

# Public Document Pack

## Statutory Joint Scrutiny Committee

Thursday, 7 September 2006 4.00 p.m.  
Town Hall, Runcorn

### AGENDA

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*In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.*

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## Executive Summary

The Change for the Better public consultation ran for twelve weeks from the 1st June 2006, until the 24th August 2006. Its function was to inform staff and the general public of the proposed changes to the adult community and inpatient provision of the 5 Boroughs partnership NHS Trust.

To achieve this 12 public meetings and 9 staff meetings took place across four of the five Boroughs (Halton, Warrington, St Helens, Knowsley), with a total of 359 people in attendance.

The process provided a forum for both individuals and organisations to raise any anxieties and uncertainties in respect of the new model and its impact. It is felt many of these concerns, were valid and further assurances will need to be given by the Trust. However on occasions the amount of 'noise' generated was not felt to be proportionate to the issue under discussion. Particularly evident was where the Trust was accused of having already decided certain services were due to close, despite assurances from the Trust no decisions have been made and hence the public consultation. Those making the comments seemed to have made their minds up about the Trusts' intentions. Openly responding to the issues raised led the Trust into a situation of a 'double bind' where there were accusations of insufficient detailed information being given by the Trust. Conversely once more detailed information was given the accusation became that decisions had already been made. So the Trust was wrong in some people's eyes if they had a plan and wrong if they didn't have one!

The function of consultation exercises is to provide an open forum for feedback. In so doing there will always be a proportion of negative comments which will gain the most attention. However it should be noted that the vast majority of comments were prefaced with phrases such as "In general I think the proposals within the Change for the better are a good thing my only concern is..." whereupon a specific area of concern was raised. The consistent key themes of such comments are as follows.

- The move to an 'ageless' service would be difficult to manage resulting in vulnerable people becoming even more vulnerable in inpatient facilities. This issue remained significant throughout the consultation but diminished as awareness grew regarding the functional-organic split and that there were no plans to reduce the numbers of dementia beds.
- There was a need for greater support and recognition for carers if there is to be an even greater emphasis on home treatment (especially young carers). This issue remained strong and consistent throughout the consultation.
- There should not be a 'mixed sex' ward at Halton but there should be two separate gender specific wards. Also there were concerns at the apparent dramatic reduction in bed numbers in the locality.

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- The lack of clarity regarding changes to the current Psychological Therapy Services understandably remained a very strong anxiety for the staff concerned. On occasions this issue took over the question and answer sessions of public consultation events resulting in the increased anxiety in these concerns with a wider audience.
- There are needs for clearer and inclusive pathways: how will people with personality disorders or dual diagnoses fit into the new structure?
- The Gatehouse Service in Warrington is reported to be a very popular service and Hollins Park site is considered to be isolated and stigmatising. (There was an impression throughout the public consultation that a decision had already been made to close the Gatehouse despite assertions by the Trust otherwise).
- Whilst there was an acceptance of the scope of the services under discussion there were numerous requests the proposals be integrated with the commissioning strategies for CAMHS, Older peoples' and organic services. However the strategies for older people and CAMHS were not complete nor approved through PCTs and LAs at the time of completion of Models of Care, and at the time of the Consultation launch, as they were still going through the approval process, and the strategic commissioning programme board have accepted them with a caveat of requiring further work. Thus, it was not possible to take them into account in the model.
- The proposed timescales are seen as too tight. Even by those who enthusiastically endorse the proposals there were concerns that to commence implementation in October was too soon. This point often diminished in importance once there was greater understanding that implementation did not mean completion and the plan was to spread the changes over a prolonged period. Conversely some comments were expressions of views like 'stop talking about it and get on with it'

We are aware that the statutory bodies have an extension to the consultation process until mid September for them to send their comments to the Trust. However no submission to date has proposed an alternative model of care. Rather the majority of submissions have commented about specific areas where amendments are suggested.

Therefore our principal recommendation is that the general direction and framework of the new proposed model be adopted by the Trust with due consideration of the points raised above. A secondary consideration for the Trust is that there are some key stake-holders (including some of its staff groups) who have a rigid and set perception of the Trust and its performance, focusing on perceived frailties and ignoring its number of achievements. Therefore further work is required to win the hearts, minds and the trust of those individuals concerned if it is truly going to be a 'Change for the Better'.

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## Introduction

For some time the 5 Borough Partnership NHS Trust (the Trust) has been working with its partner agencies in setting the strategic direction of its services. The outcome of these discussions within four of the five boroughs was the development of a 'new model of care' (Ashton, Wigan and Leigh PCT are developing their own commissioning strategy that the Trust will respond to in due course). This new model of care proposed re-aligning the bed numbers to the Royal College of Psychiatrist's norms, whilst focusing resources, including staff, to working within a community setting, basing their practice upon the clinical framework of 'recovery'.

