

## Newcastle Gateshead Alliance

NHS Gateshead Clinical Commissioning Group  
NHS Newcastle North and East Clinical Commissioning Group  
NHS Newcastle West Clinical Commissioning Group



# Deciding together public feedback session

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Transforming lives together ☺



# Today we will cover:

- Reminder of the background
- Feedback from Kenyon Fraser (independent analysts)
- Feedback from mental health £ events
- Next steps
- Close



# Deciding together: developing new mental health pathways for Gateshead and Newcastle



Background to our  
deciding together  
process



# Clinical commissioning

- The three clinical commissioning groups responsible for (from 1 April it will be one):
  - Choosing, planning and buying (commissioning) the majority of healthcare and health services for the people of Gateshead and Newcastle
  - Leading a Mental Health Programme Board including wider stakeholders and partners including with Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and other providers and the community and voluntary sector
  - Considering the future adult and older people mental health services for both in patient care and community pathways



# National mental health priorities

## 'Parity of esteem'

- Government have identified clear NHS areas that are a national priority:
  - Dementia strategy
  - Improving access to psychological therapies – for mild to moderate mental health problems.
  - Child and adolescent mental health services
  - Early intervention in psychosis



# Why do things need to change?

## **We want to develop a model of care that:**

- Provides easily accessible and high quality care
- Centred on the needs of the services user
- Supports the role of carers
- Focuses on early assessment and intervention at the most appropriate time and place
- This care will mainly be in a community setting close to people's homes, but on occasion will also include hospital based care



**We need to make sure we  
can afford any changes and  
that they are sustainable  
for the future**

**No decisions have been made  
about the future**



# We really want to listen, learn and engage

- Established a deciding together group advisory group overseeing engagement process membership includes:
  - Health Watch
  - VCS service user/carers groups

**Accountable to the mental health programme board**



# Listening and engagement process

- 12 weeks of intensive listening work November 2014 to February 2015
- Included:
  - Market stall events
  - On-line and paper survey
  - Focus groups run by CVS organisations
  - In-depth interviews (underway)
  - Participatory budgeting events 'How to spend the NTW mental health £'

Oversight by the Consultation Institute



# Mental Health Programme Board principles

- Be bold, brave and creative
- Right person, right time, right place
- Improve quality and experience, safety and effectiveness
- Carer and user focused outcomes
- Engagement and involvement
- Equality and diversity
- Hope, meaningful choice and control, and recovery orientated



# Feedback

- Kenyon Fraser were commissioned by NHS North of England Commissioning Support Team to conduct analysis of the feedback collected
- Objective and independent review of the feedback from the public “*Deciding Together*” pre-consultation listening exercise (November 2014 to February 2015)



# Feedback – Kenyon Fraser

- Pippa Sergeant, Associate Director
- Andy Wright, Associate Research Director

**Full report available**



# Key lines of enquiry:

- Access to services and getting care urgently
- Specialist community health services (services outside of hospital)
- Adult inpatient units in Gateshead and Newcastle
- Ensuring a place of safety – section 136 suites
- Services for people with especially complex mental health needs
- Services for older people including memory services (Newcastle only)
- Transport and travel.
- ...and specific interest in the issues surrounding:
- The transition from children's to adult services



# Context (Deciding Together)

- *“...The sorts of services we mean are those you might get from a community psychiatric nurse (CPN) treating you at home, through to the more serious but thankfully much rarer cases when people might need to spend time in hospital*
- *It’s really important to remember that we are not talking about the sort of mental health problems for which you get care from your GP or primary care counsellor or therapist. These are more common mental health issues, such as anxiety or depression, and they are well treated by your GP with talking therapies and sometimes medication.*
- *The specialist services that we are talking about in this document are the much more complex mental health issues like severe depression, schizophrenia, psychosis and personality disorders...”*



# Opinion was sought from people who:

- Receive or have received care
- Care for someone who uses or has used the services
- Have a special interest in this area of service delivery



# Feedback: who responded

- The “Deciding Together” survey
- Focus group discussions, convened and moderated by Community, Faith and Voluntary (Third) Sector partners; (x 10 groups were conducted)
- Market stalls, held in convenient public locations, providing the opportunity for drop in comment;
- Participant feedback from all events;
- Mental Health Pound and Northumbria University Depth Interviews – stand alone reports



