul style="list-style-type: none"> The Care in the Community and Home Treatment team is far more beneficial to service users in the long term. Hospitals are noisy and disturbing places and when one is already in a distressed state, the home is a far more beneficial option.

17. How did you find out about the Lancashire Mental Health Consultation?

Each response form requested information about where respondents found out about the consultation. The replies have been collated from the response forms.

Table 9 shows that most respondents found out about the consultation through a group/organisation. A large amount of respondents also heard about the consultation through word of mouth and through the local press.

Table 9: How did you find out about the Consultation?

Rank	Source	Number
1.	Group/Organisation	235
2.	Word of mouth	79
3.	Newspaper	39
4.	Poster	30
5.	Public notices	22
6.	By post	15
7.	Website	9
8.	In hospital	2
9.	Council for voluntary services	2
10.	Church	1
11.	Via PCT	1

18. Summary of the Perceptions of Respondents

The overall results show that:

- A high level of agreement (over 80%) in regard to the general principles for improving mental health services.
- A high level of agreement (over 80%) from respondents that a good mental health crisis service is provided by a range of professionals from different agencies.
- 50.3% of respondents agreed with proposal regarding the closure or conversion of existing units and the creation of three new mental health units.
- 66% of respondents (including group respondents) indicated that there were other ideas to consider. In particular, staff and unpaid carers indicated that this was the case.

The analysis shows that a number of prominent themes arose from the responses. In particular the following areas need to be taken account of in the reconfiguration process:

- The perceived reduction in quality of services after reconfiguration.
- Transport and Travel issues.
- Staffing levels, staff training and staff attributes.

Other issues were also prominent in respondent's comments such as:

- Broad support for the proposals.
- Broad support for the principles
- That communication between agencies will need to be clearer and not so problematic so a seamless service can be provided.
- Concerns that a move to three units across the area will increase the stigma of mental health and the perception that this will lead to the concept of the 'asylum' coming back.
- The need for additional consultation in regard to the proposed new sites and the need to keep service users, staff and stakeholders informed and engaged throughout the process.
- The need to take account of cultural differences in the BME community

- That services will need to be place in the community prior to any change being undertaken.

19. Benchmarking the Lancashire Mental Health Public Consultation

In this section we outline the benchmarking process of the Lancashire mental health services consultation. The first benchmark analysis relates to comparing the responses to other similar consultations and data from the Census 2001.

19.1. Benchmarking against other mental health consultations in the U.K.

The University has undertaken a search for similar consultations via the Internet to compare the number of responses from these consultations with Lancashire Mental Health Public Consultation. It should be noted that these consultations were also concerned with reconfiguring mental health services.

The consultations used as comparators are:

- Oxford Primary Care Trusts – Proposals to Reconfigure Mental Health Services in Oxfordshire, February to May 2005.
- Cambridge City and South Cambridgeshire Primary Care Trusts – The Future of Mental Health Services in Cambridge City and South Cambridgeshire, October 2005 to January 2006.
- North, South, Central Manchester PCT's, Manchester Mental Health and Social Care Trust Change in Mind - Improving Mental Health and Social Wellbeing, December 2005 to March 2006.

Table 10 shows the comparison of Lancashire Mental Health public consultation with these other three recent consultations. Each consultation has used slightly differing methods so only some areas can be compared directly. The Change in Mind consultation shows a high number of meetings and a large number of people attending the meetings, but this consultation did not produce a response form for completion by respondents. Instead respondents were asked to write in with their views. The results for the Lancashire Mental Health consultation show a fair response by questionnaire and over 1200 people attending meetings. The total contacts are 1544 compared with 2400 for Change in Mind. If however we look at the ratio of contacts per population, we can see that the Change in Mind consultation fairs somewhat better in terms of more contacts per population.

Although the Lancashire Mental Health public consultation conducted fewer meetings than the Change in Mind consultation, they did deliver a higher number of meetings than Oxfordshire PCT's and Cambridge City and South Cambridge PCT's.

Table 10: Benchmarking against other mental health consultations in the U.K.

Organisation/ Consultation	Population Statistics (Census 2001)	Total Questionnaire Returns	Number of Public Meetings	Number of staff meetings	Number of people attending	Number of Formal organisation responses	Letters emails received	Telephone Calls received	Total contacts	Contacts per population
Lancashire Mental Health	1,280,766	456	15	13	1216	31	55	12	1544	1 in 829
Change in Mind (North, South, Central Manchester PCT's, Manchester Mental Health and Social Care Trust)	392,807	N/A	125	40	2000+	N/A	400	N/A	2400	1 in 163
Oxfordshire PCT's	514,194	N/A	6		220	19	206	N/A	445	1 in 1155
Cambridge City & South Cambridge PCT's	238,809	N/A	4		200+	N/A	N/A	N/A	200+	1 in 1194

19.2. Benchmarking responses by demographics

Department of Health guidelines suggest that every public consultation should also seek to attain a representative response, which reflects the profile of the local population. This section compares the responses to the consultation with general population² data and ethnic group data from the Census 2001 for Standard Tables for Health Areas in England and Wales. The total population taken from Census 2001, for the 9 PCTs involved in the consultation is 1,280,766.

The table below compares the population statistics from the Census 2001 with the number of individual responses to the 'Working Together' consultation. The table identifies in Bold the proportion of the population for all 9 PCT areas and then shows the proportion of individual responses by the corresponding PCT area. The results show that for three PCT areas, Chorley and South Ribble, West Lancashire and Preston that the percentage of individual respondents exceeds the proportions reported by the Census 2001. For the other PCT areas the results show some marginal differences. The areas showing the largest difference were Wyre and Fylde.

Table 11: Comparing Census 2001 Population statistics with Individual Responses to the Working Together consultation.

PCT Area	Population Totals		Individual Responses to the Working Together Consultation*	
	N	%	N	%
Chorley and South Ribble	2042,94	16	75	20.9
Burnley, Pendle and Rossendale	244,413	19.1	57	15.9
West Lancashire	108,712	8.5	55	15.4
Preston	140,489	11	49	13.7
Blackburn with Darwen	137,450	10.7	37	10.3
Blackpool	142,301	11.1	36	10.1
Hyndburn and Ribble Valley	124,589	9.7	26	7.3
Wyre	105,587	8.2	16	4.5
Fylde	73231	5.7	7	2
Total	1280766		358	

*Does not include other areas (n=14)

² Age categories have not been included as the age categories used in the questionnaire do not map directly with the Census 2001 categories

Table 12 shows the data from Census 2001 for ethnic groups. The comparison of responses to the consultation by ethnic group population indicates that there is a gap in responses. The proportion of the population from all PCT areas for people from Asian ethnic groups ranges from West Lancashire (0.4%) up to Blackburn with Darwen (20.6%). The total response from respondents of Asian origin to the consultation questionnaire was 8 (2%). In addition there was 1 response from a Chinese respondent and no responses from the Black community. In identifying these gaps in engagement we should take note of the extensive distribution and correspondence with Black and Minority Ethnic groups as outlined in Appendix 5.

Table 12: Census 2001 Ethnicity data by PCT area

Ethnic Group	Blackburn & Darwen PCT		Burnley, Pendle and Rossendale PCT		Hyndburn and Ribble Valley PCT		Chorley and South Ribble PCT		Fylde PCT		Preston PCT		Wyre PCT		Blackpool PCT		West Lancashire PCT	
	N	%	N	%	N	%	N	%	N	%		%	N	%	N	%	N	%
White	107,123	77.9	221,111	90.5	117,043	93.9	200,123	97.8	72,162	98.6	121,645	86.4	104,406	98.9	140,017	98.4	106,767	98.5
Mixed	1,250	0.9	1526	0.6	665	0.5	1,231	0.6	409	0.6	1,759	1.2	376	0.4	820	0.6	606	0.6
Asian	28,378	20.6	20,977	8.6	6,457	5.2	1,617	0.8	310	0.4	15,319	10.9	417	0.4	700	0.5	462	0.4
Black	314	0.2	266	0.1	125	0.1	467	0.2	82	0.1	1,190	0.8	71	0.1	223	0.2	156	0.1
Chinese	385	0.3	533	0.2	299	0.2	856	0.4	248	0.3	818	0.6	317	0.3	541	0.4	421	0.4

Source: Census 2001 for Standard Tables for Health Areas in England and Wales.

20. Benchmarking – Hard to Reach Groups and Best Practice Guidelines

In this section the evidence collected by the Partnership Board is mapped against two benchmarks:

- Hard to Reach Groups – The Department of Health identifies nine groups as hard to reach groups. The evidence provided by the Partnership Board is analysed by distribution and level of response.
- Best Practice baseline measures for involving and consulting patients and the public (Cabinet Office Guidelines have been merged with Best Practice Guidelines to save repetition).

