

# Cumbria Partnership Foundation Trust

## Stakeholder Listening Events Output Report

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## Introduction and Context

The Senior Leadership of Cumbria Partnership Foundation Trust (CPFT), Northumberland Tyne and Wear NHS Foundation Trust (NTW), and Lancashire Care NHS Foundation Trust (LCFT) agreed to utilise the skills and experience of NTW's Trust Innovation Group (TIG), to assist the Mental Health Programme. It was agreed that TIG's initial input would be listening to the views and experiences of Service Users, Carers, staff and partners, on what works well within the current Cumbrian Mental Health and Learning Disabilities system and what could be improved upon.

## Approach

### Information Gathering methods

The information gathering would consist of the following methods

- 1) A series of 28 'Listening Events' across three weeks in September 2018. The events were held at four venues across the county (Carlisle, Whitehaven, Barrow-in-Furness and Kendal)
- 2) A Trust Governors workshop
- 3) A questionnaire available by e-mail, online and on paper, using the same format as the "Listening Events".

### Listening Events

The Listening Events were broken down into sessions for:

- Staff and partners
- Service Users and Carers

The sessions were further divided into sessions for the following services:

- Older People
- Adults
- Children and Young People
- Learning Disabilities

- Autism

## Staff and Partners Questions

A number of open questions were designed to develop an understanding of provision of services across the Trust area and these questions were as follows:-

### **Adding value to patient care**

Q.1 What are the current challenges and things that don't add any value to patient care and supporting Carers/families?

Q.2 What are you most proud of in the services/teams within CPFT? –

Q.3 What are the things in your services/teams that **do** add value to patient care?

### **Access to Services**

Q.1 What are the challenges in getting Access to your services?

Q.2 What would good Access to services look like?

### **Assessment**

Q.1 What are the challenges in assessing patient and Carer needs, within CPFT and in partnership with others?

Q.2 What would good Assessment look like?

### **Treatment**

Q.1 What are the challenges in delivering treatment?

Q.2 What would good treatment delivery look like?

### **Inpatient Care**

Q.1 What challenges are there in delivering Inpatient treatment?

Q.2 What would good Inpatient Wards include?

## Service User and Carer Questions

### **Help from Services**

- Q.1 How do you get help from services now?
- Q.2 What are the issues/challenges with that?

### **Access to Services**

- Q.1 What would good access to services include?
- Q.2 How are your needs assessed now?
- Q.3 What are the issues/challenges with that?

### **Assessment**

- Q.1 What would good assessment of your needs include?

### **Treatment**

- Q.1 How do you receive treatment now?
- Q.2 What are the issues/challenges with that?
- Q.3 What would good treatment include?

### **Inpatient Care**

- Q.1 What challenges are there in receiving Inpatient treatment?
- Q.2 What would good Inpatient Wards include?

The information from the Listening Events has been themed and analysed below.

Many of the events benefitted from having live illustration of the discussion, provided by Drawnalism® (outputs from which are shown in additional reports).

## Questionnaires

As with the Listening Events, two questionnaires were developed using the same open questions as those posed at the Listening Events. This was shared with CPFT staff and partners, Service Users and Carers, and the public. Additional support was offered by Third Sector groups, and by Inpatient and Learning Disabilities staff in helping individuals give feedback.

Service Users and Carers were informed of the questionnaire via the following channels:

- Social media
- the Cumbria Partnership website
- CPFT's patient experience team (for inpatient wards)
- A Trust database of stakeholders including the Third Sector who were asked to share via their networks
- Stakeholder events
- Trust staff to share the information about the weblink to the questionnaire with Service Users

There were 57 Service User and Carer survey respondents and there were 81 Staff survey respondents. There were also a small number of paper questionnaires completed (two staff and 10 Service User and Carer).

The information gathered from the questionnaires is themed and analysed in the report sections which follow.

## Governor Workshop

On 28<sup>th</sup> September 2018, a Trust Governor Workshop was held at Voreda House, Penrith and facilitated by Stewart Gee (Head of Transformation and Improvement, NTW) and Sarah Keetley (Transformation Lead/Senior Programme Manager, NTW).

Public and Staff Governors in attendance were updated on the programme, and then invited to complete the same exercises as in the Listening Events.

The information collected at the Governor workshop has been themed as above.

**The questions designed for the Listening Events and questionnaires were predominantly open, so the responses were, accordingly, more qualitative than quantitative. This deliberate strategy was used to achieve a richness of information not possible with closed 'yes/no' questions. As such they have been grouped into themes and a basic 'count' applied.**

Many similar themes emerged across the events and the county, and these are presented first. Themes or issues that only relate to a single pathway or locality then follow in this report.

