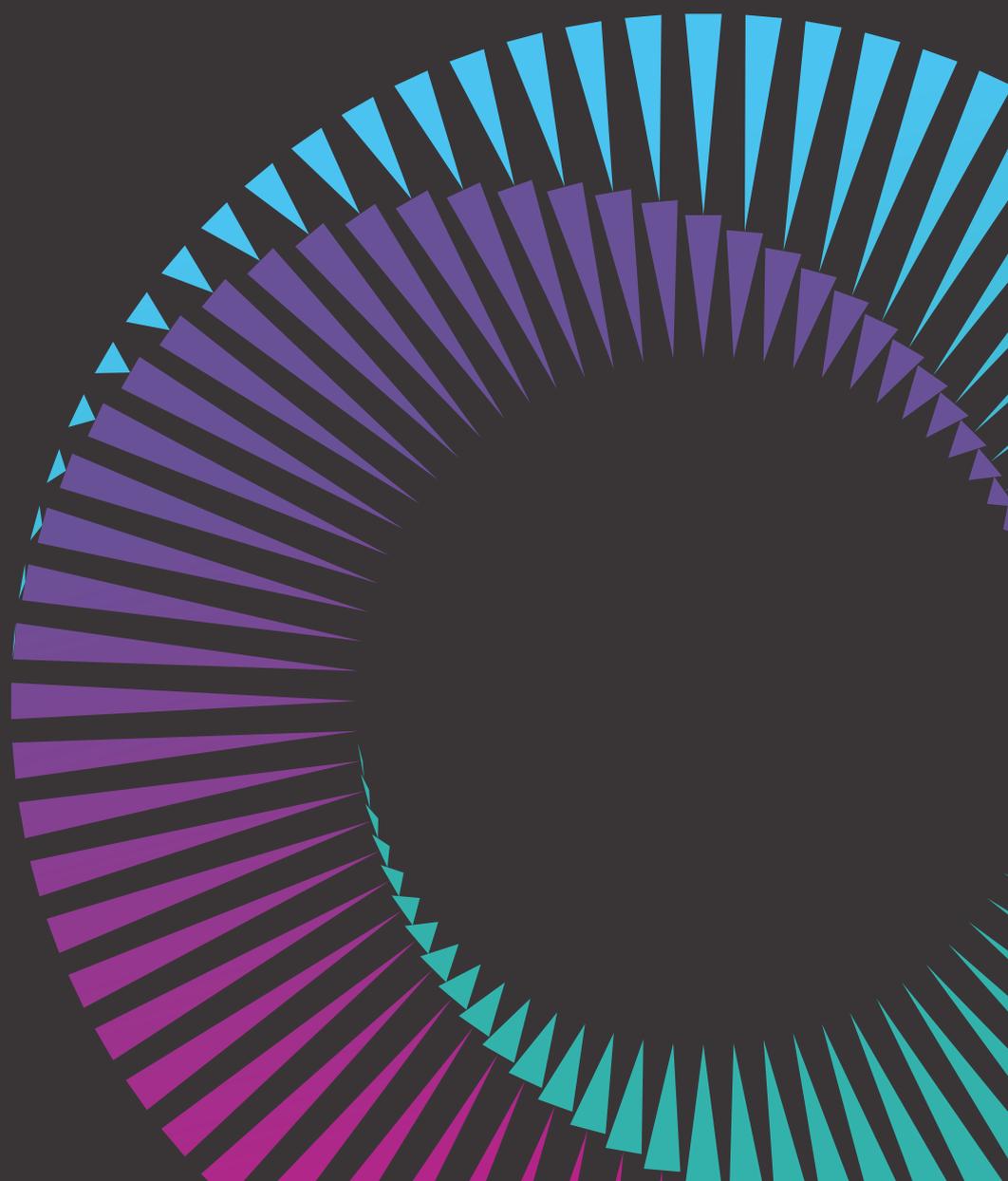


Finding a long-term solution for the
inpatient mental health services previously
provided at the George Bryan Centre

Summary report of findings



What is this about?