The model proposed reducing the focus upon the traditional hospital based model to one that, wherever clinically appropriate, met the service user's needs where they were, i.e. in either their own homes or in each Boroughs local Recovery and Resource Centres. Where an inpatient stay was felt to be required there would be opportunity within the Recovery and Resource Centre to access a focused resource of acute and crisis beds. The intention of the model was to ensure appropriate admission to hospital and for those who were admitted to hospital to minimise the length of time they spent there.

For the new model to succeed community services would need to be reconfigured and provision increased. The new model proposed augmenting the current Community Mental Health Teams, with the following teams. These teams are all NSF for MH Policy Implementation Guide compliant, except the Access and Advice teams which are additional and specific to the model and consider to be vital to the effective operation of the model.

- Crisis Resolution/Home Treatment Teams
- Access and Advice Teams
- Assertive Outreach Teams, and,
- Early Intervention Teams

The Trust felt confident about these proposals in that they were in line with clinical best practice (nationally and internationally) and were fully in line with Governmental Policy including:

- the National Service Framework for Mental Health,
- the NHS Plan,
- the Policy Implementation Guidance
- the principles of aspirant Foundation Status Trusts

This would assist in achieving a future financial balance, after many years of the current service model carrying a financial deficit.

To enable the Trust to take this forward they commissioned Mental Health Strategies to facilitate the public consultation process. Providing an independent and transparent perspective, Mental Health Strategies were appointed for their expertise and knowledge of both the national drivers and the local issues and brought balance and autonomy to the process encouraging participants to engage and contribute freely.

The public consultation was launched on the 1st of June 2006 at a specially convened Executive Board meeting of the Trust, attended by 40+ members of the public. The consultation then ran for twelve weeks closing on the 24th August 2006. This document reports the key findings of the public consultation to inform the Trust so that the Board are able to make decisions about appropriate responses and courses of action.

The structure of this document will first identify the methods used in the public consultation. It will then present the results from each of the four borough's public consultations before identifying key themes across them all. It will then repeat this structure in relation to internal staff consultations. Thirdly it will report on the key themes emerging from other forms of feedback including written (including e-mail) correspondence and telephone calls. The report then closes with a general summary of the key themes from all sources and presents a number of recommendations for the Trust Board to consider.



## Methods

Prior to the launch of the public consultation Mental Health Strategies held a number of meetings, with senior managers within the Trust. To identify the general approach and scope of the consultation. The outcome of these discussions was that the Trust decided the following points:

- There were three public meetings in each of the four participating boroughs – one in each month of the consultation, with one in the morning, one in the afternoon and one in the early evening, i.e. twelve events in total.
- Additional meetings were facilitated as required, i.e. such as attendance at service user and carer's groups, as requested.
- Each public event was facilitated by Mental Health Strategies, with senior and operational managers present, to answer specific questions raised.
- To publicise these events 750 A2 posters were circulated within The Trust's premises and public settings, e.g. libraries, community centres, GP's surgeries, etc.
- Advertisements were placed in the local printed press
- A website was established where people were able to download the consultation document and where comments would be left.
- 5,000 questions and answers leaflets were circulated and 1,000 consultation documents were printed (later a further 1,000 was printed due to the high demand)
- Members of the public and staff could contact Mental Health Strategies direct and present their views either in writing or over the phone.
- Nine staff consultation events were facilitated at a range of times and venues enabling staff access to one of the sessions. Additional sessions for specific groups/teams were facilitated where appropriate in conjunction with the managers of those services.

Each of the above planned points were completed and delivered for the Public Consultation.

The format for both the public and the staff events were the same. Each one divided into three elements, they would begin with a process of each individual being invited to record on a post-it their views regarding what they felt was 'good' about the current provision of mental health services in the locality. Followed by what they thought was 'bad' and then 'where improvements could be made'. These comments were collected and informed a discussion, trying to establish a consensus view for each event. *(continued overleaf)*

Followed by a formal presentation: Change for the Better' providing detail of the proposals contained within the model. Each event was closed with a question and answer session where key themes were noted. After each event the post-it comments and the key themes were collated and fed back into informing this document.

Emerging views were also gathered from written correspondence (63 posted, 37 e-mails and 5 telephone calls) from members of the public, staff, professional bodies, statutory agencies and other related stake-holders. These views were recorded and are detailed on page 26 of this document.

