

Appendix C All feedback from the stakeholder events

Stakeholder event - Yemeni Community Association, West Bromwich, B70 9SJ.

Monday 8 April 2019, 1.30-3.30pm

24 stakeholders attended the event from a range of organisations including: Options for Life, SAFS (Sandwell Asian Family Support Service), Sandwell MBC, West Minster School, El Marsh Care, Midway Care, Charnat Care, Careview Services, Sandwell & West Birmingham CCG (additional staff not delivering event). In addition there were 3 members of the public, and a student of Wolverhampton University.

Workshop discussion

Discussion point 1 - What are the positive impacts of the proposed community model?

- Accessibility
- Out of hours support
- Locality for Sandwell will be easier
- Family benefits
- Less admissions/less time spent/my community
- Working together
- CTR's are key to positive outcomes
- Carefully thought through
- Great that public participation is taking place
- Intensive support site – great to have additional support in the community that you can access quickly
- Valuable to have clear pathway
- Consistency across all areas

Discussion point 2 – Are there any negative impacts you would like to discuss?

- Timeframes – changing delivery model takes time
- Journey time/locality for other areas
- Support for families to visit
- TCP for children – joint working with TCP for adults
- One attendee had a bad experience of treatment and assessment model
- May need an increase in social care hours
- There may be a negative impact on the carer if loved one gets better care. It is difficult for carers to let people move on

Discussion point 3 - Is there anything else you would like to be taken into consideration?

- Do families know what services are out there? Providers could communicate this with carers
- It's more than just a health issue – improved working together between health and social care
- Making sure people have knowledge of how TCPs will work together
- Information on stakeholder events
- Access needs to be prompt and responsive to crisis
- Approval for support service when in crisis
- More information, clearer about 10 beds
- Clear information on the offer of teams that is updated
- Involvement – working together families/users
- Learning and evolution... no time limits

Stakeholder event Wolverhampton

Wolverhampton, WV1 4QR. Tuesday 9 April 2019, 10am-12pm

Tuesday 9th April 2019

Nine stakeholders attended the event from a range of organisations including the University of Wolverhampton, Dudley Voices for Choices, Beacon Vision and Mencap.

Following the presentation, the workshop followed.

Discussion point 1 - What are the positive impacts of the proposed community model?

- Quality of care
- Community integration
- Good move towards social model instead of medical model
- Bespoke for individual
- Improved efficiency
- No funding cuts/funds reallocated to community services
- Flexible staff movement
- Everyone has same level of care

Discussion point 2 – Are there any negative impacts you would like to discuss?

- Transport/travel to ATU in Sandwell
- Isolation due to ATU venue
- Support for families does not materialise

Discussion point 3 - Is there anything else you would like to be taken into consideration?

- Joint commissioning
- Strong user voice including family

As people were asked to consider positive and any negative impacts of the new model, questions formed, and the workshop went into a question and answer session:

Questions/statements

Statement: Transport - getting to Sandwell. If a carer doesn't drive. It's a long way to travel.

Answer: Provider impact assessment flagged this up - at the outset of introducing the new model. Also, not having as many visitors and the impact that might have on inpatients. Therefore, within BCPFT we have a small funding provision to support people to get across to visit their families. Local provision means to the Black Country areas, but to family and friends it's a real pressure if you have to cross the Black Country. We have considered that and made allowances for families.

Question: How will families be made aware of this support for travel?

Answer: At the point where there is a likelihood their family member will be admitted; the multi- disciplinary team will make the family aware of all the options available to support them.

Question: Are Daisy Bank and Ridge Hill temporarily closed?

Answer: Yes - no patients there now and closed to admissions. Some people are concerned about whether there will be enough beds but when we had all the units open they were not fully occupied. Sometimes only a couple of patients in one unit or three and four in another. Therefore, collectively, we have worked out how many beds we would need BCPFT to provide which worked out at 10 beds.

Wolverhampton haven't had any admissions to Penrose this year, it is unusual to need to support someone to the point of admission.

Question: What is the fall-back provision if all 10 beds are full?

Answer: There are other beds available within the area and within the Black Country, we have beds for forensic patients (need to be appropriate) – i.e. as well as assessment and treatment need. They are a bit scattered.

We have supported people to use our mainstream Mental Health services e.g. have gone to Penn hospital. Not a foregone conclusion that everyone goes to Penrose. It is about their needs and what they need as support to get them home quickly. Not had anyone go to Penn either.