## Overarching Themes from Listening Events

The recurring and most positive theme that ran through the Listening Events was based on the dedication and levels of care given by CPFT staff. Service Users, Carers and external organisations all agreed that the dedication and caring nature of the staff was excellent. This was also reflected in the CQC report of January 2018 that rated the level of care as “Good”.

The staff themselves noted that, despite small teams and geographical issues, they felt that Service User outcomes were good and despite an ageing workforce, this brings a lot of experience and knowledge to the treatment of the Service Users.

It was the opinion of the session facilitators that, despite difficulties faced by the staff, that there was an *esprit de corps* and feeling of local pride that meant staff went the extra mile, as mentioned so often by the Service Users and Carers.

Positive views were also given of the Third Sector, but also an acknowledgement that they could be better utilised and communicated with, by CPFT.

Whilst the majority of attendees at the Listening Events could describe positive aspects of care, a significant range of challenges were also described. These are themed below.

### Access to Services

- Lack of knowledge and understanding from GPs of Mental Health problems and what pathway to refer their Service Users to
- Lack of advice, information, signposting and self-help materials available
- Crisis team availability inconsistent and varies by locality and time of the day. Upon access, the messages and advice given by the Crisis team is reported to be inconsistent also
- A&E settings within the Acute Trust also cause undue angst for Service Users, as there is a perceived lack of knowledge and understanding of Mental Health problems in A&E staff, and also in security with one Service User being ordered to “keep quiet or get out”. The environment also was reported as having an adverse effect on Service Users as no separate provision of a quiet waiting area meant they were in an area of potential high noise and activity levels, especially at peak weekend times
- Police liaison support was reported as lacking across the localities also, with several experiences shared of the appropriate adult/Carer not being informed of detainment of their loved one
- Lack of a maintained provider directory to provide sign-posting, advice and information
- Clinical systems riddled with issues including lack of user training, not interfacing with other organisations leading to repetition of work, and lack of technology to utilise and maintain community working

- Lack of “joint-working” creating poor communications between services and no cohesion between Social Care and local council services. All combining to create delays in Service User assessment and treatment.



## Assessment of Needs

- Waiting times from referral to assessment are lengthy with no interim support consistently offered during this timescale
- Many Service Users have to go out of their area for assessment and treatment. This incurs increased cost and wastes the Service User's time in having to get public transport to attend in rural areas
- Service Users feel that holistic assessments are not offered and they feel that they are assessed to fit the system rather than be viewed as an individual
- Carers felt strongly that they are not involved by providers and that their story is not heard, resulting in them being excluded from the communication chain
- Carers voiced concerns that the impact on families and Carers is overlooked
- Staff felt that tasks such as assessment are done to "tick boxes" rather than provide a bespoke, person-centred service
- Staff aired frustrations at the quantity of did not attend (DNA) appointments
- Irrelevant paperwork and training
- Lack of clinical room availability to see Service Users restricts the ability to assess in a timely manner
- Third Sector organisations attending also complained that the processes around the service are complex and ever changing, creating confusion and restricting their ability to help the Service User.

## Delivery of Treatment

- Service Users complained of unclear pathways and a lack of co-production in being involved in deciding on treatment options
- A common felt feeling of isolation in the community was described by Service Users and Carers, with little outreach or pro-active support
- The consistency of staff throughout the pathway was highlighted as a significant concern for Service Users and Carers, as they had to continually repeat their stories and there was a lack of continuity of care- "staff are ever changing , never see the same person twice"
- Staff complained about the lack of staff due to sickness absence and the ageing workforce, which is having a snowball effect on the already short staffing establishment
- The lack of respite facilities and inpatient beds was also highlighted as a concern by numerous Service Users and Carers
- Lack of specialist training was identified as an issue in the provision of treatment given
- Due to geography and rurality of some areas, the time spent travelling to visit Service Users and Carers in the community takes valuable time away from the staff's ability, to provide clinical care and treatment
- The lack of mobile technology and increased amount of admin time required by clinicians takes away from valuable clinical treatment time.

## Service Specific Issues & Concerns

### Children's & Young Persons

#### Access to Service

- Access to services was felt by Service Users and Carers to be difficult. Many felt that they had to be in crisis before they would be seen, despite not having a home treatment team for younger people
- It was described of many services that the referral criteria makes it difficult to access services and the constant change in service provision causes referrer confusion
- Service Users and Carers explained that they have been given the advice of "look on the NHS website" rather than being able to access clinical advice at source
- Some felt that the media cause more stigma regarding Mental Health and there were also concerns raised about the travelling community/transient groups who don't believe in or understand Mental Health. It was felt that there is no pro-activity currently to reach out to these groups
- Carers expressed frustration that access to services does not include them, even if their name has been given as responsible Carer
- Staff also shared many of the above concerns on behalf of the Service Users and Carers but also added that crisis team's time and resources were being taken up by trying to source beds and liaise with emergency services. This spreading of resource and watering down effectiveness is also felt to limit the experience of the crisis team when it comes to dealing directly with Mental Health issues, in particular children and young persons
- Staff expressed a concern that it is acknowledged that there is a population of undiagnosed children in the county who are not receiving any treatment or advice.