Before the public consultation began we identified domains in which comments would be recorded these are as listed below:

**STAFF**

- Dedication and hard working
- Quality
- Motivation
- Quantity
- Recruitment and retention
- Fear of redundancy/ loss of job
- Other

**RESOURCES**

- Financial situation
- Estates and buildings
- Staff
- PCTS
- Lack of funding
- Other

**COMMUNICATION**

- Lack of communication by management
- Between organisation
- Informing staff
- Informing public
- Informing service users
- Informing carers
- Other

**ACCESSIBILITY**

- Locality
- Public transport
- Opening hours
- Other

**SERVICES**

- Reduction in services
- Closure of services
- Reduction in beds
- Moving services
- Missing services/gaps in service
- Recovery and Resource centres
- Therapeutic inputs
- Admission and discharge policies
- Levels of violence
- Vulnerable groups
- Other

**LOCAL ISSUES**

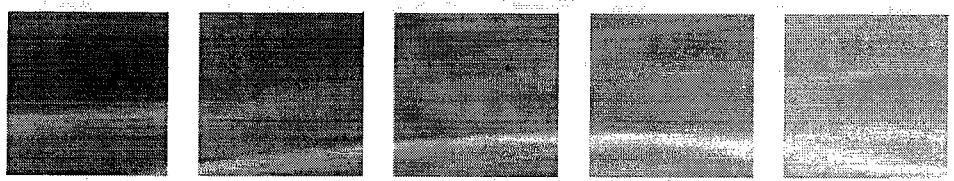
- Halton
- St Helens
- Warrington
- Knowsley
- Wigan
- Other

## Public Consultation Introduction

The following data provides information as to how the general public perceive the current and future mental health services as delivered by the 5 Boroughs Partnership Mental Health Trust.

The data has been divided into five main themes:

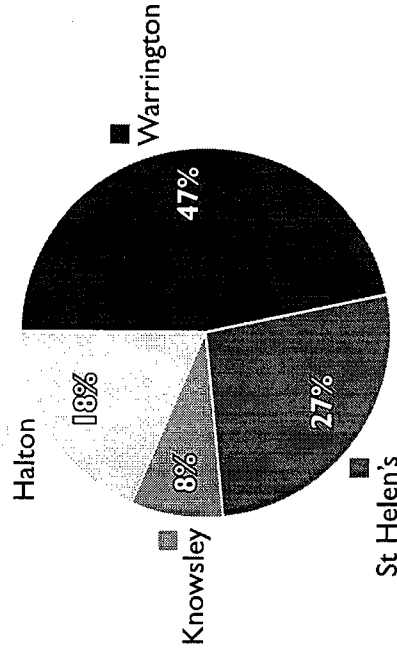
- Staffing
- Resources
- Communication
- Accessibility
- Service Levels
- Local Issues



## Public Consultation Process

In Warrington		Date	Attendees
Venue			
Gateway Centre, Warrington	09.06.06	22	
Town Hall Council Chambers, Warrington	11.07.06	19	
Gateway Centre, Warrington	08.08.06	40	
			Total: 81
In St Helen's		Date	Attendees
Venue			
St Helen's Town Hall, Room 8	21.06.06	25	
St Helen's CVS	06.07.06	11	
St Helen's CVS	03.08.06	10	
			Total: 46
In Knowsley		Date	Attendees
Venue			
Gallery at Huyton Suite, Civic Way, Knowsley	30.06.06	2	
Arncliffe Centre, Arncliffe Road, Halewood	25.07.06	6	
Prescott Suite, Warrington Road, Prescott	17.08.06	6	
			Total: 14
In Halton		Date	Attendees
Venue			
Castlefields Community Centre, Halton	16.06.06	3	
Halton Stadium, Widnes	18.07.06	13	
Halton Stadium, Widnes	22.08.06	16	
			Total: 32

**Total Attendees: 173**



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## Staffing

Staffing Issues	Warrington	St Helen's	Knowsley	Halton	Total
Dedication and hard working	9	1	1	6	17
Quality	13	2	2	5	22
Motivation	4	0	0	1	5
Quantity	1	0	0	0	1
Recruitment and retention	4	0	0	4	8
Fear of redundancy/loss of job	2	3	0	1	6
Lack of retention	5	3	3	4	15
Lack of expertise	6	7	3	8	24
Overworked	4	2	4	3	13
Other	6	3	1	3	12

### Key Issues

- Recognised staff quality in service delivery.
- Overall dedicated and hard working group of staff.
- Perception that there is a lack of expertise in certain areas.

*"Need more specialist nurse practitioners not more highly paid psychiatrists - too many chefs and not enough skilled-up practitioners!!  
(There is a wealth of knowledge and expertise within the current work-force that needs development and opportunities for promotion.)"*

**Response from a health and community care forum.**

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## Resources

Resources Issues	Warrington	St Helen's	Knowsley	Halton	Total
Financial situation	1	1	0	0	2
Estates and buildings	17	0	1	9	27
Staff	12	2	2	8	24
PCTs	2	0	1	0	3
Lack of staff	3	4	7	9	23
Lack of resources	8	9	5	12	34
Lack of funding	7	1	3	2	13
Lack of sufficient buildings	2	7	2	1	12
Other	1	0	0	1	2

## Key Issues

- A general satisfaction with the environment services are currently delivered in, except for St Helen's, where a lack of sufficient buildings was a significant issue.
- The people of Halton indicate as a lack of both staff and resources as significant for their borough.
- St Helen's and Knowsley participants had an overall perception of a lack of services across all elements.

