healthwatch
Solihull

The **Future** of **Mental Health** Services in **Solihull**

February 2017

Introduction

Mental health services are presently attracting significant attention at a national level. In February 2016, a report from the independent Mental Health Taskforce to the NHS in England spoke of "chronic underinvestment in mental health care across the NHS in recent years".

On New Year's Eve, Healthwatch England announced access to, and the quality of, mental health services as the key issue which the public most want to see a focus on. Two thirds of its network reported that their communities want it to be a core focus for improvement.

At the beginning of January, the Prime Minister announced a range of measures to transform mental health support, including an extra £15m for community care and preventive measures in schools and workplaces.

Locally, the Solihull Clinical Commissioning Group (CCG) commissions services from Birmingham & Solihull Mental Health Trust (BSMHT).

At the time of the work reported here, delivery locations within Solihull were the Bruce Burns Unit at Solihull Hospital for inpatient services, Solihull Hospital for crisis and urgent care services and from, primarily, the Lyndon, Newington and John Black Centres for Community Based Team work.

Services were also delivered to Solihull residents, when appropriate, from inpatient facilities in Birmingham, and Heartlands Hospital, for overnight crisis and urgent care.

BSMHT undertook a two stage consultation, to explore need and consult on specific proposals, in 2015. This exercise was entitled 'New Dawn' and it sought to re-design the services to be more responsive, needs led and recovery focused.

There was a recommendation in the consultation that the Bruce Burns Unit be closed, because 'the unit is not and could not be made fit for purpose' and that replacement inpatient beds would be 'provided nearby for Solihull'.

Other recommendations included consolidation of services for an area into 'integrated community hubs', including the Lyndon Clinic to serve Solihull, more work 'out in the community' and a focus on 'recovery and independence' for service users.

This consultation included a commitment for 'a further consultation before the specific model for Solihull is finalised'.

This further consultation, led by Solihull CCG as commissioners, was launched in September 2016, This repeated and, to an extent, concentrated on the recommendation to close the Bruce Burns unit and it proposed alternative provision at:

- Zinnia, Sparkhill
- Northcroft, Erdington
- Oleaster, Edgbaston
- Mary Seacole, Winson Green
- Newbridge, Small Heath.

It also set out the scope and proposed locations of the Community Hubs, listing three options 'being considered' for Solihull, ie Lyndon Clinic, Newington and Maple Leaf Drive.

Finally, it explored crisis and urgent care services, including Rapid Assessment, Interface and Discharge (RAID) being provided at Solihull Hospital, Street Triage, with mental health nurses accompanying police officers to incidents, where appropriate, and the NHS 111 service.

Given perceptions that at least some mental health issues are increasing in frequency and the suggested closure of the Bruce Burns Unit, the Healthwatch Solihull partnership determined that it should undertake a study of the service user perception of the current provision in Solihull and of any concerns for the future.

This report summarises the findings which emerge from our work. It sets out the results and analysis of a survey and also makes some observations and recommendations that may be valuable to key stakeholders as a result.

Approach

The work completed on this project has comprised:

- Focus sessions with key service user groups
- A public meeting
- Preparation and execution of a survey
- Two in depth interviews undertaken to formulate detailed case studies.

Healthwatch Solihull partner, Independent Advocacy, being a specialist in the mental health field, met with groups of service users. As an example, one meeting was with a mutual support group which holds sessions at St Mary's Church, Hobs Moat. This meeting was also supported by Julia Phillips, joint services commissioner for the Council and the Clinical Commissioning Group.

The public meeting was advertised and held at The Core in Solihull Town Centre. It was attended by 46 members of the public along with some service provider and support group representatives and a journalist from BBC Midlands Today.

The survey was launched at the public meeting. This was designed to supplement the survey being carried out by the CCG as part of its consultation. A total of 50 responses from service users and/or their families were secured.

Attempts were made to obtain more than two detailed case studies, but others approached were either reluctant to participate or, in one case, 'too upset about prospective changes to go into detail'.

Concerns of Key User Groups

Whilst these discussions made reference to:

- crisis intervention and home treatment services
- broader community hub based services
- support available from the community sector

service users centred the overwhelming focus of dialogue on concerns relating to the future of inpatient services.

The common concerns of this cohort may be summarised as:

- There was a belief that service users were being consulted for the first time on a decision that may already have been made;
- The accommodation of patients who are seriously ill and in need of inpatient care is a primary concern should the Bruce Burns Unit close;
- People who are in crisis do not want to move far for emergency treatment;
- For families to remain in contact, inpatient facilities should be within easy travelling distance, by public transport;
- The skilled and trusted staff at the Bruce Burns Unit should not be lost to the service user community;
- The ceasing of some daytime activities at the Lyndon Clinic appears to be in potential contention with the move to establish a community hub for services.

Outcome of Public Meeting

The meeting was held in the Cafe of The Core, a suitably accessible and central venue. It was attended by 46 members of the public. Over 90% of these indicated as current or former users of mental health services or parents/carers of current or former service users.

It was supported by Chris Howell, Chief Officer Service Design at Solihull CCG, who summarised the key proposals being consulted upon and answered questions.

The key points arising from a straw poll held at the end of the meeting were:

- 45 out of 46 persons present and indicating were in favour of retaining the Bruce Burns Unit rather than use Birmingham based inpatient facilities;
- only 5 of the same group considered that Birmingham based inpatient facilities would be as acceptable as Solihull based inpatient facilities;
- 22 out of 24 persons indicating thought that improved access to crisis support, available on a 'walk in' basis, would be helpful.

In the open dialogue, the following points, when made, received a level of general verbal assent from those present:

- Several persons stated that there were 'insufficient inpatient beds available in the local area at the present time' and were very concerned that the proposed changes would exacerbate this;
- Periods of 'leave' from Birmingham sites are not as helpful as in Solihull for Solihull patients because of a lack of familiarity with surrounding streets, an inability to get home as readily and, in some cases, a lack of amenities in the immediate area;
- Whilst the Bruce Burns Unit 'probably should close', what was needed was a purpose built facility in Solihull;
- Inpatient mental health services require that friends and family are nearby to support their loved one and care for them to aid recovery;
- The involvement of paramedics in immediate crisis response and home treatment services was said to be considered poor, with the paramedics unable to assist except in cases of physical harm;
- Experience with the RAID service suggests that it does not currently have the capacity to deal with demand and is hampered in effectiveness by a lack of access to records;
- Concern was expressed that a high quality team of staff currently working at the Bruce Burns Unit might be lost;
- Once again it was suggested that ceasing some provision of activity at the Lyndon Clinic appears to be in contention with the potential to establish it as a community hub for services.

There was a mixed level of satisfaction with services reflected in the discourse. The following individual examples were provided of individual cases of dissatisfaction.

By the nature of the event, detailed discussion focused on negative experiences, rather than positive ones. It was unrealistic to obtain further clarification or to record source details. Whilst each is a single experience, each does reflect a current patient, relative or carer perspective on services:

- A mother related that her 15 year old son was taken to Blackheath for treatment for a period of four months instead of being accommodated locally and then brought back in a van 'in a state of considerable distress';
- Another mother with long experience, a son with mental health issues from age 22 who is now 50, judged home treatment to be inadequate, with frequent changes of personnel and no continuity of care. She also bemoaned the lack of links between mental health workers and social workers. She expressed frustration that her son 'used to be taken out but now stays rotting at home';
- A patient with experience of Newbridge and Zinnia expressed the view that the experience of being in both was 'terrible';
- A mother related that her daughter had needed to 'sleep in a chair' at Oleaster because of the unavailability of a bed;
- Another parent or carer, in this case for a learning disabled patient, expressed concern about interfaces in the system, stating that the patient's case note files had been despatched between parties four months ago and had yet to be found;
- A female patient related that she had 'always felt safe at Bruce Burns' but on the occasion of a recent treatment, as an inpatient at Oleaster, ,had been concerned by 'large burly male staff on duty at night' and had been 'too scared to sleep';
- A patient stated that her 'care plan', due for review each three months, was said to be actually reviewed after a year due to staffing pressures.

A Case Study

Context

A Solihull resident family agreed to share their story and experiences with Healthwatch Solihull. The case study sets this out using their own words.

To protect and respect the identity of the family sharing their experiences, however, all names and other identifying details have been changed or omitted, as appropriate.

Background

Whist studying away from home, Sam developed mental health issues and sought support for these. The quality of this support was poor and, as a result, Sam returned to the family home in Solihull. Back at home, Sam's care and support from local Mental Health services was very positive and of an excellent standard compared to that previously experienced. Sam's experience at Bruce Burns strengthened this view; staff were caring and the atmosphere was positive and supportive.

The family story

The publication of the 'New Dawn' consultation in 2015, highlighted the Bruce Burns provision and a need for change. However, from reading the paper, Sam's family were reassured that replacement provision for the unit was being considered by the CCG and the local Mental Health Trust.

Attending the first local consultation event about local mental health provision, held on 5 October 2016, completely erased this reassurance for the family. Those in attendance were told that the provision was set to close (with the loss of sixteen beds) and within weeks. Sam and wider family members were not just startled, they were angry. This announcement came as a surprise although rumours were circulating that something was going on. In their view, the local consultation document had not taken on board the issues for patients but had set out how future needs would be met mostly with provision in Birmingham.

Sam's family described the 'trek' to one earlier instance of Birmingham based provision for 'snatched conversations' with Sam of up to only twenty minutes, due to extended travelling time. They highlighted the challenges faced by with any 'leave' from this provision. These resulted in heightened levels of anxiety and stress because the location was unfamiliar and set in a completely different environment to that which was the case in Solihull. The latter was in the local neighbourhood where, as the family described, Sam could 'call in for a sandwich'.

Furthermore, the setting for this Birmingham based provision made integration difficult and made it challenging for family and friends to provide the contact and nurture needed for Sam to thrive. The family drew a comparison between the treatment and recovery from a physical condition and that required with mental health issues. While for the former, treatment at a specialist centre away from home could be appropriate because in-patient status may only last a couple of weeks, they said that mental health treatment and recovery can take months, years, or even a lifetime, and requires local solutions and support, particularly during acute episodes, for the patient to gain strength and confidence to find a pathway to recovery.

Sam's family, whilst being able to see and appreciate the wider context of this situation (the security concerns and the gender issues) are still not convinced that the community care described at the public events is sufficient to manage acute and emergency situations now and in the future. They know that a new, purpose built provision is not possible but they question whether replacement provision and capacity is actually in place at all at this time.

They feel that there is a gap in provision now with the Bruce Burns unit closing imminently, without any clear transition to community care. From their perspective, there appears to be inadequate acceptance of the importance of local and neighbourhood support in recovery for people requiring effective, timely and needs driven treatment.

The process has left them with little confidence and trust in those managing the situation. They are fearful of what the future now holds for Sam, losing a provision that was found to be safe and effective and close to family and friends.

Summary

Sam and family members understand the pressures on health and social care services; they would love a new and modern provision in Solihull but understand the challenges in achieving this are insurmountable. However, they express their disappointment that consultations and public events do not seem to have acknowledged the significant concerns of patients and that no clear plan to deal safely with the situation has been communicated to the public and those currently using the provision.

