

NOTTINGHAMSHIRE HEALTHCARE NHS TRUST
SUMMARY OF ENGAGEMENT FEEDBACK AND ACTIONS
25TH SEPTEMBER 2014

1) Background

Following initial engagement work which included internal development meetings with service users, carers and staff, discussions with commissioners, internal clinical confirm and challenge events, and information sharing and feedback meetings in the services identified for transformation, NCHT supported by Commissioners, presented proposals for changing adult mental health and older adult mental health services to the July Joint Scrutiny Committee Meeting.

The presentation summarised proposals to change how the adult mental health services are delivered

- Proposals drafted to create intensive and enhanced community service 24/7 in the City and South Nottinghamshire for adult mental health, to develop a crisis house in Nottingham, thus reduce the need to admit people and as a result we propose to close A42 and A43 at Queens Medical Centre (42 beds)
- Proposals drafted to develop a community rehabilitation team in the Newark and Sherwood area to ensure intensive home care and propose the closure of Enright Close in Newark (24 beds)
- We will still have a total of 206 inpatient and rehabilitation beds available if admission required

The presentation also summarised proposals to change how the mental health services are delivered to older people

- To provide an increased range of community based mental health and dementia care services to support people to receive care and treatment in their own homes when this is clinically appropriate to do so.
- In light of this we are proposing to close Bestwood Ward and Daybrook Ward on the St Francis site at Nottingham City Hospital (40 beds)
- We will still have a total of 90 inpatient beds available if admission is required.

It was recommended following that meeting that we have a focussed six week period of further engagement throughout Nottingham, Nottinghamshire and including Bassetlaw.

2) Summary of Engagement Process

A total of 14 events have been held throughout Nottinghamshire which were widely advertised and attended by 144 people. There was outreach work to engage groups seldom heard such as the traveller community. The events that were well attended and most supportive were those in the City and South. Meetings were held at a variety of times including two evening events. We encouraged comments through our website, and through attendance at public events. The NCHT public membership (2565), 41 governors, CCG mailing lists, voluntary & charitable organisations (including BME groups), Involvement Centres and HW Nottingham & Nottinghamshire all received information about the events and many forwarded the information to their own mailing lists.

Further work was undertaken to engage individuals unable to attend events (via phone consultation), a further carer (via meeting), two carers groups (Mansfield and city) and a Carers roadshow event (Newark). Comments boxes and posters were displayed in all inpatient settings and community bases and in addition to answers to questions from 144 people (not including NCHT staff or CCG staff) we received 72 completed feedback forms and 8 email responses.

People were asked to comment on the following four questions:

What do you like about these proposals?

Do you have any concerns about these proposals?

Do you think there is anything missing from these proposals?

Do you have any additional comments about these proposals?

The analysis of themes below arising from feedback forms, engagement meetings and carers meeting was produced with oversight from the Trust's Involvement Centre.

3) What people told us

The key points about *adult mental health* changes that people liked include the following:

- Improved community service model (especially increased access to community services at weekends and at nights)
- Idea of opening a Crisis House
- Focus on community rehabilitation
- Intentions to offer enhanced support to carers
- Additional training offered to staff
- There was recognition that inpatient care often isn't the right place for people to recover
- Increased multidisciplinary nature of the Crisis team

And they had concerns about the following

- A lack of beds when necessary for those who are acutely unwell
- Worries about not having a safe place to recover
- Fear of people being left without help when they need it
- Risk of increased out of area placements and subsequent impact on carers
- Doubt about the proposals based on previous poor experience of crisis support
- Concerns about how new services will link with social care and voluntary sector

The key points *about older adult service* changes that people like include the following:

- Increased support in own home, especially offer of up to four visits a day if required ("*I wholeheartedly support patients being treated in their own homes*")
- The development of compass workers
- Increased support for carers as a result of more intensive support to people in their places of residence

And they had concerns about the following:

- Risk of increased stress and responsibility falling to carers
- Possibility of wards being closed before new community services fully in place
- Worries that services might not be available when most needed such as during the night
- Risk of increased out of area placements
- Risk of increased workloads for staff

Further information with demographical data is included in appendix 1

4) Action we propose to take in response to feedback

In Adult Mental Health

- 206 acute and rehabilitation beds will continue to be available for those who need admission
- Timeline will be aligned in proposal to ensure enhanced crisis team in place, before any ward closures
- Crisis house development fast tracked to open December 2014
- Continued prioritisation of the provision of local care. Robust monitoring of any out of area placements with people transitioned back promptly
- Confirmed significant reinvestment in enhanced crisis team, increased access and responsiveness with key performance indicator being timely response for assessment (within four hours). Increased monitoring of service user and carer feedback
- Fully involve social care, voluntary sector in re-design proposals, collaborate to deliver effective pathways of care

In Older Adult Mental Health Services

- Up to 4 visits a day from IRIS
- There will still be beds available plus potential to use step up beds in local care homes with IRIS support for a short period of time
- Reviewing information and support to carers, will build on findings of a survey of areas of concern. Improve staff training and establish specific carer links.
- Some recruitment now underway further development on confirmation of reinvestment
- Increased accessibility 7 days a week 7am to 10 pm
- Benchmark is no out of area beds used in last 3 years and none anticipated but will monitor closely
- Increased staffing will enable effective caseload and will be monitored in regular supervision

5) Next Steps

This has been a valuable opportunity that has provided some very helpful feedback. We have worked with our Involvement Centre to get some more independent analysis of our responses to the issues raised and we believe we can address those concerns. We have developed a range of key metrics to ensure that we continuously monitor the safety of these changes and have agreed these in partnership with our commissioners.