*"Given the fact the 5 Boroughs Partnerships has to completely eliminate its large financial deficit by end of March 2007, how confident is it of being able to achieve these various improvements with less money."*

**Response from a service user involvement.**

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## Communication

Communication Issues	Warrington	St Helen's	Knowsley	Halton	Total
Informing staff	5	1	2	6	14
Informing public	9	0	1	6	16
Informing service areas	3	1	0	1	5
Informing carers	2	0	1	1	4
Lack of communication	11	11	8	15	45
Lack of communication between organisations	15	7	4	4	30
Other	0	0	0	2	2

### Key Issues

- A clear divide between Warrington/Halton and St Helen's/Knowsley as to perception of overall communication between the Trust, service users and other agencies.
- St Helen's and Knowlsey had a high ratio of negative response for overall lack of communication.
- Warrington and Halton had a more balanced perception around Trust communication with positivity countering negativity. However there remained significant high numbers of negative responses in these two Boroughs also.

### SAMPLE COMMENT

*"All in all the consultation was delivered by the 5 Boroughs in a hostile manner with no respect or empathy for the people they were addressing, a mixture of service users, carers and professionals."*

**Response from anonymous  
from the Gateway, Warrington  
08.08.06**

## Accessibility

Accessibility Issues	Warrington	St Helen's	Knowsley	Halton	Total
Local	8	0	0	6	14
Good public transport	0	0	0	0	0
Long opening hours	2	0	0	4	6
Too far away to travel	2	4	3	3	12
Lack of public transport	1	1	1	0	3
Short opening hours	1	0	1	3	5

### Key Issues

- That services are local and remain so.
- Despite this people do still at times have long distances to travel.

## Services

Service Issues	Warrington	St Helen's	Knowsley	Halton	Total
Recovery and resource centres	5	1	1	0	7
Therapeutic services	3	0	1	3	6
Good quality of services	20	2	5	11	38
Good area or location	11	0	1	3	15
Long opening hours	2	0	0	3	5
Reduction in services	9	6	4	7	26
Closure of services	4	0	1	0	5
Reduction in beds	3	0	0	2	5
Moving services	4	0	0	2	6
Missing services	9	3	5	10	27
Violence levels	0	0	0	0	0
Vulnerable groups	4	4	0	2	10
Lack of service quality	8	9	5	4	26
Poor area or location	6	4	2	3	15
Short opening hours	1	0	2	4	7