#### Assessment of Needs

- Service Users feel that they "don't fit into the tick boxes of assessment" and that children will often answer what they think the assessor wants to hear rather than what they are really feeling
- The lack of information sharing between police, education centres, other third party agencies and CPFT results in Service Users repeating their stories
- Carers and Service Users also discussed that the use of clinical terminology and "jargon" was an issue and creates a feeling of inferiority
- Carers felt that the CAMHS service was not supportive of Service Users, Carers and families
- It was identified that gaps in service occur when specialist workers are on annual leave or absent with sickness. This void created leads to a pause in work and extension of waiting lists

- Staff and other external agencies also shared many of the concerns expressed by the Service Users, and additionally noted that the amount of irrelevant clinical tests and duplication of paperwork carried out led to a significant reduction of value added patient-facing time.

## Delivery of Treatment

- One of the most common themes in the discussion about treatment delivery was the subject of transition age and how it causes a vacuum between the services, into which Service Users fall and struggle to get any kind of timely intervention
- Continuity of care was raised in most listening sessions and it was acknowledged that there are not enough resources within the system, including there being no beds in the county, and the frequent organisational change which causes confusion for the Service User and inconsistencies from the staff viewpoint
- Carers identified the impact on siblings of Service Users with Mental Health problems who in turn have developed needs from the services. It is felt there is a lack of support to prevent this becoming an issue
- IT issues were raised around the lack of mobile devices, access to VPN in community setting, and the lack of a digital dictation system so staff return to base to type records
- The staff also identified a number of wastes within the service model processes which do not add any value to patient care or outcome. These included:
  - Irrelevant mandatory training
  - Travel time
  - Admin time and lack of admin staff to reduce this
  - Duplication of work into non-interfaced systems
  - Lack of clinical/admin space in which to work

## Autism Services

### Access to Service

- Limited/no services for the assessment and treatment of ASD anywhere in the County
- There is a long referral and diagnosis period (3-5 years). This includes waiting for an assessment from point of referral and waiting for the various assessments by various professionals prior to a diagnosis being offered
- Classification of Autism can include Service Users from other pathways. If a Service User is already within another pathway, a new referral must be made to receive assessment from the Autism Team which prolongs the patient treatment time
- Lack of effective training for GPs in Autism symptoms and diagnosis
- There is no access to ADHD assessments in Cumbria
- The use of jargon and clinical terminology causes confusion for Service Users and Carers
- Some Service Users have given up trying to get a diagnosis and treatment due to the long waiting times

### Assessment of Needs

- Service Users, Carers and Staff identified that it is very difficult for children under the age of 18 to be given a diagnosis
- Many Service Users have to travel to Newcastle for a 2<sup>nd</sup> opinion and diagnosis

### Delivery of Treatment

- Service Users, Carers and staff all complained that there is currently no after care services for adults after 4 follow up sessions. Service Users and Carers are signposted to 3<sup>rd</sup> sector and voluntary agencies for help and support but these services are not available everywhere
- It was acknowledged that there is no funding for Service Users with a diagnosis of Autism with a secondary condition
- Staff stated that there is currently a lack of skilled staff in Autism services

## Adult Mental Health

### Access to Services

- Service Users and Carers complained that GP waiting times are excessive, as well as the presence of a Single Point of Access line (which is not available in all areas) that results in being “bounced” between GP and the Helpline
- Service Users and Carers also identified that there is no help and support during the night
- The staff stated that the Crisis Team is not properly funded or staffed

### Assessment of Needs

- Service Users expressed their frustrations at having to repeat their stories and being afraid to open up during assessment. A suggestion of the Patient Passport (which is available for Service Users within the Learning Disability pathway) rather than having to repeat their story/details/circumstances was made
- Carers feel that staff need to involve the family and Carer as much as possible during the assessment process
- It was suggested that The Care Act Assessment could be done jointly with Local Authority and Mental Health services
- Staff feel Trusts need to be better at sharing information and there is an excessive amount of duplication across the various systems that do not talk to each other

### Delivery of Treatment

- Service Users and Carers feel that there should be better treatment plans and communication between wards, home treatment teams and the CMHT in order to provide seamless care
- Service Users feel that the ward environment is inappropriate to recovery and the culture is not conducive to treatment. An example was given of drug dealing amongst inService Users
- Virtual clinics are not appropriate for some Service Users
- Care plans do not focus on holistic therapies
- Consistency of clinical staff is required for smooth progress through the Service Users pathway
- Staff also commented on the poor communication between services and the lack of cohesive working between adult Mental Health and Social Care
- An existing lack of specialist staff in services such as Eating Disorders is further exasperated by the recruitment issues faced by CPFT as a whole.