Whilst 'New Dawn' was a positive and hopeful vision, this changed for them when the Bruce Burns Unit closure was announced. Sam's family believe that full and active engagement of the public and people who use mental health services has been missing; being involved in shaping provision rather than just being told what is to happen. For example, a suggested 'drop-in' session, suggested at the 5th October meeting to give people who are, maybe, less confident at larger meetings, more of a voice, was held. However, this was not run centrally in the borough, but in a location on the edge of Solihull. In the event, Sam's family believe only a small number of people were present.

Sam is currently experiencing a set back and is an in-patient at Bruce Burns. To date, the family are disappointed not to have been told what was and is going to happen. Staff have kept them informed as best they can, but have apparently been told not to share information about the changes with patients and their families. The family say that they feel like Sam is being 'shipped out' .

Sam's family are full of praise for the treatment and support Sam has received so far at the Bruce Burns Unit and they see as fundamental that a local, Solihull based solution should be available to meet acute needs as they want Solihull to maintain good provision for vulnerable citizens like Sam.

Healthwatch Solihull Survey

A copy of our survey is provided at Appendix 1 to this report (page 14). There were, in total, 50 completed responses. Of these, 21 were current of former inpatient service users or their parents/carers, 36 were current of former outpatient service users or their parents/carers.

The full analysis of their responses, including equalities monitoring data, can be found in Appendix 2 (page 19).

Given that the firm decision to close the Bruce Burns Unit has now been taken, which was not understood to be the case at the outset of this work, no space is committed here to the public view of that Unit.

There was very limited feedback on other inpatient facilities, but the assessment of inpatient services overall was primarily positive. There were, however, a total of five reports of negative experiences. These involved the facilities at Newbridge, Oleaster and Zinnia.

Otherwise, the key results emerging were:

- Overall, there was a low level of dissatisfaction with outpatient services. The highest level of dissatisfaction was with the range of available services, where 29% considered them to be inadequate;
- Meanwhile, 66% of those assessing outpatient services considered them safe, 64% conidered them clean and 55% considered them welcoming;
- Also, 61% of those assessing outpatient services agreed that the quality of staff support was appropriate;;
- Access to community based services was recorded as less satisfactory, however, with only 29% of respondents reporting being seen in less than a month;
- There was no clear differential between the experience in community services and acute inpatient wards. 47% of those responding reported no difference and the remainder were evenly split in the preference;
- Only 50% of those accessing inpatient services recorded a waiting time of within a month of referral.
- Access to alternative inpatient facilities was considered generally challenging for service users and their visitors. Service user respondents considering access difficult or very difficult were 77% for Newbridge, 84% for Northcroft, 85% for Zinnia, 90% for Mary Seacole and 90% for Oleaster.

The opportunity to add comments was well used in the survey. Amongst some common themes from respondents were:

- There were many expressions of dissatisfaction with the accessibility of specialist mental health services when they were required, because practitioners were overstretched, a lack of appointment availability and long waits to be seen;
- There were a range of positive comments about services, particularly some reflecting the benefit of specialist and caring professionals and the benefit of one to one discussion of service users' cases;
- A mixed response to support from GPs, with three respondents valuing it and two expressing frustration;
- In terms of shaping future 'community hub' provision, closeness to home appeared an emerging theme, with two respondents going as far as to say 'one in north Solihull and one in south Solihull' were needed;
- Regarding access to future inpatients services, many comments expanded on the issues with travel to the sites in Birmingham with a focus on reliance on buses ('1, 2 or even 3'), long journey times ('the one in Edgbaston takes a good 1.5 hours to get to') and the strain this puts on family or carers;
- There was general frustration that Solihull ('4th highest with long term mental health conditions out of 14 CCGs') did not appear to be receiving facilities commensurate with its perceived needs;
- There were concerns that services did not appear to be developing in a manner that matched an expectation of rising demand.

Another Case Study

Context

A mental health service user agreed to share her story and experiences for this report. The case study relates this using her own words.

To protect and respect her identity, however, her name has been changed.

Her Story

Ms C describes that she first developed mental health issues nearly 20 years ago. She has received counselling and was prescribed medication. Her condition stabilised and she ceased taking these high doses of anti-depressants a number of years ago.

Recently however, a crisis in her family resulted in her becoming very unwell. She recognised that she was in need of support and describes two visits to her GP's surgery where she felt the scale of her problem was not recognised. She felt that she was allowed to get to a 'crisis point' before being referred back to The Lyndon Clinic.

Ms C felt that there were some really good elements to the service and also some which could be improved. She describes the response time as quick and she was seen the same day. However, Ms C felt that the waiting room at the clinic was overwhelming. The television was on very loud and it was a noisy, busy atmosphere.

She describes the initial appointment as quite rushed and none of the staff introduced themselves. She was also asked to complete a patient satisfaction survey whilst in the room with the psychiatrist. She felt that this was inappropriate at this time. She was pleased however to be given medication on site and did not have to make a visit to the chemist.

Ms C's biggest criticism was of the follow up. She works a few hours a week and is also a carer. She was keen to keep going to work as she describes her job as her 'saviour'. Whilst she was at work a member of the Home Treatment Team arrived at her home and disclosed to her son where they were from.

She was very distressed that this had happened as she did not want her son to worry about her. She was also surprised that there was an assumption that she would not be at work. She felt that she was stereotyped.

Ms C attended the Lyndon Clinic for a follow up appointment and was unhappy that someone approached her to complete another patient satisfaction survey in the waiting room.

Having been discharged from the crisis team after a number of weeks, Ms C returned to see a psychiatrist. She describes this member of staff as 'fantastic'. She recalls that the psychiatrist had read her notes thoroughly so she did not have to repeat herself, which she was relieved to find. She describes the advice and support as practical and effective.

Ms C had a further appointment with the same psychiatrist and her concerns regarding side effects of her medication were discussed and her medication was altered. She said that she felt that the psychiatrist treated her as an equal and she appreciated this.

She had a further appointment to see the psychiatrist but said she felt "crushed" when she received a letter telling her that the psychiatrist has left and her next appointment will be with someone new. She has concerns that she will have to "start all over again" to build a relationship.

Ms C was also disappointed that at no time during any of her appointments at her GP surgery did anyone acknowledge that she is a carer or make any allowances for this.

Analysis and Review - Consultations

When Healthwatch Solihull planned the research reported here, the work began under the perception that the Bruce Burns inpatient unit might, rather than would, close and that closure would be subject to suitable alternative arrangements.

This perception had been generated by a report to Solihull's Health and Wellbeing Scrutiny Committee, delivered on 20 July 2016 by the Clinical Commissioning Group which began:

> **"The Birmingham and Solihull Mental Health Foundation Trust are proposing to close the Bruce Burns Unit and have asked Solihull CCG to lead the consultation process. This report will therefore provide an update to Scrutiny on the process that is to be followed in deciding on the future of the Bruce Burns Unit."**

Accordingly, the survey and public meeting reported above were designed and planned on the basis that there was room to consult on whether the unit should close and whether alternative arrangements were adequate.

During the early stages of the work, conflicting information emerged regarding the prevailing intentions with respect to the potential closure and re-provision. We had variously heard from different sources:

- that the unit was destined to close before the end of 2016;
- that it was destined to close soon but no decision has been taken on timing;
- that no decision had yet been taken on its closure.

Part way through the study, shortly in advance of the public meeting, it became clear that a firm decision to close the Bruce Burns Unit had been made.

There seems to have been, then, in hindsight, a period of ambiguity and uncertainty regarding the potential closure of the unit and the re-provision of inpatient services.

At least in part, any such confusion might have resulted from interpretation of the previous 'New Dawn' consultation, published in the summer of 2015, regarding which two matters might be highlighted.

Firstly, the 'New Dawn' consultation document had stated clearly (on page 10):

> **"We will provide services locally where we can, however some of the more specialist services, such as specialist dementia and frailty inpatient services, will be provided at sites outside of Solihull, as we can provide safer, more efficient and effective services by combining resources with neighbouring Birmingham.**
> **As we have outlined earlier, we are recommending that inpatient beds should no longer be located at the stand alone Bruce Burns unit. As the unit is in a general hospital we have limited flexibility and many service users have fed back that the environment is not suitable.**
> **There will be further consultation before the specific model for Solihull is finalised."**

Although the second paragraph above heralds the closure of the existing inpatient unit, the other two paragraphs quoted can readily be taken to infer that closure would be subject to non-specialist inpatient services remaining in Solihull, following further consultation.

It was generally acknowledged by those consulted during this research that closure of the Unit had been mooted for some time. Nevertheless, a number of those consulted stated that, at least until the 'New Dawn' consultation, there had been an understanding that closure would involve a replacement, local inpatient facility.

It is not clear that any content within the 'New Dawn' consultation document reversed this expectation.

However, the October 2016 consultation by the CCG made clear that a local replacement inpatient service was no longer under consideration, for instance by stating (on page 9):

"We understand the concerns people may have about moving inpatient bed services from the Bruce Burns Unit to sites within Birmingham."

That document, in addition to reports to the Scrutiny Board over the autumn period, included a clear rationale for this position, in terms of reduced demand for available inpatient beds in Birmingham and a policy of redesign that would see a diversion of some demand away from inpatient beds to community based support services.

Nevertheless, there is room to understand why longstanding service users perceive that the shift away from local re-provision of inpatient beds had 'come out of the blue'.

Secondly, during the work carried out for this project, there was an overwhelming denial of awareness of the 'New Dawn' exercise amongst those local people consulted. Indeed not one person attending the meetings acknowledged any cognizance of it.

Following the announcement of the intended closure and a statement that it had been consulted on in 2015, service users and their advocates questioned the penetration of that consultation and expressed concern that they would have wished to be able to explore its implications and to state their needs and location preferences at that stage.

Healthwatch Solihull understands that most public consultation sessions during the 'New Dawn' engagement programme were held at the Uffculme Centre in Moseley. Two events were held in Solihull, one at Touchwood and one at the Lyndon Clinic. Some Solihull based service users were known to have been engaged. Consultation documents were also made available in clinics.

Nevertheless, the recent reaction of local service users gives reason to ask whether sufficient efforts were made at that time to reach the Solihull user base with so key a recommendation and to ensure that its significance was understood.

It was clear that either the 2015 New Dawn consultation, which suggested the closure of the Bruce Burns Unit, had not effectively penetrated to the Solihull user base or the intentions had not been clearly understood at the time.

It should be considered, then, that there may have been a significant level of ambiguity and confusion from the launch of the 'New Dawn' consultation in the summer of 2015 until the clear statement that the Bruce Burns Unit would close and not be replaced by local inpatient services in autumn 2016.

If so, then this would imply an opportunity for learning in considering future consultations and communications regarding Mental Health services in the borough.

Analysis and Review - Inpatient Services

During this research, there was a general acknowledgement amongst stakeholders that the Bruce Burns Unit was not well matched to the needs of a modern acute mental health facility.

This was particularly the case in terms of its inbuilt compromise from full segregation of genders, for which it did not meet required standards.

Nevertheless, the results of Question 10 in the survey indicated a good level of service user satisfaction with inpatient services and Question 11 showed that 70% of respondents assessed these at the Bruce Burns unit, as opposed to any other unit (see pages 21 to 23).

Amongst the contributions to the public meeting and the responses to additional comment sections of the survey, no feedback could be found that suggested service user concerns about that unit.