# Feedback was gathered from a total of 164 people:

- 61 people attended the focus groups and market stalls
- 103 individuals responded to the survey
- In addition, 7 organisations and individuals provided response by letter



# Accessing services

## Focus groups and market stalls:

We want:

- More responsive mechanisms to meet people's needs
- Support for healthcare professionals
- Discussion on mental health issues to address the stigma
- Help to address cultural issues
- Personal contact with one primary healthcare professional who can help
- To know who we can talk to and we want help to do this in our local community
- To talk to the people that can help us in a way we are comfortable and familiar with
- A crisis team that responds to us, simply and consistently



# Accessing services

## Survey:

- **Responsive:**
  - 87% want to be able to speak to someone quickly
  - 88% want to be able to make an appointment straight away
- **Available:**
  - 71% want a single phone number available 24/7
  - 50% want a phone number available during office hours only
  - 25% desire multiple points of entry across different providers
- **Out of hours:**
  - 53% would occasionally/sometimes access services during evening or weekend opening hours
    - **25% would frequently access services open during these hours: and**
    - **11% would access services almost all of the time during these hours**
- **Other:**
  - Services needs to be responsive to patient needs
  - Clear and effective pathways for referrals and access



# Treatment in the community

## Focus groups and market stalls:

- We want to be able to be confident that we will get support through psychological therapies in time
- We are frustrated with the lack of clarity
- We need more support and confidence from the people providing psychological therapies
- We feel the third sector has an important role to play
- We feel the role of carers in the wellbeing of people receiving care needs to be recognised more widely
- We know carers provide better care with better information
- We feel that recognised good practice is often ignored or not known about



# Treatment in the community

## Survey:

- **Involved in planning care:**
  - 50% agree
  - 35% disagree
- **Choice of therapy:**
  - 61% not offered a choice
  - 44% only offered one choice
  - 40% no therapy available
- **Quality of care:**
  - 49% felt satisfied
  - 35% rated their care as good or excellent.



# Treatment in the community

- **Care plan:**
  - 37% were involved
  - 41% understood
  - 28% were able to contact their care plan coordinator
  - 46% had enough information
  - Good understanding by team of goals
- **Improvements:**
  - Responsive, reduced caseloads, roles/responsibilities
- **Main dissatisfaction:**
  - Crisis team



# Transition from children's to adults' services

## Focus groups and market stalls:

- We find the current service confusing and struggle to see how young people make the transition to support under adult services
- We feel all the people involved can work together more effectively to support the transition
- We feel the service is based on barriers and inflexibility
- We feel there needs to be more support available
- We feel there is a need to support the places young people go to, to help them in the transition
- **Overall we feel there is a gap in the provision of mental health support to young people aged 16-18 which needs addressing in the future**



# Transition from children's to adults' services

## Survey:

- **Small sample (N=6)**
  - Not many respondents with experience of the transition
- **Mixed experiences reported:**
  - 3 felt involved in decisions
  - 2 felt supported
- **Improvements:**
  - Better liaison between the children's and young person's service (CYPS) and adult services
  - Addressing the 'age-gap barrier' for those aged between 16-18 years.



# Inpatient care

## Focus groups and market stalls:

- We feel people need to feel part of their community to support recovery
- We feel travelling is a major issue for families and carers
- We think that moving services outside of the immediate area is a backwards step
- We feel distance will impact on service
- We feel it should be service quality before building
- We want to know that people are safe
- We want to know that if inpatient service is the best course of action that it will be a pleasant place to stay
- We want to see great facilities and services that respond flexibly to the needs of all
- Overall, we prefer the home/community environment over hospital care where possible



# Inpatient care

## Survey:

- **Location of treatment:**
  - 48% Hadrian Clinic
  - 36% Tranwell Unit
- **Satisfaction:**
  - 53% satisfied with the care received
  - 57% rated their experience as good or very good
- **Physical Environment:**
  - 83% want a room with privacy
  - 82% want a visiting area
  - 80% want access to fresh air



# Inpatient care

- **Contact with family important,**
- **Objection to moving location**
- **Staying out of hospital:**
  - More frequent community care
  - Halfway houses
  - Immediate post-discharge support
- **Improvements:**
  - Peer support
  - Gender specific activities
  - Reduced workloads
  - Food options.



