Finding a long-term solution for the inpatient mental health services previously provided at the George Bryan Centre

Report of findings

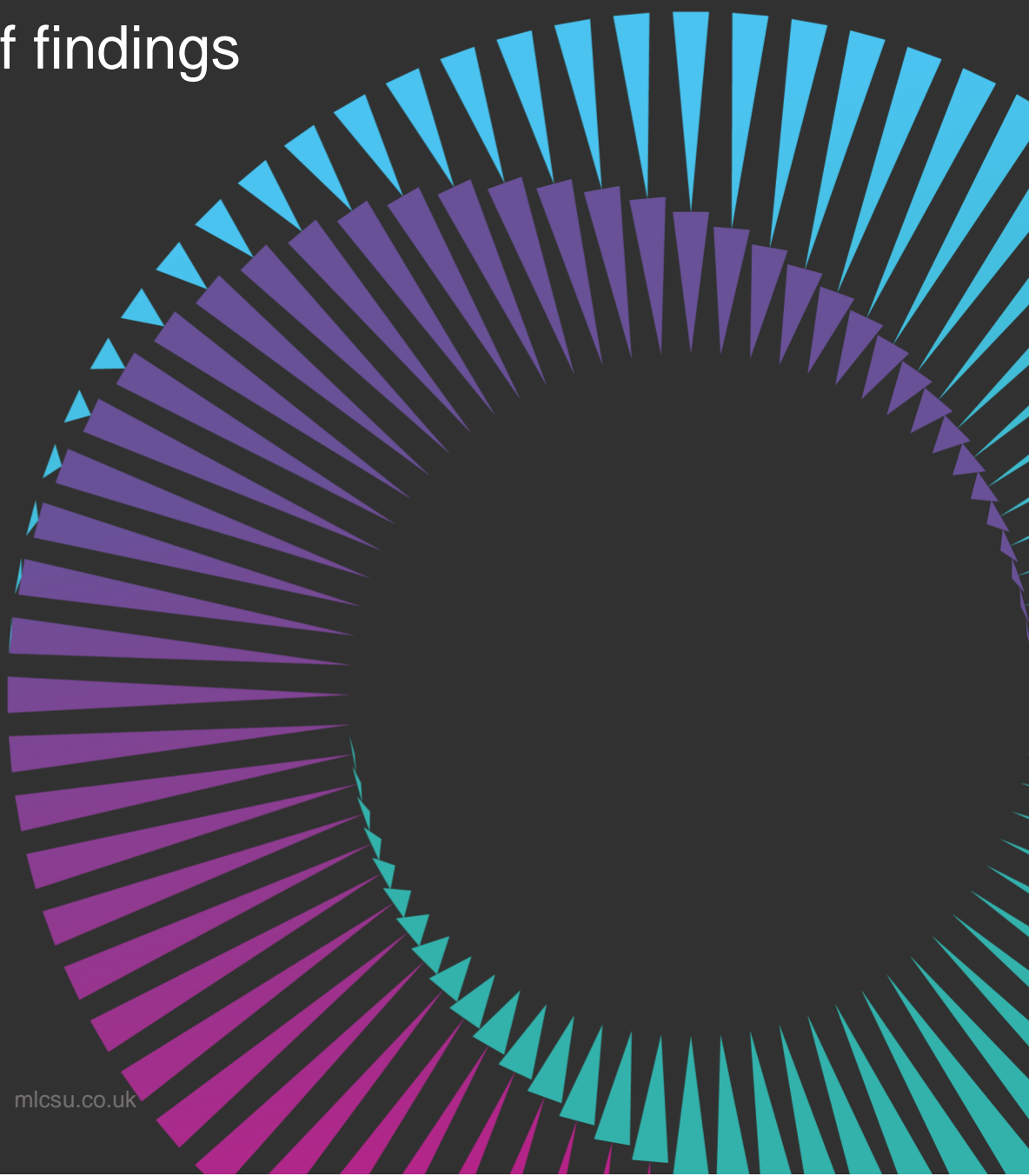May 2023

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1 Executive summary

1.1 Introduction

This report presents the findings from the consultation on sourcing a long-term solution for the inpatient mental health services previously provided at the George Bryan Centre.

The purpose of this report is to present the views of consultation participants so they can be taken into account by the NHS in Staffordshire and Stoke-on-Trent during subsequent decision-making processes.

1.2 Background

The NHS in Staffordshire and Stoke-on-Trent has been working with local patients, staff, interested groups and partners to redesign inpatient mental health services in the area.

The priorities are to deliver quality mental healthcare for patients in their own home or community rather than in hospital and to give people more choice and control over their treatment. For the small number of patients who do need a hospital stay, we want to make sure that the right specialist staff are on hand to give them the best care.

The proposal set out by NHS Staffordshire and Stoke-on-Trent looks at how to provide the inpatient (hospital bed) services that were previously provided at the George Bryan Centre for people living in south east Staffordshire with severe mental illness or dementia.

The public consultation ran from 9 February to 23 March 2023. Its aims were to:

- Explain the proposal, including:
    - setting out the context of national changes in best practice in mental healthcare and the clinical evidence supporting these changes
    - how the proposal had been reached and why a single viable proposal was being recommended
- Ask people their views on:
    - whether there were other ideas that had not been considered
    - any advantages or disadvantages that would need to be planned for, if the proposal is implemented
    - how to support people if the proposal is implemented, especially with travel.

1.3 Communications and involvement

This section gives an overview of the communications and engagement approach for the consultation.

The communications and engagement approach was articulated in the communications and involvement plan, created in September 2022 by Midlands and Lancashire Commissioning Support Unit (MLCSU) on behalf of Staffordshire and Stoke-on-Trent ICB. Although the plan was an iterative document, it outlined the key areas of activity and thinking at that time. These can be summarised as follows.

- Recognising that this phase followed involvement activity in 2019 and 2021/22, consultation activity should build on relationships already established with

stakeholders and conversations that had already taken place, as well as giving people new to the discussion the chance to have their say

- Based on experience of previous involvement, a six-week involvement period was recommended
- A combination of face-to-face activity (subject to any COVID-19 Infection Prevention Control (IPC) requirements) and digital methods would be used to engage with the public and patients
- The range of activities proposed included:
  - o A survey, which used digital and traditional methods of collating responses
  - o Attending meetings held by groups if requested
  - o Online meetings
  - o Drop-in roadshow events – in places of high public footfall and for staff
  - o Targeted focus groups and one-to-one interviews – with those from seldom-heard communities, for whom alternative engagement channels might be more useful
- The plan also articulated working with Support Staffordshire as a delivery partner. Support Staffordshire are a countywide support organisation for the voluntary, community and social enterprise sector. It was felt that their engagement networks could help reach people who might be affected by the proposal but who might not engage via the traditional methods outlined above.

1.3.1   Involvement resources

- Various printed and online versions of the consultation documents were developed. In addition to the full-length and summary versions of the consultation document, there were edited sections to accompany the survey questions online. This provided contextual information for any respondents who might not have referred to the consultation document before responding to the survey. Audio recordings of these sections were also provided
- Three animations were hosted on the consultation website. Audio versions of the edited consultation document text that accompanied the online survey questions were made available
- Additional resources were available on the consultation website, including case studies, the pre-consultation business case, FAQs, a leaflet about investment in mental health services, and more.

1.3.2   Communication channels

- Relevant stakeholders and local community organisations were contacted, either by telephone, email, post or by online meetings, to inform them about the consultation
- There were printed copies of the full consultation document with survey, accessible consultation document with survey, summary consultation document, double-sided A5 flyer, A4 poster and pull-up banners. Copies of the consultation documents, flyer and poster were distributed to 30 key stakeholders' venues across the target area. Staff members brought the pull-up banners to events and engagement sessions
- Digital versions of these materials were emailed to more than 147 contacts in the Staffordshire and Stoke-on-Trent community stakeholder database

- Correspondence was used to engage with key stakeholders but also received from the public as a form of consultation feedback. The Communications and Engagement team undertook a range of activities to correspond with stakeholders, including:
  - Emailing 30 local organisations who shared the consultation materials with their communities
  - Developing and sharing a comprehensive event plan, containing details of 17 planned events
  - Emailing local community groups to ask them to spread the word in their newsletters and external communications
  - Creating and sending:
    - a general email with information about the consultation
    - a launch letter
    - updates to appropriate stakeholders
    - emails to people who had registered for online events, to confirm their attendance.

1.3.2.1   Social media and online promotion

The consultation was promoted on various webpages.

The table shows the numbers of downloads/views of consultation documents and other key supporting documents.

Table 1. Numbers of downloads and views of the consultation documents

Document	Downloads/views
Full consultation document	**149**
Accessible consultation document	**37**
Summary consultation document	**79**
Mental health investment leaflet	**36**
The move towards more community-based mental healthcare (with timeline)	**39**
Case studies	**69 views of 6 case studies**
Business case	**60**
Document on financial assistance for travel	**27**

The section below shows how the consultation was promoted via social media:

- The organic social media campaign ran from 6 February to 23 March 2023 on Facebook and Twitter. Two social media assets were designed to accompany the posts, one with a call to action of 'Find out more' and the other with encouragement to 'Have your say'. A variety of posts were used, from more general messages informing people about the consultation to posts highlighting specific events. The combined number of Facebook impressions was 14,259. For Twitter there were 7,643 impressions
- Two adverts were launched on Facebook/Instagram, targeting those aged over 18 across a 23km area covering Tamworth, Lichfield, Burton and Stafford. The adverts were rolled out between 9 February and 23 March 2023.

1.3.2.2   Media, public relations and advertising

Printed newspaper advertising included a quarter-page advert rolled out on 9 February 2023 in:

- Tamworth – *Tamworth Herald*
- Stafford – *Express & Star* – East Zone
- Burton – *Burton Mail*
- Lichfield – *Burton Mail.*

A suite of display adverts was created. They included mid-page units (MPUs – a form of digital adverts) on the *Lichfield Live* website. Adverts launched on 9 February, and ended on 21 March 2023.

There were also eight pieces of press coverage between 26 January and 16 February 2023.

1.3.2.3   Events

1.3.2.3.1   Engagement sessions with specific communities: led by VCSE partner Support Staffordshire

Support Staffordshire were commissioned to reach and engage with specific targeted communities during the consultation. The communities included:

- People of Eastern European, South Asian, Black (Afro-Caribbean) and mixed race ethnicities
- People in the most deprived areas – particularly in Lichfield, Burton and Tamworth
- Men aged 65 and over
- Women aged 25 to 44
- People experiencing homelessness
- Carers – particularly young carers
- People involved in substance misuse
- Lesbian, gay, bisexual, transgender, queer/questioning and other (LGBTQ+) groups
- People currently in the military and veterans.

Two members of the Support Staffordshire team attended facilitator training to enable them to deliver a range of focus groups and one-to-one interviews. Materials were adapted to meet their needs and specifications.

Support Staffordshire used the feedback mechanisms set up for the consultation to report findings from all their engagement sessions. They engaged with 81 participants between 9 February and 29 March 2023.

1.3.2.3.2   Online events

The purpose of the online events was to present the key messages of the consultation and gain feedback from participants on the different components of the proposal. Feedback was gathered using a publicly accessible digital platform called Jamboard, which provides an anonymised method of leaving notes and comments. Events were conducted using Microsoft Teams, and members of the clinical team were present to answer questions and listen to participants' views.

Event 1 was planned for Friday 2 March 2023. Although a small number of people had registered for this event, none attended. The team ensured that all who had registered were offered an opportunity to join the next event, and were sent a link to the online survey as well.

Event 2 was held on 9 March and had six participants. They used the breakout sessions and the Q&A to give feedback and ask questions about the consultation and the proposal.

1.3.2.3.3   Drop-in roadshows

The initial plan was for five drop-in events, to give the consultation a presence in places with high footfall in the Tamworth, Lichfield and Burton areas.

The aim was to engage with the public about the proposal and to promote the survey, encouraging people to use it to give their feedback.

During the consultation, in response to feedback, including feedback from an MP, two more drop-in events in Tamworth were added. These were at the Ankerside Shopping Centre and the Coton Centre (an evening event). This gave the Tamworth community further opportunities to give their views on the consultation.

Because these events were added after the launch of the consultation, they were promoted online only – it was not possible to update the printed promotional materials at that stage.

The drop-in events were held between 16 February and 21 March 2023 with about 74 attendees.

1.3.2.3.4   Targeted workshops

Six targeted workshops were organised. The Communications and Engagement team worked with existing groups from specific communities to organise the sessions, where they intended to deliver a presentation and receive feedback. It became clear that the method of delivering the workshops could be adapted to better meet the needs of some attendees. This meant that in some sessions the message was delivered through targeted conversation, rather than using the original presentation, but feedback was still gathered via notes and completed surveys.

The team engaged with people from the communities of Tamworth, Burton upon Trent and Lichfield. They specifically engaged with groups of people who had experienced mental health issues and challenges – either themselves or as carers. They also worked with groups who support people experiencing or caring for someone with dementia.

The groups the team attended included:

- Burton Caribbean Association, which runs community groups for local people who have dementia or mental health conditions, are carers, or feel isolated/lonely
- Better Way Recovery, a Lichfield-based group for people who are addicted to alcohol, drugs or have serious mental health conditions
- The Rotary Club, which hosts a regular Memory Café for people with dementia and their family/carers
- MIND, who invited the team to their arts and crafts group for people who have mental health conditions and/or learning disabilities.

The targeted workshops took place between 9 February and 22 March 2023, with a total of 133 attendees.

1.3.2.3.5   Attendance at additional meetings and events

- Lichfield Overview and Scrutiny Committee asked to engage with the team about the consultation and the proposal. The team gave a presentation to the committee on 16 March 2023 and received a copy of the minutes of the meeting.
- The League of Friends at Robert Peel Community Hospital, Tamworth, asked for the chance to engage with the team about the consultation and the proposal. The team gave a presentation on 20 March 2023 to the League of Friends' board.

1.3.3   The midpoint review

In line with good practice, the Communications and Engagement team conducted a midpoint review of the consultation on Tuesday 7 March 2023. Recommendations were made to the Inpatient Mental Health Services (IMHS) Steering Committee for consideration on Friday 10 March 2023.

The review looked at evidence of the consultation data, as of 7 March 2023, including:

- Findings and themes that had emerged from the survey and events up to that date
- An overview of the events and promotional activities delivered up to that date
- Information on gaps identified and key learnings at that date
- Recommendations for the IMHS Steering Committee on possible changes to the communications and involvement plan for the final weeks of the consultation.

Overall, the review found the consultation was delivering to plan. However, it highlighted areas in which the team should adapt the plan, and recommended subsequent activities for the remainder of the consultation. These were areas where the team had identified gaps of knowledge/reach, where they would need to focus their attention and resources, including providing Support Staffordshire with additional income to focus on engaging with specific cohorts that had been identified as gaps in the review.

Support Staffordshire was commissioned to continue working to target these specific groups, such as people experiencing homelessness and organisations supporting homeless people, asylum seekers and refugees, and people identifying as LGBTQ+.

1.4 Numbers of respondents and participants

The table below shows the numbers of people who attended the different consultation activities.

Table 2. Number of participants in the different activities held during the IMHS consultation

Survey	Engagement events with specific communities	Online events	Drop-in roadshows	Targeted workshops	Other channels
48	81	6	Estimated 74	133	4

Feedback from other channels includes the March 2023 Overview and Scrutiny Committee meeting minutes and reports from Healthwatch. Because of the difficulty in recording an exact number during the drop-in roadshows it is estimated that 74 participants were engaged/spoken across the 7 roadshows.

Consultation participants had the freedom to share their views through the consultation survey and by attending any of the events, workshops and roadshows that were held.

1.5 Demographic profiling

This section presents a summary profile of those participating in the consultation (survey and events combined). The demographic profile summary below is based on the 48 survey responses and 62 responses from the demographic profiling questionnaire event participants were asked to complete. Completion of the demographic profiling questionnaire was not a mandatory requirement, meaning people could choose not to complete it.

For a detailed profile, please see the profiling section in the main report.

- 35 (35%) said they were members of the public, while 32 (33%) were users of mental health services
- 94 (88%) said they were White British
- 27 (27%) were under 44 years old, 45 (42%) were aged 45 to 64, and 30 (29%) were over 65
- 72 (67%) were female and 32 (30%) were male
- 90 (84%) stated they were heterosexual, 3 (3%) said they were gay, and 3 (3%) were bisexual
- 61 (57%) said they were Christian, while 33 (31%) said they had no religion
- 45 (42%) said they were married, while 27 (25%) said they were single
- 102 (92%) said they were not currently pregnant and 100 (94%) said they had not recently given birth
- 44 (41%) said they were limited in their day-to-day activities, while 57 (53%) said they were not
- 50 (46%) said they did not have any disabilities, while 29 (27%) said they have a mental health condition, and 25 (23%) have a physical disability
- 50 (47%) were carers and 53 (50%) did not provide care to a friend or family member
- 95 (89%) said they have not served in the armed services
- 45 (41%) said they were from the Tamworth area and 20 (18%) were from the East Staffordshire area
- When considering Index of Multiple Deprivation (IMD), 49 (45%) were from the most deprived areas, while 43 (39%) were from the least deprived areas.

1.6 Findings

This section summarises the key findings from the consultation.

The figures presented are calculated from the 48 consultation survey responses. Please note, not all respondents answered all survey questions and not all percentages are calculated with a base (the number of people answering the question) of 48. In the main report, the base sizes are shown.

For the event feedback presented, the base refers to the total number of feedback notes submitted by facilitators / note takers in response to each question.

1.6.1 Experience of mental health services

When asked which mental health services respondents had used or experienced, 22 (49%) survey respondents said they had used or experienced community mental health services,

13 (29%) said they had used or experienced the George Bryan Centre, and 8 (18%) said they had used or experienced St George's Hospital, Stafford. 15 (33%) said they had not used or experienced any of these services.

Table 3 shows in what capacity respondents experienced the mental health settings they provided feedback on.

Table 3. In what capacity respondents experienced the mental health settings they were providing feedback on

	George Bryan Centre		St George's Hospital, Stafford		Community mental health services	
	No.	**%**	**No.**	**%**	**No.**	**%**
As a patient	5	39%	4	50%	15	62%
As a carer or support worker for a patient	5	39%	3	38%	6	26%
As a provider of a service to a patient	2	15%	1	13%	2	9%
As a member of staff	1	8%	-	-	-	-
Base	*13*		*8*		*23*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

The following sections present a summary of consultation survey respondents' experiences of these services.

1.6.1.1 Experience of mental health services previously provided at the George Bryan Centre

When consultation survey respondents were asked to share their experience of using the mental health services previously provided at the George Bryan Centre, the most frequently mentioned themes were:

1. Quality of care – The quality of care provided was good (5 / 39%)
2. Staff – Staff were caring and professional (3 / 23%)
3. Quality of care – The quality of care provided was poor (2 / 15%); Staff – Staffing levels were not sufficient (2 / 15%); Quality of care – The quality of care provided was poor (2 / 11%)

1.6.1.2 Experience of St George's Hospital, Stafford

When consultation survey respondents were asked to share their experience of using mental health services at St George's Hospital Stafford, the most frequently mentioned themes were:

1. Staff – Some staff were not professional and caring (3 / 33%); Staff – Staff were good (3 / 33%)
2. Access – Concern over the location of St George's Hospital (for example, long travel, poor public transport) (2 / 22%)

1.6.1.3 Experience of community mental health services

When consultation survey respondents were asked to share their experience of using community mental health services, the most frequently mentioned themes were:

1. Quality of care – The services provided were good (for example, ongoing support) (5 / 25%)
2. Staff – Staff were not caring and lack of knowledge (4 / 20%); Quality of care – Services provided were poor (for example, poorly organised) (4 / 20%)
3. Access – Waiting times for community services are too long (for example, too many cancellations) (3 / 15%); Quality of care – Concern over the lack of continuity and consistency in the care provided (for example, lack of follow-ups) (3 / 15%)

1.6.2 Feedback on the community model for severe mental illness

1.6.2.1 Feedback on the care model

When asked to what extent the care model was a good one, 19 (40%) consultation survey respondents stated it was very good / good, while 28 (60%) said it was poor / very poor.

When consultation survey respondents were asked to explain their rating, the most frequently mentioned themes were:

1. Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (11 / 26%)
2. Service provision – Consider greater provision of mental health services locally (for example, Tamworth) (9 / 21%)
3. Staff – Ensure appropriate staffing in the community (for example, knowledgeable staff, sufficient staffing level) (7 / 16%); Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (7 / 16%)

During the engagement sessions with specific communities, participants were asked to what extent they thought the care model was a good one. In response, the most frequently mentioned themes were:

1. Service provision – Consider the need for better mental health support locally (12 / 36%)
2. Access – In practice, the pathway is not as smooth as described in the model (5 / 15%); Health and wellbeing – Consider negative impact a lack of community support has on patients and their families (5 / 15%); General – The care model is good (5 / 15%)

1.6.2.2 Groups that may be disadvantaged by this care model

Consultation survey respondents and participants in the engagement sessions with specific groups were asked which groups they felt might be disadvantaged by this care model. In response, the most frequently mentioned themes raised by survey respondents were:

1. Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (13 / 33%)
2. General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (12 / 30%)

3. Specific groups – Patients with serious mental health problems (for example, patients in crisis, with long-term conditions) (8 / 20%)

The most frequently mentioned themes raised by participants in the engagement sessions with specific groups were:

1. Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (12 / 43%)
2. Specific groups – Everyone may be disadvantaged (for example, patients, carers, visitors) (7 / 25%)
3. Specific groups – Carers and family members would be negatively impacted (for example, visitors) (6 / 21%)

1.6.2.3   Suggestions to improve the care model

Consultation survey respondents and participants in the engagement sessions with specific groups were asked to share suggestions on how the care model could be improved. In response, the most frequently mentioned themes raised by survey respondents were:

1. Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (13 / 35%)
2. Service provision – Consider the provision of mental health services locally (for example, including inpatient services) (7 / 19%)
3. Staff – Ensure appropriate staffing (for example, trained staff, sufficient staffing levels) (4 / 11%)

The most frequently mentioned themes raised by participants in the engagement sessions with specific groups were:

1. Service provision – Consider greater provision of mental health support locally (for example, local drop-in centres) (7 / 23%)
2. Quality of care – Ensure that care reflects the individual needs of patients (6 / 19%)
3. Awareness – Consider raising awareness around mental health services available in the community and how to access them (5 / 16%)

1.6.2.4   Feedback on the care model from other channels

This section presents the feedback received on the care model from the online events, targeted focus groups, drop-in roadshows, correspondence and other channels, which include the March 2023 Overview and Scrutiny Committee meeting minutes and reports from Healthwatch.

The most frequently mentioned themes raised during the online events, targeted focus groups and drop-in roadshows were:

1. Awareness – Consider improving awareness around the support available in the community and how to access it (7 / 8%)
2. Staff – Concern over inadequate staffing levels (6 / 7%)
3. Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (4 / 5%)

The most frequently mentioned themes raised in the correspondence were:

1. Access – Concern over poor access to GPs (for example, long waiting time) (2 / 4%)

2. Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (2 / 4%)

A summary of key themes raised through the other channels:

- Being able to offer a more personalised and integrated approach to supporting and treating service users locally, allows for more people to be managed at home successfully
- The improvement of staff recruitment and retention has resulted in community services being delivered more consistently and effectively
- Suggestions were raised about providing services on the old George Bryan Centre site to speed up the response times for those living in the Lichfield and Tamworth areas
- It was commented that the helpline operates 24 hours, 7 days a week, and is a free service from any phone. However, the need for greater promotion of the helpline was highlighted.

1.6.3 Feedback on the community model for dementia healthcare services

1.6.3.1 Feedback on the care model

When asked to what extent the care model was a good one, 10 (46%) survey respondents said it was very good / good, while 8 (36%) said it was poor / very poor.

When consultation survey respondents were asked to explain their rating, the most frequently mentioned themes were:

1. Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (13 / 36%)
2. Service provision – Consider the need for more local inpatient units and hospitals (3 / 8%)

During the engagement sessions with specific communities, participants were asked to what extent they thought the care model was a good one. In response, the themes most frequently mentioned were:

1. Health and wellbeing – Being close to home is better for patients with dementia than being in a hospital (7 / 21%)
2. General – The new care model is good (6 / 18%)
3. Safety – Concern over the safety and security of patients with dementia (for example, lack of supervision in community) (5 / 15%)

1.6.3.2 Groups that may be disadvantaged by this care model

Consultation survey respondents and participants in the engagement sessions with specific groups were asked which groups they felt might be disadvantaged by this care model. In response, the most frequently mentioned themes raised by survey respondents were:

1. Specific groups – All patients with dementia (8 / 32%)

2. Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (5 / 20%)
3. Specific groups – Residents of Tamworth and Lichfield (4 / 16%)

The most frequently mentioned themes raised by participants of the engagement sessions with specific groups were:

1. Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (6 / 20%); Access – Concern over not being able to visit patients with dementia in hospital (for example, travel cost, too far to travel) (6 / 20%)
2. Specific groups – All patients with dementia (4 / 13%)
3. Specific groups – Everyone could be disadvantaged by the model (2 / 7%); Specific groups – Carers and family members could be negatively impacted (2 / 7%)

1.6.3.3   Suggestions to improve the care model

Consultation survey respondents and participants in the engagement sessions with specific groups were asked to share suggestions on how the care model could be improved. In response, the most frequently mentioned themes raised by survey respondents were:

1. Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (8 / 35%)
2. Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (6 / 26%)
3. Service provision – Consider the need for day hospitals/centres (3 / 13%)

The most frequently mentioned themes raised by participants in the engagement sessions with specific groups were:

1. Access – Consider improving access for visitors (for example, flexible visiting times, free parking, transport) (6 / 19%); Service provision – Consider the need for greater support provided locally (6 / 19%)
2. Quality of care – Ensure the care provided is appropriate (for example, timely, continuity of care, reflects patient needs) (5 / 16%)
3. Staff – Ensure appropriate staffing levels in the community (for example, trained staff, sufficient staffing level, more permanent staff) (4 / 13%)

1.6.3.4   Feedback on the care model from other channels

This section presents the feedback received on the care model for dementia from the online events, targeted focus groups, drop-in roadshows and other channels, which include March 2023 Overview and Scrutiny Committee meeting minutes and reports from Healthwatch.

The most frequently mentioned themes raised during the online events, targeted focus groups and drop-in roadshows were:

1. Support for carers – Consider the need for greater support for carers (10 / 12%)
2. Awareness – Concern over the lack of awareness of dementia care services available in the community (for example, GPs may not be aware) (9 / 11%)
3. Quality of care – Consider the need for continuity of care for patients with dementia (3 / 4%); Technology – Contact via technology is not appropriate for people with dementia (3 / 4%)

A summary of key themes raised through the other channels:

- Concerns were raised around the availability of extra support for carers looking after patients with dementia at home
- Concerns were raised around the management of people with dementia who have challenging behaviour
- A need was highlighted for greater clarity on when Continuing Health Care applies to people with dementia.

1.6.4 Feedback on the proposal for delivering inpatient mental health services

1.6.4.1 Feedback on the proposal

When asked to what extent the proposal was a good one, 7 (15%) consultation survey respondents said it was very good / good, while 26 (59%) said it was poor / very poor.

When consultation survey respondents were asked to explain their rating, the most frequently mentioned themes were:

1. Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (19 / 50%)
2. Specific groups – The proposal disadvantages inpatients, their carers and relatives (8 / 21%)
3. Service provision – Concern over the lack of inpatient beds available in the area (7 / 18%)

During the engagement sessions with specific communities, participants were asked to what extent they thought the proposal was a good solution. In response, the themes most frequently mentioned were:

1. General – The proposal is not a good solution (for example, unrealistic) (5 / 17%)
2. Access – Concern over the location of the services (for example, too far to travel from some parts of Staffordshire) (4 / 14%)
3. Cost and efficiency – Concern over the lack of hospital beds to meet demand (3 / 10%)

1.6.4.2 Groups that may be disadvantaged by this proposal

Consultation survey respondents and participants in the engagement sessions with specific groups were asked which groups they felt might be disadvantaged by proposal. In response, the most frequently mentioned themes raised by survey respondents were:

1. Specific groups – Patients who need inpatient care (9 / 31%)
2. Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (6 / 21%); General – Everyone could be disadvantaged by the proposal (for example, patients, visitors) (6 / 21%)
3. Specific groups – Residents of Tamworth and Lichfield (5 / 17%)

The most frequently mentioned themes raised by participants in the engagement sessions with specific groups were:

1. Specific groups – People who need to travel (for example, distance, poor public transport) (7 / 24%)
2. Specific groups – Non-drivers (4 / 14%)
3. Travel cost – Concern over the cost of travel (2 / 7%); Specific groups – Everyone could be disadvantaged (2 / 7%); Specific groups – People experiencing homelessness (2 / 7%)

1.6.4.3   Suggestions to improve the proposal

Consultation survey respondents and participants in the engagement sessions with specific groups were asked to share suggestions on how the proposal could be improved. In response, the most frequently mentioned themes raised by survey respondents were:

1. Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (11 / 31%)
2. Service provision – Consider greater provision of mental health support locally (9 / 26%)
3. Service provision – More mental health units across the county are needed (3 / 9%); Cost and efficiency – Ensure sufficient funding for healthcare services (3 / 9%)

The most frequently mentioned themes raised by participants in the engagement sessions with specific groups were:

1. Service provision – Provide mental health services locally (6 / 24%)
2. Service provision – Re-open the George Bryan Centre (for example, rebuild it) (3 / 12%); Estate and facilities – Consider providing access to appropriate facilities for patients with mental health problems (for example, quiet room) (3 / 12%)

1.6.4.4   Feedback on the proposal from other channels

This section presents the feedback received on the proposal from the online events, targeted focus groups, drop-in roadshows, correspondence and other channels, which include the March 2023 Overview and Scrutiny Committee meeting minutes and reports from Healthwatch.

The most frequently mentioned themes raised during the online events, targeted focus groups and drop-in roadshows were:

1. Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (10 / 12%)
2. Specific groups – Residents of Tamworth are disadvantaged by this proposal (5 / 6%); Travel support – Consider providing transport for patients and visitors (5 / 6%)
3. Access – The George Bryan Centre is accessible (4 / 5%); Health and wellbeing – Consider the positive therapeutic effect of visitors on inpatients (4 / 5%)

The most frequently mentioned themes raised in the correspondence were:

1. Access – Concern over travelling to inpatient mental health services for patients and visitors (2 / 4%)
2. Health and wellbeing – Consider the positive therapeutic effect of visitors on inpatients (2 / 4%)
3. Consultation – Concern that the decision has already been made (2 / 4%)

4. Service provision – Concern over the closure of the George Bryan Centre (2 / 4%)
5. Service provision – Rebuild the George Bryan Centre (2 / 4%)

A summary of key themes raised through the other channels:

- The need to travel to Stafford was highlighted as a disadvantage
- Transport is the major concern for those in Tamworth, due to lack of access to a car or bus stops near people's homes
- The need for a patient transport service was highlighted
- The importance of family and friends being able to visit service users was highlighted
- Concerns were raised around whether St George's Hospital has sufficient capacity to meet demand.

1.6.5   Feedback on travel and access

When asked to what extent consultation survey respondents were concerned about travel for visitors under this proposal, 40 (87%) consultation survey respondents said they were concerned / very concerned, while (3 / 6%) said they were very unconcerned / unconcerned.

When consultation survey respondents were asked to the explain their rating, the most frequently mentioned themes were:

1. Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (25 / 64%)
2. Travel cost – Concern over the travel cost (14 / 36%)
3. Health and wellbeing – Concern over the negative impact on patients if they cannot see their relatives (10 / 26%)

During the engagement sessions with specific communities, participants were asked whether they were concerned or unconcerned about travel for visitors under this proposal. In response, the themes most frequently mentioned were:

1. Travel – Concern over travel for visitors and patients (for example, distance and time, public transport) (13 / 45%)
2. Travel cost – Concern over the cost of travel (4 / 14%)
3. Planning – Consider the need to align visiting times with public transport timetables (3 / 10%); Access – The proposal makes it challenging for patients and visitors to see each other (3 / 10%); Access – No concerns around travel (for example, can drive) (3 / 10%)

1.6.5.1   Supporting travel for visitors

Consultation survey respondents and participants in the engagement sessions with specific groups were asked to share suggestions on how to support visitors with their travel. In response, the most frequently mentioned themes raised by survey respondents were:

1. Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (10 / 28%)
2. Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (9 / 25%)
3. Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (8 / 22%)

The most frequently mentioned themes raised by participants in the engagement sessions with specific groups were:

1. Travel support – Consider providing transport for visitors (11 / 39%)
2. Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (8 / 29%)
3. Access – Consider the need to align visiting times with public transport timetables (6 / 21%)

1.6.5.2   Views on patient travel

Consultation survey respondents were asked how they would travel. In response, the most frequently mentioned themes were:

1. Access – By car (20 / 56%)
2. Access – Will not travel (for example, wouldn't be able) (7 / 19%)
3. Specific groups – Concerns for those who do not drive (5 / 14%)

1.6.6   Feedback on technology

When asked whether consultation survey respondents had access to the internet, 42 (93%) said they had access in their homes, while 3 (7%) said they didn't have access to the internet.

When asked what type of device respondents had, 37 (84%) consultation survey respondents said they used mobile phones, 25 (57%) used laptop computers and 15 (34%) used a tablet device.

When asked whether their device had a camera that could be used to contact someone in hospital, 36 (86%) consultation survey respondents said they had a camera in their device, while 4 (10%) said they did not.

When asked whether respondents could use their device to contact someone in hospital, 27 (66%) said they could easily use their device to contact someone in hospital, while 10 (24%) said they could do this with assistance.

