

**MEETING OF THE COUNCIL OF GOVERNORS**  
(Meeting held in Public)

**Friday 14<sup>th</sup> September 2018 at 1.00 pm to 4.00 pm**  
*Networking Lunch – 12 noon to 1pm*

***Cheshire View, Plough Lane, Christleton, Chester. CH3 7PT***

Item No	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item (approx.)
2018/19/40	Welcome, apologies for absence and quoracy	Receive apologies and confirm quoracy	Verbal	Chair	1.00 (5 mins)
2018/19/41	Meeting guidelines	Note meeting guidelines	Written	Chair	
2018/19/42	Declarations of interest	Identify and avoid conflicts of interest	Verbal	Chair	
2018/19/43	Minutes of the previous meeting : • 23 <sup>rd</sup> July 2018	Confirm as an accurate record the minutes of the previous meeting	Written	Chair	
2018/19/44	Matters arising & action points	Request and provide updates in respect of ongoing items not elsewhere on the agenda, to ensure progress	Written	Chair	
2018/19/45	Business Cycle	Note Business Cycle	Written	Chair	
Trust Updates					
2018/19/46	Chair’s Announcements	To update the Council of Governors on any issues or	Verbal	Chair	1.05 (10 mins)

Item No	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item (approx.)
		developments affecting the Trust			
<b>2018/19/47</b>	Chief Executive's Announcements	To update the Council of Governors on any issues or developments affecting the Trust	Verbal	Chief Executive	<b>1.15</b> (15 mins)
<b>Reports from Council of Governors Sub-committees and feedback on governor activity</b>					
<b>2018/19/48</b>	Lead Governor's update	Lead Governor to update Governors on key issues (including any feedback from locality forums)	Verbal	Lead Governor	<b>1.30</b> (10 mins)
<b>2018/19/49</b>	Membership and Development Sub-committee – verbal up-date – 12 <sup>th</sup> September 2018. <i>(to include up-date on Membership Plan)</i>	To review the work of the committee	Verbal	David Bull Committee Chair	<b>1.40</b> (10 mins)
<b>2018/19/50</b>	Scrutiny Committee Sub-committee – verbal up-date – 13 <sup>th</sup> September 2018	To review the work of the committee	Verbal	Brian Crouch/ Graham Pollard  Joint Committee Chairs	<b>1.50</b> (10 mins)

Item No	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item (approx.)
2018/19/51	Remuneration and Nominations Committee – Minutes – 13 <sup>th</sup> August 2018	To review the work of the committee and note the minutes	Written	Chair / Lead Governor	2.00 (10 mins)
<b>Items for Discussion and Approval</b>					
2018/19/52	Adult & Older People's Specialist Mental Health Redesign: East/South Cheshire/Vale Royal	To up-date on progress to date	Written	Chief Executive	2.10 (10 mins)
2018/19/53	External Audit Tender	To discuss and approve	Verbal	Edward Jenner Non-Executive Director	2.20 (10 mins)
2018/19/54	Governor Elections – Summer 2018	To up-date on progress to date	Written	Corporate Affairs Manager	2.30 (5 mins)
<b>Break – 2.35 – 2:50 (15 mins) – room change round</b>					
Item No	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item (approx.)
2018/19/55	Governor Chosen Topic : <i>Quality Improvement Strategy</i>	Opportunity for governors to focus on a particular area of interest.	Presentation	Head of Quality Assurance and Improvement	2:50 (40 mins)

Item No	Title of item	Objectives/desired outcome	Process	Item presenter	Time allocated to item (approx.)
<b>2018/19/56</b>	Governor Question time	Opportunity for Governors to feedback to the full Council and to present questions or make comment.	Verbal	All	<b>3:30</b> (15 mins)
<b>Closing Business</b>					
<b>2018/19/57</b>	Any Other Business		Verbal	All	<b>3.45</b> (5 mins)
<b>2018/19/58</b>	Date, time and place of next meeting:	To confirm arrangements for next meeting.	Verbal	Chair	



## Meeting Attendees' Guidance, January 2016

Under the direction and guidance of the Chair, all members are responsible for ensuring that the meeting achieves its duties and runs effectively and smoothly.

### Before the meeting

- Prepare for the meeting in good time by reviewing all reports (the amount of time allocated for each agenda item can be used to guide your preparation);
- Submit any reports scheduled for consideration at least 10 days before the meeting to the meeting administrator (using the standard report template);
- Ensure your apologies are sent if you are unable to attend and \*arrange for a suitable deputy to attend in your absence.

\*some members may send a nominated representative who is sufficiently senior and has the authority to make decisions. Refer to the terms of reference for the meeting to check whether or not this is allowable.

### At the meeting

- Arrive on time;
- Switch off mobile phone / blackberry;
- Focus on the meeting at hand and not the next activity or on your emails;
- Actively and constructively participate in the discussions;
- Think about what you want to say before you speak; explain your ideas clearly and concisely and summarise if necessary;
- Make sure your contributions are relevant and help move the meeting forward;
- Respect the contributions of other members of the group and do not speak across others;
- Ensure you understand the decisions, actions, ideas and issues agreed and to whom responsibility for them is allocated;
- Do not use the meeting to highlight issues that are not on the agenda;
- Re-group promptly after any breaks;
- Take account of the Chair's health, safety and fire announcements (fire exits, fire alarm testing, etc).

### Attendance

- Members are expected to attend all meetings and at least 50% of all meetings held each year.

### After the meeting

- Follow up on actions;
- Inform colleagues appropriately of the issues discussed.

### Standards

- All documentation will be prepared using the standard Trust templates. A named person will oversee the administrative arrangements for each meeting;
- Agenda and reports will be issued 7 days before the meeting;
- An action schedule will be prepared and circulated to all members 2 days after the meeting;
- The minutes will be available at the next meeting.

Also under the guidance of the Chair, members are also responsible for the meeting's compliance with relevant legislation and Trust policies, up-to-date versions of which are available on the Trust's website, via the governance team or the Company Secretary.



## Minutes of the Council of Governors Meeting

Held on Monday 23 July 2018

Florence Nightingale, Sycamore House, Cheshire Oaks Business Park, Lloyd Drive,  
Ellesmere Port, Cheshire, CH65 9HQ

<b>Present</b>	Mike Maier	Chairman (Chair)
	Deepak Agnihotri	Staff Governor – Therapies
	Phil Billington	Service User and Carer Governor
	Michael Brassington	Service User and Carer Governor
	Derek Bosomworth	Public Governor – East Cheshire
	Elizabeth Bott	Public Governor - Cheshire West and Chester
	David Bull	Service User and Carer Governor
	Gordon Cairns	Service User and Carer Governor
	Ken Edwards	Staff Governor - Nursing
	Carol Gahan	Appointed Governor - Cheshire West and Chester Council
	Jacqueline McGhee	Service User and Carer Governor
	Fergie McQuarrie	Service User and Carer Governor
	Stanley Mayne	Public Governor - Wirral
	Keith Millar	Service User and Carer Governor
	Nigel Richardson	Public Governor - Out of Area
	Pam Smith	Appointed Governor –West Cheshire CCG
	Iain Stewart	Appointed Governor - Wirral CCG
	Robert Walker	Public Governor - East Cheshire
<b>In attendance</b>	Sheena Cumiskey	Chief Executive
	Rebecca Burke-Sharples	Non-Executive Director
	Gemma Caprio	Head of Corporate Affairs (interim)
	Suzanne Christopher	Corporate Affairs Manager
	Avril Devaney	Director of Nursing, Therapies and Patient Partnership
	Elena Sanda	Corporate Affairs Administrator
	For item 2018/19/28: Cathy Walsh	Associate Director of Patient & Carer Experience (interim) – left at 1.50 pm
	Tim Welch	Director of Finance
	Arriving for item 2018/19/37: Ann Pennell	Non-Executive Director
<b>Apologies</b>	Brian Crouch	Lead Governor
	Richard Agar	Public Governor - Wirral
	Sean Boyle	Appointed Governor - Staff side
	Jill Doble	Staff Governor - Therapies
	Phil Gilchrist	Appointed Governor - Wirral Borough Council
		Execs aren't members of COG so don't need to record their apologies
	Edward Jenner	Non-Executive Director
	Arlo King	Service User and Carer Governor
	Philip Mook	Staff Governor - Non-Clinical
	Helen Nellist	Public Governor - Cheshire West and Chester
	Dr James O'Connor	Non-Executive Director

