Appendix 2 – Executive Summary of the Independent Consultation Analysis

Transforming Mental Health Services

The Journey to Recovery

Executive Summary of the
Consultation Analysis Report

November 2017

Executive Summary of the Consultation Analysis Report

This report has been prepared in partnership by *Hwylus Cyf* & *Mela*

About Hwylus Cyf

Hwylus is a bilingual consultancy offering specialist research, engagement and business development services to public, private and voluntary sector clients.

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About Mela

Mela is a bilingual communications consultancy working with a range of national organisations, businesses and government departments on strategic development, engagement and communication projects.

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The project was commissioned by Hywel Dda University Health Board on behalf of the *Mental Health Programme Group*.

Executive Summary

Background to the Consultation

This report is an independent analysis of data collected through the process of a public consultation on proposed changes to the delivery of mental health services by Hywel Dda University Health Board.

A twelve-week consultation was open for public participation between 22nd June 2017 and 15th September 2017.

The Consultation Process

Patients, staff, stakeholders and the general public were invited to contribute their views on the changes using a number of consultation strands; online and paper questionnaire, engagement workshops, drop-in sessions, and by email or written submission.

Staff from the Health Board and key partners also attended a range of additional meetings to discuss the proposals and record people's views.

The Health Board received the following response rates to the various strands of the consultation:

- Online and Paper Consultation Questionnaire – 325 responses
- Engagement Workshops – 80 attedees
- Correspondence and Written Submissions – 20 emails and letters
- Drop-In Sessions – 119 recorded participants
- Additional Meetings attended by HDUHB staff and key partners – 625 recorded attendees

This report provides an overview of the results of both quantitative and qualitative analyses of these consultation strands, providing a narrative account of the opinions raised by attendees.

A thematic framework has been applied to the analysis, providing an overall structure to guide the reader through the report.

Headline Findings

At least 1,171 people engaged directly with the consultation. The actual number of participants is likely to have been higher, but not all attendees were recorded at some of the drop-in sessions and unstructured meeting activities.

Proposed Model of Care

Throughout the different elements of the consultation, there is qualified support for the broad principles and overall direction of the proposed new co-designed model of care, with strong support for a move towards a 24/7 service.

Some respondents from Pembrokeshire and Ceredigion raised concerns about centralisation of acute services in Carmarthenshire and the accessibility of these services on public transport. The issue of bed numbers and service capacity at the new Community Mental Health Centres and at the Central Assessment and Treatment Units is repeated across all channels of the consultation.

Community Mental Health Centres

In each strand of the consultation, there is a regular call for the new centres to have a strong community focus, breaking the stigma attached to mental health. Some respondents asked for them to be called 'wellbeing' not 'mental health' centres, to make them feel open to everyone.

There is a consensus view that the setting for the centres should be relaxed, friendly and non-clinical. In Pembrokeshire, questions were raised about historical perceptions of the existing NHS facility, where the local centre for that county is planned to be located.

Maintaining a local network of small-scale 'satellite' facilities was seen as important in all three counties, with some respondents seeing the new centres as potentially a form of local level 'centralisation' of services. This was a theme that was raised strongly in the engagement workshops and echoed in responses to the questionnaire.

Assessment and Treatment Centres

Across all parts of the consultation, there is a general understanding of the need for high-quality acute services in the region. However, some respondents argued that the proposals would lead to a loss of 'local expertise'.

Some respondents in Ceredigion and Pembrokeshire questioned the reasoning behind the decision to locate both the Central Assessment Unit and the Central Treatment Unit in Carmarthenshire.

Isolation from families and friends of individuals requiring inpatient care was highlighted, due to practical difficulties in reaching the planned Central Treatment Unit in Llanelli via public transport from towns and villages in the north, west and east of the region. This issue was raised in the engagement workshops, the questionnaire, written correspondence and in some of the additional meetings attended by HDUHB staff.

Single Point of Contact

Across all channels, there is a strong view that whichever delivery model is chosen for a Single Point of Contact, the key requirement is for a service staffed by skilled, empathetic professionals with strong local knowledge.

Although there is strong support for a 'one per county' model in the consultation questionnaire responses, there is no clear preference in the other strands of the consultation.

Respondents in the engagement workshops and drop-in sessions called for one, easy to remember telephone number across the three counties. The consultation questionnaire respondents were keen for the service to offer a variety of ways for the public to get in touch, with telephone service identified as the preferred choice.

Future Ways of Working

There is high-level support for non-NHS partner involvement in the new Community Mental Health Centres. Respondents across the consultation were particularly keen to see partners delivering additional elements of care, such as therapies, along with activities and services to assist recovery.

Assessing the responses, it may be that some respondents did not fully understand the concept of 'social enterprise' since this was sometimes interpreted as a form of 'privatisation' of NHS services that was concerning for some people.

During the engagement workshops, sustainability of new partnerships was an important consideration during implementation. NHS staff who contributed to the consultation were keen to see clarity about roles and responsibilities, accountability, and governance in the new model.

Workforce

Joint working across the service was welcomed during many of the consultation strands, with respondents pointing out that the sustainability of any new voluntary sector or social enterprise partners will be a key factor in making this transition a success. Including people with lived experience in the roles outlined in the consultation document was welcomed, ensuring that they were fully supported to keep well themselves.

Issues relating to patient safety, governance, accountability, and maintaining professional registrations need to be dealt with appropriately during implementation. This was strongly raised by staff in the engagement workshops and in several written responses.

Transport

In the consultation questionnaire responses, there is strong support for the idea of working with voluntary sector partners to develop a new community transport model. This was also seen as a positive development by some of the attendees at the engagement workshops, if suitable local delivery partners can be found.

People are concerned about transport and travel, which is a theme that is strongly echoed across all consultation channels. The issues they raise relate to concerns for those in acute mental crisis being transported over long distances, and accessibility to services across a large, mostly rural area with disparate public transport links.

Digital Health

In both the questionnaire and the engagement workshops, there was a positive response to using digital tools to promote self-care and raise awareness of the services available, especially from younger respondents. Equalities groups highlighted the need to ensure that the needs of groups such as those with sensory loss, literacy problems, or learning disabilities. It was recognised that older people may not adopt these tools. Whilst there is strong support for adopting digital health tools, it was recognised that this should not replace the face to face care and support currently available.

Attendees at some of the Hywel Dda University Health Board arranged meetings, pointed out that lack of reliable high-speed broadband and mobile reception – particularly away from major population centres – could be a barrier to the take-up of such tools. NHS staff highlighted the need for an urgent upgrade to digital and information technology to match the expectations of the proposed model.

Concluding Comments

A consistent view emerges from across the various consultation strands. There is support for the proposed co-designed model of care across all strands, with a recognition of the need to modernise mental health services, welcoming a 24/7 care model.

It is important to note that whilst there is qualified support for the changes, a few key issues of concern were raised by those who supported the planned model. These relate primarily to the number of beds and planned service capacity, and the centralisation of the Central Treatment Unit in Llanelli, due to issues around accessibility from other parts of the Health Board area.

The proposals have the broad support of most of the individuals and groups who took part in the consultation. Key issues for consideration have been highlighted by participants, to be reviewed by the Health Board when implementing the model.