1.6.6.1   Supporting people with technology

Consultation survey respondents and participants in the engagement sessions with specific groups were asked to share suggestions on how to support respondents to contact someone in hospital. In response, the most frequently mentioned themes raised by survey respondents were:

1. Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (9 / 30%)
2. General – No support required (7 / 23%)
3. Specific groups – Consider the needs of older people (5 / 17%)

The most frequently mentioned themes raised by participants in the engagement sessions with specific groups were:

1. Specific groups – Consider that not everyone is tech savvy (for example, older people) (11 / 39%)
2. Technology – Concerns around who will help patients with the technology (8 / 29%); General – This is a good idea (8 / 29%)
3. Specific groups – Contact via technology is not appropriate for people with dementia (6 / 21%)

1.6.7   Additional views and considerations

Consultation survey respondents and participants in the engagement sessions with specific groups were asked to share any other information to be considered. In response, the most frequently mentioned themes raised by survey respondents were:

1. Service provision – Reopen the George Bryan Centre (4 / 22%)
2. Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (3 / 17%)

The most frequently mentioned themes raised by participants in the engagement sessions with specific groups were:

1. General – Concern that the Tamworth community has been left behind (3 / 7%); Access – Concern over travel to mental health services (for example, distance, transport) (3 / 16%); Quality of care – Ensure the care provided reflects the individual needs of patients (3 / 16%)
2. Access to support – Concern over poor access to mental health support (2 / 10%); Cost and efficiency – Ensure sufficient funding for mental health services (2 / 10%); Quality of care – Consider the need for prevention and early intervention (for example, timely support from GP) (2 / 10%); Awareness – Consider improving awareness of support available in community (2 / 10%); Estate and facilities – Ensure appropriate facilities for visitors (for example, access to cafés over the weekend) (2 / 10%); Cost and efficiency – Concern over the allocation of financial resources (for example, extra funding for community services) (2 / 10%)

1.7 Conclusion

Survey respondents were asked to share their views on the community model for severe mental illness. 28 (60%) respondents said that the care model was poor or very poor, while 19 (40%) said it was good or very good. Some of the positive themes from across the various channels were that the care model was good, and that being close to home is better for mental health patients than being in hospital. Some negative themes were that the pathway is not as smooth as described in the model, and that community care may not be suitable for everyone. Participants suggested that the care model could be improved by providing better local mental health support, and that more detail was needed around the model.

When asked about the community model for dementia, 10 (46%) survey respondents said that the care model for dementia was good or very good, while 8 (36%) said it was poor or very poor. Positive themes were that being close to home is better for patients with dementia, and that dementia cafés and local groups provide good support. Some expressed concern over the safety and security of patients with dementia, and it was suggested that people are not sufficiently aware of the dementia services available in the community. It was

also suggested that the care model for dementia could be improved by incorporating more support for carers, and by providing continuity of care.

When survey respondents were asked to share their views on the proposal to deliver inpatient mental health services, 26 (59%) said the proposal was poor or very poor, while 7 (15%) said it was good or very good. Positive themes were that the proposal is a good solution, and that it may help to improve the quality of care. In contrast, some participants said the proposal was not a good solution, and expressed concern about a lack of hospital beds to meet demand. It was also suggested that the proposal could be improved by rebuilding the George Bryan Centre, or by providing transport for patients and visitors.

Survey respondents were asked to share their concerns about travel for visitors. 40 (87%) respondents said they were concerned or very concerned, while 3 (6%) said they were not concerned. Suggestions included providing financial support until patients can return home, and to consider aligning visiting times with public transport timetables.

Finally, survey respondents were asked if they could easily use their devices to contact someone in hospital. 27 (66%) said they could easily do this, while 10 (24%) said they could use their device to contact someone in hospital – but that they would need help. Consultation participants also commented that technology cannot replace human contact, and it was suggested that we should consider the needs of older people who have difficulties using technology.

2 Introduction

This report presents the findings from the consultation on sourcing a long-term solution for the inpatient mental health services previously provided at the George Bryan Centre.

The purpose of this report is to present the views of consultation participants so they can be considered by the NHS in Staffordshire and Stoke-on-Trent during subsequent decision-making processes.

This report is structured as follows: introduction, communications and involvement, approach to analysis, demographic profiling, findings, conclusion and appendix.

2.1 Background

The NHS in Staffordshire and Stoke-on-Trent has been working with local patients, staff, interested groups and partners to redesign the mental health services in the area. The priority is to deliver quality mental healthcare for patients in their own home or community whenever possible, rather than in hospital. This model of care is the national ambition set out in the NHS Long Term Plan. It is based on the latest clinical evidence, which shows that this approach gives the best outcomes for most patients with mental health problems, supporting their wellbeing and independence.

The NHS in Staffordshire and Stoke-on-Trent have been working with their partners and investing in community mental health services for many years.

For the small number of patients who do need a hospital stay, the NHS across Staffordshire and Stoke-on-Trent want to make sure that the right specialist staff are on hand to give them the best care.

The proposal set out by NHS Staffordshire and Stoke-on-Trent looks at how to provide the inpatient (hospital bed) services that were previously provided at the George Bryan Centre. These are services for people living in south east Staffordshire: adults (18–65 years of age) with severe mental illness, and older adults (over 65 years of age) with severe mental illness or dementia.

The consultation ran from 9 February to 23 March 2023. Its aims were to:

- Explain the proposal, including:
  - o setting out the context of national changes in best practice in mental healthcare and the clinical evidence supporting these changes
  - o how the proposal had been reached and why a single viable proposal was being recommended
- Ask people their views on:
  - o whether there were other ideas that had not been considered
  - o any advantages or disadvantages that would need to be planned for, if the proposal is implemented
  - o how to support people if the proposal is implemented, especially with travel.

2.1.1 Overview of the models and the proposal

2.1.1.1 Community model for severe mental illness

Community mental health services support people in their own homes and in their communities. They help with different conditions, from mild levels of depression and anxiety to more severe mental illness.

Clinical evidence shows that most patients get the best outcomes (the best experience and the best chance of recovery) if mental healthcare and support are provided in the community, rather than in a hospital. Getting the right support and treatment, while living in your usual home with loved ones close by, gives people the best chance to recover and stay well.

Based on this clinical evidence, the latest national guidance on mental healthcare says that most patients should be treated in the community.

Sometimes people become so unwell that they must go to hospital. But the national best practice is that hospital stays should be as short as possible – giving essential treatment and care until patients can safely go home, with continuing support in the community as needed.

Figure 1 shows the 'stepped' model of care, with most patients being supported without the need for hospital stays.

Figure 1. Stepped model of care
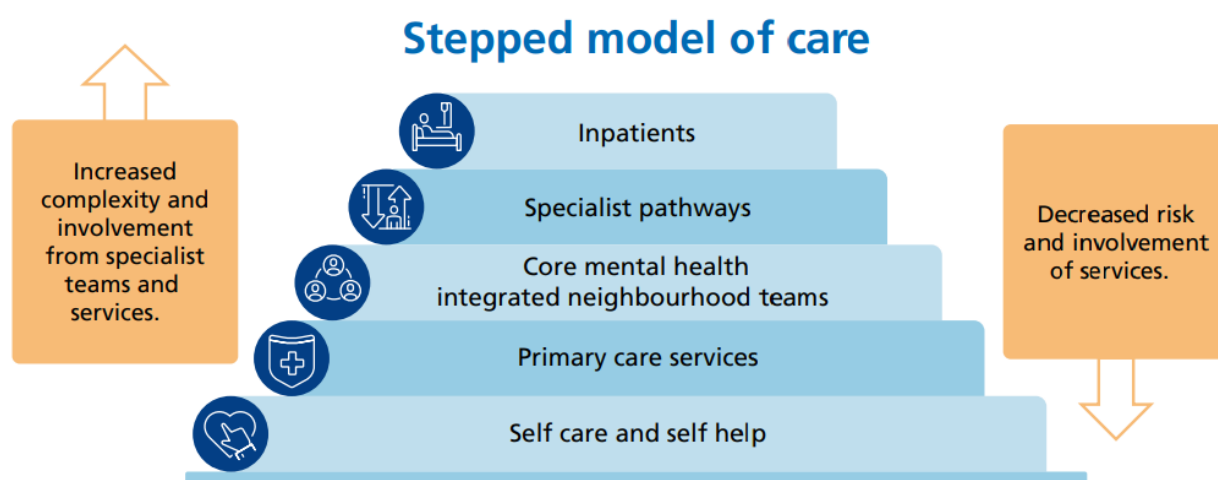
Stepped model of care

Increased complexity and involvement from specialist teams and services.

Inpatients
Specialist pathways
Core mental health integrated neighbourhood teams
Primary care services
Self care and self help

Decreased risk and involvement of services.

Over the last three years, the NHS across Staffordshire and Stoke-on-Trent have been investing in local community mental health services and improving them, so they are easier to access and can offer earlier and more flexible support.

They have been strengthening the services to provide better support for people experiencing crisis. For example, they have opened a crisis café in Tamworth, which can support people in crisis with advice, information on the services they can use, and a safe space with emotional support.

The community mental health teams are working closely with primary care (GPs), council staff (like social workers) and voluntary sector providers who are experts on particular issues – like drug and alcohol abuse, housing, or finance and debt. It is known that mental illness

can be impacted by other problems in people's lives, from physical illnesses to money worries. By having mental health teams work with these other services, more meaningful care that 'wraps around' a patient's needs can be offered.

These enhanced community services mean that most of the patients who would previously have been cared for at the George Bryan Centre can now be supported within the community, which is better for their long-term wellbeing and independence.

2.1.1.2   Community model for dementia health care service

Community mental health services support older adults with dementia and other forms of mental illness in their own homes and in their communities.

For older people with dementia, clinical evidence suggests that hospital stays do not help. Instead, there is a big risk of losing their independence.

Getting the right support and treatment, while living in their usual home, gives older people the best chance to stay independent for longer. Sometimes people become so unwell that they must go to hospital. But the national best practice is that hospital stays should be as short as possible.

Over the last three years, the NHS across Staffordshire and Stoke-on-Trent have been investing in local community mental health services and improving them. This includes specific support for older adults, who can have particularly complex needs. Below are some examples.

Making it easier to get the right help – an older adult specialist is now involved when a patient or carer first gets in touch. The specialist helps to get the right teams in place for each patient, and to speed up the process.

Crisis support and avoiding hospital stays – the Hospital Avoidance team (HAT), which includes older adult specialists, gives support at home to help older people stay out of hospital. The team offers phone calls and home visits, and carers can call for help in a crisis.

Support for carers – a new home sitting service is being developed to support carers who need a break during the evening or at weekends. The crisis team will refer patients to this service, which will give carers some much-needed time to themselves, while their loved one is looked after in their own home.

Support from voluntary sector partners – arrangements have been made with some voluntary organisations to provide some services. These are non-clinical services (not medical), delivered by organisations including:

- Alzheimer's Society dementia advisers supporting patients at home
- Mental Health Matters supporting older adults after a hospital stay and connecting them with community groups that can offer ongoing support
- MASE Group (Monthly Alzheimer's Support Evening) in Stafford providing dementia support.
- Burton MIND providing the home sitting service mentioned above.

These enhanced community services mean that most of the older patients who would previously have been cared for at the George Bryan Centre can now be supported within the community, which is better for their long-term wellbeing and independence.

2.1.1.3   Proposal for delivering inpatient mental health services

Clinicians and experts in the NHS across Staffordshire and Stoke-on-Trent have recommended that there is one viable (realistic and achievable) proposal. This is to make the changes that were made in 2019 permanent. This means keeping the 18 mental health beds at St George's Hospital.

The NHS in Staffordshire and Stoke-on-Trent have involved patients and carers, staff, mental health clinicians and the public throughout this journey. They have considered the findings from the public involvement, along with clinical evidence, while developing this proposal.

Listening to people's feedback, they have also looked at any potential impacts if these temporary changes are made permanent. This includes considering the workforce, clinical safety, health inequalities (fair care), and travelling times for family and carers.

The evidence suggests that an isolated ward at the George Bryan Centre would not:

Be clinically safe

- It would not have a psychiatric intensive care unit for people who need additional support
- It would not have seclusion rooms for patients in crisis
- Without these facilities, patients in crisis may have to be transferred to St George's Hospital, which disrupts their care
- It would have limited numbers of specialist staff compared to St George's Hospital, which is a larger site.

Be sustainable in terms of staffing

- There is a national shortage of mental health staff and it is harder to recruit staff to work in smaller, isolated units
- If beds were reinstated at the George Bryan Centre, some staff would have to transfer there from St George's Hospital, impacting on patient care at the bigger site.

Provide the same high-quality care that patients could access at the specialist site at St George's Hospital.

- Much greater range of specialist services at St George's Hospital, including art and music therapy
- Those with approved leave can easily walk into Stafford town centre – helping patients keep their independence and connection with everyday life
- On a larger site like St George's Hospital, staff are used flexibly across different wards, providing cover and maintaining a high level of care, particularly during periods of staff sickness. This is not possible at a smaller unit.

2.2 Number of respondents

The engagement period for the consultation ran from Thursday 9 February to Thursday 23 March 2023 – 6 weeks. During this period participants were able to share their views by completing the consultation survey or by attending a range of online and face- to-face events. Table 4 shows the number of responses received across the different feedback channels.

Table 4. Summary of consultation responses / participation

Feedback channel	Number of responses / participants
Consultation survey (including easy read and hard-copy submissions)	48 survey responses
Engagement sessions with specific communities led by VCSE partner Support Staffordshire	81 participants across 29 engagement sessions
Online events	6 participants across 2 events
Drop-in roadshows	Estimated 74 participants engaged/spoken across 7 roadshows
Targeted workshops	133 participants across 6 targeted workshops
Other channels	4 Overview and Scrutiny Committee meeting minutes and reports from Healthwatch

Consultation participants had the freedom to share their views through the consultation survey and by attending any of the events, workshops and roadshows that were held.

For more information about the activities undertaken to promote the consultation and gather feedback, please see the communications and involvement section below.

2.3 Report authors

NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU's) Communications and Engagement Service, on behalf of Midlands Partnership NHS Foundation Trust, to coordinate the independent analysis of the feedback from the consultation and to produce this report.

3 Communications and involvement

This section gives an overview of the communications and engagement approach for the consultation.

The communications and engagement approach was articulated in the communications and involvement plan, created in September 2022 by MLCSU on behalf of Staffordshire and Stoke-on-Trent ICB. Although the plan was an iterative document, it outlined key areas of activity and thinking at that time. These are summarised as:

- Recognising that this phase followed involvement activity in 2019 and 2021/22, consultation activity should build on relationships already established with stakeholders and conversations that had already taken place, as well as giving people new to the discussion the chance to have their say
- Based on experience of previous involvement, a six-week involvement period was recommended
- A combination of face-to-face activity (subject to any COVID-19 Infection Prevention Control (IPC) requirements) and digital methods would be used to engage with the public and patients
- The range of activities proposed included:
  - A survey, which used digital and traditional methods of collating responses
  - Attending meetings held by groups if requested
  - Online meetings
  - Drop-in roadshow events – in places of high footfall and for staff
  - Targeted focus groups and one-to-one interviews – with those from seldom-heard communities, for whom alternative engagement channels might be more useful.
- The plan also articulated working with Support Staffordshire as a delivery partner. Support Staffordshire are a countywide support organisation for the voluntary, community and social enterprise sector. It was felt that their engagement networks could help reach people who might be affected by the proposal but who might not engage via the traditional methods outlined above.

3.1 Engagement resources

3.1.1   Consultation documents

A suite of consultation documents was developed.

- Full consultation document with survey (printed)
- Full consultation document (online)
- Accessible consultation document with survey (printed)
- Accessible consultation document (online)
- Summary consultation document (printed and online)

Print quantities are given in section 3.2.2 and downloads are shown in section 3.2.4.1.

In addition to the full-length and summary versions of the consultation document, there were edited sections to accompany the survey questions online. This provided contextual

information for any respondents who might not have referred to the consultation document before responding to the survey. Audio recordings of these sections were also provided.

3.1.2   Audio and visual resources

Three animations were hosted on the consultation website:

- Journey to develop a long-term solution (originally produced for the March 2022 reference group and updated for the consultation)
- Pathways to mental health support
- Dementia services.

Audio versions of the edited consultation document text that accompanied the online survey questions were made available.

3.1.3   Additional key resources

Additional resources available on the consultation webpages were:

- Mental health investment leaflet
- The move towards more community-based mental healthcare (with timeline)
- Case studies (three on dementia, three on severe mental illness)
- Activity and travel analysis – Q&As
- A document about financial assistance for travel
- Business case
- Link to the West Midlands Clinical Senate Review report
- FAQs.

Resources used to support the delivery of the events:

- PowerPoint Presentation summarising the consultation documents (long version)
- PowerPoint Presentation summarising the consultation documents (shorter version).

3.2 Communication channels

3.2.1   Telephone calls, emails and briefings

Relevant stakeholders and local community organisations were contacted, either by telephone, email, post or by online meetings, to inform them about the consultation. Activities included:

- Creating and using a stakeholder database with approximately 150 contacts
- Compiling and using a distribution list of 30 local organisations who shared materials and key messages with their communities
- Developing a script for telephone calls
- Developing and sharing a comprehensive event plan with details of 17 planned events
- Preparing and delivering staff briefings, emails and electronic updates
- Sharing briefings on a section of the ICB website

- Providing an editorial piece to local community groups to spread the word in their newsletters and external communications
- Developing and sending:
  - a general email to stakeholders with information about the consultation
  - a launch letter
  - an email to project leads in the county who might have an interest in the involvement
  - an email to people who had registered for online events asking them to confirm their attendance.

3.2.2 Printing and distribution of materials

Table 5 shows the quantities of consultation documents printed.

Table 5. Number of copies printed

Document	Copies printed
Full consultation document with survey	**190**
Accessible consultation document with survey	**565**
Summary consultation document	**465**

The following printed promotional materials were produced:

- double-sided A5 flyer
- A4 poster
- pull-up banners.

Copies of the consultation documents, flyer and poster were distributed to 30 key stakeholders' venues across the target area. Digital versions of these materials were emailed to more than 147 contacts on the Staffordshire and Stoke-on-Trent community stakeholder database.

Staff members brought the pull-up banners to events and engagement sessions.

Figure 2. Poster used to promote the consultation
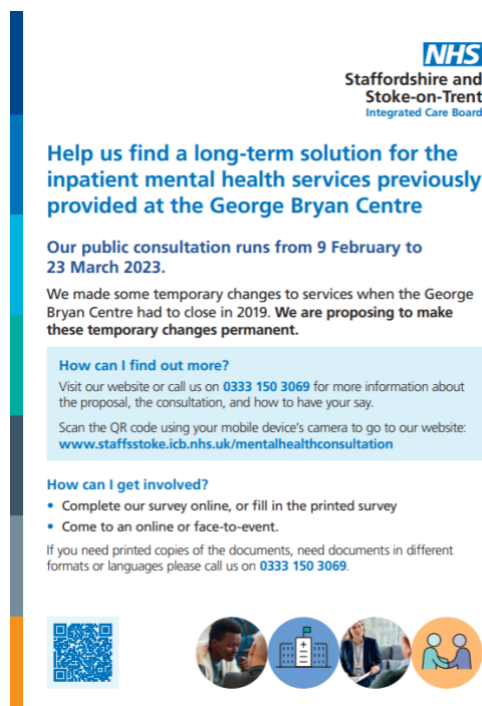
3.2.3 Correspondence

Correspondence was used to engage with key stakeholders but also received from the public as a form of consultation feedback.

The team undertook a range of activities to correspond with stakeholders (see section 3.2.1 above),

The team developed a protocol for receiving (and if appropriate, responding to) public correspondence about the consultation.

During the consultation we received **three pieces** of correspondence. All three pieces have been analysed in this report, along with social media posts.

Feedback given by Healthwatch Staffordshire has also been included in this report.

3.2.4 Social media and online promotion

3.2.4.1 Online promotion

The consultation had a dedicated set of webpages. Along with information about the consultation, it hosted:

- the consultation documents and other key resources
- the consultation survey (plus an accessible version of the survey)
- documents from previous involvement activities
- FAQs.

The table shows the numbers of downloads/views of consultation documents and other key supporting documents.

Table 6. Numbers of downloads and views of the consultation documents

| Document	Downloads/views
Full consultation document	149
Accessible consultation document	37
Summary consultation document	79
Mental health investment leaflet	36
The move towards more community-based mental healthcare (with timeline)	39
Case studies	69 views of 6 case studies
Business case	60
Document on financial assistance for travel	27

3.2.4.2   Social media

3.2.4.2.1   Organic social media

The organic social media campaign ran from 6 February to 23 March 2023 on Facebook and Twitter. Two social media assets were designed to accompany the posts, one with a call to action of 'Find out more' and the other with encouragement to 'Have your say'. A variety of posts were used, from more general messages informing people about the consultation to posts highlighting specific events.

The combined number of Facebook impressions was 14,259. For Twitter there were 7,643 impressions.

3.2.4.2.2   Social media advertising

Two adverts were launched on Facebook/Instagram, targeting those aged over 18 across a 23km area covering Tamworth, Lichfield, Burton and Stafford. The adverts were rolled out between 9 February and 23 March 2023.

Figure 3. Adverts launched on Facebook and Instagram promoting the consultation

Advert	Creative	Copy
Ad 1		We're running a consultation about the inpatient (hospital) mental health services that were provided at the George Bryan Centre until 2019. Find out how you can have your say here.
Ad 2		Help us find a long-term solution for the inpatient mental health services in south east Staffordshire. Join an online event, come to one of our drop-in roadshows, or complete our survey to have your say. Get involved today.

The table below summarises each advert's performance. (Definitions are provided below.)

Table 7. Performance of the adverts on social media

Ad	Reach '	Impressions [2]	Frequency [3]
Ad 1	145,251	556,573	3.83
Ad 2	101,808	324,573	3.19
Total	**190,318**	**881,146**	-

' **Reach** is the number of unique (individual) users who have seen the adverts.
[2] **Impressions** are the number of times the page is located and loaded by a user (number of times an advert is shown).
[3] **Frequency** is the average number of times that each person saw the advert.

This table summarises how people engaged with the campaign. (Definitions are provided below.)

Table 8. Interactions with the adverts on social media

Ad	Link clicks [1]	Post reactions [2]	Post shares [3]	Post comments
Ad 1	3,395	39	19	11
Ad 2	1,414	50	35	11
Total	**4,809**	**89**	**54**	**22**

[1]**Link clicks** are the number of people that clicked on the advert to visit the landing page, indicating interest and engagement.
[2]**Post reactions** are how users have interacted with adverts from a choice of six emotions – Like, Love, Haha, Wow, Sad, and Angry.
[3]**Post shares** refer to the number of times people shared adverts on their own or friends' timelines, in groups and on their own pages.

3.2.4.2.3   Pulsar reporting

Throughout the consultation, the social listening tool Pulsar was used to monitor social media activity. Social listening is the ability to capture and gain insights from online conversations.

When the Pulsar searches were originally set up, the main objectives were to:

- measure the conversations around the consultation, focused on reach, response, audience insights/demographics (such as location based on bio information)
- measure messages from all partners to get an understanding of how people felt about the consultation.

By understanding the sentiment of real-time trending conversations and topics relating to the consultation, the team were better informed about public views and opinion.

During the consultation, there were clear peaks when engagement was highest. This tended to be when the consultation was promoted from the ICB social media account and when event registration was promoted. The highest engagements with posts were on 8 March and 21 March 2023.

A deeper look into the data shows that the majority of replies to posts tended to have a negative tone and sentiment. However, throughout the consultation, there was a high amount of overall engagement and visibility of posts with over **19k impressions**.

Over the course of the consultation Pulsar picked up **134 social media posts**. The majority of the posts were originated by the online community promoting the consultation and feedback mechanisms, but Pulsar also picked up posts from members of the public and other stakeholders sharing feedback on the proposal in the consultation. These posts have been analysed alongside correspondence received by the public.

3.2.5 Press, public relations and advertising

3.2.5.1 Newspaper advertising

Printed newspaper advertising included a quarter-page advert rolled out on 9 February in:

- Tamworth – *Tamworth Herald*
- Stafford – *Express & Star* – East Zone
- Burton – *Burton Mail*
- Lichfield – *Burton Mail*

A suite of display adverts was created. These were branded for the campaign to engage the audience and took people to the consultation web page. They included   . Adverts launched on 9 February and ended on 21 March.

Table 9.Interactions with the online adverts

Clicks	Impressions	Click through rate
430	200,000	0.22%

3.2.5.2 Proactive media activity

Proactive media activity resulted in the following eight pieces of press coverage:

Table 10. Summary of proactive media activity

Date	Coverage
26/01/2023	*Atherstone & Coleshill Herald* (circulation 1,785) **Headline:** Public consultation planned for future of mental health care throughout Staffordshire
	Tamworth Herald (circulation 9,548) **Headline:** Public consultation planned for future of mental health care throughout Staffordshire
01/02/2023	*Leading Healthcare* **Headline:** Staffordshire and Stoke-on-Trent ICB gives go-ahead for public consultation on inpatient mental health services
09/02/2023	*Tamworth Herald* (circulation 9,548) **Headline:** Public consultation on the future of the George Bryan Centre gets underway this week
	Lichfield Live (circulation 5,538) **Headline:** Consultation launches over future of inpatient mental health services
13/02/2023	supportstaffordshire.org.uk **Headline:** South East Staffordshire Inpatient Mental Health Services Consultation
16/02/2023	*The Coleshill and Castle Brom Post* (circulation 1,785) *Headline:* Drop in sessions over centre future
	Tamworth Herald (circulation 9,548) *Headline:* Drop in sessions over centre future

3.2.6   Events

3.2.6.1   Engagement sessions with specific communities, led by VCSE partner Support Staffordshire

Support Staffordshire were commissioned to reach and engage with specific targeted communities during the consultation. These included:

- People of Eastern European, South Asian, Black (Afro-Caribbean) and mixed race ethnicities
- People in the most deprived areas – particularly in Lichfield, Burton and Tamworth
- Men aged 65 and over
- Women aged 25 to 44
- People experiencing homelessness
- Carers – particularly young carers
- People involved in substance misuse
- LGBTQ+ groups
- People currently in the military and veterans.

Two members of the Support Staffordshire team attended facilitator training to enable them to deliver a range of focus groups and one-to-one interviews. Materials were adapted to meet their needs and specifications.

Support Staffordshire used the feedback mechanisms in place for the consultation to report findings from all their engagement sessions. Their findings have been included in this report.

Table 11. Communities engaged with by Support Staffordshire during the consultation.

Date	Participants	Organisation / group hosting the event	Audience engaged
09/02/2023	1	Survivors of Bereavement by Suicide	Carer
15/02/2023	1	Support Staffordshire with Changes Tamworth	User-led mental health charity
15/02/2023	12	St Peter's Church, Tamworth – Warm Space	Carer, service users, volunteers and general public
16/02/2023	1	Heart of Tamworth Sacred Heart Church	Carer
16/02/2023	2	Heart of Tamworth Sacred Heart Church	Volunteers
16/02/2023	3	Heart of Tamworth Sacred Heart Church	Carers and service users
16/02/2023	13	East Staffordshire District Patient Engagement Group	Patient representatives of East Staffordshire GP surgeries.
21/02/2023	2	Heart of Tamworth Sacred Heart Church	Volunteers
22/02/2023	7	Warm Space, Wilnecote Church, Wilnecote, Tamworth	General public, carer
23/02/2023	6	Burton Albion Hub – Community Champion Health and Wellbeing Fair	Community Champions, NHS employee and general public
27/02/2023	1	Bancroft Community Centre	Volunteer
27/02/2023	8	Open Door CIC, Lichfield	Service users
28/02/2023	7	Uttoxeter Heath Community Centre – Warm Welcome and Food Bank	General public and service users
28/02/20233	1	Uttoxeter Heath Community Centre – Warm Welcome and Food Bank	Member of public
01/03/2023	2	Uttoxeter Community Centre – Food Bank and Men's Group	Carer and member of public
03/03/2023	2	Lichfield Cathedral	Parishioners
07/03/2023	1	Heart of Tamworth Community Shop and Hot Café	Member of public
07/03/2023	2	Heart of Tamworth Sacred Heart Church	Volunteers
15/03/2023	1	Heart of Tamworth Sacred Heart Church	Member of public
15/03/2023	1	Support Staffordshire	Burton Hope Homeless Charity (based in Burton upon Trent) – community worker / volunteer
17/03/2023	1	Our Smiley Space, Tamworth – Neurodiverse charity	Volunteer
15/03/2023	4	Trent and Dove Housing Mental Health Working Group	Service users
23/03/2023	1	Communities Together Tamworth	Staff
29/03/2023	1	Serco – justice and immigration company supporting refugees in Tamworth and Burton hotels	Refugee and Asylum partnership
Total	*81*		

3.2.6.2   Online events

The purpose of the online events was to present the key messages of the consultation and gain feedback from participants on the different components of the proposal using a Jamboard (an anonymised method of leaving notes and comments). Events were conducted using Microsoft Teams and members of the clinical team were present to answer questions and listen to participants' feedback.

Event 1 was planned for Friday 2 March 2023. Although a small number of people had registered for this event, none attended. The team ensured that all who had registered were offered an opportunity to join the next event and were sent a link to the online survey as well.

Event 2 was held on 9 March 2023 and had six participants.

During the event, participants used the breakout sessions and the Q&A to give us feedback and ask questions about the consultation and the proposal. Jamboards were the key mechanism for recording and collating feedback. The themes from the comments and information on the Jamboard have been included in this report, along with the feedback and questions captured from the TEAMS chat during the event.

Table 12. Online event agenda

Section	agenda
1	**Presentation:** Why are we reviewing our local hospital mental health services?
2	**Presentation:** community support for mental health needs
3	**Breakout:** gathering views on the community-based model for mental health needs
4	**Presentation:** the community model for dementia care
5	**Breakout:** gathering views on the community-based model for dementia care
6	**Presentation:** the proposal for delivering inpatient mental health services
7	**Breakout:** gathering views for delivering inpatient mental health services
8	**Q&A**
9	Closing remarks

3.2.6.3   Drop-in roadshows

The initial plan was for five drop-in events, to give the consultation a presence in places with high footfall in the Tamworth, Lichfield and Burton areas.

The aim was to engage with the public about the proposal and to promote the survey, encouraging people to use it to give their feedback.

During the consultation, in response to feedback, including feedback from an MP, two more drop-in events in Tamworth were added. These were at the Ankerside Shopping Centre and the Coton Centre (an evening event). This gave the Tamworth community further opportunities to give their views on the consultation.

Table 13. Location and date of the drop-in roadshows

Date	Venue	Estimated attendees	Interactions
16/02/23	St George's Hospital	0	No staff attended but we received feedback that a thorough process of engaging with staff had already taken place, so this session was intended to ensure we were visible to any other staff who had further questions or queries
23/02/23	Lichfield Library	15–20	A small number of people engaged and took surveys to complete or information to help them engage online
06/03/23	Tamworth Asda	15–20	A high engagement rate with many people coming to talk to the team. Some participants had either been service users or were carers. A number of people took surveys to complete or information about the online sessions
10/03/23	Burton Library	1–2	The event ran on a day with high snowfall and general bad weather, so the venue was very quiet. We spoke to some staff but no members of the public
16/03/23	Ankerside Shopping Centre, Tamworth	7–10	We engaged with men and women aged between 25 and 70 – all of whom were willing to share their views on their experiences and on mental health provision in Tamworth
17/03/23	Burton Asda	9–12	Mostly women between 25 and 75. Two were users of mental health services, one was a carer and six were members of the public who were interested in the consultation for various reasons
21/03/23	Coton Centre, Tamworth	8–10	Approximately 10 people attended the session to talk to us about the consultation. These were a mix of carers and patients

A range rather than an exact number is given for attendance at drop-in roadshows because of the difficulty in recording an exact number in high-footfall areas. Estimated 74 participants engaged/spoken across 7 roadshows

3.2.6.4   Targeted workshops

Six targeted workshops were organised. The Communications and Engagement team worked with existing groups from specific communities to organise the sessions, where they intended to deliver a presentation and receive feedback. It became clear that the method of delivering the workshops could be adapted to better meet the needs of some attendees. This meant that in some sessions the message was delivered through targeted conversation, rather than using the original presentation, but feedback was still gathered via notes and completed surveys.

The team engaged with the communities of Tamworth, Burton and Lichfield. They specifically engaged with groups of people who had experienced mental health issues and challenges – either themselves or as carers. The team also worked with groups who support people experiencing dementia or caring for someone with the condition.

The groups the team attended included:

- Burton Caribbean Association, which runs community groups for local people who have dementia or mental health conditions, are carers, or feel isolated/lonely
- Better Way Recovery, a Lichfield-based group for people who are addicted to alcohol, drugs or have serious mental health conditions
- The Rotary Club, which hosts a regular Memory Café for people with dementia and their family and carers

- MIND invited the consultation team to their arts and crafts group for people who have mental health conditions and/or learning disabilities.

Working with these groups, the team were able to talk to people who had experience of inpatient mental health services – either personally, as family or friends, or as carers. The events are listed below.

Table 14. information about the targeted workshops

Date	Group	Attendees	Demographics	Needs
09/02/2023	Burton Caribbean Association	12	Black, Afro-Caribbean men and women aged 50–80	Dementia patients and those with experience of severe mental health conditions; elderly carers; retired NHS staff
21/02/2023	Rotary Club Carers+ Café	30	Mix of black and white men and women aged 50 and over	Dementia patients; elderly carers
27/02/2023	Better Way Recovery	18	Mix of men and women, mix of ages, mostly white British, but with some other ethnicities	Experience of severe mental health conditions and mental health issues – vulnerable due to drug and alcohol addiction
02/03/2023	Lichfield Memory Café	40	Predominantly white men and women, some from ethnic minority groups, aged 50 and over	Dementia patients and carers
14/03/2023	Tamworth Memory Café	25	Predominantly white men and women, some from ethnic minority groups, aged 50 and over	Dementia patients and carers
22/03/2023	Burton MIND arts club	8	White men and women, mainly women aged 30–55	People with some minor learning disabilities and mental health issues

3.2.7 Attendance at additional meetings and events

3.2.7.1 Lichfield Overview and Scrutiny Committee

Lichfield Overview and Scrutiny Committee asked to engage with the consultation team about the consultation and the proposal. The team gave a presentation to the committee at a meeting on 16 March 2023 and received a copy of the minutes of the meeting.

