

Solihull Clinical Commissioning Group
The on-going review of adult mental health
services in Solihull consultation

November 2016

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Executive Summary

1. Introduction

In 2015 Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT), who provide the majority of mental health services in the area, undertook the 'Have Your Say' consultation about the redesign of adult mental health services within Birmingham and Solihull. All the feedback from stakeholders, patients, carers and other members of the public was considered in the development of their 'New Dawn' programme. 'New Dawn' describes a new model for mental health care services and aims to help people to stay well and cared for wherever possible in the community. One of the main purposes of this new model of care is to avoid people being admitted to hospital unless absolutely necessary. In the BSMHFT consultation the movement of beds from the Bruce Burns Unit to the rest of the units provided by BSMHFT was outlined.

A period of 12 months has passed since the 'Have Your Say' consultation, new community services continue to be implemented, and a new provider for 0-25 mental health services is in place in Birmingham. Forward Thinking Birmingham (FTB) is the new provider of 0-25 mental health services in Birmingham. The Birmingham Joint commissioners have transferred funding from BSMHFT to FTB for an additional 19 beds. As a result BSMHFT needs to reduce its bedded capacity across Birmingham and Solihull. As was stated in the "Have your say" consultation, the Bruce Burns Unit is a stand-alone unit and is a mixed sex unit. This gives rise to additional risks and concerns about the quality of the environment. For this reason BSMHFT decided that the Bruce Burns beds should be the ones to close.

It should be noted that even after the Bruce Burns beds close, there will still be more beds in the system than 12 months ago. Over the last 12 months the average length of stay of patients in an acute mental health bed has halved from 165 to 83 days. This has also resulted in extra capacity in the system.

Birmingham and Solihull Mental Health Foundation Trust asked Solihull Clinical Commissioning Group (CCG) to consult on its behalf and take time to consider the views of patients, carers and members of the public again.

2. The Consultation Process

1. The Consultation on the on-going review of adult mental health services in Solihull ran from October 5 2016 until November 7 2016.
2. A consultation document (please see appendix E) was available in non-easy read and easy read (please see appendix F).
3. Stakeholders such as Healthwatch, local authority health leads, Councillors and MPs were emailed to announce the start of the consultation and given details of how to get involved; all GP practices were informed of the consultation. The local Solihull Health and Adult Social Care Scrutiny Board (HASC), Members of the senior management team from Solihull CCG and BSMHFT attended seven community meetings, and a public drop in event to hear the

views of service users, carers and other members of the public. These meetings ensured that the voices of those most likely to be affected by the changes were heard.

4. Information was published on the CCG and BSMHFT websites
5. People were informed of the consultation and how to get involved via social media and press releases. BBC Radio West Midlands and BBC 1 Midlands Today did interviews with Solihull CCG Chief Officer Dr Patrick Brookes. Four articles were published in the press, plus one letter and comments. Reach to members of the public was as follows:
 - Social media 1,196
 - Press 203,904
 - TV and Radio 3, 470,831
 - Overall Reach – 3,675,821

3. Distribution of consultation documents

544 hard copies of the consultation documents and 75 copies of the easy read version of the consultation document were distributed to GP Practices; at Community meetings; to the Lyndon and Newington clinic. The electronic link to the questionnaire was emailed to stakeholders such as Healthwatch, local authority leads, Councillors and MPs; circa 4,200 staff at BSMHFT and 2,095 members of the public who are members of the BSMHFT. Information on how to get involved with the consultation was also included in the weekly 'what's new' bulletin emailed to all staff, at the start of consultation and also notification of the event held on 7 November was also shared. It was also included in BSMHFT Chief Executive's weekly brief which is emailed to all staff and governors and included on the Trust intranet.

4. Responses from Organisations and members of the public by letter or email

During the consultation the views of Solihull Health and Adult Social Care Scrutiny Board (HASC) and other stakeholder organisations were sought and the CCG received a formal response from the HASC to the consultation. A number of letters and emails were also received, one from an MP, one from a Councillor and four from members of the public. All can be found at appendix C. The content from the HASC feedback and these letters on the on-going redesign of mental health services has been reflected in the full report. Healthwatch were informed of the consultation and invited to make a response but at the time of writing no response has been received, although Healthwatch were involved in the community meetings and organised one at the Central Library in Solihull. Key themes are summarised in the conclusion.

5. Outreach engagement at community meetings

Senior Managers from Solihull CCG and Birmingham and Solihull Mental Health Foundation Trust, supported by colleagues from Arden and Greater East Midlands Commissioning Support Unit, attended seven community meetings and one public drop in session to gather feedback from stakeholders, staff, service users, carers and members of the public.

Approximately 140 people attended these meetings to have their views heard and questions answered. Key themes are summarised in the conclusion.

6. Findings from the questionnaire feedback

In total 136 people responded to the questionnaire, 4 people completed easy read versions of the questionnaire. The easy read versions have been analysed separately and feedback received is reflected in the themes outlined in this section of the document. Key themes are summarised in the conclusion.

7. Conclusion

The recurring themes throughout all feedback received are as follows:

- The strong request for a local place of safety for patients in crisis
- The need for a local service to replace the Bruce Burns Unit
- Access and travel
- Concern around the delivery of community services and staffing
- People also see finance as a driver for change.

8. Recommendation

1. The CCG takes into account the key concerns outlined above as the review of mental health services in Solihull and Birmingham continues.
2. The CCG will share the findings with Birmingham and Solihull Mental Health Foundation Trust, Birmingham Joint commissioners and the Solihull Health and Adult Social Care Scrutiny Board (HASC).
- 3 The CCG and BSMHFT note the potential impact on service users and carers, in particular in relation to the recurring themes received throughout all the feedback received:

- The strong request for a local place of safety for patients in crisis
- The need for a local service to replace the Bruce Burns Unit
- Access and travel
- Concern around the delivery of community services and staffing
- People also see finance as a driver for change.

2. Introduction

Solihull Clinical Commissioning Group (CCG) is the NHS organisation that plans and commissions local health services for the Solihull area. The CCG are keen to make sure that the services they commission for local people offer the best care possible in the most appropriate place at the right time. Included in this are Mental Health Services. One of the CCG's key responsibilities is to consult and engage on any proposed changes to services they commission.

In 2015 Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT), who provide the majority of mental health services in the area, undertook the 'Have Your Say' consultation about the redesign of adult mental health services within Birmingham and Solihull. All the feedback from stakeholders, patients, carers and other members of the public was considered in the development of their 'New Dawn' programme. 'New Dawn' describes a new model for mental health care services and aims to help people to stay well and cared for wherever possible in the community. One of the main purposes of this new model of care is to avoid people being admitted to hospital unless absolutely necessary. In the BSMHFT consultation the movement of beds from the Bruce Burns Unit to the rest of the units provided by BSMHFT was outlined.

A period of 12 months has passed since the 'Have Your Say' consultation, new community services continue to be implemented, and a new provider for 0-25 mental health services is in place in Birmingham. Forward Thinking Birmingham (FTB) is the new provider of 0-25 mental health services in Birmingham. The Birmingham Joint commissioners have transferred funding from BSMHFT to FTB for an additional 19 beds. As a result BSMHFT needs to reduce its bedded capacity across Birmingham and Solihull. As was stated in the "Have your say" consultation, the Bruce Burns Unit is a stand-alone unit and is a mixed sex unit. This gives rise to additional risks and concerns about the quality of the environment. For this reason BSMHFT decided that the Bruce Burns beds should be the ones to close.

It should be noted that even after the Bruce Burns beds close, there will still be more beds in the system than 12 months ago. Over the last 12 months the average length of stay of patients in an acute mental health bed has halved from 165 to 83 days. This has also resulted in extra capacity in the system.

Birmingham and Solihull Mental Health Foundation Trust asked Solihull Clinical Commissioning Group (CCG) to consult on its behalf and take time to consider the views of patients, carers and members of the public again.

The consultation document produced also in an easy read version gave an update on where we are in the process of commissioning the new community services and looks at the next steps, one of which, as outlined in BSMHFT's 'Have Your Say' consultation is the movement of inpatient services from the Bruce Burns Unit in Solihull into the rest of the units provided by BSMHFT.

Solihull CCG undertook the consultation process in order to understand what the impact of the movement of inpatient services from Bruce Burns in Solihull into the rest of the units provided by BSMHFT would be on patients, carers and members of the public also hear what people think about the community services now in place.

The CCG will now engage with BSMHFT and the Birmingham Commissioners in order to understand how they intend to mitigate against the impact where possible. We understand that replacements for the Bruce Burns Unit are unlikely to be financially viable. However there were key concerns around Care in a Crisis, and the capacity and quality of community services which need to be addressed and where we require further assurance.

3. The consultation process

The consultation on the on-going review of adult mental health services in Solihull ran from October 5 2016 until November 7 2016. A consultation document (please see appendix E) was available in non-easy read and easy read (please see appendix F). The consultation document gave information on the current stage of the review following the Have your Say consultation conducted by Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) in 2015. This earlier consultation by BSMHFT had outlined plans for the future delivery of mental health services in the area and included the proposal to close the Bruce Burns Unit. Stakeholders such as Healthwatch, local authority health leads, Councillors and MPs were emailed to announce the start of the consultation and given details of how to get involved. All GP practices were informed of the consultation. Leaders from the CCG attended three meetings of Solihull Health and Adult Social Care Scrutiny Board (HASC).

Members of the senior management team from the CCG, Solihull Metropolitan Borough Council (MBC) and BSMHFT attended seven community meetings, and a public drop in event to hear the views of service users, carers and other members of the public. These meetings targeted those people most likely to be affected by the changes to adult mental health services, and therefore we know that many of the responses came from service users and carers, together with staff and clinicians.

Information was published on the CCG and BSMHFT website.

People were informed of the consultation and how to get involved via social media and press releases. BBC Radio West Midlands and BBC 1 Midlands Today did interviews with Solihull CCG Chief Officer Dr Patrick Brookes. Four articles were published in the press, plus one letter and comments. Reach to members of the public was as follows:

- Social media 1,196
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- TV and Radio 3, 470,831
- **Overall Reach: 3,675,821**

3.1 Distribution of consultation documents

- The electronic link to the questionnaire was emailed to stakeholders such as GPs, Healthwatch, local authority leads, Councillors and MPs; circa 4,200 staff at BSMHFT and 2,095 members of the public who are members of BSMHFT. Information on how to get involved with the consultation was also included in weekly 'what's new' bulletin emailed to all staff, at the start of consultation and also notification of event on 7 November was sent. It was also included in BSMHFT Chief Executive's weekly brief which is emailed to all staff and governors and included on Trust intranet.
- All GP Practices in the Solihull CCG area were sent ten copies each of the consultation document, along with posters and a letter explaining the consultation process
- Arden and GEM Commissioning support staff spent a morning at the Lyndon Clinic talking to patients and asking them to complete questionnaires. During this time 10 consultation questionnaires were completed and nine were taken away to be completed. A remaining 49 consultation documents were left behind as staff at the Lyndon Clinic kindly agreed to give questionnaires to patients on arrival at reception throughout the consultation
- A further 10 full consultation documents and 20 easy read copies were delivered to the Lyndon Clinic as more documents were requested
- At the second HOSC meeting 10 consultation documents and 15 easy read consultation documents were taken away by those present
- 30 consultation documents were sent to Newington clinic of which 20 copies were the full consultation document and 10 easy read
- 5 consultation documents were completed at the public drop in meeting
- Copies of the document were given out at the various community meetings.