# Transport and travel

## Focus groups and market stalls:

- We feel travel and transport is mostly a negative experience for us
- We feel the NHS could help us with travel and transport to enhance the patient experience and recovery.



# Transport and travel

## Survey:

- **Main forms of travel:**
  - Own car 29%
  - Public transport 25%
  - Friend/family car 20%
- **Preferred distance to travel (receiving care):**
  - 0-7 miles 75%
  - 8-15 miles 40%
- **Unacceptable distance to travel (receiving care):**
  - Unsupported NHS Support
  - 16-24 miles 34% 22%
  - More then 25 miles 55% 33%



# Transport and travel

## Survey:

- **Stressful, costly and time consuming:**
  - High impact – low income
  - Net result for some – reduced visits
- **Improvements:**
  - Financial support for regulars: travel & parking
  - Shuttle bus
  - Mental health ambulance
  - Taxis.



# Section 136 place of safety

## Focus groups and market stalls:

- We feel the Section 136 Suite is vital but it could work better and most importantly people in crisis need to feel safe
- We feel that the Section 136 suite is only part of the process and the support that “wraps around” it is as important, if not more important, in making people in crisis feel safe.



# Section 136 place of safety

## Survey:

- **Small sample**
- **79% feel mental health and police need to work closely:**
  - More police officer awareness
- **Improvements:**
  - Dedicated section 136 vehicle
  - Improved accessibility of suites
  - Expand 'street triage'.



# Specialist mental health care services

## Focus groups and market stalls:

- We want the moving on and rehabilitation units in the communities where people live
- We want to see support for family and carers
- We think the valuable learning, experience and different approaches as well as reach into marginalised communities needs to be recognised more widely.



# Specialist mental health care services

## Survey:

- **Small sample**
- **Patient Experience:**
  - 50% who received care were satisfied and rated their experience as good or very good
- **Improvements:**
  - More opportunities to get off the ward
  - More structured activities
  - Increased relative/carer input into care plans
  - Rehabilitation in community settings.



# Services for older people including memory services (Newcastle only)

## Focus groups and market stalls:

- We need a simple system of support ...in our view older peoples' services will benefit from:
  - Having a single key person to help them navigate through the care system who is able to provide frequent updates to the family;
  - Supporting dietary needs particularly in cases of a diagnosis of Alzheimer's
- Having more dementia experience amongst the staff in hospitals.



# Services for older people including memory services (Newcastle only)

## Survey:

- A small number of respondents stated that they had experience of older people's services in Newcastle, just over half of which were satisfied with their experience, describing their experience as very good or good
- It was suggested that it would be beneficial for patients and their families if there were more leaflets to explain how the service operates, whilst relatives requested a preference to be kept more up-to-date about the patient's prognosis and possible treatments.



# How to spend the NTW mental health £ events

- Full report available
- Events suggested by VCS members of the deciding together planning group
- Purpose to gain additional deliberation from public over the difficult financial decisions
- Allow public to consider



# How to spend the NTW mental health £ events

## Two events:

- 13 February (providers)
- 14 February (service users and carers)

**45 people attended over the two days**



# How to spend the NTW mental health £ events

- Facilitated by Susan Ritchie, Consultation Institute Associate and chair of the UK participatory Budgeting Network
- First time NHS anywhere in UK has used participatory budgeting
- Used real budgets, worked to translate large budget figures to broad equivalent of pence in pound



# Deliberation at events

- Needed to include a range of approximately costed options to allow debate and discussion
- Allowed participants to engage on specific locations of services
- Different services were costed, with brief explanation



# Deliberation at events

- Inpatient bundles and new service ideas – developed in response to issues concerns and comments raised through listening process prior to February
- Reflect difficult decisions about quality, location and composition of inpatient services that will impact on financial decisions
- Tables had to reach a consensus for all participants



# Inpatient services

- Participants were asked to select an inpatient bundle
- Tables needed to reach consensus on which was chosen



# Inpatient services

## Bundle 1

- Current services at the Hadrian Clinic and Tranwell unit, refurbished to meet minimum standards ( 5 acute admission wards)
- 2 rehab wards – one in Gateshead and one in Newcastle
- Existing access to Trust wide specialist services (psychiatric intensive care and high dependency units)