## Learning Disabilities

### Access to Services

- Service Users stated that it was hard to find services and with no direct guidance for learning disability/autism, they feel “stuck in a vacuum” and they are often passed back to their GPs
- Confusion on how to refer was cited and Service Users stated that they were always informed to phone the crisis team
- Service Users identified that better transition and education are needed and expressed a desire for hospital passports
- Staff feel that it is a difficult process to get support from district nurses for their Service Users who have complex physical health problems

### Assessment of Needs

- Service Users complained that often they cannot be assessed locally due to resource issues and additionally that the waiting areas are too noisy
- “The assessment is not worth the paper it is written on” according to one Service User
- Staff also share these frustrations and identified that information sharing is slow and inconsistent.

### Delivery of Treatment

- Service Users and Carers stated that there was an inconsistency of staff and the use of agency staff was not beneficial as they were not familiar with the Service User, and therefore not clear in terms of the pathway
- As there are no locally available beds, Service Users are being transferred to beds in neighbouring Trusts. This is costly for Carers and families to visit their loved ones
- Staff feel undervalued and untrusted and stated they feel they are “firefighting” all the time instead of improving the bigger picture
- Staff are struggling in an already undersized team with sickness, annual leave and maternity leave
- Lack of training and understanding in the acute setting for Service Users with additional physical problems was acknowledged and staff also felt that training is suitable for adults but not for the service provision of children, and is not user-friendly
- Staff also stated that mainstream services do not understand each other’s issue’s e.g. Capacity in decision-making, co-ordination, education, etc.

## Older People's Mental Health

### Access to Services

- Service Users identified that they do not know who their first point of contact should be and they find the systems confusing
- A poor awareness of Mental Health within acute settings and a struggle to access Social Services was also cited as an impact on the Service Users and their Carers
- The use of electronic systems in place of face to face interactions was also expressed as less beneficial to the Service User

### Assessment of Needs

- Service Users and Carers highlighted that it is difficult to obtain a formal diagnosis and they felt that they always have to chase for the next step to be made
- Staff also identified that there was a great deal of duplication of information and re-entry into different systems as there was no interfacing to automate this process

### Delivery of Treatment

- More time should be taken when communicating with families and Carers, and strengthening families work is needed according to Service Users and Carers
- Consistency of clinical staff is required for smooth progress through the Service Users pathway
- The staff also identified a number of wastes within the service model processes which do not add any value to patient care or outcome. These included:
  - Irrelevant mandatory training
  - Travel time
  - Admin time and lack of admin staff
  - Duplication of work into non interfaced systems
  - Lack of clinical/admin space in which to work
- IT issues were raised around the lack of mobile devices, access to VPN in community setting, and the lack of a digital dictation system
- Consistency of clinical staff is required for smooth progress through the patient's pathway.



## Questionnaires

### Staff and Partners Questionnaire

The first section asked the respondents to identify whether they were staff or partner and which service they were involved with. The responses were as follows:

1) What best describes you?

|          |              |    |
|----------|--------------|----|
| Answers: | Staff Member | 76 |
|          | Partner      | 10 |
|          | Total        | 82 |

2) Which Services do you have involvement with?

|          |   |    |
|----------|---|----|
| Answers: | Adult Mental Health                       | 38 |
|          | Children and Young People's Mental Health | 16 |
|          | Older People's Mental Health              | 13 |
|          | Learning Disability Services              | 11 |
|          | Autism                                    | 5  |
|          | Total                                     | 80 |

The questionnaire contained the following sections:

- Adding value to Patient care
- Access to Services
- Assessment of Needs
- Treatment Delivery
- Inpatient Beds

The questions were as follows:

#### **Adding value to patient care**

1. What are the current challenges and things that don't add any value to patient care and supporting Carers/families?
2. What are you most proud of in the services/teams within CPFT?
3. What are the things in your services/teams that do add value to patient care?

#### **Access to Services:**

1. What are the challenges in getting access to your services?
2. What would good access to services include?

#### **Assessment of Needs**

1. What are the challenges in assessing patient and Carer needs, within CPFT and in partnership with others?
2. What would good assessment look like?