	Graham Pollard	Appointed Governor - University of Liverpool
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Item No	Title of item	Action by
2018/19/19	<b>Welcome, apologies for absence and quoracy</b>  The Chair offered a warm welcome to all in attendance and advised that the meeting was quorate. Apologies were noted as above.	
2018/19/20	<b>Meeting Guidelines</b>  The meeting guidelines were noted.	
2018/19/21	<b>Declarations of interest</b>  No declarations were made.	
2018/19/22	<b>Minutes of the previous Council of Governors Meeting held 23 April 2018</b>  The minutes of the meeting were approved as an accurate record subject to the following minor amendments to the attendance list. <ul style="list-style-type: none"> <li>• Deepak Agnihotri, Staff Governor – Therapies - was not in attendance.</li> <li>• Avril Devaney, Director of Nursing, Therapies and Patient Partnership – was not in attendance.</li> <li>• Carol Gahan, Appointed Governor - Cheshire West and Chester Council was in attendance.</li> </ul>	
2018/19/23	<b>Matters Arising and action points</b>  The Chair provided the following up-date in respect of matters arising: <p><b>2018/19/14 - NHS Providers Governor Advisory Committee Elections</b>  In regards to the administrative error in December 2017 from the NHS Providers Governor Advisory Committee (GAC), the Chair noted that whilst the GAC were apologetic and recognised their error, they had contacted their election advisors who confirmed this had not invalidated the election process. They also noted that out of the 8 posts being contested, three were filled by governors from mental health trusts.</p> <p><b>2018/19/17 - Psychiatric Liaison services at Macclesfield, Leighton and Countess of Chester being accredited to the Royal College of Psychiatrists.</b></p> <p>S Christopher advised that none of the services are currently accredited. However, the services do follow the Guidance of the Royal College of Psychiatrists.</p> <p>R Walker queried if there are plans for the services to be accredited. S Cumiskey responded that this is unlikely as these are not currently fully commissioned services.</p>	

Item No	Title of item	Action by
2018/19/24	<p><b>Business Cycle</b></p> <p>The Business cycle was <b>noted</b>.</p>	
2018/19/25	<p><b>Chair's announcements</b></p> <p><b>Launch of new trust strategy and brand</b> The Chair talked about the newly launched Trust strategy, the CWP Five Year Forward View which sets out what the Trust wants to achieve by 2023. The document can be found on the CWP website. There will also be updated Trust branding, in accordance with the NHS branding guidelines.</p> <p><b>NHS@70</b> On 5 July, the NHS celebrated its 70<sup>th</sup> birthday and to celebrate the occasion, stories were collected from people all across CWP. The NHS 70 stories are on the CWP website and the celebratory CWP TV feature is on the Youtube channel.</p> <p><b>CWP leading the way in national best practice</b> The Chair noted the new partnership with NHS Improvement and eight other trusts aimed at sharing learning and in turn improve services. A total of nine case studies were shared to support those in the wider NHS looking to implement change.</p> <p><b>Mental Health Awareness Week – the benefits of reducing stress</b> In support of this year's Mental Health Awareness Week CWP encouraged staff, people accessing CWP services, their carers, families, and the wider local population to consider how they can help themselves to reduce their stress levels. Stress and its effect on our health and wellbeing was the theme of this year's national campaign led by the Mental Health Foundation.</p> <p><b>Recognition Awards 2018</b> On 7 June, over 200 of CWP's dedicated workforce joined together in a festival of celebration - the second CWP Recognition Awards which was a great success, with awards handed out in a number of different categories. Long serving members of staff, who have completed 20, 30, 40 and 50 years of service to the NHS were honoured - the full list of winners and categories are available to read on the CWP website.</p> <p><b>Royal recognition for Linda Johnstone</b> Linda Johnstone, nurse consultant and clinical director for the Substance Misuse Service, was awarded Queen Elizabeth The Queen Mother's Award for Outstanding Service in 2018. Linda attended a ceremony held by the Queen's Nursing Institute in London on Monday 25 June, where she was presented with the award.</p> <p><b>New edition of CWP Life</b> The latest edition of CWP Life was launched and features the heart-warming story of a young person's experiences accessing eating disorders services.</p> <p><b>NHS Confederation</b> The Chair had recently attended the NHS Confederation that considered a range of issues currently facing the NHS including;</p>	



Item No	Title of item	Action by
	<p>funding, future partnership working arrangements, workforce and workloads, to name a few. The Chair provided an overview of each of the topics for the Council of Governors. Governors raised questions in respect of the retention of NHS staff, the employment of overseas staff across the NHS and the ageing population.</p>	
2018/19/26	<p><b>Chief Executive Announcements</b></p> <p><b>Annual Well-Led Assessment</b> The inspection dates have now been confirmed as the 19<sup>th</sup> and 20<sup>th</sup> September 2018. In the lead up to those dates there will be a number of visits across the Trust to our different services. Some of these will be made known to us and some will be unannounced.</p> <p><b>Care Groups</b> The four care groups are now established as follows:</p> <ol style="list-style-type: none"> <li>1. Neighbourhood based services</li> <li>2. Children and Young People Services</li> <li>3. Learning Disabilities, Neuro-Developmental Disorders and Acquired Brain Injury.</li> <li>4. Specialist Mental Health Services</li> </ol> <p>Work is now taking place to align all our Governance arrangements with the new care group structures to ensure a consistent, best practice approach is embedded across all sectors.</p> <p><b>Integrated Care Partnerships</b> CWP are working closely with colleagues in the Wirral and Cheshire West and East to consider a more strategic, place based approach to care provision. The next phase for Cheshire West will move forward in the autumn to consider the delivery of care communities.</p> <p>Governors raised questions in relation to the commissioning of services and subsequent funding that is allocated. Cathy Walsh commented that a public event was taking place the following day with Commissioners which is an opportunity for Governors to attend and influence local funding decisions (the details of which had been previously shared with Governors).</p>	
2018/19/27	<p><b>Lead Governor's Update</b></p> <p>K Millar provided an update on behalf of B Crouch.</p> <p><b>Governor Secure Website</b> Consideration has been given to a Governor secure web site to hold information for Governors in respect of diary dates, meeting agenda and minutes, general communications and up-dates. A test site has now been established and will be tested by the Lead Governor before progressing further.</p> <p><b>Locality Forums</b> Locality Forums have been reviewed following the establishment of care groups. Given that care groups will maintain a locality focus, it is suggested that locality forums continue to be held in the three localities, but focus on a different care group at each meeting. The Council of Governors agreed to this proposal.</p>	

Item No	Title of item	Action by
	<p><b>September CoG Meeting Date</b> Given that the CQC have now confirmed their inspection dates as the 19<sup>th</sup> and 20<sup>th</sup> September, it is proposed that the CoG meeting scheduled for the 20<sup>th</sup> September is now rearranged to an alternative date. This will help to ensure that Execs, NEDs and Governors are available to meet with the CQC as required.</p> <p><b>Leaving Governors</b> The Council wished to note the recent resignation of two Governors; Gladys Archer and David Keight. The Council noted their thanks to both Gladys and David for their contributions and wished them well for the future.</p>	
2018/19/28	<p><b>Membership and Development Sub Committee (17th April 2018)</b></p> <p>D Bull as Chair of the Committee introduced the item and explained that the main focus for the Membership and Development Sub-Committee in recent meetings had been the development of the draft Membership Plan for 2018 – 2019. It was acknowledged that Cathy Walsh had worked closely with the committee to develop the plan and D Bull noted his thanks to Cathy on behalf of the Committee and the full Council. D Bull advised that the Membership and Development Committee would like to commend the plan to the Council of Governors.</p> <p>C Walsh provided an overview of the plan, a full copy of which had been provided to all Governors as part of the agenda packs, and explained that this was a short term plan for a longer term membership.</p> <p>The key objectives of the Membership Plan for 2018 – 2019 include:</p> <ul style="list-style-type: none"> <li>• Understanding the current membership and which membership initiatives have been successful in the past. This information will be used to build and maintain membership numbers;</li> <li>• Communicating effectively with members;</li> <li>• Engaging with members and encouraging involvement.</li> </ul> <p>In terms of implementation, the Membership and Development Sub-committee will oversee the process and assist with taking some of these actions forward.</p> <p>Governors commented that this was a useful and comprehensive plan. D Agnihotri commented that staff member engagement also needs to be considered as part of this process.</p> <p>The Council of Governors <b>approved</b> the plan.</p>	
2018/19/29	<p><b>Scrutiny Sub Committee reports and minutes – 18<sup>th</sup> April 2018</b></p> <p>In the absence of the Chair or the Deputy Chair, the minutes were taken as read and noted.</p>	
2018/19/30	<p><b>Central and East Cheshire Redesign</b></p> <p>S Cumiskey provided an up-date to the Council of Governors in respect of the Central and East Cheshire Redesign. It was confirmed that the</p>	