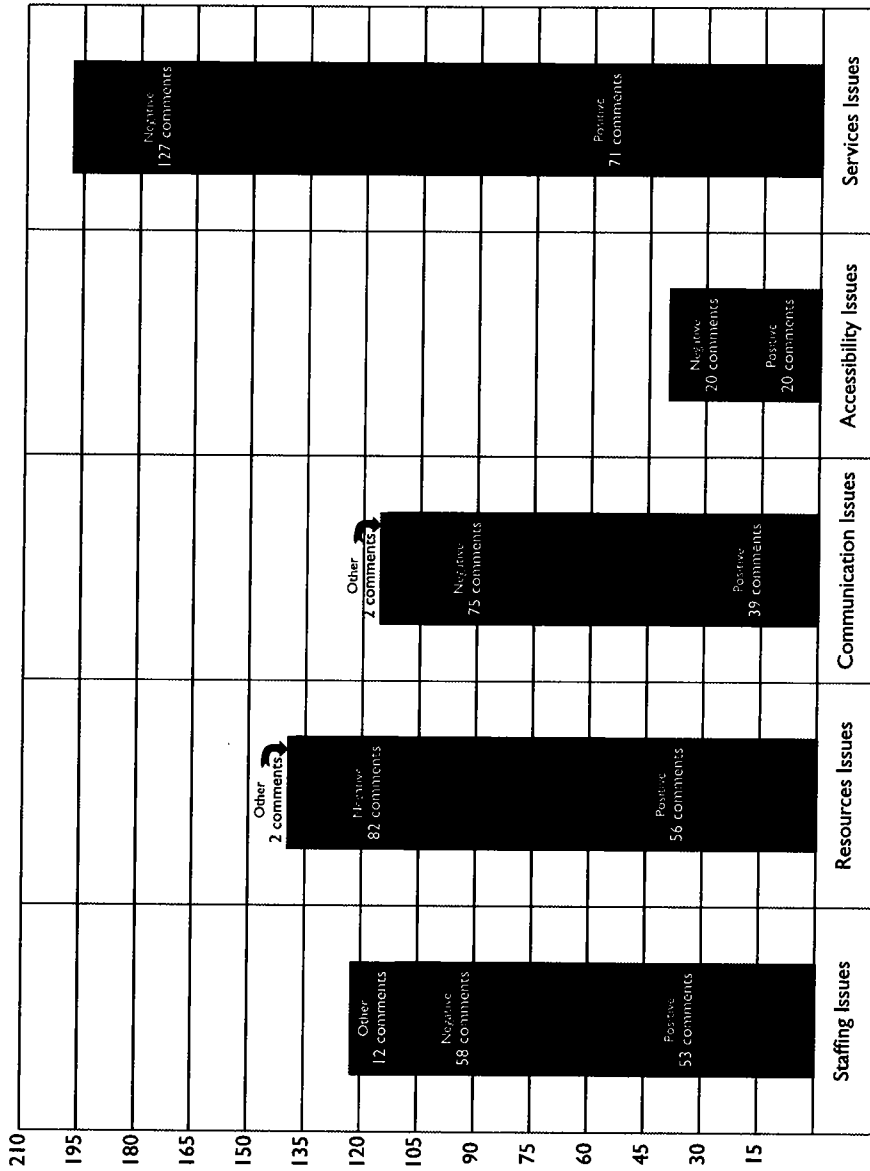
## Key Issues

- The services are of a good quality.
- They are delivered in favourable locations.
- Opening hours meet the needs of the service user.
- They feel that services are being reduced.
- That service are not as comprehensive as would be liked.
- There is a lack of service quality in some areas.

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## Overall Public Comments Chart



**Total of comments regarding all issues**  
**Positive = 239 comments**  
**Negative = 362 comments**  
**Other = 16 comments**





## Staff/Internal Consultation Introduction

Following the public consultations, to enable consistency and clarity, the same five common themes were identified, enabling a consistency of outcomes across both consultations.

The five common themes being:

- Staffing
- Resources
- Communication
- Accessibility
- Service Levels

An analysis of the data has highlighted a number of key issues in each of these sections.

## Staff/Internal Consultation Process

### In Warrington

Venue	Date	Attendees
Training Room 3, Hollins Park House	13.06.06	24
Training Room 3, Hollins Park House	13.07.06	15
Training Room 3, Hollins Park House	15.08.06	42
		<b>Total: 81</b>

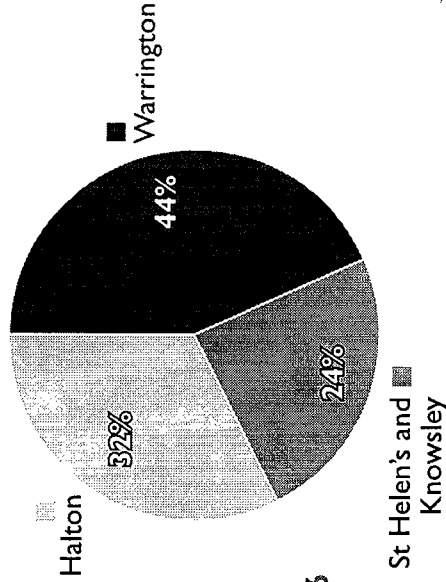
### In St Helen's and Knowsley

Venue	Date	Attendees
Lecture Theatre, Whiston Post Grad	27.06.06	36
Lecture Theatre, Whiston Post Grad	21.07.06	7
Post Grad, Whiston	10.08.06	2
		<b>Total: 45</b>

### In Halton

Venue	Date	Attendees
Pine Day Unit Lounge, Halton	15.06.06	50
Lecture Theatre. Post Grad, Halton	04.07.06	7
Lecture Theatre. Post Grad, Halton	08.08.06	3
		<b>Total: 60</b>

**Total Attendees: 186**



## Staffing

Staffing Issues	Warrington	St Helens/Knowsley	Halton	Total
Dedication and hard working	11	8	4	23
Quality	13	4	4	21
Motivation	3	1	1	5
Quantity	2	3	2	7
Recruitment and retention	1	0	0	1
Fear of redundancy/loss of job	4	2	1	7
Lack of retention	6	1	5	12
Lack of expertise	7	6	3	16
Overworked	14	7	6	27
Other	0	3	0	3

## Key Issues

- A general consensus and recognition across the four boroughs that staff are of a high quality, dedicated and hard working.
- Significant concerns raised were around retaining staff, whether staff had the expertise to deliver on future services without significant additional training.
- Within current services, staff were overworked and overstretched.