#### **Treatment Delivery**

1. What are the challenges in delivering good treatment?

2. What would good treatment delivery look like?

### **Inpatient Beds**

1. What challenges are there in delivering inpatient treatment?
2. What would good Inpatient Wards include?

## Summary of answers:

The responses to the staff questionnaires fall into the following themes:

- Service Users have to wait too long for both assessments and for treatment
- There is a committed and caring workforce across the area
- There is a feeling of a lack of resources and too few staff to manage the demands placed upon all services resulting in long waiting lists and high demand for services

The individual questions are included below (highest response numbers in **BLUE**):

## Adding Value to Patient Care

**Q.1) What are the current challenges and things that don't add any value to patient care and supporting Carers/families?**

|                                      |                         |                                 |  |                             |                                |                                   |
|--------------------------------------|-------------------------|---------------------------------|--|-----------------------------|--------------------------------|-----------------------------------|
| Parents need more support            | <b>Long waits</b>       | Access to Psych therapies/ IAPT | <b>Not enough Autism/ CYPS service</b> | Appropriate support         | Poor Leadership                | <b>Too much Paperwork / admin</b> |
| 2                                    | <b>10</b>               | 5                               | <b>10</b>                              | 3                           | 3                              | <b>10</b>                         |
| Poor communications between services | <b>Not enough staff</b> | Lack of funding                 | Space/car parking/ geography / travel  | Slow PCs / multiple systems | No understanding of BME issues | Too much Mandatory training       |
| 7                                    | <b>11</b>               | 4                               | 6                                      | 2                           | 1                              | 1                                 |

### Themes / Multiple replies

- Long waits for Service Users
- Lack of resources / funding / staff
- Gaps in services, particularly CYPS
- Too much paperwork

## Q.2 What are you most proud of in the services/teams within CPFT?

| <b>Teamwork and commitment</b>                                  | Caring Staff                 | Think outside box / laterally                    | High Quality Service  | <b>Hard work / energy</b> | <b>First Step service</b>        | Positive culture         |
|---|------------------------------|--|-----------------------|---------------------------|----------------------------------|--------------------------|
| <b>20</b>   | 6                            | 4  | 5                     | <b>10</b>                 | <b>9</b>                         | 3                        |
| Working with Service Users /Carers / other agencies to recovery | Contactable by Service Users | GPs working with Children's service / eye clinic | Honesty and integrity | Proud to work for the NHS | This is just a tick box exercise | Training and supervision |
| 4   | 1                            | 2  | 1                     | 1                         | 1                                | 1                        |

### Themes / Multiple replies

- Staff commitment, care and compassion
- Hard work
- First Step service

## Q.3 What are the things in your services/teams that do add value to patient care?

| <b>Teamwork and supporting each other</b> | <b>Commitment and caring staff</b> | Training initiatives and supervision | Listening and communication | <b>Person centred care and high quality treatment</b> |
|---|------------------------------------|--------------------------------------|-----------------------------|---|
| <b>7</b>                                  | <b>12</b>                          | 5                                    | 5                           | <b>16</b>   |
| Knowledge and experience of staff         | Timely service                     | Safe / appropriate environment       | First Steps                 | Other (SALT / Eye Clinics / OT and processes)         |
| 5   | 3                                  | 2                                    | 2                           | 3   |

### Themes / Multiple replies

- Experienced staff
- Quality of care

## Access to Services

### Q.1 What are the challenges in getting access to your services?

|                           |                     |                                    |   |   |  |                                 |
|---------------------------|---------------------|------------------------------------|---|---|--|---------------------------------|
| <b>Waiting times</b>      | Distance/ Geography | <b>Not enough staff / services</b> | Poor communication of services            | Inappropriate referrals / using First Steps as a triage service | Accommodation / venue                    | Not enough commissioned service |
| <b>12</b>                 | 4                   | <b>16</b>                          | 5   | 6   | 4  | 2                               |
| Not enough inpatient beds | Inflexible staff    | Cultural BME barriers              | Unrealistic expectations of Service Users | No SALT / gaps in OT service                                    | Service Users have to jump through hoops | No respite or sitting service   |
| 1                         | 1                   | 1                                  | 1   | 2   | 1  | 1                               |

#### Themes / Multiple replies

- Waiting times
- Staff shortages
- Inappropriate referrals

### Q.2 What would good access to services look like?

|   |                       |   |                                   |  |   |   |
|---|-----------------------|---|-----------------------------------|--|---|---|
| <b>More joined up / holistic service</b>                | Less Paperwork        | <b>Shorter waiting times / early intervention</b> | More staff                        | Better coms with public about services | More patient Centred                      | <b>More flexibility re venue and time</b> |
| <b>5</b>  | 2                     | <b>13</b>   | 3                                 | 3                                      | 2   | <b>8</b>                                  |
| <b>Better / simpler referral process, introduce SPA</b> | More like First Steps | Better IT   | Introduce Online referral process | Better access for BME                  | Better SALT / OT provision / respite care | More beds for inpatient                   |
| <b>8</b>  | 3                     | 2   | 1                                 | 1                                      | 3   | 1   |