Altogether 544 hard copies of the consultation document and 75 copies of the easy read version were distributed.

4. Responses from Organisations and members of the public by letter or email

4.1 Solihull Health and Adult Social Care Scrutiny Board (HASC)

The Chief Officer, Service Redesign for Solihull CCG, the Joint Mental Health Commissioner for Solihull CCG and Solihull MBC, the Associate Director of Operations from Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) and the Senior Engagement and Consultation Lead for Arden and Great East Midlands Commissioning Support Unit (Arden Gem CSU) attended the Solihull Health and Adult Social Care Scrutiny Board (HASC) meetings prior to the start of the consultation process on Wednesday 20 July and Tuesday 6 September 2016. At the request of the Scrutiny Board the CCG also attended again on Wednesday 26 October 2016.

A summary of these meetings is supplied below (the full notes are available at appendix C):

HASC meeting July 20 2016

At the HASC meeting on July 20 the Chief Officer, Service Re-design, presented a report of the Solihull CCG that updated on the rationale for moving towards closure of the Bruce Burns Unit and the process for consultation that would be followed.

The Chairman summarised the debate and advised that the Scrutiny Board was not willing to support what was being proposed as they wished to have more detailed information about consultation and engagement with the public. She emphasised that more communication and consultation needed to be done with the public and key stakeholders around this issue, and they looked forward to receiving a further update at the September meeting.

RESOLVED

- I. That the Scrutiny Board has overview of all consultation and engagement activities before any decision is taken to close the Bruce Burns Unit
- II. That consultation / engagement around the future of Bruce Burns should clear set out clear options so that these can be sufficiently considered by the Public, service users and staff
- III. The consultation should be carried out with the spirit of partnership working with all the key stakeholders involved, including the interim Healthwatch Solihull
- IV. That the Scrutiny Board are provided with clear timelines and timescales for this programme of work at its next meeting.

HASC meeting September 6 2016

At the HASC meeting on Tuesday 6 September the following requests were made of the CCG:

- The Scrutiny Board **RECOMMEND** that they are given sufficient time and capacity to comment on the public consultation documentation and the start of the BBU consultation is delayed by a week to enable this.
- The Scrutiny Board has access to the following documents so that they can make an informed judgment about how the re-design of mental health services/possible closure of BBU will impact access to acute inpatient mental health services for Solihull residents.
 - a) Bed Capacity Review Report across Birmingham and Solihull
 - b) Fair Treatment Assessment about the proposed impact of the changes
 - c) Complaints/quality information for BBU vis-à-vis other inpatient acute services in Birmingham
 - d) Public feedback on the New Dawn consultation, specific to the future of the Bruce Burns Unit.
- The Scrutiny Board continue to have oversight of the consultation process and formally respond to and receive the outcomes of the consultation and for this matter to be considered at a future meeting.

Response from Councillor Rebeiro, Vice Chair of HASC

The CCG also received a written response following the meeting on Tuesday 6 September from Councillor Alan Rebeiro, Vice Chair, Health and Adult Social Care Scrutiny Board. A full copy of this written response can be found at Appendix C, but a summary of comments include:

- The need to defer the consultation document until the recommendations from the Scrutiny Board are fully addressed to the satisfaction of the HASC
- Concern over the statistical representation of responses to the BSMHFT consultation
- The request that a guarantee for all savings to be reallocated to all agencies supporting Solihull residents and not held within BSMHFT
- Bias of the consultation document in terms of demographic data used
- Transport and access concerns
- That the New Dawn strategy document was not taken to HASC
- A request that the Solihull Carers' Partnership Board be formally consulted during the consultation process.
- The process so far as it is not a wholly transparent reporting process from a Scrutiny perspective and the reiteration of the recommendations made by the Scrutiny board

Solihull CCG responded as follows (please see the full response at Appendix C)

- The CCG thanked the Vice Chair of HASC for his prompt response and comments
- The CCG apologised for any misunderstanding about expectations as the CCG had understood that oversight of the consultation plan was what had been required by HASC as provided for the committee
- It was explained that the consultation document was still being worked on and not yet

finalised but the comments gratefully received were broadly in line with the CCGs own thoughts and would be completed the following week

- A separate meeting was suggested with the Chair of the CCG and the Clinical Lead and the Vice Chair of HASC
- The CCG suggested that following the meeting, that in view of growing safety and staffing concerns the consultation should proceed immediately for a four week period
- The CCG stated that they would continue to report back to HASC firstly on progress and then on the outcomes of the consultation.

The offer of a meeting by the CCG was accepted and a telephone meeting took place as suggested on Wednesday 5 October.

HASC meeting October 26 2016

As requested, Solihull CCG attended the next meeting of HASC on October 26 2016. Please see below an extract from the minutes from the relevant agenda item (the full minutes are at Appendix C).

The Chairman summarised the wide-ranging discussions that had taken place and that the Scrutiny Board would formally respond to the consultation. They encouraged the commissioners and provider to work together to provide clarification over the future of BBU as it was acknowledged that there had been mixed messages that had created uncertainties.

RESOLVED

- (i) The Scrutiny Board noted the findings of the consultation to-date and undertake to provide a formal response to the consultation
- (II) That Scrutiny Board receive the following information
 - a) A briefing note about managing demand at an inpatient facility
 - b) A presentation at a future meeting about the range of community mental health services
- (ii) The Scrutiny Board **RECOMMEND** that Solihull CCG encourage discussions to take place with families and carers of service users with mental health needs as part of re-design of mental health services
- (iii) The Scrutiny Board make the following **RECOMMENDATIONS** to commissioners and providers
 - a) To work together to get clarification on the future of the Bruce Burns Unit.
 - b) To ensure that there is liaison with the Local Authority particularly to address adult social care uncertainties.
- (iv) That the Scrutiny Board consider this issue again at a future meeting.

HASC formal response to the consultation

The HASC also sent a formal response to the consultation.

The Scrutiny Board has had oversight of proposals for on-going redesign of mental health in Solihull and they have looked at this issue at consecutive meetings over the past three months. They have also undertaken a site visit to a number of mental health facilities across Birmingham and Solihull – the Bruce Burns Unit, Oleaster House and Aviary House and had the opportunity to speak to staff and service users. The Scrutiny Board was not made aware of the existence of BSMHFT-led New Dawn consultation in 2015 and therefore did not respond formally to it and felt that it would have been useful for them to have done so. The Scrutiny Board has heard from a range of witnesses across the health and social care system including Healthwatch Solihull.

The Scrutiny Board are not fully convinced that the closure of the Bruce Burns Unit will lead to better outcomes for service users with severe mental health needs. They recognise that the standalone Unit is less than ideal as compared with specialist mental health provision available in Birmingham but they also note that few complaints have been received about the quality of care. Some Members feel that the proposed closure of a service in Solihull is as a result of decisions made by Birmingham-based commissioners and not as a result of a commissioning decision made in Solihull seems harsh and that a lack of alternative options were not made available to them.

One of the key concerns that the Scrutiny Board have is whether there will be enough capacity in the system to cope with and absorb the loss of 16 beds and whether this will lead to additional pressures and challenges for Solihull residents with severe mental health challenges in accessing inpatient facilities. The current number of appropriate facilities seems insufficient to justify closure. They noted the evidence submitted by Healthwatch Solihull where it was highlighted that people would struggle with transport to Birmingham and there were also anxiety about how social care re-enablement process would work in practice. The Board were informed about a review of capacity across Birmingham and Solihull but that this would not be reporting until March 2017. Ideally, it would have been helpful to have undertaken the Birmingham/Solihull bed capacity review earlier to support the rationale for re-design of mental health services in Solihull.

The Scrutiny Board supports the development of community-based mental health facilities and they were very impressed with the work being done at Aviary House to empower service users with mental health needs to live in the community and live an active and fulfilling life. They noted the work being done by the Home Treatment Team and Street Triage but they were also aware that there would be service users who would be too 'ill' to access community-based mental health facilities and would need more intensive support. They also noted that there could already be capacity issues in respect of accessing community-based mental health facilities. For example, when they visited Aviary House, this facility was full. They are worried about the closure of the inpatient facility in Solihull without the adequate provision of sufficient community services being in place. They have asked for more information on the impact and effectiveness of community based mental health specifically in Solihull and this will be considered at a future Scrutiny Board meeting.

The Scrutiny Board felt that some of the communication / messages around this re-design of mental health services have been unclear with the public consultation being somewhat tokenistic and unlikely to change outcomes of proposed direction of travel that has been outlined in New Dawn.

Going forward, the Scrutiny Board would want to hold to account the Solihull CCG and BSMHFT on the remodelled service delivery matrix and how effectively they are using resources to take forward and deliver upon the Solihull Mental Health Strategy 2015-20 including the availability and access to acute and community services. We need to make sure that this is right so that the Local Authority can adequately plan adult social care provision and ensure that we can do all that is possible to support service users with mental health needs in our Borough.

4.2 Other letters and emails

During the consultation the following four letters and one email were also received from members of the public. For the purpose of analysis all written content was analysed as one using word coding to identify emerging themes.

The themes that emerged from these were:

- Travel and access
- The need for a mental health facility in Solihull to replace the Bruce Burns Unit
- Community services.

The full text of the letters and emails received can be found at Appendix C. Below are selected quotes from them:

Travel and Access

- *'Don't close the emergency psychiatric ward in Solihull and insult us by saying alternative are only 12 miles away take Balsall Common - already 10 miles from Solihull, so 22 miles from your proposed alternatives. What a total disgrace.'*
- *'My main concerns about the closure of BBU are that there will be no longer be acute beds available in the Solihull area. I am concerned that in-patients from Solihull will be treated far away from their home area which is simply unacceptable. Whilst being an in-patient I believe it is better to house patients in their local area, for example when using day leave from the ward it causes less distress for the patient as they are in familiar surroundings. Furthermore, admissions to units that are not local to the patients' home will further isolate the patient. Many patients' value visits from family and friends, and by placing patients in units far from home, it only reinforces the idea that mental health problems are less of a priority than those with physical health issues. Many patients rely on visits from family to maintain relationships and ease the transition home. From personal experience, I have experienced being treated many miles away from*

my home and family and by treating patients away from their locality it further perpetuates the stigma around mental illness. As I write this, I am currently an inpatient on BBU and luckily my family live extremely close however in the past I have been treated in other parts of the Birmingham and it meant at those times I was unable to receive visits from family and friends because of travelling distances. I was isolated.'