**Cost: 57p**



# Inpatient services

## Bundle 2

- New build in Newcastle and/or Gateshead area with existing numbers of wards (5 acute admission wards)
- 2 rehab wards – one in Gateshead and one in Newcastle
- Existing access to Trust wide specialist services (psychiatric intensive care and high dependency units)

**Cost: 66p**



# Inpatient services

## Bundle 3

- Single site in Newcastle or Gateshead area with less wards (using an existing site e.g. St Nicholas Hospital), (3 acute admission wards)
- 2 rehab wards – one in Gateshead and one in Newcastle
- Existing access to Trust wide specialist services (psychiatric intensive care and high dependency units)

**Cost: 48p**



# Inpatient services

## Bundle 4

- No Gateshead/Newcastle based adult wards – inpatient services provided at St George's Park and Hopewood Park
- Option to add one dedicated local rehab unit
- Existing access to Trust wide specialist services (psychiatric intensive care and high dependency units)

**Cost: 39p**

**(or 44p with one local rehab unit)**



# Inpatient services

## Selection on bundles

- Day 1 - all tables selected bundle 3
- Day 2 – majority of service users selected bundle 3, with two tables selecting bundle 4



# Inpatient services

## Rationale

- Although most groups agreed on bundle 3, it was often a compromised position
- It was not always unanimously agreed upon in the groups



# Inpatient services

## **Caveats on selections that included:**

- Transport solutions to be offered which meet the needs of people in a range of locations
- The unit operates a 7 day discharge process
- A crisis house is offered in an alternative locality to address inequality of access when only having one site



# Inpatient services

## **Caveats on selections that included:**

- Strong support for community teams to assist carers
- 7 day working, not just discharge
- Request costings for a 3 ward option
- Get the community services right
- No reduction in beds including:
  - Mental health is increasing across society
  - More people are presented with mental health issues
  - There is more demand and less opportunity to access services.
  - Beds are not available when needed



# Inpatient services

## Bundle 3 – rejection rationale

- Don't want to see a reduction in beds
- Like it but does not attract a generous enough investment
- Concern about the need to spread staff across 3 hospital sites rather than 2



# Inpatient services

## Bundle 3 – Considerations for including

- Only realistic option
- Site is huge with massive grounds and great access
- Change the name
- Best thing we already have



# Inpatient services

## **Bundle 3 – Considerations for including**

- Still leaves some money to spend on community services
- ‘Good indoor and outdoor balance’
- Like Newcastle and Gateshead being merged into one hospital



# Inpatient services

## Bundle 4 – rejection rationale

Where bundle 4 was rejected, the following rationale was offered:

- ‘Get rid of this, it is unacceptable’
- Inaccessible to family and friends
- Local services and support is a must



# Inpatient services

## Bundle 4 – rejection rationale

- ‘Disgrace not being able to integrate into community’
- ‘Thumbs down on all fronts’
- Impact on travel is too big
- ‘Dreadful!’
- Patient recovery negated
- Visiting



# Inpatient services

## **Bundle 4 – considerations for including**

- Some inpatients would like to be out of their locality
- Good offer if transport was considered
- Good offer if savings can be reinvested in community services



# Community based services

After selecting their in-patient bundle, participants were required to add their community services:

- Community Specialist Mental Health Teams - 24p
- Assertive Outreach Service - 4p
- Early Intervention in Psychosis Service - 5p
- Psychotherapy - 4p



# Community based services

- Personality Disorder Service - 1p
- Community Rehabilitation Team - 1p
- Crisis Team, Street Triage and Section 136 Suite - 11p
- Single Point of Access and Rapid Response Cost - 4p



# Community based services

## Potential new services (suggested from listening work prior to February):

- Crisis Hub - 2p
- Crisis Bed - 2p
- Navigators - 1p
- Peer support workers - 1p
- Liaison services - 3p