Item No	Title of item	Action by
	<p>consultation process concluded on Tuesday 29 May 2018.</p> <p>The public consultation process had been a comprehensive one including a variety of communications and engagement activities, such as: public meetings, local community meetings, staff briefings, and social media activity. The above presented a number of opportunities for people to be involved in the process and express their views.</p> <p>Responses to the consultation are currently being evaluated through an independent analysis undertaken by the University of Chester. The analysis is expected to be finalised at the end of August.</p> <p>The Council of Governors <b>noted</b> the report.</p>	
2018/19/31	<p><b>Operational Plan – 2018/2019 Submission</b></p> <p>T Welch introduced the item and advised that in line with national guidance and the 2 year planning process, CWP had submitted a 2 year plan covering 2017-2019 as required. The subsequent financial planning guidance issued in February 2018 outlined the requirement to 'refresh' plans for 2018/19. Following approval by the Chief Executive and the Director of Finance, the Trust submitted its Draft Operational Plan to NHSI on the 8<sup>th</sup> March. Input was also invited from the Council of Governors during a seminar held on the 5<sup>th</sup> March. Board approved the final submission on the 25<sup>th</sup> April and made its submission to NHSI on the 30<sup>th</sup> April 2018.</p> <p>The trust has received feedback from NHSI to advise that our plans have been accepted.</p> <p>The Council of Governors <b>noted</b> the Operational Plan Submission – 2018/19.</p>	
2018/19/32	<p><b>CWP Forward View Planning</b></p> <p>T Welch presented the item and advised the Council that the CWP Forward View was now published on the Trust website. A copy of the full document has also been previously shared with Governors.</p> <p>Work is progressing to firm up the governance arrangements to support the care groups moving forward.</p>	
2018/19/33	<p><b>Annual Report, Accounts and Quality Account 2017/2018 and Auditors Report to the Governors</b></p> <p>R Jones of KPMG LLP, CWP's external auditor, introduced this item and provided a presentation to the Council of Governors which included the following: financial statements, use of resources and the quality report.</p> <p>The following opinions were confirmed:</p> <ul style="list-style-type: none"> <li>For the Financial statements and Use of Resources audit, clean, unqualified opinions have been issued.</li> <li>For the Quality Account, clean opinions have been issued for</li> </ul>	

Item No	Title of item	Action by
	<p>the audit of content and indicators.</p> <p>The Independent Auditors' Report to the Council of Governors can be found on page 82 of the Annual Report and Accounts 2017/18.</p> <p>A discussion was also held in respect of the Governor locally selected indicator and how the Auditors may be involved in these discussions going forward. It is important to help guide this process to ensure the selected indicator is one that can be effectively monitored and provide meaningful outcomes.</p> <p>The Council of Governors <b>noted</b> the report.</p>	
2018/19/34	<p><b>Review of Trust Constitution</b></p> <p>G Caprio spoke about the requirement to review the CWP Constitution. Governors were invited to volunteer to be part of this process by way of a task and finish group of the Membership and Development Sub-Committee.</p> <p>Following the above review process, the suggested amendments will be reported back to the Council of Governors for approval.</p> <p><b>ACTION</b> – Governors to express an interest to the Corporate Affairs Team to be part of the task and finish group.</p>	All
2018/19/35	<p><b>Governor Elections – Summer 2018</b></p> <p>S Christopher presented an update on the Governor elections. The process had now opened to nominations</p> <p>The following seats form part of the current election process; seven in total:-</p> <ul style="list-style-type: none"> <li>• 1 Public Seat – Wirral</li> <li>• 3 Service User / Carer Seats</li> <li>• 3 Staff Governor Seats (Medical, Nursing, Clinical Psychology)</li> </ul> <p>Governors were issued with the full timetable and asked to support and promote the election as this moves forward.</p> <p>The Council of Governors <b>noted</b> the report.</p>	
2018/19/36	<p><b>Register of conflicts of interest - review</b></p> <p>G Caprio advised that a review of the Register of Interest for Governors was taking place and requested Governors to update their interests at the earliest opportunity.</p> <p><b>ACTION</b> – Governors to up-date their declaration of interests as necessary.</p>	All
<b>Break – 2.50 – 3.05 (15 min)</b>		
2018/19/37	<p><b>Governor Presentation and Question Time</b></p> <p><i>No Trust is an Island report - Working Collaboratively in Health and Care Systems</i></p>	

Item No	Title of item	Action by
	<p>The report was presented by K Millar, with a follow up 30 minutes debate in a workshop format.</p> <p>The overview presented by K Miller focused on the following areas:-</p> <ul style="list-style-type: none"> <li>• What is a sustainability and transformation partnership (STP)?</li> <li>• What is an integrated care system (ICS)?</li> <li>• What about accountable care organisations (ACOs)?</li> <li>• Governance and engagement</li> </ul> <p>Further to the overview presented by K Miller, the attendees considered the following questions in small focus groups:-</p> <ul style="list-style-type: none"> <li>• What is my trust's STP/ICS footprint, and who are the key partners in its delivery?</li> <li>• How is my trust contributing to the STP/ICS, and what is the impact on existing plans?</li> <li>• How can the Council of Governors best receive information on progress in delivering the STP/ICS which is relevant to the trust and its patients?</li> <li>• How will the STP/ICS improve health and care for the local population?</li> <li>• How can the Council of Governors best support the trust in leading or contributing to its STP/ICS?</li> <li>• How is my trust's STP/ICS getting greater value – better health and care for the population – from the public funds collectively entrusted to providers and commissioners in the footprint?</li> <li>• What assumptions have been made that underpin the board's strategy? Has the board actively engaged staff and the public on its plans?</li> <li>• How can Governors support the board to engage with patients and the community around the STP/ICS and any proposed plans for change?</li> </ul>	
2018/19/38	<p><b>Any Other Business</b></p> <p>G Cairns asked what influence CWP have with Commissioners to consider services for adults with Autism. A Devaney advised that CWP do raise this with commissioners on a regular basis and advised that where others can influence this also, it can only be beneficial.</p>	
2018/19/39	<p><b>Date and time of next meeting</b></p> <p>The meeting scheduled to be held on 20 September will be rearranged.</p>	

# Council of Governors Action Log

Meeting date	Minute Ref.	Action	By whom?	By when?	Progress Update/ Evidence/ Assurance	Status
23/07/2018	2018/19/34	<b>Review of Trust Constitution</b> Governors to express and interest to the Corporate Affairs Team to ne part of the task and finish group.	Governors	14/09/2018		Open
23/07/2018	2018/19/36	<b>Register of conflicts of interest - review</b> Governors to up-date their declarations of interest as necessary	Governors	14/09/2018		Open

Council of Governors Business Cycle 2018/19 - FINAL								
No:	Agenda Item		Executive Lead	23/04/2018	23/07/2018	20/09/2018	29/11/2018	23/01/2019
Matters of Governance								
1	Announcements: Chief Executive Governor	Chair Lead	Chair Chief Executive Lead Governor	✓	✓	✓	✓	✓
2	2018/19 Business Cycle		Chair	✓	✓	✓	✓	✓
3	Action schedule		Chair	✓	✓	✓	✓	✓
4	Receive CoG Annual Report 2018 (Work of council, review of business cycle use and effectiveness of meetings (survey) and Governors attendance at Council meetings)		Head of Corporate Affairs				✓	
5	Receive minutes of the Scrutiny subcommittee		Chair of subcommittee	✓	✓	✓	✓	✓
6	Receive minutes of the Membership subcommittee		Chair of subcommittee	✓	✓	✓	✓	✓
7	Receive minutes of the Nominations and Remuneration Committee		Chair	✓	✓	✓	✓	✓
8	Board of Director to Council of Governor meeting		Chair	✓			✓	
9	Governor Q&A sessions		Chair	✓	✓	✓	✓	✓
Strategy and Planning								

10	Operational Plan 2018- 2019 submission	Director of Finance		✓			
11	CWP forward view planning	Director of Finance	✓	✓	✓	✓	✓
Constitutional and Compliance							
12	Receive the Trust's Annual Accounts and Auditor reports on them and the Annual Report 17/18	Director of Finance		✓			
13	Draft Quality Accounts 17/18 for Year and Agree Locally Selected Indicator	Medical Director	✓ Indicator	✓ Quality Accounts			
	Review and approval of Council policies as per review cycle	Head of Corporate Affairs	✓	✓	✓	✓	✓
	Review of Foundation Trust Constitution	Head of Corporate Affairs		✓	✓		
14	Review of Register of Conflicts of Interest for Governors	Head of Corporate Affairs		✓			
Working with Non Executive Directors							
15	Annual Senior Independent Director Led meeting and plans for Chair's appraisal	Senior Independent Director				✓	



17	<b>Appointment of Non Executive Director</b> (none planned 2018/19)	Chair					
Working with Members							
18	<b>Annual Election planning</b>	Head of Corporate Affairs	✓	✓			
19	<b>Annual review of the Membership (Involvement) Strategy</b>	Associate Director: Patient Experience		✓	✓		