The need for a mental health facility in Solihull to replace the Bruce Burns Unit

- *'There is a lot of reference made to the BIRMINGHAM AND SOLIHULL mental health foundation trust, but Solihull is being left out in the cold as far as psychiatric facilities are concerned. After the closure of wards 10 and 21, as if that wasn't enough, to add insult to injury the proposals are for NO facilities of this type to be opened in Solihull. Bruce Burns is not fit for purpose for various reasons but should be REPLACED not disbanded.
'Availability of beds has always been an issue, which over time has been cut and cut again and the simple fact is, corroborated by a mental health worker at the meeting, was that there simply is NOT ENOUGH BEDS, even with Bruce Burns still open! It is cited that 'it is therefore already commonplace for service users from Solihull to receive inpatient care in neighbouring Birmingham.' However, it was not stated why it was commonplace - this is because all Solihull beds were in use! This is a clear indication of a NEED in Solihull.
'It was also stated under IN SUMMARY that 'We believe there are sufficient inpatient beds across Birmingham and Solihull' and that is how it should be, beds in Solihull, more in Birmingham to reflect the larger population there, but crucially a service for all in the RIGHT PLACE to quote Solihull CCG.
'Also, the Community Mental Health Profile reports that out of 14 CCG's Solihull is the FOURTH HIGHEST for Long Term Mental Health Conditions. If ever there was good enough reason to support Solihull having a real need for its own Psychiatric Unit, well that speaks for itself and should not be allowed to be ignored.'*
- *'Over the last ten years, even if we are to believe that the numbers of people requiring admission to hospital have decreased, it should be borne in mind that the population of Solihull is ever increasing at this present time. To harp on the idea that the Impact Assessment of 25+ Mental Health Services in Birmingham published in 2015, calculated that when Bruce Burns closes there will still be as many beds in the whole system as this assessment recommends, is basically confirming that the shortage will stay the same. If this only results in 6 extra beds, that is less than what we will lose from Bruce Burns. The under 25 year old beds, where are they, are they separate from what you are quoting here? The Adult Psychiatric Morbidity Survey reports on the mental health crisis increase for young women aged 16 - 24, stating this was, one in five women in 2007 and had increased in 2014 to one in four. The equation is simple - more people = more need*

for mental health services. This is not going to go away, we cannot afford just to paper over the cracks anymore.'

Community Services

- *'Emphasis on 'community services' is also made in the recommendations, but these are not always available.'*
- *'Only ONE HUB is proposed for Solihull, there needs to be one in the North and one in the South, to cater for all and this does not seem unreasonable as Birmingham is getting FOUR.'*

5. Outreach engagement at community meetings

During the consultation period it was very important to hear the views of service users, carers and members of the public on the impact of the on-going review of mental health services. Therefore, planned community meetings due to take place during the engagement period were scoped and organisers of such meetings contacted to ascertain if the CCG could have a slot on the agenda to talk about the on-going review of mental health services and gain feedback from attendees. The following lists the meetings attended, followed by the themes that emerged from what attendees said at the meetings. The full record of all the meetings is at Appendix D.

Bi-polar peer support group – October 6 2016

The first community meeting attended to talk about and gather feedback on the on-going review of mental health services was the Bi-polar peer support group on Thursday 6 October from 10 am to 12, held at St Mary's Church. The meeting was chaired by a member of Healthwatch and Independent Advocacy, another representative from Healthwatch and Independent Advocacy also attended the meeting along with the local authority commissioner for mental health services, the councillor for Shirley East, 15 mental health service users and five carers. The Joint Commissioner for Mental Health for Solihull CCG and Solihull MBC updated the attendees on the purpose of the consultation. There was also the opportunity for attendees to ask questions. Concerns included:

Availability of Community services:

- There was a feeling that there are no longer any services at Lyndon clinic so the alternative services are not available
- There was a feeling that there need to be more day services available
- It was thought that Crisis cafés were a popular idea going forward
- There was a feeling that there was a need to improve home treatment services – numbers and skills
- The audience on a whole were not aware of the other services in other locations available to them

The need for a local service to replace the Bruce Burns Unit

- All attendees want the Bruce Burns Unit to stay open or at least have an inpatient facility within Solihull
- The general feeling was it was a liked facility and there was comfort in knowing the staff and the surroundings. Sometimes ex-patients would pop in just for a chat and something to eat (suggesting that this informal intervention prevented further episodes)

Healthwatch public event at Solihull Central Library – October 10 2016

The lead for Solihull Healthwatch chaired the meeting which was attended by CCG and other NHS staff. Organisations also represented included Healthwatch, Citizens Advice, Colebridge Trust Ltd, along with 50 attendees including service users, carers and members of the public.

The CCG Chief Officer, Service Redesign gave a verbal presentation on the on-going redesign of mental health services and the consultation. This was followed by questions and comments from the floor for approximately an hour. Please see below a selection of comments from what people said. A full list of what people told us available at Appendix D.

Local service in Solihull to replace the Bruce Burns Unit

- People want in-patient services in Solihull – not necessarily the BBU but they do not want to travel to Birmingham
- *“When I am a patient at BBU and my doctor grants me leave, I can pop home and my family are close by. If I am placed outside Solihull all I can do is walk to a coffee shop, I don’t know the area, my family need to travel to see me. You need to be close to people who love you and will support you no matter what. If you move the beds from Solihull what will you do when there is no support for people.”*

Concerns about workforce capacity

- There were concerns about BSMHFT’s capabilities to staff the existing services as there have been long-term locums in place
- There were concerns about out of area referrals as the audience as a whole did not feel that the services could cope with the demand at the moment without the removal of capacity at BBU
- There were concerns about the on-going reliance on locums (Dr X has not been replaced for 18 months)
- *“There is a lack of a permanent consultant psychiatrist for patients to see since Dr X left. We have had 18 locums since then. The CPNs are so overwhelmed with work and stressed that they can’t see me every 2 weeks as is supposed to happen”*

Access to crisis services and beds – the need for a place of safety

- Access to crisis services and beds was mentioned several times with people saying that the beds just weren’t there. The immediate crisis support was thought to be inadequate
- *“I would like to know there is a place of safety for my loved one if he relapses and becomes psychotic. I want to know there is a bed available for him in this area. BBU can no longer cope now they have closed ICA and ward 21. I feel fearful, where will he go, what would happen with all the cuts. I would like a purpose built unit in Solihull”*
- There was a request for a place of safety as it was recognised that A&E was not a relevant place for patients in crisis and also that other medical services were unwilling to take patients as there was not an appropriate place to take them

- *“My loved one has suffered from mental health illness for many years and has been a patient at the BBU on several occasions. The last time he relapsed and became psychotic I was told there were no beds and he ended up in London for four months. Fortunately my husband and I could just about afford the travel costs to go and see him once a month. He was transferred home in the back of a darkened van and was in a similar state when he got home to when he had left. As a teenager if not treated carefully when experiencing a psychotic attack the consequences can be serious. My loved one has also been able to access a wonderful service for early intervention from two teams but there have been cuts in both teams”*
- *“A home treatment service is not suitable for everyone. When my loved one is suffering a mental health crisis I have had to restrain her myself for sometimes up to 3 hours until I can get to the phone. When the Paramedics come they say there are no beds, they stay with us for hours. We are being told constantly that there are no beds anywhere. You tell us even with BBU closing there will be six extra beds. Six extra beds is a drop in the ocean”*
- *“There are no beds for people unless they have been sectioned. So we have very ill patients who do not meet the criteria for sectioning but need a bed as they are in a dangerous situation.”*

Community services

- There were questions about whether the home treatment team was fit for purpose
- The attendees were happy about MERIT, the clinical hub and other new proposals but are just not convinced on capacity
- *“You say the length of stay in hospital for mental health patients has halved but staff are being put under pressure to get people out of hospital when community services are inadequate.”*

Finance

- There was a feeling that the investment in mental health is not increasing at the same rate as demand
- *“The investment for mental health services is not in line with recommendations from NHSE. NHSE commitments for mental health services are not being met. When the Provider decided these beds needed to close someone should have been fighting our corner, you can’t reap funds by closing Solihull beds.”*

Rethink Carers Standard monthly meeting - October 17 2016

Representatives from the on-going review of mental health services team attended the meeting to give a verbal presentation, hand out consultation documents and take notes. One of the Associate Directors from Birmingham and Solihull Mental Health Foundation Trust talked to attendees about the review and answered questions along with the local authority mental health commissioner. The Head of Engagement and Consultation from Arden and GEM also attended to record the views of attendees. A Trustee from BSMHFT

also attended the meeting an independent advocate was also present. Twenty one members of the public attended the meeting.

Please see below a selection of comments from what people said:

Access to crisis services and beds – the need for a place of safety

- *“Can there be a ‘place of safety’, a Psychiatric Decisions Unit (PDU), in Solihull, perhaps a small suite attached to a hospital , like the Oleaster Unit”*
- People agreed that when someone is becoming mentally ill they need somewhere safe, quiet and compassionate, where the appropriate clinicians are available who can make decisions for them. If a quiet place such as this is provided it may prevent them becoming more sick
- People thought that a PDU would be a good compensation for losing Bruce Burns
- Another story was told of a patient with autism who went into ‘melt down’ and needed a quiet place – A & E isn’t right for them. Again, a PDU or place of safety would be good.

Awareness

- Sometimes people felt that they were not aware of the support available to them e.g. Solihull MIND, Rethink. However, some people said that they had had difficulty getting through on the phone, phones not being answered
- They felt that there should be some sort of guide so that people know what different services are, different units etc., for when they first begin to deal with mental health services.

Solihull Carers in Partnership – October 19 2016

The Health and Adult Social Care Scrutiny Board (HASC) had recommended that attendance at this meeting should be part of the consultation process. Those who attended included the CCG Chief Officer, Service Redesign, the Joint Mental Health Commissioner, the Chief Executive of BSMHFT, and the Associate Director for Operations, BSMHFT, a Trustee from BSMHFT and the Head of Engagement and Consultation, Arden and GEM CSU.

The CCG representative introduced the consultation and gave a verbal update on the on-going review of mental health services. Questions were answered by the appropriate organisational representatives. In attendance at the meeting were 21 carers, who were all given the opportunity by the meeting’s Chair to individually have their say. All feedback is recorded at Appendix D. Please see below for a selection of comments under key theme headings:

Access to Crisis care and Place of safety

- *“There does need to be something in Solihull – A Place of Safety or something else”*
- *“I like the idea of separating crisis care from treatment as this has more continuity with home treatment”*
- They liked the idea of a crisis plan. But felt that from the crisis point of view, in the moment of crisis you need a ‘pod’ where mental health can be assessed e.g. a ‘pod’ in A & E
- Regarding beds – *“in a moment of crisis the beds are not always there. The numbers of elderly people will increase. If it’s decided crisis beds aren’t needed, there are certainly a lot of homeless people and many of them have mental health problems. May need step up, step down”*
- Crisis service at MIND – can’t get it if you’re over 65 (Answer: In discussion with MIND about opening up the service to older people, but it becomes difficult if it is very frail people. The hard and fast rule of a cut-off point at 65 probably needs looking at)
- One carer spoke about a proposal he had raised at a previous meeting about the public consultation, to have a Psychiatric Decisions Unit (PDU) at Solihull in place of Bruce Burns. This had been warmly received at the previous meeting and was well received by other carers at this meeting. The carer had experienced the Oleaster PDU in Birmingham and been very impressed, particularly by the peacefulness and the compassion and empathy. It is a place of safety. He doesn’t feel sad that Bruce Burns is closing – once the person he cares for ran out from there and could have been killed running into the traffic. His proposal is that there is the same facility at Solihull. It also helps carers because it’s terrifying for them when their loved one has a mental health problem, especially the first time. Oleaster is the model. *‘This is the beginning of some people’s journey that could last a lifetime. We’ve got to get it right.’*

Consider carers

- It was felt that all of this puts pressure back on carers. In the past it was useless because we never saw the same person and had to keep answering the same questions
- Transport issues – it was mentioned that carers are getting older and won’t now get a bus pass until they are 66 (instead of 60 as previously) so people may not be able to afford public transport
- *“We’re hearing that carers will be listened to. We hope this is the case, because service users can misrepresent the truth because they want to seem OK. Carers should be listened to. Sometimes too much credence is given to what service users are saying, when they are ill”*

- It was felt that we should think about carers and the difficulties of transport
- We should consider that the carers are part of the team – they're not the enemy.