The data provided by the Partnership Board which was considered for the Benchmarking exercise was evidence of:

- Involvement and Communication strategies and mechanisms utilised to consult the public, stakeholders and hard to reach groups.
- Data concerning the distribution of consultation documents to the public, stakeholders and hard to reach groups.
- The methods used to increase awareness of the consultation such as posters and press releases advertising public meetings.
- Media coverage of the public consultation.
- Information about the number of hits on the Website.

(See Appendix 5)

- A mid term audit undertaken by the Partnership Board.(See Appendix 6)
- Results from responses to the consultation document questionnaire.
- Formal responses from groups and organisations.
- Feedback from public meetings and meetings with stakeholders

20.1. *Hard to Reach Groups*

The table below maps the activity of the consultation to hard to reach groups as described by the Department of Health. The table shows the type of hard to reach group, the extent of distribution to each group and the type and number of responses received where possible. It should be noted that overall over 70,000 consultation documents were distributed.

Table 13: Mapping LMH Activity to Department of Health Hard to Reach Groups

HARD TO REACH GROUPS	Evidence of how the Partnership Board have engaged with Hard to reach groups	
	Distribution	Responses
Children and young people	To 19 colleges in the Lancashire area	Limited response from those 18 and under via consultation document form though response evidence from: Cardinal Newman College Students from UCLAN
Gay and lesbian communities	The consultation document was sent to group representatives	Follow up letters were sent but no response
Homeless people and travellers	Correspondence with Travellers Times	No response received, no evidence of meetings with representatives
Learning disabled people	Consulted via Calderstone's NHS trust who circulated the consultation document to their organisations.	Unclear which responses came via Calderstone's Trust
Older people	7 organisations sent the consultation document	Responses made by groups to questionnaire: Alzheimers Society Older Peoples Forum Older People Referral Team

Table 14: Mapping LMH Activity to Department of Health Hard to Reach Groups (continued)

HARD TO REACH GROUPS	Evidence of how the Partnership Board have engaged with Hard to reach groups	
	Distribution	Responses
<p>People from minority ethnic communities and other people whose first language is not English</p>	<p>132 organisations were sent the consultation document</p> <p>Contact with Preston Community Network and women's groups in Hyndburn – distributed document.</p> <p>Copies of consultation distributed at 'Mental health from an Islamic perspective' conference</p> <p>Contact made with Lancashire County Council Voluntary, Community and Faith sector liaison officer</p>	<p>Low response from Ethnic Groups via Consultation questionnaire (91% white)</p> <p>Meetings held with Lancashire BME PACT – sustainable relationship potential</p> <p>Letters sent to Councils of Mosques</p> <p>Stall held at Health Mela, Gujurat Society</p>
<p>People with disabilities</p>	<p>Consulted via Calderstones NHS trust who circulated the consultation document to their organisations.</p>	
<p>People with hearing impairments</p>	<p>Provision made for Loop system at all meetings</p>	
<p>People with sight impairment</p>	<p>Action for Blind People sent consultation document</p> <p>The Consultation Document was available on audio tape.</p> <p>Large print Consultation Documents were available</p>	<p>No evidence of any organisational response.</p>

To provide a balanced view of the consultation the table below shows the extent of consultation with mental health service users, care groups and staff is somewhat different however.

Table 15: Overview of engagement with Service Users, Carers and Staff

Type of Group	Distribution	Response
Mental Health service users/service user groups	Commissioned Lancashire Advocacy to carry out meetings with service users.	111 responses from mental health service users via the questionnaire 19 meetings held with service users
Carer Groups	Commissioned Making Space to undertake meetings with carer groups.	49 responses from unpaid carers via the questionnaire 3 meetings held with carers
Mental Health Staff	39 Community Mental Health Teams sent the consultation document	98 staff responded via the questionnaire 7 meetings held with mental health team staff

20.2. Benchmarking against best practice baseline measures for involving and consulting patients and the public.

In this section the consultation process is mapped against the best practice guidelines outlined by the Department of Health. The process was undertaken independently by each member of the University's project team. After the initial mapping more information was requested from the Partnership Board and this has informed the final benchmarking table below. The additional information required consisted of requesting further detail regarding staff involved in undertaking presentations and further information on the methods used to contact hard to reach groups. The additional information was provided by the Partnership Board and the table below indicates the University's final view of this consultation against each measure.

Table 16: Benchmarking against best practice baseline measures for involving and consulting patients and the public.

Best practice baseline measures	Fully Met, Partially met, Not met, Unsure	Evidence noted and suggestions from the evaluators
	Overall View	
A strategy for involving and consulting patients and the public is in place.	Fully Met	<ul style="list-style-type: none"> • A strategy was produced outlining the key messages for service users, stakeholders, carers and staff • More information provided in regard to Service User Involvement. E.g. tailored messages for service users.
There is a planning process for patient and public involvement that identifies work that could lead to changes in service.	Fully/Partly Met	<ul style="list-style-type: none"> • Planning process was in place prior to formal consultation. • Unsure of the extent involvement of patients and public in the planning prior to formal consultation. (Stakeholders engaged in September 2005) • Need to be more explicit about how the responses will influence changes in service.
A strategic/partnership approach to planning and implementing patient and public involvement and consultation.	Fully/Partly Met	<ul style="list-style-type: none"> • Clear commitment of Partnership Board to engage with all necessary groups. • Stakeholder views incorporated into the planning process. • Consider the extent of patients and public involvement in the planning of consultation.
Staff undertaking consultation with the public appropriately trained	Fully Met	<ul style="list-style-type: none"> • Communication and Involvement Framework includes training in key messages to all Trusts. • Presentations delivered by the same Partnership. Board staff. • Lancashire Advocacy and Making Space commissioned to consult with service users and carers and are appropriately trained.
Staff appropriately involved	Fully/Partly Met	<ul style="list-style-type: none"> • Staff Stakeholder meetings. • Staff involvement in consultation process clear but were they involved in putting plan together?
Staff appropriately consulted.	Fully Met	<ul style="list-style-type: none"> • Evidence provided of dissemination of information via team briefings, newsletters, intranet and CMHT's sent consultation documents. • 18 meetings undertaken with staff. • Staff consultation needs to continue throughout the next stages of reconfiguration.

Best practice baseline measures	Fully Met, Partially met, Not met	Evidence noted and suggestions from the evaluators
There are corporate performance measures for involving and consulting patients and the public.	Unsure	<ul style="list-style-type: none"> How will the Partnership Board sustain involvement with key groups over the period of reconfiguration?
There is a whole system approach and the nature of involvement and consultation work is clearly defined and understood.	Full/Partly Met	<ul style="list-style-type: none"> The consultation document made clear the approach and the case for change. The Partnership Board clearly made good efforts to consult with all necessary groups and made a commitment to do this. The next stages of reconfiguration need to be clearly defined for all services users, staff and stakeholders
A range of methods used.	Fully Met	<ul style="list-style-type: none"> All relevant methods used. Undertook a mid term audit – good practice Used questionnaires, meetings, telephone, email. Consider further engagement with Hard to Reach groups, continue to build partnerships with group representatives as has been noted in the report. Consider the use of feedback forms at meetings to boost returns.
Relevant information made available to patients, the public and stakeholders.	Fully/Partly Met	<ul style="list-style-type: none"> The process has disseminated widely to service users, stakeholders, staff and public Information about the consultation available on website, through press releases and meetings. A DVD was produced which outlined the main messages. This was shown at every meeting.
Adequate time for the whole process	Fully Met	<ul style="list-style-type: none"> Cabinet Office recommends 12 weeks and this has been fully met The consultation appears to have been planned well.
Open, transparent public decision making	Fully/Partly Met	<ul style="list-style-type: none"> Need to be more explicit to those directly affected by the consultation about the next stages. For example, some concern was expressed about how the new sites would be chosen.
The PCT's and Trust's communication strategy incorporates ways of communicating the implications and outcomes of its PPI work with a range of audiences.	Partly Met	<ul style="list-style-type: none"> More information required on how the PCTs will communicate the outcomes and the implications of the consultation process
The impact of each involvement and consultation process is evaluated.	Fully Met	<ul style="list-style-type: none"> Independent evaluators commissioned.