Two of the extended 'stories' given additional space in this report give plaudits to the Bruce Burns unit (see pages 5 and 31).

The survey did, however, expose concerns regarding the increased use of Birmingham based facilities to replace the beds at Bruce Burns.

Whilst between the meeting and survey there was one report each about bad experiences at Zinnia and Newbridge and three at Oleaster, these are not statistically significant.

Meanwhile, the overwhelming concern arising at the meeting and through the survey is that of travel to these alternative locations. In the survey, between 77% and 90% of those responding considered that it would be difficult or very difficult to travel to the various sites.

A related concern was that of the opportunity for service users to travel back home, or otherwise to make use of, periods of 'leave', ie opportunities for recovering inpatients to have a short period out of the inpatient unit to acclimatise back to the external environment (see the Case Study on page 5, for example).

Service users stated that they found this valuable in Solihull, where they could easily travel home and back or visit the shops within the short time available. Travel home would, however, be mostly impractical from the Birmingham locations and there are no suitable local amenities to visit in most locations.

Healthwatch Solihull has modelled travelling from three randomly chosen locations in the Urban South, Rural East and North of the borough.

To do this the Journey Planner facility provided on the Network West Midlands website was used to determine the journey to each of the five sites on public transport, to arrive at 2pm on a weekday with 'Least Walking' selected. The results are shown in the table below.

As can be seen, journey times vary from 51 minutes to over one a half hours each way and half of these journeys involve three legs, three buses or a combination of buses and trains.

Start/Finish	Burman Road, Shirley, B90 2BE	Landor Road, Knowle, B93 9HZ	Wardour Drive, Chelmsley Wood, B37 7UA
Mary Seacole	51 mins 1 train, 1 bus 16 mins walking	1hr 9 mins 1 train, 2 buses 7 mins walking	53 mins 1 train, 2 buses 8 mins walking
Newbridge	1hr 5mins 2 buses 13 mins walking	1hr 5mins 2 buses 5 mins walking	43 mins 2 buses 8 mins walking
Northcroft	1hr 10 min 1 train, 2 buses 17 mins walking	1hr 27 min 3 buses 5 min walking	50 mins 2 buses 5 mins walking
Oleaster	1hr 5mins 2 buses 13 mins walking	1hr 33mins 2 buses 8 mins waking	56 mins 2 trains, 1 bus 16 mins walking
Zinnia	38 mins 2 buses 7 mins walking	1 hr 7mins 2 buses 8 mins walking	1 hr 16mins 3 buses 10 mins walking

Although 'least walking' was selected for making these enquiries, the results still included net travel on foot to, from and between public transport legs which varied from 5 to 16 minutes at average walking pace.

Concerns regarding travel were mirrored in the parallel consultation conducted by the CCG. In considering the report of that consultation, the CCG's Governing Body noted:

> **"There should be further discussion on the issue of transport to the Birmingham sites."**

In light of the above, and the many comments on the matter recorded on pages 31 and 32, this is a conclusion supported by Healthwatch Solihull.

Overall, this work highlighted service user satisfaction and confidence with inpatient services themselves and particularly with the support available from staff and the provision of an environment in which service users felt safe.

It is unsurprising that with many cases of persons in mental health crisis having been transferred over quite long distances to find an available bed over the years, some of whom were present or represented at the public meeting, there was a lack of confidence in the statement that sufficient local beds to meet demand would remain.

Healthwatch Solihull understands that the incidence of such long distance transfers has been addressed in recent times and is now far more infrequent.

The recommissioning of Birmingham's 0-25 mental health services to another provider has generated additional inpatient capacity in Birmingham to offset the Bruce Burns unit closure.

Nevertheless, it is understood that Newbridge is also due for closure, despite its inclusion in the CCG consultation. The supply and demand for local inpatient beds remains, therefore, a matter that may require careful monitoring.

Analysis and Review - Outpatient Services

In a report to Solihull's Health and Adult Social Care Scrutiny Board on 6 September 2016, the CCG advised:

> **"New Dawn aims to develop community services, to provide services closer to home, to provide more early and preventative services; and to reduce the need for acute inpatient beds and therefore the requirement for out of area placements."**

An earlier report on 20 July 2016, had stated:

> **"{A} working group will provide evidence to the CCG that there will be robust community capacity in all services that are aimed at supporting people to avoid a crisis and maintain their recovery."**

Accordingly, strong community based outpatient services were seen as central to the plan for closure of the local inpatient unit.

However, both the survey and the public meeting indicated a lower level of confidence amongst service users in outpatient services than with inpatient services. More respondents to the survey indicated dissatisfaction with the range of outpatient services than satisfaction (page 20).

Furthermore, in response to the statement

> **"Patients have been described as having 'a better experience when treated through community services' as opposed to treatment in acute inpatient wards."**

there was marginally more disagreement than agreement (page 21).

At the public meeting and in consultations with key groups, significant reservations were expressed regarding the readiness of outpatient services to deal with cases that might have previously been treated by local inpatient provision.

Specific concerns raised at these sessions about reductions in provision at the Lyndon clinic and the current capacity of RAID services are reported above (pages 3 and 4).

Further comments from the survey (pages 28 and 29) also indicate that perception of both the experience of and the effectiveness of outpatient services is mixed amongst service users.

A dominant theme arising from the survey was obtaining access to services and long waiting times for outpatient appointments. A total of 15 respondents made reference to difficulties and delays in accessing the services which they believed they needed.

It would seem appropriate to presume that the current service development strategy will involve changing the expectation of some patients away from inpatient services towards community based treatments.

A further matter raised several times was lack of consistency of staff from one appointment to the next (see the case study on page 7 in particular). To be dealt with by a single person with a growing familiar with a case is a factor which patients consider important.

There is no question that many users of these services have either been able to recover or continue to depend on them with confidence.

However, there is also evidence emerging from this work that the overall level of confidence of patients and their families/carers in these services is not as strong as would desirably be the case.

These concerns were reflected in the report of the parallel consultation by the CCG.

This would suggest that a programme designed to increase that level of user confidence may be appropriate to consider.

Analysis and Review - Other Matters

Between both the meetings and the survey, there was a mixed picture regarding GPs, A&E and paramedics.

Whilst there were observations about them being found helpful and supportive there were other also comments reporting the opposite case. As reported above, specific doubts about the involvement of paramedics in crisis support in the community were raised at the public meeting.

Whilst the above is inconclusive and numbers were not significant, those in need of mental health support will expect to receive constructive help and support from any health professional they present to. To leave a patient feeling that the person dealing with them was ill equipped to do so suggests a possible weakness in the system.

A matter raised through the meetings and survey was a need for rapid access to safety in a crisis. A service user approaching 'crisis' wants somewhere relatively close by to go to, at which they can avoid harm and obtain support and assessment.

User groups have proposed that, in the absence of local inpatient services, a 'place of safety' could be provided at a mental health 'community hub', to which people could be referred or self refer.

[Note: This would not be a 'place of safety' in a custodial, Section 136 sense, but a sensitively decorated, welcoming, open environment.]

This idea would appear to have merit and be worthy of consideration.

It is noted that Birmingham and Solihull Mental Health NHS Foundation Trust has now joined a 'vanguard' to transform inpatient services across an area stretching from the Black Country to Coventry and Warwickshire.

It is presumed that this will imply a potential for further rationalisation. It is desirable that any learning from the consultations and implementation of 'New Dawn' and from the results of this research of the parallel CCG consultation, are used to inform further transformation activity.

Recommendations

In consequence of the above, Healthwatch Solihull makes the following recommendations:

- That the matter of transport to and from Birmingham based inpatient services for Solihull resident patients and the families/carers be given the further consideration, as proposed by the Governing Board of the CCG in December, on an urgent basis;

- That the Mental Health Trust consider its approach to 'leave' at Birmingham based facilities in order that Solihull residents can find it a positive, confidence building experience;

- That, given the evidence to suggest that the 'New Dawn' consultation of 2015 did not effectively engage Solihull based stakeholders and whilst the challenges of effective engagement of stakeholders in the community are well understood, the Mental Health Trust and CCG consider undertaking a review of that consultation to determine whether there is potential learning to inform future consultation and communications work, particularly regarding the clarity of what was being proposed and the extent to which Solihull based stakeholders were successfully engaged and informed;

- That whilst the number of inpatient beds in Birmingham currently appears to be matched to the demands arising from Birmingham and Solihull, this is kept under close scrutiny during the period of service transformation that is now in progress;

- That as our survey indicates waiting times for appointments is a substantial cause of patient dissatisfaction (whilst the limitations of available funding for services are recognised) the acceptability of current waiting times for access to the latter is reviewed, in light of plans to divert patients from acute to community based services;

- That, furthermore, as patients are diverted to community based services, concerns regarding consistency of staffing and general user confidence in them, both merit further review. A programme to grow confidence in these services as part of the present development plans for these services would be beneficial;

- That during the current period of transformation, it is ensured those professionals in triage roles and referral pathways, eg GPs, paramedics and A&E are sufficiently equipped and informed as necessary to fulfil those activities and to sustain patient confidence;

- That, in light of the loss of local inpatient facilities, the provision of a 24 hour, 365 day, welcoming and sensitively furnished 'place of safety' as part of Solihull based outpatient provision, for the benefit of those 'entering crisis' is highly desirable;

- That any learning from the above be applied to the further transformation work undertaken by the 'vanguard' of which Birmingham and Solihull Mental Health NHS Foundation Trust is now a member.

Appendix 1

Copy of the Survey Questionnaire

1. **Have you or someone you care for ever been an inpatient in Mental Health services in Birmingham or Solihull?**
Check all that apply.

- [ ] Yes
- [ ] No

2. **Have you or someone you care for ever been an outpatient in Mental Health services in Birmingham or Solihull?**
Check all that apply.

- [ ] Yes
- [ ] No

3. **What worked best for you within Mental Health services?**

.....

4. **What didn't work so well for you within Mental Health services?**

.....

5. **Based on your, or someone you care for, experience of outpatient services please rate the following (please note if you haven't used these services please go to Question 8);**
Mark only one oval per row.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Safe	◯	◯	◯	◯	◯
Welcoming	◯	◯	◯	◯	◯
Modern	◯	◯	◯	◯	◯
Clean	◯	◯	◯	◯	◯
Staff support	◯	◯	◯	◯	◯
Range of services	◯	◯	◯	◯	◯

6. **Comments**

.....

7. **After being referred how long did you have to wait before being able to access community based services?**

Date of access:
Mark only one oval.

- ◯ Less than a week
- ◯ More than a week
- ◯ More than a month
- ◯ Other: .....

8. **Patients have been described as having 'a better experience when treated through community services' as opposed to treatment in acute inpatient wards.**

Mark only one oval per row.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Please indicate how strongly you agree or disagree with this statement	◯	◯	◯	◯	◯

9. **Within the new proposed community 'hub' framework for outpatients, what services would you like to see?**

.....

10. **Based on your, or someone you care for, experience of inpatient services please rate the following (please note if you haven't used these services please go to Question 16);**

Mark only one oval per row.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Safe	◯	◯	◯	◯	◯
Welcoming	◯	◯	◯	◯	◯
Modern	◯	◯	◯	◯	◯
Clean	◯	◯	◯	◯	◯
Staff support	◯	◯	◯	◯	◯
Range of services	◯	◯	◯	◯	◯

11. **For your answer to Question 10 please select which unit(s) you have rated;**

Mark only one oval per row.