Solihull Mind User Group – October 26 2016

Dr Patrick Brooke, Accountable Officer for Solihull CCG and the Senior Consultation and Engagement Lead from GEM CSU attended this meeting. Dr Patrick Brooke talked about the on-going review of mental health services in Solihull and Birmingham including the proposed closure of the Bruce Burns Unit and answered questions. The GEM CSU representative took notes to record feedback from the 15 service users who attended the meeting. The full record is at Appendix D. Please see below for a selection of comments representing the key themes raised:

General points

- Service users showed some understanding for the reasons the Bruce Burns Unit was closing but a need for something to replace the unit in Solihull was strongly expressed
- People who had accessed the service at Bruce Burns liked the way it was run and praised the staff. Those who had attended other mental health facilities in Birmingham had not felt as comfortable as they were made to feel in the Bruce Burns Unit
- Service users asked for more training for staff at other units and for GPs on how to care for people with mental health illness
- Service users felt that at times staff at other units talked down to patients and GPs also didn't have enough time to listen to their concerns
- People told us that it took a long time to get help when suffering from mental health illness, one person said it had taken 4 weeks to get an appointment with their GP.

Access to crisis care

- Problems accessing care at night and at weekends were also highlighted and service users said that this access was urgently needed to help people experiencing a mental health crisis
- Concern was expressed about taking up resources from other services such as the ambulance service and the police as care at night and weekends currently was unavailable or inadequate.

Support group

- The main part of the meeting was taken up by attendees continuously emphasising the need for community groups such as this one due to the vital role they play to help people cope with mental health illness. Service users pleaded that this group

stay open and told how the uncertainty over available funding for the group every year at this time, caused high levels of stress and anxiety for the attendees. People told us that the support group was incredibly valuable to them and that as a close knit community group they could spot if each other were becoming unwell - early intervention and support from peers helped members of the group to stay well in the community. The advocacy service and counselling service provided at the MIND support group were of utmost importance to the attendees who felt they couldn't cope without these support services.

Community Engagement meeting at Bosworth Community Centre – October 28 2016

It was important to attend this meeting to hear people's views as this community centre serves people with a range of disabilities and also those from a BME demographic. The meeting was attended by Arden and GEM CSU Senior Engagement and Consultation Lead and engagement officer. The Arden and GEM lead spoke to a group of 12 on the on-going redesign of mental health services in Solihull and Birmingham. The full report of the meeting is at Appendix D. Please see below a selection of comments which summarise what people told us:

- Attendees understood the reasons why the proposed decision to close the Bruce Burns Unit had been taken but strongly stated the need for a replacement service in Solihull. They felt it was unfair to the people of Solihull to lose a service and for it not to be replaced locally

Concerns raised about the service being provided in Birmingham included:

- The need to travel further
- Being further away from family and relatives when unwell and in hospital
- Being away from Solihull when given the opportunity to have time out of the hospital when recovering from an episode of illness. People said they wouldn't know the area and spending time with their relatives would be more difficult due to the distance

Birmingham and Solihull Mental Health Foundation Trust Carers Meeting – November 3

The meeting was attended by the Chief Officer, Service Design from Solihull CCG, the Joint Mental Health Commissioner for Solihull CCG and Solihull MBC and the Senior Consultation and Engagement Manager from Arden and GEM CSU. The Chief Officer for Service Design outlined the on-going redesign of mental health services including the proposed closure of the Bruce Burns Unit. Also present at the meeting were 5 Carers, an Advanced Nurse Practitioner and a Community Psychiatric Nurse.

Please below a selection of comments summarising the main themes raised at the meeting. The full report is at Appendix D.

Concern that the services now operating at the Bruce Burns Unit will be moved out of Solihull

- Some people don't have cars and it will be difficult for them to visit their relatives if the unit is closed. Currently, some people can walk to the Bruce Burns Unit
- If relatives are unable to visit a family member needing hospital admission, the impact of further travel resulting in less visits, will impede the inpatients recovery
- One of the carers felt that due to the size of the population of Solihull and the increase in the ageing population, that Solihull was entitled to its own local health services. This person was very disappointed about the proposed closure of the Bruce Burns Unit and felt it would put extra pressure on other hospitals in Birmingham.

Community Services

- The issue of community services not delivering what they are supposed to was raised; 'community services do not do what they say on the tin'. This carer was concerned about her son who was being cared for in the community and explained that as he became ill, he withdrew, not answering the door, not attending his outpatient appointments, but no one chased up to see how he was. The carer explained that those who didn't turn up for their Outpatient appointments were those that probably needed them most urgently. The carer explained that there had been a community support service that her son had found really helpful but the service had been closed
- It was stated that care plans for patients were not being completed
- Staff explained that their case load had doubled making it impossible to follow up cases in the community in the way they had previously been able to do.

Public Drop in Event at Arden Hall, Castle Bromwich, Solihull– Monday November 7 2016 from 2pm to 6pm

Solihull CCG arranged for a public drop in event to take place on Monday 7 November 2016. Stakeholders and members of the public were invited to attend this drop in session. The event was promoted by posters, press release and social media.

The objectives of the event were:

- To give a rich picture of the consultation taking place
- To promote an understanding of why the CCG were consulting
- To promote understanding of the importance of hearing the views and opinions of patients and the public on the impact of the on-going review of adult mental health services in Solihull.

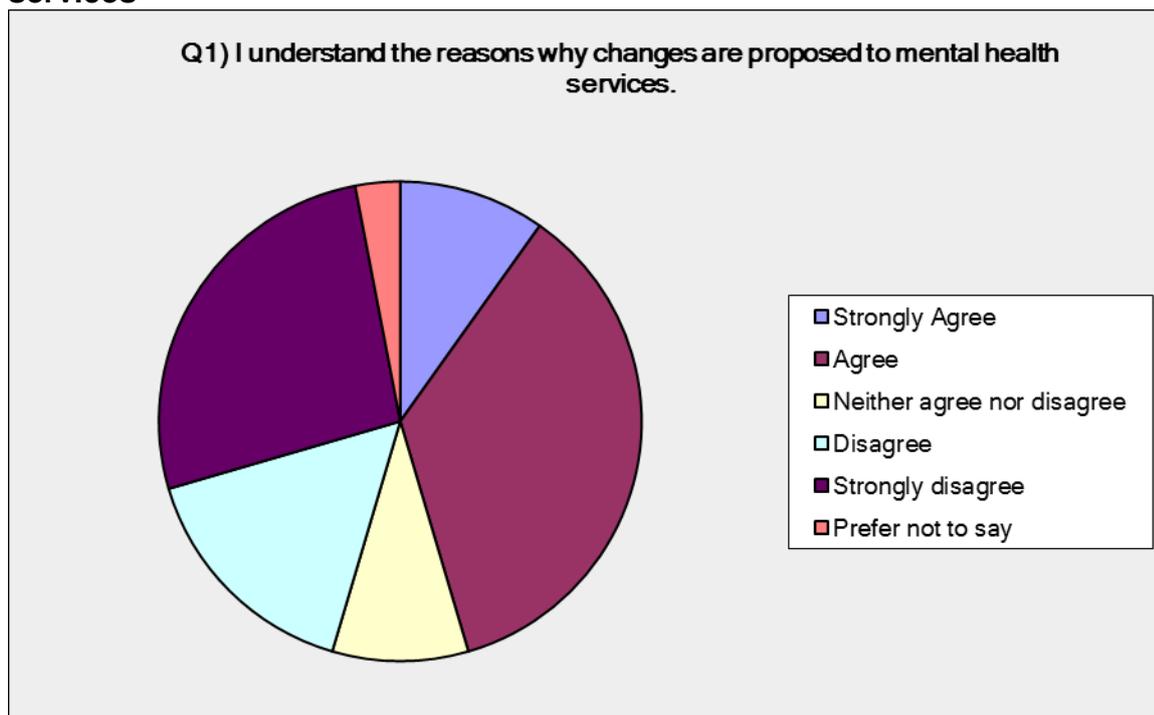
Present at the drop in session from the CCG were the Chief Officer, Service Design, the Chief Operating Officer, the Complaints and Patient Experience Manager, the Joint Mental Health Commissioner, the Associate Director of Operations BSMHFT, in addition to staff from Arden & GEM CSU.

Five members of the public attended the event and were able to discuss their questions and concerns on an individual basis. Their comments and questions reflected the themes that emerged the other events. They were also given the opportunity to complete questionnaires, and overall feedback from the questionnaires is detailed below.

6. Findings from the questionnaire feedback

136 completed questionnaires were received, four of which were easy read versions. Below are the responses to each question. The full written responses are at Appendix A.

Question 1: I understand the reasons why changes are proposed to mental health services



Q1) I understand the reasons why changes are proposed to mental health services.

Answer Options	Response Percent	Response Count
Strongly Agree	9.8%	13
Agree	35.6%	47
Neither agree nor disagree	9.1%	12
Disagree	15.9%	21
Strongly disagree	26.5%	35
Prefer not to say	3.0%	4
Why do you say this?		60
<i>answered question</i>		132
<i>skipped question</i>		0

Comments

As we consider the table above we can see that in total:

- 60 respondents (45.4%) agree with the statement: 'I understand the reasons why changes are proposed in mental health services'
- This includes 13 (9.8%) of respondents who strongly agree with the statement and 47 (35.6%) who agree with the statement:
- 56 respondents do not agree with the statement above.
- This includes 35 (26.5%) who strongly disagree and 21 (15.9%) who disagree

Four more respondents agree with the statement than disagree

The majority of the written comments emphasise the need for a local service in Solihull and the belief that changes to mental health services are being driven by NHS finances. Please see some examples of the written comments below.

