

MENTAL HEALTH JOINT COMMISSIONING BOARD
23 MARCH 2005

HEALTH OVERVIEW & SCRUTINY COMMITTEE
23 MARCH 2005

**MODERNISING MENTAL HEALTH SERVICES IN SOUTH WILTSHIRE
REPORT ON FORMAL PUBLIC CONSULTATION**

Introduction

1. Proposals to modernise mental health services in South Wiltshire were brought to the Wiltshire Overview and Scrutiny Committee (OSC) in October. South Wiltshire Primary Care Trust (SWPCT) proposed a twelve-week formal consultation period as it believed the proposals constituted a significant variation to services.
2. The Wiltshire OSC felt that given the number and significance of the proposed changes a sixteen-week period would be more appropriate. OSC also asked SWPCT to work the South Wiltshire PPIF Patient and Public Involvement Forum (PPIF) to develop a consultation document and to deliver a consultation process which would allow for a wide variety of views to be heard. Further OSC asked SWPCT to include in the consultation document proposals covering technical efficiencies (such as reviews of overheads).

Consultation Process

3. SWPCT worked with the PPIF and a number of service users and voluntary organisations to develop a consultation document. This is attached as Appendix 1. The document was distributed widely on November 5th, the date from which the formal consultation period began.
4. A press release was issued on 8th November and included in the Salisbury Journal which explained that the consultation document was available on the Primary Care Trusts website or on request from SWPCTs Community Office at Avon Approach. Just over 300 feedback forms were sent out. The PCT issued further press releases and both the *Salisbury Journal* and *Wiltshire Sound* covered the issue including interviews with the PCT Chief Executive. Salisbury Journal in particular covered the proposals over many weeks and advertised the public meetings and the Chief Executives request for as much feedback from the public as possible.
5. The consultation document included a feedback form that asked respondents to state whether they agreed with each proposal, disagreed or did not feel able to say. There was also a box for comments about each proposal and a

section asking the respondent to state in what capacity they had completed the feedback form.

6. Four public meetings were planned and details of these are shown in Appendix 2. Attendance at the meetings varied with the first Salisbury meeting attracting both the largest numbers of members of the public and a significant amount of press interest as well as attendance by local representatives of political parties.
7. In addition to the public meetings, staff from the PCT met with a large number of organisations and interest groups (as well as some individual carers).
8. At both the formal public meetings and meetings with interested organisations SWPCT stated that it was not necessary to complete the feedback form to have views registered. The PCT was happy to receive individual letters, e-mails, telephone calls and to meet with individuals or smaller groups to discuss the issues further.
9. A multi agency steering group was formed to oversee the consultation process and the work of a series of cluster (or sub groups) groups. The membership of the steering group is attached as Appendix 3. Each cluster group was allocated a number of related proposals to consider in terms of model of care, appropriate phasing of any development and financial implications. Each cluster group aimed to have similar representation to that on the steering group, although time constraints for staff, PPIF members, service users and voluntary organisations meant that not all meetings were attended by all members. A list of the steering and cluster group meetings as well as other meetings mentioned in 7 above is attached as Appendix 4.
10. The formal consultation period ended on 25th February. At this point 85 written responses had been received including all forms of communication mentioned in 8 above. One response (from Greencroft New Alliance) included responses from 54 individual service users and 5 separate staff members. These respondents only stated their view in relation to day services. These have been treated as 1 "unable to decide" response for all questions other than that relating to day services for adults of working age where they have counted as 59 responses. The response from Avon & Wiltshire Partnership NHS Trust included forms from each staff group or team as well as an overall summary response. The statistics only include this response once.

Summary Consultation Results

11. There were 85 responses in total. Four responses only made general comments such as the respondents view on the quality of current local services or asked for further information. The table below shows the breakdown of respondents.

Type of Respondent	No. of Responses	%age
Service User Aged 18-65	14	16
Service User aged over 65	4	5
Carer for someone aged 18-65	5	6
Carer for someone aged over 65	21	25
Vol. Org. working in mental health for people aged 18-65	6	7
Vol. Org. working with people aged over 65	3	4
Staff working in mental health services	5	6
Staff working in other services	14	16
Other Organisation	8	9
Member of the Public	5	6
Total	85	100

12. Appendix 5 summarises the views received in the consultation forms. Where respondents either wrote or called about one or two specific issues only (or filled in only some sections of the feedback form) an assumption has been made that these respondents would have answered “Unable to Decide” to all other questions. As well as “ticking boxes” most respondents commented on the proposals. Appendix 6 extracts a selection of comments from the feedback approximately pro rata to the “Agree” “Disagree” responses received.

Key Themes

13. Most people who expressed a view supported the development of a Primary Care Psychology service and dedicated time for mental health promotion.
14. On the whole there was not support for reductions in bed numbers for adults of working age, and the effect of additional community support was not understood. Opposition to the closure of Inpatient rehabilitation was a key issue raised by a number of carers at the public meetings, although much of the opposition was against the role the unit had played in managing crises rather than it's primary function in providing planned rehabilitation.
15. A majority of those who expressed a view supported the proposals to increase both Assertive Outreach and the Crisis Team (known as Intensive Home Support in South Wiltshire).

16. A significant majority of those who expressed a view did not support the proposals to change day services. Many service users described the way in which they were supported by their day service and the detrimental effect it would have on their mental health were it to close. Specific meetings were held with both potentially affected day services. These, together with the work of the cluster group highlighted a large number of significant issues which need to be resolved (and are discussed in Appendix 7).
17. Almost all respondents (97%) supported the proposals to invest in Liaison with Salisbury District Hospital and Early intervention.
18. Most respondents did not support reducing the number of inpatient beds for older adult citing the current lack of capacity in independent sector care homes. Some had concerns about the quality of care and expertise outside of the NHS.
19. All other proposals relating to services for Older Adults were additional investment in current services. A significant majority of respondents (ranging from 87% to 100%) supported all these proposals.
20. One of the technical efficiencies proposed related to funding currently paid to Glenside Manor, a local nursing home. Glenside's proprietor and manager felt that one interpretation of the wording in the consultation document could have been that they were charging the Primary Care Trust for more beds than were actually provided. This is not the case and the Primary Care Trust apologises if this impression was given.

Conclusions

21. The consultation process was inclusive and allowed for the views of interested parties to be communicated to the PCT.
22. The majority of those who responded to the consultation document supported proposals to invest in additional community services but did not support the reduction in inpatient services necessarily associated with this.