In February and March 2023, the local NHS ran a six-week public consultation about finding a long-term solution for the inpatient mental health services previously provided at the George Bryan Centre.

After the consultation finished, a full report of findings was written. The Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) will consider the findings carefully before it makes any further decisions.

This is a **summary** of the report of findings. You can read the full version on the ICB [website](#).

Background to the consultation



For some time, the NHS in Staffordshire and Stoke-on-Trent has been working with local patients, staff, interested groups and partners to redesign inpatient (hospital bed) mental health services in the area.

The local priorities for mental health are the same as the national ones – to deliver quality mental healthcare for patients in their **own home or community** rather than in hospital, wherever possible, 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 consultation proposal looks at how to provide the inpatient services that were provided at the **George Bryan Centre** up to 2019 for people living in south east Staffordshire. These were services for people with severe mental illness and/or dementia.

The public consultation ran from 9 February to 23 March 2023 (six weeks).

Its aims were to:

- ↗ Explain the proposal, including:
 - the national context of best practice in mental healthcare – avoiding sending people to hospital, except when essential for safe care
 - how the proposal had been reached
 - why a single viable proposal was being recommended
- ↗ Ask people their views about:
 - 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.

Promoting the consultation and getting people involved

The ICB wanted as many people as possible to know about the consultation, get involved and share their views.

They wanted to hear from people with experience of local mental health services, whether as patients, carers of patients, or staff, but also from the wider public, including people that we don't often hear from.

Here are some of the ways the consultation team went about this.

Different kinds of activities to suit different people

- ↗ A range of events, from drop-ins at busy places like shopping centres and libraries to one-to-one meetings
- ↗ Online sessions
- ↗ Events at various times of day to increase the numbers of people who could attend.

Working with local community groups

The consultation team reached out to local community groups who work with lots of people affected by mental health conditions or dementia. The groups included Mind, the Rotary Club, Burton Caribbean Association and Better Way Recovery.

The community groups:

- ↗ helped set up workshops with their members
- ↗ shared the consultation materials with their members
- ↗ spread the word in their newsletters and other communications.

The consultation team made sure that other stakeholders knew about the consultation – like local MPs, councillors, Healthwatch Staffordshire, people who work in mental health services, and the voluntary sector.

Working with Support Staffordshire

Support Staffordshire is a county-wide support organisation for the voluntary, community and social enterprise sector. They have good networks for reaching people who might not otherwise hear about NHS consultations. The consultation team asked them to help people from specific communities to take part in the consultation. The specific groups included men aged 65 and over, people in the most deprived areas – particularly in Lichfield, Burton and Tamworth – and people of Eastern European, South Asian and Black (Afro-Caribbean) ethnicities and mixed ethnic groups.

Promoting the consultation through the media, social media and promotional materials

The consultation team spread the word about the consultation using advertising, media releases and printed promotional materials including a flyer and poster. All the promotional materials pointed people towards the consultation webpages, where they could find the survey and lots of information resources.

The diagram gives examples.



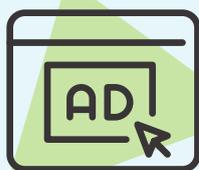
Consultation webpages on ICB website

1,079 views

Social media

14,259 Facebook impressions

7,643 Twitter impressions



Social media advertising

Total reach of 190,318



Media advertising

- Tamworth Herald
- Express & Star
- Burton Mail
- Lichfield Live website



Proactive media activity

8 pieces of newspaper coverage

Printed promotional materials

Flyer and poster sent to 30 venues, emailed to around 150 stakeholders



Consultation survey

One of the main ways of capturing people's views was through the **consultation survey**, which was also available in an **accessible (easy read) version**.

Both versions were available in print and on the consultation's webpages. In the online versions, sections from the consultation document were shown before the questions and made available as audio files to support the survey. This provided information for anyone who might not have read the consultation document before filling in the survey.

48 people completed the survey –

41 online

5 on paper

2 in accessible version.