The benchmarking process reveals that the Partnership Board has Fully Met 6 of the best practice guidelines and Fully/Partly Met³ 7 of the guidelines with 1 guideline where the evaluators were Unsure. The main comments made by the evaluators are primarily concerned with:

- That the Partnership Board needs to be clear about how the public response will affect the reconfiguration process.
- The decision making process needs to be clearly defined and disseminated in the next stages of reconfiguration
- Whether there is sufficient involvement of patients and public in the partnership in regard to the planning of reconfiguration?
- How the level of involvement with key groups (service users, staff, stakeholders and hard to reach groups) will be sustained in the reconfiguration process and beyond?

³ Full Met/Partly Met indicates a split decision between researchers.

20.3. Data collection methods

From the analysis of consultation documents and the evaluation of the process it was found that:

- There had been extensive distribution of the consultation documents to the public, service users, care groups and stakeholders.
- The Partnership Board entered all electronic data into an Access database. The standard of data entry was on the whole very good.
- The consultation document questionnaire was successful in eliciting responses to the questions posed and in raising a considerable amount of issues.
- The use of a presenter's feedback form was a useful tool to record the details of meetings. All 74 forms included data about where the meeting was held, the name and type of group being presented to, and the number of attendees. At the end of each form was space for comments raised. 33 of the 74 presenter's feedback forms were returned without any comments and issues that arose. The use of an additional feedback form for attendees at meetings may have provided more detailed feedback and would have increased the overall level of response. This form could have also elicited further perceptions on respondent's views about the DVD shown at each meeting.
- The results identifying where respondents had heard about the consultation show that most respondents had heard through a group or organisation, by word of mouth or through newspapers and posters. This result suggests that to an extent that the communications methods utilised by the Partnership Board were reasonably successful. Though this should result should also be seen in the context of the number of responses received (454) versus the number distributed (over 70,000). The affect of other consultations relating to broader health services in the respective PCT areas and neighbouring PCT areas may have had some influence on the level of response.
- The Partnership Board chose to undertake a mid term audit of responses. The use of this tool has been used widely by other consultations and the team are to be complimented for undertaking this good practice.

21. Conclusions

- The results of the evaluation show that on the whole a great deal of effort was undertaken to engage across all areas, and with a wide range of groups from service users, stakeholders, staff and to hard to reach groups.
- The results from the comparison with Census statistics shows that responses from individuals and groups came from all geographical areas involved in the consultation. It is recommended that the next stages of consultation take account of where the lowest response came from and address them through additional publicity and awareness raising.
- The level of response by the BME community is an area where there was a limited response and concern. Further efforts to engage with groups and their representatives will need to be undertaken in the next stages of reconfiguration. Evidence from other recent consultations suggests that this is a common problem in the field of public consultation.
- The comparison with other similar mental health consultations shows that the Partnership Board has out performed in some areas and underperformed in others. The consultation should share its good practice with other consultations.
- In regard to benchmarking the consultation against best practice guidelines the process has performed relatively well. On the whole most guidelines have been fully or partly met which indicates that the process has followed guidelines set out by the Department of Health and the team should be complimented on this.
- In conclusion the consultation process has on the whole followed guidelines for public consultation. The perceptions of the respondents and numerous issues that have been raised through the questionnaire and by group/organisation responses will need to be taken account of. The Partnership Board must also ensure that the decision making process is transparent and that any decisions about reconfiguration are widely disseminated to all groups and individuals responding and to the public at large.

22. Glossary of Terms

LMHSCP – Lancashire Mental Health and Social Care Partnership

PCT – Primary Care Trust.

MDT – Multi-Disciplinary Team.

PEC – Professional Executive Committee.

GEM – Giving Experience Meaning.

UCLAN – University of Central Lancashire.

LCT – Lancashire Care Trust.

PPI – Patient and Public Involvement.

MHA – Mental Health Act.

CAMHS – Child and Adolescent Mental Health Service.

CPN – Community Psychiatric Nurses.

SU – Service Users.

BME – Black and Minority Ethnic.

NIMHE – National Institute for Mental Health in England.

BwD – Blackburn with Darwen.

CVS – Council for Voluntary Services

BPR – Burnley, Pendle and Rossendale

GEM - Giving Experience Meaning

23. Appendix 1: Responses by Ethnic Group

23.1. Response by Ethnic Group to Question 1

Do you agree with the general principles for improving mental health services?
By Individual Ethnic Group

Ethnic Group	Yes		No		Don't Know	
	N	%	N	%	N	%
Asian or Asian British - Indian	3	75	1	25	-	-
Asian or Asian British – Other	1	100	-	-	-	-
Asian or Asian British – Pakistani	2	100	-	-	-	-
Chinese	1	100	-	-	-	-
White - British	285	84.1	28	8.3	26	7.7
White - Irish	5	71.4	1	14.3	1	14.3
White - Other	8	80	2	20	-	-
Other	5	83.3	-	-	1	16.7
Total	310		32		28	

Not Given = 19 (4.9%)

23.2. Response by Ethnic Group to Question 2

Do you agree with the proposals as set out in Question 2? By Ethnic Group

Ethnic Group	Yes		No		Don't Know	
	N	%	N	%	N	%
Asian or Asian British - Indian	2	66.7	1	33.3	-	-
Asian or Asian British – Other	-	-	-	-	1	100
Asian or Asian British - Pakistani	2	100	-	-	-	-
Chinese	-	-	-	-	1	100
White - British	172	50.9	112	33.1	54	16
White - Irish	1	14.3	4	57.1	2	28.6
White - Other	5	50	3	30	2	20
Other	3	50	1	16.7	2	33.3
Total	185		122		62	

Not Given = 20 (5.1%)

23.3. Response by Ethnic Group to Question 3

Ethnic Group	Yes		No		Don't Know	
	N	%	N	%	N	%
Asian or Asian British - Indian	3	75	1	25	-	-
Asian or Asian British – Other	1	100	-	-	-	-
Asian or Asian British - Pakistani	-	-	1	50	1	50
Chinese	1	100	-	-	-	-
White - British	290	86.8	22	6.6	22	6.6
White - Irish	6	85.7	1	14.3	-	-
White - Other	6	60	2	20	2	20
Other	2	33.3	2	33.3	2	33.3
Total	274		26		26	

Not Given = 18 (4.9%)

23.4. Response by Ethnic Group to Question 4

Do you have any other ideas for improving and modernising mental health services which you think we should consider? By Individual Ethnic Group

Ethnic Group	Yes		No		Don't Know	
	N	%	N	%	N	%
Asian or Asian British - Indian	4	100	-	-	-	-
Asian or Asian British – Other	-	-	-	-	1	100
Asian or Asian British - Pakistani	2	100	-	-	-	-
White - British	198	66.2	61	21.4	46	15.4
White – Irish	4	57.1	1	14.3	2	28.6
White - Other	7	70	2	20	1	10
Other	4	80	-	-	1	20
Total	219		64		51	

Not Given=55 (14.1%)

24. Appendix 2: Other Types of Respondent

- A person with a mental health condition
- A previous service user
- And a carer of 33 years and a member of the public
- And member of public
- And member of the public
- And voluntary sector.
- And worker in mental health
- Blackpool PPI
- Elderly services scheme manager
- Ex NHS worker
- Ex special needs/ mental health worker
- Former carer member of making space
- Former carer, whose relative is now in residential
- Former mental health act commissioner
- I am a patient!
- Learning Disability professional
- Local councillor employed in pharmacy
- Meet many confused elderly people and mother
- Member of parliament
- Member of public, unpaid carer
- Member of public
- Member of public, with relative of MH SU, nt carer
- Mother of young person who has been an inpatient
- Mother (who have lost 1 son and another two child
- Mother of son who committed suicide in 1978
- Parent of adult schizophrenic daughter.
- Pharmacist
- Pharmacy manager
- PPI forum
- Professional in Mental Health
- Public and health worker
- Relative of service user
- Salaried GP West Lancashire
- Scheme Manager Sheltered Housing
- Social services
- Social worker
- Student nurse
- Student Nurse
- Support worker
- Support Worker
- Support worker for homeless/ vulnerable people
- Unpaid carer, a member of the public
- Voluntary worker
- Who wishes to be a user, but my needs not provided
- Youth Worker