	Bruce Burns	Northcroft	Zinnia	Oleaster	Mary Seacole	Newbridge	Other
Name of unit	◯	◯	◯	◯	◯	◯	◯

12. **After being referred how long did you have to wait before being admitted?**

Date of admission:
Mark only one oval.

- ◯ Less than a week
- ◯ More than a week
- ◯ More than a month
- ◯ Other: .....

13.

Comments

.....

14.

Based on your experience, or someone you care for, of inpatient mental health services in Solihull please rate the following statements(please note if you haven't used these services please go to Question 16);

Mark only one oval per row.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The Bruce Burns Unit poses significant risks to both patients and staff due to the challenging needs of patients	◯	◯	◯	◯	◯
The Bruce Burns Unit is in a general hospital where there is limited flexibility, for example their is no single sex accommodation available at the unit	◯	◯	◯	◯	◯
The Bruce Burns Unit, as a stand-alone unit, does not offer service users the opportunity to access shared resources as in co-located wards	◯	◯	◯	◯	◯

15.

Comments

.....

16.

If inpatient services in Solihull were to close how problematic would it be to travel to the following proposed inpatient units;

From Pine Square (Chelmsley Wood) - 1-2 buses with a journey time of between 40 mins and 1 hour 10 mins / From Mell Square (Solihull Town Centre) - 1-2 buses/trains with a journey time of between 45 mins and 1 hour 10 mins (All times are estimated journey times and may vary according to traffic and mode of transport)

Mark only one oval per row.

	Very easy	Easy	Neither easy or difficult	Difficult	Very difficult
Northcroft - 190 Reservoir Road, Erdington, Birmingham. B23 6DW	◯	◯	◯	◯	◯
Zinnia - 100 Showell Green Lane, Sparkhill, Birmingham. B11 4HL	◯	◯	◯	◯	◯
Oleaster - 6 Mindelsohn Crescent, Edgbaston, Birmingham. B15 2SY	◯	◯	◯	◯	◯
Mary Seacole - Lodge Road, Winson Green, Lodge road , Birmingham, West Midlands, B18 5SD	◯	◯	◯	◯	◯
Newbridge - Newbridge House, 130 Hobmoor Road, Small Heath, Birmingham. B10 9JH	◯	◯	◯	◯	◯

17.

Comments

.....

18. **If you're a carer or a family member of an inpatient how problematic would it be to travel to the following proposed inpatient units;**

From Pine Square (Chelmsley Wood) - 1-2 buses with a journey time of between 40 mins and 1 hour 10 mins / From Mell Square (Solihull Town Centre) - 1-2 buses/trains with a journey time of between 45 mins and 1 hour 10 mins (All times are estimated journey times and may vary according to traffic and mode of transport)

Mark only one oval per row.

	Very easy	Easy	Neither easy or difficult	Difficult	Very difficult
Northcroft - 190 Reservoir Road, Erdington, Birmingham. B23 6DW	◯	◯	◯	◯	◯
Zinnia - 100 Showell Green Lane, Sparkhill, Birmingham. B11 4HL	◯	◯	◯	◯	◯
Oleaster - 6 Mindelsohn Crescent, Edgbaston, Birmingham. B15 2SY	◯	◯	◯	◯	◯
Mary Seacole - Lodge Road, Winson Green, Lodge road , Birmingham, West Midlands, B18 5SD	◯	◯	◯	◯	◯
Newbridge - Newbridge House, 130 Hobmoor Road, Small Heath, Birmingham. B10 9JH	◯	◯	◯	◯	◯

19. **Comments**

.....

20. **Any additional comments?**

.....

.....

.....

.....

.....

Equalities Monitoring

21. **What is the first part of your postcode?**

i.e. B91

.....

22. **What is your gender identity?**

Mark only one oval per row.

Male	Female	Transgender	Non-binary/gender fluid	Not sure	Prefer not to say
◯	◯	◯	◯	◯	◯

23. **What is your age?**

Mark only one oval per row.

Under 16	16 - 24	25 - 34	35 - 59	60 - 74	75+	Prefer not to say
◯	◯	◯	◯	◯	◯	◯

24. **What is your ethnic group?**
Mark only one oval per row.

Asian or Asian British	Black or Black British	Chinese	Mixed dual heritage	White or White British	Gypsy/Romany/Irish traveller	Arab	Prefer not to say	Other
◯	◯	◯	◯	◯	◯	◯	◯	◯

25. **What is your sexual orientation?**
Mark only one oval per row.

Bisexual	Heterosexual/straight	Gay	Lesbian	Prefer not to say	Other
◯	◯	◯	◯	◯	◯

26. **What is your marital status?**
Mark only one oval per row.

Single	Married/civil partnership	Co-habiting	Married but separated	Divorced	Widowed/surviving partner/civil partnership	Prefer not to say	Other
◯	◯	◯	◯	◯	◯	◯	◯

27. **What is your religion or belief?**
Mark only one oval per row.

No religion	Baha'i	Buddhist	Christian (all denominations)	Hindu	Jain	Jewish	Muslim	Sikh	Prefer not to say	Other
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

Appendix 2

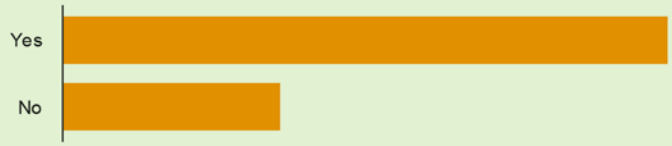
Survey Results

1 - Graphical and Numerical Analysis of Multiple Choice Questions

1. Have you or someone you care for ever been an inpatient in Mental Health services in Birmingham or Solihull?

Yes	**21**	43.8%
No	**27**	56.3%

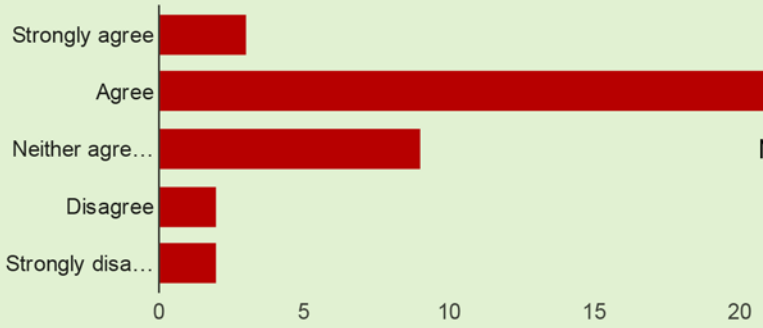
2. Have you or someone you care for ever been an outpatient in Mental Health services in Birmingham or Solihull?



Yes	**36**	73.5%
No	**13**	26.5%

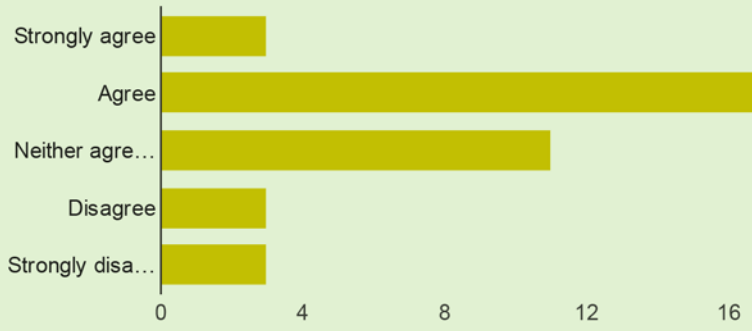
5. Based on your, or someone you care for, experience of outpatient services please rate the following

Safe



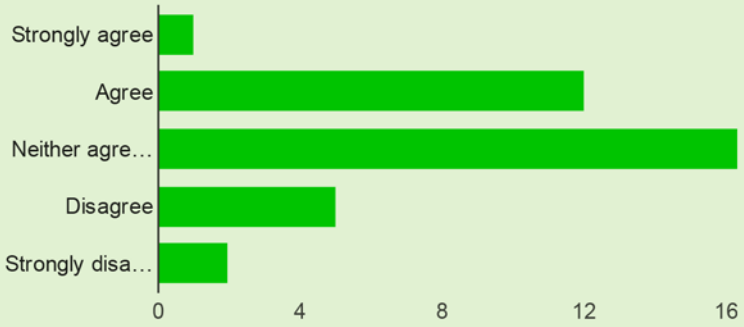
Strongly agree	**3**	7.9%
Agree	**22**	57.9%
Neither agree or disagree	**9**	23.7%
Disagree	**2**	5.3%
Strongly disagree	**2**	5.3%

Welcoming



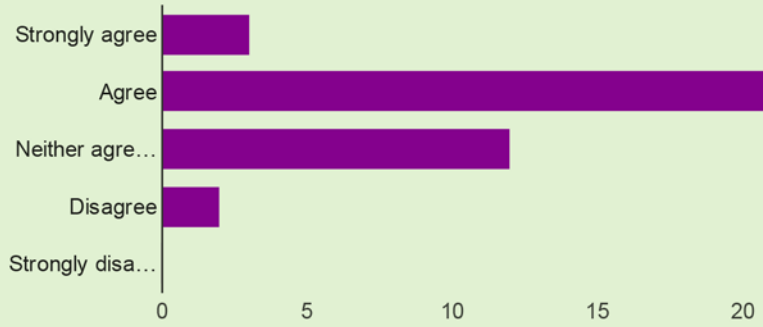
Strongly agree	**3**	7.9%
Agree	**18**	47.4%
Neither agree or disagree	**11**	28.9%
Disagree	**3**	7.9%
Strongly disagree	**3**	7.9%

Modern



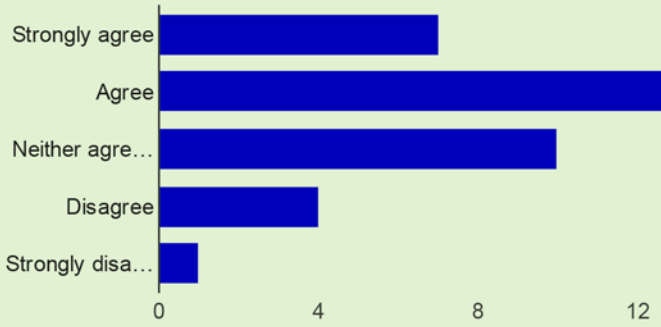
Strongly agree	1	2.6%
Agree	12	31.6%
Neither agree or disagree	18	47.4%
Disagree	5	13.2%
Strongly disagree	2	5.3%

Clean



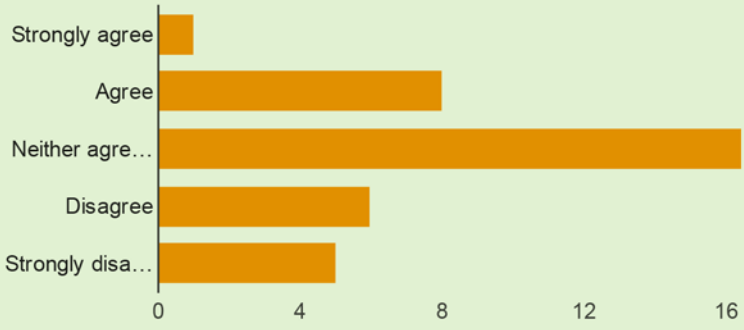
Strongly agree	3	7.7%
Agree	22	56.4%
Neither agree or disagree	12	30.8%
Disagree	2	5.1%
Strongly disagree	0	0%