#### Themes / Multiple replies

- Joined up, holistic service
- Reduce waiting times

- Better availability and accessibility process / SPA (Single Point of Access)
- More Flexibility re time and venue

## Assessment of Needs

**Q.1 What are the challenges in assessing patient and Carer needs, within CPFT and in partnership with others?**

|                                       |  |   |                                      |  |
|---------------------------------------|--|---|--------------------------------------|--|
| <b>Not enough staff</b>               | <b>Not enough time / assessments take too long</b> | Lack of partnership working / understanding of other services | Variety of assessment and IT systems | Not enough appropriate accommodation                                       |
| <b>7</b>                              | <b>15</b>  | 9   | 7                                    | 3  |
| Assessment to treatment time too long | Not enough patient Carer involvement               | Geography   | Inappropriate referrals              | Others (Staff expertise / qualifications, poor SALT provision, BME issues) |
| 2                                     | 1  | 1   | 2                                    | 3  |

### Themes / Multiple replies

- Not enough time / lengthy assessments
- Too few staff
- Lack of partnership working

**Q.2 What would good assessment look like?**

|                              |   |                      |                                   |                                  |
|------------------------------|---|----------------------|-----------------------------------|----------------------------------|
| <b>Shorter waiting times</b> | <b>Better more standardised and clearer assessment tool</b> | Person centred       | <b>Holistic/ joined up</b>        | More time to complete assessment |
| <b>8</b>                     | <b>15</b>   | 9                    | <b>15</b>                         | 3                                |
| SPA                          | Shorter assessment to treatment times                       | Carer needs included | SALT / OT included in assessments | Split over multiple sessions     |
| 2                            | 1   | 2                    | 2                                 | 1                                |

### Themes / Multiple replies

- Better / standardised / clearer assessments

- Simplicity / joined up, holistic
- Shorter waits



## Treatment Delivery

### Q.1 What are the challenges in delivering good treatment?

| <b>Geography / travel</b>                                | <b>Not enough staff</b>            | <b>Waiting times</b>            | <b>Appropriate accommodation</b>  | Resources  |
|--|------------------------------------|---------------------------------|-----------------------------------|--|
| <b>7</b>   | <b>15</b>                          | <b>11</b>                       | <b>11</b>                         | 4  |
| <b>Staff knowledge / experience / specialist support</b> | Not enough complimentary therapies | Not enough Eye clinic / OT care | Not enough SALT service inclusion | Not enough flexibility probs with referral process |
| <b>9</b>   | <b>1</b>                           | <b>1</b>                        | <b>1</b>                          | <b>2</b>   |

#### Themes / Multiple replies

- Too few staff
- Appropriate accommodation
- Staff knowledge / experience / specialist support

### Q.2 What would good treatment delivery look like?

| <b>Timely</b> | <b>Patient centred</b>               | Better accommodation / local to patient | Holistic / joined up       | <b>To NICE guidelines / CBT / high quality</b> |
|---------------|--------------------------------------|---|----------------------------|--|
| <b>11</b>     | <b>12</b>                            | 6                                       | 7                          | <b>11</b>                                      |
| More staff    | Communicated better to Service Users | Responsive                              | Better range of treatments | Regular appointments                           |
| <b>2</b>      | <b>1</b>                             | <b>1</b>                                | <b>2</b>                   | <b>2</b>                                       |

#### Themes / Multiple replies

- Timely
- Patient Centred
- To NICE guidelines / high quality / CBT

## Inpatient Beds

### Q.1 What challenges are there in delivering inpatient treatment?

|   |                                 |  |   |
|---|---------------------------------|--|---|
| <b>Not always best treatment (CYPS, Medical model not always appropriate)</b> | <b>Not enough beds</b>          | <b>Service Users having to be sent out of area</b> | No access to specialist services (cataract ops, swallowing service, etc.) |
| <b>6</b>  | <b>14</b>                       | <b>6</b>   | 3   |
| Not enough staff  | Too many Service Users on wards | Insufficient budget                                | Poor discharge and support pathway  |
| 3   | 1                               | 1  | 1   |

#### Themes / Multiple replies

- Not enough beds
- Service Users having to go out of area
- Not always best treatment method