# Community based services

## **Selection on community services**

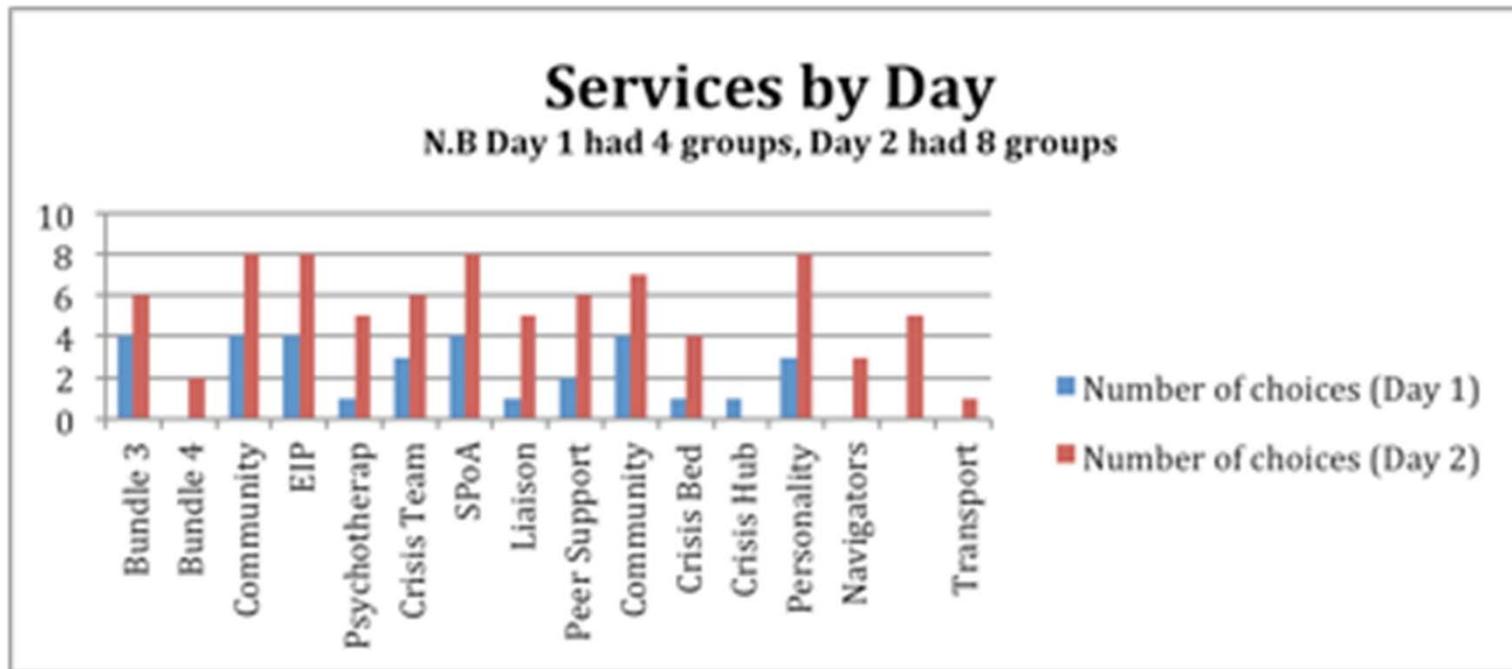
Strong support for:

- Community specialist mental health teams
- Personality disorder
- Community rehab



# Community based services

Large variation in decisions made about preferred community services



# Participant evaluation

All participants were asked to complete a post event evaluation

I was able to actively contribute to the table discussions and feel my views were listened to.		
Answer Options	Response Percent	Response Count
Strongly agree	68.9%	31
Agree	26.7%	12
Neutral	2.2%	1
Disagree	2.2%	1
Strongly Disagree	0.0%	0
answered question		45
skipped question		0



# Participant evaluation

The presentation was clear and I was able to understand the context and content.

Answer Options	Response Percent	Response Count
Strongly agree	60.0%	27
Agree	33.3%	15
Neutral	4.4%	2
Disagree	2.2%	1
Strongly Disagree	0.0%	0
answered question		45
skipped question		0



# Participant evaluation

I understand more about the challenges facing the NHS with regards to budgets.		
Answer Options	Response Percent	Response Count
Strongly agree	58.1%	25
Agree	39.5%	17
Neutral	2.3%	1
Disagree	0.0%	0
Strongly Disagree	0.0%	0
<i>answered question</i>		<b>43</b>
<i>skipped question</i>		<b>2</b>



# Participant evaluation



# The next steps

- CCG will work with the Mental Health programme board
  - Consider the feedback
  - clinical evidence base
  - public health needs assessments
- Develop potential scenarios for change
- Subject to a future formal public consultation later in 2015



# Keep involved

- Sign up to My NHS via website
  - [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)

# Thank you for coming