Staff support



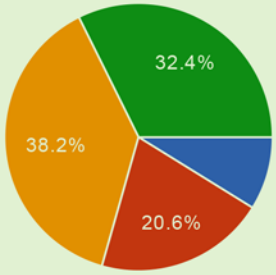
Strongly agree	7	18.4%
Agree	16	42.1%
Neither agree or disagree	10	26.3%
Disagree	4	10.5%
Strongly disagree	1	2.6%

Range of services



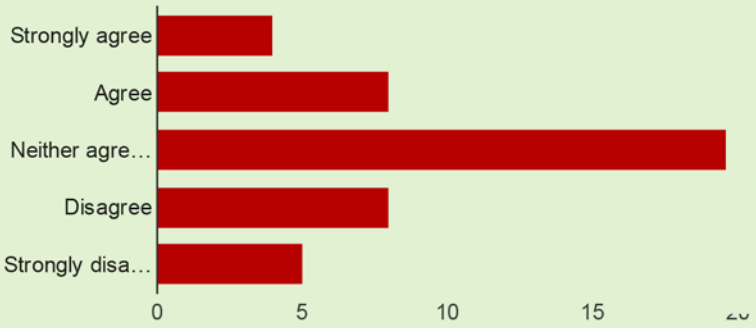
Strongly agree	1	2.6%
Agree	8	21.1%
Neither agree or disagree	18	47.4%
Disagree	6	15.8%
Strongly disagree	5	13.2%

7. After being referred how long did you have to wait before being able to access community based services?



Less than a week	3	8.8%
More than a week	7	20.6%
More than a month	13	38.2%
Other	11	32.4%

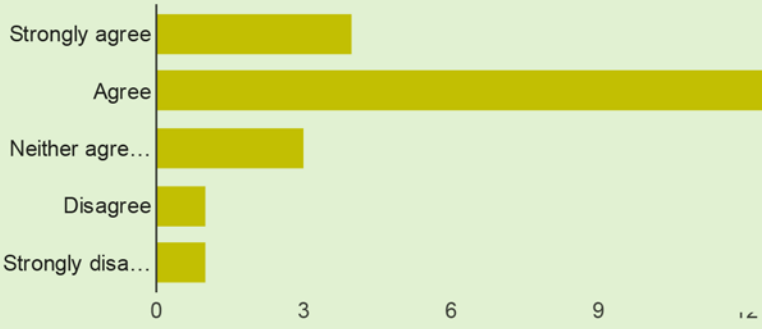
8. Please indicate how strongly you agree or disagree with this statement [Patients have been described as having 'a better experience when treated through community services' as opposed to treatment in acute inpatient wards.]



Strongly agree	4	8.5%
Agree	8	17%
Neither agree or disagree	22	46.8%
Disagree	8	17%
Strongly disagree	5	10.6%

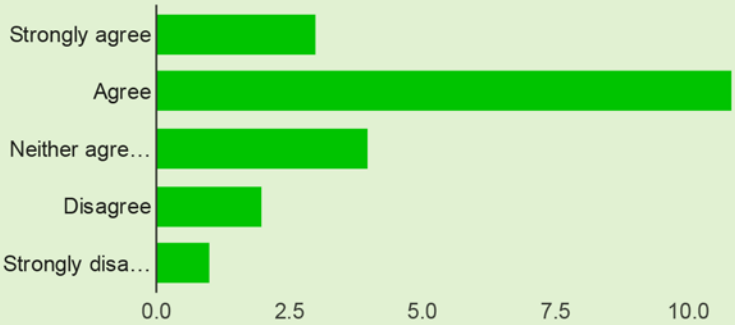
10. Based on your, or someone you care for, experience of outpatient services please rate the following

Safe



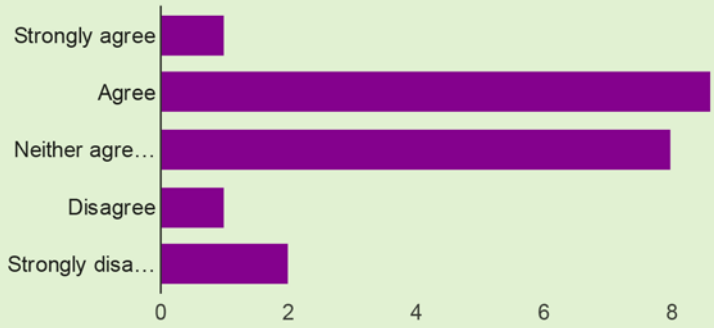
Strongly agree	4	18.2%
Agree	13	59.1%
Neither agree or disagree	3	13.6%
Disagree	1	4.5%
Strongly disagree	1	4.5%

Welcoming



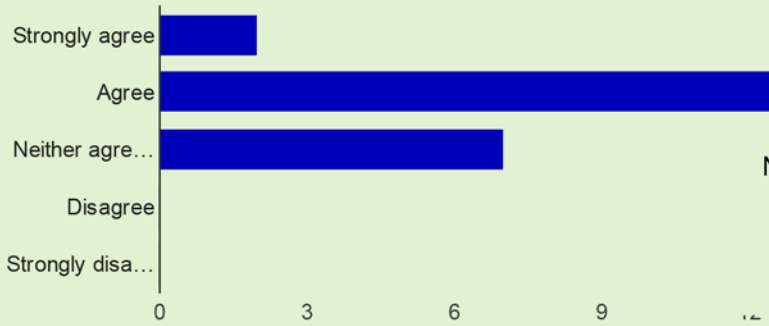
Strongly agree	3	13.6%
Agree	12	54.5%
Neither agree or disagree	4	18.2%
Disagree	2	9.1%
Strongly disagree	1	4.5%

Modern



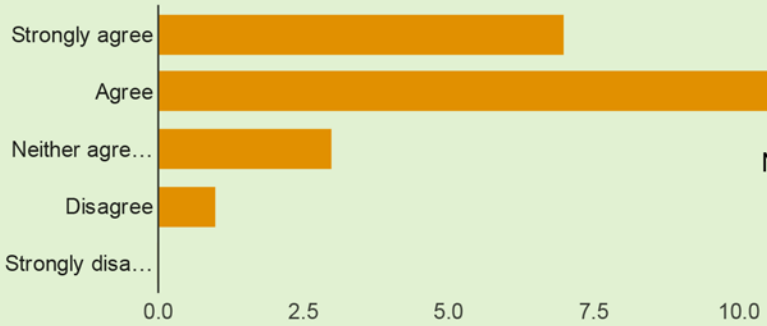
Strongly agree	1	4.5%
Agree	10	45.5%
Neither agree or disagree	8	36.4%
Disagree	1	4.5%
Strongly disagree	2	9.1%

Clean



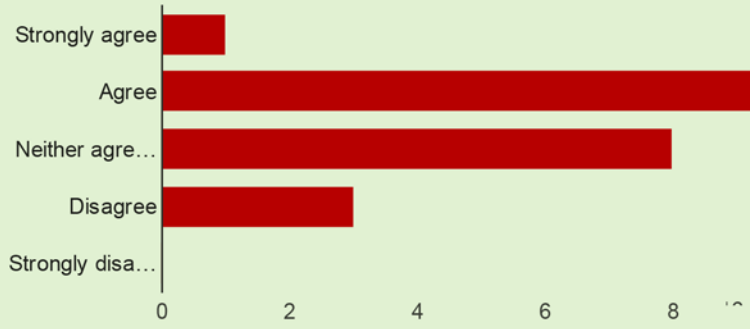
Strongly agree	2	9.1%
Agree	13	59.1%
Neither agree or disagree	7	31.8%
Disagree	0	0%
Strongly disagree	0	0%

Staff support



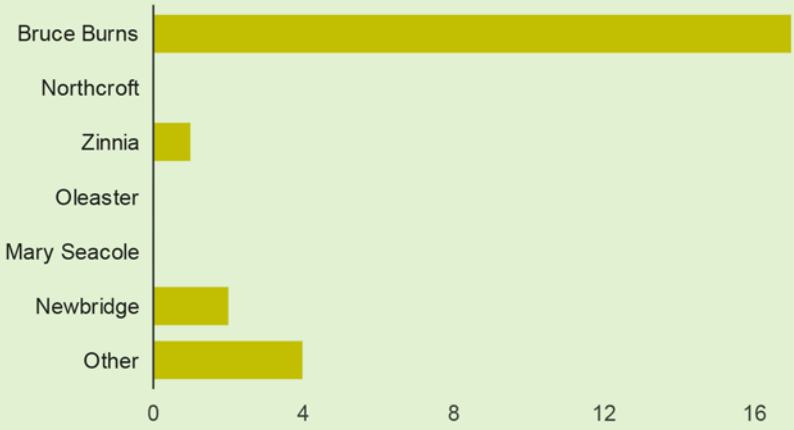
Strongly agree	7	31.8%
Agree	11	50%
Neither agree or disagree	3	13.6%
Disagree	1	4.5%
Strongly disagree	0	0%

Range of services



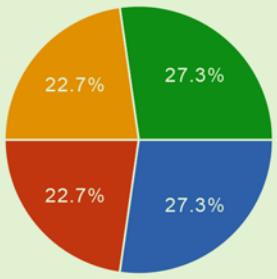
Strongly agree	1	4.5%
Agree	10	45.5%
Neither agree or disagree	8	36.4%
Disagree	3	13.6%
Strongly disagree	0	0%

11. Name of unit rated for Question 10



Bruce Burns	17	70.8%
Northcroft	0	0%
Zinnia	1	4.2%
Oleaster	0	0%
Mary Seacole	0	0%
Newbridge	2	8.3%
Other	4	16.7%

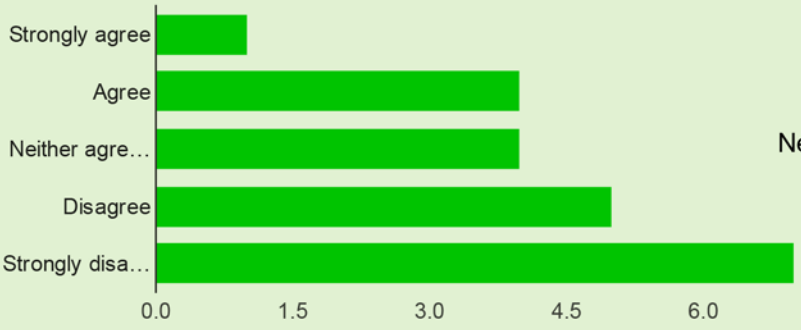
12. After being referred how long did you have to wait before being admitted?