Consultation resources

The main information source was the **consultation document**, which was available in different formats – **full print version with the survey**, **accessible print version with the survey**, and a **summary**.

The different versions were available on the consultation webpages (where the survey was also available).

The number of downloads are shown:

149 full version

79 summary

37 accessible version



As well as the consultation document, a lot of extra information was available, as shown in the diagram – from short animations to very detailed information, like the pre-consultation business case.

Consultation document

Print and online



Travel and activity analysis FAQs

and Information on financial support with travel



3 animations

- Journey to develop the long-term solution
- Pathways to mental health support
- Dementia services

6 case studies on mental illness and dementia



Pre-consultation business case

Detailed explanation of the proposal and the case for change



Investment in mental health services leaflet

and Changes in community mental healthcare over time



Consultation activities

To reach as many different people as possible, the consultation team made sure that different types of meetings were available, at different times of the day.

At the face-to-face events, people's comments and statements were noted in writing by members of the consultation team or Support Staffordshire. At the online session, participants gave their views using a digital platform called Jamboard, which is an anonymised method of leaving notes and comments. People at all events were encouraged to complete the survey.

6



Drop-in roadshows for public

About 74 people spoke to the consultation team

At

- ↗ Lichfield Library
- ↗ Asda, Tamworth
- ↗ Burton Library
- ↗ Ankerside Shopping Centre, Tamworth
- ↗ Asda, Burton
- ↗ Coton Centre, Tamworth

24



Engagement sessions led by Support Staffordshire

81 people took part – patients, carers, volunteers, community champions

At

Community centres and churches in Tamworth, Burton, Lichfield and Uttoxeter

6



Targeted workshops, run with community groups

133 people took part

At

- ↗ Burton Caribbean Association
- ↗ Rotary Club Carers Café, Burton
- ↗ Better Way Recovery, Lichfield
- ↗ Lichfield Memory Café
- ↗ Tamworth Memory Café
- ↗ Burton Mind Arts Club

2



Online events planned

6 people took part

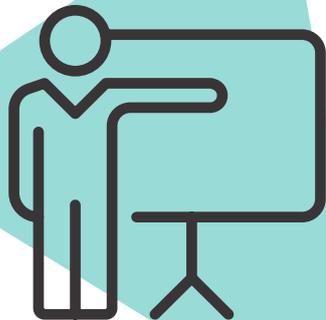
A few people registered for the first event but nobody attended. Those who had registered were invited to the second event.

Feedback through other channels

The consultation team gave a presentation about the consultation and proposal to Lichfield Overview and Scrutiny Committee.

The minutes of this meeting were added to the rest of the feedback gathered during the consultation for analysis, as were reports from Healthwatch.

The team also gave a presentation to the League of Friends at Sir Robert Peel Community Hospital, Tamworth.



Midpoint review

Halfway through the consultation, the team reviewed how it was progressing.

They found the consultation was delivering according to the plan, but that there were some areas where more people could be reached and more could be learnt. As a result, the team recommended some changes to the plan and subsequent activities.

This included running an extra drop-in session at Ankerside Shopping Centre in Tamworth. This gave people in Tamworth another opportunity to give their views, and took the number of drop-ins in Tamworth to three (in addition to other workshops and sessions that took place in Tamworth).

Another outcome of the review was extending Support Staffordshire's work so they could engage with more groups, including people experiencing homelessness and housing association tenants who had experienced mental health issues.

Demographic profiling

Below we show a summary profile of people who took part in the consultation (survey and events combined).

People could choose whether to complete the demographic profiling questionnaire, so the profile is based on those who chose to complete it.

 **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 44 years old or under, **45** (42%) were aged 45 to 64, and **30** (29%) were over 65

 **72** (67%) were female and **32** (30%) were male

 **90** (84%) said 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** (94%) 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 had a mental health condition

 **50** (47%) were carers and **53** (50%) did not provide care to a friend or family member

 **5** (5%) said they had 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.

For more detailed information, please see the full report on the ICB [website](#).