**Minutes of the Remuneration and Nominations Committee of the Governors**  
**Monday 13<sup>th</sup> August 2018 at 11:00am**  
**Room 2, Redesmere**  
**Countess of Chester Health Park**

<b>Present</b>	Mike Maier, Chair Brian Crouch, Lead Governor/Service user/Carer Governor Ken Edwards, Staff Governor Phil Gilchrist, Partnership Governor, Wirral Metropolitan Council
<b>In attendance</b>	David Harris, Director of People and Organisational Development Maxine Foot, (Minute Taker)
<b>Apologies</b>	Sheena Cumiskey, Chief Executive Richard Agar, Public Governor, Wirral (member designate) Sean Boyle, Partnership Governor, Staffside

Ref	Minutes	Action
18/19/01	<b>Welcome, apologies and quoracy</b> The Chair welcomed everyone to the meeting. Apologies were noted as above.  The meeting was <b>quorate</b>	
18/19/02	<b>Meeting Guidelines</b> The meeting guidelines were <b>noted</b>	
18/19/03	<b>Declarations of Interest</b>  There were no Declarations of Interest <b>noted</b>	
18/19/04	<b>Minutes of the last meeting</b>  The minutes of the meeting held on the 7 <sup>th</sup> November 2017 were read and <b>agreed</b> as a true record.	
18/19/05	<b>Matters arising and action points</b> <b>2017/18/19: Non-Executive Director Recruitment</b> – Ann Pennell was successfully appointed as the new Non-Executive Director. Very complimentary informal feedback recently received from Southport/Ormskirk Trust.	
18/19/06	<b>Draft Fit and Proper Persons Trust Policy</b> The Fit and Proper Persons is high on agendas. Previously CQC were very cryptic on what they were looking for. <ul style="list-style-type: none"><li>• Our draft policy ticks all the boxes needed</li><li>• During the course of the year systems to be in place to ensure that each Executive Director and Non-Executive is compliant to carry out their role</li></ul> Item 4.2: Checks made via web and social media search, it was noted that most organisations carry out web searches for people	

	<p>applying for senior appointments. Item 6.3: Being the Subject of Adverse Media Attention – issues addressed under Disciplinary Policy for bringing the Trust into disrepute and failure to meet FPPR requirements. It was noted that the text will include the wording “potentially” bringing the Trust into disrepute and failure to meet FPPR requirements.</p> <p><b>Action: David Harris to amend wording</b></p> <p>Item 6.6: Following the meeting of the Remuneration and Nominations Committee of the Board of Directors it was noted that the wording for item 6.6 of the Policy would be changed to say that “The Trust may terminate an appointment in line with the Trust’s Disciplinary Policy”.</p> <p>When the final version of the Policy has been signed off a copy will be given to each member of the Board of Directors.</p> <p><b>Action: Dave Harris to circulate</b></p> <p>Discussion took place around how do we know if an issue had arose during the year around Fit and Proper Persons. Mike Maier reported that any issues should be raised during Supervision and Appraisal meetings.</p> <p><b>The Policy has been agreed and signed off today by Mike Maier and Brian Crouch</b></p> <p><b>Action: Due to the meeting not being quorate today discussions with Suzanne Christopher are needed regarding sign-off position. Maxine will speak to Suzanne</b></p>	<p><b>DH</b></p> <p><b>DH</b></p> <p><b>MF</b></p>
18/19/07	<p><b>Annual Fit and Proper Persons Assurance Report</b> The purpose of this report is to provide assurance to the Nomination and Remuneration Committee of the Governors that the Trust is compliant with Fit and Proper Persons requirements as outlined within the Health and Social Care Act 2008.</p> <p>Annual FPPR Checks:</p> <ul style="list-style-type: none"> <li>• Self-Declaration Forms</li> <li>• Appraisals</li> <li>• Register of Disqualified Directors</li> <li>• The Insolvency/Bankruptcy Service Register (IIR)</li> <li>• DBS Checks, every three years</li> </ul> <p>Recommendations:</p> <ol style="list-style-type: none"> <li>1. The Trust will have a final approved Fit and Proper Person’s Policy implemented and made aware to Directors by the end of August 2018.</li> <li>2. All Executive Director and Non-Executive Director personnel files will be made electronic and will make sure all files are complete and entered into a central file. <b>This recommendation has been completed by the Head of Human Resources</b></li> </ol>	

	The Committee <b>noted</b> and <b>reviewed</b> the above report	
18/19/08	<b>Any Other Business</b> None	
18/19/09	<b>Review of effectiveness of meeting</b> All agreed that the meeting had been effective.	
18/19/10	<b>Date of next meeting:</b> To be confirmed.	



## STANDARDISED REPORT COMMUNICATION

## REPORT DETAILS

<b>Report subject:</b>	Adult & Older People's Specialist Mental Health Redesign: East/South Cheshire/ValeRoyal	
<b>Agenda ref. no:</b>	18.19.52	
<b>Report to (meeting):</b>	Council of Governors	
<b>Action required:</b>	For noting	
<b>Date of meeting:</b>	14 <sup>th</sup> September 2018	
<b>Presented by:</b>	Director of Operations	
<b>Which strategic objectives this report provides information about:</b>		
Deliver high quality, integrated and innovative services that improve outcomes	Yes	
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes	
Be a model employer and have a caring, competent and motivated workforce	Yes	
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes	
Improve quality of information to improve service delivery, evaluation and planning	Yes	
Sustain financial viability and deliver value for money	Yes	
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes	
<b>Which CQC quality of service domains this report reflects:</b>		
Safe services	Yes	
Effective services	Yes	
Caring services	Yes	
Well-led services	Yes	
Services that are responsive to people's needs	Yes	
<b>Which Monitor quality governance framework/ well-led domains this report reflects:</b>		
Strategy	Yes	
Capability and culture	Yes	
Process and structures	Yes	
Measurement	Yes	
<b>Does this report provide any information to update any current strategic risks? If so, which?</b>		
See current risk register in the agenda of the public meeting of the Board of Directors at <a href="http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings">http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings</a>	Choose an item.	
Click here to enter text.		
<b>Does this report indicate any new strategic risks? If so, describe and indicate risk score:</b>		
See current integrated governance strategy: CWP policies – policy code FR1	Choose an item.	
Click here to enter text.		

## REPORT BRIEFING

<b>Situation – a concise statement of the purpose of this report</b>
This report updates the Council of Governors on the consultation findings that have been published this week by the clinical commissioning groups, relating to the proposed redesign of adult and older people's mental health services in South, East Cheshire and Vale Royal.
<b>Background – contextual and background information pertinent to the situation/ purpose of the report</b>
The Five Year Forward View for Mental Health is a national framework for improvement. It recognises the need to address capacity in the community and reduce the over reliance on hospital services. Locally in Eastern Cheshire, South Cheshire and Vale Royal there is rising demand for care and support. Since 2010 there has been an increase in activity across the three CCGs of 35% in functional services and 60% in dementia services. CWP supports circa 7,000 people in the community for secondary mental health needs across this geography. Lack of capacity in the home treatment teams (who offer step up care) and community mental health teams (who offer ongoing support for stable patients) leads to an over-reliance on inpatient services of up to 16%, which equates to approximately 10 beds. Inpatient services are currently provided at a number of sites across Cheshire and Wirral including Millbrook in Macclesfield. The facilities at Millbrook are in need of significant refurbishment to comply with CQC standards and, due to the layout of the unit, require a disproportionately higher staffing model to maintain clinical safety. The local health and social care system is showing a deteriorating financial position. The cost of the current adult and older people's mental health service model exceeds the funding available and change is required for the local NHS to operate within mandated financial controls.

**Assessment – analysis and considerations of options and risks**

The Clinical Commissioning Groups are leading on the reporting and decision-making stage of the consultation. They issued the consultation report on Monday 10<sup>th</sup> September on their website. A copy of the stakeholder briefing and the executive summary of the report is attached as appendices and further background documents can be sourced at <https://www.easterncheshireccg.nhs.uk/Your-Views/ccg-consultations.htm>

The CCGs' stakeholder briefing contains the following key points:

- Findings show support for the development of a new care model to improve outcomes for people with severe mental ill health, which includes a proposed crisis service and dementia support service to care for people in the community.
- However, the commissioners recognise the concern expressed that some people would have to travel further to visit loved ones in hospital if some inpatient services were transferred from Macclesfield to Chester.
- The findings will be presented and discussed in a number of meetings held in public over the coming month:

Tuesday 25 September	Cheshire East Health and Wellbeing Board
Wednesday 26 September	NHS Eastern Cheshire CCG Governing Body
Thursday 27 September	Cheshire East Council Health, Adult Social Care & Communities Overview & Scrutiny Committee
Friday 28 September	Cheshire CCGs' Joint Commissioning Committee
Thursday – 04 October	NHS South Cheshire CCG & NHS Vale Royal CCG Governing Bodies' meeting
Monday 15 October	Cheshire West & Chester Council People's Scrutiny Meeting.