The need for a local service:

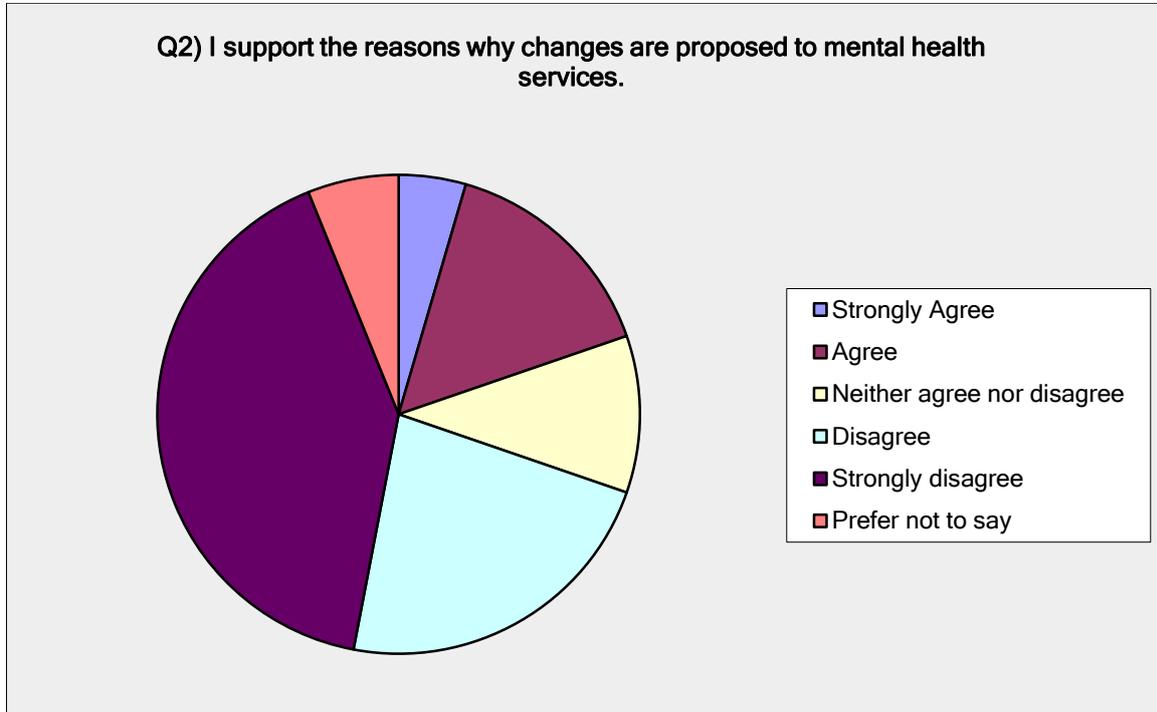
- *B.B.U might not be fit for purpose but should be updated to cater for Solihull residents*
- *Bruce Burns should close as it is not suitable for purpose. However, Solihull has a great need for its own Psychiatric Unit*
- *I say this because i do not understand why there will not be any inpatient wards in Solihull area when Bruce Burns is closed. With the population of Solihull which is growing this is a great concern to many people*

- *There is not 24 hr liaison at Solihull, the home treatment team cover out of hours, the amount of home treatment nurses on duty of a night has gone from one on each patch to 2 covering the whole of Birmingham and Solihull therefore there is inadequate cover for crisis*
- *I understand what is being proposed but do not agree that inpatient services will be provided nearby as there are already incidents of patients having beds half way across the country. How can this be best for carers when relatives have difficulty visiting*
- *As with anything, there is always room for improvement, but to get rid of a unit such as Bruce Burns, leaving no acute inpatient service in the area, seems very wrong and of no benefit to service users*
- *I don't think that they take into account the fact that for some a hospital stay is necessary and for that hospital stay to be local is imperative for not only the person but their wider support network of family and friends.*

Finances as the driver for changes:

- *The real issue around mental health services is the lack of adequate investment in staff and assets at all levels and given the growing mental healthcare needs of the community*
- *I understand the reasons you think changes are necessary and you have therefore proposed these. You need to try and provide a better overall service for the money available and essentially this means closing some facilities and improving others*
- *I think the consultations on changes have been designed to justify closing Bruce Burns to make savings, but I suppose efficiency and effectiveness of the service needs to be taken into account*
- *Solihull ccg is one of the lowest funders per capita of mental health services in the country. It is a disgrace*
- *Austerity and budget setting targets*
- *It's all about cost. We are supposed to be investing in mental health not shutting units down*
- *Services need to be updated and have a high standard. Finance is always a problem.*

Question 2: I support the reasons why changes are proposed to mental health services



Q2) I support the reasons why changes are proposed to mental health services.

Answer Options	Response Percent	Response Count
Strongly Agree	4.5%	6
Agree	15.2%	20
Neither agree nor disagree	10.6%	14
Disagree	22.7%	30
Strongly disagree	40.9%	54
Prefer not to say	6.1%	8
Why do you say this?		59
<i>answered question</i>		132
<i>skipped question</i>		0

Comments

- As demonstrated above, 26 (19.7%) people support the reasons why changes are proposed to mental health services
- This includes 6 (4.5%) people who strongly agree and 20 (15.2%) people who agree with the statement of support in Q2
- 84 people do not support the reasons why changes are proposed to mental

health services

- This includes 54 (40.9%) who strongly disagree and 30 (22.7%) people who disagree.

55 more people do not support the reasons why change is needed than those that do

In the written comments we find an emphasis on the need for a local mental health facility such as the Bruce Burns Unit. People are also concerned about the future provision of mental health beds. They are further concerned about the reliance on community services. Below are some examples of comments:

A local service

- *We need an acute ward provision within the Solihull area*
- *Because it is vital that mental health services are available locally to those suffering from this debilitating illness*
- *Because Solihull existing facilities are being downgraded when they should be replaced/improved. we deserve nothing less.*

Provision of beds

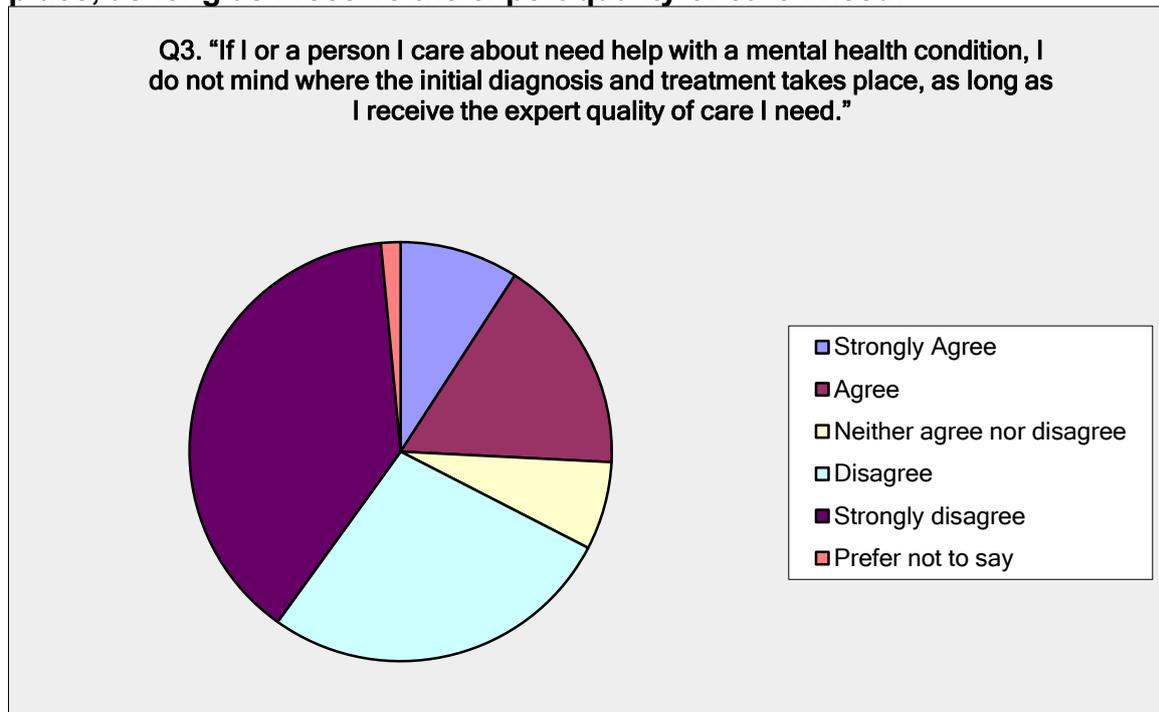
- *Again investment is needed not closure. However, you sell this we all know the truth is at present we have a crisis for beds that is not going away*
- *Making the community hubs greater are a risk, we always need acute beds and near to home*
- *There are already not enough acute mental health beds in the Trust so to close Bruce Burns is a poor decision*
- *I feel that Solihull should have its own acute beds locally. At the meeting to announce changes we're not told that the bed numbers in Birmingham had increased. How can places be guaranteed for Solihull residents when Bruce burns closes My main concern is that many people will have to travel long distances due to lack of beds. acute psychiatric admissions are very traumatic for patients and families - long distances will make this worse.*

Community services:

- *All the community help has gone and if someone needs help there is nowhere to go!*
- *Mixed feelings as making savings and broadening services further afield from Solihull, does not necessarily lead to service improvements for south Solihull service users. But it's a good thing that the Crisis/Home Treatment Team is being retained at Solihull but don't think they will be able to cope with workload and system will fail. Also a good thing that units further afield are able to offer carer support, gym and cooking facilities etc. to aid rehab and independent living*
- *I agree with some of the rationale, however, I am not clear that the provision of community services is increasing to deal with this*

- *I was pregnant with our second child when my husband was admitted. His mental health condition came out of the blue and was shocking to us all. He was cared for in the community for months with it just getting worse and putting tremendous strain on my health and family life. The hospital stay sped up his recovery and allowed him to come off medication safely under doctor's care rather than ours*
- *that the Crisis/Home Treatment Teams being retained at Solihull but don't think they will be able to cope with workload and system will fail. Also a good thing that units further afield are able to offer carer support, gym and cooking facilities to aid rehab*

Question 3: “If I or a person I care about need help with a mental health condition, I do not mind where the initial diagnosis and treatment takes place, as long as I receive the expert quality of care I need.”



Q3. “If I or a person I care about need help with a mental health condition, I do not mind where the initial diagnosis and treatment takes place, as long as I receive the expert quality of care I need.”

Answer Options	Response Percent	Response Count
Strongly Agree	9.1%	12
Agree	16.7%	22
Neither agree nor disagree	6.8%	9
Disagree	27.3%	36
Strongly disagree	38.6%	51

Prefer not to say	1.5%	2
Why do you say this?		81
	<i>answered question</i>	132
	<i>skipped question</i>	0

Comments

- 34 respondents (25.8%) agreed that they did not mind where the initial diagnosis and treatment of a person they cared about took place as long as the expert quality of care was provided
- 12 (9.1%) people strongly agreed
- 22 (16.7%) agreed

Comments –Q3

- 34 respondents (25.8%) agreed that they did not mind where the initial diagnosis and treatment of a person they cared about took place as long as the expert quality of care was provided
- 12 (9.1%) people strongly agreed
- 22 (16.7%) agreed
- 87 (65.9%) people disagreed overall with the statement
- 51 (38.6%) people strongly disagreed
- 36 (27.3%) people disagreed

53 more people disagreed than agreed with the statement.