Less than a week	6	27.3%
More than a week	5	22.7%
More than a month	5	22.7%
Other	6	27.3%

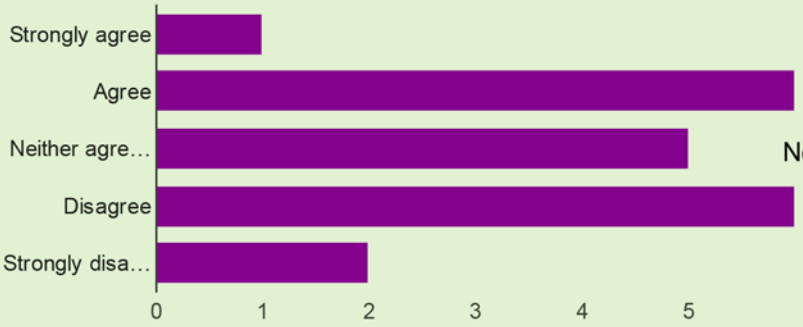
14. Based on your experience, please rate the following statements

The Bruce Burns Unit poses significant risks to both patients and staff due to the challenging needs of patients



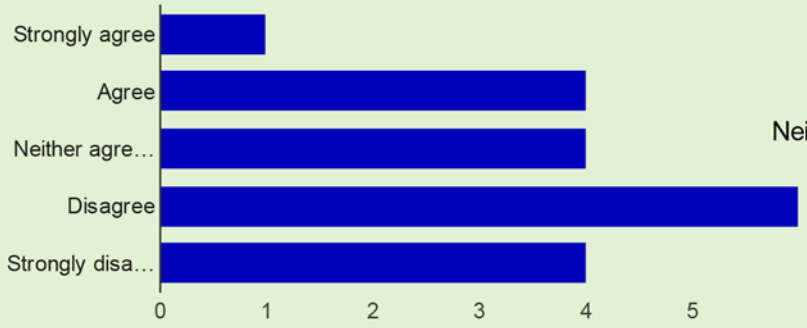
Strongly agree	1	4.8%
Agree	4	19%
Neither agree or disagree	4	19%
Disagree	5	23.8%
Strongly disagree	7	33.3%

The Bruce Burns Unit is in a general hospital where there is limited flexibility, for example their is no single sex accommodation available at the unit



Strongly agree	1	5%
Agree	6	30%
Neither agree or disagree	5	25%
Disagree	6	30%
Strongly disagree	2	10%

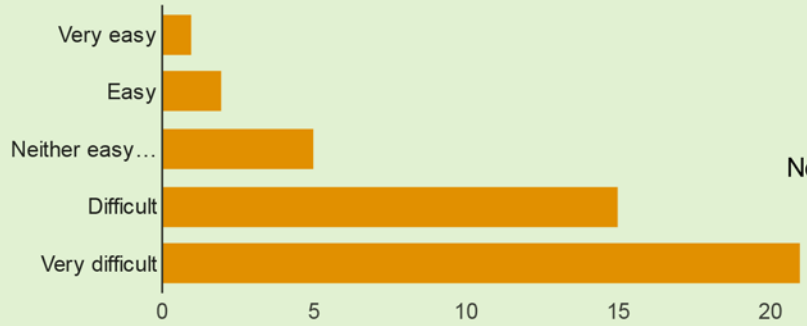
The Bruce Burns Unit, as a stand-alone unit, does not offer service users the opportunity to access shared resources as in co-located wards



Strongly agree	1	5.3%
Agree	4	21.1%
Neither agree or disagree	4	21.1%
Disagree	6	31.6%
Strongly disagree	4	21.1%

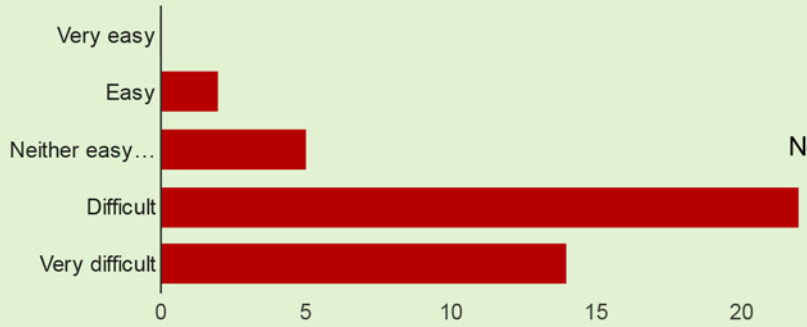
16. How problematic would it be to travel to the following proposed inpatient units

Northcroft



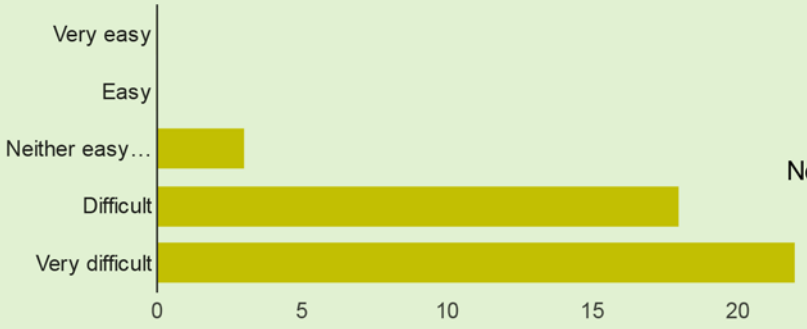
Very easy	1	2.3%
Easy	2	4.5%
Neither easy or difficult	5	11.4%
Difficult	15	34.1%
Very difficult	21	47.7%

Zinnia



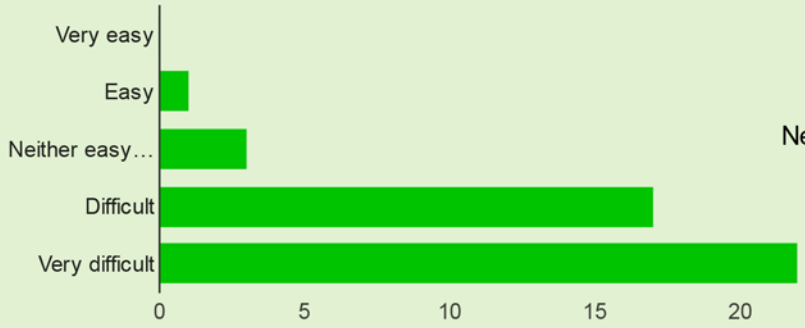
Very easy	0	0%
Easy	2	4.7%
Neither easy or difficult	5	11.6%
Difficult	22	51.2%
Very difficult	14	32.6%

Oleaster



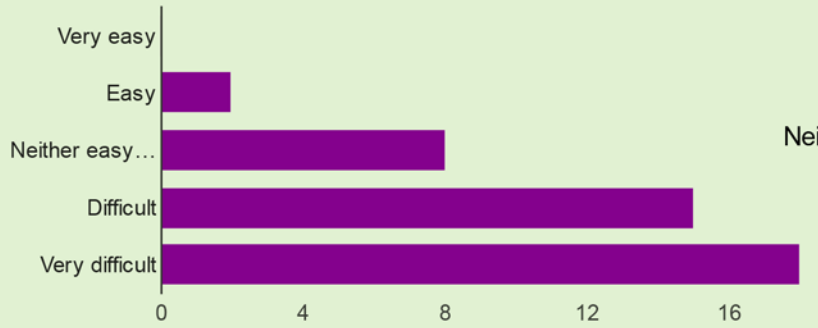
Very easy	0	0%
Easy	0	0%
Neither easy or difficult	3	7%
Difficult	18	41.9%
Very difficult	22	51.2%

Mary Seacole



Very easy	**0**	0%
Easy	**1**	2.3%
Neither easy or difficult	**3**	7%
Difficult	**17**	39.5%
Very difficult	**22**	51.2%

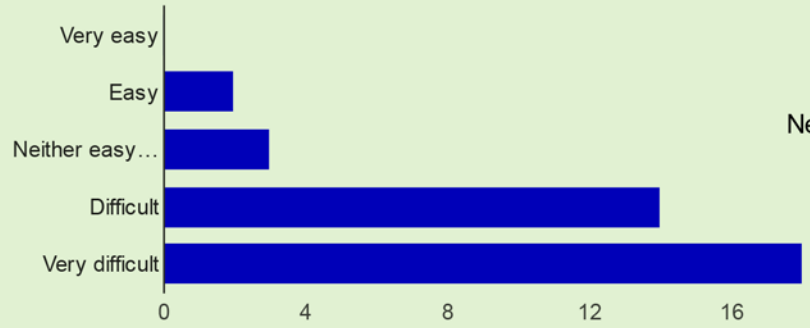
Newbridge



Very easy	**0**	0%
Easy	**2**	4.7%
Neither easy or difficult	**8**	18.6%
Difficult	**15**	34.9%
Very difficult	**18**	41.9%

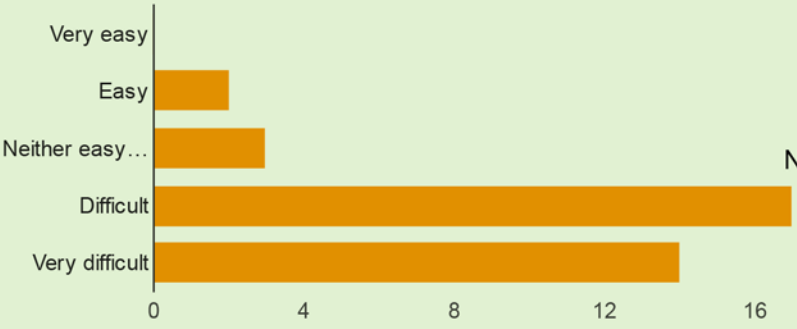
18. How problematic would it be to travel to the following proposed inpatient units for a carer or a family member of an inpatient

Northcroft



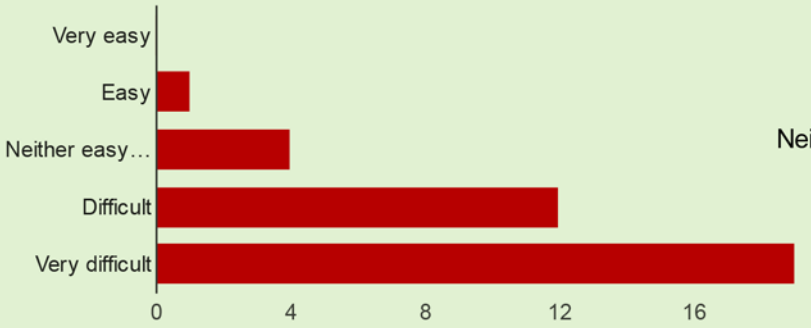
Very easy	**0**	0%
Easy	**3**	5.4%
Neither easy or difficult	**8**	8.1%
Difficult	**14**	37.8%
Very difficult	**18**	48.6%

Zinnia



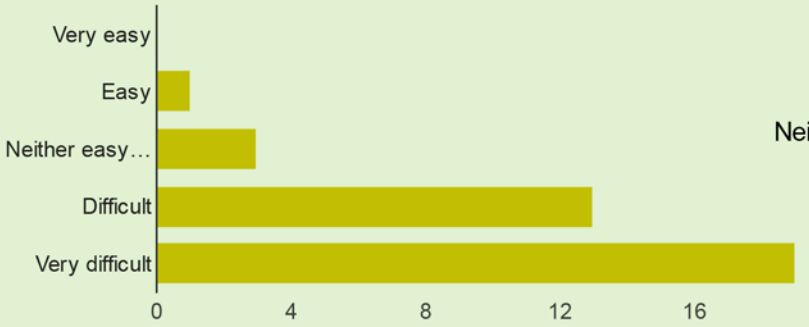
Very easy	**0**	0%
Easy	**2**	5.6%
Neither easy or difficult	**3**	8.3%
Difficult	**17**	47.2%
Very difficult	**14**	38.9%