Consultation findings

This is a **summary** of the full report of findings, which you can find on the [ICB website](#). The findings are based on feedback received through the consultation survey, engagement events and correspondence.

Views on the community model for severe mental illness

Survey respondents were asked to share their views on the community model for severe mental illness. 28 (60%) 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.

Views from the survey

Patients should continue to be treated at the George Bryan Centre.

Community care doesn't work for everyone.

Though the model of localised community care is a sensible one ... I am concerned that the loss of the George Bryan Centre places at a disadvantage those with in-patient care needs and their relatives and dependents.

If a patient is monitored well and listened to the model would work better. I am left for weeks between appointments even when I'm struggling.

Community care puts more responsibility on family and friends. This may not be in everyone's best interest.

If I or a loved one needed treatment and I could get that treatment at home/in the community rather than going to hospital I'd much prefer that option.

Views from events

Don't believe the right outcome will be achieved without really listening to organisations that deal with desperate people...There is no sign of the extra funding being spent in the local community.

Is there sufficient capacity? Where is the guidance and support for families supporting patients?

There are slow response times and difficulties in accessing initial support.

Model ... does not reflect reality. One attendee self-referred and used an online link to complete the self-referral. Completed and was informed it was not being taken any further.

The participant felt that the proposed model was a good one. From their current work in community mental health services they have observed people experiencing severe mental health illness feeling more part of the community.

Where are these local, specialist teams based?

Some comments on this page were recorded by staff who noted down people's views at the events.

Views on the community model for dementia

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 some suggested that people are not aware enough of the dementia services available in the community.

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



Views from the survey

Much prefer to be treated at home or get that support than go to hospital or have a loved one in hospital.

Wherever possible keeping people in their own familiar home and supporting them and their family.

As a previous mental health staff member in a dementia unit it is imperative that there are more of these inpatient units! These patients often need psychiatric inpatient care before moving on to a specialist care home.

Some dementia patients deteriorate quickly, things are more likely to get missed if they are not monitored or cared for properly, e.g. nurses may not provide adequate care if its in the community.

I would like to see more home visits for patients and support for their carers (relatives) Night time and out of hours support should be improved.

Care in the community is not always possible. In patient care should still be provided for Tamworth people at the George Bryan Centre.

Views from events

Better not to be institutionalised. As long as the services in the community are there when needed.

The group were most concerned about this element of the proposal. They were concerned that patients may deteriorate without visitors locally. They were not convinced that GPs were sufficiently aware of community services to be able to signpost patients and families to appropriate support and therefore this would limit the effectiveness of the model.

Agree dementia support can be better at home. How good are doctors (GPs) at recognising dementia?

Dementia sufferers are at risk of sitting and losing abilities e.g. walking. Where's the stimulation?

Dementia care is better at home but there's a time when it doesn't work and becomes too much for the family. Every case is different – different people have different needs.

Some comments on this page were recorded by staff who noted down people's views at the events.

Views on the proposal to deliver inpatient mental health services

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 people 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.

Views from the survey

Keep the George Bryan Centre.

More beds needed across all areas. But you need more staff to provide better care to what is currently open before adding extra beds.

18 beds for the huge area it covers is not enough. It's said that the George Bryan centre had no Psychiatric intensive care but not every hospital needs intensive care.

Distance. Not everyone has access to a car. Parking isn't good at St George's. Staffing levels are low. Aftercare, treatment teams are different in Stafford than Burton.

I understand the disadvantages to opening an isolated ward at the GBC - However, I'm generally concerned about the lack of access to inpatient beds in the area.

While appreciating the difficulties around travel for some I believe this is the best possible option, and has resulted in the loss of just one bed.

Views from events

The participant was happy with this model. They felt that if they or a family member need care they would want the best care in the best place. They are aware the facilities at St George's are good. They felt that people would be pleasantly surprised.

[The participant] felt that this was a bad model. Very ill people need better support. The participant was concerned that staff may be too busy to listen.

Model seems simple and unrealistic. Reality is different.

As long as the language barrier is dealt with effectively, this is an acceptable solution.