By working with Mental Health Services and Children's Services colleagues so that if we know someone coming through or back to area who might be at risk our community teams can link in at the earliest point to ensure planning is done and they get access to the right services.

Q: Can appreciate the argument for reducing beds and need to go into hospital facility but how will you offset this trend by improving non-hospital services within the community. If you are going to do less in hospital residential environment, same work needs to be done in non-hospital site.

Q: More people spending time at home, what are your ambitions to give families the support they need as they will be carrying a higher proportion of the burden than in the past.

Answer: Good point; important point - this is about looking to support people in a least restrictive environment. We are looking at the service differently, more about recovery, community participation as part of their treatment, working with behaviour support. Our Intensive and community support teams working with providers and families to make sure adults access the support. Day time activities, liaison with other services. What that person will do to live an active healthy life full of community participation.

Using Guernsey community participation tool - supporting people positively to be back in the community. A new approach to treatment.

Provider Alliance - workforce and training too, need everyone to be trained in positive behaviour support and autism, these are priority training areas whether in health or social care. All working to same training and competency framework to support consistency.

Question: What will happen when parents can no longer look after my son or daughter?

Answer: This is a small cohort of Learning Disability (LD) patients who need tier four level of support (high risk). But we need to ensure closer alignment with social care providers. If people aren't supported in the right way through budgets and activities, they will hit crisis point.

There is a cohort who don't engage with services for example the homeless, autism without LD. They can become isolated and if not managed properly can present to us in crisis. Therefore, while focusing on an intense section of the population, it's important that we consider all these other things. There is a lot of work being done with local authority colleagues to look at how we manage health and care together e.g. local risk registers to support the management of crises.

Question: If someone with complex needs where would they fit into this. Where would they go? Funding might come from Mental Health or Learning Disabilities, but do they come together to make that assessment so that each dept is taking responsibility?

Answer: As above.

Stakeholder Event in Walsall, WS1 4SA

Thursday 11th April; 4pm to 6pm

14 stakeholders attended the event from a variety of organisations such as Healthwatch; Dudley Metropolitan Council; Walsall Council; Dignus Health Care; Care First Ltd and Dudley Voices for Choices.

Key Discussion points and questions

Positive Impacts:

- Better integrated working, it was felt that the new model would offer this opportunity but needed time and investment to make it work.

- Patients not having to go out of area was positive.
- Reducing beds was seen overall as positive. It was felt that having less beds would drive the community model and would be an impetus for more people to be supported in the community.
- Being supported in the community was felt to be more positive than having to be admitted to hospital unnecessarily for prolonged periods of time.
- Stakeholders saw the location of the proposed community model as positive due to the proximity of more facilities such as shops and community activities.
- Stakeholders felt that Penrose would become a hub of services and this was seen as positive.
- IST already based at Penrose, so will aid smooth transition.

Attendees did not express negative impacts but asked questions:

Questions

Question: What about travel, public transport is not ideal?

Answer: It was explained that travel had been taken into consideration during the quality impact assessment and funding via an application process would be allocated for those who were finding travel difficult.

Question: Is the building fit for purpose, for example, are there male and female areas, has it been taken into consideration that people with learning difficulties will have different needs, for example those with autism.

Answer: The layout of the building was described, and reassurance given. It was also explained that as further development at the site was planned, stakeholders, patients and the public would be invited to feedback on the process.

Question: Why have 10 beds been allocated to the new service model?

Answer: A study of bed usage was undertaken to calculate how many beds would be needed to fulfil the requirements of the new service model.

Question: What about people who need a step-down from being in hospital for a long time to going back into the community?

Answer: It was explained that there would be purpose- built accommodation and support to fulfil this type of need.

Question: What about children?

Answer: A children's pathway is being developed as part of the Transforming Community Services Programme.

Question: What about people with autism?

Answer: This is also part of ongoing work.

Stakeholders also made the following points:

- The importance of working with partners such as the police service, the emergency services, and social care services, particularly to manage crisis situations. The importance of all personnel receiving training so that approach to crisis situations was consistent.