### Q.2 What would good Inpatient Wards include?

|   |  |  |   |
|---|--|--|---|
| <b>Better accommodation (single rooms, ensuite, visiting facilities etc.)</b> | <b>Better interventions and activities</b> | <b>More / better skilled staff with appropriate training</b> | Holistic, joined up with community team and social services |
| <b>7</b>  | <b>10</b>                                  | <b>9</b>   | 6   |
| Better education and training for Service Users                               | More beds                                  | Swallowing assessments                                       | Better equipment / budget                                   |
| 2   | 4  | 1  | 2   |

#### Themes / Multiple replies

- Better interventions and activities
- More / better trained staff
- Better accommodation

## Service User and Carer Questionnaire

Q 1) What best describes you?

|          |              |    |
|----------|--------------|----|
| Answers: | Service User | 28 |
|          | Carer        | 40 |
|          | Total        | 68 |

Q 2) Which Services do you have involvement with?

|          |   |    |
|----------|---|----|
| Answers: | Adult Mental Help                         | 22 |
|          | Children and Young People's Mental Health | 30 |
|          | Older People's Mental Health              | 5  |
|          | Learning Disability Services              | 7  |
|          | Autism                                    | 3  |
|          | Total                                     | 67 |

## Summary of answers:

The questionnaire contained the following sections:

- Adding value to Patient care
- Access to Services
- Assessment of Needs
- Treatment Delivery
- Inpatient Beds

The questions were as follows:

### **Adding value to patient care**

1. What are the current challenges and things that don't add any value to patient care and supporting Carers/families?
2. What are you most proud of in the services/teams within CPFT?
3. What are the things in your services/teams that do add value to patient care?

### **Access to Services:**

1. What are the challenges in getting access to your services?
2. What would good access to services include?

### **Assessment of Needs**

1. What are the challenges in assessing patient and Carer needs, within CPFT and in partnership with others?
2. What would good assessment look like?

### **Treatment Delivery**

1. What are the challenges in delivering good treatment?
2. What would good treatment delivery look like?

### **Inpatient Beds**

1. What challenges are there in delivering inpatient treatment?
2. What would good Inpatient Wards include?

The responses to the Service User and Carer questionnaires fall into the following themes:

- Difficulty accessing services
- Lack of availability of services
- Lack of continuity of care and a lack of 'joined-up' co-ordinated services
- Poor co-ordination or consistency of service

The individual questions are themed below:

## Access to Services:

### Q.1 How do you get help from services now?

| None                   | Some                              | Help from Trust | Indirect Help                               | Private/ Paid    |
|------------------------|-----------------------------------|-----------------|---|------------------|
| 10                     | 3                                 | 18              | 1   | 3                |
| Third Sector / Charity | Positive comment about individual | Crisis          | Referral / Assessment / awaiting allocation | Supported living |
| 9                      | 2                                 | 2               | 5   | 1                |

#### Themes / Multiple replies

- No help
- Help from Trust
- 3<sup>rd</sup> sector help

### Q.2 What are the issues/challenges with that?

| Have good care           | Limited Support                    | Type of support provided (inadequate)     | Opening times (poor)                        | Waiting times      | Transfer of care between services (poor) |
|--------------------------|------------------------------------|---|---|--------------------|--|
| 2                        | 5                                  | 7   | 1   | 8                  | 2  |
| Self-issues (motivation) | Better venue / travelling distance | Not joined up / inconsistent or poor care | No issues as I'm with the iMatter programme | Poor Communication | Cost of private care                     |
| 1                        | 2                                  | 10  | 2   | 10                 | 1  |

#### Themes / Multiple replies

- Waiting Times
- Not joined up
- Poor Communication

### Q.3 What would good access to service include?

|                             |                      |                            |                             |  |                           |
|-----------------------------|----------------------|----------------------------|-----------------------------|--|---------------------------|
| <b>Appropriate staffing</b> | <b>Shorter waits</b> | Regular contact            | <b>Better communication</b> | Better (24/7) availability / drop-in     | School Nurse brought back |
| <b>5</b>                    | <b>10</b>            | 3                          | <b>13</b>                   | 8  | 1                         |
| Better booking system       | Crisis Team          | Community team involvement | iMatter on NHS              | Comprehensive, holistic, patient centred | Better / more venues      |
| 1                           | 1                    | 2                          | 1                           | 5  | 1                         |

#### Themes / Multiple replies

- Shorter waits
- Better communication
- Better availability

## Assessment of Needs

### Q.1 How are your needs assessed now?

|  |                     |         |                       |   |                     |         |
|--|---------------------|---------|-----------------------|---|---------------------|---------|
| <b>Not Timely or well / long waits</b> | <b>Not assessed</b> | By self | Annual / other review | GP or social worker/ 3 <sup>rd</sup> sector | By CPN /trust staff | iMatter |
| <b>15</b>                              | <b>8</b>            | 2       | 6                     | 7   | 8                   | 2       |