- The decision-making business case will take full account of the consultation findings, including any additional ideas and suggestions, plus other considerations set out in the pre-consultation business case available at [www.easterncheshireccg.nhs.uk](http://www.easterncheshireccg.nhs.uk). These issues include clinical safety, affordability and compliance with national best practice. No decisions will be made until November 2018.

CWP shared the stakeholder briefing document with staff on Friday, before the report was published, and have arranged staff briefing sessions this week which are being led by the commissioners, as follows:

Tuesday 11 <sup>th</sup> September:	<ul style="list-style-type: none"> <li>9.30am to 10.30am – Millbrook Unit, Macclesfield</li> <li>11.00am to 12pm – Jocelyn Solly Resource Centre, Macclesfield</li> </ul>
Thursday 13 <sup>th</sup> September:	<ul style="list-style-type: none"> <li>9.30am to 10.30am - Vale House, Winsford</li> <li>11.30am to 12.30pm - Delamere Resource Centre, Crewe</li> </ul>

We await confirmation from the CCGs on any further information they require from CWP to complete their Decision Making Business Case.

**Recommendation – what action/ recommendation is needed, what needs to happen and by when?**

The Council of Governors is asked to note the publication of the report and the timeline for next steps.

<b>Who/ which group has approved this report for receipt at the above meeting?</b>		
<b>Contributing authors:</b>		Katherine Wright
<b>Distribution to other people/ groups/ meetings:</b>		
Version	Name/ group/ meeting	Date issued
<b>Appendices provided for reference and to give supporting/ contextual information:</b>		
<i>Provide only <u>necessary</u> detail, do <u>not</u> embed appendices, provide as separate reports</i>		
Appendix no.	Appendix title	
1	CCG stakeholder briefing	
2	Executive summary of Consultation Report	



# Briefing for stakeholders

**Date:** 10 September 2018

**Reference:** 10/09/2018/CM

## **Further update on next steps regarding the consultation on the redesign of adult and older people's specialist mental health services in Eastern Cheshire, South Cheshire and Vale Royal**

As a valued stakeholder, we are committed to continuing to update you on the next steps in relation to the recent 12-week public consultation regarding proposals to redesign adult and older people's specialist mental health services in Eastern Cheshire, South Cheshire and Vale Royal.

These important services serve a population of 480,000.

Thousands of people across Eastern Cheshire, South Cheshire and Vale Royal engaged actively in the consultation on the proposals to introduce a new model of care for adults and older people experiencing severe mental ill health across community and hospital care settings. The findings of a survey that formed part of the consultation were analysed independently by the University of Chester while feedback from the seven public meetings, 26 community events and numerous items of correspondence was analysed independently by NHS Midlands and Lancashire Commissioning Support Unit.

The commissioners, namely NHS Eastern Cheshire CCG, NHS South Cheshire CCG and NHS Vale Royal CCG, are giving full consideration to all the feedback received in order to develop a decision-making business case that will be presented in November to their Governing Bodies.

Findings show support for the development of a new care model to improve outcomes for people with severe mental ill health, which includes a proposed crisis service and dementia support service to care for people in the community. However, the commissioners recognise the concern expressed that some people would have to travel further to visit loved ones in hospital if some inpatient services were transferred from Macclesfield to Chester.

The findings, which will be published on Monday 10 September 2018 at <https://www.easterncheshireccg.nhs.uk/Your-Views/ccg-consultations.htm> will also be presented and discussed in a number of meetings held in public over the coming month, namely:



Tuesday 25 September	Cheshire East Health and Wellbeing Board
Wednesday 26 September	NHS Eastern Cheshire CCG Governing Body
Thursday 27 September	Cheshire East Council Health, Adult Social Care and Communities Overview and Scrutiny Committee
Friday 28 September	Cheshire CCGs' Joint Commissioning Committee
Thursday – 04 October	NHS South Cheshire CCG & NHS Vale Royal CCG Governing Bodies' meeting
Monday 15 October	Cheshire West & Chester Council People's Scrutiny Meeting

The decision-making business case will take full account of the consultation findings, including any additional ideas and suggestions, plus other considerations set out in the pre-consultation business case available at [www.easterncheshireccg.nhs.uk](http://www.easterncheshireccg.nhs.uk). These issues include clinical safety, affordability and compliance with national best practice.

No decisions will be made until November 2018.

The consultation partners are grateful to the many people who took part in the consultation to redesign specialist mental health services for the 7,000 or so people in Eastern Cheshire, South Cheshire and Vale Royal who need care every year for severe mental ill health. The aim of the proposals is to ensure that service users get the best possible care, within the resources available, to help them thrive and not just survive.

The consultation, on services for a population of around 480,000 people, was run by the three CCGs in partnership with Cheshire and Wirral Partnership (CWP) NHS Foundation Trust. CWP is the main provider of the area's mental health services.

For more information on the consultation, visit [www.easterncheshireccg.nhs.uk](http://www.easterncheshireccg.nhs.uk) and search under “**Consultations**.”

We will continue to keep patients and the wider public informed of our next steps.

Yours sincerely,

**Alex Mitchell**

Acting Chief Officer, NHS Eastern Cheshire CCG  
[alex.mitchell@nhs.net](mailto:alex.mitchell@nhs.net)





**Clare Watson**

Chief Officer, NHS South Cheshire CCG and NHS Vale Royal CCG

[clarewatson2@nhs.net](mailto:clarewatson2@nhs.net)

**FURTHER INFORMATION:**

Charles Malkin, Communications Manager

NHS Eastern Cheshire CCG

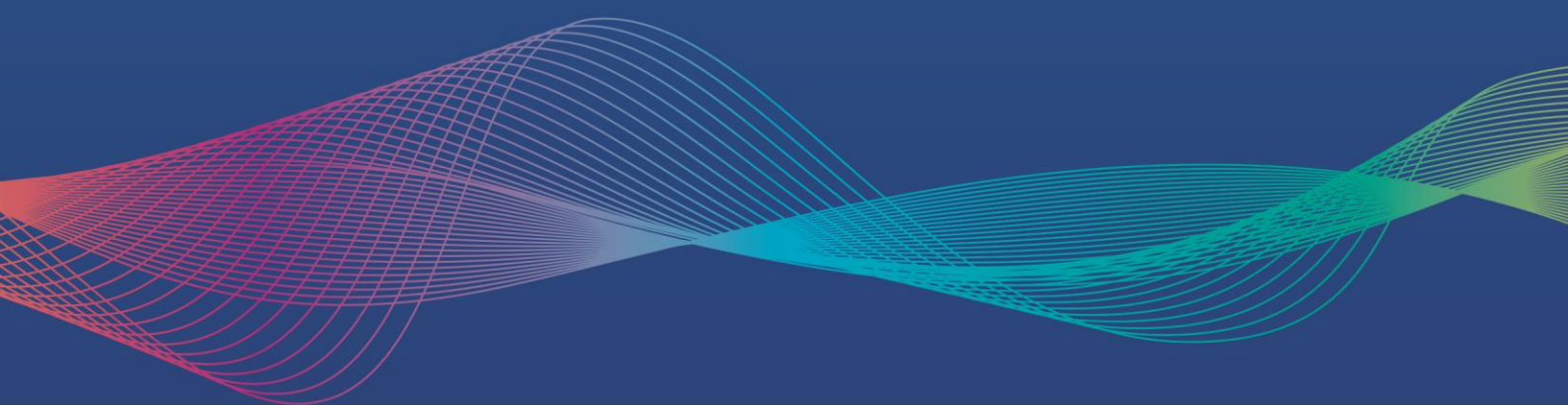
Direct Dial: 01625 663824

Email: [c.malkin@nhs.net](mailto:c.malkin@nhs.net)

# Adult and older people's specialist mental health services consultation

**Executive summary of summary report of findings**

**10 September 2018**



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# Executive summary

## Introduction

This executive summary presents an overview of the key findings from the consultation on the proposed redesign of adult and older people's specialist mental health services, which ran between 6 March and 29 May 2018. The consultation targeted the residents of three CCG areas (listed below) and covered a total population of 480,000 people.

The purpose of this report is to provide feedback to the commissioners – as the consulting organisations - on the results of the public consultation. This will inform the decision-making business case for adult and older people's mental health services, to be developed by the commissioners later in the year.