NO! St George's is disgusting. Needs a lot spending on it.

Concerns about distance, travel, support for families and the impact on patients.

A good idea but more facilities needed.

Some comments on this page were recorded by staff who noted down people's views at the events.

Feedback on travel and access

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 making visiting times tie in with public transport timetables.

Views from the survey

Because of relatives difficulties in getting to Stafford, the cost of travel whether it be by public transport or car. Inpatients often need the familiarity of family members or relatives visiting as it can help their recovery.

To get to Stafford is a 60 mile round trip for our most vulnerable people.

Too far and expensive to travel so far when there's a perfectly good facility available locally.

Patients look forward to seeing relatives and vice versa. It's good for well being. Being isolated could prolong recovery.

You cannot guarantee that inpatient stays will be short.

It's closer than other hospitals.

Many visitors are older or do not drive.

Views from events

The participant was concerned about travel for visitors and the impact that will have on patients.

The distance for some visitors to travel when the Cafe shuts too early = not pleasant.

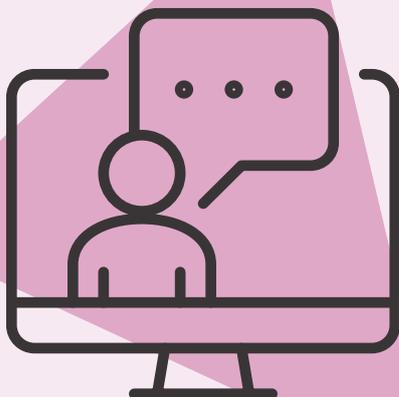
It's a major concern. Time and distance are an expense. Is there anywhere closer than St George's? Burton is 35 minutes away, Derby is 50/55 minutes, Stafford is over an hour.

Even if you drive it's still a long way (1 hour). Not guaranteed buses at certain times for visiting times.

Personally the interviewee was not concerned as they can drive and so can their family. They know there's parking at St George's.

Neuro diverse patients need contact on their terms from people who understand them and what they need, particularly how they need to be treated.

Some comments on this page were recorded by staff who noted down people's views at the events.



Feedback on technology

27 (66%) survey respondents said they could easily use their device to contact someone in hospital, while 10 (24%) said they could do this but would need help.

When asked what support was 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.

Views from the survey

Digital technology might reduce the number of physical visits for patients that can engage with it. But there is no substitution for physical contact, for touch, for hugs.

Just a demo [needed] to show me how to set up a link.

Too much support [needed] and it would not be an acceptable substitute for a real visit.

I am 83yrs old I don't use computers or tablets.

They would need access to a device and means of charging them.

I could do so easily. The question is could they? I am sure from experiences with my own family members that they may have difficulty. Further it is not really possible to check on how people are being cared for, what their environment is like, etc. virtually.

Views from events

Doesn't work with dementia. Person with dementia is unlikely to comprehend that the person they are speaking to is actually 'them'. Staff don't have time to set up and help a patient with the technology - there's too much for them to do

For dementia patients = real problem. They may miss out on care and support.

This relies on friends and family having internet access at home and not everyone has access to the internet, particularly those supporting someone which dementia who may be older themselves.

Technology is an option to help but a) can never replace a hug from a someone you love. b) will only work for someone comfortable and confident in using it.

NO! Struggle to use day-to-day e.g online banking.

Some comments on this page were recorded by staff who noted down people's views at the events.

Next steps

The full report of findings has been received by the programme technical group of clinicians and managers from Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) and Midlands Partnership University NHS Foundation Trust (MPFT), as well as representatives from Healthwatch Staffordshire.

They reviewed the report to understand people's views on the model of care and the proposal and considered whether any further action is needed at this stage. They also identified any concerns that need further investigation or mitigation (actions to reduce any negative impacts).

The report of findings will be used to develop the ICB's decision-making business case. This will go through a robust, established governance and assurance process.

Further details about timescales and activity in this programme are to be confirmed. For updates, please visit the ICB's [website](#), where you can also read the full report of findings.