Oleaster



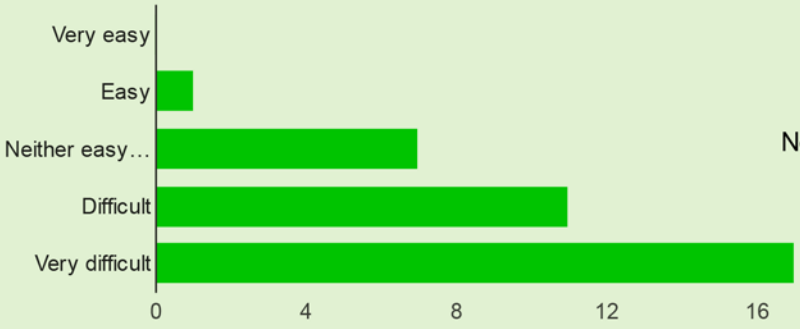
Very easy	**0**	0%
Easy	**1**	2.8%
Neither easy or difficult	**4**	11.1%
Difficult	**12**	33.3%
Very difficult	**19**	52.8%

Mary Seacole



Very easy	**0**	0%
Easy	**1**	2.8%
Neither easy or difficult	**3**	8.3%
Difficult	**13**	36.1%
Very difficult	**19**	52.8%

Newbridge



Very easy	**0**	0%
Easy	**1**	2.8%
Neither easy or difficult	**7**	19.4%
Difficult	**11**	30.6%
Very difficult	**17**	47.2%

Appendix 2

Survey Results

2 - Addional Comments Questions

3. What worked best for you within Mental Health services?

There were twenty nine positive answers:
- Counselling;
- Comforting staff;
- Regular CPN contact;
- Being able to visit easily;
- Having a dedicated team of mental health specialists working together locally, ie in the borough of Solihull;
- Knowing that an inpatient bed was available within a 30 minute bus ride;
- Receiving the diagnosis of dementia locally;
- Nothing has really worked to date as Mental Health services are virtually non-existent;
- Seen at Heartlands for Parkinson's dementia - very supportive;
- Flexibility - accommodating my sons indecisiveness to engage;
- Having a designated clinic to go to;
- Obtaining a crisis care plan at last;
- For the patient to be in hospital;
- CBT;
- No contact with the service;
- Sympathetic GP;
- Having the right medication and being seen by a CPN and a Psychiatrist, and having the Home Treatment Team on standby just in case of a crisis;
- Having the opportunity for one to one;
- Medication review;
- Being directed to Birmingham Mind by my psychiatrist;
- Improved mental state by offering support;
- One to one care;
- Having somewhere to go to get away;
- Being able to discuss it;
- Improvement in mental health and confidence and able to get back into work;
- Caring staff;
- Knowing there was someone there to help, close to home
- GP support;
- The eventual provision of fully professional counselling services.

and two negative ones:
- These are the wrong questions, it's assuming that all people needing help have been able to get it;
- Nothing.

4. What didn't work so well for you within Mental Health services?

There were thirty two straighforward answers:

- Getting the GP to understand how serious it was, getting someone to listen, getting any advice, getting any support;
- Unfamiliar environment;
- Actually accessing it;
- Lack of after care and not enough out of hours;
- Home treatment;
- Having to wait for 3 hours for an ambulance then a further 7.5 hour wait to see a Junior Doctor without any mental health professional available and no mental health crisis bed available either;
- The community teams are so stretched, you have to wait days to be contacted after leaving a message;
- Being turned away and told "No appointments available, emergency or otherwise", taking our son to A & E Heartlands, Oleaster, and then he being sectioned. Carers are ignored and more importantly service users in psychosis are ignored;
- Having to travel some distance to visit our relative to the dementia care home;
- There is no networking between the Specialist Nurse, Consultant/and GP, each deny responsibility whereby this as being a patient under everyone's care should be linked up;
- First home not appropriate;
- Long wait for appointments and fighting GP surgery for information despite a safeguarding disclosure;
- Locums, constantly repeating myself;
- Time waiting for appointment;
- Not having one and having to go to A&E;
- Outpatients service = 10 minutes at random times daily by different staff, carers then left to cope for the next 24 hrs alone;
- Not much support available within MHS
- Waiting for 3 months to see a GP;
- Follow through and options available;
- Not been understood;
- Lack of communication and follow up help;
- Home treatment team (some staff) missed appointments. No time to talk, just dropped off medication;
- The doctors changed and they changed my medication - I got lots of side effects. I think they were wrong ones. They do not check on the records so you have to keep repeating yourself;
- Seeing different psychiatrist nearly every time i go for appointment so no continuity and sometimes feel appointments rushed:
- Waiting for an appointment;
- Waiting for places to become available;
- Difficulty of contact;
- Waiting times for an appointment;
- Waiting times;
- Long wait;
- Waiting times;
- Long delays in accessing even basic counselling, which were not that effective.

and one more detailed contribution:

4. What didn't work so well for you within Mental Health services? (cont)

I asked for and got CBT via Healthy Minds. It was badly delivered and I had to stop going after three appointments as the passivity and lack of engaging in the process by the so called professional was endangering me as she never discussed CBT or anything, she only gave me forms but did not discuss how to use them. (Please note, I had very effective CBT in Norwich and I have a BSc so I know what I am talking about). Secondly, I did for a while get counselling from a nurse that was good, but some months later, I was in crisis and was only given an appointment for the future. I needed help there and then, so in the end, as many times before, I was given help by a religious minister. They are the only people who are there when you are desperate. Often you just need a listening ear and calming person. Only once have I been helped by a medical professional and again that was in Norwich.

6. Comments and clarifications regarding outpatient services

- There is very little on offer to mental health patients unless they are at crisis and surely we want to have services in place to prevent that;
- Once there was a good service, drop in in Chelsmley, and was helped by a male mental health nurse, but the second time I went it was a lady nurse and she again was more interested in forms then listening;
- Too many cutbacks;
- Psychiatric social workers not being replaced, shortage of CPN's, mental health support workers not being replaced so there is a shortage of outpatient workers in the field of mental health, always the poor relation of the NHS;
- Some dismal, others excellent, Lyndon clinic - unfit, Hertford House AOT - very good;
- Never been offered other services;
- Reception staff at Lyndon clinic barely acknowledge you;
- Nobody seemed to know what to do;
- Good service apart from the wait;
- There needs to be more varied out in the community services for all age groups;
- Excluded from a lot of groups etc in the community due to postcode (Solihull);
- Safe environment;
- It's a good service, and local, I don't know how we would cope if we had to go further;
- Service via a doctors surgery premises.

9. Within the new proposed community 'hub' framework for outpatients, what services would you like to see?

- Outreach workers reinstated;
- More psychiatric social workers, CPN's, support workers, dieticians, occupational therapists;
- A community hub that is welcoming, friendly, easily assessable and know that an inpatient bed is available close to home, and family and in a familiar area I know;
- Crucial - two hubs needed in Solihull, South & North to cater for all;
- Local homes for dementia sufferers so their families can visit easily;
- Better coordination between all people who are supposed to care for the relevant patient;
- Closer to home is not happening at all in Solihull;
- More support for relatives;
- Great idea, emergency support;
- More joined up staff;
- Talking to each other;
- Benefits advice and support;

9. Within the new proposed community 'hub' framework for outpatients, what services would you like to see? (cont)

- Greater integration of services;
- Qualified advisers & advocacy teams;
- Services in one place ease of information for people and families quicker access time and less wait time;
- Mindfulness;
- Home visits, telephone helpline, website;
- Counselling;
- Support systems in place if in a crisis;
- Extended opening times, supportive staff, with a full range of experience. i.e therapist, advocacy etc;
- More access to therapists coping with anxiety;
- More support, more 1:1, more filling in forms/letters (advocacy), more therapies mindfulness;
- Skills development, cooking, life skills, wellbeing;
- More advocacy support, lifeskills training, groups for helping people who hear voices;
- Mindfulness;
- More inpatient wards and staff;
- Full range;
- Open access to be able to drop in, doctors and nurses trained in mental health issues, a safe haven;
- Readily available support staff;
- Personal support;
- Community bases services;
- Local services led by local people;
- Locally based for both north and south of the borough.

13. Comments on ' how long did you have to wait before being admitted?'

- It is absolutely essential for both the patient and family that crisis inpatient mental health support by a dedicated well trained team of staff is available at the earliest after a psychotic episode. This needs to be as close to home of the patient and their family as possible not miles outside the borough in Birmingham;
- Staff member at Oleaster phoned us from Oleaster stating our son was too ill to be waiting there for bed;
- Same day;
- Mental health need is urgent and there can be serious consequences to delaying treatment;
- Travelling time to other units is too difficult;
- Please don't close this *[Bruce Burns]* Gradual rehabilitation would be impossible if we had to travel far (Birmingham).

15. Comments regarding inpatient services at the Bruce Burns Unit

There were five straighforward answers:

- It has deliberately been run down over the years;
- Many mental health patients have physical health issues and many lives have been saved by been within a general hospital, Bruce Burns is the only mixed unit that has been accredited, all the hard work of staff will go to waste;
- Any facility carries risks of safety, ward 21 was closed, patients/carers had no control over this! A purpose built unit is desperately needed in Solihull. Residents are increasing and demand for these services will rise. When will Solihull cease to be the poor relation to Birmingham?
- It should remain in Solihull;
- Bruce Burns unit provides safe environment.

and one more detailed contribution:

> Bruce Burns Ward saved my brother's life by liaising with other services and medical wards within Solihull Hospital. He was a patient for 6 months in Bruce Burns and our family cannot speak highly enough of the dedication, care and expertise he received during many months of catatonia causing physical health complications and near death episodes.
>
> The collaboration of general/medical wards and Bruce Burns staff enabled my brother to live and he had to be transported between wards in Solihull Hospital and to Oleaster, this was achieved so why is it being made out to be impossible now?
>
> I am convinced he would have died if access to Bruce Burns (or another dedicated mental health unit in Solihull) hadn't been available. I despair in case he has another such episode in the future. It was essential that family/friends/community support workers visited on a daily basis to assist Bruce Burns staff and provide support in keeping him alive during a period he was extremely poorly mentally and physically with severe catatonia, being "locked in".

17. Comments on travel to Birmingham based inpatient units

- If someone has a mental health problem the more travelling they have to do the worse it is for them, it can be very distressing;
- Nothing in Solihull?
- What happens to local services;
- Puts greater strain on family / carers;
- Most patients rely on public transport, follow up appointments would be a great problem. Carers are getting older, not all have cars, more expense and state pension we have been robbed of!!
- It would be almost impossible to visit most of these places as I have no idea where most are;
- The one in Edgbaston takes a good 1.5 hours to get to from Smiths Wood;
- Too long a travelling time;
- It could take two or more buses to get to these Sites;
- Not one of these centres are anywhere near Solihull!! A minimum of 6 miles and a maximum of 19 miles is ridiculous to expect vulnerable people to travel not to mention having to get 1, 2 or even 3 buses;
- Too hard to get to;
- All too far away and reliant on buses.