The consultation was led by:

- NHS Eastern Cheshire Clinical Commissioning Group (CCG)
- NHS South Cheshire Clinical Commissioning Group (CCG)
- NHS Vale Royal Clinical Commissioning Group (CCG)



The population of NHS Eastern Cheshire CCG live in the main towns and surrounding areas of Alderley Edge, Bollington, Chelford, Congleton, Disley, Handforth, Holmes Chapel, Knutsford, Macclesfield, Poynton, and Wilmslow. The population of NHS South Cheshire CCG live in the main towns and surrounding areas of Alsager, Crewe, Middlewich, Nantwich and Sandbach. Together, the geographies of both CCGs are coterminous with Cheshire East Council. Cheshire East Council was not a consulting organisation.

The population of NHS Vale Royal CCG live in the main towns and surrounding areas of Northwich and Winsford. The geography of and population living within NHS Vale Royal CCG, along with that of NHS West Cheshire CCG are coterminous with that of Cheshire West and Chester Council. Both NHS West Cheshire CCG and Cheshire West and Chester Council were not consulting organisations.

In delivering the consultation, the commissioners worked in partnership with Cheshire and Wirral Partnership NHS Foundation Trust (CWP), which is the main provider of mental health services across the four CCGs.

## Background to the Consultation

The consultation document set out the proposals for adult and older people's specialist mental health services. The proposals were developed through 12 months of collaboration with service users, carers, patient representatives, clinical staff, experts by experience, local authority overview and scrutiny committees, commissioners and service providers.

This document described the case for change, which was based on feedback from the collaborative engagement activities, as well as recent audit recommendations and inspections. This showed that changes are needed to improve quality and safety standards, to improve accommodation standards and to ensure that the funds available, for mental health services, achieve the best impact.

The document also set out the objectives for service redesign, a proposed new model of care, with two service delivery options, alongside an option to maintain current service configuration for adults and older people experiencing severe or mental ill-health across community and hospital care settings.

## Three options for public consultation

The three options which were taken to public consultation are outlined below.

- **Option 1:** To not introduce the proposed new model of care. In this option there would be no prospect of improvement or development of the following services: community care, crisis care / choice of service, dementia outreach, or inpatient care unless funding was taken or diverted from other current local NHS services. All inpatient care would be retained in the Millbrook Unit, Macclesfield.
- **Option 2:** To improve community and home treatment (crisis) teams, and provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester. This option proposes to enhance community and home treatment (crisis) teams to provide a wider range of services and improve access to care locally for the 7,000 adults and older people in the community who currently access specialist mental health services.
- **Option 3:** To improve community and home treatment (crisis) teams, provide local crisis beds within the community and provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester. This option proposes to enhance community and home treatment (crisis) teams. This would provide a wider range of services and improved access to care locally for the 7,000 adults and older people in our communities who currently access specialist mental health services.

## Approach to the analysis of feedback

The University of Chester was commissioned to undertake an independent review of the consultation survey feedback and findings. NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) worked closely with commissioners and was contracted to provide a range of support services, including the production of this report of findings and the analysis of the public events, correspondence and other information collected at 'pop-in' events and meetings. The report draws on several supporting documents, which are referenced in the main report.

## Communications and engagement activity

The communications and engagement strategy aimed to both inform and consult all stakeholders, including patients and public, carers and staff. Activities were planned to explain the proposed model and options and gather feedback.

- Consultation document sent to each of the 7,000 patients currently receiving specialist mental health services from CWP
- 3,000 copies of the consultation document, including an easy-read version, distributed in healthcare and community settings
- Consultation questionnaire, which was designed and distributed both online and as a hard copy (and reproduced as an easy read version) to enable easy feedback by all to the consultation proposals
- Seven formal public meetings, with a total of 223 attendees
- Engagement with a further 500+ people at an additional 26 events, meetings and briefing opportunities at local mental health forums and other health and community settings were undertaken
- Widespread print, broadcast and social media reach, including with over 2,000 people actively engaging with social media content such as videos, reaching circa 160,000 newsfeeds
- Over 100 media articles, adverts and advertorials was generated across all platforms including TV, print, radio and internet
- Targeted updates to over 500 CWP members in Vale Royal, South Cheshire and Eastern Cheshire
- 97 enquiries received via the freephone Patient Advice and Liaison Service (PALS) line.

## Respondent / participant and demographic profiles

A total of 324 people responded to the consultation survey. The survey respondents included:

- 186 (57%) from the Eastern Cheshire CCG area
- 81 (25%) from South Cheshire CCG area
- 34 (10%) from Vale Royal CCG area
- 23 (7%) from other/unknown.

The largest proportion of respondents were female, 175 (54%) compared to 111 (34%) males. The remainder did not provide this detail. Most respondents were under 65 years (62%) and most were white British (88%). Of the total respondents, 65 (20%) were carers of people who accessed mental health services.

A total of 223 people attended the seven public consultation events.

- Four of the events were in the Eastern Cheshire CCG area, with 163 participants.
- Two of the events were in the South Cheshire CCG area, with 36 participants.
- One event was in the Vale Royal CCG area, with 24 participants.

There was an almost even split between females and males with 71 (56%) females and 52 (41%) males in attendance. The remainder did not provide this detail. Just over three quarters were aged 45 to 79 years and 118 of the 120 (98%) attendees were white British.

A total of 23 pieces of correspondence were received. Most of the correspondence was from members of the public.

## Findings from the consultation survey and seven public events

This section summarises findings from the consultation survey and key themes from the seven public events. For each option an overview of the key findings is presented followed by findings by CCG area.

Survey respondents were asked to rank the three options from most to least preferred. Option 2 was most preferred, being ranked first by 115 respondents, followed by option 1 with 84 respondents and option 3 with 57 respondents.

Survey respondents were also asked the extent to which they agreed with each option. Table A compares the level of agreement for each option. Most agreement was for option 2 (52%) compared to options 1 (36.1%) and 3 (37.5%).

Table A: Respondents level of agreement/disagreement with each of the three options

	Numbers agreeing with option	Number neither agree or disagree	Number disagreeing with option
<b>Option 1</b>	109 (36.1%)	40 (13.2%)	153 (50.7%)
<b>Option 2</b>	150 (52.0%)	32 (11.0%)	107 (37.0%)
<b>Option 3</b>	104 (37.5%)	67 (24.2%)	106 (38.3%)

Survey respondents were asked to review a list of eight outcome statements and identify the top three in order of importance. Table B identifies these outcome statements in order of importance.

Table B: The eight service delivery outcome statements in order of importance

Number	Service delivery outcome statements
<b>1</b>	Option x will improve outcomes for people with mental ill-health
<b>2</b>	Option x will provide 24-hour access to crisis services
<b>3</b>	Option x means people being able to visit hospital easily
<b>4</b>	Option x will offer a dementia outreach service supporting people in their own homes
<b>5</b>	Option x offers access to a better range of treatment options
<b>6</b>	Option x will offer more choice about the services available for people in crisis
<b>7</b>	Option x will provide better access to community services
<b>8</b>	Option x provides inpatient services meeting privacy and dignity standards



Respondents were then asked to rate the extent to which the options fulfilled each service delivery outcome statement. See table C.

When the top three most important service delivery outcome statements are compared against the three options, option 2 received the overall highest score. Comparison of the scores for each of the top three outcome statements, show that option 2 received the highest scores for outcome statement 1 and 2. Option 1 received the highest score for outcome statement 3.

*Table C: Respondents most important three service delivery outcome statements and the extent to which the three options meet these.*

	Service delivery outcome statements	Most selected outcome statement	Option 1	Option 2	Option 3
1	Improve outcomes for people with mental ill-health	248	82 (32%)	145 (58%)	120 (50%)
2	24-hour access to crisis services	181	74 (30%)	168 (67%)	127 (54%)
3	Being able to visit hospital easily	118	141 (56%)	72 (29%)	52 (22%)
<b>Total for top three</b>			297	385	299
<b>Base – number of survey respondents to question</b>			247-255	245-251	231-238



# Feedback on option 1

## Overall feedback on option 1

153 (51%) of survey respondents disagreed with option 1, compared to 109 (36%) who agreed. By respondent type there was a greater proportion of service users disagreeing, whilst carers and members of the public were more evenly split. Table D provides an overview of the response to key survey questions and commentary on key messages from event participants.