3.2.7.2 League of Friends Robert Peel Hospital meeting

The League of Friends at Robert Peel Community Hospital, Tamworth, asked for the chance to engage with the consultation team about the consultation and the proposal. The team gave a presentation on 20 March 2023 to the League of Friends' board.

3.3 The midpoint review

In line with good practice, the Communications and Engagement team conducted a midpoint review of the consultation on Tuesday 7 March 2023 and recommendations were made to the IMHS Steering Committee for consideration on Friday 10 March 2023.

The review looked at evidence of the consultation data, as of 7 March 2023, including:

- Findings and themes that had emerged from the survey and events up to that date
- An overview of the events and promotional activities delivered up to that date
- Information on gaps identified and key learnings at that point in time
- Recommendations for the IMHS Steering Committee on possible changes to the communications and engagement plan for the final weeks of the consultation.

Overall, the review found the consultation was delivering to plan. However, it highlighted a few areas in which the team should adapt the plan and subsequent activities for the remainder of the consultation. These were areas where the team had identified gaps of knowledge/reach, where they would need to focus their attention and resources.

An action plan was drawn up to address these gaps and the review made a number of recommendations.

- Provide Support Staffordshire with additional income to focus on the specific cohorts highlighted in the action plan
- Continue to adapt communications (face-to-face and online) to communicate the consultation effectively to audiences
- Continue to adapt and be flexible to meet the needs of audiences in remaining planned activities.

Following the midpoint review, the key changes to activities were:

- Support Staffordshire re-focused their activity to include engaging with:
  - people experiencing homelessness
  - workers in a homelessness charity
  - a representative of an LGBTQ+ charity supporting people who are neurodiverse
  - housing association tenants who have experienced mental health issues
  - a representative of a group supporting refugees and asylum seekers.
- An additional drop-in roadshow event was delivered in Tamworth, at the Ankerside Shopping Centre on 16 March, allowing local people a further opportunity to engage with the consultation
- Social media activity increased, with the George Bryan Centre name used in posts to attract attention
- Additional press activity was scheduled to highlight the survey and its closing date
- The team continued to be flexible in meeting the needs of audiences in all remaining activities.

4 Approach to analysis and presentation of findings

This section outlines how the feedback gathered from the activities outlined in the communications and involvement section above has been analysed and presented in this report of findings.

The feedback captured during the consultation can be grouped into two categories: 'structured' feedback and 'unstructured' feedback.

Structured feedback is where consultation participants provided specific responses to a series of pre-defined questions. This type of feedback was received from the consultation survey and the engagement sessions with specific communities led by Support Staffordshire.

Participants were asked specific questions so they could share their feedback on the following areas:

- Experience of mental health services
- The community model for severe mental illness
- The model for dementia healthcare services
- The proposal for delivering inpatient mental health services
- Travel and access
- Technology

Unstructured feedback is where consultation participants were given the opportunity to freely share their views on any element of the consultation. This type of feedback was received from the online events, targeted workshops and drop-in roadshows, and was collated by the team managing the consultation

The unstructured feedback also includes feedback received through correspondence and social media channels.

4.1 Analysing the feedback

This section outlines how all the feedback has been analysed to include it in the report of findings.

4.1.1 Consultation survey

The consultation survey used a combination of 'open' free-text questions for respondents to make written comments, and 'closed' questions where respondents 'ticked' their response from a set of pre-set responses. Closed question responses are shown as percentages. These may not add up to 100% due to rounding or respondents being able to select multiple options.

The 'base' figure refers to how many respondents answered each question. When completing the survey not all respondents answered every survey question. This means that the base size may change between questions.

Open responses received to the survey have been read and coded into themes. This is a subjective process, where the responses to each open question are read and the key

themes (codes) identified to create a code frame. The code frame is then used to code all responses to that question, by assigning responses to codes.

In the findings section, the survey responses are broken down to show how different sub-groups have responded. For each 'closed' question, tables are presented showing the following:

- The overall response to the questions
- How different respondent types answered
- How people from different parts of Staffordshire and Stoke-on-Trent responded.

Additionally, for each 'closed' question any significant differences across the following sub-groups have been included: service type, ethnicity, age, sex, sexual orientation, pregnancy, maternity, disability, limitation in day-to-day activities, carers, local authority, and Index of Multiple Deprivation.

Significance testing was undertaken to identify whether the differences in sub-group responses were as a result that is not attributed to chance. Significance testing compares how different sub-groups have responded. For example, the proportion of males agreeing, compared to females, gives an indication as to whether the difference between the two sub-groups is down to chance (i.e. not significant) or not (i.e. significant). Significance testing is not the reporting of instances where large proportions of a sub-group have all answered in the same way (for example, 95% of 20 to 24-year-olds agreed). When conducting significance testing, sub-group base sizes play a key role. If two sub-groups with large base sizes are compared, what may appear as a small percentage difference could be significant. Alternatively, if the base size of sub-groups is small, what may appear as a large percentage difference may not be significant. Although significance testing has been undertaken across all characteristics and reported here, please note that some base sizes are small.

4.1.2   Event feedback

All the event feedback received has been analysed using the same method as per the 'open' questions in the consultation survey. All the feedback gathered at the events has been read and coded into themes and these are presented in this report of findings. For the event feedback presented, the base refers to the total number of feedback notes submitted by facilitators / note-takers in response to each question across all the events.

4.1.3   Correspondence

The correspondence received during this involvement exercise consists of 47 social media posts and three pieces of correspondence received via email. The social media posts and email correspondence have been analysed using the same method as per the 'open' questions in the survey. All the feedback has been read and coded into themes and these are presented in this report of findings.

5 Demographic profiling

This section presents a combined demographic profile of consultation survey respondents and engagement event participants. Please see the Appendix for a profile of just the survey respondents or event participants.

5.1 Respondent type

98 (91%) participants were responding to the consultation as individuals, while 10 (9%) were providing a formal response from an organisation.

Table 15 shows the different respondent types participating in the consultation.

Table 15. As an individual responding to this questionnaire which of the following best applies to you? Please tick one only.

	No.	%
Another member of the public	35	35%
User of mental health services	32	33%
Carer	14	14%
From a non-health voluntary group, charity or organisation	8	8%
From a health-related group, charity or organisation	5	5%
NHS employee	4	4%
From another public sector organisation	1	2%
Base	99	

The base refers to the number of responses received to this question in the survey and those completing the event participant demographic profiling questionnaire. All these profiling questions were voluntary, meaning survey respondents and event participants were able to skip those they did not wish to answer. Also, event participants did not have to complete the demographic profiling questionnaire if they did not wish to.

Those individuals responding from a health-related group, charity or organisation, from a non-health voluntary group, charity or organisation, or from another public sector organisation stated they were from the following organisations:

- Dementia Care
- Early Help Team
- League of Friends of the Tamworth Hospitals
- Lichfield Cathedral
- Sacred Heart Church
- Self-employed carer
- Serco
- Tamworth Borough Council
- Yoxall and Area Patient Participation Group (YAPP).

Table 16 shows the different types of organisations a formal response was received from.

Table 16. As an organisation responding to this questionnaire which of the following best applies to you? Please tick one only.

	No.	%
Formal response on behalf of a non-health related voluntary group, charity or organisation	4	44%
Formal response on behalf of a health-related group, charity or organisation	2	22%
Formal response on behalf of another public sector organisation	1	11%
Other	2	22%
Base	9	

The base refers to the number of responses received to this question in the survey and those completing the event participant demographic profiling questionnaire. All these profiling questions were voluntary, meaning survey respondents and event participants were able to skip those they did not wish to answer. Also, event participants did not have to complete the demographic profiling questionnaire if they did not wish to.

Specifically, the organisations submitting a formal response to the consultation through the survey and participation at the events included:

- Balance Street Patient Participation Group
- Burton Hope
- Changes Tamworth
- Member of Parliament for Tamworth
- Communities Together Tamworth
- Friends of Robert Peel Hospital charity
- Healthwatch Staffordshire
- Our Smiley Space
- Staffordshire Baby Bank
- Uttoxeter Heath Community Centre

5.2 Demographic profiling

Table 17 presents a demographic profiling of survey respondents and engagement event participants.

Table 17. Demographic profiling – survey respondents and engagement event participants

Ethnicity		
White: British	94	88%
White: Irish	-	-
White: Gypsy or traveller	-	-
White: Other	1	1%
Mixed: White and Black Caribbean	1	1%
Mixed: White and Black African	-	-
Mixed: White and Asian	-	-
Mixed: Other	2	2%
Asian/Asian British: Indian	-	-
Asian/Asian British: Pakistani	2	2%
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	-	-
Asian/Asian British: Other	-	-
Black/Black British: African	-	-
Black/Black British: Caribbean	1	-
Black/Black British: Other	-	-
Other ethnic group: Arab	-	-
Any other ethnic group	1	1%
Prefer not to say	5	5%
Base	*107*	
Age category		
16 - 19	-	-
20 - 24	4	4%
25 - 29	5	5%
30 - 34	7	7%
35 - 39	6	6%
40 - 44	5	5%
45 - 49	13	12%
50 - 54	16	15%
55 - 59	4	4%
60 - 64	12	11%
65 - 69	8	8%

70 - 74	9	9%
75 - 79	11	10%
80 and over	2	2%
Prefer not to say	3	3%
Base	*105*	
Religion		
Christian	61	57%
No religion	33	31%
Muslim	2	2%
Buddhist	1	1%
Hindu	-	-
Jewish	-	-
Sikh	-	-
Any other religion	2	2%
Prefer not to say	8	7%
Base	*107*	
Sex		
Female	72	67%
Male	32	30%
Intersex	-	-
Prefer not to say	4	4%
Other	-	-
Base	*108*	
Armed services		
No	95	8%
Yes	5	5%
Prefer not to say	7	7%
Base	*107*	
Sexual orientation		
Heterosexual	90	84%
Gay	3	3%
Bisexual	3	3%
Asexual	2	2%
Lesbian	1	1%
Prefer not to say	8	7%
Base	*107*	
Relationship status		
Married	45	42%
Single	27	25%
Divorced	9	8%
Lives with partner	9	8%
Widowed	8	7%
Separated	1	1%
Civil partnership	1	1%
Other	2	2%
Prefer not to say	6	6%
Base	*108*	
Pregnant currently		
No	102	94%
Yes	1	1%
Prefer not to say	5	5%
Base	*108*	
Recently given birth		
No	100	94%
Yes	1	1%
Prefer not to say	5	5%
Base	*106*	
Health problem or disability		
Yes, limited a lot	18	17%
Yes, limited a little	26	24%
No	57	53%
Prefer not to say	6	6%
Base	*107*	
Disability		

No disability	50	46%
Mental health condition	29	27%
Physical disability	4	4%
Learning disability or difficulty	6	6%
Long-term illness	5	5%
Sensory disability	4	4%
Other	2	2%
Prefer not to say	11	10%
Base	*108*	
Carer		
Yes - young person(s) aged under 24	18	17%
Yes - adult(s) aged 25 to 49	13	12%
Yes - person(s) aged over 50 years	19	18%
No	53	50%
Prefer not to say	11	10%
Base	*105*	
Access to car		
Yes, and I drive	79	75%
Yes, but I don't drive	2	2%
No, I don't have access to a car	24	23%
Base	*105*	

The base refers to the number of responses received to this question in the survey and those completing the event participant demographic profiling questionnaire. All these profiling questions were voluntary, meaning survey respondents and event participants were able to skip those they did not wish to answer. Also, event participants did not have to complete the demographic profiling questionnaire if they did not wish to.

5.3 Geographical profiling

Figure 4 maps the location of consultation survey respondents and engagement event participants. The map has been created using the postcode shared by participants.

Figure 4. Map of survey respondents and event participants. Base 38 (survey respondents); 54 (engagement event participants)
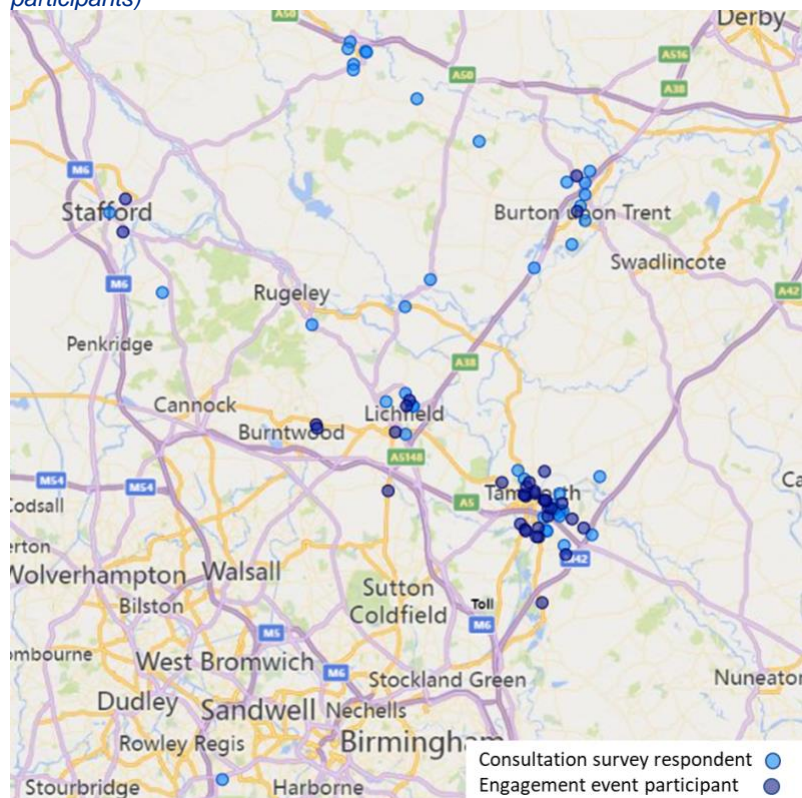
Table 18 shows the different local authority area consultation survey respondents and engagement participants were responding from.

Table 18.Local authority – survey respondents and engagement events with specific communities' participants combined

Local authority	No.	%
Tamworth	45	41%
East Staffordshire	20	18%
Lichfield	17	15%
Stafford	3	3%
Stoke-on-Trent	1	1%
South Staffordshire	1	1%
North Warwickshire	2	2%
North Wales	1	1%
Hart	1	1%
Birmingham	1	1%
No postcode provided	18	16%
Base	*110*	

The base refers to the number of responses received to this question in the survey and those completing the event participant demographic profiling questionnaire. All these profiling questions were voluntary, meaning survey respondents and event participants were able to skip those they did not wish to answer. Also, event participants did not have to complete the demographic profiling questionnaire if they did not wish to.

5.3.1   Index of Multiple Deprivation (IMD)

Table 19 shows the IMD decile of survey respondents' and event participants' postcodes. The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas in England. The IMD ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). Deciles are calculated by ranking the 32,844 neighbourhoods in England from most deprived to least deprived and dividing them into 10 equal groups. These range from the most deprived 10% of neighbourhoods nationally (decile 1) to the least deprived 10% (decile 10).

Table 19. IMD breakdown – survey respondents and engagement events with specific communities' participants combined

IMD decile	No.	%
1 – Most deprived decile	13	12%
2	11	10%
3	2	2%
4	12	11%
5	11	10%
6	12	11%
7	10	9%
8	8	7%
9	9	8%
10 – Least deprived decile	4	4%
No postcode provided	18	16%
Base	*110*	

The base refers to the number of responses received to this question in the survey and those completing the event participant demographic profiling questionnaire. All these profiling questions were voluntary, meaning survey respondents and event participants were able to skip those they did not wish to answer. Also, event participants did not have to complete the demographic profiling questionnaire if they did not wish to.

6 Findings

This section presents the feedback gathered from the consultation survey, engagement events with specific communities, online events, targeted focus groups, drop-in roadshows and correspondence.

The feedback is split into two parts: presentation of the 'structured' feedback and presentation of the 'unstructured' feedback.

The 'structured' feedback was collated from the consultation survey and engagement sessions with specific communities. The feedback is split into the following sections:

- Experience of mental health services
- Feedback on the community model for severe mental illness
- Feedback on the model for dementia healthcare services
- Feedback on the proposal for delivering inpatient mental health services
- Feedback on travel and access
- Feedback on technology
- Suggestions about how inpatient mental health services could be provided.

The 'unstructured' feedback was collated from the online events, drop-in roadshows, targeted workshops, additional meetings and reports received and correspondence. The feedback is split into the following sections:

- Findings from the online events, targeted workshops and roadshows
- Findings from the correspondence
- Additional views and considerations.

6.1 Experience of mental health services

This section presents consultation survey respondents' experience of mental health services. The feedback relates specifically to the George Bryan Centre, St George's Hospital, Stafford, and community mental health services.

Tables 20 and 21 show the responses to the consultation survey question: Which of the following mental healthcare services have you used or experienced? 22 (49%) respondents said they had used or experienced community mental health services, 13 (29%) had used or experienced the George Bryan Centre, and 8 (18%) had used or experienced St George's Hospital, Stafford. However, 15 (33%) respondents said they had not used or experienced any of these services.

Table 20. Which of the following mental healthcare services have you used or experienced? Breakdown: Respondent type.

	No.	%	Respondent type											
			User of mental health services		Another member of the public		Carer		NHS employee		From a public / health related / non-health related charity or organisation		A formal response from an organisation	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Community mental health services	22	49%	15	79%	3	18%	2	50%	1	50%	1	33%	-	-
George Bryan Centre	13	29%	6	32%	3	18%	1	25%	2	100%	1	33%	-	-
St George's Hospital, Stafford	8	18%	5	26%	-	-	2	50	1	50%	-	-	-	-
None of the above	15	33%	1	5%	11	65%	2	50%	-	-	1	33%	-	-
Base	45		15		17		4		2		3		-	

Table 21. Which of the following mental healthcare services have you used or experienced? Breakdown: Local authority

	No.	%	Local authority											
			Tamworth		Lichfield		Stafford		Stoke-on-Trent		East Staffs		No postcode / unable to profile	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Community mental health services	22	49%	7	33%	5	63%	2	100%	1	100%	1	50%	6	60%
George Bryan Centre	13	29%	4	19%	1	13%	-	-	-	-	1	50%	7	70%
St George's Hospital, Stafford	8	18%	1	5%	1	13%	2	100%	-	-	1	50%	3	30%
None of the above	15	33%	10	48%	2	25%	-	-	-	-	1	50%	1	10%
Base	45		21		8		2		1		2		10	

One response was received from outside the Staffordshire and Stoke-on-Trent area. The respondent stated they had not used or experienced any of these services.

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents in that cohort.

6.1.1   Significant differences across respondent groups

Respondent type

- A significantly higher proportion of users of mental health services (15 / 79%) stated they had used or experienced community mental health services, compared to members of the public (3 / 18%)
- A significantly higher proportion of members of the public (11 / 65%) stated they had not used or experienced any of these services, compared to users of mental health services (1 / 5%)

Disability

- A significantly higher proportion of consultation survey respondents stating they had a mental health condition (11 / 79%) said they had used or experienced community mental health services, compared to those stating they did not have a disability (5 / 26%)
- A significantly higher proportion of respondents stating they did not have a disability (9 / 47%) said they had not used or experienced any of these services, compared to those stating they had a mental health condition (1 / 7%)

Local authority

- A significantly higher proportion of respondents from the Stafford area (2 / 100%) stated they used St George's Hospital, compared to those responding from the Tamworth area (1 / 5%)

There were no significant difference in the following sub-groups: ethnicity, age, sex, sexual orientation, pregnancy, maternity, limitation in day-to-day activities, carers and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

The following sections present a more detailed view of consultation survey respondent's experiences of these services.

6.2 Experience of mental health services previously provided at the George Bryan Centre

Consultation survey respondents were asked the following questions:

- In what capacity did you experience the George Bryan Centre, which you have indicated that you would like to provide feedback on?
- Which wing of the George Bryan Centre were you in?
- Which period would you like to provide feedback on?
- Please tell us about your experience of the George Bryan Centre below.
- Where do you work now?

Tables 22, 23 and 24 show the response to the consultation survey question: In what capacity did you experience the George Bryan Centre, which you have indicated that you would like to provide feedback on? Most respondents stated they experienced the George Bryan Centre as a patient (5 / 39%), or as a carer or support worker for a patient (5 / 39%).

Table 22. In what capacity did you experience the George Bryan Centre, which you have indicated that you would like to provide feedback on? Breakdown: Respondent type

	No.	%	Respondent type											
			User of mental health services		Another member of the public		Carer		NHS employee		From a public / health related / non-health related charity or organisation		A formal response from an organisation	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
As a patient	5	39%	5	83%	-	-	-	-	-	-	-	-	-	-
As a carer or support worker for a patient	5	39%	1	17%	2	67%	1	100%	1	50%	-	-	-	-
As a provider of a service to a patient	2	15%	-	-	1	33%	-	-	-	-	1	100%	-	-
As a member of staff	1	8%	-	-	-	-	-	-	1	50%	-	-	-	-
Base	*13*		*6*		*3*		*1*		*2*		*1*		*-*	

Table 23. In what capacity did you experience the George Bryan Centre, which you have indicated that you would like to provide feedback on? Breakdown: Service type

	No.	%	Service type							
			Community mental health services		George Bryan Centre		St George's Hospital, Stafford		None of the above	
			No.	%	No.	%	No.	%	No.	%
As a patient	5	39%	3	50%	5	39%	1	25%	-	-
As a carer or support worker for a patient	5	39%	2	33%	5	39%	2	50%	-	-
As a provider of a service to a patient	2	15%	-	-	2	15%	-	-	-	-
As a member of staff	1	8%	1	17%	1	8%	1	25%	-	-
Base	*13*		*6*		*13*		*4*		*-*	

Table 24. In what capacity did you experience the George Bryan Centre, which you have indicated that you would like to provide feedback on? Breakdown: Local authority

	No.	%	Local authority											
			Tamworth		Lichfield		Stafford		Stoke-on-Trent		East Staffs		No postcode / unable to profile	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
As a patient	5	39%	2	50%	-	-	-	-	-	-	-	-	3	43%
As a carer or support worker for a patient	5	39%	2	50%	-	-	-	-	-	-	1	100%	2	29%
As a provider of a service to a patient	2	15%	-	-	1	100%	-	-	-	-	-	-	1	14%
As a member of staff	1	8%	-	-	-	-	-	-	-	-	-	-	1	14%
Base	*13*		*4*		*1*		*-*		*-*		*1*		*7*	

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents that make up that cohort.

6.2.1 Significant differences across respondent groups

There was no significant difference in the following sub-groups: respondent type, service type, ethnicity, age, sex, sexual orientation, pregnancy, maternity, disability, limitation in day-to-day activities, carers, local authority, and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Those who had experienced the George Bryan Centre as patients were asked which wing they were in. All 5 (100%) patients stated they were in the west wing, which was for those aged under 65.

Respondents were asked which period they wanted to share their feedback on. 12 (100%) respondents stated their feedback relates to the period before and during March 2019, while 2 (17%) respondents stated their feedback relates to the period after March 2019.

Respondents were asked: Please tell us about your experience of the George Bryan Centre. 13 responses were received. The main theme areas were quality of care, staff, cost and efficiency, and access.

Overall, the top three sub-themes were:

1. Quality of care – The quality of care provided was good (5 / 39%)
2. Staff – Staff were caring and professional (3 / 23%)
3. Quality of care – The quality of care provided was poor (2 / 15%); Staff – Staffing levels were not sufficient (2 / 15%); Quality of care – The quality of care provided was poor (2 / 11%)

Table 25 presents the full list of themes.

Table 25. Please tell us about your experience of the George Bryan Centre below.

Sentiment	Main theme	Sub-theme	No.	%
Positive	Quality of care	The quality of care provided was good	5	38%
Positive	Staff	Staff were caring and professional	3	23%
Negative	Quality of care	The quality of care provided was poor	2	15%
Negative	Staff	Staffing levels were not sufficient	2	15%
Negative	Cost and efficiency	The centre was poorly managed	1	8%
Positive	Quality of care	The centre provided essential services	1	8%
Negative	Access	Concern over current location of inpatient mental health services (for example, long travel, poor public transport)	1	8%
Positive	Access	Services were accessible	1	8%
Neutral	General	Other	2	15%
Base			*13*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.2.2 Top theme by respondent group

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Quality of care – The quality of care provided was good (3 / 50%)
- **Another member of the public:** Limited feedback received
- **Carer:** Limited feedback received
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** No feedback received

Service type

- **George Bryan Centre:** Quality of care – The quality of care provided was good (5 / 42%)
- **St George's Hospital, Stafford:** Quality of care – The quality of care provided was good (2 / 50%); Quality of care – The quality of care provided was poor (2 / 50%)
- **Community mental health services:** Quality of care – The quality of care provided was good (3 / 43%)
- **None of the above:** No feedback received

Ethnicity

- **White:** Quality of care – The quality of care provided was good (5 / 42%)
- **Prefer not to say:** Limited feedback received

Age

- **Under 45:** Limited feedback received
- **45 to 59:** Quality of care – The quality of care provided was good (2 / 50%); Staff – Staff were caring and professional (2 / 50%)
- **60 and over:** Quality of care – The quality of care provided was good (3 / 50%)

Sex

- **Male:** Staff – Staff were caring and professional (3 / 75%)
- **Female:** Quality of care – The quality of care provided was good (4 / 57)

Sexual orientation

- **Heterosexual:** Quality of care – The quality of care provided was good (4 / 40%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Limited feedback provided

Pregnancy

- **Yes:** No feedback received
- **No:** Quality of care – The quality of care provided was good (5 / 46%)

Maternity

- **Yes:** Limited feedback received
- **No:** Quality of care – The quality of care provided was good (5 / 50%)

Disability

- **No disability:** Quality of care – The quality of care provided was good (2 / 29%); Staff – Staff were caring and professional (2 / 29%)
- **Physical disability:** No feedback received
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Limited feedback received

- **Learning disability or difficulty:** No feedback received
- **Other:** No feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Quality of care – The quality of care provided was good (2 / 50%); Staff – Staff were caring and professional (2 / 50%)
- **No:** Quality of care – The quality of care provided was good (3 / 43%)

Carer

- **Yes – Carer:** Quality of care – The quality of care provided was good (3 / 60%);
- **No:** Staff – Staff were caring and professional (3 / 50%)

Local authority

- **East Staffordshire:** Limited feedback provided
- **Lichfield:** Limited feedback provided
- **Stafford:** No feedback received
- **Stoke-on-Trent:** No feedback received
- **Tamworth:** Quality of care – The quality of care provided was good (2 / 50%)
- **No postcode provided:** Quality of care – The quality of care provided was good (2 / 33%); Staff – Staff were caring and professional (2 / 33%); Quality of care – The quality of care provided was poor (2 / 33%)

Index of Multiple Deprivation

- **Most deprived deciles (1-5):** Quality of care – The quality of care provided was good (2 / 50%)
- **Least deprived deciles (6-10):** Limited feedback provided
- **No postcode provided:** Quality of care – The quality of care provided was good (2 / 33%); Staff – Staff were caring and professional (2 / 33%); Quality of care – The quality of care provided was poor (2 / 33%)

Of the two respondents stating they were a member of staff at the George Bryan Centre, 1 (50%) is now working in community mental health services and 1 (50%) is working in another setting.

6.3 Experience of St George's Hospital, Stafford

This section presents the findings from the following consultation survey questions:

- In what capacity did you experience St George's Hospital, Stafford, which you have indicated that you would like to provide feedback on?
- Which period would you like to provide feedback on?
- Please tell us about your experience of St George's Hospital, Stafford, below.

Tables 26, 27 and 28 show the response to the consultation survey question: In what capacity did you experience St George's Hospital, Stafford, which you have indicated that you would like to provide feedback on? Most respondents stated they experienced St George's Hospital as a patient (4 / 50%), while 3 (38%) experienced it as a carer or support worker for a patient.

Table 26. In what capacity did you experience St George's Hospital, Stafford, which you have indicated that you would like to provide feedback on? Breakdown: Respondent type

	No.	%	User of mental health services		Another member of the public		Carer		NHS employee		From a public / health related / non-health related charity or organisation		A formal response from an organisation	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
As a patient	4	50%	4	80%	-	-	-	-	-	-	-	-	-	-
As a carer or support worker for a patient	3	38%	1	20%	-	-	2	100%	1	100%	-	-	-	-
As a member of staff	1	13%	-	-	-	-	-	-	-	-	-	-	-	-
As a provider of a service to a patient	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Base		*8*	*5*		*-*		*2*		*1*		*-*		*-*	

Table 27. In what capacity did you experience St George's Hospital, Stafford, which you have indicated that you would like to provide feedback on? Breakdown: Service type

	No.	%	Community mental health services		George Bryan Centre		St George's Hospital, Stafford		None of the above	
			No.	%	No.	%	No.	%	No.	%
As a patient	4	50%	3	43%	1	25%	4	50%	-	-
As a carer or support worker for a patient	3	38%	3	43%	2	50%	3	38%	-	-
As a member of staff	1	13%	1	14%	1	25%	1	13%	-	-
As a provider of a service to a patient	-	-	-	-	-	-	-	-	-	-
Base		*8*	*7*		*4*		*8*		*-*	

Table 28. In what capacity did you experience St George's Hospital, Stafford, which you have indicated that you would like to provide feedback on? Breakdown: Local authority

	No.	%	Tamworth		Lichfield		Stafford		Stoke-on-Trent		East Staffs		No postcode / unable to profile	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
As a patient	4	50%	1	100%	-	-	2	100%	-	-	-	-	1	33%
As a carer or support worker for a patient	3	38%	-	-	1	100%	-	-	-	-	1	100%	1	33%
As a member of staff	1	13%	-	-	-	-	-	-	-	-	-	-	1	33%
As a provider of a service to a patient	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Base		*8*	*1*		*1*		*2*		*-*		*1*		*3*	

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents that make up that cohort.

6.3.1   Significant differences across respondent groups

There was no significant difference in the following sub-groups: respondent type, service type, ethnicity, age, sex, sexual orientation, pregnancy, maternity, disability, limitation in day-to-day activities, carers, local authority, and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Consultation survey respondents were asked which period they wanted to share their feedback on. 5 (63%) respondents stated their feedback relates to the period before and during March 2019, while 4 (50%) respondents stated their feedback relates to the period after March 2019.

Consultation survey respondents were asked: Please tell us about your experience of St George's Hospital, Stafford, below. 9 responses were received. The main theme areas were staff, access, communication, and quality of care.

Overall, the top three sub-themes were:

1. Staff – Some staff were not professional and caring (3 / 33%); Staff – Staff were good (3 / 33%)
2. Access – Concern over the location of St George's Hospital (for example, long travel, poor public transport) (2 / 22%)

Table 29 presents the full list of themes.

Table 29. Please tell us about your experience of St George's Hospital, Stafford below.

Sentiment	Main theme	Sub-theme	No.	%
Negative	Staff	Some staff were not professional and caring	3	33%
Positive	Staff	Staff were good	3	33%
Negative	Access	Concern over the location of St George's Hospital (for example, long travel, poor public transport)	2	22%
Negative	Communication	Staff do not listen to service users and their families	1	11%
Positive	General	Better experience at St George's Hospital than at the George Bryan Centre	1	11%
Negative	Quality of care	Concern over early discharge	1	11%
Positive	Quality of care	St George's Hospital provides a good service	1	11%
Neutral	General	No comment (for example, N/A)	2	22%
Base			9	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents that make up that cohort.

6.3.2   Top theme by respondent group

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Staff – Some staff were not professional and caring (2 / 33%); Staff – Staff were good (2 / 33%); Access – Concern over the location of St George's Hospital (for example, long travel, poor public transport) (2 / 33%)
- **Another member of the public:** No feedback received
- **Carer:** Limited feedback received
- **NHS employee:** Limited feedback received

- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** No feedback received
- **Formal response from an organisation:** No feedback received

Service type

- **George Bryan Centre:** Limited feedback provided
- **St George's Hospital, Stafford:** Staff – Some staff were not professional and caring (3 / 38%); Staff – Staff were good (3 / 38%)
- **Community mental health services:** Staff – Some staff were not professional and caring (3 / 38%); Staff – Staff were good (3 / 38%)
- **None of the above:** No feedback received

Ethnicity

- **White:** Staff – Some staff were not professional and caring (2 / 25%); Staff – Staff were good (2 / 25%); Access – Concern over the location of St George's Hospital (for example, long travel, poor public transport) (2 / 25%)
- **Prefer not to say:** Limited feedback received

Age

- **Under 45:** Limited feedback provided
- **45 to 59:** Staff – Some staff were not professional and caring (2 / 40%); Staff – Staff were good (2 / 40%)
- **60 and over:** Limited feedback received

Sex

- **Male:** Limited feedback received
- **Female:** Staff – Some staff were not professional and caring (2 / 33%); Staff – Staff were good (2 / 33%); Access – Concern over the location of St George's Hospital (for example, long travel, poor public transport) (2 / 33%)

Sexual orientation

- **Heterosexual:** Staff – Some staff were not professional and caring (2 / 29%); Staff – Staff were good (2 / 29%); Access – Concern over the location of St George's Hospital (for example, long travel, poor public transport) (2 / 29%)
- **Other (for example, gay, lesbian, bisexual, asexual):** No feedback received

Pregnancy

- **Yes:** No feedback received
- **No:** Staff – Some staff were not professional and caring (2 / 29%); Staff – Staff were good (2 / 29%); Access – Concern over the location of St George's Hospital (for example, long travel, poor public transport) (2 / 29%)

Maternity

- **Yes:** No feedback received
- **No:** Staff – Some staff were not professional and caring (2 / 29%); Staff – Staff were good (2 / 29%); Access – Concern over the location of St George's Hospital (for example, long travel, poor public transport) (2 / 29%)

Disability

- **No disability:** Limited feedback received

- **Physical disability:** Limited feedback received
- **Sensory disability:** No feedback received
- **Mental health condition:** Staff – Some staff were not professional and caring (2 / 50%); Staff – Staff were good (2 / 50%)
- **Learning disability or difficulty:** No feedback received
- **Other:** No feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Limited feedback received
- **No:** Limited feedback received

Carer

- **Yes – Carer:** Staff – Some staff were not professional and caring (2 / 50%); Staff – Staff were good (2 / 50%)
- **No:** Limited feedback received

Local authority

- **East Staffordshire:** Limited feedback received
- **Lichfield:** Limited feedback received
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** Limited feedback received
- **Tamworth:** Limited feedback received
- **No postcode provided:** Limited feedback received

Index of Multiple Deprivation

- **Most deprived deciles (1-5):** Limited feedback received
- **Least deprived deciles (6-10):** Staff – Some staff were not professional and caring (2 / 50%); Staff – Staff were good (2 / 50%)
- **No postcode provided:** Limited feedback received

6.4 Experience of community mental health services

This section presents the findings from the following consultation survey questions:

- In what capacity did you experience community mental health services, which you have indicated that you would like to provide feedback on?
- Which period would you like to provide feedback on?
- Please tell us about your experience of community mental health services below.