25. Appendix 3: Organisations responding via the Consultation Document Questionnaire

- Alheimers Society - Central Lancashire & Fylde Branch
- An older Peoples Forum
- Anorexia and Bulimia Care
- Blackburn with Darwen borough council
- Blackpool PCT PPI Involvement Forum.
- Borough of Pendle
- Burnley Enterprise Trust
- Bury PCT
- Cardinal Newman College
- Cedar House counselling centre
- Central Lancashire local pharmaceutical committee
- Children's social care
- Chorley & South Ribble CVS carers project
- Citizens Advice Bureau
- Clients Forum, Fernandes Centre
- Creative support
- East Lancashire Mental Health Panel
- Fleetwood Gymnasium C.Y.P.
- Friends together
- Fylde Borough Council
- Gem
- GEM and work for LCT
- Gp Surgery
- Health Services- Gp Practice
- Home Start
- Inward House Projects
- Lancashire Constabularyx2
- Lancashire Social Services
- Lancashire Family Mediation Service
- Maa Aur Bacha Group
- NE Lancashire Mind
- on behalf of staff on ward
- Open Mind
- Pennine House Day Unit, LCT
- Physiotherapy services PPVT and LCT
- PPI Forum PPWA (Nelson) & Brierfield People Centre
- Preston
- Preston Patient And Public Involvement Forum
- Relate
- Ribble Valley Borough Council
- Richmond Fellowship
- Rossendale Domestic Violence Forum
- Salterforth Parish Council
- Shadsworth Surgery

- Social Services
- South Ribble Borough Council
- Stoops and Hargher Clough community association
- Suits Me (Service User Involvement Team)
- Sure Start
- The Women's Centre
- Thought into action limited
- Verona Organisation
- Voluntary
- West Lancashire PPI Forum
- West Lancashire User/Carer Forum

26. Appendix 4: List of Groups and Organisations presented to

- BGH Service User Group
- Blackburn with Darwen PCT
- BPR PCT
- BPR PCT Board
- Burnley Mental Health Forum
- Burnley, Pendle and Rossendale (PEC) PCT
- BwD Voluntary health and care forum
- Candu
- CMHT - woodlands
- Deardon House
- Eating Disorder Service
- Gujarat Society
- Health and Overview Scrutiny Committee
- Lancashire Advocacy
- Lancashire BME PACT
- Lancashire Voluntary Sector Consortium
- Leyland Substance Misuse Services
- Making Space
- Making Space Carer Support
- Making Space Carers Group
- Making space carers support group
- Mental Health Consultation Committee
- Mood Swings Group
- Multiagency Group - LIT
- Older People Referral Team
- OPEN MIND
- Preston Adult CMHT
- Preston PCT
- Preston Service User and Carer Forum
- Princess Royal Trust
- Professional Forum - BwD PCT
- Ribblesdale Hospital
- Rossendale Hospital Day services Groups
- Senior PCT staff
- Suits Me Group
- Ward 15 - Staff Group
- West Lancashire District Council
- Wyre Health Scrutiny Committee
- Wyre Carers Support Group
- Wyre PCT PEC

27. Appendix 5: Background data on Communication, Involvement and Activity in the Consultation Period

27.1. A Communication and Involvement Framework for Lancashire

The Partnership Board issued each trust with a Communication and Involvement Framework. The Communication and Involvement Framework was developed to ensure that the key messages were portrayed to all stakeholders in a consistent manner. Representatives from the health and social care organisations and service users were involved in the work. The key messages were aimed at:

- The public.
- All staff.
- PECs, GPs and PCT staff.
- Statutory Bodies.

The key messages for staff and the public were that:

- All partners are committed to working together to improve mental health services
- Large capital investments are planned
- Any decisions and the processes used to reach these are transparent
- Key messages also need to include timescales and what to expect

Key Messages for All Staff

- Mental Health Services throughout Lancashire are undergoing a complete review, and a new partnership has been set up to spearhead improvements supported by The National Institute for Mental Health in England (NIMHE) North West Development Centre and the Cumbria and Lancashire Strategic Health Authority, which has given £15 million of NHS capital money to build better mental health facilities in Lancashire
- Workforce development is key to the success of any service developments and links to the support available through the Strategic Health Authority will need to be established in the future
- The development will improve continuity of care – a more seamless service
- Service users and their carers will be involved in the consultation throughout

PECs, GPs and Primary Care Staff

- The majority of people experiencing common mental health problems can be treated in primary care
- Development of primary care mental health services are a priority, especially in the area of choice of treatments available
- The development seeks to improve continuity of care – a more seamless service

- It will provide opportunities for job enhancement – especially practice staff
- Mental health services will be provided based on need rather than age

Key Messages for the Public

Background

- 1 in 6 people will experience a mental health problem
- Social problems like unemployment, isolation, housing difficulties are often associated with mental ill health
- Adults with mental health problems are one of the most excluded groups in society
- Estimated cost £77bn a year – care, economic losses and premature deaths
- $\frac{2}{3}$ of men under 35yrs who die through suicide were unemployed
- Good mental health and social services saves lives

Mental health should focus on services in the local community, offering more choice as close to home as possible.

Specific

- Mental Health Services throughout Lancashire are undergoing a complete review, and a new partnership has been set up to spearhead improvements.
- A large number of organisations have come together in the partnership to improve mental health services for the people of Lancashire
- They are supported by The National Institute for Mental Health in England (NIMHE) North West Development Centre and the Cumbria and Lancashire Strategic Health Authority, which has given £15 million of NHS capital money to build better mental health facilities in Lancashire.
- The partnership will be working in collaboration with people who use services and their carers, the voluntary and independent sector and partner organisations.
- Local people who use the services will also be involved in local discussions
- The partnership is aware of the stigma and discrimination that surrounds mental ill-health, and wants to ensure that people have the same access to the opportunities we all take for granted.
- More support will be available to families and carers according to their individual needs.

Key Messages for Statutory bodies

- The developments will result in equal access to services based on peoples needs

- Robust involvement processes are in place to elicit views from service users, carers, staff and the public
- Any changes proposed will be presented with underpinning evidence and demonstrate prevalence of need and stakeholder views

27.2. *Involvement and Communication Plans and Mechanisms*

The Lancashire Partnership board utilised a Communication and Involvement group to oversee the communication and involvement of stakeholders. The group met monthly from July 2005 and their first task was to commission the 8 stakeholder events across Lancashire to establish the important criteria for hospital services.

The group was developed to ensure that a variety of communication methods were being employed to ensure that a wide range of stakeholders were being consulted.

Approaches to involvement included:

- Giving information.
- Obtaining information.
- Forums for debate.
- Participation.
- Partnership.

Within these approaches, a variety of methods of involvement will be employed: varieties of written information, verbal briefings, focus groups, user and carer involvement structure and process etc.

27.3. *Communication Methods*

The table below shows the types of methods employed by the consultation to increase awareness of the consultation and to encourage response to it.

Table 17: Communication Methods utilised during the consultation period

Communication Methods	
<p>Internal</p> <ul style="list-style-type: none"> • Team Briefings • Intranet/extranet • Staff Newsletters • GP Newsletters • Question and Answer sheets • Presentations to Boards, Cabinets and PECS • Posters 	<p>External</p> <ul style="list-style-type: none"> • Press Releases • Dedicated Project Website • Local Radio • Newspapers • Publications- placed in GP surgeries • Features in local council newspapers • Posters • Postcards • Public Meetings • Commissioned independent forums to carry out service user and carer meetings. • Follow up letters and phone calls to all hard to reach groups who had received the consultation document. • Community Mental Health Teams were requested to distribute consultation documents to all service users and carers.

27.4. Distribution statistics

The consultation team in total distributed over 70,000 documents as seen in table 26.

Table 18: Number of Consultation Documents Distributed

Language	Full Document	Summary Document
English	15,000	55,000
Urdu	250	400
Gujarat	250	400
Hindi	250	400
Bangladeshi	250	400
Punjabi	250	400
Total	16,250	57,000

The Consultation Documents were distributed to 430 organisations. Additionally over 150 documents were distributed to stakeholders who attended the meetings in September 2005.

Table 19: Distribution to Organisations

Type of Organisation	Number of Organisations
BME	133
Community and Voluntary Sector	47
LCT CMHT	38
Lancashire Colleges	19
NHS	19
Social Services	18
Other Organisations	17
Day Centres & Local Authority (listed as this in Partnership Board evidence)	15
Member of Parliament	14
Voluntary Including the Council for Voluntary Services who sent out a document to over 5,000 contacts	14
Councillors	13
District Council	13
Neighbouring District Councils	12
Citizens Advice Bureau	11
NHS PCT	10
Criminal Justice	7
Police	7
CAMHS	5
PPI	5
Overview & Scrutiny Committees in Lancashire	3
Borough Council	2
Universities	2
General Practitioners (Documents sent to every GP's surgery in Lancashire)	1
Council (Library Distribution)	1

(10,000 documents distributed to all libraries through a central point at the council)	
County Council	1
Individual	1
LCT	1
Media	1
National Service Framework for Mental Health	1
Total	430

27.5. Posters

1,000 posters and 350 postcards were printed to advertise public events over the consultation period. These were delivered to all libraries, all GP's and all PCT's.