Table D: Survey and event participant feedback on option 1

<b>Reasons for agreeing with the option</b>	<ul style="list-style-type: none"><li>• 'The location of services'</li><li>• 'The minimisation of stress and anxiety'</li><li>• 'Minimisation of travel'</li><li>• 'The Millbrook Unit would be kept open or improved'.</li></ul>
<b>Reasons for disagreeing with the option</b>	<ul style="list-style-type: none"><li>• 'The finance/ cost of the option'</li><li>• 'The service levels provided'</li><li>• 'The idea that change is needed'.</li></ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"><li>• The most agreed with statement (receiving over 50%) was statement 3 (Table B) – 'means people being able to visit hospital easily'</li><li>• The remaining seven statements had between 15% and 35% agreement.</li></ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"><li>• Dementia patients</li><li>• People using community services.</li></ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"><li>• 'Service structure and coverage'</li><li>• 'Finance and building usage'.</li></ul>
<b>Public event commentary</b> 7 events = 223 participants	<ul style="list-style-type: none"><li>• Some support for option 1, but also a recognition that the current system is not working properly and that doing nothing is not an option.</li><li>• Support for quality of care provided by the Millbrook Unit, however mixed views on the current facilities (e.g. ward size, en-suite facilities).</li><li>• An understanding that there would not be enough resource to improve crisis care and community teams.</li><li>• Some event participants were confused about the financial modelling and concerned about the perceived limits in the supporting detail provided.</li></ul>

## Eastern Cheshire CCG area feedback on option 1

There was an even split between survey respondents agreeing and disagreeing with option 1. 79 (44%) respondents disagreed with this option, whilst 78 (43%) respondents agreed.

Table E: Survey and event participant feedback from Eastern Cheshire CCG area on option 1

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'The location of services'</li> <li>• 'The minimisation of stress and anxiety'</li> <li>• 'The Millbrook Unit would be kept open / improved'</li> <li>• 'Minimisation in travel requirements'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Finance / cost of the option'</li> <li>• 'The impact on service levels'</li> <li>• 'The need for change'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The most agreed with statement with over 70% agreement, was statement 3 (table B) – 'means people being able to visit hospital easily'</li> <li>• The remaining seven statements had between 20% and 45% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Dementia patients</li> <li>• People using community services.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Finance'</li> <li>• 'Building usage'</li> <li>• 'Service structure and coverage'.</li> </ul>
<b>Public event commentary</b> 4 events: 3 events in Macclesfield = 133 attendees 1 event in Congleton = 30 attendees	<ul style="list-style-type: none"> <li>• <b>Macclesfield events:</b> participants felt the option was presented in a way that made it difficult for attendees to select it as their preferred choice</li> <li>• <b>Congleton event:</b> some felt the Millbrook Unit remaining open would be a positive outcome for current service users.</li> <li>• <b>Macclesfield and Congleton events:</b> agreed on the need for community care and dementia outreach and that this would reduce demand on emergency care; but questioned how these could be implemented.</li> </ul>

## South Cheshire CCG area feedback on option 1

43 (61%) of survey respondents disagreed with option 1, compared to 18 (26%) who agreed.

Table F: Survey and event participant feedback from South Cheshire CCG area on option 1

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Location of the service'</li> <li>• 'Stress and anxiety minimised'</li> <li>• 'Agree with nothing'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Change is needed'</li> <li>• 'Finance / cost of option'</li> <li>• 'Service levels'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The eight service delivery statements received low levels of agreement (all under 30%).</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• People using community services.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Service structure and coverage'</li> <li>• 'Staff'</li> <li>• 'Finance'</li> <li>• 'Building usage'.</li> </ul>
<b>Public event commentary</b> 2 events: 1 event in Crewe = 19 attendees 1 event in Middlewich = 17 attendees	<ul style="list-style-type: none"> <li>• <b>Crewe event:</b> participants commented that facilities in the area could be improved, however there was concern how this would be financed. Participants also sought reassurance that any changes are implemented fully.</li> <li>• <b>Crewe event:</b> travel was not seen to be such an issue for people in Crewe as the distance is similar. However, it was commented that it is easier to travel to Chester from Crewe.</li> <li>• <b>Crewe event:</b> concern that decisions have already been made to lose the Millbrook Unit.</li> <li>• <b>Middlewich event:</b> limited comments regarding this option.</li> </ul>

## Vale Royal CCG area feedback on option 1

More survey respondents disagreed with option 1 than agreed. 21 (68%) disagreed with this option, whilst six (19%) agreed.

Table G: Survey and event participant feedback from Vale Royal CCG area on option 1

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Location of service'</li> <li>• 'Travel minimised'</li> <li>• 'Finance / cost of options'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Change is needed'</li> <li>• 'Service levels'</li> <li>• 'Finance / cost of options'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• There was more agreement with the service delivery outcome statements in this area, but none received more than 40% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Dementia patients</li> <li>• People using community services</li> <li>• 'Crisis'</li> <li>• Minority groups (e.g. Traveller, Bangladeshi).</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Finance'</li> <li>• 'Service structure and coverage'.</li> </ul>
<b>Public event commentary</b> 1 event in Northwich = 24 attendees	<ul style="list-style-type: none"> <li>• Some support for the Millbrook Unit to remain open due to quality of staff.</li> </ul>

## Other consultation survey feedback on option 1

There were four respondents from the West Cheshire CCG area. Of these, one agreed with the option and two disagreed.

There were also 19 survey respondents with an unknown CCG area. Of these, nine disagreed with this option, compared to four who agreed.

## Feedback on option 2

### Overall feedback on option 2

150 (52%) respondents agreed or strongly agreed with this option, compared to 107 (37%) disagreeing or strongly disagreeing. When analysed by respondent type, there was a greater number of service users 63 (57%) and carers 35 (58%) agreeing, whilst more NHS employees and other respondents disagreed with this option.

Table H: Survey and event participant feedback on option 2

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Dementia care'</li> <li>• 'Location of service'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Adult care worse'</li> <li>• 'Service levels would decrease'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• There were seven most agreed with statements (with between 50% and 70% agreement).</li> <li>• Statement 3 (table B) – 'means people being able to visit hospital easily' - received least agreement with between 25 and 30%.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Adults and younger people</li> <li>• Those based in the Eastern Cheshire area</li> <li>• Service users and carers, families and relatives.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Building usage'</li> <li>• 'Service structure and coverage'</li> <li>• 'Travel'</li> <li>• 'Finance'.</li> </ul>
<b>Public event commentary</b> 7 events = 223 participants	<ul style="list-style-type: none"> <li>• Option 2 was generally positively received with some saying it was the most sensible option</li> <li>• Reasons for supporting the option included: additional clinical and support staff offering 24-hour crisis care; improvement in community care, which could result in a reduction in hospital admissions; and the provision of 53 beds to mention the key comments</li> <li>• This was considered a preventative option which could reduce hospital admissions, however, greater co-ordinated care would be required.</li> <li>• Although it was thought that implementation would be difficult due to cost and accessibility, this option was considered to provide the greatest value for money. Some questioned whether this option would be cheaper than refurbishing the Millbrook Unit.</li> <li>• Main concerns related to travel implications for adults. To address this, the use of technology, social media and contracts with taxi firms or assistance from volunteers was suggested.</li> <li>• There was some mixed reaction towards crisis cafés because of possible safety and security concerns.</li> <li>• Further clarification was asked for regarding how capacity would be managed; access to public transport, the need for refurbishment and any impact on Bowmere.</li> </ul>

## Eastern Cheshire CCG area feedback on option 2

84 (50%) of respondents disagreed with this option, compared to 70 (42%) who agreed.

Table 1: Survey and event participant feedback from Eastern Cheshire CCG area on option 2

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Dementia care'</li> <li>• 'Location of service'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Adult care worse'</li> <li>• 'Service levels would decrease'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The seven most agreed with statements received between 45% and 60% agreement.</li> <li>• Statement 3 (table B) – 'means people being able to visit hospital easily' - received around 20% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Adults and younger people</li> <li>• People living in Eastern Cheshire</li> <li>• Carers, family and relatives</li> <li>• Current service users.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Building usage'</li> <li>• 'Service structure and coverage'</li> <li>• 'Finance'</li> <li>• 'Travel'.</li> </ul>
<b>Public event commentary</b> 4 events: 3 in Macclesfield = 133 attendees 1 event in Congleton = 30 attendees	<ul style="list-style-type: none"> <li>• <b>Macclesfield and Congleton events:</b> agreement that this option would provide older patients the ability to remain in the area and a feeling that this option offers greater value for money than option 1. Some concerns raised at the need for patient groups to travel further, placing burden on their support network. Some suggestions of the need for a more robust travel and transport plan and to review the use of technology to stay in touch.</li> <li>• <b>Congleton event:</b> some recognition of the benefits of community care, however implementation was perceived to be an area of concern. More access with improved opening hours would be beneficial.</li> </ul>

## South Cheshire CCG area feedback on option 2

46 (60%) survey respondents agreed with this option compared to 13 (18%) who disagreed.