Tables 30, 31 and 32 show the response to the consultation survey question: In what capacity did you experience community mental health services, which you have indicated that you would like to provide feedback on? Most respondents stated they had experienced community mental health services as patients (15 / 65%), while (6 / 26%) respondents stated they experienced it as a carer or support worker for patients.

Table 30. In what capacity did you experience community mental health services, which you have indicated that you would like to provide feedback on? Breakdown: Respondent type

	No.	%	Respondent type											
			User of mental health services		Another member of the public		Carer		NHS employee		From a public / health related / non-health related charity or organisation		A formal response from an organisation	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
As a patient	15	65%	14	88%	1	33%	-	-	-	-	-	-	-	-
As a carer or support worker for a patient	6	26%	2	13%	2	67%	2	100%	-	-	-	-	-	-
As a member of staff	2	9%	-	-	-	-	-	-	1	100%	1	100%	-	-
As a provider of a service to a patient	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Base		*23*		*16*		*3*		*2*		*1*		*1*		*-*

Table 31. In what capacity did you experience community mental health services, which you have indicated that you would like to provide feedback on? Breakdown: Service type

	No.	%	Service type							
			Community mental health services		George Bryan Centre		St George's Hospital, Stafford		None of the above	
			No.	%	No.	%	No.	%	No.	%
As a patient	15	62%	15	68%	3	43%	3	43%	-	-
As a carer or support worker for a patient	6	26%	5	23%	3	43%	3	43%	-	-
As a member of staff	2	9%	2	9%	1	14%	1	14%	-	-
As a provider of a service to a patient	-	-	-	-	-	-	-	-	-	-
Base		*23*		*22*		*7*		*7*		*-*

Table 32. In what capacity did you experience community mental health services, which you have indicated that you would like to provide feedback on? Breakdown: Local authority

	No.	%	Local authority											
			Tamworth		Lichfield		Stafford		Stoke-on-Trent		East Staffs		No postcode / unable to profile	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
As a patient	15	62%	6	75%	2	40%	2	100%	1	100%	-	-	4	67%
As a carer or support worker for a patient	6	26%	2	25%	2	40%	-	-	-	-	1	100%	1	17%
As a member of staff	2	9%	-	-	1	20%	-	-	-	-	-	-	1	17%
As a provider of a service to a patient	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Base		*23*		*8*		*5*		*2*		*1*		*1*		*6*

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents that make up that cohort.

6.4.1   Significant differences across respondent groups

Age

- A significantly higher proportion of respondents aged under 40 (5 / 100%) stated they had used or experienced community mental health services as a patient compared to respondents aged over 60 (1 / 17%)

Limitation in day-to-day activities

- A significant proportion of respondents who are limited in their day-to-day activities (9 / 90%) stated they had used or experienced community mental health services as a patient, compared to respondents who were not limited (3 / 33%)

There was no significant difference in the following sub-groups: respondent type, service type, ethnicity, sex, sexual orientation, pregnancy, maternity, disability, carers, local authority, and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Consultation survey respondents were asked which period they wanted to share their feedback on. 3 (60%) respondents stated their feedback relates to the period before and during March 2019, while 3 (60%) respondents stated their feedback relates to the period after March 2019.

Consultation survey respondents were asked: Please tell us about your experience of community mental health services below. 20 responses were received. The main theme areas were quality of care, staff, access, awareness, service provision, estate and facilities and support for carers.

Overall, the top three sub-themes were:

1. Quality of care – The services provided were good (for example, ongoing support) (5 / 25%)
2. Staff – Staff were not caring and lack of knowledge (4 / 20%); Quality of care – Services provided were poor (for example, poorly organised) (4 / 20%)
3. Access – Waiting times for community services are too long (for example, too many cancellations) (3 / 15%); Quality of care – Concern over the lack of continuity and consistency in the care provided (for example, lack of follow-ups) (3 / 15%)

Table 33 presents the full list of themes.

Table 33. Please tell us about your experience of community mental health services below.

Sentiment	Main theme	Sub-theme	No.	%
Positive	Quality of care	The services provided were good (for example, ongoing support)	5	25%
Negative	Staff	Staff were not caring and lack of knowledge	4	20%
Negative	Quality of care	Services provided were poor (for example, poorly organised)	4	20%
Negative	Access	Waiting times for community services are too long (for example, too many cancellations)	3	15%
Negative	Quality of care	Concern over the lack of continuity and consistency in the care provided (for example, lack of follow-ups)	3	15%
Negative	Quality of care	Concern over poor planning of care plans	2	10%
Negative	Awareness	Concern over the lack of awareness of mental health services available in the community	2	10%

Sentiment	Main theme	Sub-theme	No.	%
Negative	Service provision	Concern over the lack of community mental health services	2	10%
Negative	Estate and facilities	The building was outdated	1	5%
Negative	Quality of care	Concern over the lack of recognition and accommodation of neurodiverse conditions	1	5%
Positive	Support for carers	The support provided to carers and families was good	1	5%
Negative	Access	Location of services is not accessible	1	5%
Neutral	General	Other	2	10%
Base				*20*

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.4.2   Top theme by respondent group

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Quality of care – The services provided were good (for example, ongoing support) (4 / 29%)
- **Another member of the public:** Access – Waiting times for community services are too long (for example, too many cancellations) (2 / 100%)
- **Carer:** Limited feedback received
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** No feedback received

Service type

- **George Bryan Centre:** Quality of care – The services provided were good (for example, ongoing support) (2 / 33%); Staff – Staff were not caring and lack of knowledge (2 / 33%)
- **St George's Hospital, Stafford:** Staff – Staff were not caring and lack of knowledge (3 / 43%)
- **Community mental health services:** Quality of care – The services provided were good (for example, ongoing support) (4 / 21%); Staff – Staff were not caring and lack of knowledge (4 / 21%); Quality of care – Services provided were poor (for example, poorly organised) (4 / 21%)
- **None of the above:** No feedback received

Ethnicity

- **White:** Quality of care – The services provided were good (for example, ongoing support) (4 / 27%)
- **Prefer not to say:** Negative – Quality of care – Services provided were poor (for example, poorly organised) (2 / 67%)

Age

- **Under 45:** Limited feedback received

- **45 to 59:** Staff – Staff were not caring and lack of knowledge (2 / 33%)
- **60 and over:** Quality of care – The services provided were good (for example, ongoing support) (3 / 60%)

Sex

- **Male:** Limited feedback received
- **Female:** Quality of care – The services provided were good (for example, ongoing support) (4 / 29%)

Sexual orientation

- **Heterosexual:** Quality of care – The services provided were good (for example, ongoing support) (3 / 30%); Access – Waiting times for community services are too long (for example, too many cancellations) (3 / 30%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Limited feedback received

Pregnancy

- **Yes:** No feedback received
- **No:** Quality of care – The services provided were good (for example, ongoing support) (4 / 27%)

Maternity

- **Yes:** No feedback received
- **No:** Quality of care – The services provided were good (for example, ongoing support) (4 / 27%)

Disability

- **No disability:** Quality of care – The services provided were good (for example, ongoing support) (2 / 50%); Quality of care – Concern over the lack of continuity and consistency in the care provided (for example, lack of follow-ups) (2 / 50%)
- **Physical disability:** Quality of care – Concern over poor planning of care plans (2 / 50%)
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Quality of care – The services provided were good (for example, ongoing support) (2 / 20%); Quality of care – Services provided were poor (for example, poorly organised) (2 / 20%); Access – Waiting times for community services are too long (for example, too many cancellations) (2 / 20%); Quality of care – Concern over poor planning of care plans (2 / 20%)
- **Learning disability or difficulty:** Limited feedback received
- **Other:** Limited feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Quality of care – Services provided were poor (for example, poorly organised) (2 / 22%); Quality of care – Concern over the lack of continuity and consistency in the care provided (for example, lack of follow-ups) (2 / 22%); Quality of care – Concern over poor planning of care plans (2 / 22%)
- **No:** Quality of care – The services provided were good (for example, ongoing support) (4 / 57%)

Carer

- **Yes – Carer:** Quality of care – The services provided were good (for example, ongoing support) (3 / 25%); Access – Waiting times for community services are too long (for example, too many cancellations) (3 / 25%); Quality of care – Concern over the lack of continuity and consistency in the care provided (for example, lack of follow-ups) (3 / 25%)
- **No:** Limited feedback received

Local authority

- **East Staffordshire:** Limited feedback received
- **Lichfield:** Access – Waiting times for community services are too long (for example, too many cancellations) (2 / 50%)
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** Limited feedback received
- **Tamworth:** Quality of care – The services provided were good (for example, ongoing support) (2 / 33%); Awareness – Concern over the lack of awareness of mental health services available in the community (2 / 33%); Service provision – Concern over the lack of community mental health services (2 / 33%)
- **No postcode provided:** Quality of care – The services provided were good (for example, ongoing support) (2 / 33%); Staff – Staff were not caring and lack of knowledge (2 / 33%)

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- **Most deprived deciles (1-5):** Quality of care – The services provided were good (for example, ongoing support) (2 / 29%); Awareness – Concern over the lack of awareness of mental health services available in the community (2 / 29%); Service provision – Concern over the lack of community mental health services (2 / 29%)
- **Least deprived deciles (6-10):** Staff – Staff were not caring and lack of knowledge (2 / 29%); Quality of care – Services provided were poor (for example, poorly organised) (2 / 29%); Access – Waiting times for community services are too long (for example, too many cancellations) (2 / 29%); Quality of care – Concern over the lack of continuity and consistency in the care provided (for example, lack of follow-ups) (2/ 29%)
- **No postcode provided:** Quality of care – The services provided were good (for example, ongoing support) (2 / 33%); Staff – Staff were not caring and lack of knowledge (2 / 33%)

6.5 Feedback on the community model for severe mental illness

Table 34 shows the questions consultation survey respondents and participants in the engagement sessions with specific communities were asked.

Table 34. Survey and voluntary sector support groups' questions

Consultation survey	Engagement sessions with specific communities
To what extent do you think the care model is a good one?	To what extent do you think the care model is a good one? In your response, please explain what you like and what concerns you
Please explain the reason for your rating. *In your response, please explain what you like and what concerns you.*	Are there any groups that you think may be disadvantaged by this model? Please explain who, and why.
Are there any groups that you think may be disadvantaged by this model? *If yes, please explain who and why.*	Tell us if you think there are any better ways to provide these services.
Tell us if you think there are any better ways to provide these services.	

6.6 Feedback on the care model

6.6.1 Feedback from the consultation survey

Tables 35, 36 and 37 show the responses to the consultation survey question: To what extent do you think the care model is a good one? 28 (60%) respondents stated that the care model was poor / very poor, while 19 (40%) stated it was very good / good (19 / 40%).

Table 35. To what extent do you think the care model is a good one? Breakdown: Respondent type

	No.	%	User of mental health services		Another member of the public		Carer		NHS employee		From a public / health related / non-health related charity or organisation		A formal response from an organisation	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very good	6	13%	1	6%	1	6%	2	50%	1	50%	1	33%	-	-
Good	13	28%	9	50%	1	6%	1	25%	-	-	1	33%	1	50%
Neutral	10	21%	2	11%	6	35%	1	25%	1	50%	-	-	-	-
Poor	9	19%	1	6%	6	35%	-	-	-	-	-	-	1	50%
Very poor	9	19%	5	28%	3	18%	-	-	-	-	1	33%	-	-
Base	*47*		*18*		*17*		*4*		*2*		*3*		*2*	

Table 36. To what extent do you think the care model is a good one? Breakdown: Service type

	No.	%	Community mental health services		George Bryan Centre		St George's Hospital, Stafford		None of the above	
			No.	%	No.	%	No.	%	No.	%
Very good	6	13%	2	9%	1	8%	-	-	3	21%
Good	13	28%	8	36%	3	23%	2	25%	1	7%
Neutral	10	21%	4	18%	4	31%	3	38%	4	29%
Poor	9	19%	2	9%	2	15%	1	13%	3	21%
Very poor	9	19%	6	27%	3	23%	2	25%	3	21%
Base	*47*		*22*		*13*		*8*		*14*	

Table 37. To what extent do you think the care model is a good one? Breakdown: Local authority

	No.	%	Local authority											
			Tamworth		Lichfield		Stafford		Stoke-on-Trent		East Staffs		No postcode / unable to profile	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very good	6	13%	4	18%	1	11%	-	-	-	-	-	-	-	-
Good	13	28%	4	18%	4	44%	1	50%	1	100%	-	-	3	30%
Neutral	10	21%	4	18%	1	11%	-	-	-	-	1	50%	4	40%
Poor	9	19%	5	23%	1	11%	1	50%	-	-	-	-	2	20%
Very poor	9	19%	5	23%	2	22%	-	-	-	-	1	50%	1	10%
Base	47		22		9		2		1		2		10	

There was one additional response to this question by a respondent outside the Staffordshire and Stoke-on-Trent area. This respondent stated the care model was very good.

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents that make up that cohort.

6.6.2　Significant differences across respondent groups

Respondent type

- A significantly higher proportion of carers (3 / 75%) and users of mental health services (10 / 56%) said the care model was good / very good, compared to members of the public (2 / 12%)
- A significantly higher proportion of members of the public said the care model was poor / very poor (15 / 88%) compared to users of mental health services (8 / 44%) and carers (1 / 25%)

There were no significant differences in the following sub-groups: service type, ethnicity, age, sex, sexual orientation, pregnancy, maternity, disability, limitation in day-to-day activities, carers, local authority, and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Consultation survey respondents were then asked to explain the rationale for their rating. 43 responses were received. The main theme areas were quality of care, service provision, staff, access, health and wellbeing, communication, demographics, model, specific groups, efficiency and awareness.

Overall, the top three sub-themes were:

1. Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (11 / 26%)
2. Service provision – Consider greater provision of mental health services locally (for example, Tamworth) (9 / 21%)
3. Staff – Ensure appropriate staffing in the community (for example, knowledgeable staff, sufficient staffing level) (7 / 16%); Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (7 / 16%)

Table 38 presents the full list of themes.

Table 38. Please explain the reason for your rating

Sentiment	Main theme	Sub-theme	No.	%
Negative	Quality of care	Community care may not be suitable for everyone (for example, not safe, lack of monitoring)	11	26%
Observation	Service provision	Consider greater provision of mental health services locally (for example, Tamworth)	9	21%
Observation	Staff	Ensure appropriate staffing in the community (for example, knowledgeable staff, sufficient staffing level)	7	16%
Negative	Access	Concern over the location of inpatient mental health services (for example, long travel, poor public transport)	7	16%
Negative	Service provision	Concern that the closure of the George Bryan Centre disadvantages inpatients and their relatives	6	14%
Positive	Health and wellbeing	Being close to home is better for mental health patients than being in a hospital	5	12%
Positive	General	The care model is good (for example, makes sense)	4	9%
Observation	Quality of care	Ensure consistency and continuity of care (for example, ongoing support)	4	9%
Observation	Quality of care	Ensure that services meet individual needs of patients and their carers	4	9%
Positive	Quality of care	Centralised services are good	3	7%
Observation	Communication	Ensure appropriate communication between healthcare professionals, patients, their families and carers	3	7%
Observation	Model	Ensure appropriate implementation of the model	2	5%
Observation	Demographic	Consider the demographic profile of Tamworth	2	5%
Negative	Access	Concern over the long waiting times for mental health support	2	5%
Positive	Model	The new care model encourages partnership working	1	2%
Observation	Specific groups	Consider the needs of patients with long-term mental health illnesses	1	2%
Neutral	Communication	More detail about the model is required	1	2%
Observation	Service provision	Consider the need for out of hours support in the community	1	2%
Negative	Efficiency	Concern over the reliance on voluntary organisations	1	2%
Negative	Access	In practice, the pathway is not as smooth as described in the model	1	2%
Positive	Quality of care	The model helps to prevent hospital admission	1	2%
Negative	Quality of care	The model is about saving money and not improving the quality of care	1	2%
Observation	Awareness	Consider improving awareness about the support available in the community and how to access it	1	2%
Observation	Health and wellbeing	Consider the positive therapeutic effect of visitors on inpatients	1	2%
Observation	Support for carers	More support for carers is needed (for example, peer-support)	1	2%
Neutral	General	Other	3	7%
Base			*43*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.6.3   Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** General – The care model is good (for example, makes sense) (4 / 24%)
- **Another member of the public:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (6 / 40%)
- **Carer:** Limited feedback provided
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** Service provision – Consider greater provision of mental health services locally (for example, Tamworth) (2 / 100%); Staff – Ensure appropriate staffing in the community (for example, knowledgeable staff, sufficient staffing level) (2 / 100%)

Service type

- **George Bryan Centre:** Staff – Ensure appropriate staffing in the community (for example, knowledgeable staff, sufficient staffing level) (4 / 33%)
- **St George's Hospital, Stafford:** Staff – Ensure appropriate staffing in the community (for example, knowledgeable staff, sufficient staffing level) (3 / 43%)
- **Community mental health services:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (5 / 25%)
- **None of the above:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (4 / 33%)

Ethnicity

- **White:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (9 / 24%)
- **Prefer not to say:** Negative – Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (3 / 75%)

Age

- **Under 45:** Health and wellbeing – Being close to home is better for mental health patients than being in a hospital (3 / 30%); General – The care model is good (for example, makes sense) (3 / 30%)
- **45 to 59:** Service provision – Consider greater provision of mental health services locally (for example, Tamworth) (3 / 23%); Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (3 / 23%); Service provision – Concern that the closure of the George Bryan Centre disadvantages inpatients and their relatives (3 / 23%)
- **60 and over:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (6 / 40%)

Sex

- **Male:** Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (4 / 44%)

- **Female:** Service provision – Consider greater provision of mental health services locally (for example, Tamworth) (8 / 28%)

Sexual orientation

- **Heterosexual:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (8 / 27%)
- **Other (for example, gay, lesbian, bisexual, asexual):** General – The care model is good (for example, makes sense) (2 / 40%)

Pregnancy

- **Yes:** No feedback received
- **No: Q**uality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (9 / 24%)

Maternity

- **Yes:** No feedback received
- **No:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (8 / 23%)

Disability

- **No disability:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (6 / 33%)
- **Physical disability:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (2 / 25%); Service provision – Consider greater provision of mental health services locally (for example, Tamworth) (2 / 25%); Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (2 / 25%); General – The care model is good (for example, makes sense) (2 / 25%); Model – Ensure appropriate implementation of the model (2 / 25%)
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (3 / 25%); General – The care model is good (for example, makes sense) (3 / 25%)
- **Learning disability or difficulty:** General – The care model is good (for example, makes sense) (2 / 100%)
- **Other:** No feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Service provision – Consider greater provision of mental health services locally (for example, Tamworth) (4 / 24%)
- **No:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (7 / 37%)

Carer

- **Yes – Carer:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (5 / 26%)
- **No:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (4 / 27%)

Local authority

- **East Staffordshire:** Limited feedback received
- **Lichfield:** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (4 / 57%)
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** Limited feedback provided
- **Tamworth:** Service provision – Consider greater provision of mental health services locally (for example, Tamworth) (6 / 29%)
- **No postcode provided:** Staff – Ensure appropriate staffing in the community (for example, knowledgeable staff, sufficient staffing level) (4 / 44%)

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- **Most deprived deciles (1-5):** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (4 / 24%); Service provision – Consider greater provision of mental health services locally (for example, Tamworth) (4 / 24%); Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (4 / 24%)
- **Least deprived deciles (6-10):** Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (5 / 29%)
- **No postcode provided:** Staff – Ensure appropriate staffing in the community (for example, knowledgeable staff, sufficient staffing level) (4 / 44%)

6.6.4 Feedback from the engagement sessions with specific communities

Table 39 shows the response to the question: To what extent do you think the care model is a good one? 33 responses were received. The main theme areas were service provision, access, health and wellbeing, quality of care, communication, cost and efficiency, support for carers, equality, staff, efficiency, collaboration, specific groups, model consultation, awareness and resources.

Overall, the top three sub-themes were:

1. Service provision – Consider the need for better mental health support locally (12 / 36%)
2. Access – In practice, the pathway is not as smooth as described in the model (5 / 15%); Health and wellbeing – Consider negative impact a lack of community support has on patients and their families (5 / 15%); General – The care model is good (5 / 15%)
3. Access – Concern over location of inpatient mental health services (for example, long travel, poor public transport) (4 / 12%); Quality of care – Concern over poor quality of care (for example, does not reflect patients' needs) (4 / 12%); Communication – More detail about the model is required (4 / 12%)

Table 39 presents the full list of themes.

Table 39. To what extent do you think the care model is a good one?

Sentiment	Main theme	Sub-theme	No.	%
Observation	Service provision	Consider the need for better mental health support locally	12	36%
Negative	Access	In practice, the pathway is not as smooth as described in the model	5	15%
Negative	Health and wellbeing	Consider negative impact a lack of community support has on patients and their families	5	15%
Positive	General	The care model is good	5	15%
Negative	Access	Concern over location of inpatient mental health services (for example, long travel, poor public transport)	4	12%
Negative	Quality of care	Concern over poor quality of care (for example, does not reflect patients' needs)	4	12%
Neutral	Communication	More detail about the model is required	4	12%
Negative	Cost and efficiency	Concern over the allocation of financial resources (for example, extra funding for community services)	3	9%
Negative	Support for carers	Concern over poor support for carers and families (for example, access to carer's allowance)	3	9%
Negative	Equality	Concern over the inequitable access to services (for example, postcode lottery)	3	9%
Negative	Access	Concern over poor access to GP (for example, long waiting time)	3	9%
Observation	Staff	Ensure sufficient staffing levels to provide community support	3	9%
Negative	Efficiency	Concern that St George's Hospital may not be able to cope with additional patients	2	6%
Observation	Collaboration	Consider the need for greater involvement and collaboration between hospital sites, service providers, local authorities and private sector organisations	2	6%
Positive	Access	Self-referrals work well	2	6%
Negative	Access	Concern over lack of face-to-face appointments	2	6%
Observation	Quality of care	Consider improving mental health support provided by GP	2	6%
Observation	Quality of care	Quality of care is more important than the location of services	2	6%
Positive	Access	The George Bryan Centre was accessible	2	6%
Observation	Specific groups	Consider the needs of people experiencing homelessness (for example, access to healthcare)	2	6%
Positive	Quality of care	New care model will help to improve patients' confidence	2	6%
Negative	Quality of care	St George's Hospital provided poor care (for example, inconsistent and rushed)	1	3%
Negative	Staff	Staff at St George's Hospital were unhelpful (for example, crisis team)	1	3%
Negative	Access	Waiting times for community services are too long	1	3%
Observation	Model	The new model is similar to the existing one	1	3%
Negative	Consultation	Concern that questions asked during the events could trigger former George Bryan Centre patients	1	3%
Negative	Access	The self-referral system does not work properly (for example, too many rejections)	1	3%
Negative	General	The care model is not a good idea	1	3%
Observation	Communication	Consider raising public awareness about the model	1	3%
Negative	Access	Concern over poor access to inpatient care	1	3%
Negative	Access	Lack of access resulted in support being sought privately	1	3%
Observation	Awareness	Consider improving awareness about support available in community	1	3%

Sentiment	Main theme	Sub-theme	No.	%
Observation	Service provision	George Bryan Centre should be rebuilt	1	3%
Observation	Service provision	Charities working with mental health patients are good and should not be replaced	1	3%
Negative	Quality of care	Concern that the 24-hour helpline does not signpost to other services	1	3%
Negative	Quality of care	Concern over the lack of recognition and accommodation of Asperger's syndrome	1	3%
Negative	Quality of care	Concern that community services may not be suitable for some patients at risk of harming themselves or others	1	3%
Positive	Quality of care	Support provided in the community was good	1	3%
Positive	Model	New care model encourages partnership working	1	3%
Observation	Specific groups	Consider the specific needs of asylum seekers and refugees	1	3%
Observation	Resources	Ensure sufficient resources for St George's Hospital	1	3%
Positive	Quality of care	Quality of care provided by the NHS is good	1	3%
Positive	Staff	Having all staff in one place is good	1	3%
Negative	Efficiency	Concern over reliance on private and voluntary sector	1	3%
Base				*33*

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.7 Groups that may be disadvantaged by this care model

6.7.1 Feedback from the consultation survey

Table 40 shows the response to the consultation survey question: Are there any groups that you think may be disadvantaged by this model? 40 responses were received. The main theme areas were specific groups, access, travel cost, technology, demographics, service provision and quality of care.

Overall, the top three sub-themes were:

1. Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (13 / 33%)
2. General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (12 / 30%)
3. Specific groups – Patients with serious mental health problems (for example, patients in crisis, with long-term conditions) (8 / 20%)

Table 40 presents the full list of themes.

Table 40. Are there any groups that you think may be disadvantaged by this model?

Main theme	Sub-theme	No.	%
Specific groups	Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people)	13	33%
General	Everyone could be disadvantaged by the model (for example, inpatients, visitors)	12	30%
Specific groups	Patients with serious mental health problems (for example, patients in crisis, with long-term conditions)	8	20%
Access	Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport)	7	18%
Specific groups	Non-drivers	5	13%
Specific groups	Residents of Tamworth and Lichfield	3	8%
Specific groups	Inpatients who benefit from friends and relatives visiting them	3	8%
Travel cost	Concern over travel costs	2	5%
General	No groups would be disadvantaged	1	3%
Technology	People without access to the internet	1	3%
Demographic	Consider the demographic profile of Tamworth	1	3%
Service provision	Consider greater provision of mental health support locally (for example, Tamworth)	1	3%
Quality of care	Ensure consistency and continuity of care (for example, ongoing support)	1	3%
Specific groups	People experiencing homelessness	1	3%
General	Other	1	3%
Base		*40*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.7.2   Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (4 / 29%)
- **Another member of the public:** General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (7 / 47%)
- **Carer:** Limited feedback received
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (2 / 67%)
- **Formal response from an organisation:** General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (2 / 100%)

Service type

- **George Bryan Centre:** General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (4 / 33%)
- **St George's Hospital, Stafford:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (3 / 43%)

- **Community mental health services:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (9 / 47%)
- **None of the above:** General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (5 / 46%)

Ethnicity

- **White:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (12 / 34%)
- **Prefer not to say:** General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (3 / 75%)

Age

- **Under 45:** Specific groups – Patients with serious mental health problems (for example, patients in crisis, with long-term conditions) (4 / 44%)
- **45 to 59:** General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (5 / 39%)
- **60 and over:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (6 / 43%)

Sex

- **Male:** General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (4 / 44%)
- **Female:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (11 / 41%)

Sexual orientation

- **Heterosexual:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (10 / 36%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (2 / 40%)

Pregnancy

- **Yes:** No feedback received
- **No:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (13 / 37%)

Maternity

- **Yes:** Limited feedback received
- **No:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (13 / 39%)

Disability

- **No disability:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (8 / 44%)
- **Physical disability:** General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (4 / 57%)
- **Sensory disability:** Limited feedback provided

- **Mental health condition:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (4 / 36%)
- **Learning disability or difficulty:** Limited feedback provided
- **Other:** Limited feedback provided

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (6 / 40%)
- **No:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (8 / 42%)

Carer

- **Yes – Carer:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (8 / 44%)
- **No:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (5 / 36%)

Local authority

- **East Staffordshire:** Limited feedback received
- **Lichfield:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (4 / 57%)
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** Limited feedback received
- **Tamworth:** General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (6 / 30%)
- **No postcode provided:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (4 / 44%); General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (4 / 44%)

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- **Most deprived deciles (1-5):** General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (7 / 44%)
- **Least deprived deciles (6-10):** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (7 / 44%)
- **No postcode provided:** Specific groups – Vulnerable people who struggle to ask for support (for example, people with disabilities or social anxiety, older people) (4 / 44%); General – Everyone could be disadvantaged by the model (for example, inpatients, visitors) (4 / 44%)

6.7.3 Feedback from the engagement sessions with specific communities

Table 41 shows the response to the question: Are there any groups that you think may be disadvantaged by this model? 28 responses were received. The main theme areas were access, specific groups, travel cost, service provision, awareness, efficiency and communication.

Overall, the top three sub-themes were:

1. Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (12 / 43%)
2. Specific groups – Everyone may be disadvantaged (for example, patients, carers, visitors) (7 / 25%)
3. Specific groups – Carers and family members would be negatively impacted (for example, visitors) (6 / 21%)

Table 41 presents the full list of themes.

Table 41. Are there any groups that you think may be disadvantaged by this model?

Main theme	Sub-theme	No.	%
Access	Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport)	12	43%
Specific groups	Everyone may be disadvantaged (for example, patients, carers, visitors)	7	25%
Specific groups	Carers and family members would be negatively impacted (for example, visitors)	6	21%
Specific groups	Vulnerable groups will be disadvantaged (for example, older people, people with disability, BAME community)	5	18%
Travel cost	Concern over travel cost	5	18%
Service provision	Consider improving mental health services locally (for example, expand the Community Health Team)	3	11%
Specific groups	Non-drivers may be disadvantaged	3	11%
Access	Concern patients could be too ill to travel	2	7%
Specific groups	Inpatients benefit from seeing friends, relatives and carers	2	7%
Specific groups	People experiencing homelessness	2	7%
Specific groups	Concern around how these changes may impact George Bryan Centre patients	1	4%
Specific groups	Concern over poor access to inpatient mental health services for young people	1	4%
Awareness	Concern over the lack of awareness regarding mental health support available in the community	1	4%
Efficiency	Concern that St George's Hospital may not be able to cope with the additional patients	1	4%
Service provision	Concern over the lack of beds available for inpatient mental health services	1	4%
Specific groups	Concern that there is a lack of consideration for patients with certain neurodiverse conditions	1	4%
Specific groups	People at risk of harming themselves or others	1	4%
Communication	Ensure appropriate communication about the new care model	1	4%
Specific groups	Consider the specific needs of asylum seekers and refugees	1	4%
Service provision	Concern over the lack of acknowledgment of the role of the church in the provision of mental health support	1	4%
Specific groups	Concern that information about 16 to 18-year-old patients can be shared with the police	1	4%
Specific groups	Residents of Tamworth and Lichfield	1	4%
Base		28	

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.8 Suggestions to improve the care model

6.8.1   Feedback from the consultation survey

Table 42 shows the response to the question: Tell us if you think there are any better ways to provide these services. 37 responses were received. The main theme areas were service provision, staff, estate and facilities, specific groups, quality of care, resources, collaboration, and cost and efficiency.

Overall, the top three sub-themes were:

1. Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (13 / 35%)
2. Service provision – Consider the provision of mental health services locally (for example, including inpatient services) (7 / 19%)
3. Staff – Ensure appropriate staffing (for example, trained staff, sufficient staffing levels) (4 / 11%)

Table 42 presents the full list of themes.

Table 42. Tell us if you think there are any better ways to provide these services.

Main theme	Sub-theme	No.	%
Service provision	Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire)	13	35%
Service provision	Consider the provision of mental health services locally (for example, including inpatient services)	7	19%
Staff	Ensure appropriate staffing (for example, trained staff, sufficient staffing levels)	4	11%
Estate and facilities	A purpose-built centre is needed	3	8%
Specific groups	Consider the needs of vulnerable people (for example, older people, people with disabilities, people from ethnic minority communities)	3	8%
Quality of care	Ensure consistency and continuity of care (for example, ongoing support)	3	8%
Resources	Ensure sufficient resources for mental health services	2	5%
Service provision	Consider reopening old facilities (for example, community day centres, psychiatric hospitals)	2	5%
Collaboration	Ensure greater collaboration and communication between different services	1	3%
Service provision	Consider the need for out of hours support in the community for people in crisis	1	3%
Cost and efficiency	Concern about how the savings from the George Bryan Centre have been allocated	1	3%
Staff	Consider training volunteers to provide mental health support	1	3%
Service provision	Provide daily support for people who cannot look after themselves (for example, cooking, cleaning)	1	3%
Quality of care	Better support for mental health patients is needed	1	3%
General	Other	4	11%
Base		37	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.8.2   Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 21%); Estate and facilities – A purpose-built centre is needed (3 / 21%)
- **Another member of the public:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (8 / 57%)
- **Carer:** Limited feedback received
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** Service provision – Consider the provision of mental health services locally (for example, including inpatient services) (2 / 100%)

Service type

- **George Bryan Centre:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (6 / 55%)
- **St George's Hospital, Stafford:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (2 / 25%); Staff – Ensure appropriate staffing (for example, trained staff, sufficient staffing levels) (2 / 25%)
- **Community mental health services:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 26%)
- **None of the above:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 56%)

Ethnicity

- **White:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (11 / 34%)
- **Prefer not to say:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (2 / 50%)

Age

- **Under 45:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (2 / 25%)
- **45 to 59:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 33%)
- **60 and over:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 39%)

Sex

- **Male:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 43%); Service provision – Consider the provision of mental health services locally (for example, including inpatient services) (3 / 43%)
- **Female:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (8 / 31%)

Sexual orientation

- **Heterosexual:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (10 / 39%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Limited feedback provided

Pregnancy

- **Yes:** No feedback received
- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (11 / 34%)

Maternity

- **Yes:** No feedback received
- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (11 / 36%)

Disability

- **No disability:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (7 / 47%)
- **Physical disability:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 43%)
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Estate and facilities – A purpose-built centre is needed (3 / 27%)
- **Learning disability or difficulty:** Limited feedback received
- **Other:** Limited feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (6 / 38%)
- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 33%)

Carer

- **Yes – Carer:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 31%)
- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (6 / 46%)

Local authority

- **East Staffordshire:** Limited feedback received
- **Lichfield:** Service provision – Consider the provision of mental health services locally (for example, including inpatient services) (3 / 43%)
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** Limited feedback received
- **Tamworth:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (8 / 50%)
- **No postcode provided:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 44%)

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- **Most deprived deciles (1-5):** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (6 / 46%)
- **Least deprived deciles (6-10):** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 20%); Service provision – Consider the provision of mental health services locally (for example, including inpatient services) (3 / 20%)
- **No postcode provided:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 44%)

6.8.3   Feedback from the engagement sessions with specific communities

Table 43 shows the response to the question: Tell us if you think there are any better ways to provide these services. 31 responses were received. The main theme areas were service provision, quality of care, awareness, staff, access, specific groups, financial support, collaboration, technology, resources, efficiency, consultation, equality, and cost and efficiency.