#### Themes / Multiple replies

- GP
- Variety of assessment – no consistent method

### Q.2 What are the issues / challenges with that?

|   |  |                                |            |                           |                         |                                    |
|---|--|--------------------------------|------------|---------------------------|-------------------------|------------------------------------|
| <b>Not properly assessed / doesn't lead to appropriate care</b> | <b>Lack of resources or continuity of care</b> | Lack of support / nobody cares | Long waits | Poor relay of information | Don't understand access | GPs don't understand Mental Health |
| <b>18</b>   | <b>9</b>                                       | 4                              | 4          | 4                         | 1                       | 1                                  |

#### Themes / Multiple replies

- Appropriateness of care
- Lack of continuity of care / services

### Q.3 What would good assessment of your needs include?

| <b>Joined up care</b>                  | <b>Better services / clear plan</b>    | Access to appropriate / trained staff | <b>Better communication</b>          |
|--|--|---------------------------------------|--------------------------------------|
| <b>8</b>                               | <b>10</b>                              | 7                                     | <b>10</b>                            |
| Family / Carers involved in assessment | More in-depth and rigorous / validated | More sensitive approach / staff       | Shorter waits / more regular contact |
| 2                                      | 6                                      | 7                                     | 5                                    |

#### Themes / Multiple replies

- More sensitive approach; Communication between professionals
- Quicker appointments
- Regular contact and support

## Treatment

### Q.1 How do you receive treatment now?

| <b>Don't</b> | <b>GP / medication</b> | Consultant | External groups / private care | Medication                                |
|--------------|------------------------|------------|--------------------------------|---|
| <b>12</b>    | <b>7</b>               | 6          | 3                              | 2   |
| Crisis team  | Inpatient              | IMatter    | Phone                          | <b>At home / out of area / occasional</b> |
| 1            | 2                      | 3          | 2                              | <b>8</b>                                  |

#### Themes / Multiple replies

- No treatment
- Other organisations (not NHS)



## Q.2 What are the challenges with that?

|                           |                                 |                   |                    |                                     |
|---------------------------|---------------------------------|-------------------|--------------------|-------------------------------------|
| <b>Not enough support</b> | Financial issues (Private care) | No treatment      | Nobody cares       | Lack of appropriately trained staff |
| <b>17</b>                 | 5                               | 4                 | 1                  | 3                                   |
| Getting to see GP         | No issues                       | Too far to travel | Long waiting times | Not involved in decision making     |
| 1                         | 1                               | 2                 | 2                  | 1                                   |

### Themes / Multiple replies

- Lack of treatment and support

## Q.3 What would good treatment include?

|  |  |                             |   |                                     |
|--|--|-----------------------------|---|-------------------------------------|
| <b>Access to appropriately trained staff</b> | Honesty, respect, friendliness, caring | Person Centred              | <b>Shorter waits<br/>Timely /<br/>Regular<br/>contact</b> | Appropriate treatment for condition |
| <b>11</b>                                    | 6                                      | 6                           | <b>13</b>   | 7                                   |
| <b>Continuity of care / holistic</b>         | IMatter                                | Include the family / Carers | Better education about MH for families and Carers         |                                     |
| <b>8</b>                                     | 1                                      | 2                           | 2   |                                     |

### Themes / Multiple replies

- Seeing a qualified professional
- Holistic approach / continuity

## Inpatients

### Q.1 What are the challenges to receiving inpatient treatment?

|                     |  |                                      |  |              |   |
|---------------------|--|--------------------------------------|--|--------------|---|
| Impact it has on MH | Finding the right hospital in the right area / not enough beds | Used as holding area inappropriately | <b>Nothing local / not enough beds</b> | Time / space | Conflict / poor communication between staff and patient |
| 1                   | 4  | 1                                    | <b>7</b>                               | 1            | 3   |

#### Themes / Multiple replies

- Lack of beds in Cumbria
- Most responses N/A
- Time and space

### Q.2 What would good inpatient wards include?

|           |             |                                  |                           |                   |
|-----------|-------------|----------------------------------|---------------------------|-------------------|
| Privacy   | Single sex  | Respite beds                     | <b>Person Centred</b>     | Needs to be local |
| 2         | 2           | 1                                | <b>6</b>                  | 2                 |
| CYPS beds | Home visits | Better access / easier to get in | More / more engaged staff |                   |
| 1         | 2           | 1                                | 2                         |                   |

#### Themes / Multiple replies

- More specialist beds in Cumbria
- Most responses N/A
- Staff with time to listen



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