19. Comments on travel to Birmingham based inpatient units for parents and carers

There were eleven straighforward answers:

- Location is not the only factor: what is the provision like and would Solihull residents have to wait for Birmingham residents to have the provision first?
- Mental health is going to get worse, we need more money spent on it and having the inpatient beds available;
- Free bus passes for OAP's are now at 66 yrs of age and may even go up again!!! Valuable visiting time lost travelling!
- On public transport - almost impossible;
- These patients are not the easy to get around places so they should be seen to nearer home but possibly with the same specialist;
- Catching a bus is difficult now let alone catching two buses;

19. Comments on travel to Birmingham based inpatient units for parents and carers (cont)

- I think it is ludicrous to expect people to travel half way across the city when they are mentally unwell, this will result in people disengaging from services;
- I also care for a special needs child;
- It would not be necessary if Solihull services are maintained;
- Too far for people in Solihull to travel;
- Catching a bus is difficult now let alone catching two buses;
- Expecting vulnerable people to get to these location is ridiculous given they are 1, 2 or even
- 3 buses away from Solihull and would cost an extortionate amount in a taxi if that means of transport was necessary!
- Reliant on poor bus services.

and one more detailed contribution:

I despair – why in the 21st Century in a town the size of Solihull with 200,000 residents cannot we qualify for a dedicated acute bed crisis mental health unit? Local is always best for mental illness for patients and their family and friends.

The continuity of support is more important than for physically ill patients. This ill thought out project which has been already decided is blood boiling for those of us with personal experience of mental health crisis. It is enough to send us round the bend.

The Solihull CCG representative at the "consultation" meeting talked of value for money, being safe, single sex wards blah blah blah.....all this could be achieved and so much more with an applied mindset. Solihull residents deserve to be treated better, much better!

20. Additional Comments

There were ten straighforward answers:

- There are a lot of people who are in crisis who never get help, or get incomplete help e.g. tablets, but no other support to change things. You only need to look at carers, homeless people, suicides and a large proportion of the prison population;
- A bit late in the day, a more helpful approach would have been "this is the situation, how can we make it work?"
- Before closing Bruce Burns we should make sure outpatients is working properly;
- The lack of acute mental health beds in an area the size of Solihull with 1 in 4 of us potentially having some form of mental illness is beyond belief if it wasn't going to happen and the insult to our intelligence of calling this a 'consultation' when it is a fait accompli is such an insult;
- Why are Solihull residents being penalised? Not all of us are wealthy;
- I read Dr Brooks comments in the newspaper. He is deluded if he thinks people will engage with a service on the other side of Birmingham;
- Unacceptable time to travel to appointments at hospitals outside of the borough + a 80yrs old mother + I am disabled myself;
- Units like this are a vital service and not all patients are able to travel such distances;
- A mental health unit in Solihull is a necessity given the rise in mental health issues which inevitably will get worse with all the cuts;
- Services should be locally based with limited travel.

and one more detailed contribution:

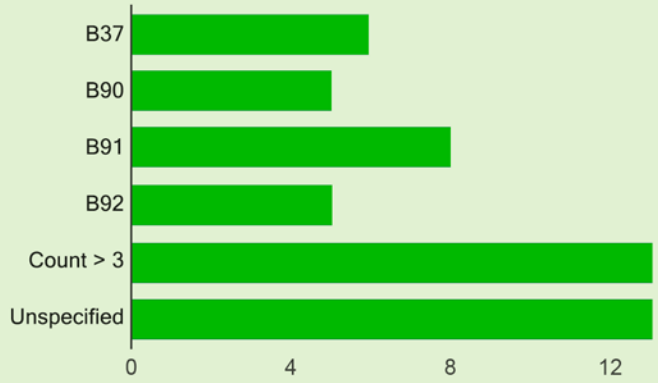
> We pay our full Council Tax to Solihull, surely we have a right to facilities in Solihull that include a Psychiatric Unit that there is an urgent need for? Solihull is the 4th highest with long term mental health conditions out of 14 CCG's. That is urgent need.
>
> Carers are relied upon extensively, kept out of the loop with confidentiality and now a proposal to burden them even more. These decisions are made devoid of any consideration or compassion.

Appendix 2

Survey Results

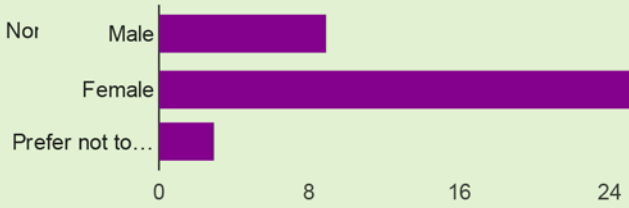
3 - Equalities Monitoring Data

1. What is the first part of your postcode?



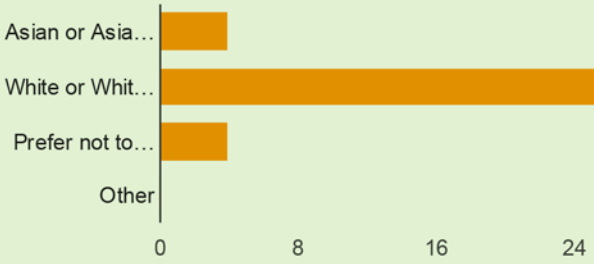
B37	6	12%
B90	5	10%
B91	8	16%
B92	6	12%
Count > 3	13	26%
Unspecified	13	26%

2. What is your gender identity?



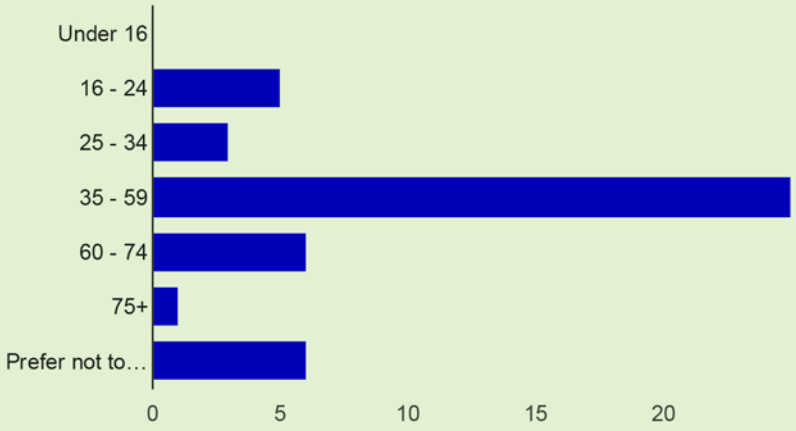
Male	9	19.6%
Female	34	73.9%
Transgender	0	0%
Non-binary/gender fluid	0	0%
Not sure	0	0%
Prefer not to say	3	6.5%

3. What is your ethnic group?



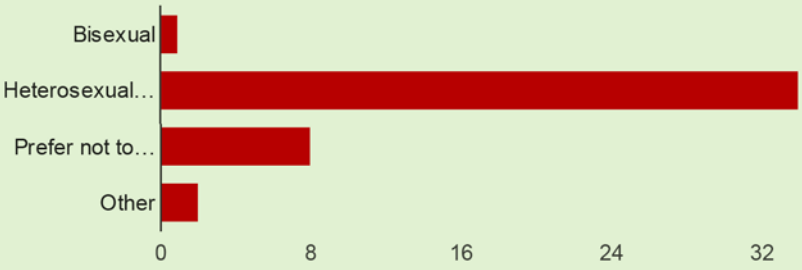
Asian or Asian British	4	8.9%
Black or Black British	0	0%
Chinese	0	0%
Mixed dual heritage	0	0%
White or White British	37	82.2%
Gypsy/Romany/Irish traveller	0	0%
Arab	0	0%
Prefer not to say	4	8.9%
Other	0	0%

4. What is your age?



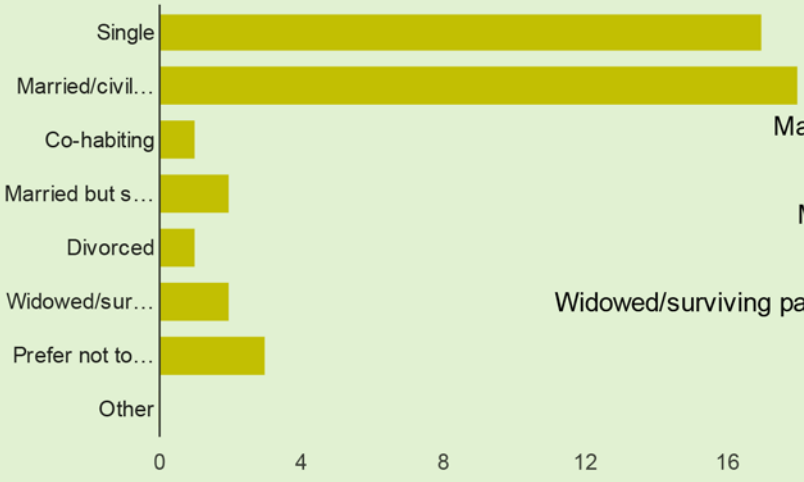
Under 16	0	0%
16 - 24	5	10.9%
25 - 34	3	6.5%
35 - 59	25	54.3%
60 - 74	6	13%
75+	1	2.2%
Prefer not to say	6	13%

5. What is your sexual orientation



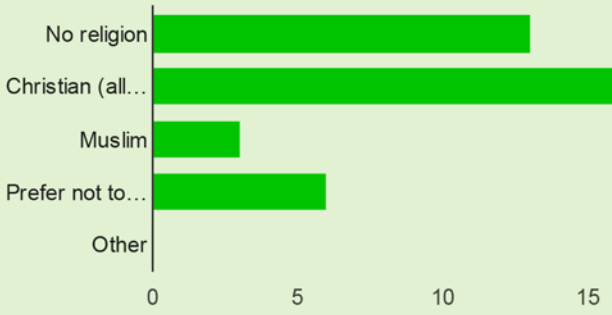
Bisexual	1	2.2%
Heterosexual/straight	34	75.6%
Gay	0	0%
Lesbian	0	0%
Prefer not to say	8	17.8%
Other	2	4.4%

6. What is your marital status?



Single	17	38.6%
Married/civil partnership	18	40.9%
Co-habiting	1	2.3%
Married but separated	2	4.5%
Divorced	1	2.3%
Widowed/surviving partner/civil partnership	2	4.5%
Prefer not to say	3	6.8%
Other	0	0%

7. What is your religion or belief?



No religion	**13**	29.5%
Baha'i	**0**	0%
Buddhist	**0**	0%
Christian (all denominations)	**22**	50%
Hindu	**0**	0%
Jain	**0**	0%
Jewish	**0**	0%
Muslim	**3**	6.8%
Sikh	**0**	0%
Prefer not to say	**6**	13.6%
Other	**0**	0%

Prepared and published by:

Healthwatch Solihull
Lower Ground Floor
The Core
Homer Road
SOLIHULL
B91 3RG

Tel: 0121 704 7861
EMail: enquiries@healthwatchsolihull.org.uk
Web: www.healthwatchsolihull.org.uk