

Transforming adult mental health inpatient services in Staffordshire and Stoke-on-Trent Strategy, 2024-2027

Executive Summary, public engagement, July 2025

Background

[Staffordshire and Stoke-on-Trent Integrated Care Board's \(ICB\) 'Transforming adult mental health inpatient services in Staffordshire and Stoke-on-Trent Strategy, 2024/27'](#) was published in July 2024.

This strategy serves as a roadmap for SSOT ICB and its partner providers, Midlands Partnership University NHS Foundation Trust (MPFT) and North Staffordshire Combined Healthcare NHS Trust (NSCHT), to develop a well-coordinated and responsive inpatient mental health service. By focusing on optimising bed use, developing integrated care pathways, and prioritising patient wellbeing, the strategy aims to improve access to effective care and ensure positive outcomes for individuals experiencing mental health challenges.

The intention of the public engagement was to gather public feedback and views about adult mental health services across Staffordshire and Stoke-on-Trent, with the feedback and insight contributing to the comprehensive analysis being undertaken by SSOT ICB's Mental Health portfolio in Year 2 delivery of the strategy (2025/26). The engagement for the strategy was originally due to take place in summer 2024 but was delayed due to the General Election.

Methodology

A public engagement online survey and a series of in-person and online public involvement sessions were held from November 2024 - March 2025 to gather the public feedback and views across Staffordshire and Stoke-on-Trent.

180 participants took part in the engagement process, from November 2024 – March 2025

Out of the 160 total responses to the survey, 120 survey participants (75%) provided their postcodes.

- 71 of those survey participants (59.17%) provided a postcode in the service areas of North Staffordshire Combined Healthcare NHS Trust (NSCHT) (North Staffordshire and Stoke-on-Trent).
- 42 of those survey participants (35%) provided a postcode in the service areas of Midlands Partnership University NHS Foundation Trust (MPFT) (South Staffordshire).
- 7 of those survey participants (5.83%) provided a postcode from outside Staffordshire and Stoke-on-Trent. These areas were Derbyshire (Buxton), West Midlands (Walsall and Wolverhampton), and Shropshire (Market Drayton and Shrewsbury). 4 online engagement sessions were held, and 1 in-person session.
- 74% of engagement session participants provided a postcode in the service areas of Midlands Partnership University NHS Foundation Trust (MPFT) (South Staffordshire).
- 19% of engagement session participants provided a postcode in the service areas of North Staffordshire Combined Healthcare NHS Trust (NSCHT) (North Staffordshire and Stoke-on-Trent).
- 7% of engagement session participants provided a postcode from outside of Staffordshire and Stoke-on-Trent. These areas were Derbyshire (Buxton) and West Midlands (Wolverhampton).

The in-person and online public involvement sessions focused on three specific discussion areas:

- Prevention – What could we do to help prevent the need for a hospital admission for urgent mental health support? What are we doing well? What could we do better?
- In a hospital admission for urgent mental health support, what does receiving the ‘best care’ look like? What are we doing well? What could we do better?
- After hospital and in their communities, what would help patients with mental health support needs to live the best lives that they can? What are we doing well? What could we do better?

Summary of findings

The majority of participants in the engagement process had experienced mental health services, directly or as family/carers/friends, and in Staffordshire and Stoke-on-Trent.

Responding to the online survey, 81% had experienced this via a GP/doctor; 52% via Talking Therapies; 47% in the community; 35% through a mental health trust. *

33% found it difficult to get support for themselves, their family or friends; 27% were neutral on this, and 18% responded it was very difficult.

21% felt not at all involved in the planning of the care and support for themselves, their family or friends; 20% felt somewhat involved, and 20% mostly involved.

57% responded support was not tailored to their personal needs and circumstances, with 43% responding it was.

If they needed mental health support in the future, 81% would go to a GP/Doctor; 26% a charity (such as Mind or Rethink); 21% via mental health trust support; 21% through NHS Talking Therapies, and 14% via NHS 111.

Strong collective feedback themes came through from engagement respondents on areas to improve in adult mental health services. The majority of feedback was negative, but there were some positive comments on healthcare services and individuals, as well as voluntary, community and social enterprise (VCSE) support. The collective themes included:

- Improved support is needed to advance mental health equalities; this includes enhancing support and 'understanding' of what is needed by different groups across our communities, including making reasonable adjustments.
- Improved waiting times.
- Patient choice – patients would like a preferred format of appointments, location, opening hours, out of hours support, not being digitally excluded as they don't have internet access, etc.
- Patients, family, carers and friends being listened to by professionals.
- Patients being seen as a 'whole person' and there is no one-size fits all approach. Tailor support to the individual.
- Improved communication between services, teams and professionals – a more 'joined up' system. A 'one system' approach.
- Wanting to be treated with 'empathy', 'care', 'compassion', 'respect', 'sympathy', 'honesty', 'kindness' and 'understanding'.
- Seeing the same named healthcare professional for continuity of care.
- Emphasis on prevention – many felt they or family/friends were only seen at severe crisis point, or how do you recognise/know when someone is likely to enter crisis? What are trigger points for people and how can support be offered to prevent crisis?
- More services locally and in the community, more safe spaces and walk-ins.
- Easier access to the right help, clear referral routes and effective signposting. Knowing where you can go to for help. Some commented there were many different contact points, but how do you know which one to go to at the relevant time?
- More support for family members, carers and friends.
- Further improved understanding of mental health conditions, how lifelong conditions can affect mental health, and areas such as perimenopause/menopause and links to mental health from professionals.

*(due to being able to tick multiple answers, percentages add up to more than 100%) ENDS.