Overall, the top three sub-themes were:

1. Service provision – Consider greater provision of mental health support locally (for example, local drop-in centres) (7 / 23%)
2. Quality of care – Ensure that care reflects the individual needs of patients (6 / 19%)
3. Awareness – Consider raising awareness around mental health services available in the community and how to access them (5 / 16%)

Table 43 presents the full list of themes.

Table 43. Tell us if you think there are any better ways to provide these services.

Main theme	Sub-theme	No.	%
Service provision	Consider greater provision of mental health support locally (for example, local drop-in centres)	7	23%
Quality of care	Ensure that care reflects the individual needs of patients	6	19%
Awareness	Consider raising awareness around mental health services available in the community and how to access them	5	16%
Staff	Ensure appropriate staffing (for example, trained staff, sufficient staffing levels)	3	10%
Access	Consider improving access for visitors (for example, flexible visiting times, free parking)	3	10%
Access	Consider improving transport to these services by providing a bus for patients and visitors	2	6%
Specific groups	Consider the needs of vulnerable people (for example, older people, people with disability, BAME community)	2	6%
Quality of care	Consider the need for face-to-face care	2	6%
Service provision	Consider reopening the George Bryan Centre	2	6%
Access	Concern over having to travel further for mental health support (for example, seeing a specialist)	2	6%
Service provision	Consider improving the mental health support provided by GPs (for example, not suitable for everyone)	2	6%
Specific groups	Consider the needs of people experiencing homelessness (for example, access to healthcare)	2	6%
Financial support	Consider the need to financially support voluntary organisations (for example, Changes in Tamworth)	2	6%
Collaboration	Consider greater collaboration with patients' families	1	3%
Technology	Consider that not everyone has access to technology or knowledge how to use them	1	3%
Access	Concern over not being able to attend early appointments due to lack of transport	1	3%
Resources	Ensure sufficient financial resources	1	3%
Staff	Improve working conditions for carers and nurses	1	3%
Quality of care	Quality of care is more important than money	1	3%
Efficiency	Concern that appointments were held behind schedule	1	3%
Service provision	Concern over reduced number of inpatient beds	1	3%
Consultation	Consider greater promotion of this consultation	1	3%
Consultation	Concern over conducting engagement activities in a supermarket	1	3%
Service provision	Consider improving the level of support offered after discharge	1	3%
Equality	Concern over the inequitable access to services (for example, postcode lottery)	1	3%
Quality of care	Consider tackling the stigma around mental health illnesses	1	3%
Quality of care	Ensure appropriate signposting for patients	1	3%
Quality of care	Concern that community services may not be suitable for some patients	1	3%
Staff	Consider the need to train staff to recognise and address certain neurodiverse conditions	1	3%
Service provision	Consider the provision of befriending services	1	3%
Communication	Ensure appropriate communication and joined-up working between all stakeholders	1	3%
Specific groups	Consider the specific needs of asylum seekers and refugees	1	3%
Service provision	Concern over lack of acknowledgement for the church's role in providing mental health support	1	3%
Cost and efficiency	Concern over how the savings from the George Bryan Centre have been allocated	1	3%
General	No comments	1	3%
Base			*31*

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement events with specific communities and not the number of participants engaged with, or the number of events delivered.

6.8.4   Additional feedback from other channels

As well as the feedback captured through the outlined channels, further feedback on the community model for severe mental illness was received through the following:

- March 2023 Overview and Scrutiny Committee meeting minutes
- Enter and view report from Healthwatch Staffordshire
- Healthwatch Staffordshire feedback on the consultation
- Additional, written feedback submitted during the engagement events

A summary of the themes raised has been presented below:

- Being able to offer a more personalised and integrated approach to supporting and treating service users locally, allows for more people to be managed at home successfully.
- The improvement of staff recruitment and retention has resulted in community services being delivered more consistently and effectively.
- It was acknowledged that inpatient admissions have been reducing over the last 18 months.
- It was commented that crisis teams do not meet their 4-hour response time target. A response time of over 8 hours was shared.
- It was commented that the helpline operates 24 hours, 7 days a week and is free from any phone. However, the need for greater promotion of the helpline was highlighted.
- The issue of staff shortage was raised.
- Suggestions were raised about providing services on the old George Bryan site to speed up the response times for those living in the Lichfield and Tamworth areas.
- It was commented that Cherry Orchard has been renovated for the delivery of community services and will be open towards the end of this year.
- The willingness of the voluntary and community sector to support service users in the community was highlighted. Additionally, there was acknowledgement of the role carers play to support their family members.

6.9 Feedback on the community model for dementia healthcare services

Table 44 shows the questions consultation survey respondents and participants in the engagement sessions with specific communities were asked.

Table 44. Survey and voluntary sector support group's questions

Survey questions	Engagement events with specific communities' questions
To what extent do you think the care model is a good one?	To what extent do you think the care model is a good one? In your response, please explain what you like and what concerns you.

Survey questions	Engagement events with specific communities' questions
Please explain the reason for your rating. *In your response, please explain what you like and what concerns you.*	Are there any groups that you think may be disadvantaged by this model? Please explain who, and why.
Are there any groups that you think may be disadvantaged by this model? *If yes, please explain who and why*	Tell us if you think there are any better ways to provide these services.
Tell us if you think there are any better ways to provide these services.	

6.10 Feedback on the care model

6.10.1 Feedback from the consultation survey

Consultation survey respondents were asked: To what extent do you think the care model is a good one? Tables 45, 46 and 47 shows that 20 (44%) respondents stated that the care model for dementia was very good / good compared to 10 (22%) respondents who stated that the care model was poor / very poor.

Table 45. To what extent do you think the care model is a good one? Breakdown: Respondent type

	No.	%	User of mental health services		Another member of the public		Carer		NHS employee		From a public / health related / non-health related charity or		A formal response from an organisation	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very good	7	15%	3	18%	1	6%	2	50%	1	50%	-	-	-	-
Good	13	28%	5	29%	3	18%	1	25%	1	50%	2	67%	1	50%
Neutral	16	35%	6	35%	7	41%	1	25%	-	-	1	33%	1	50%
Poor	6	13%	-	-	5	29%	-	-	-	-	-	-	-	-
Very poor	4	9%	3	18%	1	6%	-	-	-	-	-	-	-	-
Base	*46*		*17*		*17*		*4*		*2*		*3*		*2*	

Table 46. To what extent do you think the care model is a good one? Breakdown: Service type

	No.	%	Community mental health services		George Bryan Centre		St George's Hospital, Stafford		None of the above	
			No.	%	No.	%	No.	%	No.	%
Very good	7	15%	3	14%	2	15%	2	25%	3	21%
Good	13	28%	7	33%	5	39%	2	25%	1	7%
Neutral	16	35%	8	38%	3	23%	4	50%	6	43%
Poor	6	13%	-	-	2	15%	-	-	3	21%
Very poor	4	9%	3	14%	1	8%	-	-	1	7%
Base	*46*		*21*		*13*		*8*		*14*	

Table 47. To what extent do you think the care model is a good one? Breakdown: Local authority

	No.	%	Local authority											
			Tamworth		Lichfield		Stafford		Stoke-on-Trent		East Staffs		No postcode / unable to profile	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very good	7	15%	4	18%	-	-	1	50%	-	-	1	50%	-	-
Good	13	28%	6	27%	3	33%	-	-	1	100%	-	-	3	33%
Neutral	16	35%	4	18%	6	67%	1	50%	-	-	1	50%	4	44%
Poor	6	13%	4	18%	-	-	-	-	-	-	-	-	2	22%
Very poor	4	9%	4	18%	-	-	-	-	-	-	-	-	-	-
Base	46		22		9		2		1		2		9	

There was one additional response to this question by a respondent outside of the Staffordshire and Stoke-on-Trent area. This respondent stated the care model is very good.

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents in that cohort.

6.10.2   Significant differences across respondent groups

Local authority

- A significantly higher proportion of consultation survey respondents from the Lichfield area (6 / 67%) stated the care model for dementia is neutral, compared to those in the Tamworth area (4 / 18%).

There was no significant difference in the following sub-groups: respondent type, service type, ethnicity, age, sex, sexual orientation, pregnancy, maternity, disability, limitation in day-to-day activities, carers, and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Consultation survey respondents were then asked to explain the rationale for the rating they gave. 36 responses were received. The main theme areas were health and wellbeing, service provision, safety, quality of care, access, cost and efficiency, model, communication, and staff.

Overall, the top three sub-themes were:

1. Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (13 / 36%)
2. Service provision – Consider the need for more local inpatient units and hospitals (3 / 8%)
3. Safety – Concern over the safety and security of patients with dementia (for example, lack of supervision in the community) (2 / 6%); Quality of care – Concern that community care may not reflect the needs of patients with dementia (2 / 6%); Service provision – Consider improving the level of support offered in the community after discharge (for example, respite care facilities) (2 / 6%); Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (2 / 6%); Service provision – Consider the need for home visits (2 / 6%); Cost and efficiency – More funding for mental health services is needed (2 / 6%);

Service provision – Concern over the reduced number of inpatient beds (2 / 6%);
Model – The care model puts more pressure on carers (2 / 6%)

Table 48 presents the full list of themes.

Table 48. Please explain the reason for your rating.

Sentiment	Main theme	Sub-theme	No.	%
Positive	Health and wellbeing	Being close to home or at home is better for patients with dementia than being in a hospital	13	36%
Observation	Service provision	Consider the need for more local inpatient units and hospitals	3	8%
Negative	Safety	Concern over the safety and security of patients with dementia (for example, lack of supervision in the community)	2	6%
Negative	Quality of care	Concern that community care may not reflect the needs of patients with dementia	2	6%
Observation	Service provision	Consider improving the level of support offered in the community after discharge (for example, respite care facilities)	2	6%
Negative	Access	Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport)	2	6%
Observation	Service provision	Consider the need for home visits	2	6%
Observation	Cost and efficiency	More funding for mental health services is needed	2	6%
Negative	Service provision	Concern over the reduced number of inpatient beds	2	6%
Negative	Model	The care model puts more pressure on carers	2	6%
Observation	Service provision	Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire)	1	3%
Negative	Communication	Concern that the views of Tamworth and Lichfield residents have not been considered	1	3%
Observation	Communication	Ensure appropriate communication between healthcare professionals and families or carers of patients with dementia	1	3%
Negative	Staff	Concern over filling staffing gaps with volunteers	1	3%
Negative	Model	Concern over the lack of clarity on how the care model integrates with social care services	1	3%
Observation	Service provision	Consider improving out of hours support for patients and carers	1	3%
Negative	Service provision	Concern over the lack of voluntary sector support in Tamworth	1	3%
Neutral	General	No comment (for example, as above)	2	6%
Neutral	General	Other	3	8%
Base			*36*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.10.3   Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (6 / 46%)

- **Another member of the public:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (4 / 29%)
- **Carer:** Limited feedback received
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** Limited feedback received

Service type

- **George Bryan Centre:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (3 / 30%)
- **St George's Hospital, Stafford:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (2 / 29%)
- **Community mental health services:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (7 / 41%)
- **None of the above:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (3 / 27%)

Ethnicity

- **White:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (11 / 34%)
- **Prefer not to say:** Positive – Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (2 / 50%); Negative – Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (2 / 50%)

Age

- **Under 45:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (5 / 63%)
- **45 to 59:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (4 / 31%)
- **60 and over:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (3 / 25%)

Sex

- **Male:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (3 / 33%)
- **Female:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (9 / 39%)

Sexual orientation

- **Heterosexual:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (9 / 35%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (2 / 50%)

Pregnancy

- **Yes:** No feedback received

- **No:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (11 / 36%)

Maternity

- **Yes:** Limited feedback received
- **No:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (10 / 35%)

Disability

- **No disability:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (4 / 24%)
- **Physical disability:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (4 / 57%)
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (5 / 50%)
- **Learning disability or difficulty:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (2 / 100%)
- **Other:** Limited feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (6 / 46%)
- **No:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (6 / 32%)

Carer

- **Yes – Carer:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (7 / 47%)
- **No:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (5 / 36%)

Local authority

- **East Staffordshire:** Limited feedback received
- **Lichfield:** Limited feedback received
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** Limited feedback received
- **Tamworth:** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (10 / 50%)
- **No postcode provided:** Observation – Service provision – Consider the need for more local inpatient units and hospitals (2 / 33%)

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- **Most deprived deciles (1-5):** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (8 / 50%)
- **Least deprived deciles (6-10):** Health and wellbeing – Being close to home or at home is better for patients with dementia than being in a hospital (5 / 36%)
- **No postcode provided:** Observation – Service provision – Consider the need for more local inpatient units and hospitals (2 / 33%)

6.10.4　Feedback from the engagement sessions with specific communities

Participants were asked: To what extent do you think the care model is a good one? 33 responses were received. The main theme areas were health and wellbeing, safety, staff, awareness, quality of care, service provision, communication, support for carers, model, cost and efficiency, and engagement.

Overall, the top three sub-themes were:

1. Health and wellbeing – Being close to home is better for patients with dementia than being in a hospital (7 / 21%)
2. General – The new care model is good (6 / 18%)
3. Safety – Concern over the safety and security of patients with dementia (for example, lack of supervision in community) (5 / 15%)

Table 49 presents the full list of themes.

Table 49. To what extent do you think the care model is a good one?

Sentiment	Main theme	Sub-theme	No.	%
Positive	Health and wellbeing	Being close to home is better for patients with dementia than being in a hospital	7	21%
Positive	General	The new care model is good	6	18%
Negative	Safety	Concern over the safety and security of patients with dementia (for example, lack of supervision in community)	5	15%
Observation	Staff	Consider the need for appropriate staffing (for example, trained staff, sufficient staffing level)	4	12%
Negative	Awareness	Concern over the lack of awareness of dementia care services available in the community (for example, GPs may not be aware)	4	12%
Negative	Quality of care	Concern over the lack of support from community services	4	12%
Observation	Service provision	Consider the need for local hospitals to support patients with dementia who cannot cope at home	4	12%
Positive	Service provision	Dementia Cafés and local groups in churches provide good support	3	9%
Observation	Service provision	Ensure that support in the community is readily available	3	9%
Observation	Communication	Consider using different channels of communication to engage with service users, their families and carers (for example, use leaflet, social media)	3	9%
Negative	Support for carers	Concern over the lack of support for families and carers supporting patients with dementia	2	6%
Observation	Support for carers	Consider the need for greater recognition of carers in the model	2	6%
Negative	Service provision	Concern over insufficient support from paid carers (for example, very short visits)	2	6%
Negative	Quality of care	Concern that the model may have a negative impact on quality of dementia care	1	3%
Observation	Model	The new model is similar to the existing model	1	3%
Negative	Cost and efficiency	Concern over the lack of clarity around the allocation of financial resources (for example, extra funding for community services)	1	3%
Observation	Quality of care	Hospitals are more suitable for patients with dementia than nursing homes	1	3%
Observation	Quality of care	Consider individual needs of patients	1	3%

Sentiment	Main theme	Sub-theme	No.	%
Observation	Communication	Ensure appropriate communication between healthcare professionals and families or carers of patients with dementia	1	3%
Negative	Quality of care	Quality of care in Queen's Hospital Burton is poor	1	3%
Negative	Specific groups	Concern the care model does not consider patients with certain neurodiverse conditions	1	3%
Neutral	Communication	More detail about the model is required	1	3%
Observation	Model	Ensure carers support the care model	1	3%
Observation	Engagement	It is important for people to share their experiences	1	3%
Neutral	General	No comment (for example, as above, no experience to comment)	8	24%
Base			*33*	

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.11 Groups that may be disadvantaged by this care model

6.11.1 Feedback from the consultation survey

Consultation survey respondents were asked: Are there any groups that you think may be disadvantaged by this model? 25 responses were received. The main theme areas were specific groups, access, staff, and service provision.

Overall, the top three sub-themes were:

1. Specific groups – All patients with dementia (8 / 32%)
2. Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (5 / 20%)
3. Specific groups – Residents of Tamworth and Lichfield (4 / 16%)

Table 50 presents the full list of themes.

Table 50. Are there any groups that you think may be disadvantaged by this model?

Main theme	Sub-theme	No.	%
Specific groups	All patients with dementia	8	32%
Access	Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport)	5	20%
Specific groups	Residents of Tamworth and Lichfield	4	16%
Specific groups	Patients who need inpatient care	3	12%
Specific groups	Vulnerable groups (for example, older people, people who are isolated)	3	12%
Specific groups	Patients without family, friends or social care support	2	8%
Specific groups	People from minority communities (for example, linguistic and cultural barriers)	2	8%
Specific groups	Consider the needs of patients with dementia experiencing homelessness	1	4%
Specific groups	Carers and family members	1	4%
Specific groups	Non-drivers	1	4%
Specific groups	People without access to a phone	1	4%
Staff	Concern over the lack of mental health staff	1	4%
Service provision	Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire)	1	4%

Main theme	Sub-theme	No.	%
Service provision	Consider the need for greater social support (for example, walking and get together groups)	1	4%
General	No comment (for example, as above)	2	8%
Base		*25*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.11.2   Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Specific groups – People from minority communities (for example, linguistic and cultural barriers) (2 / 22%)
- **Another member of the public:** Specific groups – All patients with dementia (5 / 56%)
- **Carer:** Limited feedback received
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** Limited feedback received

Service type

- **George Bryan Centre:** Specific groups – All patients with dementia (2 / 25%); Specific groups – Residents of Tamworth and Lichfield (2 / 25%); Specific groups – Patients who need inpatient care (2 / 25%)
- **St George's Hospital, Stafford:** Limited feedback received
- **Community mental health services:** Specific groups – All patients with dementia (3 / 27%)
- **None of the above:** Specific groups – All patients with dementia (3 / 38%)

Ethnicity

- **White:** Specific groups – All patients with dementia (7 / 32%)
- **Prefer not to say:** Limited feedback received

Age

- **Under 45:** Limited feedback received
- **45 to 59:** Specific groups – All patients with dementia (3 / 30%); Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (3 / 30%); Specific groups – Residents of Tamworth and Lichfield (3 / 30%)
- **60 and over:** Specific groups – All patients with dementia (4 / 44%)

Sex

- **Male:** Specific groups – Residents of Tamworth and Lichfield (2 / 40%)
- **Female:** Specific groups – All patients with dementia (6 / 35%)

Sexual orientation

- **Heterosexual:** Specific groups – All patients with dementia (5 / 28%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Limited feedback provided

Pregnancy

- **Yes:** No feedback received
- **No:** Specific groups – All patients with dementia (6 / 29%)

Maternity

- **Yes:** No feedback received
- **No:** Specific groups – All patients with dementia (5 / 25%)

Disability

- **No disability:** Specific groups – All patients with dementia (4 / 36%)
- **Physical disability:** Specific groups – All patients with dementia (3 / 43%)
- **Sensory disability:** Specific groups – Vulnerable groups (for example, older people, people who are isolated) (2 / 100%)
- **Mental health condition:** Specific groups – People from minority communities (for example, linguistic and cultural barriers) (2 / 33%)
- **Learning disability or difficulty:** Limited feedback received
- **Other:** Limited feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Specific groups – All patients with dementia (4 / 40%)
- **No:** Specific groups – All patients with dementia (3 / 25%)

Carer

- **Yes – Carer:** Specific groups – All patients with dementia (4 / 36%)
- **No:** Specific groups – Residents of Tamworth and Lichfield (3 / 33%)

Local authority

- **East Staffordshire:** No feedback received
- **Lichfield:** Specific groups – All patients with dementia (2 / 40%); Specific groups – Vulnerable groups (for example, older people, people who are isolated) (2 / 40%)
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** Limited feedback received
- **Tamworth:** Specific groups – All patients with dementia (4 / 33%)
- **No postcode provided:** Specific groups – All patients with dementia (2 / 40%)

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- **Most deprived deciles (1-5):** Specific groups – All patients with dementia (4 / 40%)
- **Least deprived deciles (6-10):** Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (3 / 30%)
- **No postcode provided:** Specific groups – All patients with dementia (2 / 40%)

6.11.3   Feedback from the engagement sessions with specific communities

Participants were asked: Are there any groups that you think may be disadvantaged by this model? 30 responses were received. The main theme areas were, access, specific groups, health and wellbeing, financial support, safety, support for carers, model, support, and travel cost.

Overall, the top three sub-themes were:

1. Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (6 / 20%); Access – Concern over not being able to visit patients with dementia in hospital (for example, travel cost, too far to travel) (6 / 20%)
2. Specific groups – All patients with dementia (4 / 13%)
3. Specific groups – Everyone could be disadvantaged by the model (2 / 7%); Specific groups – Carers and family members could be negatively impacted (2 / 7%)

Table 51 presents the full list of themes.

Table 51. Are there any groups that you think may be disadvantaged by this model?

Main theme	Sub-theme	No.	%
Access	Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport)	6	20%
Access	Concern over not being able to visit patients with dementia in hospital (for example, travel cost, too far to travel)	6	20%
Specific groups	All patients with dementia	4	13%
Specific groups	Everyone could be disadvantaged by the model	2	7%
Specific groups	Carers and family members could be negatively impacted	2	7%
Specific groups	Consider the needs of patients with dementia experiencing homelessness	2	7%
Health and wellbeing	Consider the positive therapeutic effect of patients with dementia being close to their family	1	3%
Financial support	Consider the need to financially support voluntary organisations (for example, church)	1	3%
Safety	Concern over the safety and security of patients with dementia in the community due to lack of supervision	1	3%
Support for carers	More support is required for families and carers that support patients with dementia	1	3%
Specific groups	People from minority communities may be disadvantaged (for example, linguistic and cultural barriers)	1	3%
Model	Concern over the lack of clarity on how the model fits for long-term care	1	3%
Support	Consider providing support to patients and their families during the transition to the implementation of the new care model	1	3%
Travel cost	Concern over travel cost	1	3%
Specific groups	Ensure the needs of people whose first language is not English are met (for example, access to translation services)	1	3%
General	No comments (for example, as above)	10	33%
Base		*30*	

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.12 Suggestions to improve the care model

6.12.1   Feedback from the consultation survey feedback

Consultation survey respondents were asked: Tell us if you think there are any better ways to provide these services.23 responses were received. The main theme areas were service provision, access, support for carers, resources, communication, integration, staff and specific groups.

Overall, the top three sub-themes were:

1. Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (8 / 35%)
2. Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (6 / 26%)
3. Service provision – Consider the need for day hospitals/centres (3 / 13%)

Table 52 presents the full list of themes.

Table 52. Tell us if you think there are any better ways to provide these services.

Main theme	Sub-theme	No.	%
Service provision	Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire)	8	35%
Service provision	Consider the need for greater support provided locally (for example, including inpatient services)	6	26%
Service provision	Consider the need for day hospitals/centres	3	13%
Access	Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport)	2	9%
Support for carers	More support is required for families and carers who support patients with dementia	2	9%
General	Other	1	4%
General	No comment (for example, as above)	1	4%
Resources	Concern over the limited number of beds in inpatient units	1	4%
Communication	Ensure appropriate communication between healthcare professionals and families or carers of patients with dementia	1	4%
Integration	Ensure greater integration between health and social care teams	1	4%
Staff	Ensure adequate staffing levels	1	4%
Access	Consider improving access for visitors (for example, flexible visiting times, free parking, transport)	1	4%
Specific groups	Consider the needs of Tamworth and Lichfield residents	1	4%
Service provision	Consider the need to have access to support in the community, 24 hours a day	1	4%
Base		*23*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.12.2   Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (2 / 22%);

Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (2 / 22%); Service provision – Consider the need for day hospitals/centres (2 / 22%)

- **Another member of the public:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 56%)
- **Carer:** No feedback received
- **NHS employee:** Limited feedback provided
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback provided
- **Formal response from an organisation:** Limited feedback provided

Service type

- **George Bryan Centre:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 71%)
- **St George's Hospital, Stafford:** Limited feedback received
- **Community mental health services:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 30%); Service provision – Consider the need for day hospitals/centres (3 / 30%)
- **None of the above:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (2 / 33%); Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (2 / 33%)

Ethnicity

- **White:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (7 / 37%)
- **Prefer not to say:** Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (2 / 50%)

Age

- **Under 45:** Limited feedback received
- **45 to 59:** Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (3 / 43%)
- **60 and over:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 44%)

Sex

- **Male:** Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (3 / 60%)
- **Female:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 33%)

Sexual orientation

- **Heterosexual:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (7 / 44%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Limited feedback received

Pregnancy

- **Yes:** No feedback received

- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (7 / 37%)

Maternity

- **Yes:** No feedback received
- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (7 / 39%)

Disability

- **No disability:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 50%)
- **Physical disability:** Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (3 / 50%)
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (2 / 33%); Service provision – Consider the need for day hospitals/centres (2 / 33%)
- **Learning disability or difficulty:** Limited feedback received
- **Other:** No feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 36%); Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (4 / 36%)
- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 33%)

Carer

- **Yes – Carer:** Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (4 / 50%)
- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 50%)

Local authority

- **East Staffordshire:** No feedback received
- **Lichfield:** Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (2 / 40%); Service provision – Consider the need for day hospitals/centres (2 / 40%)
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** Limited feedback received
- **Tamworth:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 50%)
- **No postcode provided:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 60%)

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- **Most deprived deciles (1-5):** Service provision – Consider the need for greater support provided locally (for example, including inpatient services) (4 / 40%)

- **Least deprived deciles (6-10):** Service provision – Consider the need for day hospitals/centres (3 / 38%)
- **No postcode provided:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 60%)

6.12.3 Feedback from the engagement sessions with specific communities

Participants were asked: Tell us if you think there are any better ways to provide these services. 31 responses were received. The main theme areas were access, service provision, quality of care, staff, financial support, awareness, communication, local characteristics, COVID-19, cost and efficiency, support for carers and specific groups.

Overall, the top three sub-themes were:

1. Access – Consider improving access for visitors (for example, flexible visiting times, free parking, transport) (6 / 19%); Service provision – Consider the need for greater support provided locally (6 / 19%)
2. Quality of care – Ensure the care provided is appropriate (for example, timely, continuity of care, reflects patient needs) (5 / 16%)
3. Staff – Ensure appropriate staffing levels in the community (for example, trained staff, sufficient staffing level, more permanent staff) (4 / 13%)

Table 53 presents the full list of themes.

Table 53. Tell us if you think there are any better ways to provide these services.

Main theme	Sub-theme	No.	%
Access	Consider improving access for visitors (for example, flexible visiting times, free parking, transport)	6	19%
Service provision	Consider the need for greater support provided locally	6	19%
Quality of care	Ensure the care provided is appropriate (for example, timely, continuity of care, reflects patient needs)	5	16%
Staff	Ensure appropriate staffing levels in the community (for example, trained staff, sufficient staffing level, more permanent staff)	4	13%
Financial support	Consider the need to financially support voluntary organisations (for example, church)	3	10%
Awareness	Concern over the lack of awareness of dementia care services available in the community (for example, GPs may not be aware)	3	10%
Access	Consider the need to improve the patient pathway (for example, make it faster)	2	6%
Communication	Ensure appropriate communication between healthcare professionals, patients, their families and carers	2	6%
Service provision	Recognise the support provided by local charities	1	3%
Quality of care	Ensure dementia care is tailored to individual needs	1	3%
Quality of care	Community care may not fit for patients with psychosis	1	3%
Quality of care	Ensure appropriate signposting for patients	1	3%
Service provision	Consider the need for a hospital in Tamworth	1	3%
Local characteristic	Consider the prevalence of mental health illnesses in Tamworth	1	3%
COVID-19	Consider the impact of COVID-19 on service provision	1	3%
Cost and efficiency	More clarity around the allocation of financial resources is needed	1	3%
Support for carers	More support is required for families and carers that support patients with dementia	1	3%

Main theme	Sub-theme	No.	%
Cost and efficiency	Consider greater use of local facilities	1	3%
Specific groups	Consider the needs of homeless people (for example, access to healthcare)	1	3%
General	No comment (for example, as above)	9	29%
Base		*31*	

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.12.4 Additional feedback from other channels

As well as the feedback captured through the outlined channels, further feedback on the community model for dementia healthcare services was received through the following:

- March 2023 Overview and Scrutiny Committee meeting minutes
- Enter and view report from Healthwatch Staffordshire
- Healthwatch Staffordshire feedback on the consultation
- Additional, written feedback submitted during the engagement events.

A summary of the themes raised has been presented below:

- Concerns were raised around the availability of extra support for carers looking after patients with dementia at home
- Concerns were raised around the management of people with dementia who have challenging behaviour
- Consider the traumatic impact on patients with dementia of having to be transported to Stafford
- Concerns were raised around the availability, quality, and reliability of community care packages
- Concerns were raised around relying on the private sector to deliver long-term care for people with dementia
- The need for greater clarity on when Continuing Health Care applies to people with dementia was highlighted.

6.13 Feedback on the proposal for delivering inpatient mental health services

Table 54 shows the questions consultation survey respondents and participants in the engagement sessions with specific communities were asked.

Table 54. Survey and voluntary sector support groups' questions

Survey questions	Engagement events with specific communities' questions
To what extent do you think this proposal is a good solution?	To what extent do you think this proposal is a good solution? In your response, please explain what you like and what concerns you.
Please explain the reason for your rating. *In your response, please explain what you like and what concerns you.*	Are there any groups that you think may be disadvantaged by this model? Please explain who and why.

Survey questions	Engagement events with specific communities' questions
Are there any groups that you think may be disadvantaged by this proposal? *If yes, please explain who and why.*	Tell us if you think there are any better ways to deliver inpatient mental health services.
Tell us if you think there are any better ways to deliver inpatient mental health services.	

6.13.1   Feedback from the consultation survey

Consultation survey respondents were asked: To what extent do you think the care model is a good one? Tables 55, 56, and 57 show that 26 (59%) respondents stated that the care model in the proposal was poor / very poor, compared to 7 (15%) respondents who stated that the care model was very good / good.

Table 55. To what extent do you think the care model is a good one? Breakdown: Respondent type

	No.	%	Respondent type											
			User of mental health services		Another member of the public		Carer		NHS employee		From a public / health related / non-health related charity or organisation		A formal response from an organisation	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very good	1	2%	1	7%	-	-	-	-	-	-	-	-	-	-
Good	6	14%	2	13%	-	-	2	50%	-	-	2	67%	-	-
Neutral	11	25%	5	33%	3	18%	1	25%	1	50%	-	-	1	50%
Poor	11	25%	2	13%	6	35%	-	-	1	50%	-	-	1	50%
Very poor	15	34%	5	33%	8	47%	1	25%	-	-	1	33%	-	-
Base	44		15		17		4		2		3		2	

Table 56. To what extent do you think the care model is a good one? Breakdown: Service type

	No.	%	Service type							
			Community mental health services		George Bryan Centre		St George's Hospital, Stafford		None of the above	
			No.	%	No.	%	No.	%	No.	%
Very good	1	2%	1	5%	-	-	-	-	-	
Good	6	14%	4	20%	1	9%	1	14%	1	7%
Neutral	11	25%	6	30%	3	27%	5	71%	2	14%
Poor	11	25%	4	20%	1	9%	-	-	4	29%
Very poor	15	34%	5	25%	6	55%	1	14%	7	50%
Base	44		20		11		7		14	

Table 57. To what extent do you think the care model is a good one? Breakdown: Local authority

	No.	%	Tamworth		Lichfield		Stafford		Stoke-on-Trent		East Staffs		No postcode / unable to profile	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very good	1	2%	1	5%	-	-	-	-	-	-	-	-	-	-
Good	6	14%	1	5%	3	33%	-	-	1	100%	-	-	1	11%
Neutral	11	25%	2	10%	3	33%	2	100%	-	-	-	-	4	44%
Poor	11	25%	9	43%	1	11%	-	-	-	-	1	100%	-	-
Very poor	15	34%	8	38%	2	22%	-	-	-	-	-	-	4	44%
Base	*44*		*21*		*9*		*2*		*1*		*1*		*9*	

There was one additional response to this question by a respondent outside the Staffordshire and Stoke-on-Trent area. This respondent stated the proposal was poor.

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents in that cohort.

6.13.2 Significant differences across respondent groups

Service type

- A significantly higher proportion of respondents who had not used any of the mental health services (11 / 79%) stated the proposal was poor or very poor, compared to those who had used or experienced St George's Hospital, Stafford (1 / 14%)

Local authority

- A significantly higher proportion of respondents from the Tamworth area (17 / 81%) stated that the proposal was poor / very poor, compared to those from the Lichfield area (3 / 33%)

There were no significant differences in the following sub-groups: respondent type, ethnicity, age, sex, sexual orientation, pregnancy, maternity, disability, limitation in day-to-day activities, carers, and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Consultation survey respondents were then asked to explain the rationale for the rating they gave. 38 responses were received. The main theme areas were travel, specific groups, service provision, staff, health and wellbeing, demographics, quality of care, quality of services, communication, efficiency, travel cost and parking.

Overall, the top three sub-themes were:

1. Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (19 / 50%)
2. Specific groups – The proposal disadvantages inpatients, their carers and relatives (8 / 21%)
3. Service provision – Concern over the lack of inpatient beds available in the area (7 / 18%)

Table 58 presents the full list of themes.

Table 58. Please explain the reason for your rating.