The written comments show that people emphasise the need for initial diagnosis and treatment to be given close to home. Reasons for this include feeling supported by having home, friends and family close by and able to visit, being able to go home accompanied for short periods of time, the experience of travel being too difficult for mental health patients. There were also concerns about difficulty in access for relatives and carers to their loved ones due to distance to travel and having the means to get there. These selected comments sum this up:

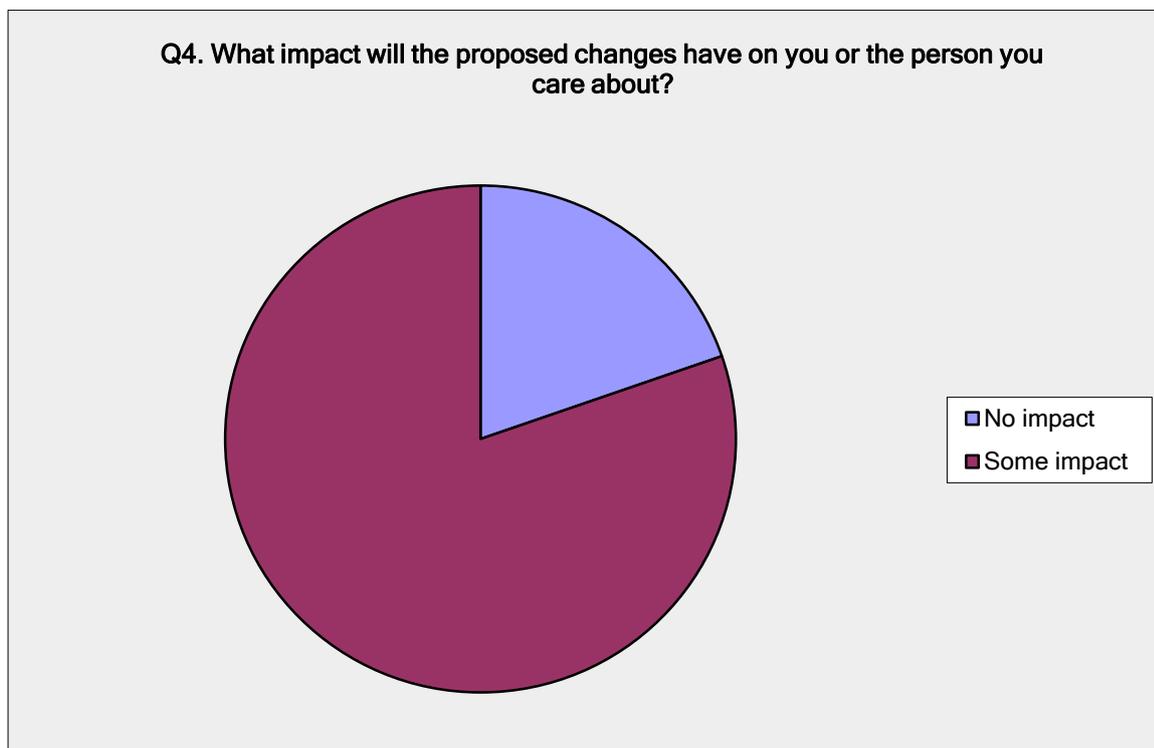
- *I would want my family member close to home/ I would want to be kept close to home, in an area i know and with the ability to go home when given a short burst of an hour escorted with family*
- *If that care is within the patient's home it can put a tremendous strain and responsibility on family members. I had to give up work whilst my husband was at home as he couldn't be left alone. I was pregnant and very stressed.*

Once a bed became available in Solihull (2 miles from our home) I was so relieved. If that bed had been further away I would not have been able to fully ask as his advocate in all meetings with professionals. It was through sharing with Doctors about how high functioning he was that we hit upon a care plan that worked and he got back to work and full health within eight weeks.

- It can be a physical, psychological or financial barrier to have to travel a distance for initial diagnosis when even getting out of the house can be a huge obstacle
- Expert quality care means shorter admissions and better outcomes for patients in the long term. Short term being treated away from your local area is traumatic and causes lots of issues in terms of accessing the local area and being accessible to friends and relatives however the closure of Bruce burns does not necessarily mean the patient will be treated an unmanageable distance from home as there are other in patient units within the trust in the south of Birmingham with good transport access
- The quality of the care makes little difference if I could have no regular contact with family.

Please read all written responses at Appendix A.

Question 4: What impact will the proposed changes have on you or the person you care about?



Q4. What impact will the proposed changes have on you or the person you care about?

Answer Options	Response Percent	Response Count
No impact	19.7%	26
Some impact	80.3%	106
please describe below		77
<i>answered question</i>		132
<i>skipped question</i>		0

Four fifths of respondents said that the changes proposed would have some impact on them. Most concerns are around future provision of care and having to travel further:

Concern around how care will be provided:

- *I am disabled and my daughter has mental health problems if it was to close there would be nowhere for her to go or nowhere for me to get to so I could see her*
- *Anxiety about where care will come from if another crisis occurs.*
- *Pressure on beds, managing the care of patients being treated away from home and the distress and challenges that brings with it*
- *I have been an inpatient and am worried that next time i could be miles from my family.*

Travel and future care provision:

- *Loss of inpatient care in Solihull, further to travel and more costly. Different medical staff. Isolated from home community. Disorientating and confusing. Would avoid attending. Worries about Solihull Crisis/Home Treatment Team inability to cope with workload and lost confidence in service.*

Travel:

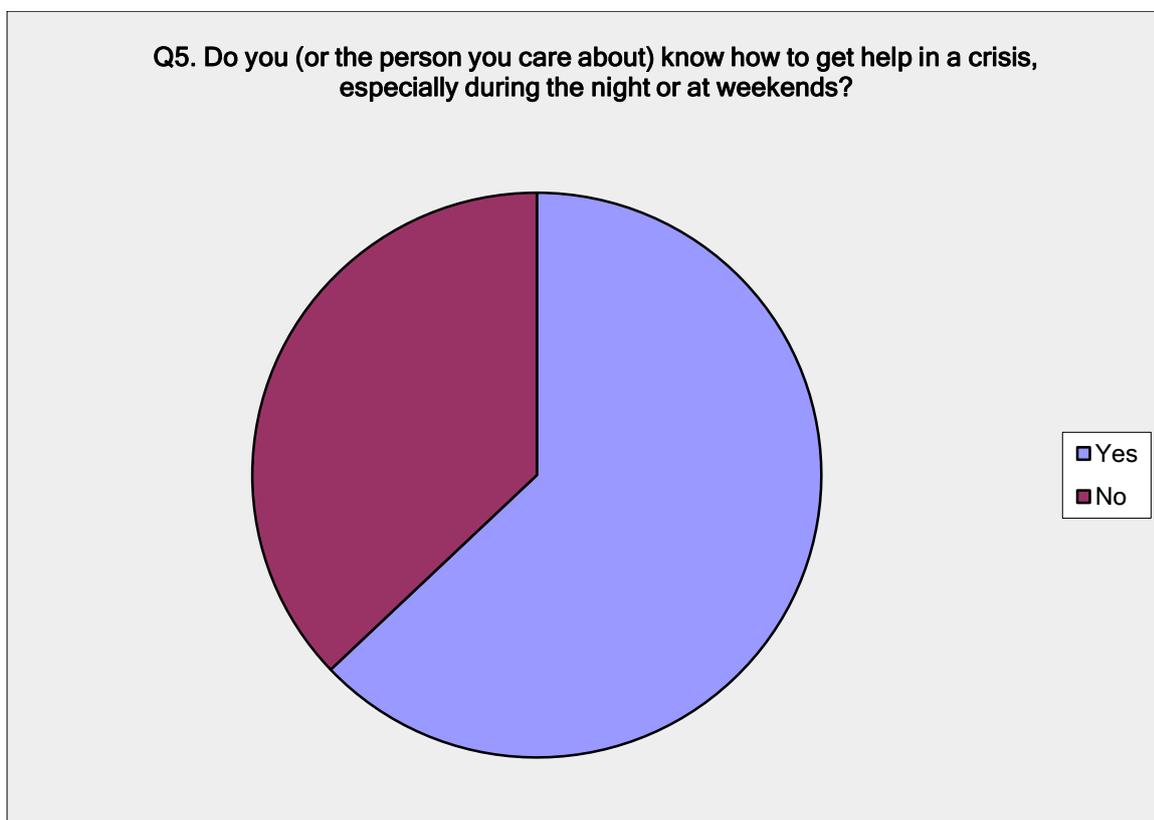
- *When in psychosis it is not uncommon to not know even what country you are in, let alone what town/city/area. It is common sense to have at least one local facility!! It will impact on recovery time, visiting by relatives, not everyone has a car or is well enough to travel on TWO buses. Travelling time will eat into visiting time*
- *Not all people drive. To ask a relative/friend to make that journey by public transport is simply unfair and ill thought out*
- *Having to travel further for treatment makes it far more difficult for families to support loved ones through what is already a very stressful situation*
- *Distance to travel to areas not easily accessible*
- *Not all people drive. To ask a relative/friend to make that journey by public transport is simply unfair and ill thought out*
- *Inconvenience. Impossible to park at some inpatient units in Birmingham.*

Community teams having to travel huge distances reducing effective visiting times and links with ward rounds and MDTs

- There will be no inpatient beds in Solihull meaning having to travel a minimum of an hour each way.

Please read all written responses at Appendix A.

Question 5: Do you (or the person you care about) know how to get help in a crisis, especially during the night or at weekends?



Q5. Do you (or the person you care about) know how to get help in a crisis, especially during the night or at weekends?	Response Percent	Response Count
Yes	62.9%	83
No	37.1%	49
If you have any further comments please tell us below:		37
<i>answered question</i>		132
<i>skipped question</i>		0

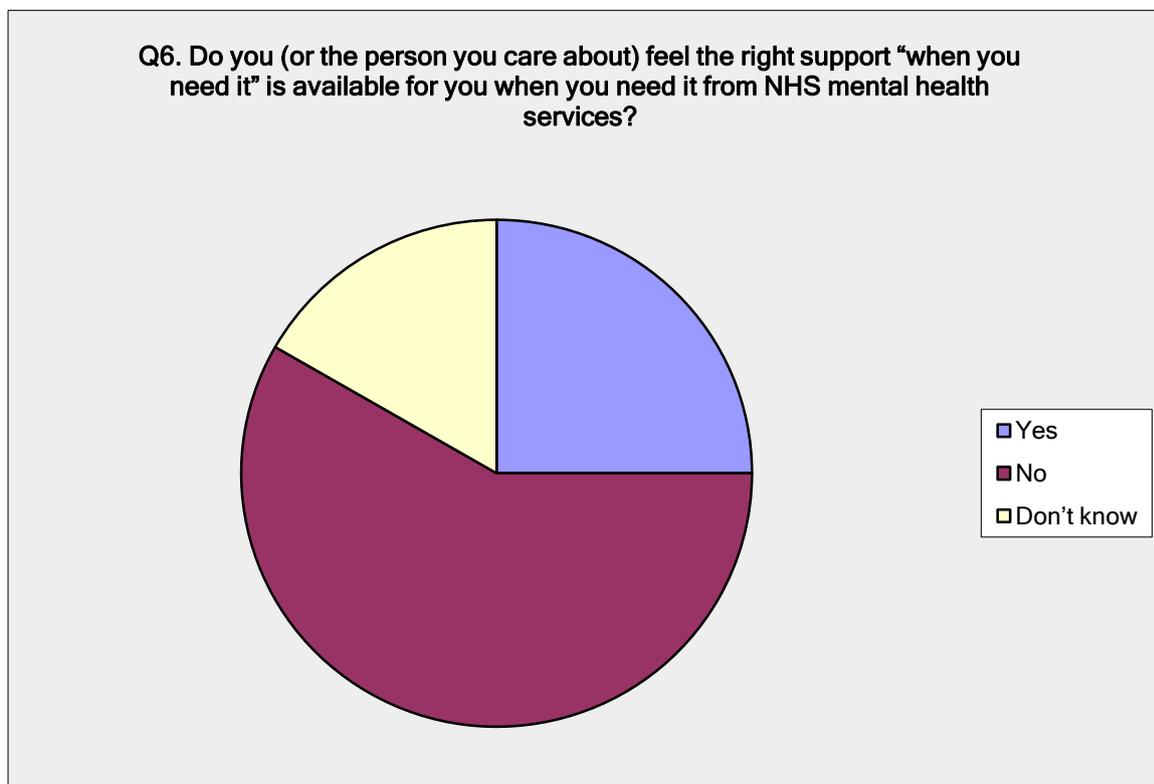
Comments

- 83 (62.9%) people said they knew how to get help in a crisis especially during the night or at the weekend
- 49 (37.1%) people told us they did not know how to get help in a crisis especially during the night or at the weekend.