*"The move of Consultant Psychiatrist into community based services, e.g. Crisis Resolution teams, Early Intervention teams, should be commended, (this should have been happening already)."*

**Response from senior clinician**

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## Resources

Resources Issues	Warrington	St Helens/Knowsley	Halton	Total
Financial situation	0	1	0	1
Estates and buildings	0	1	1	2
Staff	7	9	6	22
PCTs	1	2	0	3
Lack of staff	15	11	4	30
Lack of resources	13	10	9	32
Lack of funding	7	7	3	17
Lack of sufficient buildings	2	6	0	8
Other	0	1	0	1

## Key Issues

- From a resource perspective it is significant staff perceptions for St Helen's, and Knowsley are relatively positive compared to the general public.
- There is a overall feeling across all four boroughs for a need for investment, particularly in staff and resources.

## Communication Issues

Communication Issues	Warrington	St Helens/Knowsley	Halton	Total
Informing staff	4	2	2	8
Informing public	4	4	3	11
Informing service areas	3	2	1	6
Informing carers	1	0	0	1
Lack of communication	15	13	4	32
Lack of communication between organisations	12	7	5	24
Other	0	3	0	3

## Key Issues

- A high proportion of staff, over 68% of those who had commented (a total of 32 staff), perceived a lack of communication on behalf of the Trust, both generally and with other organisations.
- However, there was a proportion of comments recognising positive communication across the identified elements.



## Accessibility

Accessibility Issues	Warrington	St Helens/Knowsley	Halton	Total
Local	5	1	0	6
Good public transport	1	0	0	1
Long opening hours	2	0	0	2
Too far away to travel	1	3	1	5
Lack of public transport	0	2	1	3
Short opening hours	1	0	0	1

### Key Issues

- These mirror the outcomes of the public consultations in that:
  - > services are local
  - > there are issues for some people having long distances to travel

*"We are very much in agreement with the principle that the philosophy of the service should be one of treatment as close as possible to the patients' home, with the emphasis on recovery focused treatment in the community and inpatient treatment the option of last resort."*