Sentiment	Main theme	Sub-theme	No.	%
Negative	Travel	Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport)	19	50%
Negative	Specific groups	The proposal disadvantages inpatients, their carers and relatives	8	21%
Negative	Service provision	Concern over the lack of inpatient beds available in the area	7	18%
Observation	Staff	Ensure adequate staffing (for example, staffing level, trained staff)	6	16%
Observation	Service provision	Reopen the George Bryan Centre	5	13%
Observation	Health and wellbeing	Consider the positive therapeutic effect of visitors on inpatients	3	8%
Observation	Service provision	Consider the need for an inpatient ward in Tamworth	3	8%
Observation	Demographic	Consider the demographic profile of Tamworth	3	8%
Observation	Service provision	Consider provision of mental health services locally	2	5%
Positive	General	The proposal is a good solution	2	5%
Positive	Quality of care	The proposal helps to improve the quality of care	2	5%
Positive	Health and wellbeing	Being close to home is better for mental health patients than being in hospital	2	5%
Positive	Service provision	Community mental health services have been enhanced	1	3%
Negative	Specific groups	Concern over vulnerable groups being able to access hospital (for example, older people)	1	3%
Observation	Quality of services	Consider the need to enhance the crisis team (for example, better planning and training)	1	3%
Negative	Communication	Concern that the views of Tamworth and Lichfield residents have not been considered	1	3%
Negative	Quality of care	Concern over the lack of clarity on how community care has been enhanced in Tamworth	1	3%
Negative	Efficiency	Concern over the reliance on voluntary organisations	1	3%
Negative	Travel cost	Concern over travel costs	1	3%
Negative	Parking	Concern over parking at St George's Hospital	1	3%
Negative	Quality of care	Concern over the consistency and continuity of care (for example, aftercare)	1	3%
Observation	Service provision	Consider opening a male psychiatric ward in Tamworth as well as in Stafford	1	3%
Negative	Quality of care	The quality of care provided by St George's Hospital is poor	1	3%
Observation	Service provision	Having a separate dementia ward is beneficial	1	3%
Neutral	General	Other	3	8%
Base			*38*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.13.3 Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (4 / 31%)
- **Another member of the public:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (10 / 59%)
- **Carer:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (2 / 100%)
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** Observation – Staff – Ensure adequate staffing (for example, staffing level, trained staff) (2 / 100%)

Service type

- **George Bryan Centre:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (4 / 44%); Service provision – Reopen the George Bryan Centre (4 / 44%)
- **St George's Hospital, Stafford:** Staff – Ensure adequate staffing (for example, staffing level, trained staff) (2 / 50%)
- **Community mental health services:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (6 / 43%)
- **None of the above:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (10 / 71%)

Ethnicity

- **White:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (18 / 53%)
- **Prefer not to say:** Negative – Specific groups – The proposal disadvantages inpatients, their carers and relatives (2 / 67%)

Age

- **Under 45:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (6 / 55%)
- **45 to 59:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (7 / 64%)
- **60 and over:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (5 / 39%)

Sex

- **Male:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (8 / 80%)
- **Female:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (10 / 40%)

Sexual orientation

- **Heterosexual:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (16 / 55%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (2 / 50%)

Pregnancy

- **Yes:** No feedback received
- **No:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (18 / 53%)

Maternity

- **Yes:** Limited feedback received
- **No:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (17 / 53%)

Disability

- **No disability:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (11 / 61%)
- **Physical disability:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (4 / 50%)
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (4 / 36%)
- **Learning disability or difficulty:** Limited feedback received
- **Other:** No feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (7 / 47%)
- **No:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (10 / 56%)

Carer

- **Yes – Carer:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (8 / 57%)
- **No:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (9 / 53%)

Local authority

- **East Staffordshire:** Limited feedback received
- **Lichfield:** Staff – Ensure adequate staffing (for example, staffing level, trained staff) (3 / 50%)
- **Stafford:** Staff – Ensure adequate staffing (for example, staffing level, trained staff) (2 / 100%)
- **Stoke-on-Trent:** Limited feedback received
- **Tamworth:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (11 / 55%)
- **No postcode provided:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (3 / 43%)

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- **Most deprived deciles (1-5):** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (10 / 63%)

- **Least deprived deciles (6-10):** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (6 / 40%)
- **No postcode provided:** Travel – Concern over travel for visitors and patients (for example, distance and time from Tamworth, public transport) (3 / 43%)

6.13.4   Feedback from the engagement sessions with specific communities

Participants were asked: To what extent do you think this proposal is a good solution? 29 responses were received. The main theme areas were access, cost and efficiency, health and wellbeing, communication, estate and facilities, quality of care, proposal, resources, and specific groups.

Overall, the top three sub-themes were:

1. General – The proposal is not a good solution (for example, unrealistic) (5 / 17%)
2. Access – Concern over the location of the services (for example, too far to travel from some parts of Staffordshire) (4 / 14%)
3. Cost and efficiency – Concern over the lack of hospital beds to meet demand (3 / 10%)

Table 59 presents the full list of themes.

Table 59. To what extent do you think this proposal is a good solution?

Sentiment	Main theme	Sub-theme	No.	%
Negative	General	The proposal is not a good solution (for example, unrealistic)	5	17%
Negative	Access	Concern over the location of the services (for example, too far to travel from some parts of Staffordshire)	4	14%
Negative	Cost and efficiency	Concern over the lack of hospital beds to meet demand	3	10%
Negative	Health and wellbeing	The proposal could lead to more suicides	2	7%
Negative	Health and wellbeing	Consider the negative impact of a lack of local support available on the health and wellbeing of patients and their families	2	7%
Positive	General	Agreement with the proposal (for example, care model is good)	2	7%
Negative	Communication	Concern over poor communication between staff and patients (for example, staff do not listen)	1	3%
Negative	Access	The proposal makes it harder for people with severe mental health issues to access help	1	3%
Negative	Access	Concern over the lack of timely support	1	3%
Negative	Estate and facilities	St George's Hospital is not suitable for patients	1	3%
Neutral	Communication	More detail about the proposal is needed	1	3%
Observation	Quality of care	Quality of care is more important than the location of services	1	3%
Neutral	Proposal	The proposal is not new and reflects current service provision	1	3%
Observation	Resources	Consider different funding options to reopen the George Bryan Centre (for example, grants)	1	3%
Observation	Access	Consider options for Burton residents to access support in Derby	1	3%

Sentiment	Main theme	Sub-theme	No.	%
Positive	Estate and facilities	The facilities at St George's Hospital are good	1	3%
Observation	Specific groups	Ensure the needs of people whose first language is not English are met	1	3%
Neutral	General	No comment (for example, as above)	14	48%
Base			*29*	

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.14 Groups that may be disadvantaged by the proposal

6.14.1   Feedback from the consultation survey

Consultation survey respondents were asked: Are there any groups that you think may be disadvantaged by this model? 29 responses were received. The main theme areas were specific groups, access, service provision, and cost and efficiency.

Overall, the top three sub-themes were:

1. Specific groups – Patients who need inpatient care (9 / 31%)
2. Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (6 / 21%); General – Everyone could be disadvantaged by the proposal (for example, patients, visitors) (6 / 21%)
3. Specific groups – Residents of Tamworth and Lichfield (5 / 17%)

Table 60 presents the full list of themes.

Table 60. Are there any groups that you think may be disadvantaged by this model?

Main theme	Sub-theme	No.	%
Specific groups	Patients who need inpatient care	9	31%
Access	Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport)	6	21%
General	Everyone could be disadvantaged by the proposal (for example, patients, visitors)	6	21%
Specific groups	Residents of Tamworth and Lichfield	5	17%
Specific groups	Low-income families	4	14%
Service provision	Concern over the lack of inpatient beds available in the area	4	14%
Specific groups	Vulnerable people (for example, older people, people with social anxiety)	4	14%
Specific groups	Non-drivers	2	7%
Access	Concern over not being able to visit patients	2	7%
Access	Consider options for Tamworth residents to access mental health support in Birmingham	1	3%
Specific groups	Single parents	1	3%
Cost and efficiency	Concern over the poor insurance cover of the George Bryan Centre	1	3%
Specific groups	Anyone with mental health problems	1	3%
General	No groups would be disadvantaged	1	3%
Specific groups	People who don't have access to technology or knowledge of how to use it	1	3%
General	No comment (for example, as above)	1	3%
Base		*29*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.14.2   Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Specific groups – Patients who need inpatient care (4 / 36%)
- **Another member of the public:** Specific groups – Patients who need inpatient care (4 / 31%)
- **Carer:** No feedback received
- **NHS employee:** No feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** Limited feedback received

Service type

- **George Bryan Centre:** Specific groups – Patients who need inpatient care (3 / 43%)
- **St George's Hospital, Stafford:** Specific groups – Patients who need inpatient care (2 / 67%)
- **Community mental health services:** Specific groups – Patients who need inpatient care (3 / 25%); Specific groups – Residents of Tamworth and Lichfield (3 / 25%)
- **None of the above:** Specific groups – Patients who need inpatient care (3 / 33%); Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (3 / 33%)

Ethnicity

- **White:** Specific groups – Patients who need inpatient care (6 / 24%)
- **Prefer not to say:** Limited feedback received

Age

- **Under 45:** Specific groups – Patients who need inpatient care (3 / 43%); Service provision – Concern over the lack of inpatient beds available in the area (3 / 43%)
- **45 to 59:** Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (3 / 33%)
- **60 and over:** General – Everyone could be disadvantaged by the proposal (for example, patients, visitors) (5 / 50%)

Sex

- **Male:** Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (3 / 50%)
- **Female:** Specific groups – Patients who need inpatient care (5 / 25%); General – Everyone could be disadvantaged by the proposal (for example, patients, visitors) (5 / 25%)

Sexual orientation

- **Heterosexual:** Specific groups – Patients who need inpatient care (5 / 24%); General – Everyone could be disadvantaged by the proposal (for example, patients, visitors) (5 / 24%); Specific groups – Residents of Tamworth and Lichfield (5 / 24%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (2 / 67%)

Pregnancy

- **Yes:** No feedback received
- **No:** Specific groups – Patients who need inpatient care (6 / 24%)

Maternity

- **Yes:** No feedback received
- **No:** Specific groups – Patients who need inpatient care (6 / 25%)

Disability

- **No disability:** Specific groups – Low-income families (3 / 25%); Specific groups – Vulnerable people (for example, older people, people with social anxiety) (3 / 25%)
- **Physical disability:** Specific groups – Patients who need inpatient care (3 / 50%)
- **Sensory disability:** Limited feedback provided
- **Mental health condition:** Specific groups – Patients who need inpatient care (3 / 33%); Service provision – Concern over the lack of inpatient beds available in the area (3 / 33%)
- **Learning disability or difficulty:** Limited feedback provided
- **Other:** No feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Specific groups – Patients who need inpatient care (5 / 42%)
- **No:** Specific groups – Low-income families (3 / 25%); Specific groups – Vulnerable people (for example, older people, people with social anxiety) (3 / 25%)

Carer

- **Yes – Carer:** Specific groups – Patients who need inpatient care (2 / 22%); Access – Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport) (2 / 22%); General – Everyone could be disadvantaged by the proposal (for example, patients, visitors) (2 / 22%); Specific groups – Residents of Tamworth and Lichfield (2 / 22%)
- **No:** Specific groups – Patients who need inpatient care (5 / 39%)

Local authority

- **East Staffordshire:** No feedback received
- **Lichfield:** General – Everyone could be disadvantaged by the proposal (for example, patients, visitors) (2 / 40%)
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** Limited feedback received
- **Tamworth:** Specific groups – Patients who need inpatient care (5 / 31%); Specific groups – Residents of Tamworth and Lichfield (5 / 31%)
- **No postcode provided:** Specific groups – Patients who need inpatient care (2 / 33%)

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- **Most deprived deciles (1-5):** Specific groups – Patients who need inpatient care (4 / 33%)
- **Least deprived deciles (6-10):** Specific groups – Patients who need inpatient care (3 / 27%); General – Everyone could be disadvantaged by the proposal (for example, patients, visitors) (3 / 27%); Specific groups – Residents of Tamworth and Lichfield (3 / 27%)
- **No postcode provided:** Specific groups – Patients who need inpatient care (2 / 33%)

6.14.3   Feedback from the engagement sessions with specific communities

Participants were asked: Are there any groups that you think may be disadvantaged by this model? 29 responses were received. The main theme areas were specific groups, travel cost, transport, and health and wellbeing.

Overall, the top three sub-themes were:

1. Specific groups – People who need to travel (for example, distance, poor public transport) (7 / 24%)
2. Specific groups – Non-drivers (4 / 14%)
3. Travel cost – Concern over the cost of travel (2 / 7%); Specific groups – Everyone could be disadvantaged (2 / 7%); Specific groups – People experiencing homelessness (2 / 7%)

Table 61 presents the full list of themes.

Table 61. Are there any groups that you think may be disadvantaged by this model?

Main theme	Sub-theme	No.	%
Specific groups	People who need to travel (for example, distance, poor public transport)	7	24%
Specific groups	Non-drivers	4	14%
Travel cost	Concern over the cost of travel	2	7%
Specific groups	Everyone could be disadvantaged	2	7%
Specific groups	People experiencing homelessness	2	7%
Specific groups	Vulnerable groups will be disadvantaged (for example, older people, people with disability, BAME community)	1	3%
Transport	Consider improving the provision of public transport between Tamworth and Stafford	1	3%
Specific groups	Carers and family members can be negatively impacted (for example, visitors)	1	3%
Health and wellbeing	Consider the negative impact of a lack of local support available on the health and wellbeing of patients and their families	1	3%
Specific groups	Consider the support for patients who need supervision while their medication is being adjusted	1	3%
General	No comment (for example, as above)	14	48%
Base		*29*	

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.15 Suggestions around how inpatient mental health services could be provided

6.15.1 Feedback from the consultation survey

Consultation survey respondents were asked: Tell us if you think there are any better ways to deliver inpatient mental health services. 35 responses were received. The main theme areas were service provision, cost and efficiency, access, quality of care, communication, and collaboration.

Overall, the top three sub-themes were:

1. Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (11 / 31%)
2. Service provision – Consider greater provision of mental health support locally (9 / 26%)
3. Service provision – More mental health units across the county are needed (3 / 9%); Cost and efficiency – Ensure sufficient funding for healthcare services (3 / 9%)

Table 62 presents the full list of themes.

Table 62. Tell us if you think there are any better ways to deliver inpatient mental health services.

Main theme	Sub-theme	No.	%
Service provision	Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire)	11	31%
Service provision	Consider greater provision of mental health support locally	9	26%
Service provision	More mental health units across the county are needed	3	9%
Cost and efficiency	Ensure sufficient funding for healthcare services	3	9%
Service provision	Consider the need for a larger mental health hospital in South Staffordshire	2	6%
Cost and efficiency	The proposal is the only workable option	1	3%
Access	Consider options for Tamworth and Lichfield residents to access mental health support in Birmingham	1	3%
Quality of care	Consider improving therapeutic support on wards	1	3%
Quality of care	Ensure the care provided reflects the individual needs of patients	1	3%
Communication	Listen to what patients say	1	3%
Cost and efficiency	Consider using the insurance money to restore the George Bryan Centre	1	3%
Collaboration	Consider the need for greater collaboration between hospital sites, service providers and charities	1	3%
General	No comment (for example, as above)	5	14%
General	Other	2	6%
Base		35	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.15.2 Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 33%)
- **Another member of the public:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (6 / 38%); Service provision – Consider greater provision of mental health support locally (6 / 38%)
- **Carer:** Limited feedback received
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** Limited feedback received

Service type

- **George Bryan Centre:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 44%)
- **St George's Hospital, Stafford:** Limited feedback received
- **Community mental health services:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 29%)
- **None of the above:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 39%)

Ethnicity

- **White:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (8 / 26%); Service provision – Consider greater provision of mental health support locally (8 / 26%)
- **Prefer not to say:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 75%)

Age

- **Under 45:** Service provision – Consider greater provision of mental health support locally (2 / 25%)
- **45 to 59:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 46%)
- **60 and over:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 23%); Service provision – Consider greater provision of mental health support locally (3 / 23%)

Sex

- **Male:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 44%)
- **Female:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 21%); Service provision – Consider greater provision of mental health support locally (5 / 21%)

Sexual orientation

- **Heterosexual:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (7 / 27%)

- **Other (for example, gay, lesbian, bisexual, asexual):** Service provision – Consider greater provision of mental health support locally (2 / 67%)

Pregnancy

- **Yes:** No feedback received
- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (8 / 26%); Service provision – Consider greater provision of mental health support locally (8 / 26%)

Maternity

- **Yes:** Limited feedback received
- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (8 / 28%); Service provision – Consider greater provision of mental health support locally (8 / 28%)

Disability

- **No disability:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 25%)
- **Physical disability:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 57%)
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Service provision – Consider greater provision of mental health support locally (3 / 33%)
- **Learning disability or difficulty:** No feedback received
- **Other:** No feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 39%)
- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 24%)

Carer

- **Yes – Carer:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (4 / 29%); Service provision – Consider greater provision of mental health support locally (4 / 29%)
- **No:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (5 / 33%)

Local authority

- **East Staffordshire:** Limited feedback received
- **Lichfield:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 43%)
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** No feedback received
- **Tamworth:** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (7 / 37%)
- **No postcode provided:** Service provision – Consider greater provision of mental health support locally (3 / 60%)

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- **Most deprived deciles (1-5):** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (7 / 41%)
- **Least deprived deciles (6-10):** Service provision – Reopen the George Bryan Centre (for example, provide services in the wing not affected by the fire) (3 / 23%)
- **No postcode provided:** Service provision – Consider greater provision of mental health support locally (3 / 60%)

6.15.3   Feedback from the engagement sessions with specific communities

Participants were asked: Tell us if you think there are any better ways to deliver inpatient mental health services. 25 responses were received. The main theme areas were service provision, estates and facilities, awareness, staff, technology, parking, access, quality of care and financial support.

Overall, the top three sub-themes were:

1. Service provision – Provide mental health services locally (6 / 24%)
2. Service provision – Reopen the George Bryan Centre (for example, rebuild it) (3 / 12%); Estate and facilities – Consider providing access to appropriate facilities for patients with mental health problems (for example, quiet room) (3 / 12%)

Table 63 presents the full list of themes.

Table 63. Tell us if you think there are any better ways to deliver inpatient mental health services.

Main theme	Sub-theme	No.	%
Service provision	Provide mental health services locally	6	24%
Service provision	Reopen the George Bryan Centre (for example, rebuild it)	3	12%
Estate and facilities	Consider providing access to appropriate facilities for patients with mental health problems (for example, quiet room, memory boxes)	3	12%
Service provision	Consider providing support following a crisis (for example, access to support groups)	1	4%
Awareness	Raise awareness of the support available and how to access it	1	4%
Staff	Consider additional training for staff (for example, suicide prevention training)	1	4%
General	The models do not reflect reality	1	4%
Technology	Technology cannot replace human contact	1	4%
Parking	Consider improving the parking for visitors	1	4%
Access	Consider the need for flexible visiting times	1	4%
General	There is no better way to deliver inpatient mental health services	1	4%
Staff	Ensure services are staffed appropriately with suitably trained staff	1	4%
Access	Consider improving access to mental health support	1	4%
Quality of care	Ensure the specific needs of people with neurodiverse conditions are met	1	4%
Financial support	Invest more money in mental health services	1	4%
Service provision	Reopen the Margaret Stanhope Centre	1	4%
General	No comment (for example, as above)	8	32%
Base		*25*	

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.15.4   Additional feedback from other channels

As well as the feedback captured through the outlined channels, further feedback on the proposal for delivering inpatient mental health services was received through the following:

- March 2023 Overview and Scrutiny Committee meeting minutes
- Enter and view report from Healthwatch Staffordshire
- Healthwatch Staffordshire feedback on the consultation
- Additional written feedback submitted during the engagement events.

A summary of the themes raised has been presented below:

- The need to travel to Stafford was highlighted as a disadvantage
- Transport is the major concern for those in Tamworth, due to lack of access to a car or bus stops near people's homes
- It is felt that elderly people would find travel difficult
- The Support Staffordshire Voluntary Driving Scheme was suggested as an option to help with the issue around travel
- The importance of family and friends being able to visit service users was highlighted
- The need for a patient transport service was highlighted
- Concerns were raised around whether St George's Hospital has sufficient capacity to meet demand
- The need for flexible visiting times at St George's Hospital was highlighted
- The need to improve visitor facilities was highlighted. For example, it was commented that the café and bistro are not open during the evening and on weekends It was suggested that vending machines are put in place for people to use when the café and bistro are closed
- Concerns were raised about the lack of parking available at St George's Hospital
- One service user commented that moving inpatient mental health services to St George's Hospital was a good idea
- It was commented that it would be hard for the public to accept the proposal
- It was commented that although digital technology may be suitable for some, there is a cohort of people who are digitally excluded and cannot use a computer without help
- Concerns were raised about the distance service users might have to travel on visits home as part of their recovery.

6.16 Feedback on travel and access

Table 64 shows the questions consultation survey respondents and participants in the engagement sessions with specific communities were asked.

Table 64. Survey and voluntary sector support groups' questions

Survey questions	Engagement events with specific communities' questions
To what extent are you concerned about travel for visitors under this proposal? *Where 1 is very unconcerned and 5 is very concerned.*	Please explain to what extent you are concerned or unconcerned about travel for visitors under this proposal.
Please explain why you are concerned or unconcerned.	Tell us what support you think should be developed and provided for visitors. Please tell us if you think the support should be for a set period of time or up to a certain amount – for example, money or support level.
How do you think you will travel?	
In our proposals we are keen to include and develop support with travel for visitors. Tell us what support you think should be developed and provided for visitors. *Please tell us if you think the support should be for a set period of time or up to a certain amount, for example, money or support level.*	

6.16.1   Feedback on visitor travel

6.16.1.1   Feedback from the consultation survey

Consultation survey respondents were asked: To what extent are you concerned about travel for visitors under this proposal? Tables 65, 66 and 67 show that 40 (87%) respondents were concerned / very concerned about travel for visitors, compared to 3 (6%) respondents who were very unconcerned / unconcerned.

Table 65. To what extent are you concerned about travel for visitors under this proposal? Breakdown: Respondent type

	No.	%	User of mental health services		Another member of the public		Carer		NHS employee		From a public / health related / non-health related charity or		A formal response from an organisation	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very unconcerned	2	4%	-	-	2	12%	-	-	-	-	-	-	-	-
Unconcerned	1	2%	-	-	-	-	-	-	-	-	-	-	-	-
Neither concerned nor unconcerned	3	7%	2	12%	-	-	1	25%	-	-	-	-	-	-
Concerned	12	26%	5	29%	3	18%	2	50%	1	50%	1	33%	-	-
Very concerned	28	61%	10	59%	12	71%	1	25%	1	50%	2	67%	2	100%
Base	*46*		*17*		*17*		*4*		*2*		*3*		*2*	

Table 66. To what extent are you concerned about travel for visitors under this proposal? Breakdown: Service type

| | No. | % | Service type | | | | | | | |
| | | | Community mental health services | | George Bryan Centre | | St George's Hospital, Stafford | | None of the above | |
			No.	%	No.	%	No.	%	No.	%
Very unconcerned	2	4%	1	5%	-	-	-	-	1	7%
Unconcerned	1	2%	-	-	-	-	-	-	-	-
Neither concerned nor unconcerned	3	7%	3	14%	-	-	1	13%	-	-
Concerned	12	26%	8	38%	4	33%	4	50%	3	20%
Very concerned	28	61%	9	43%	8	67%	3	38%	11	73%
Base	*46*		*21*		*12*		*8*		*15*	

Table 67. To what extent are you concerned about travel for visitors under this proposal? Breakdown: Local authority

| | No. | % | Local authority | | | | | | | | | | | |
| | | | Tamworth | | Lichfield | | Stafford | | Stoke-on-Trent | | East Staffs | | No postcode / unable to profile | |
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Very unconcerned	2	4%	1	5%	-	-	-	-	-	-	1	50%	-	-
Unconcerned	1	2%	1	5%	-	-	-	-	-	-	-	-	-	-
Neither concerned nor unconcerned	3	7%	-	-	2	22%	-	-	1	100%	-	-	-	-
Concerned	12	26%	3	14%	3	33%	1	50%	-	-	1	50%	4	44%
Very concerned	28	61%	17	77%	4	44%	1	50%	-	-	-	-	5	56%
Base	*46*		*22*		*9*		*2*		*1*		*2*		*9*	

There was one additional response to this question by a respondent outside the Staffordshire and Stoke-on-Trent area. This respondent stated they are very concerned about travel for visitors.

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents in that cohort.

6.16.1.2　Significant differences across respondent groups

There was no significant difference in the following sub-groups: respondent type, service type, ethnicity, age, sex, sexual orientation, pregnancy, maternity, disability, limitation in day-to-day activities, carers, local authority, and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Consultation survey respondents were asked: Please explain why you are concerned or unconcerned about travel for visitors under this proposal. 39 responses were received. The main theme areas were travel, travel cost, health and wellbeing, specific groups, estate and facilities, service provision, proposal and access.

Overall, the top three sub-themes were:

1. Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (25 / 64%)

2. Travel cost – Concern over the travel cost (14 / 36%)
3. Health and wellbeing – Concern over the negative impact on patients if they cannot see their relatives (10 / 26%)

Table 68 presents the full list of themes.

Table 68. Please explain why you are concerned or unconcerned.

Sentiment	Main theme	Sub-theme	No.	%
Negative	Travel	Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport)	25	64%
Negative	Travel cost	Concern over the travel cost	14	36%
Negative	Health and wellbeing	Concern over the negative impact on patients if they cannot see their relatives	10	26%
Negative	Specific groups	Concern that the needs of low-income families have not been considered	3	8%
Negative	Specific groups	The proposal disadvantages inpatients, their carers and relatives	3	8%
Observation	Estate and facilities	Utilise available local facilities for mental health services	2	5%
Negative	Service provision	Concern over the lack of inpatient beds available in the area	1	3%
Negative	Service provision	Concern over the lack of mental health services in the community	1	3%
Negative	Proposal	The proposal is about saving money and not improving services for people	1	3%
Positive	Access	St George's Hospital is closer than other hospitals	1	3%
Neutral	General	No comment (for example, as above)	1	3%
Neutral	General	Other	1	3%
Base			*39*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.16.1.3   Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (9 / 64%)
- **Another member of the public:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (12 / 75%)
- **Carer:** Limited feedback provided
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (1 / 100%)

Service type

- **George Bryan Centre:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (6 / 60%)

- **St George's Hospital, Stafford:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (3 / 50%); Negative – Health and wellbeing – Concern over the negative impact on patients if they cannot see their relatives (3 / 50%)
- **Community mental health services:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (10 / 63%)
- **None of the above:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (9 / 64%)

Ethnicity

- **White:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (22 / 65%)
- **Prefer not to say:** Negative – Specific groups – The proposal disadvantages inpatients, their carers and relatives (2 / 50%)

Age

- **Under 45:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (5 / 56%)
- **45 to 59:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (6 / 50%)
- **60 and over:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (11 / 79%)

Sex

- **Male:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (8 / 73%)
- **Female:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (14 / 58%)

Sexual orientation

- **Heterosexual:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (18 / 62%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (3 / 100%)

Pregnancy

- **Yes:** No feedback received
- **No:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (22 / 65%)

Maternity

- **Yes:** Limited feedback received
- **No:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (21 / 66%)

Disability

- **No disability:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (11 / 61%)

- **Physical disability:** Health and wellbeing – Concern over the negative impact on patients if they cannot see their relatives (4 / 67%)
- **Sensory disability:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (2 / 100%); Travel cost – Concern over the travel cost (2 / 100%); Health and wellbeing – Concern over the negative impact on patients if they cannot see their relatives (2 / 100%)
- **Mental health condition:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (7 / 70%)
- **Learning disability or difficulty:** Limited feedback received
- **Other:** Limited feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (10 / 71%)
- **No:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (12 / 60%)

Carer

- **Yes – Carer:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (9 / 60%)
- **No:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (11 / 69%)

Local authority

- **East Staffordshire:** Health and wellbeing – Concern over the negative impact on patients if they cannot see their relatives (2 / 100%)
- **Lichfield:** Travel cost – Concern over the travel cost (4 / 67%)
- **Stafford:** Health and wellbeing – Concern over the negative impact on patients if they cannot see their relatives (2 / 100%)
- **Stoke-on-Trent:** No feedback received
- **Tamworth:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (15 / 68%)
- **No postcode provided:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (5 / 71%)

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- **Most deprived deciles (1-5):** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (11 / 61%)
- **Least deprived deciles (6-10):** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (9 / 64%)
- **No postcode provided:** Travel – Concerns over the travel requirements for visitors and patients (for example, distance and time, public transport) (5 / 71%)

6.16.1.4   Feedback from the engagement sessions with specific communities

Participants were asked: Please explain to what extent you are concerned or unconcerned about travel for visitors under this proposal. 29 responses were received. The main theme

areas were travel, travel cost, planning, access, specific groups, health and wellbeing, transport, estate and facilities and quality of care.

Overall, the top three sub-themes were:

1. Travel – Concern over travel for visitors and patients (for example, distance and time, public transport) (13 / 45%)
2. Travel cost – Concern over the cost of travel (4 / 14%)
3. Planning – Consider the need to align visiting times with public transport timetables (3 / 10%); Access – The proposal makes it challenging for patients and visitors to see each other (3 / 10%); Access – No concerns around travel (for example, can drive) (3 / 10%)

Table 69 presents the full list of themes.

Table 69. Please explain to what extent you are concerned or unconcerned about travel for visitors under this proposal.

Sentiment	Main theme	Sub-theme	No.	%
Negative	Travel	Concern over travel for visitors and patients (for example, distance and time, public transport)	13	45%
Negative	Travel cost	Concern over the cost of travel	4	14%
Observation	Planning	Consider the need to align visiting times with public transport timetables	3	10%
Negative	Access	The proposal makes it challenging for patients and visitors to see each other	3	10%
Neutral	Access	No concerns around travel (for example, can drive)	3	10%
Negative	Specific groups	The proposal disadvantages low-income families and children	2	7%
Negative	Access	Concern over the location of St George's Hospital	2	7%
Negative	Specific groups	Concern over the impact of the proposal on vulnerable people (for example, with limited mobility, recovering addicts)	2	7%
Negative	Specific groups	The proposal disadvantages non-drivers	2	7%
Negative	Health and wellbeing	Concern over the impact of travel on the health and wellbeing of patients and their families (for example, additional stress)	2	7%
Observation	Health and wellbeing	Consider the positive therapeutic effect of visitors on inpatients	1	3%
Negative	Transport	Concern over the lack of community transport services	1	3%
Positive	Access	St George's Hospital is easy to access	1	3%
Positive	Estate and facilities	The facilities for visitors at St George's Hospital are good (for example, café)	1	3%
Negative	Specific groups	Concern over access for homeless people	1	3%
Observation	Quality of care	Quality of care is more important than the location of services	1	3%
Neutral	General	No comment (for example, as above)	6	21%
Base			*29*	

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.16.2   Supporting travel for visitors

6.16.2.1   Feedback from the consultation survey

Consultation survey respondents were asked: In our proposals we are keen to include and develop support with travel for visitors. Tell us what support you think should be developed and provided for visitors. 36 responses were received. The main theme areas were travel support, financial support, service provision, process, support and access.

Overall, the top three sub-themes were:

1. Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (10 / 28%)
2. Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (9 / 25%)
3. Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (8 / 22%)

Table 70 presents the full list of themes.

Table 70. In our proposals we are keen to include and develop support with travel for visitors. Tell us what support you think should be developed and provided for visitors.

Main theme	Sub-theme	No.	%
Travel support	Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service)	10	28%
Financial support	Consider ongoing financial support until a patient returns home (for example, cover travel expenses)	9	25%
Service provision	Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire)	8	22%
Service provision	Spend the money to rebuild the George Bryan Centre instead of supporting patients to travel	4	11%
Support	Support should be provided for a set period	3	8%
Financial support	Financial support shouldn't be means tested	2	6%
Service provision	More inpatient beds are needed across Staffordshire	1	3%
Financial support	Petrol costs should be the same as the government rates	1	3%
Process	Ensure that the process of claiming financial support is clear and simple	1	3%
Support	Advice around how to support patients with mental health problems is needed	1	3%
Specific groups	Consider providing transport for disabled and elderly people	1	3%
Access	Concern over the location of inpatient mental health services (for example, long travel, poor public transport)	1	3%
Specific groups	Consider supporting volunteer drivers	1	3%
General	Other	3	8%
Base		36	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.16.2.2   Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (3 / 21%); Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (3 / 21%); Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (3 / 21%)
- **Another member of the public:** Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (5 / 38%)
- **Carer:** Limited feedback received
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** Limited feedback received

Service type

- **George Bryan Centre:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (2 / 25%); Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (2 / 25%); Service provision – Spend the money to rebuild the George Bryan Centre instead of supporting patients to travel (2 / 25%)
- **St George's Hospital, Stafford:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (2 / 33%)
- **Community mental health services:** Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (4 / 24%)
- **None of the above: Service provision –** Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (5 / 46%)

Ethnicity

- **White:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (9 / 29%)
- **Prefer not to say:** Service provision – Spend the money to rebuild the George Bryan Centre instead of supporting patients to travel (2 / 50%)

Age

- **Under 45:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (3 / 38%); Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (3 / 38%); Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (3 / 38%)
- **45 to 59:** Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (5 / 42%)
- **60 and over:** Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (3 / 25%)

Sex

- **Male:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (3 / 38%)
- **Female:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (6 / 25%); Financial support – Consider

ongoing financial support until a patient returns home (for example, cover travel expenses) (6 / 25%); Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (6 / 25%)

Sexual orientation

- **Heterosexual:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (9 / 35%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (2 / 67%)

Pregnancy

- **Yes:** No feedback received
- **No:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (9 / 29%)

Maternity

- **Yes:** Limited feedback received
- **No:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (9 / 31%)

Disability

- **No disability:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (5 / 36%)
- **Physical disability:** Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (3 / 50%)
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (3 / 27%); Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (3 / 27%)
- **Learning disability or difficulty:** Limited feedback received
- **Other:** Limited feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (4 / 31%)
- **No:** Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (6 / 33%)

Carer

- **Yes – Carer:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (4 / 27%)
- **No:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (4 / 31%); Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (4 / 31%)

Local authority

- **East Staffordshire:** Limited feedback received

- **Lichfield:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (2 / 25%); Service provision – Consider greater provision of mental health support locally (for example, open hospital in south Staffordshire) (2 / 25%); Support – Support should be provided for a set period (2 / 25%)
- **Stafford:** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (2 / 100%)
- **Stoke-on-Trent:** No feedback received
- **Tamworth:** Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (7 / 35%)
- **Out of the area:** No feedback provided
- **No postcode provided:** Service provision – Spend the money to rebuild the George Bryan Centre instead of supporting patients to travel (2 / 40%)

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- **Most deprived deciles (1-5):** Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (7 / 41%)
- **Least deprived deciles (6-10):** Travel support – Consider providing affordable transport for visitors (for example, shuttle bus, private taxi service) (7 / 50%)
- **No postcode provided:** Service provision – Spend the money to rebuild the George Bryan Centre instead of supporting patients to travel (2 / 40%)

6.16.2.3 Feedback from the engagement sessions with specific communities

Participants were asked: Tell us what support you think should be developed and provided for visitors. 28 responses were received. The main theme areas were travel support, financial support, access, communication, estate and facilities, service provision, duration of support, parking, health and wellbeing, support, peer-support, travel cost and technology.