As we consider the comments it appears that even though some people do know where to go for help during crisis especially at night and the weekend, they consider the support they receive varies and is often inadequate:

- There seems the only thing to do in a crisis at these times is A and E which I think is the wrong place. A service user can sit in a distressed state up to 10/12 hours at night or weekend till they get someone to see them
- Crisis services are not fit for purpose, unacceptable suicidal risk is often managed in the community and the RAID model fails to validate the personal experiences of adults in crisis, the process is dehumanising
- More clarity needed. Presumably report to A&E. Or find own system to bypass A&E by unexpectedly knocking on Solihull Crisis/Home Treatment Team's office door to gain access to them directly because GP's don't seem to know how to access service quickly in a crisis and unable to get a prompt appointment with GP in any case
- Does not guarantee a service though
- We know how to ask for help. Getting it is a different matter.
- Limited, if any information is available
- We are not given any advice for night and weekends
- Night and w/e care are abominable. You try ringing the HHT at 3am. If you're not under HHT then it's the switchboard.

Question 6: Do you (or the person you care about) feel the right support “when you need it” is available for you when you need it from NHS mental health services?



Q6. Do you (or the person you care about) feel the right support “when you need it” is available for you when you need it from NHS mental health services?

Answer Options	Response Percent	Response Count
Yes	25.0%	33
No	58.3%	77
Don't know	16.7%	22
Please tell us a reason for your answer:		74
<i>answered question</i>		132
<i>skipped question</i>		0

Comments

- More than half respondents, 58.3% (77) felt that they did not receive the right support when needed from the NHS mental health service
- Around one quarter (33) respondents felt they did receive the right support when needed from the NHS mental health service

Some written comments told of positive experiences of mental health services but others included that services were difficult to access and slow to respond; that people are concerned that NHS services are overstretched and that some people were anxious and confused:

Positive experiences

- *Yes in terms of having an acute inpatient unit - highly doubt the right support in the area would be available if Solihull services reduced*
- *In the past the BBU and Lyndon clinic gave excellent support and care. staff became familiar. being able to have home visits as condition improves important*
- *I get brilliant support from the assertive outreach team*
- *Mainly as I attended Lyndon clinic every month for mood and track support group. Psychologists are excellent and available to talk to if I have a problem with my mood*
- *Right care always given at the Bruce Burns Unit.*

Services are difficult to access and slow to respond:

- *People have to wait weeks for support, there is no parity with physical health services*
- *Mental health services work ok when you are part of the system but don't seem that easy to access. A one to one contact should be made within a week rather than a waiting list to attend a clinic for CBT. easy assessment is essential*
- *Mental Health Services need to tackle the root problem which perpetuates a crisis and LISTEN to the family when repeated requests are made for specific help*
- *Getting help right at the start from doctors and police was extraordinarily difficult*
- *An 18 week waiting list is a disgrace to access these services*
- *Waiting lists are too long. There are an unacceptable number of suicides amongst patients waiting for assessment/ admission due to scarcity of services*
- *Far too long between appointments*
- *Very hard to get someone to listen unless in crisis. You need better interventions to prevent so many people getting to crisis*
- *Yes - but it has taken a very long time - and through various changing iterations of service provision - to finally get the quality level of care that is needed for the person we care for.*

People are concerned that NHS services are overstretched:

- *Community services are stretched to breaking point , so how will the enhanced provision be provided without additional resources*
- *Because there is too much demand on services which will be cut yet again*
- *Not enough day services, limited beds without closures, not enough community staff or resources. RAID not 24 hrs at Solihull.*
- *Very few inpatient services left. Beds are hard to find. Closing Solihull will make the situation much worse*
- *All the support workers in the community have gone and at the present time my daughter has no psychiatrist available*
- *I feel many NHS workers have too big a work load. Many are stressed and struggle to struggle to maintain regular visits to mental health patients.*

Fear, anxiety, confusion:

- *Anxiety about future*
- *Confusing teams*
- *We have been assessed by GP, CAHMS (nurse and Psychiatrist), Healthy Minds, ICOS, inpatient ward then discharged and referred for DBT, three assessment visits for DBT, apparently not suitable for that. Put into adult services and passed around again. I dread to think how someone copes with the NHS if they have no one fighting their corner. Oh. I forgot the Home Treatment Team, we saw some of these as well.*

Question 7: Have you (or the person you care about) experienced any improvement over the past 12 months in the way you can access the treatment and or support you (or the person you care about) need for the mental health condition?



Q7. Have you (or the person you care about) experienced any improvement over the past 12 months in the way you can access the treatment and or support you (or the person you care about) need for the mental health condition?

Answer Options	Response Percent	Response Count
Yes	20.5%	27
No	56.1%	74
Don't know	23.5%	31
Please tell us why:		46
<i>answered question</i>		132
<i>skipped question</i>		0

27 respondents (20.5%) answered 'yes' to this question and 74 (56.1%) of respondents said 'no'. Thirty one (23.5%) answered they did not know. This indicates that the majority of service users feel that there has not been any improvement to services in the past 12 months. The comments below summarise key concerns:

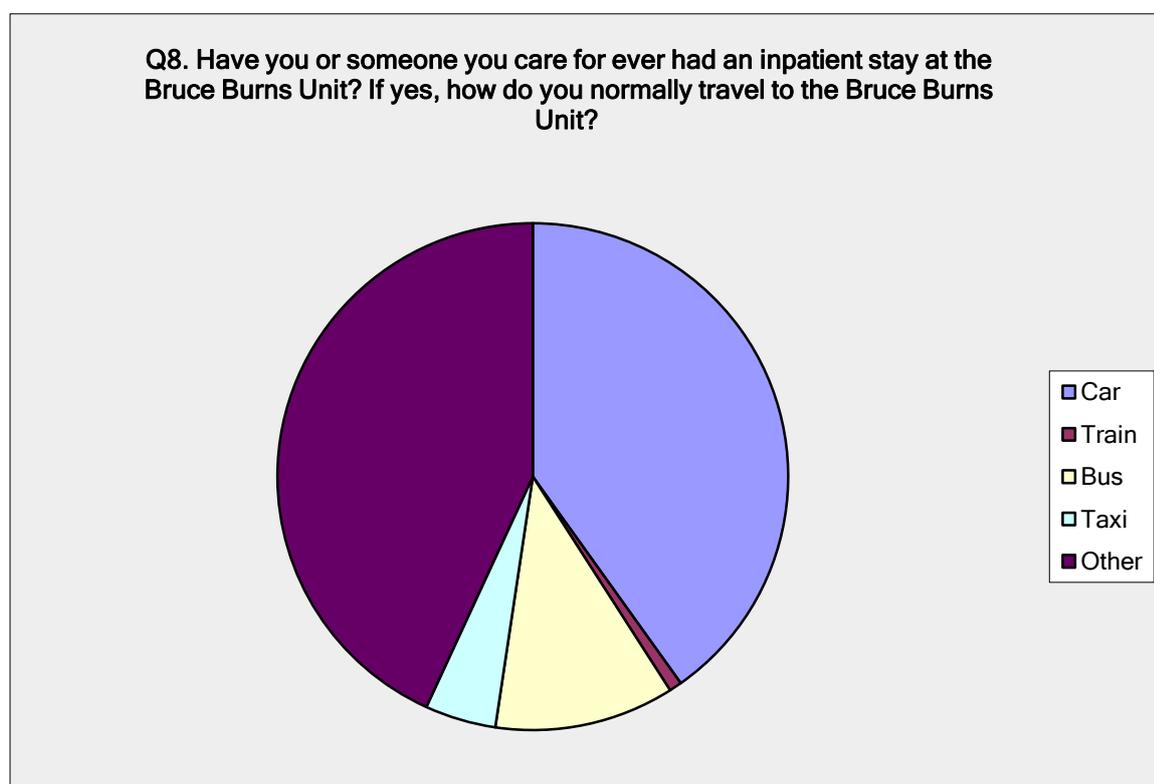
Services reduced

- *Things are getting worse and fewer*
- *It has deteriorated. Have witnessed this with other patients when visiting clinic with sister*
- *Feel it has got worse*
- *It has deteriorated.*

Lack of staff

- *Simply not enough help around*
“Waiting lists for new Adult ADHD service is too long. I am aware of a referral made by a GP in May that has still not received an appointment for assessment despite frequent calls to the service. (October)”
- *IAPT too slow - 4 months for CBT*
- *There are less and less staff having to do more and more work.*

Question 8: Have you or someone you care for ever had an inpatient stay at the Bruce Burns Unit? If yes, how do you normally travel to the Bruce Burns Unit?



Q8. Have you or someone you care for ever had an inpatient stay at the Bruce Burns Unit? If yes, how do you normally travel to the Bruce Burns Unit?

Answer Options	Response Percent	Response Count
Car	40.2%	53
Train	0.8%	1
Bus	11.4%	15
Taxi	4.5%	6
Other	43.2%	57
If you ticked 'Other' please tell us here:		58
	<i>answered question</i>	132
	<i>skipped question</i>	0

Of those who answered this question, 53 (40.2%) respondents chose car as their mode of transport.

10 comments showed that they either walked to the unit or used the local bus services.

15 respondents (11.4%) chose bus as their way of travelling.

1 (0.8%) person went by train and 6 (4.5%) respondents went by taxi.

Question 9: What impact would moving some of the mental health services to the various hubs within Birmingham have on you?

Q9. What impact would moving some of the mental health services to the various hubs within Birmingham have on you?

Answer Options	Response Count
	132
	<i>answered question</i> 132
	<i>skipped question</i> 0

Comments made by the respondents showed that they are concerned about a number of issues. Selections of comments are given below. Full responses are at Appendix A.

Travel - two major elements relating to travel

1. **Cost** - The amount it would cost to travel to the new sites
2. **Travel time** – The time it would take to travel to the new sites

- *It is a nightmare travelling at peak times. Parking is very expensive and why should we be charged? and parking spaces difficult to find*
- *It will cause increase stress at an already stressful time. Having to travel into busy areas and not knowing where to go*
- *Length of travel times, reducing time to spend with service user*
- *Visiting, particularly by public transport would become much more onerous. The travel times used in the document do not take into account that to get to Mell Square usually involves a 1 hour bus ride in the first place.*

Family support

Patients feel that their support network would not be able to commit and provide the same level of support that they receive now.