27.6. DVD

A DVD covering the proposals was developed with GEM and UCLAN and this was distributed to and shown at all public meetings. The DVD was also shown at the Making Space and Lancashire Advocacy meetings.

27.7. Website

A dedicated website was set up for the formal consultation period and focused on the case for change to modernise services. The website also offered the facility to download the full or summary version of the public consultation document in PDF format. The summary version of the consultation document could also be downloaded in the following languages; Urdu, Gujarati, Hindi, Bangladeshi, and Punjabi.

The Partnership Board website contained the following pages:

- Home page
- Forward
- Partnership Board
- Partnership Minutes
- Joint PCT Board
- Case for Change
- Our values and vision
- Contact use
- Older people development group
- Consultation
- Full Document
- Summary Version
- Supporting Docs
- Other Languages
- Documents and Reports
- Recent Items

The web address is www.lancashirementalhealth.org.uk

The following table shows the website activity during the consultation period.

Table 20: Results of website activity

Month	Page Loads	Unique Visitors	First Time Visitors	Returning Visitors
Mar-06	411	175	130	45
Apr-06	386	211	166	45
May-06	392	233	167	66
Jun-06	191	139	105	34
Jul-06	141	88	53	35
Total	1521	846	621	225

27.8. Public Meetings

The Partnership Board undertook 15 public meetings. The meetings took place in each borough within the PCT areas. For East Lancashire, Central and West Lancashire and the Fylde Coast there was a meeting in the morning, afternoon and evening.

27.9. Advertisements

The advertisements featured the date, venue, and time for all the public and independent meetings. They also provided the contact details including the web page and email address for the Mental Health Project Team.

Table 21: Advertisements for the Consultation in Newspapers

Newspaper	Date
The Clitheroe Advertiser and Times	27/04/2006
Burnley and Pendle Reporter	27/04/2006
Nelson Leader	28/04/2006
Burnley Express	28/04/2006
Lancashire Evening Post	27/04/2006
Preston and Leyland Reporter	27/04/2006
Blackpool and Fylde Reporter	27/04/2006
Ormskirk Advertiser	27/04/2006
The Advertiser	08/06/2006
Lancashire Evening Post	02/06/2006
Ormskirk Advertiser	15/06/2006

BBC Radio Lancashire announced that a meeting was taking place the day before.

27.10. Press Releases

Table 22: Press releases utilised during consultation period

Newspaper/Web site	Headline	Date
Lancashire County Council Social Services – www.lancashire.gov.uk/social-services/news/2006/03/?id=2	Local people urged to have their say on mental health services	24/03/06
The East Lancashire Mental Health Carers Panel	Aslaam Alaikum	March 06
The East Lancashire Mental Health Carers Panel	Public Consultation Starts “Modernising hospital services”	April 06
Positive Mental Health Initiative	Public Consultation Event	April – June 06
The East Lancashire Mental Health Carers Panel	Inpatient Care Consultation	May 06
CVS www.bprcvs.co.uk/cvs/whats_new.html	Consultation on the future of mental health services in Lancashire	
The East Lancashire Mental Health Carers Panel	Inpatient Care Consultation	May 06

27.11. Full Distribution List

Type of Organisation	Name of Organisation
	Rossendale Senior Advisory Group
Black and Minority Ethnic (BME)	PAKISTAN MUSLIM WELFARE ASSOCIATION
BME	Sautul Quran
BME	Raza Jamia Masjod and Islamic Centre
BME	Madni Masjid Taleem-UI-Quraan
BME	Jamiat Ahl-e-Hadith Islamic Centre
BME	TELUGU COMMUNITY ASSOCIATION
BME	SWAMINARAYAN HINDU MISSION
BME	Masjid E Irfan
BME	PRESTON FAITH FORUM
BME	Hanfi Sunni Muslim Circle
BME	MONSERRAT ASSOCIATION
BME	MASJID E AGSA
BME	JAMAICA NATIONAL ASSOCIATION
BME	JAGLOS SPORTS AND SOCIAL CLUB
BME	GURU GOBIND SING SIKH TEMPLE
BME	GUJARAT SUNNI MUSLIM COMM CENTRE
BME	SIKH CULTURAL ASSOCIATION
BME	Kokni Muslim Association
BME	Masjid-e-bilal
BME	Masjid-e-Anisul Islam
BME	Masjide Zainabia
BME	Masjide Al Hidayah
BME	Masjode E Bibal and Islamic Centre
BME	Madressa Talem UI Islam
BME	Al Madat Madrasah
BME	Madressa Islamiyah
BME	Hanfi Sunni Jamia Masjod-e-Raza
BME	Islamiyah School
BME	Islamic Religious Centre
BME	Islamic Education Society
BME	Islamic Cultural Centre
BME	Islamic Centre
BME	Hidayatul Banat
BME	CARIBBEAN SPORTS AND SOCIAL CLUB
BME	Madressa Islamiyah
BME	BANGLADESHI WELFARE ASSOCIATION
BME	CHAM TSE LING TIBETAN BUDDHIST GROUP
BME	JINNAH COMMUNITY DEVELOPMENT SERVICE
BME	ITHAAD COMMUNITY DEVELOPMENT TRUST
BME	GUJARAT MUSLIM WELFARE SOCIETY
BME	FAISALABAD WELFARE ASSOCIATION

BME	ELAAF
BME	LANCS BLACK POLICE ASSOCIATION
BME	BUILDING BRIDGES PENDLE
BME	LANCS FORUM OF FAITHS
BME	ANGLO PAKISTAN SOCIETY
BME	AL NISA
BME	AAWAZ
BME	HAWA
BME	Asian Foundation Society
BME	West Indian Co-Ordinating Group
BME	Asian Counselling Service
BME	CARERS LINK
BME	SAHARA IN PRESTON
BME	HYNDBURN CULTURAL ASSOCIATION
BME	BANGLADESI ASSOCIATION
BME	ANDHRA SOCIAL AND CULTURAL ORGANISATION
BME	AL - ANSAAR WELFARE AND EDUCATION
BME	AHMADIYYA MUSLIM ASSOCIATION
BME	AFRICAN CARIBBEAN COUNCIL
BME	KUTCHI WOMEN'S GROUP
BME	SOUTHFIELD COMMUNITY ACTION FORUM
BME	CARIBBEAN WOMENS FORUM
BME	PUKAR DISABILITY RESOURCE CENTRE
BME	PRESTON MUSLIM FORUM
BME	PRESTON COMMUNITY NETWORK
BME	PENDLE WOMEN'S FORUM
BME	PENDLE PAKISTAN WELFARE ACCOCIATION
BME	NGUZON SABA CENTRE LTD
BME	LANCS WIDE NETWORK FOR MINORITY ETHNIC WOMEN
BME	LANCS BLACK & MINORITY ETHNIC PACT
BME	Nguzo Saba Centre
BME	Lotifia Mahbubia Islamic Cultural Centre
BME	Masjid Bilal & Islamic Centre
BME	Pakistan Islamic Centre
BME	Shah Jalal Mosque
BME	Masjid-e-noor
BME	Pukar Disability Resource Centre
BME	GUJARAT HINDU SOCIETY
BME	Sickle Cell & Thalassaemia Support Group
BME	Shree Prajapati Assoc
BME	Preston Chinese Christian School
BME	Vajravaraahi Buddhist Centre
BME	Preston Barbados Assoc
BME	Gujarat Muslim Centre
BME	Pakistan Christian Fellowship & Welfare Assoc

BME	Masjid-e-salehene
BME	Montserrat Organisation
BME	Afro Caribbean Elderly Group
BME	Aqsa Mosque
BME	Lancashire African Association
BME	Kashmir Society
BME	Jamaica National Assoc
BME	Sikh Cultural Association
BME	Guru Nanak Gurdwara Cultural & Recreational Centre
BME	Bangladesh Seva Samity
BME	Bengali Cultural Assoc of Lancs
BME	Deepdale Women's Action Group
BME	Dominican National Assoc
BME	Gmuzo Saba Centre
BME	Preston & Western Lancs Racial Equality Council
BME	Medina Islamic Education Centre
BME	Masjid-e-sajedeem
BME	Masjid-e-saliheen
BME	Masjid-e-Tauheedul Islam
BME	Mohaddis-e-Azam Mission
BME	Muslim Youth Centre
BME	New Madina Mosque
BME	Shi Islamic Centre
BME	Taleem UI Islam
BME	Unique School of Recitation of the Quran
BME	Blackpool Islamic Community Centre
BME	Abu Bakr Mosque
BME	Anjaman Mohiban-eAhlaibait
BME	Jamia Masjid ghausia
BME	Preston Muslim Society, Jamea Masjid
BME	Masjid Wa Madrasah Usman Gani
BME	Unity Community Centre
BME	Masjid E salaam
BME	Madrasah-e Talimul Islam
BME	Madrasah-e Talimul Islam
BME	UK Islamic Mission, Madina Masjid
BME	Jamia Masjid Ibrahim
BME	Mohammadi Mosque
BME	Shah Jalal Mosque
BME	Madrasah-e-noor
BME	Jamia Mosque Sultania
BME	Idara Minhaj-UI-Quran
BME	Masjid E Bilal & Islamic Centre
BME	Madina Mosqu & Islamic Community Centre
BME	Preston Muslim Girls School
BME	Talim-UI-Quran
Borough Council	Ribble Valley Borough Council