**Response from  
professional staff group**

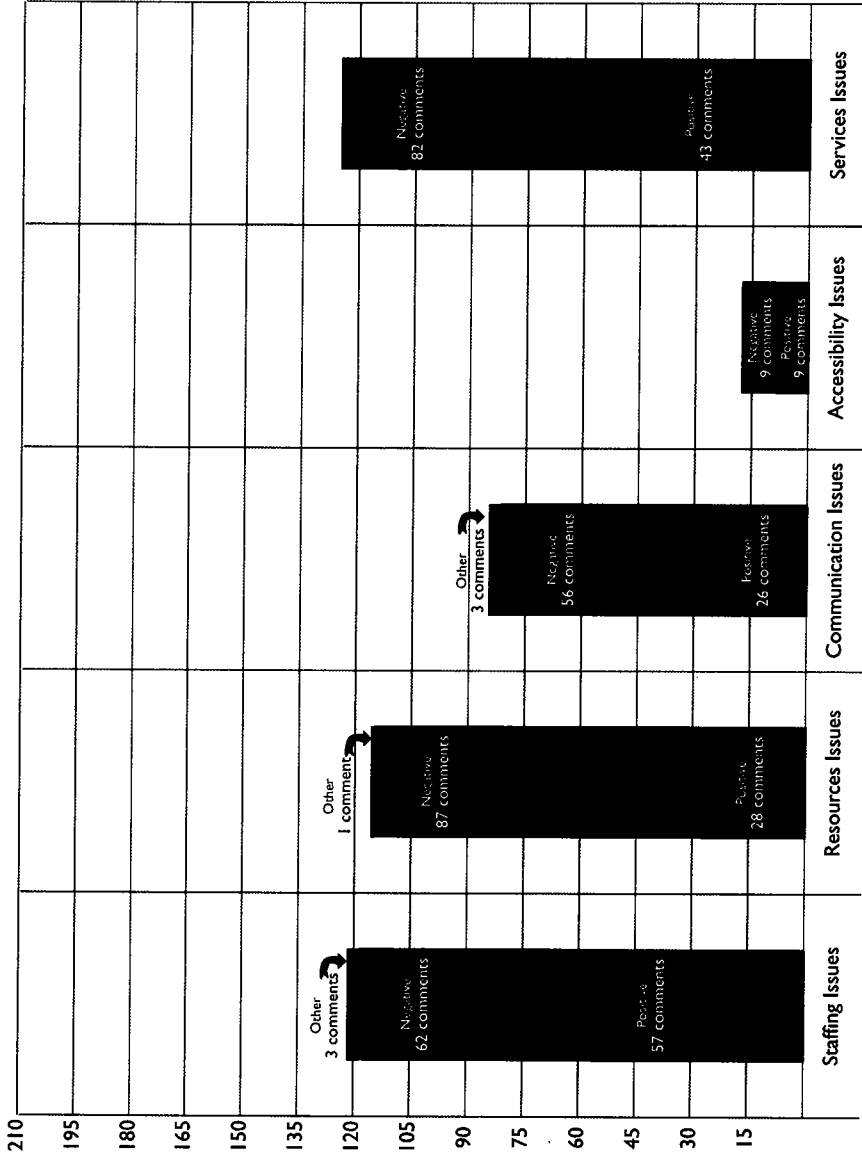
## Services

Service Issues	Warrington	St Helens/Knowsley	Halton	Total
Recovery and resource centres	1	2	1	4
Therapeutic services	1	2	2	5
Good quality of services	14	12	4	30
Good area or location	1	1	0	2
Long opening hours	2	0	0	2
Reduction in services	9	5	1	15
Closure of services	1	3	0	4
Reduction in beds	3	0	1	4
Moving services	2	0	1	3
Missing services	10	11	7	29
Violence levels	0	0	0	0
Vulnerable groups	0	0	1	1
Lack of service quality	7	7	6	20
Poor area or location	1	3	1	5
Short opening hours	1	0	0	1

## Key Issues

- The services are of a good quality is a majority perspective.
- However, a high ratio of concerns were raised around a reduction in services, with some services being missed.

## Overall Staff/Internal Comments Chart



**Total of comments regarding all issues**  
**Positive = 163 comments**  
**Negative = 296 comments**  
**Other = 7 comments**

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## Common Issues across Public and Staff Consultation

These themes are specific to the public and staff consultations, they do not include issues raised through correspondence and are highlighted because of the commonality across both disciplines and are not reflected in the executive summary. Some of these are likely to occur time and again whatever the background or intention of the consultations. This is partly due to recognised cultural mind sets, both on behalf of staff and the general public around the NHS and its performance and partly as a result of individual and groups using the opportunity to push forward their own agendas.

The most common themes that emerged were:

- Current services were of a good quality
- Some services were missing
- There was a good level of informing the public
- Overall there was a perceived lack of communication
- Staffing, and the perceived lack of, was significant for both public and staff
- Staffing was seen as a very positive resource to be fully acknowledged
- A recognition of the quality and dedication of staff but the need to increase their expertise

It is worth noting the low attendance at the Knowsley Borough meetings as this may reflect the fact that the Knowsley PCT/Council do not perceive the model to be a substantial variation of service as the Borough is currently operating and an indication of how the services have been commissioned.

## Raw Data Collection from all correspondence

This was provided both as hard copy correspondence, email and telephone feedback. The feedback was extensive, detailed and wide ranging and came from a wide range of local stake holders inclusive of the general public, staff representatives, individual staff, professional groups, service user forums and health pressure groups.

The hard correspondence in the main discussed the actual model 'Change for the Better' and the perceived consequences of its implementation. Significantly although there were many complex issues raised there was not one instance of objection to the overall model recorded.

Within the correspondence an extensive range of issues were raised, the majority of which have been registered in the outcomes of raw data collection as seen below. In addition to these there was a core of common themes that emerged around specific services and their delivery in particular:

- Older people services (organic)
- CAMHS
- Psychological therapies
- Eating Disorders

These identified issues are a reflection of the findings exhibited across both the public and staff meetings but were of a much more focused nature and of a higher significance across both the correspondence and email feedback.

On close of the consultation we had received:

- 37 e-mails
- 63 letters
- 5 telephone calls

These were divided as:

- 28 general public
- 43 staff (individuals)
- 18 staff professional groups
- 3 executive level response
- 9 other public bodies and representatives (MPs, Councillors, local authorities)
- 4 anonymous



## Summary and Overarching Themes

Although there were some very specific locality based issues, (e.g. The Gatehouse in Warrington) the vast majority of the issues raised throughout the Public Consultation process applied across Boroughs. The key themes were as follows.

- A perceived lack of recognition for the needs of carers, especially if more treatment is to be provided within the home. These proposals should not be seen as a way of increasing the burden upon carers – whether intentional or otherwise.
- Through misunderstanding of a phased implementation, anxieties were raised regarding the proposed timescales. It was felt by a number of people that further discussions were required and this was a process that 'should not be rushed', especially in relation to the transition period and no bed closures should take place before robust community resources were fully functioning.
- A fear that some service users with complex needs (e.g. personality disorder, dual diagnosis, substance/alcohol dependency issues) would slip through the net.
- Vulnerable adults – especially older people – would be even more vulnerable on an 'ageless ward' if they are populated with young and violent patients
- A perceived emphasis on Cognitive Behavioural Therapy as the treatment of choice for 'talking therapy' inputs across the Trust was inappropriate to the needs of people with long-term needs and there was insufficient clarity regarding the future role of psychotherapy (if any).
- There was an articulated need for better integration of the adult's services with the Older People's LIT, CAMHS, and the other specialist services within the locality (both internal and external to the Trust).