- Closer working together between health and social care across the area to meet patient needs was recommended.
- The importance of training and development for all staff working in the new model. The discussion point was made that if staff are working in both IST and AT4 legal boundaries need to be understood.
- The importance of patient centred services and the specialist support needed.
- Low need patients should be in mainstream services not specialist.
- There should be joint pathways with the mental health team.
- Currently, there are LD specialist nurses in Walsall for dementia and transition, it is important that these posts are maintained in the new model.
- It is important to consider how safeguarding responsibilities will be maintained in the new model e.g. Are the Safeguarding team at Sandwell ready for the impact of the new model?
- The importance of making and maintaining links to local community services. This will enable links to meaningful day opportunities. Community services available in the local area need to be scoped and relationships maintained.
- The importance of reablement skills development for service users.

**Stakeholder Event in Dudley DY 1 Community building, Dudley, DY1 1RT.
Thursday 2 May 2019, 5.30-7.30pm**

13 stakeholders attended the event from a range of organisations including: Dudley Heathwatch, PPGs, Dudley Voices for Choices, Camphill Village Trust, Riverside House. A student nurse also attended and members of the public.

Key Discussion points and questions

Positive Impacts:

- Individuals are being considered
- Penrose is well placed
- Transport is on a simple route
- Provides more opportunities to be independent
- Good discharge plans
- Winterbourne must never happen again. This model is the right direction.
- Right treatment, right place, shorter stay.

Attendees did not express negative impacts but asked questions:

Questions

Question: Friends and parents need to be welcome, in the new model you talk about the new café for patients to use where they can meet and socialise with their families and friends. How will we achieve this, in my experience up and down the county it doesn't happen?

Answer: We have funds to make the site more interactive so that it becomes a community hub and achieve a very different model. The new model will allow people to feel they remain in the heart of the community ready for rehabilitation.

Question: How many beds are there in the new model?

Answer: There are ten beds in the new model for patients within the Black Country.

Question: I am sceptical, my experience has led me to feel this. Are the ideas to be supported by the new model really achievable?

Answer: Yes, we are relocating, but the principles are already in place. Money is being invested to enhance the model.

Question: What is the current take up of beds, how do you know ten beds will be enough?

Answer: We did a complete bed analysis. Early indications are showing the calculations are correct. The introduction of the new teams is already having an impact. So far 15 admissions have been avoided.

Question: Has autism been considered as part of the new model of care?

Answer: We are currently looking at what an autism service could look like. We are working jointly with mental health. From the commissioner's point of view this piece of work is the initial stage. We are now working on how to meet existing gaps.

Attendees also made the following points:

- Autism should not be under mental health, it is neurological not mental health.
- Between the ages of 16yrs and 18yrs there is no support available. At 18 I can access adult services, but all young people should be supported with a transition plan (education and health plan), if you are not considered severe you don't get one. There is no access to mental health. There is a big gap in health services for 16 to 18year olds. This is needed before people get to crisis. Early intervention is needed. People need activity, purpose, opportunity, a lot has been cut and taken away and this leads to challenging behaviour due to frustration. There are not enough staff to provide the help needed, nurses have far too many patients.
- It is very important to understand that LD people can be very vulnerable in the community. People need to know how to look after themselves for example Safe Place schemes. There also needs more education to promote understanding amongst the community.
- Transport needs to be considered. It is important that access is easy so that relatives can visit.
- It is important that the length of stay in hospital is appropriate. Assessment and treatment centres should be no different than any other episode when you are treated for any other illness. The discharge date should be identified on day of admission.
- The environment and approach are so important. Well trained staff recognise triggers and crisis is prevented.
- The new model may need to families having more responsibility and it is important not to overburden them. There is a need for relationship building between professionals and the family for some previous experience has made

families reluctant to trust professionals. People need to understand what policies and processes are in place to ensure the patient's best interests are at the centre of decision making. Carers and parents really know the patients.

- People are viewed in the community more as an individual and not as 'a patient'.
- A de-escalation suite should be considered as part of the new model
- It is important to have access to other services.

Across all engagement events the new model was received with positivity, any concerns were shared and discussed, and questions answered. Key themes emerged, such as:

Key themes

- The community focus offered by the new model.
- The importance of relationship building and maintaining a good relationship between, patients, family members, carers and professionals.
- Transport and access to the Penrose site for visitors,
- Consideration for those with autism.
- Consideration for those in transition (age 16 to 18yrs).
- The response to crisis.
- The number of beds (10) in the new model

It is recommended that all notes from the events are read in full to ensure all points