Borough Council	Chorley Borough Council
CAMHS	West Lancs PCT
CAMHS	East Lancs Hospitals NHS Trust
CAMHS	Blackpool, Wyre & Fylde Hospitals NHS Trust
CAMHS	Preston PCT
CAMHS	Chorley & South Ribble PCT
Citizens Advice Bureau	CAB Blackburn with Darwen
Citizens Advice Bureau	CAB Burnley
Citizens Advice Bureau	CAB Preston
Citizens Advice Bureau	CAB Hyndburn
Citizens Advice Bureau	CAB Lytham St. Annes
Citizens Advice Bureau	CAB Kirham & Rural Fylde
Citizens Advice Bureau	CAB Ribble Valley
Citizens Advice Bureau	CAB Blackpool
Citizens Advice Bureau	CAB Wyre District Cleveleys
Citizens Advice Bureau	CAB Chorley, South Ribble & Districts
Citizens Advise Bureau	CAB West Lancs
Community & Voluntary Sector	Age Concern Blackburn with Darwen
Community & Voluntary Sector	Together
Community & Voluntary Sector	Together
Community & Voluntary Sector	Richard Emmess
Community & Voluntary Sector	Age Concern Blackpool
Community & Voluntary Sector	Reach Day Service
Community & Voluntary Sector	New Directions
Community & Voluntary Sector	Blackpool Mind Centre
Community & Voluntary Sector	
Community & Voluntary Sector	Lancashire Council of Mosques
Community and Voluntary Sector	Blackpool Advocacy
Community and Voluntary Sector	Anorexia & Bulimia Care
Community and Voluntary Sector	Mencap
Community and Voluntary Sector	Imagine
Community and Voluntary Sector	Muir Group Housing Assoc.
Community and Voluntary Sector	Richmond Fellowship
Community and Voluntary Sector	The Alzheimer's Society
Community and Voluntary Sector	Carr-Gomm
Community and Voluntary Sector	Lancashire Advocacy H.O.
Community and Voluntary Sector	Preston Advocacy
Community and Voluntary Sector	Rethink
Community and Voluntary Sector	East Lancs Advocacy
Community and Voluntary Sector	West Lancs Advocacy
Community and Voluntary Sector	Wyre & Fylde Advocacy
Community and Voluntary Sector	Connexions Lancashire
Community and Voluntary Sector	Together
Community and Voluntary Sector	Chorley and South Ribble Mind
Community and Voluntary Sector	The Alzheimer's Society
Community and Voluntary Sector	Unravel Mills (Sheltered Workshop)
Community and Voluntary Sector	East Lancs into Employment
Community and Voluntary Sector	Sahara Project
Community and Voluntary Sector	Chorley and South Ribble Mind Ltd

Community and Voluntary Sector	Singposts (Advice Service)
Community and Voluntary Sector	Rural Stress Info Network
Community and Voluntary Sector	Elm House Day Service
Community and Voluntary Sector	Action for Blind People
Community and Voluntary Sector	Making Space
Community and Voluntary Sector	Salvation Army Housing Association
Community and Voluntary Sector	Green Space
Community and Voluntary Sector	Age Concern Lancashire
Council (Library distribution)	Lancashire County Council
Councillors	Pendle Borough Council
Councillors	Fylde Borough Council
Councillors	Blackburn with Darwen Borough Council
Councillors	Burnley Borough Council
Councillors	Hyndburn Borough Council
Councillors	Chorley Borough Council
Councillors	Blackpool Borough Council
Councillors	West Lancashire District Council
Councillors	Wyre Borough Council
Councillors	Preston City Council
Councillors	Ribble Valley Borough Council
Councillors	Rosendale Borough Council
Councillors	South Ribble Borough Council
County Council	Lancashire County Council
Criminal Justice	HMP Kirkham
Criminal Justice	HMP Buckley Hall
Criminal Justice	HMP Garth
Criminal Justice	HMP Preston
Criminal Justice	HMP Wymott
Criminal Justice	Lancashire Probation Board
Criminal Justice	HMYOI Hindley
CVS	Blackpool, Wyre & Fylde
CVS	Blackburn with Darwen
CVS	Burnley, Pendle & Rossendale
CVS	West Lincs
CVS	Preston
CVS	Hyndburn & Ribble Valley
CVS	Chorley & South Ribble
Day Centres & Local Authority	Supported Tenancy Scheme
Day Centres & Local Authority	Preston Day Centre
Day Centres & Local Authority	Fylde Day Centre
Day Centres & Local Authority	Lytham
Day Centres & Local Authority	(Supported Tennancy)
Day Centres & Local Authority	Hostel
Day Centres & Local Authority	Independence Unit
Day Centres & Local Authority	Resource Centre
Day Centres & Local Authority	Manchester Road Drop In Centre
Day Centres & Local Authority	Thornleigh (Active Rehabilitation)
Day Centres & Local Authority	Fernandes Centre
Day Centres & Local Authority	Burnley Wood One Stop Shop

Day Centres & Local Authority	Skelmersdale Day Centre (Making Space)
Day Centres & Local Authority	Stanley Villas
Day Centres & Local Authority	Brownedge Centre
District Council	Pendle Borough Council
District Council	Hyndburn Borough Council
District Council	West Lancashire District Council
District Council	Ribble Valley Borough Council
District Council	Wyre Borough Council
District Council	Blackpool Council
District Council	Rosendale Borough Council
District Council	Burnley Borough Council
District Council	Preston City Council
District Council	Fylde Borough Council
District Council	South Ribble Borough Council
District Council	Blackburn with Darwen Council
District Council	Chorley Borough Council
Individual	
Lancashire Colleges	
Lancashire Colleges	
Lancashire Colleges	Cardinal Newman college
Lancashire Colleges	
Lancashire Colleges	
Lancashire Colleges	
Lancashire Colleges	
Lancashire Colleges	Michael Austin Building
Lancashire Colleges	
Lancashire Colleges	
Lancashire Colleges	
Lancashire Colleges	Blackburn college
Lancashire Colleges	Whalley Adult Centre
Lancashire Colleges	
Lancashire Colleges	Hurstdale House
Lancashire Colleges	Haslingden Road
Lancashire Colleges	Hameldon Building
Lancashire Colleges	
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Media	Granada TV
Member of Parliament	West Lancs
Member of Parliament	Ribble Valley
Member of Parliament	South Ribble
Member of Parliament	Wyre
Member of Parliament	Blackpool North
Member of Parliament	Blackpool South
Member of Parliament	Burnley
Member of Parliament	Pendle
Member of Parliament	Preston
Member of Parliament	Fylde
Member of Parliament	Chorley
Member of Parliament	Blackburn with Darwen
Member of Parliament	Hyndburn
Member of Parliament	Rossendale
National Service Framework for Mental Health	Krystyna Wiczowska
Neighbouring District Councils	Horwich Town Council
Neighbouring District Councils	Keighley Town Council
Neighbouring District Councils	Rochdale Metropolitan Borough Council
Neighbouring District Councils	Harrogate Borough Council
Neighbouring District Councils	South Lakeland District Council
Neighbouring District Councils	Lancaster City Council