*Despite these concerns it must be stressed that the vast majority of comments were welcoming the principles that underpin the proposed model and the direction which the Trust wished to move. It often felt like the issues were not where we are going' but more 'how difficult a journey will it be before we get there.' Therefore whatever decisions the Trust makes regarding how to proceed they should be mindful there remains a substantial piece of work to be undertaken in building confidence across the community as they continue to try to win the hearts and minds of all of its stake-holders.*

## Areas for Consideration

- 1) NHS organisations do not always prioritise the publicising of their achievements and the 5 Boroughs Partnership NHS Trust are no exception to this. Therefore within the public consultation process opportunity was taken by various stakeholders to focus on what they perceive to be either weakness in current services or what has been proposed through 'Change for the Better'. To overcome these challenges further-work is required to win the heart, minds and trust of those individuals if it is truly going to be a *change for the better*.
- 2) There is a need to build upon what has been achieved through the consultation events. Such as:
  - a refreshing, transparent and open process for engaging and communicating.
  - the closure of the gap between what the Trust perceives the services the local population wants and what the local populations perception on what they need
  - a better understanding of the impact of services upon both service users and carers
  - improved recognition and understanding of both voluntary and services user groups and their importanceAlthough issues were raised around poor communication a level of mutual trust was established and by not taking forward and developing these embryonic relationships there may be a missed opportunity if the Trust wishes to be known as an open and listening organisation.
- 3) The consultation process has enabled a focus for Adult Mainstream Services (Mental Health) and its development with overall a very positive response. However in doing so it has created high anxiety and concern as to the future of other mental health services delivered by the 5 Borough Partnership, including some of those interfaces general adult psychiatric services. There is an urgent need to provide some detailed clarity as to where they will sit in future plans.
- 4) There is a perception that these changes in the model are the sum total of the service changes, whereas in fact these

represent the start of a process of wider continual service improvement. The Trust therefore needs to articulate its vision for the wider service changes planned, so as to inform its key stakeholders.

5) The Trust has set in place a positive momentum for organisational change that in the main has been well received both by the general population and the staff expected to deliver this. It would be an opportunity missed if this was not carried on through the services that sit outside of this model inclusive of:

- older people services (organic)
- CAMHS services
- psychological therapies
- eating disorders
- forensic and secure
- substance misuse services

This would enable inclusion and understanding for the staff groups who manage and deliver these services as these were the ones, through either, not fully understanding the model designed or by feeling isolated by its conception, during the consultation process were the most vociferous in their objection and resistive to change.

Secondly, it would provide reassurance and reduce anxieties for those service users and their carers whose needs sit outside the model and feel isolated and unsure as to where it leaves them at this stage of the re-organisation.

## Appendix I

This document summarises the activity on the public consultation website over the past four months. IT IS OUR INTERPRETATION, BASED UPON EXPERIENCE OF USING DIFFERENT WEB LOGGING SOFTWARE IN THE PAST. At this point, it is worthwhile to briefly explain the terms used in the analysis.

### Understanding Hits, Visits and Page Views

An access of a Web page or a file generates a "Hit" on the Web server. For example, if a Web page contains 10 pictures, a visit on that page generates 11 "hits" on the Web server: one hit for the Web page, 10 hits for the pictures. If a visitor views 5 Web pages on the Web site, and each page contains 10 pictures as well as text, the Web server records the following data:

55 Hits

5 Page Views

1 visit

If the visitor leaves the Web site and returns beyond a set period of time, this would be reported as 2 separate visits. If the visitor returns within that set period of time, it will be reported as a single 1 visit. So number of visits and the number of page views is often more significant than the number of "hits" and the distinction of visitors with Unique IP addresses is useful but not infallible.

The activity figures – what they are and what they mean  
The activity figures are tabled below.

Month	Daily Avg.				Monthly Totals					
	Hits	Files	Pages	Visits	Sites	KBytes	Visits	Pages	Files	Hits
Aug 2006	119	64	11	7	131	81221	221	330	1871	3466
Jul 2006	134	66	11	8	137	123017	267	371	2071	4175
Jun 2006	152	94	14	4	6	18164	17	56	377	608
May 2006	2	1	2	1	1	6	1	2	1	2
<b>Totals</b>					<b>222408</b>	<b>506</b>	<b>759</b>	<b>4320</b>	<b>8251</b>	

They show that the average number of visits to the web site rose from 4 daily in June, rose to 8 in July and averaged 7 so far in August. Visitors in June 2006 tended to view more pages per visit, perhaps as they became more familiar and focused upon web pages of particular interest to them.

Change for the Better