- *We live in south Solihull - this would mean more travelling for us - and would take the person we care for away from their family and local support network - and that has caused some disorientation that does not help with their recovery*
- *Away from family. Distance of traveling for visit after work*
- *Time and Stress of travelling. Inability to visit as often*
- *Too far to travel, not thinking of the impact of service users been in areas they do not know and for relatives to visit*
- *I will not be able to see visitors as often as i need also i will not be familiar with the area when on day leave.*

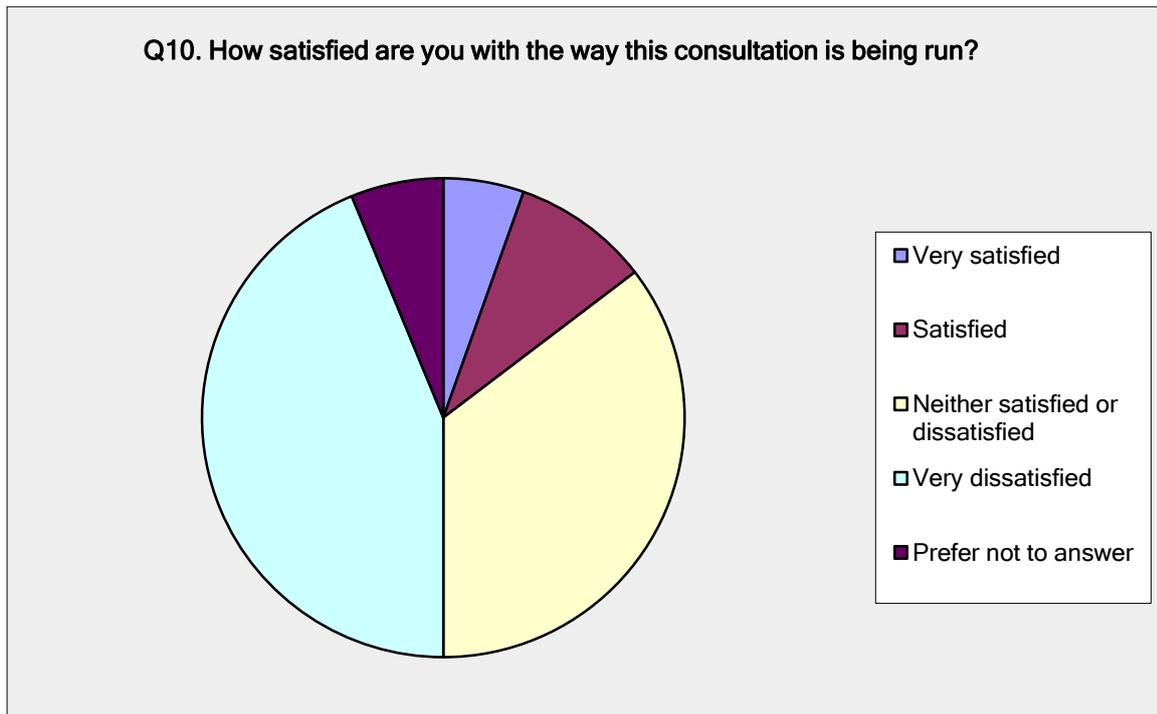
Unfamiliar

There were concerns about unfamiliarity.

- *Greater travelling time also most people with mental health problems are uncomfortable about going somewhere new or unknown*
- *If I were to have to travel to one of them, an already stressful situation would be exacerbated by being in an unfamiliar area. My family would be unlikely to make the journey daily*
- *Too far to travel, not thinking of the impact of service users being in areas they do not know and for relatives to visit*
- *Travelling to areas not familiar with, safety when travelling long periods in darkness, cost*
- *I will not be able to see visitors as often as I need also I will not be familiar with the area when on day leave*
- *Have to travel to unfamiliar areas which could be a long way and cause stress*
- *Travel, costs, unfamiliar location disorientating and confusing. Would need additional support from carer to travel outside Solihull South but more reluctant to help due to travel time, inconvenience and needing to take more time off from work to help*
- *It just makes it harder to get to on public transport. It's hard going to areas of the city you aren't familiar with*

- *It would make life in general more difficult. Familiarity is what we crave when we are ill.*

Question 10: How satisfied are you with the way this consultation is being run?



Q10. How satisfied are you with the way this consultation is being run?		
Answer Options	Response Percent	Response Count
Very satisfied	5.4%	7
Satisfied	9.2%	12
Neither satisfied or dissatisfied	35.4%	46
Very dissatisfied	43.8%	57
Prefer not to answer	6.2%	8
Please tell us why:		63
<i>answered question</i>		130
<i>skipped question</i>		2

Fifty seven respondents (43.8%) felt very dissatisfied with the way the consultation has been run.

Some of the reasons that came to light from the comments are:

- A decision appears to already have been made
- Not much awareness and advertising
- Peoples feedback will not be considered
- Staff have not been consulted and not supported

All equality monitoring data can be seen at Appendix B.

Feedback from Easy Read Questionnaires

Question 1

Do you understand why the NHS would like to make changes to the adult mental health services in Birmingham

Answer

- Two out of four respondents said 'no I do not understand'; one person said they were unsure; one person didn't answer
- All four respondents made a written comment. One person said 'it depends what and how it is changed'. The remaining 3 respondents were concerned about how difficult it would be for friends and family to visit inpatients when the Bruce Burns facility moved out of Solihull and how important visitors are to patients in aiding recovery. The expense of travel costs is also mentioned.

Question 1b

Are you happy with the changes the NHS would like to make to the adult mental health services in Birmingham and Solihull?

All four respondents said they were very unhappy

Question 2

Do you support the changes the NHS would like to make to the adult mental health serviced in Birmingham and Solihull?

Answer

All four respondents answer 'no I do not support the changes

Question 3

Please read the sentence below and tell us what you think?

Think about if:

You or a person you care about needs help with a mental health condition.

'I do not mind where we first get help as long as we receive the best care we need'

Answer

Two respondents said Yes I am very happy with the statement; One said Yes. I am happy; One said No. I am very unhappy

Question 4

How do changes that we are making to mental health services affect you?

Answer

One respondent answered 'don't know'; 2 respondents answered 'it does affect me'; One respondent gave only a written comment on this question not being relevant for carers but wanted to feedback that carers are very important to patients by providing continuity and hope of improvement. This person wanted to know how many of the alternative locations have ample car parks; a shop or a place to walk about together.

Question 5

Do you know where you can go to get help in an emergency?

Answer:

One respondent said I do not know; two people said yes; one person said no.

Question 6

Do you feel that you can get the support when you need it from the NHS mental health services?

Answer:

Two people ticked I don't know; one person ticked yes and added 'if you are lucky' and also ticked no adding 'quite often'

Two of the written comments said that respondents were not currently feeling confident about getting support.

Question 7

In the past year, have you noticed that the care you get now is better than before?

Answer

:All four respondents said No

Question 8a

Have you stayed at the Bruce Burns Unit?

Answer

All four respondents said no

Question 8b

Please tell us how do you travel to the Bruce Burns Unit?

Answer

One person said Car; one person said taxi

Question 9

Think about the moving of adult mental health services into the four different places in Birmingham and Solihull. How will this affect you?

Answer

Difficulties with travel and access for visitors and family

Question 10

Are you happy with the way we are doing this?

All respondents ticked 'very unhappy',

All written responses from the Easy Read questionnaires can be found at Appendix G.

The general consensus was that the people with disabilities require a lot of support and care from family or carers. The Bruce Burns Unit offers something that is well rounded, car par, café, shop and beds and patients feel they have everything one place without their family members or carers being pushed away.

They also don't like the idea of going into unfamiliar territory.

They do not support the changes

Feel the consultation has not given any notice to how the carers and family members fit into the picture and they will support them.

Their disabilities limit the way they can travel. They need special taxis and time consideration needs to be factored in for medicine and meals.

They find travelling a real challenge and very expensive.

7. Conclusion

Overall, respondents report positive experiences of care at the Bruce Burns Unit and the Lyndon clinic, and the Outreach team. This conclusion attempts to sum up the key themes that emerge from the feedback but it is recommended that the full responses are read and taken into account as any changes are made.

A number of strong themes emerge from the data:

- The strong request for a place of safety/Clinical Decisions Unit in Solihull for patients in crisis
- The emphasis by patients and carers on the need for a local service to replace the Bruce Burns Unit
- Concerns about the delivery of community services and the perceived shortage of staff
- Finance

Place of safety

There is a strong emphasis in the feedback on the need for a local place of safety for people in crisis. People request a place of safety and tell us that through the night in particular the emergency department is not a relevant place for a patient in crisis. People are asking for a place of safety that is quiet, where there are appropriately skilled, compassionate clinicians and staff. Some of them described this as being somewhere like the Clinical Decisions Unit that already exists elsewhere in the city.

A local service to replace the Bruce Burns Unit

At the beginning of the consultation process many people were angry and confused about the closure of the Bruce Burns Unit, but as the consultation engagement progressed, many people began to understand the reasons why the Bruce Burns Unit needed to close. However, they continued to give compelling reasons for their desire to have a local facility to replace it. These included difficulty in travel and access because of the importance of inpatients being cared for in a facility close to home, near their friends and family so that they can visit regularly to help the recovery process. People also talked about the importance of being only a short distance from home and knowing the locality as patients start to recover and are given permission to spend an hour or so away from the hospital.

Community services and staffing and resources

The feedback highlighted concern around the delivery of community services. These concerns include a plea for more staff including consultant psychiatrists and community nurses along with more training for GPs. People also tell us that it takes a long time to get

appointments and access into mental health services in the community. We are also told of how important and valued community groups run by organisations such as MIND are to service users, as well as community group activities, previously organised by the day hospital to enable social interaction and peer group support in the community. People also express concern on how inpatient services will have the workforce capacity and enough beds to provide a good in patient service once the Bruce Burns Unit is closed.

Finance

People also see Finance as a driver for change and cite reasons such as austerity measures and limited budgets; lack of investment into services. Some people understand that the proposed changes are to deliver a better overall service for the money available.

Concerns of the Scrutiny Board reflect some of the concerns reflected in the data collected. For example, one of the key concerns that the Scrutiny Board have is whether there will be enough capacity in the system to cope with and absorb the loss of 16 beds and whether this will lead to additional pressures and challenges for Solihull residents with severe mental health challenges in accessing inpatient facilities. They noted the evidence submitted by Healthwatch Solihull where it was highlighted that people would struggle with transport to Birmingham and there were also anxiety about how the social care re-enablement process would work in practice.

The Scrutiny Board went on to say they supported the development of community-based mental health facilities and they were very impressed with the work being done at Aviary House to empower service users with mental health needs to live in the community and live an active and fulfilling life. They noted the work being done by the Home Treatment Team and Street Triage but they were also aware that there would be service users who would be too 'ill' to access community-based mental health facilities and would need more intensive support. They also noted that there could already be capacity issues in respect of accessing community-based mental health facilities. For example, when they visited Aviary House, this facility was full. They are worried about the closure of the inpatient facility in Solihull without the adequate provision of sufficient community services being in place.

All of the findings from the consultation give vital insight for Commissioners and Providers reviewing adult mental health services in Solihull, into both the views and circumstances of those experiencing mental illness, and those caring for them. Solihull CCG would like to take the opportunity to thank people who attended the community meetings and completed the questionnaire for providing this invaluable feedback.

8. Recommendation

1. The CCG takes into account the key concerns outlined above as the review of mental health services in Solihull and Birmingham continues.

2. The CCG will share the findings with Birmingham and Solihull Mental Health Foundation Trust, Birmingham Joint commissioners and the Solihull Health and Adult Social Care Scrutiny Board (HASC).

3. The CCG and BSMHFT note the potential impact on service users and carers, in particular in relation to the recurring themes received throughout all the feedback received:

- The strong request for a local place of safety for patients in crisis
- The need for a local service to replace the Bruce Burns Unit
- Access and travel
- Concern around the delivery of community services and staffing
- People also see finance as a driver for change.

The CCG will now engage with BSMHFT and the Birmingham Commissioners in order to understand how they intend to mitigate against the impact where possible. We understand that replacements for the Bruce Burns Unit are unlikely to be financially viable. However there were key concerns around Care in a Crisis, and the capacity and quality of Community Services which need to be addressed and where we require further assurance. We will ask for an initial response within 4 weeks and a full action plan in 4 weeks after that.

We will review the capacity of both community and bedded services, with our colleagues in Birmingham commissioning, in the New Year when the independent review is received.