Neighbouring District Councils	Wigan Metropolitan Borough Council
Neighbouring District Councils	Sefton Council
Neighbouring District Councils	St Helens Metropolitan Borough Council
Neighbouring District Councils	Bolton Metropolitan Borough Council
Neighbouring District Councils	Knowsley Metropolitan Borough Council
Neighbouring District Councils	Bury Metropolitan Borough Council
NHS	LASCA
NHS	Burnley Pendle and Rossendale PCT
NHS	West Lancashire Ormskirk District General Hospital
NHS	Lancashire Ambulance Service NHS Trust
NHS	Royal College of Nursing
NHS	Lancashire Care Trust
NHS	Calderstone NHS Trust
NHS	Chorley & South Ribble District General Hospital
NHS	Royal Preston Hospital
NHS	Cumbria & Lancs SHA
NHS	LMC
NHS	BPR PCT
NHS	BPR PCT
NHS	Lancashire Care Trust
NHS	Preston PCT
NHS	Blackpool, Fylde & Wyre
NHS	Hyndburn & Ribble Valley, Blackburn & Darwen
NHS	BPR PCT
NHS	East Lancashire Hospitals NHS Trust
NHS PCT	West Lancashire PCT
NHS PCT	Preston PCT
NHS PCT	West Lancashire PCT
NHS PCT	Wyre PCT
NHS PCT	Hyndburn & Ribble Valley
NHS PCT	Fylde PCT
NHS PCT	Chorley & South Ribble PCT
NHS PCT	Burnley, Pendle & Rossendale PCT
NHS PCT	Blackpool PCT
NHS PCT	Blackburn with Darwen PCT
Other Organisations	Equality Matters
Other Organisations	Benefit Enquiry Line for People with Disabilities
Other Organisations	T H O M A S
Other Organisations	Lancashire Friend
Other Organisations	Wrightington Mobility Centre
Other Organisations	Pukar Disability Resource Centre
Other Organisations	Unison Branch Office
Other Organisations	Lancashire Housing Advice Centre (Shelter)
Other Organisations	BME
Other Organisations	ELDS
Other Organisations	UCLAN Social Care Faculty

Other Organisations	UCLAN Head Office
Other Organisations	EDA
Other Organisations	East Lancs Together
Other Organisations	Travellers' Times
Other Organisations	The East Lancs Mental Health Carers Panel
Other Organisations	UCLAN (Contact)
Overview & Scrutiny Committees in Lancashire	Lancashire Health Overview & Scrutiny Committee
Overview & Scrutiny Committees in Lancashire	Blackburn w Darwen Health Overview & Scrutiny Com
Overview & Scrutiny Committess in Lancashire	Blackpool Health Overview & Scrutiny Committee
Police	Preston Divisional Headquarters
Police	Fleetwood Divisional Headquarters
Police	Blackburn Dvisional Headquarters
Police	Lancashire Counstabulary Headquarters
Police	Blackpool Divisional Headquarters
Police	Chorley Divisional Headquarters
Police	Burnley Division Headquarters
PPI	Central Lancashire Patient and Public Involvement (PPI) Forum
PPI	Central Lancashire PPI Forum
PPI	Blackpool PPI
PPI Forum	Blackpool, Fylde & Wyre PPI
PPI Forum	West Lancs PPI
Social Services	Blackpool SS
Social Services	Nelson Social Services
Social Services	Kirkham SS
Social Services	Clitheroe SS
Social Services	Bamber Bridge SS
Social Services	Ormskirk SS
Social Services	Leyland SS
Social Services	Wyre SS
Social Services	Hyndburn & Ribble Valley SS
Social Services	Darwen SS
Social Services	Rosendale SS
Social Services	Burnley SS
Social Services	Skelmersdale SS
Social Services	Preston SS
Social Services	Chorley SS
Social Services	Blackburn SS
Social Services	Accrington
Social Services	HQ SS
Universities	University of Central Lancashire
Universities	University of Salford
Voluntary	CVS
Voluntary	Burnley Older Peoples Forum
Voluntary	GEM (based at Lancs Advocacy)
Voluntary	African Women's Health Forum
Voluntary	Preston HIV support team

Voluntary	Advocacy West Lancashire
Voluntary	PPI Forum
Voluntary	Burnley Pendle and Rossendale Council for Voluntary Services
Voluntary	Neighbourhood Management Action Group
Voluntary	Older Peoples Forum
Voluntary	Open Mind Centre
Voluntary	Blackpool SURF
Voluntary	Blackburn with Darwen Older Peoples Forum
Voluntary Organisation	Independent Living Service

27.12. Appendix 6:Mid term audit

Mid-term consultation audit report for the Joint Lancashire PCT Board Committee:

An analysis of respondent demographics and subsequent actions.

This report will:

- provide details of the demographic profiles of the respondents received by the partnership project team up to 7 June 2006 ;
- identify gaps in responses from certain demographic groups when compared against the average demographics for Lancashire (excluding Lancaster) ;
- outline a set of actions to address gaps in responses from groups.

This report has been prepared by Janice Horrocks, Director of Mental Health Strategic Development for Lancashire.

1. Introduction and background information

The mental health public consultation was launched on 24 March 2006 and will end on 14 July 2006.

The **audit took place on 6 June 2006 of the 176 responses** received by the partnership project team. 174 respondents used the consultation response forms and 2 people sent responses by email.

Leading up to the audit 15 public consultation events were held in each borough across Lancashire (excluding Lancaster) with one additional meeting(Ormskirk) remaining.

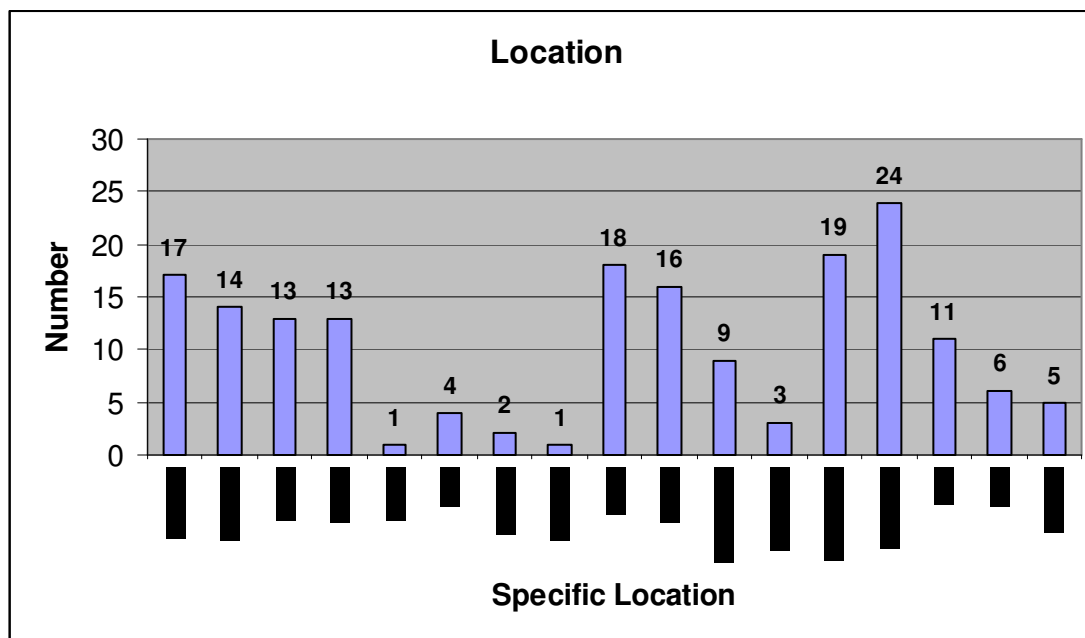
The events were advertised in local press, by poster, on BBC radio Lancashire and mentioned in news bulletins by Wish FM.

Attendance at the public events has been disappointing, averaging 19 people per event. Overall, 289 people registered at the events and the table below shows the numbers by location.

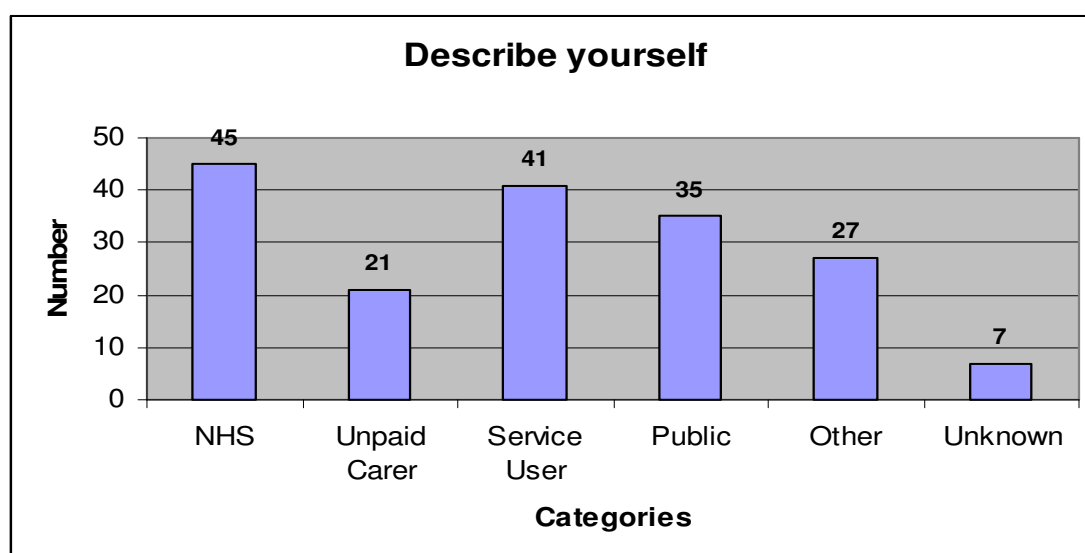
Location	Number in attendance
Darwen	31
Poulton, Wyre	8
Rosendale	21
Chorley	18
Skelmersdale	34
South Ribble	20
Preston	23
Kirkham, Fylde	10
Blackpool, Fylde	27
Burnley	29
Accrington	11
Blackburn	29
Nelson, Pendle	22
Longridge	3
Clitheroe	3
Total	289

2. Respondent data

The chart below shows the location of the 176 respondents by borough. 102 are female, 70 male and the gender of the remaining 4 are unknown.