Overall, the top three sub-themes were:

1. Travel support – Consider providing transport for visitors (11 / 39%)
2. Financial support – Consider ongoing financial support until a patient returns home (for example, cover travel expenses) (8 / 29%)
3. Access – Consider the need to align visiting times with public transport timetables (6 / 21%)

Table 71 presents the full list of themes.

Table 71. Tell us what support do you think should be developed and provided for visitors.

Main theme	Sub-theme	No.	%
Travel support	Consider providing transport for visitors	11	39%
Financial support	Consider ongoing financial support until a patient returns home (for example, cover travel expenses)	8	29%
Access	Consider the need to align visiting times with public transport timetables	6	21%
Communication	Consider improving communication with patients' families and carers	4	14%
Estate and facilities	Ensure there are appropriate facilities for visitors (for example, access to refreshments, space for families with children)	4	14%
Service provision	Consider greater provision of mental health support locally	3	11%

Main theme	Sub-theme	No.	%
Duration of support	Support should be in place as long as patients and their families need it	3	11%
Parking	Consider free parking for visitors	3	11%
Health and wellbeing	Consider the positive therapeutic effect of visitors on inpatients	2	7%
Support	Support should be timely	1	4%
Support	Consider the individual needs of patients and their family when providing support	1	4%
Access	Allow pets to visit	1	4%
Support	Consider the need to provide support following discharge	1	4%
Peer-support	Consider providing peer-support	1	4%
Access	Signpost to available services	1	4%
Travel cost	Proposed rates of 18p per mile is not enough to cover petrol	1	4%
General	Any support is good	1	4%
Technology	Consider that communication via technology may not be appropriate for some patients	1	4%
General	No comment	3	11%
Base		*28*	

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.16.3   Views on patient travel

6.16.3.1   Feedback from the consultation survey

Consultation survey respondents were asked: How do you think you will travel? 36 responses were received. The main theme areas were access, specific groups, travel cost and health and wellbeing.

Overall, the top three sub-themes were:

1. Access – By car (20 / 56%)
2. Access – Will not travel (for example, wouldn't be able) (7 / 19%)
3. Specific groups – Concerns for those who do not drive (5 / 14%)

Table 72 presents the full list of themes.

Table 72. How do you think you will travel?

Main theme	Sub-theme	No.	%
Access	By car	20	56%
Access	Will not travel (for example, wouldn't be able)	7	19%
Specific groups	Concerns for those who do not drive	5	14%
Access	By bus	4	11%
Specific groups	Consider the needs of vulnerable people	3	8%
Access	Concern over the location of inpatient mental health services (for example, too far to travel, poor public transport)	2	6%
Travel cost	Concern over travel costs	2	6%
Health and wellbeing	Concern over the negative impact on patients if they cannot see their relatives	2	6%
Access	Concern over increased traffic due to more people traveling	1	3%
Access	Rely on lifts from others	1	3%
Access	Using voluntary car services	1	3%
Access	Call an ambulance	1	3%
Access	By train	1	3%
General	No comments (for example, N/A)	3	8%

Main theme	Sub-theme	No.	%
Base		*36*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.16.3.2   Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Access – By car (7 / 50%)
- **Another member of the public:** Access – By car (6 / 43%)
- **Carer:** Limited feedback received
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Access – By car (2 / 67%)
- **Formal response from an organisation:** Access – By car (2 / 100%)

Service type

- **George Bryan Centre:** Access – By car (4 / 50%)
- **St George's Hospital, Stafford:** Access – Will not travel (for example, wouldn't be able) (2 / 40%)
- **Community mental health services:** Access – By car (9 / 56%)
- **None of the above:** Access – By car (6 / 50%)

Ethnicity

- **White:** Access – By car (18 / 58%)
- **Prefer not to say:** Access – Will not travel (for example, wouldn't be able) (3 / 75%)

Age

- **Under 45:** Access – By car (5 / 63%)
- **45 to 59:** Access – By car (6 / 50%)
- **60 and over:** Access – By car (7 / 58%)

Sex

- **Male:** Access – By car (7 / 78%)
- **Female:** Access – By car (11 / 48%)

Sexual orientation

- **Heterosexual:** Access – By car (14 / 54%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Access – By car (2 / 67%)

Pregnancy

- **Yes:** No feedback received
- **No:** Access – By car (18 / 58%)

Maternity

- **Yes:** Limited feedback received
- **No:** Access – By car (16 / 55%)

Disability

- **No disability:** Access – By car (11 / 69%)
- **Physical disability:** Access – Will not travel (for example, wouldn't be able) (3 / 50%)
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Access – By car (6 / 60%)
- **Learning disability or difficulty:** Limited feedback received
- **Other:** Limited feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Access – By car (4 / 31%); Access – Will not travel (for example, wouldn't be able) (4 / 31%)
- **No:** Access – By car (14 / 74%)

Carer

- **Yes – Carer:** Access – By car (7 / 50%)
- **No:** Access – By car (9 / 60%)

Local authority

- **East Staffordshire:** Limited feedback received
- **Lichfield:** Access – By car (6 / 86%)
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** No feedback received
- **Tamworth:** Access – By car (11 / 52%)
- **Out of area:** No feedback received
- **No postcode provided:** Access – By car (3 / 60%)

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- **Most deprived deciles (1-5):** Access – By car (10 / 59%)
- **Least deprived deciles (6-10):** Access – By car (7 / 50%)
- **No postcode provided:** Access – By car (3 / 60%)

6.17 Feedback on technology

Table 73 shows the questions consultation survey respondents and participants in the engagement sessions with specific communities were asked.

Table 73. Survey and voluntary sector support group's questions

Survey questions	Engagement events with specific communities' questions
Do you have access to the internet?	What support, if any, should be offered to those wanting to contact someone in hospital using a device connected to the internet?
What type of device do you have?	
Does the device have a camera you can use while using your device to make a call?	
Could you use the device to contact someone in hospital?	
What support, if any, would you require to use the internet device to contact someone in hospital?	

6.17.1   Accessing technology

6.17.1.1   Feedback from the consultation survey

Consultation survey respondents were asked: Do you have access to the internet? Tables 74, 75 and 76 show that 42 (93%) respondents had access to the internet in their own home compared to 3 (7%) respondents who had no access to the internet.

Table 74. Do you have access to the internet? Breakdown: Respondent type

| | No. | % | Respondent type | | | | | | | | | | | |
| | | | User of mental health services | | Another member of the public | | Carer | | NHS employee | | From a public / health related / non-health related charity or organisation | | A formal response from an organisation | |
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
In your own home	42	93%	14	88%	17	100%	3	75%	2	100%	3	100%	2	100%
Another place	3	7%	2	13%	-	-	1	25%	-	-	-	-	-	-
No access	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Base	*45*		*16*		*17*		*4*		*2*		*3*		*2*	

Table 75. Do you have access to the internet? Breakdown: Service type

| | No. | % | Service type | | | | | | | |
| | | | Community mental health services | | George Bryan Centre | | St George's Hospital, Stafford | | None of the above | |
			No.	%	No.	%	No.	%	No.	%
In your own home	42	93%	19	95%	11	92%	6	75%	14	93%
Another place	3	7%	1	5%	1	8%	2	25%	1	7%
No access	-	-	-	-	-	-	-	-	-	-
Base	*45*		*20*		*12*		*8*		*15*	

Table 76. Do you have access to the internet? Breakdown: Local authority

| | No. | % | Local authority | | | | | | | | | | | |
| | | | Tamworth | | Lichfield | | Stafford | | Stoke-on-Trent | | East Staffs | | No postcode / unable to profile | |
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
In your own home	42	93%	19	91%	9	100%	2	100%	1	100%	2	100%	8	89%
Another place	3	7%	2	10%	-	-	-	-	-	-	-	-	1	11%
No access	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Base	*45*		*21*		*9*		*2*		*1*		*2*		*9*	

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents in that cohort.

6.17.1.2   Significant differences across respondent groups

There was no significant difference in the following sub-groups: respondent type, service type, ethnicity, age, sex, sexual orientation, pregnancy, maternity, disability, limitation in day-to-day activities, carers, local authority, and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Consultation survey respondents were asked: what type of device do you have? Tables 77, 78 and 79 show that most respondents used mobile phones (37 / 84%), laptop computers (25 / 57%) and tablet devices (15 / 34%).

Table 77. What type of device do you have? Breakdown: Respondent type

	No.	%	User of mental health services		Another member of the public		Carer		NHS employee		From a public / health related / non-health related charity or organisation		A formal response from an organisation	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Mobile phone	37	84%	13	81%	13	81%	3	75%	2	100%	3	100%	2	100%
Laptop computer	25	57%	8	50%	9	56%	1	25%	2	100%	3	100%	1	50%
Tablet device	15	34%	3	19%	9	56%	1	25%	-	-	1	33%	1	50%
Desktop computer	9	21%	1	6%	5	31%	-	-	1	50%	2	67%	-	-
I do not have access to any of these devices	2	5%	1	6%	-	-	1	25%	-	-	-	-	-	-
Base	44		16		16		4		2		3		2	

Table 78. What type of device do you have? Breakdown: Service type

	No.	%	Community mental health services		George Bryan Centre		St George's Hospital, Stafford		None of the above	
			No.	%	No.	%	No.	%	No.	%
Mobile phone	37	84%	15	75%	8	67%	6	75%	14	100%
Laptop computer	25	57%	10	50%	6	50%	3	38%	9	64%
Tablet device	15	34%	5	25%	4	33%	1	13%	6	43%
Desktop computer	9	21%	2	10%	5	42%	-	-	3	21%
I do not have access to any of these devices	2	5%	2	10%	2	17%	1	13%	-	-
Base	44		20		12		8		14	

Table 79. What type of device do you have? Breakdown: Local authority

	No.	%	Local authority											
			Tamworth		Lichfield		Stafford		Stoke-on-Trent		East Staffs		No postcode / unable to profile	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Mobile phone	37	84%	17	85%	8	89%	1	50%	1	100%	2	100%	7	78%
Laptop computer	25	57%	11	55%	5	56%	1	50%	1	100%	1	50%	6	67%
Tablet device	15	34%	6	30%	5	56%	-	-	-	-	1	50%	3	33%
Desktop computer	9	21%	2	10%	3	33%	-	-	-	-	1	50%	3	33%
I do not have access to any of these devices	2	5%	1	5%	-	-	-	-	-	-	-	-	1	11%
Base	44		20		9		2		1		2		9	

There was one additional response to this question by a respondent outside the Staffordshire and Stoke-on-Trent area. This respondent said they used a mobile phone.

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents in that cohort.

6.17.1.3   Significant differences across respondent groups

There was no significant difference in the following sub-groups: respondent type, service type, ethnicity, age, sex, sexual orientation, pregnancy, maternity, disability, limitation in day-to-day activities, carers, local authority, and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Consultation survey respondents were asked: Does the device have a camera you can use while using your device to make a call? Tables 80, 81 and 82 show that 36 (86%) respondents had a camera in their device that could be used while making a call, while 4 (10%) respondents did not have a camera on their device.

Table 80. Does the device have a camera you can use while using your device to make a call? Breakdown: Respondent type

	No.	%	Respondent type											
			User of mental health services		Another member of the public		Carer		NHS employee		From a public / health related / non-health related charity or organisation		A formal response from an organisation	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	36	86%	13	87%	12	75%	3	100%	2	100%	3	100%	2	100%
No	4	10%	1	7%	3	19%	-	-	-	-	-	-	-	-
Unsure	2	5%	1	7%	1	6%	-	-	-	-	-	-	-	-
Base	42		15		16		3		2		3		2	

Table 81. Does the device have a camera you can use while using your device to make a call? Breakdown: Service type

	No.	%	Service type							
			Community mental health services		George Bryan Centre		St George's Hospital, Stafford		None of the above	
			No.	%	No.	%	No.	%	No.	%
Yes	36	86%	18	100%	8	80%	6	86%	11	79%
No	4	10%	-	-	1	10%	-	-	3	21%
Unsure	2	5%	-	-	1	10%	1	14%	-	-
Base	42		18		10		7		14	

Table 82. Does the device have a camera you can use while using your device to make a call? Breakdown: Local authority

	No.	%	Local authority											
			Tamworth		Lichfield		Stafford		Stoke-on-Trent		East Staffs		No postcode / unable to profile	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	36	86%	15	79%	8	89%	2	100%	1	100%	2	100%	7	88%
No	4	10%	2	11%	1	11%	-	-	-	-	-	-	1	13%
Unsure	2	5%	2	11%	-	-	-	-	-	-	-	-	-	-
Base	42		19		9		2		1		2		8	

There was one additional response to this question by a respondent outside the Staffordshire and Stoke-on-Trent area. This respondent said their device had a camera.

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents in that cohort.

6.17.1.4   Significant differences across respondent groups

There was no significant difference in the following sub-groups: respondent type, service type, ethnicity, age, sex, sexual orientation, pregnancy, maternity, disability, limitation in day-to-day activities, carers, local authority, and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Consultation survey respondents were asked: Could you use the device to contact someone in hospital? Tables 83, 84 and 85 show that 27 (66%) respondents could easily use their device to contact someone in hospital, compared to 10 (24%) respondents who said that they could use their device to contact someone in hospital, but would need assistance.

Table 83. Could you use the device to contact someone in hospital? Breakdown: Respondent type

	No.	%	Respondent type											
			User of mental health services		Another member of the public		Carer		NHS employee		From a public / health related / non-health related charity or		A formal response from an organisation	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes, easily	27	66%	9	64%	9	56%	3	100%	2	100%	2	67%	1	50%
Yes, with assistance	10	24%	4	29%	4	25%	-	-	-	-	1	33%	1	50%
No	4	10%	1	7%	3	19%	-	-	-	-	-	-	-	-
Base	41		14		16		3		2		3		2	

Table 84. Could you use the device to contact someone in hospital? Breakdown: Service type

	No.	%	Service type							
			Community mental health services		George Bryan Centre		St George's Hospital, Stafford		None of the above	
			No.	%	No.	%	No.	%	No.	%
Yes, easily	27	66%	10	59%	7	70%	5	83%	10	71%
Yes, with assistance	10	24%	6	35%	-	-	-	-	3	21%
No	4	10%	1	6%	3	30%	1	17%	1	7%
Base	41		17		10		6		14	

Table 85. Could you use the device to contact someone in hospital? Breakdown: Local authority

	No.	%	Local authority											
			Tamworth		Lichfield		Stafford		Stoke-on-Trent		East Staffs		No postcode / unable to profile	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes, easily	27	66%	13	68%	5	56%	1	100%	1	100%	1	50%	5	63%
Yes, with assistance	10	24%	5	26%	3	33%	-	-	-	-	1	50%	1	13%
No	4	10%	1	5%	1	11%	-	-	-	-	-	-	2	25%
Base	41		19		9		1		1		2		8	

There was one additional response to this question by a respondent outside the Staffordshire and Stoke-on-Trent area. This respondent said they could easily use their device to contact someone in hospital.

The base for the above tables refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer. The base for each subgroup in the table refers to the number of respondents in that cohort.

6.17.1.5   Significant differences across respondent groups

Age

- A significantly higher proportion of respondents aged 45 to 59 (11 / 97%) stated they could easily use their device to contact someone in hospital, compared to respondents aged over 60 (7 / 47%)

There was no significant difference in the following sub-groups: respondent type, service type, ethnicity, sex, sexual orientation, pregnancy, maternity, disability, limitation in day-to-day activities, carers, local authority, and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

6.17.2   Supporting people with technology

6.17.2.1   Feedback from the consultation survey feedback

Consultation survey respondents were asked: What support, if any, would you require to use the internet device to contact someone in hospital? 30 responses were received. The main theme areas were technology, specific groups, support, COVID-19 and quality of care.

Overall, the top three sub-themes were:

1. Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (9 / 30%)
2. General – No support required (7 / 23%)
3. Specific groups – Consider the needs of older people (5 / 17%)

Table 86 presents the full list of themes.

Table 86. What support, if any, would you require to use the internet device to contact someone in hospital?

Main theme	Sub-theme	No.	%
Technology	Technology cannot replace human contact (for example, prefer face-to-face contact)	9	30%
General	No support required	7	23%
Specific groups	Consider the needs of older people	5	17%
Support	Will require a lot of support (for example, technical support)	3	10%
Technology	Consider that not everyone is tech savvy or has access to technology	3	10%
Technology	Concern over the reliability of technology (for example, quality of internet)	2	7%
COVID-19	Consider the advantages and disadvantages of people using technology during COVID-19	2	7%
Quality of care	Hard to assess virtually how patients are cared for	1	3%
Technology	Concern over access to devices and chargers	1	3%
Specific groups	Contact via technology is not appropriate for people with mental health problems	1	3%
Support	Support on how to set up a link for video conversations would be required	1	3%
Specific groups	Communication via technology may work for some patients	1	3%
Support	Support to connect device to the internet would be required	1	3%
General	No comment (for example, N/A)	1	3%
Base		*30*	

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.17.2.2   Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (4 / 33%)
- **Another member of the public:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (4 / 36%)
- **Carer:** Limited feedback received
- **NHS employee:** Limited feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** Limited feedback received

Service type

- **George Bryan Centre:** Specific groups – Consider the needs of older people (3 / 38%); Technology – Consider that not everyone is tech savvy or has access to technology (3 / 38%)
- **St George's Hospital, Stafford:** Limited feedback received

- **Community mental health services:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (4 / 25%)
- **None of the above:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (3 / 38%); General – No support required (3 / 38%)

Ethnicity

- **White:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (8 / 32%)
- **Prefer not to say:** Limited feedback received

Age

- **Under 45:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (3 / 43%)
- **45 to 59:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (3 / 50%)
- **60 and over:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (3 / 23%); General – No support required (3 / 23%); Support – Will require a lot of support (for example, technical support) (3 / 23%)

Sex

- **Male:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (4 / 50%)
- **Female:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (5 / 28%)

Sexual orientation

- **Heterosexual:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (7 / 35%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Limited feedback received

Pregnancy

- **Yes:** No feedback received
- **No:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (8 / 32%)

Maternity

- **Yes:** No feedback received
- **No:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (8 / 33%)

Disability

- **No disability:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (4 / 31%); General – No support required (4 / 31%)
- **Physical disability:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (2 / 67%)
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (5 / 63%)
- **Learning disability or difficulty:** Limited feedback received

- **Other:** Limited feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (6 / 60%)
- **No:** General – No support required (5 / 33%)

Carer

- **Yes – Carer:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (6 / 43%)
- **No:** Specific groups – Consider the needs of older people (3 / 33%)

Local authority

- **East Staffordshire:** Limited feedback received
- **Lichfield:** General – No support required (3 / 43%)
- **Stafford:** Limited feedback received
- **Stoke-on-Trent:** No feedback received
- **Tamworth:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (6 / 40%)
- **Out of area:** No feedback received
- **No postcode provided:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (2 / 40%)

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- **Most deprived deciles (1-5):** General – No support required (4 / 31%)
- **Least deprived deciles (6-10):** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (5 / 42%)
- **No postcode provided:** Technology – Technology cannot replace human contact (for example, prefer face-to-face contact) (2 / 40%)

6.17.2.3 Feedback from the engagement sessions with specific communities

Participants were asked: What support, if any, should be offered to those wanting to contact someone in hospital using a device connected to the internet? 28 responses were received. The main theme areas were specific groups, technology, privacy, access, quality of care, training and cost and efficiency.

Overall, the top three sub-themes were:

1. Specific groups – Consider that not everyone is tech savvy (for example, older people) (11 / 39%)
2. Technology – Concerns around who will help patients with the technology (8 / 29%); General – This is a good idea (8 / 29%)
3. Specific groups – Contact via technology is not appropriate for people with dementia (6 / 21%)

Table 87 presents the full list of themes.

Table 87. What support, if any, should be offered to those wanting to contact someone in hospital using a device connected to the internet?

Main theme	Sub-theme	No.	%
Specific groups	Consider that not everyone is tech savvy (for example, older people)	11	39%
Technology	Concerns around who will help patients with the technology	8	29%
General	This is a good idea	8	29%
Specific groups	Contact via technology is not appropriate for people with dementia	6	21%
Technology	Technology cannot replace human contact (for example, prefer face-to-face contact)	5	18%
Specific groups	Consider that not everyone has access to technology	5	18%
Privacy	Concern over the availability of private spaces to talk to family and friends	2	7%
Access	Concern over the volume of devices available (for example, patients queuing to use them)	2	7%
Quality of care	A risk assessment is needed before implementing this idea	2	7%
Technology	Access to online care records helps for keeping families involved	1	4%
Technology	Video calls worked well during the pandemic	1	4%
Training	Consider providing training for patients to show them how to use the technology	1	4%
Cost and efficiency	Concern over the cost of devices	1	4%
Technology	Concern over safe access to the internet	1	4%
Specific groups	Consider the needs of those patients who do not have friends or family	1	4%
Specific groups	Consider the needs of patients with neuro diverse conditions	1	4%
Technology	Consider using technology to provide patients access to general educational courses to support their mental health	1	4%
General	No comment (for example, as above)	2	7%
Base		*28*	

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.18 Findings from the online events, targeted focus groups and drop-in roadshows

This section presents the analysis from the online event, six targeted workshops and seven drop-in roadshows. The feedback gathered at these events was 'unstructured', as participants were able to share their views on the care models and proposal without pre-defined questions to direct the discussions.

Facilitators were present at all these events and captured the feedback. Table 88 presents the analysis of this feedback, where it shows the full list of themes raised at these events. Please note that the figures in the table refer to the number of instances a specific theme was raised during the events, not how many participants raised the theme. This is because during the events, multiple participants may have raised the same theme, but the facilitator would have made note of it once.

Table 88 shows the themes specific to each care model, the proposal and general feedback grouped together.

When considering the feedback on the community model for severe mental illness, the main theme areas were awareness, staff, quality of care, health and wellbeing, support for carers, access, service provision, cost and efficiency, communication and collaboration.

The top three sub-themes around the community model for severe mental illness were:

1. Awareness – Consider improving awareness around the support available in the community and how to access it (7 / 8%)
2. Staff – Concern over inadequate staffing levels (6 / 7%)
3. Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (4 / 5%)

When considering the feedback on the community model for dementia healthcare services, the main theme areas were support for carers, awareness, quality of care, technology, access, safety, service provision, health and wellbeing, communication and staff.

The top three sub-themes around the community model for dementia healthcare services were:

1. Support for carers – Consider the need for greater support for carers (10 / 12%)
2. Awareness – Concern over the lack of awareness of dementia care services available in the community (for example, GPs may not be aware) (9 / 11%)
3. Quality of care – Consider the need for continuity of care for patients with dementia (3 / 4%); Technology – Contact via technology is not appropriate for people with dementia (3 / 4%)

When considering the feedback on the proposal for delivering inpatient mental health services, the main theme areas were access, specific groups, travel support, health and wellbeing, travel costs, technology, demographics, support for carers, integration, service provision, cost and efficiency, communication, estates and facilities and quality of care.

The top three sub-themes around the proposal for delivering inpatient mental health services were:

1. Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (10 / 12%)
2. Specific groups – Residents of Tamworth are disadvantaged by this proposal (5 / 6%); Travel support – Consider providing transport for patients and visitors (5 / 6%)
3. Access – The George Bryan Centre is accessible (4 / 5%); Health and wellbeing – Consider the positive therapeutic effect of visitors on inpatients (4 / 5%)

When considering the general feedback shared, the main theme areas were financial support, quality of services, cost and efficiency, quality of services, service provision, engagement, communication, staff and consultation.

The top three sub-themes from the general feedback shared were:

1. Financial support – Concern that Changes in Tamworth is not funded (7 / 8%)
2. Quality of services – Changes Tamworth provides good mental health support (for example, save lives) (6 / 7%); Cost and efficiency – Concern over the allocation of financial resources (for example, lack of funded service in Tamworth) (6 / 7%)
3. Quality of services – Consider improving mental health services (4 / 5%); Service provision – Consider greater provision of mental health services locally (for example, Burton, Lichfield, Tamworth) (4 / 5%)

Table 88. Findings from the online events, targeted focus groups and drop-in roadshows

Feedback area	Sentiment	Main theme	Sub theme	No.	%
Community model for severe mental illness	Observation	Awareness	Consider improving awareness around the support available in the community and how to access it	7	8%
	Negative	Staff	Concern over inadequate staffing levels	6	7%
	Negative	Quality of care	Community care may not be suitable for everyone (for example, not safe, lack of monitoring)	4	5%
	Positive	Health and wellbeing	Being close to home is better for mental health patients than being in a hospital	3	4%
	Observation	Support for carers	Consider the need for greater support for carers	3	4%
	Observation	Quality of care	Consider the need for continuity and consistency of care	3	4%
	Negative	Access	Concern over poor access to GPs (for example, long waiting time)	3	4%
	Negative	Service provision	Concern over the lack of community services	2	2%
	Negative	Cost and efficiency	Concern over the poor insurance cover of the George Bryan Centre	2	2%
	Positive	General	The care model is good	1	1%
	Negative	Access	Concern over travel to mental health services (for example, distance, transport)	1	1%
	Negative	Access	Concern over lack of face-to-face appointments	1	1%
	Observation	Service provision	Consider the need to access respite facilities for free	1	1%
	Negative	Access	In practice, the pathway is not as smooth as described in the model	1	1%
	Observation	Quality of care	Better Way Recovery provides good care for substance misuse and addiction patients	1	1%
	Negative	Quality of care	Concern over crisis response in the community	1	1%
	Positive	Access	The model supports quicker access to mental health services	1	1%
	Neutral	Communication	More clarity is needed around services provided in Cherry Orchard	1	1%
	Observation	Service provision	Consider provision of other services to boost mental health (for example, meditation, yoga)	1	1%
	Observation	Service provision	Consider providing a crisis café model at Cherry Orchard	1	1%
	Observation	Collaboration	Ensure appropriate collaboration between NHS services and charities	1	1%
	Observation	Quality of care	Consider improving mental health support provided by GPs	1	1%
	Negative	Access	Waiting times for community services are too long	1	1%
	Negative	Quality of care	Concern over the lack of support from community teams	1	1%
	Negative	Service provision	Concern over the lack of beds available for inpatient mental health services	1	1%
Community model for dementia healthcare services	Observation	Support for carers	Consider the need for greater support for carers	10	12%
	Negative	Awareness	Concern over the lack of awareness of dementia care services available in the community (for example, GPs may not be aware)	9	11%
	Observation	Quality of care	Consider the need for continuity of care for patients with dementia	3	4%

Feedback area	Sentiment	Main theme	Sub theme	No.	%
	Negative	Technology	Contact via technology is not appropriate for people with dementia	3	4%
	Negative	Access	Concern over travel to mental health services (for example, distance, transport)	2	2%
	Negative	Safety	Concern over the safety and security of patients with dementia (for example, lack of supervision in community)	2	2%
	Observation	Service provision	Consider improving out of hours support for patients and carers	2	2%
	Positive	Quality of care	The memory clinic at Amber House provides good support	2	2%
	Observation	Quality of care	Consider that different forms of dementia need different care	2	2%
	Observation	Access	Consider the need to access respite care (for example, outside of Staffordshire)	2	2%
	Positive	Health and wellbeing	Being close to home or at home is better for patients with dementia than being in a hospital	1	1%
	Observation	Communication	Ensure appropriate communication between healthcare professionals, patients, their families and carers (for example, listen, explain)	1	1%
	Observation	Quality of care	Consider tackling the stigma around dementia (for example, organise anti-stigma campaign)	1	1%
	Observation	Staff	Consider the need to train GPs in dementia-related issues	1	1%
Proposal for delivering inpatient mental health services	Negative	Access	Concern over the location of inpatient mental health services (for example, long travel, poor public transport)	10	12%
	Negative	Specific groups	Residents of Tamworth are disadvantaged by this proposal	5	6%
	Observation	Travel support	Consider providing transport for patients and visitors	5	6%
	Observation	Access	The George Bryan Centre is accessible	4	5%
	Observation	Health and wellbeing	Consider the positive therapeutic effect of visitors on inpatients	4	5%
	Negative	Travel cost	Concern over travel costs	3	4%
	Observation	Technology	Consider that not everyone is tech savvy (for example, elderly)	3	4%
	Observation	Technology	Technology cannot replace human contact (for example, prefer face-to-face contact)	3	4%
	Observation	Demographic	Consider the demographic profile of Tamworth	3	4%
	Negative	Travel cost	18p per mile for 12 months is insufficient support (for example, offer 45p a mile)	3	4%
	Negative	Support for carers	Concern over poor support for carers and families (for example, access to carer's allowance)	2	2%
	Observation	Integration	Greater integration between services is needed (for example, to provide care for substance misuse and addiction patients)	2	2%
	Cost and efficiency	Service provision	Rebuild the George Bryan Centre	2	2%
	Negative	Cost and efficiency	Concerns over the lack of funding for voluntary sector organisation which provide mental health services	2	2%
	Negative	Efficiency	Concern that St George's Hospital may not be able to meet demand	2	2%

Feedback area	Sentiment	Main theme	Sub theme	No.	%
	Neutral	Communication	More clarity around travel is needed (for example, around no right to appeal)	2	2%
	Positive	Quality of care	The George Bryan Centre provided good quality of care	2	2%
	Observation	Service provision	Concern over the uncertain future of the George Bryan Centre	1	1%
	Observation	Cost and efficiency	Funding should be used to improve mental health services and not to rebuild George Bryan Centre	1	1%
	Positive	Estate and facilities	St George's Hospital has better facilities	1	1%
	Positive	Staff	St George's Hospital has sufficient staffing levels	1	1%
	Observation	Estate and facilities	The George Bryan Centre had good facilities for patients (for example, homely environment)	1	1%
	Observation	Quality of care	Quality of care is more important than distance to travel	1	1%
	Negative	Specific groups	Vulnerable groups will be disadvantaged by the proposal (for example, elderly, disabled, BAME community)	1	1%
	Observation	Service provision	Consider the need for a hospital in Tamworth	1	1%
	Observation	Efficiency	Ensure effective monitoring of the implementation of the proposal	1	1%
	Observation	Travel support	Travel assistance should be in place for three years	1	1%
General	Negative	Financial support	Concern that Changes in Tamworth is not funded	7	8%
	Positive	Quality of services	Changes Tamworth provides good mental health support (for example, save lives)	6	7%
	Negative	Cost and efficiency	Concern over the allocation of financial resources (for example, lack of funded service in Tamworth)	6	7%
	Observation	Quality of services	Consider improving mental health services	4	5%
	Observation	Service provision	Consider greater provision of mental health services locally (for example, Burton, Lichfield, Tamworth)	4	5%
	Positive	Quality of services	Having good quality of services will avoid the need for inpatient services or crisis team for vulnerable patients	3	4%
	Negative	Quality of care	St George's Hospital provides poor care	3	4%
	Observation	Engagement	It is important for people to share their experiences	3	4%
	Negative	Service provision	Concern over reduction of mental health services (for example, more services are needed)	2	2%
	Observation	Communication	Ensure appropriate communication between healthcare professionals, patients, their families and carers	2	2%
	Negative	Staff	Staff at St George's Hospital were unhelpful	2	2%
	Observation	Quality of services	Learn from local charities on how to provide mental health services (for example, from Changes Tamworth)	1	1%
	Negative	Quality of care	Concern over early discharge	1	1%

Feedback area	Sentiment	Main theme	Sub theme	No.	%
	Observation	Communication	Consider using different types of communication depending on the needs of participants	1	1%
	Negative	Quality of care	Do not trust doctors	1	1%
	Negative	Quality of care	Concern over triage conducted by receptionists	1	1%
	Negative	Service provision	Concern over closing of NHS facilities	1	1%
	Communication	Communication	Consider using libraries to disseminate information about available support/services	1	1%
	Observation	Quality of care	Consider the need for more multidisciplinary teams to provide holistic care	1	1%
	Observation	Quality of care	Consider improving care during crisis to ensure that everyone is safe	1	1%
	Negative	Access	Concern over long waiting times for detox services	1	1%
	Negative	Staff	Concern over insecure staffing levels at St George's Hospital	1	1%
	Negative	Quality of care	Concern over poor care provided by crisis teams	1	1%
	Observation	Quality of care	Consider the need to prevent suicide in young men	1	1%
	Observation	Efficiency	Consider the need to implement the care models effectively (for example, have a clear timelines)	1	1%
	Negative	Service provision	Concern over insufficient support from paid carers (for example, very short visits)	1	1%
	Negative	Consultation	Concern over the poor communication of the consultation	1	1%
	Observation	Consultation	Consider the need to inform people about the outcome of the consultation (for example, if their feedback was taken on board)	1	1%
	Neutral	General	Other	8	10%
	Base			*83*	

The base refers to the number of facilitator feedback booklet / notes submitted by facilitators following the events

6.19 Findings from the correspondence

This section presents the analysis from the three pieces of correspondence and 47 social media posts sharing feedback on the care models and proposal.