We therefore propose that the committee supports these local service changes, and we would be happy to keep the committee updated on delivery of these plans.

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Deputy Director of Quality and Delivery (Interim)
Nottingham City CCG

Summary of feedback provided to Nottinghamshire Healthcare NHS Trust in relation to AMH/MHSOP service proposals (Sept 2014)

- **Number of online feedback forms completed:**
72 (18 MHSOP, 54 AMH)
- **Number of additional emails received via the involve@nottshc.nhs.uk:**
8 (including one email from a public governor, and two emails from Healthwatch Nottinghamshire)

Demographics of those providing feedback:

TYPE OF RESPONDENT	
Staff	18
Service User	21
Carer	14
Partner	9
Public	10
Undisclosed	0

AGE	
0-15	0
16-24	1
25-34	2
35-44	12
45-54	17
55-64	19
65-74	11
75-84	1
85+	0
Undisclosed	9

ETHNIC GROUP	
White	52
Asian/Asian British	1
Mixed	0
Black/African/Caribbean	0
Other	0
Undisclosed	19

SEXUAL ORIENTATION	
Heterosexual	41
Bi-sexual	1
Gay	2
Lesbian	2
Undisclosed	25

GENDER	
Male	29
Female	34
Undisclosed	9

Disabled	27
Not disabled	32
Undisclosed	13

MHSOP proposals

What people liked about the proposals:

There is general support for a model which enables people to be treated closer to home.

- *"I am pleased that people will be able to get more help when they need it"*
- *"The idea of better provision at home is good"*
- *"Community based care is often better than hospital care"*
- *"In principal I wholeheartedly support patients being treated in their own homes where suitable"*

Main concerns/comments:

1. Additional stress and responsibility will fall to carers with the community model
 - Carers and families are concerned that they will be left to 'bear the burden' of acutely unwell loved ones without adequate support and respite.

Pertinent quote:

- *"I worry about the carers and the amount of support and respite they will receive under these new proposals. I worry that carers will be left to cope alone, that help will not come quick enough."*

2. Speed of the closures
 - Service users and carers are concerned that the wards will be closed before sufficient alternatives are in place

Pertinent quote:

- *"I think the Trust shouldn't be in a hurry to close any wards as of yet. Give the new schemes a while to see how well they're working and to assess their level of efficiency before closing any wards."*

3. Availability of the crisis/community services
 - Worries that these services will not be accessible at the times they're most needed – particularly the case for those with dementia (for example, through the night)

Pertinent quote:

- *"A lot of problems for people with dementia are due to problems at night and physical health problems. We need an overnight service."*

4. Increased out of area placements
 - Concerns from all parties about the risk of increased out of area placements, making the role of caring more difficult and potentially isolating the service user from their family

Pertinent quotes:

- *"My father has already spent 10 weeks in hospital and 8 of these separated from my mother in the opposite part of the county owing to bed closures. This has added to significantly emotional pressure to them both in the final period of his life."*
- *"We end up with patients spread all over the county... Older relatives struggle with maintaining contact with their loved one and it causes distress"*

5. Some concerns, particularly from staff, relating to the current pressures on MHSOP CRHTs and CMHTs and how the proposals will add to this

Pertinent quote:

- *"MHSOP CMHTs are already struggling to manage referral numbers coming through their doors"*
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AMH proposals

What people liked about the proposals:

There is support for better services in the community, and for an enhanced crisis service. There is also support for the idea of a crisis house. There was also some support to move out of the Queens Medical Centre.

Main concerns/comments:

1. Lack of beds for those who need them (lack of a safe place to recover)
 - Concerns, again particularly from service users and carers, that very acutely unwell people will not be able to access bed when they desperately need them.

Pertinent quotes:

- *"We don't have enough beds as it is - close A42 and A43 for sure... but create new wards to replace them. CRHT doesn't cut down on admissions; we all know this, from experience and evidence."*
- *"We need ALL the wards AND the extra proposals."*

2. Acutely unwell patients likely to be neglected, isolated and potentially at serious risk
 - Concerns, particularly from service users, that people will be left without help – despite all the best intentions

Pertinent quotes:

- *"I have very many concerns that people who are ill are left with occasional visits by staff. These people were on wards because they need care and can't look after themselves."*
- *"At the time of admission service users admitted to these wards are already at a point where the existing crisis services cannot keep them safe. There is little acknowledgement that there are a certain number of individuals at any one time who cannot be safely managed anywhere except an inpatient unit."*

3. Increased out of area placements
 - Concerns from all parties about the risk of increased out of area placements, making the role of caring more difficult and potentially isolating the service user from their family

Pertinent quotes:

- *"People will be found beds miles from their homes. Their families cannot visit. Their community teams don't visit."*
- *"There is currently a shortage of acute care beds. This means that patients requiring admission are often deferred or allocated a bed many miles from home."*

4. Poor experiences with the crisis services, leading to scepticism about how they will adequately support carers and service users in the community

Pertinent quote:

"I have not had good service from the Crisis Team"

5. Some concerns about how the new/enhanced community services will link in with social care and voluntary sector support

Pertinent quote: Feedback received at public meetings

6. Additional stress and responsibility will fall to carers with the community model
 - Carers and families are concerned that they will be left to 'bear the burden' of acutely unwell loved ones without adequate support and respite.
 - Carers are concerned that there may not be enough beds and that their loved ones will be placed out of area

Pertinent quotes:

- *"There is no resources for the carer, as a carer of my husband I felt unsupported and left to my own devices, I had little sleep and felt physically ill"*
- *"I worry for the carers at the end of their tether, sometimes a hospital stay is the only respite they get."*