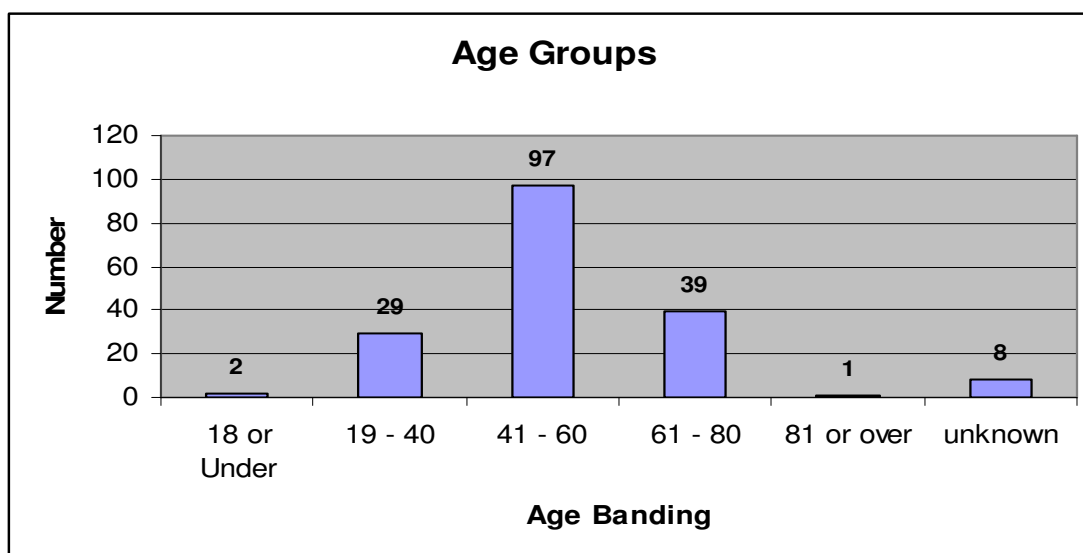


People were asked to identify themselves by the stakeholder groups shown in the table below. **The range of stakeholder responses received so far is positive** and more service user and carer responses are anticipated from the independent focus groups, run by Lancashire Advocacy and Making Space, throughout June 2006.



The public consultation directly affects people over the age of 16 years, although the clear majority of responses have been received from people in the 41 to 60 years of age category. The **lack of responses from young and older people** may indicate that

these groups have not had sight of the consultation document, although copies of the consultation document have been sent to Universities in Lancashire, GP surgeries, libraries and other public places, in addition to staff working in mental health services with a request to share the information with people and encourage them to respond. Copies have been sent to the community and voluntary sector, which includes Age Concern, The Alzheimer's Society and Connexions Lancashire.



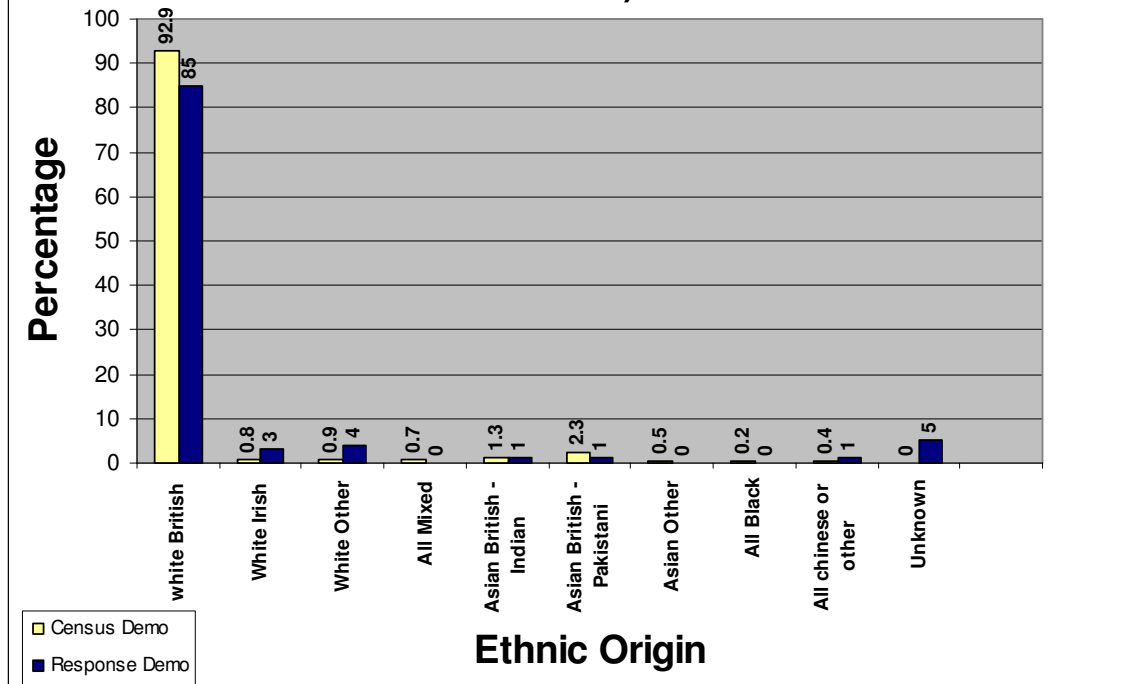
ACTION TAKEN

- a. Copies of the consultation document to be sent to all colleges across Lancashire
- b. The Early Intervention service, which works with 14 to 35 year old people first experiencing an episode of have been contacted to ask them to encourage responses.
- c. Copies distributed to Child and Adolescent Mental Health Services across Lancashire

There are significant concentrations of ethnic groups living in parts of Lancashire, such as, Burnley, Blackburn and Preston. The following graph shows the breakdown of respondents by their declared ethnic origin against the 2001 census data. The figures shown are percentages of the total population.

The consultation document has been previously circulated to the Council of Mosques and to local groups registered with the Council for Voluntary Services across Lancashire. The **lack of respondents from black and minority ethnic (BME) groups is concerning** and the project team has identified this as a priority area for action

Comparative Ethnic Data: Actual demographic information was taken from 2001 census (National Stats)



ACTION TAKEN

- a. Contact has been made with the BME PACT, a Lancashire-wide consortium of a wide range of ethnic groups. The distribution list of these local groups has been obtained and all have been sent a letter, making the group aware of the consultation and inviting the group to contact the partnership project team for further information and offering a presentation if desired. Therefore, the consultation document has been sent directly to an additional 107 BME groups across Lancashire.
- b. A follow-up call to The Council of Mosques has been made and a response is expected from the group.
- c. The partnership project team have been alerted to the opportunities that may arise from general health events organised by the Primary Care Trusts (PCT). For example, Burnley, Pendle and Rossendale PCT is co-hosting an open day at a family centre in June and have agreed to encourage people to respond to the consultation and make information available to attendees. The event is likely to attract people from an Asian British background.
- d. An additional public meeting is planned, with the possibility of showing a dubbed translation of the DVD shown at the public events. However, the partnership project team is in the process of contacting PCT staff who specialise in engaging the BME community, with a view to seeking their advice on the best way of hosting such an event and the most common languages required for the translation.

The partnership project team has identified a number of news papers which focus on the Asian British communities and will use these to advertise the event.

The partnership project team has considered the Cabinet Office good practice guidance on hard to reach groups and have, as a result, made contact with the **Lesbian and Gay Forum**, who produces a regular news paper featuring a health section. Information about the consultation and changes proposed in Lancashire will be appearing in the news paper during the consultation period.

For further information please contact the partnership project team on 01282 607047.