Table 89 shows the themes raised in the correspondence and social media posts specific to the community model for severe mental illness, the proposal for delivering inpatient mental health services and general feedback grouped together.

When considering the feedback around the community model for severe mental illness, the main theme areas were staff, access and quality of care.

The top sub-themes around the community model for severe mental illness were:

1. Access – Concern over poor access to GPs (for example, long waiting time) (2 / 4%)
2. Quality of care – Community care may not be suitable for everyone (for example, not safe, lack of monitoring) (2 / 4%)

When considering the feedback on the proposal for delivering inpatient mental health services, the main theme areas were access, health and wellbeing, consultation, service provision, the proposal and efficiency.

The top sub-themes around the proposal for delivering inpatient mental health services were:

1. Access – Concern over travelling to inpatient mental health services for patients and visitors (2 / 4%)
2. Health and wellbeing – Consider the positive therapeutic effect of visitors on inpatients (2 / 4%)
3. Consultation – Concern that the decision has already been made (2 / 4%)
4. Service provision – Concern over the closure of the George Bryan Centre (2 / 4%)
5. Service provision – Rebuild the George Bryan Centre (2 / 4%)

When considering the general feedback shared, the main theme areas were service provision, quality of care, efficiency, service provision, the consultation, access, cost and efficiency and COVID-19.

The top sub-themes from the general feedback shared were:

1. Observation – Service provision – Consider greater provision of inpatient mental health services locally (3 / 6%)
2. Negative – Service provision – Concern over the reduction of mental health facilities (for example, Margaret Stanhope Centre) (3 / 6%)
3. Observation – Consultation – Comment about the survey (for example, too lengthy, hard to find the link) (2 / 4%)

Table 89. Findings from the correspondence

Feedback area	Sentiment	Main theme	Sub theme	No.	%
Community model for severe mental illness	Negative	Access	Concern over poor access to GPs (for example, long waiting time)	2	4%
	Negative	Quality of care	Community care may not be suitable for everyone (for example, not safe, lack of monitoring)	2	4%
	Negative	Staff	Concern over inadequate staffing levels	1	2%
	Observation	Quality of care	Consider the need for continuity and consistency of care	1	2%
	Negative	Access	Concern over the lack of face-to-face appointments	1	2%
Proposal for delivering inpatient mental health services	Negative	Access	Concern over travelling to inpatient mental health services for patients and visitors	2	4%
	Observation	Health and wellbeing	Consider the positive therapeutic effect of visitors on inpatients	2	4%
	Negative	Consultation	Concern that the decision has already been made	2	4%
	Negative	Service provision	Concern over the closure of the George Bryan Centre	2	4%
	Observation	Service provision	Rebuild the George Bryan Centre	2	4%
	Observation	Service provision	Consider reopening both wards on the unit for working age adults	1	2%
	Negative	Proposal	Concern that the proposal does not consider the advantages of reopening the George Bryan Centre	1	2%
	Observation	Service provision	Concern over the uncertainty of the future of the George Bryan Centre	1	2%
	Observation	Quality of care	The George Bryan Centre provided poor quality of care	1	2%
	Negative	Efficiency	Concern that St George's Hospital may not be able to meet demand	1	2%
General	Observation	Service provision	Consider greater provision of inpatient mental health services locally	3	6%
	Negative	Service provision	Concern over the reduction of mental health facilities (for example, Margaret Stanhope Centre)	3	6%
	Observation	Consultation	Comment about the survey (for example, too lengthy, hard to find the link)	2	4%
	Observation	Access	Concern over not being able to use mental health services at neighbouring trusts	1	2%
	Negative	Consultation	Concern over the lack of access to consultation documents	1	2%
	Negative	Quality of care	Concern over the increased level of suicides	1	2%
	Negative	Cost and efficiency	Concern over the effective allocation of NHS financial resources	1	2%
	Observation	Quality of care	Concern over the lack of support for children with autism	1	2%
	Observation	COVID-19	Consider the impact of COVID-19 on mental health	1	2%
	General	General	Other	17	36%
	Base			*47*	

The base refers to the number of correspondence received. This includes, emails, letters and social media posts sharing feedback on the consultation.

6.20 Additional views and considerations

Table 90 shows the questions consultation survey respondents and participants of the engagement sessions with specific communities were asked.

Table 90. Survey and voluntary sector support group's questions

Survey questions	Engagement events with specific communities' questions
Finally, is there any other information you wish us to consider which you have not yet mentioned?	Any other comments

6.20.1   Consultation survey feedback

Respondents were asked: Finally, is there any other information you wish us to consider which you have not yet mentioned? 18 responses were received. The main theme areas were service provision, access, consultation, efficiency, demographics, staff, estate and facilities, specific groups, technology, quality of care, and health and wellbeing.

Overall, the top three sub-themes were:

1. Service provision – Reopen the George Bryan Centre (4 / 22%)
2. Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (3 / 17%)
3. Consultation – Concern over the poor advertisement of the consultation (2 / 11%); Efficiency – Consider the demand on mental health services (2 / 11%); Demographic – Consider the demographic profile of Tamworth and Lichfield (2 / 11%); Staff – Ensure services are staffed appropriately with suitably trained staff (2 / 11%)

Table 91 presents the full list of themes.

Table 91. Finally, is there any other information you wish us to consider which you have not yet mentioned?

Main theme	Sub-theme	No.	%
Service provision	Reopen the George Bryan Centre	4	22%
Access	Concern over the location of inpatient mental health services (for example, long travel, poor public transport)	3	17%
Consultation	Concern over the poor advertisement of the consultation	2	11%
Efficiency	Consider the demand on mental health services	2	11%
Demographic	Consider the demographic profile of Tamworth and Lichfield	2	11%
Staff	Ensure services are staffed appropriately with suitably trained staff	2	11%
Estate and facilities	The facilities at the Cherry Orchard Centre are dated	1	6%
Access	Consider options for Tamworth residents to access mental health support in other counties	1	6%
Specific groups	Consider the needs of families and friends	1	6%
Technology	Technology cannot replace human contact (for example, prefer face-to-face contact)	1	6%
Quality of care	Mental health support provided is poor	1	6%
Consultation	Concern that the survey is box ticking exercise	1	6%
Health and wellbeing	Consider the impact of the proposal on the health and wellbeing of patients and their families	1	6%
General	No comment	1	6%
General	Other	2	11%
Base			*18*

The base refers to the number of responses received to this question in the survey, and not the total survey submissions (of which there were 48). All the questions in the survey were voluntary, meaning respondents were able to skip those they did not wish to answer.

6.20.1.1 Top themes by respondent groups

This section shows the top theme for each respondent group.

Respondent type

- **User of mental health services:** Limited feedback received
- **Another member of the public:** Service provision – Reopen the George Bryan Centre (3 / 43%)
- **Carer:** No feedback received
- **NHS employee:** No feedback received
- **Individual from another public sector organisation, health-related group or non-health related group or charity or organisation:** Limited feedback received
- **Formal response from an organisation:** Limited feedback received

Service type

- **George Bryan Centre:** Service provision – Reopen the George Bryan Centre (2 / 33%); Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (2 / 33%)
- **St George's Hospital, Stafford:** Limited feedback received
- **Community mental health services:** Limited feedback received
- **None of the above:** Service provision – Reopen the George Bryan Centre (2 / 33%)

Ethnicity

- **White:** Service provision – Reopen the George Bryan Centre (4 / 29%)
- **Prefer not to say:** Limited feedback received

Age

- **Under 45:** Limited feedback received
- **45 to 59:** Service provision – Reopen the George Bryan Centre (3 / 60%)
- **60 and over:** Limited feedback received

Sex

- **Male:** Service provision – Reopen the George Bryan Centre (2 / 33%); Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (2 / 33%)
- **Female:** Service provision – Reopen the George Bryan Centre (2 / 22%)

Sexual orientation

- **Heterosexual:** Service provision – Reopen the George Bryan Centre (3 / 28%)
- **Other (for example, gay, lesbian, bisexual, asexual):** Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (2 / 100%)

Pregnancy

- **Yes:** No feedback received
- **No:** Service provision – Reopen the George Bryan Centre (4 / 29%)

Maternity

- **Yes:** No feedback received
- **No:** No feedback received

Disability

- **No disability:** Service provision – Reopen the George Bryan Centre (2 / 29%)
- **Physical disability:** Service provision – Reopen the George Bryan Centre (2 / 50%)
- **Sensory disability:** Limited feedback received
- **Mental health condition:** Limited feedback received
- **Learning disability or difficulty:** Limited feedback received
- **Other:** No feedback received

Limitation in day-to-day activities

- **Yes, limited in day-to-day activities:** Service provision – Reopen the George Bryan Centre (3 / 38%); Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (3 / 38%)
- **No:** Staff – Ensure services are staffed appropriately with suitably trained staff (2 / 33%)

Carer

- **Yes – Carer:** Service provision – Reopen the George Bryan Centre (3 / 43%)
- **No:** Access – Concern over the location of inpatient mental health services (for example, long travel, poor public transport) (2 / 40%)

Local authority

- **East Staffordshire:** Limited feedback received
- **Lichfield:** Limited feedback received
- **Stafford:** No feedback received
- **Stoke-on-Trent:** No feedback received
- **Tamworth:** No feedback received
- **No postcode provided:** No feedback received

Index of Multiple Deprivation

- **Most deprived deciles (1-5):** Service provision – Reopen the George Bryan Centre (3 / 33%)
- **Least deprived deciles (6-10):** Limited feedback received
- **No postcode provided:** Limited feedback received

6.20.2   Engagement events with specific communities

Respondents were asked if they had any other comments. 19 responses were received. The main theme areas were access, quality of care, access to support, cost and efficiency, awareness, estate and facilities, communication, staff, consultation, service provision, travel cost, information, target, parking, efficiency, COVID-19, peer-support and collaboration.

Overall, the top three sub-themes were:

1. General – Concern the Tamworth community has been left behind (3 / 7%); Access – Concern over travel to mental health services (for example, distance, transport) (3 /

16%); Quality of care – Ensure the care provided reflects the individual needs of patients (3 / 16%)

2. Access to support – Concern over poor access to mental health support (2 / 10%); Cost and efficiency – Ensure sufficient funding for mental health services (2 / 10%); Quality of care – Consider the need for prevention and early intervention (for example, timely support from GP) (2 / 10%); Awareness – Consider improving awareness of support available in community (2 / 10%); Estate and facilities – Ensure appropriate facilities for visitors (for example, access to cafés over the weekend) (2 / 10%); Cost and efficiency – Concern over the allocation of financial resources (for example, extra funding for community services) (2 / 10%)

Table 92 presents the full list of themes.

Table 92. Any other comments.

Main theme	Sub-theme	No.	%
General	Concern the Tamworth community has been left behind	3	16%
Access	Concern over travel to mental health services (for example, distance, transport)	3	16%
Quality of care	Ensure the care provided reflects the individual needs of patients	3	16%
Access to support	Concern over poor access to mental health support	2	10%
Cost and efficiency	Ensure sufficient funding for mental health services	2	10%
Quality of care	Consider the need for prevention and early intervention (for example, timely support from GP)	2	10%
Awareness	Consider improving awareness of support available in community	2	10%
Estate and facilities	Ensure appropriate facilities for visitors (for example, access to cafés over the weekend)	2	10%
Cost and efficiency	Concern over the allocation of financial resources (for example, extra funding for community services)	2	10%
Communication	Consider improving communication with patient's families and carers (for example, listen)	1	5%
Staff	Ensure staff are easily recognisable in mental health facilities (for example, provide staff with uniforms)	1	5%
Consultation	Concern over the poor communication of the consultation	1	5%
Service provision	Mental health services should be provided locally	1	5%
Cost and efficiency	Ensure impact on wider services is considered (for example, impact on police, ambulance)	1	5%
Travel cost	Proposed rates of 18p per mile is not enough to cover petrol	1	5%
Estate and facilities	Consider if available local buildings can be utilised for mental health services	1	5%
Service provision	Concern that the impact of previous closures of services was not considered	1	5%
Information	More information about the support available for unregistered carers is needed	1	5%
Quality of care	Concern over the decreased quality of care	1	5%
Target	Concern over the unrealistic targets set for the crisis team	1	5%
Access	Consider the need for flexible visiting times	1	5%
Parking	Concern over parking in St George's Hospital	1	5%
Efficiency	Concern that St George's Hospital may not be able to meet demand	1	5%
COVID-19	Consider the impact of COVID-19 on mental health	1	5%
Peer-support	Peer-support is useful	1	5%
Collaboration	Greater collaboration and communication between services is needed	1	5%
Communication	More detail about proposals is needed	1	5%

Main theme	Sub-theme	No.	%
Specific groups	Ensure the needs of people whose first language is not English are met	1	5%
General	No comment	3	16%
General	Other	3	16%
Base		*19*	

The base refers to the number of responses received to this question in the facilitator feedback booklets submitted following engagement with specific communities and not the number of participants engaged with, or the number of events delivered.

6.20.3 Additional feedback from other channels

As well as the feedback captured through the outlined channels, further feedback on the care models and proposal was received through the following:

- March 2023 Overview and Scrutiny Committee meeting minutes
- Enter and view report from Healthwatch Staffordshire
- Healthwatch Staffordshire feedback on the consultation
- Additional, written feedback submitted during the engagement events.

A summary of the themes raised has been presented below:

- Attempted suicides and deaths among children were increasing, therefore there is a need to make this a priority area
- Concerns were shared around the allocation of £10 million announced by the government for suicide prevention and support
- It was commented that CAMHS are not highly effective in providing support due to long waiting times
- During the pandemic, the NHS provided more training and expanded the CAMHS teams across the district, which made them more accessible
- Concerns around staffing levels were shared
- The enter and view report from Healthwatch Staffordshire highlighted that integrated mental health teams demonstrate considerable progress in meeting the challenges of moving from a diagnosis-led service to an approach that is needs-led
- The need to increase public awareness on how to access mental health services locally was highlighted
- It was also commented that up-to-date, comprehensive information on support available to service users and carers from the point of diagnosis is needed. This could be co-produced with local groups
- Ensure that information about access to out-of-hours support is readily available
- The need for more work on prevention was highlighted
- The need for more support for people with organic mental health issues and their carers was highlighted
- Ensure that primary care (including social prescribers) and out-of-hours medical services are fully aware of the routes into support.

7 Conclusion

The findings of this report summarise the feedback collected through various channels during the engagement phase of this consultation, between 9 February and 23 March 2023. The findings are based on feedback received through the consultation survey, a range of engagement events and correspondence.

Consultation participants were asked to share their experience of using mental health services, and to share their views on the care model for severe mental illness, the care model for dementia and on the proposal for delivering inpatient mental health services.

7.1 Experience of using mental health services

22 (49%) consultation survey respondents said they had used or experienced community mental health services, 13 (29%) had used or experienced the George Bryan Centre and 8 (18%) had used or experienced St George's Hospital, Stafford. 15 (33%) said they had not used or experienced any of these services. Most of those using or experiencing these services did so as a patient.

7.2 Views on the community model for severe mental illness

28 (60%) consultation survey respondents said that the care model for severe mental illness was poor or very poor, while 19 (40%) said it was good or very good. The key reasons given for this response were:

Table 93. Views on the community model for severe mental illness

Positive themes	Negative themes	Neutral themes / suggestions
The care model is good	The pathway is not as smooth as described in the model	There is need for better local mental health support
Being close to home is better for mental health patients than being in a hospital	Concern over inadequate staffing levels	Consider the effect that a lack of community support has on patients and families
Centralised services are good	Community care may not be suitable for everyone	More detail about the model is required
	Better awareness of the services available in community	
	Concerns over difficulty in accessing GPs	

7.3 Views on the community model for dementia healthcare

10 (46%) stated that the care model for dementia healthcare was good or very good, while 8 (36%) said it was poor or very poor. The key reasons given for this response were:

Table 94. Views on the community model for dementia healthcare

Positive themes	Negative themes	Neutral themes / suggestions
The new care model is good	Concern over the safety and security of patients with dementia	More support for carers
Being close to home is better for patients with dementia	Lack of awareness of dementia care services available in community	Consider the need for continuity of care
Dementia cafés and local groups in churches provide good support	Contact via technology is not appropriate for patients with dementia	

7.4 Views on the proposal to deliver inpatient mental health services

26 (59%) consultation survey respondents said the proposal was poor or very poor, while 7 (15%) said it was good or very good. The key reasons given for this response were:

Table 95. Views on the proposal to deliver inpatient mental health services

Positive themes	Negative themes	Neutral themes / suggestions
The proposal is a good solution	The proposal is not a good solution	Consider providing transport for patients and visitors
The proposal helps to improve the quality of care	Concern over the location of the services	Consider the positive therapeutic effect of visitors on inpatients
	Concern over the lack of hospital beds to meet demand	Consider rebuilding the George Bryan Centre.
	Residents of Tamworth are disadvantaged by this proposal	
	Concern over travelling to inpatient mental health services	
	Concern that the decision has already been made	
	Concern over the closure of the George Bryan Centre	

When asked how to improve the delivery of mental health services, the key emerging themes were:

- Reopen the George Bryan Centre
- Need for greater provision of local mental health support
- More mental health units across the county
- Ensure there is sufficient funding for healthcare services
- Consider providing access to appropriate facilities for patients with mental health problems
- Need for a patient transport service
- Ensure family and friends are able to visit service users.

7.5 Views on travel

40 (87%) consultation survey respondents said they were concerned or very concerned about travel for visitors under this proposal, while 3 (6%) said they were unconcerned or very

unconcerned. When asked what support should be provided for visitors, the key themes raised were:

- Consider providing affordable transport for visitors
- Ongoing financial support until patient returns home
- Provision of local mental health support
- Consider the need to align visiting times with public transport timetables.

7.6 Using technology

27 (66%) consultation survey respondents said they could easily use their device to contact someone in hospital, while 10 (24%) said they could use their device to contact someone in hospital but would need assistance. When asked what support is required to contact someone in hospital, the key themes raised were:

- Technology cannot replace human contact
- No support required
- Consider the needs of older people who have difficulties using technology
- Concerns around who will help patients with the technology
- The use of technology to contact someone in hospital is a good idea
- Contact via technology is not appropriate for people with dementia.

8 Appendix

8.1 Consultation survey respondent demographic profiling

8.1.1 Overview of survey respondents

This section presents a profile overview of survey respondents.

Table 96. Are you responding as:

	No.	%
An individual	44	96%
A formal response from an organisation	2	4%
Base	*46*	

Table 97. As an individual responding to this questionnaire which of the following best applies to you? Please tick one only.

	No.	%
User of mental health services	19	42%
Another member of the public	17	38%
Carer	4	9%
NHS employee	2	4%
From a non-health voluntary group, charity or organisation	2	4%
From a health-related group, charity or organisation	1	2%
From another public sector organisation	-	-
Base	*45*	

Table 98. As an organisation responding to this questionnaire which of the following best applies to you? Please tick one only.

	No.	%
Formal response on behalf of a health-related group, charity or organisation	1	50%
Formal response on behalf of an NHS organisation	-	-
Formal response on behalf of another public sector organisation		
Formal response on behalf of a non-health related voluntary group, charity or organisation	-	-
Other	1	50%
Base	*2*	

Table 99. Please provide the name of your organisation. Please note, if you are making a formal response on behalf of your organisation this question should be completed.

	No.	%
Member of Parliament for Tamworth	1	20%
League of Friends of the Tamworth Hospitals	1	20%
Dementia Care	1	20%
Councillor at Tamworth Borough Council, Tamworth resident and friend of former patients	1	20%
Friends of Robert Peel Hospital Charity	1	20%
Base	*5*	

8.1.2   Demographic profiling

This section shows the demographic profiling of survey respondents.

Table 100. Demographic profiling – survey respondents

Ethnicity		
White: British	41	89%
White: Irish	-	-
White: Gypsy or traveller	-	-
White: Other	1	2%
Mixed: White and Black Caribbean	-	-
Mixed: White and Black African	-	-
Mixed: White and Asian	-	-
Mixed: Other	-	-
Asian/Asian British: Indian	-	-
Asian/Asian British: Pakistani	-	-
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	-	-
Asian/Asian British: Other	-	-
Black/Black British: African	-	-
Black/Black British: Caribbean	-	-
Black/Black British: Other	-	-
Other ethnic group: Arab	-	-
Any other ethnic group	-	-
Prefer not to say	4	9%
Base	*46*	
Age category		
16 – 19	-	-
20 – 24	2	4%
25 – 29	2	4%
30 – 34	2	4%
35 – 39	3	7%
40 – 44	2	4%
45 – 49	8	17%
50 – 54	5	11%
55 – 59	2	4%
60 – 64	6	13%
65 – 69	2	4%
70 – 74	4	9%
75 – 79	3	7%
80 and over	2	4%
Prefer not to say	3	7%
Base	*46*	
Religion		
No religion	19	40%
Christian	23	49%
Buddhist	-	-
Hindu	-	-
Jewish	-	-
Muslim	-	-
Sikh	-	-
Any other religion	1	2%
Prefer not to say	4	9%
Base	*47*	
Sex		
Male	11	23%
Female	32	68%

Intersex	-	-
Prefer not to say	4	9%
Other	-	-
Base	*47*	
Armed services		
Yes	3	7%
No	37	80%
Prefer not to say	6	13%
Base	*46*	
Sexual orientation		
Heterosexual	35	76%
Lesbian	1	2%
Gay	1	2%
Bisexual	2	4%
Asexual	1	2%
Prefer not to say	6	13%
Base	*46*	
Relationship status		
Married	21	45%
Civil partnership	-	-
Single	10	21%
Divorced	4	9%
Lives with partner	4	9%
Separated	-	-
Widowed	3	6%
Other	-	-
Prefer not to say	5	11%
Base	*47*	
Pregnant currently		
Yes	-	-
No	42	89%
Prefer not to say	5	11%
Base	*47*	
Recently given birth		
Yes	1	2%
No	40	87%
Prefer not to say	5	11%
Base	*46*	
Health problem or disability		
Yes, limited a lot	5	11%
Yes, limited a little	13	28%
No	23	50%
Prefer not to say	5	11%
Base	*46*	
Disability		
No disability	21	45%
Physical disability	9	19%
Sensory disability	2	4%
Mental health condition	14	30%
Learning disability or difficulty	2	4%
Long-term illness	-	-
Other	1	2%
Prefer not to say	7	15%
Base	*47*	
Carer		
Yes – young person(s) aged under 24	7	16%
Yes – adult(s) aged 25 to 49	2	4%
Yes – person(s) aged over 50 years	12	27%

No	19	42%
Prefer not to say	6	13%
Base	*45*	
Access to car		
Yes, and I drive	33	75%
Yes, but I don't drive	-	-
No, I don't have access to a car	11	25%
Base	*44*	

8.1.3   Geographical profiling of engagement events with specific communities

This section presents a geographical profiling of consultation participants.
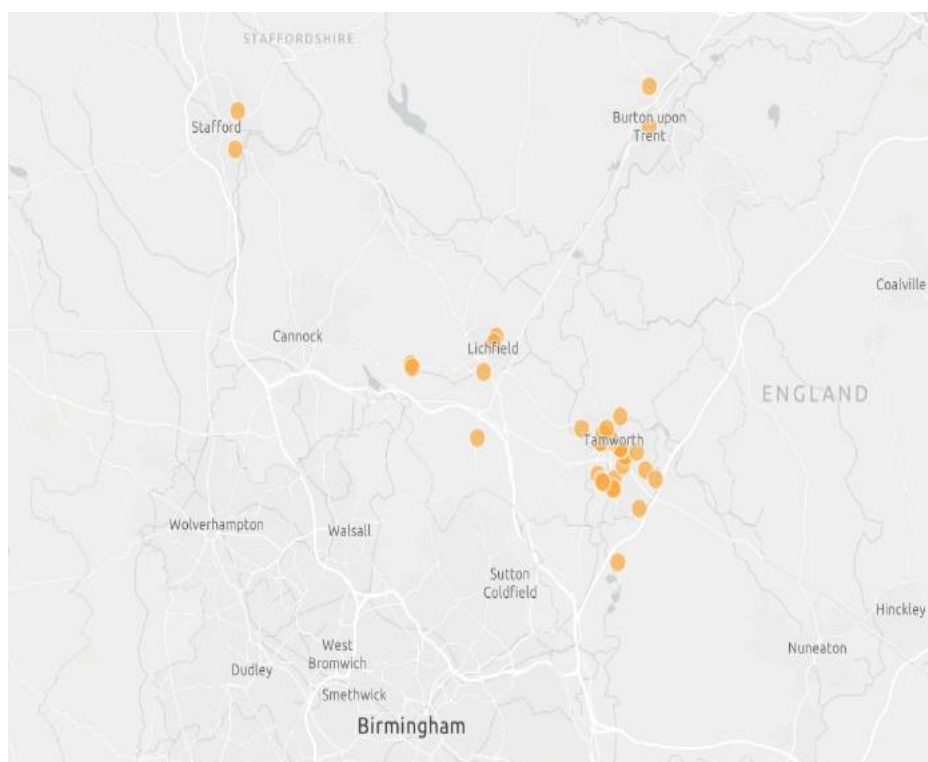
Figure 5.Map of survey respondents. Base 38.

Table 101.Local authority – survey respondents

Local authority	No.	%
Tamworth	23	48%
Lichfield	9	19%
East Staffordshire	2	4%
Stafford	2	4%
North Wales	1	2%
Stoke-on-Trent	1	2%
No postcode provided	10	21%
Base	*48*	

Table 102 shows the level of deprivation of consultation participants. The Index of Multiple Deprivation is the official measure of relative deprivation for small areas in England, with the

most deprived 10% of small areas categorised as '1' while the least deprived 10% of small areas are described as '10'.

Table 102. IMD breakdown – survey respondents

IMD decile	No.	%
1 – Most deprived decile	1	2%
2	8	17%
3	-	-
4	7	15%
5	5	10%
6	3	6%
7	7	15%
8	2	4%
9	5	10%
10 – Least deprived decile	-	-
No postcode provided	10	21%
Base	48	

8.2 Engagement event participant demographic profiling

8.2.1 Overview of engagement event participants

This section presents a profile overview of participants in engagement events with specific communities.

Table 103. Are you responding as:

	No.	%
An individual	54	87%
A formal response from an organisation	8	13%
Base	62	

Table 104. As an individual responding to this questionnaire which of the following best applies to you? Please tick one only.

	No.	%
Another member of the public	18	33%
User of mental health services	13	24%
Carer	10	19%
From a non-health voluntary group, charity or organisation	6	11%
From a health-related group, charity or organisation	4	7%
NHS employee	2	4%
From another public sector organisation	1	2%
Base	54	

Table 105. As an organisation responding to this questionnaire which of the following best applies to you? Please tick one only.

	No.	%
Formal response on behalf of a non-health related voluntary group, charity or organisation	4	57%
Formal response on behalf of another public sector organisation	1	14%
Formal response on behalf of a health-related group, charity or organisation	1	14%
Formal response on behalf of an NHS organisation	-	-
Other	1	14%
Base	7	

Table 106. Please provide the name of your organisation. Please note, if you are making a formal response on behalf of your organisation this question should be completed.

	No.	%
Sacred Heart Church	2	13%
Changes Tamworth	1	6%
Volunteer at Sacred Heart Church	1	6%
Balance Street Patient Participation Group	1	6%
Early Help Team	1	6%
Healthwatch Staffordshire	1	6%
Lichfield Cathedral	1	6%
Uttoxeter Heath Community Centre	1	6%
Yoxall and Area Patient Participation Group	1	6%
Self-employed carer	1	6%
Burton Hope	1	6%
Our Smiley Space	1	6%
Communities Together Tamworth	1	6%
Staffs Baby Bank	1	6%
Serco	1	6%
Base	16	

8.2.2   Demographic profiling

This section shows the demographic profiling of participants in the engagement sessions with specific communities.

Table 107. Demographic profiling – Engagement sessions with specific communities

Ethnicity		
White: British	53	87%
White: Irish	-	-
White: Gypsy or traveller	-	-
White: Other	-	-
Mixed: White and Black Caribbean	1	2%
Mixed: White and Black African	-	-
Mixed: White and Asian	-	-
Mixed: Other	2	3%
Asian/Asian British: Indian	-	-
Asian/Asian British: Pakistani	2	3%
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	-	-
Asian/Asian British: Other	-	-
Black/Black British: African	-	-
Black/Black British: Caribbean	1	2%
Black/Black British: Other	-	-
Other ethnic group: Arab	-	-
Any other ethnic group	1	2%

Prefer not to say	1	2%
Base	*61*	
Age category		
16 – 19	-	-
20 – 24	2	3%
25 – 29	3	5%
30 – 34	5	8%
35 – 39	3	5%
40 – 44	3	5%
45 – 49	5	8%
50 – 54	11	18%
55 – 59	2	3%
60 – 64	6	10%
65 – 69	6	10%
70 – 74	5	8%
75 – 79	8	13%
80 and over	-	-
Prefer not to say	-	-
Base	*59*	
Religion		
No religion	14	23%
Christian	38	63%
Buddhist	1	2%
Hindu	-	-
Jewish	-	-
Muslim	2	3%
Sikh	-	-
Any other religion	1	2%
Prefer not to say	4	7%
Base	*60*	
Sex		
Male	21	34%
Female	40	66%
Intersex	-	-
Prefer not to say	-	-
Other	-	-
Base	*61*	
Armed services		
Yes	2	3%
No	58	95%
Prefer not to say	1	2%
Base	*61*	
Sexual orientation		
Heterosexual	55	90%
Lesbian	-	-
Gay	2	3%
Bisexual	1	2%
Asexual	1	2%
Other	-	-
Prefer not to say	2	3%
Base	*61*	
Relationship status		
Married	24	39%
Civil partnership	1	2%
Single	17	28%
Divorced	5	8%
Lives with partner	5	8%
Separated	1	2%

Widowed	5	8%
Other	2	3%
Prefer not to say	1	2%
Base	*61*	
Pregnant currently		
Yes	1	2%
No	60	98%
Prefer not to say	-	-
Base	*61*	
Recently given birth		
Yes	-	-
No	60	100%
Prefer not to say	-	-
Base	*60*	
Health problem or disability		
Yes, limited a lot	13	21%
Yes, limited a little	13	21%
No	34	56%
Prefer not to say	1	2%
Base	*61*	
Disability		
No disability	29	48
Physical disability	16	26%
Sensory disability	2	3%
Mental health need	15	25%
Learning disability or difficulty	4	7%
Long-term illness	5	8%
Other	1	2%
Prefer not to say	4	7%
Base	*61*	
Carer		
Yes – young person(s) aged under 24	5	8%
Yes – adult(s) aged 25 to 49	11	18%
Yes – person(s) aged over 50 years	7	12%
No	34	57%
Prefer not to say	5	8%
Base	*60*	
Access to car		
Yes, and I drive	46	75%
Yes, but I don't drive	2	3%
No, I don't have access to a car	13	21%
Base	*61*	

8.2.3   Geographical profiling of participants in the engagement sessions with specific communities

This section presents a geographical profiling of consultation participants.

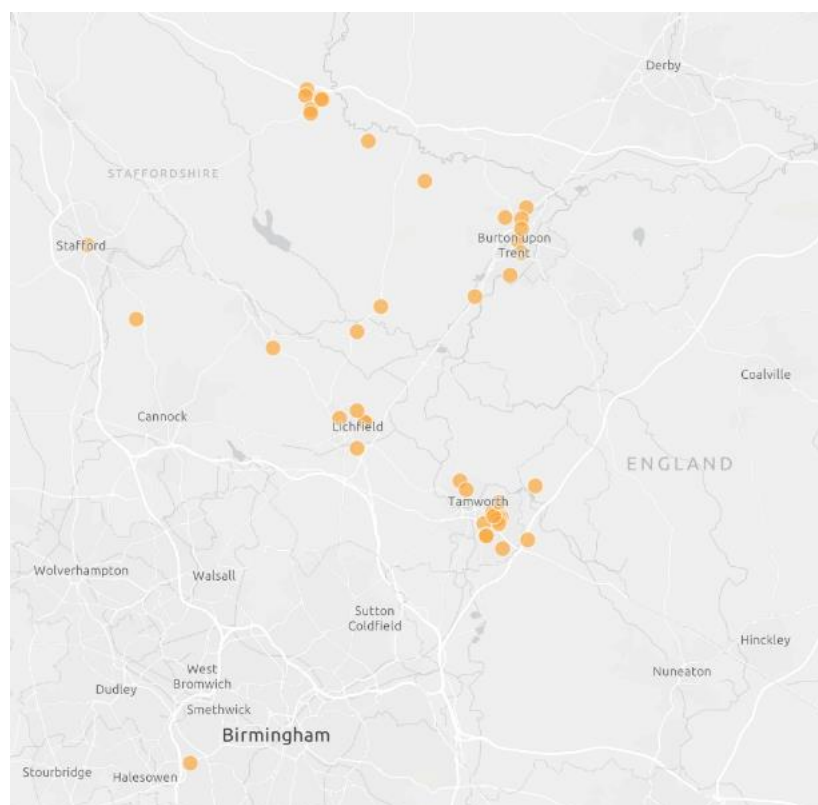*Figure 6. Map of participants of engagement session with specific communities. Base 54.*

Table 108.Local authority – Engagement sessions with specific communities

Local authority	No.	%
Tamworth	22	35%
East Staffordshire	18	29%
Lichfield	8	13%
North Warwickshire	2	3%
Stafford	1	2%
South Staffordshire	1	2%
Hart	1	2%
Birmingham	1	2%
No postcode provided	8	13%
Postcode unable to be profiled	-	-
Base	62	

Table 109 shows the level of deprivation of consultation participants. The Index of Multiple Deprivation is the official measure of relative deprivation for small areas in England, with the most deprived 10% of small areas categorised as '1' while the least deprived 10% of small areas are described as '10'.

Table 109. IMD breakdown – Engagement sessions with specific communities

IMD decile	No.	%
1 – Most deprived decile	12	19%
2	3	5%
3	2	3%
4	5	8%

IMD decile	No.	%
5	6	10%
6	9	15%
7	3	5%
8	6	10%
9	4	6%
10 – Least deprived decile	4	6%
No postcode provided	8	13%
Postcode unable to be profiled	-	-
Base	*62*	