Table J: Survey and event participant feedback from South Cheshire CCG area on option 2

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Agree with everything in option 2'</li> <li>• 'Dementia care'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Inequality of service'</li> <li>• 'Disagree with nothing in option 2'</li> <li>• 'Adult care worse'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The seven most agreed with statements received between 60% and 80% agreement.</li> <li>• Statement 3 (table B) – 'means people being able to visit hospital easily' - received less than 45% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Those based in the Eastern Cheshire area</li> <li>• Adults and younger people</li> <li>• Carers, family and relatives</li> <li>• Those based in the South Cheshire area.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Service structure and coverage'</li> <li>• 'Finance'</li> <li>• 'Travel'.</li> </ul>
<b>Public event commentary</b> 2 events: 1 event in Crewe = 19 attendees 1 event in Middlewich = 17 attendees	<ul style="list-style-type: none"> <li>• <b>Crewe event:</b> some participants commented that the option supports older people being cared for closer to home and more generally provides less focus on beds, providing more care out of hospital, including crisis support.</li> <li>• <b>Crewe event:</b> some saw travelling to Chester as not a as big an issue, especially for adults who will be able to travel more easily than older patients.</li> <li>• <b>Middlewich event:</b> recognition of value for money – but thought that it would be difficult to implement due to the recruitment challenges and the expected growth in demand.</li> </ul>

## Vale Royal CCG area feedback on option 2

23 (68%) survey respondents agreed with option 2, compared with four (12%) who disagreed.

Table K: Survey and event participant feedback from Vale Royal CCG area on option 2

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Dementia care'</li> <li>• 'Location of service'</li> <li>• 'Agree with everything in option 2'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Inequality of service'</li> <li>• 'Finance'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The seven most agreed with statements received between 60% and 85% agreement.</li> <li>• Statement 3 (table B) – 'means people being able to visit hospital easily' - was least agreed with, receiving 50% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Those based in the Eastern and South Cheshire areas</li> <li>• Carers, families and relatives.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Service structure and coverage'</li> <li>• 'Finance'</li> <li>• 'Building usage'</li> <li>• 'Travel'.</li> </ul>
<b>Public event commentary</b> 1 event in Northwich = 24 attendees	<ul style="list-style-type: none"> <li>• General comments were that this was the best option of the three, but travel requirements were an issue. To overcome these concerns suggestions were made around the use of private transport and technology.</li> <li>• Participants suggested enhanced community care could aid shorter inpatient stays. The provision of crisis cafés was also positively received.</li> <li>• The provision of 53 beds was a positive influencer. However, some expressed concerns about the number of available beds in Chester. Also, some suggestions that underutilised estate in Macclesfield could be used to provide a small unit in the area.</li> </ul>

## Other feedback on option 2

There were three respondents from the West Cheshire CCG area. Of these, two agreed with option 2 and one disagreed.

There were 19 survey respondents with an unknown CCG area. Of these, eight (40%) agreed with option 2, compared to five (25%) who disagreed.



## Feedback on option 3

### Overall feedback on option 3

There were equal proportions of people agreeing and disagreeing with this option. 106 (38%) disagreed with this option, whilst 104 (38%) agreed. Segmentation by respondent type showed around 60% of service users and carers supported this option. There was a split in the level of agreement amongst NHS mental health employees and other respondent types.

Table L: Survey and event participant feedback on option 3

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Comparison of options i.e. better than 1 or 2'</li> <li>• 'Location of service'</li> <li>• 'Community care and support'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Service levels would decrease'</li> <li>• 'Distress to patients'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• Only statements 1 and 2 (table B) received 50% or more support</li> <li>• The remaining six statements received less than 50% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Older people</li> <li>• Carers, families and relatives</li> <li>• Dementia patients</li> <li>• Current service users</li> <li>• Those living in Eastern Cheshire.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Building usage'</li> <li>• 'Service structure and coverage'.</li> </ul>
<b>Public event commentary</b> 7 events = 223 participants	<ul style="list-style-type: none"> <li>• This was the second most preferred option. During the table discussions options 2 and 3 were frequently compared.</li> <li>• Option 3 was supported because it provides good crisis support services and home treatment, however there was a greater preference for option 2 because this option is not accessible for older patients.</li> <li>• An acknowledgement that this option is preventative, as it offers access to out of hospital services, which could reduce hospital admissions.</li> <li>• The majority of concerns related to the travel implications for older patients, those requiring access to psychiatric care and patients' support networks.</li> <li>• Other concerns raised included the movement of dementia services to Chester; the lack of Psychiatric Intensive Care Unit at Lime Walk House and difficulties in implementation due to costs and the availability of staff to provide community care.</li> <li>• Some also raised safety and security concerns with crisis cafés.</li> </ul>

## Eastern Cheshire CCG area feedback on option 3

76 (47%) respondents disagreed with this option, compared to 50 (31%) who agreed.

Table M: Survey and event participant feedback from Eastern Cheshire CCG area on option 3

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service'</li> <li>• 'Comparison of options i.e. better than 1 or 2'</li> <li>• 'Location of service'</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Service levels would decrease'</li> <li>• 'Distress to patients'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• Seven statements received between 40% and 50% support.</li> <li>• Statement 3 (table B) – 'means people being able to visit hospital easily' - had just over 20% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Older people</li> <li>• Service users</li> <li>• Carers, family and relatives</li> <li>• Dementia patients.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Building usage'</li> <li>• 'Service structure and coverage'</li> <li>• 'Travel'.</li> </ul>
<b>Public event commentary</b> 4 events: 3 in Macclesfield = 133 attendees 1 event in Congleton = 30 attendees	<ul style="list-style-type: none"> <li>• Respondents supported having fewer people in hospital due to the provision of community care and community services.</li> <li>• It was acknowledged that this option is preventative as it offers access to out of hospital services which could reduce hospital admissions.</li> <li>• Public event attendees expressed concern at the travel requirements. Some suggested the need for volunteer support to help overcome this issue.</li> <li>• Concerns were raised at the costs of this option.</li> <li>• Attendees sought clarity on the number and usage of crisis beds outlined in this option.</li> </ul>

## South Cheshire CCG area feedback on option 3

32 (48%) survey respondents agreed with this option compared to 14 (21%) who disagreed.

Table N: Survey and event participant feedback from South Cheshire CCG area on option 3

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Level of service', 'comparison of options i.e. better than 1 or 2' and 'community care and support'.</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel', 'service levels would decrease' and 'inequality of service'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree / disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• The five most agreed with statements received between 50% and 65% agreement.</li> <li>• Statements 3, 5 and 8 (table B) received between 25% and 50% agreement.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Older people,</li> <li>• Those living in Eastern Cheshire</li> <li>• Adults and younger people</li> <li>• Carers, family and relatives.</li> </ul>
<b>Suggestions on how to overcome issues / challenges</b>	<ul style="list-style-type: none"> <li>• 'Service structure and coverage',</li> <li>• 'Building usage'</li> <li>• 'Finance'.</li> </ul>
<b>Public event commentary</b> 2 events: 1 event in Crewe = 19 attendees 1 event in Middlewich = 17 attendees	<ul style="list-style-type: none"> <li>• Those attending the event recognised the provisions of community support in this option.</li> <li>• Concerns regarding travel were raised – particularly the cost and accessibility for visiting families and carers.</li> </ul>

## Vale Royal CCG area feedback on option 3

15 (54%) respondents agreed with this option compared to seven (25%) who disagreed.

Table O: Survey and participant feedback from Vale Royal CCG area on option 3

<b>Key reasons for agreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Comparison of options i.e. better than 1 or 2'</li> <li>• 'Level of service'</li> <li>• 'Location of service'</li> </ul>
<b>Key reasons for disagreeing with the option</b>	<ul style="list-style-type: none"> <li>• 'Distance / travel'</li> <li>• 'Inequality of service'</li> <li>• 'Service levels would decrease'</li> <li>• 'Carer or family impact'.</li> </ul>
<b>Feedback on the eight service delivery outcome statements (extent respondents agree/ disagree that outcomes will be delivered by the option)</b>	<ul style="list-style-type: none"> <li>• Statements 1, 2 and 4 (table B) received most agreement with between 50% and 60%.</li> <li>• The remaining statements received less than 50% support.</li> </ul>
<b>People disproportionately impacted</b>	<ul style="list-style-type: none"> <li>• Older people, carers, family and relatives, those based in South Cheshire.</li> </ul>
<b>Suggestions on how to overcome issues/challenges</b>	<ul style="list-style-type: none"> <li>• 'Travel', 'service structure and coverage', 'building usage' and 'finance'</li> </ul>
<b>Public event commentary</b>  1 event in Northwich = 24 attendees	<ul style="list-style-type: none"> <li>• Event participants noted option 3 provides crisis and home treatments but considered the option not accessible for older patients due, to travel requirements.</li> <li>• Some requested an online resource to provide information on service access and self-help.</li> </ul>

## Other feedback on option 3

There were three respondents from the West Cheshire CCG area. Of these, two agreed with option 3 and one disagreed.

There were 19 survey respondents with an unknown CCG area. Of these, four agreed with this option, compared to seven who disagreed.

## Findings: correspondence, 26 additional events and PALS

Several themes have emerged from the 23 pieces of correspondence, the 26 meetings and staff events, and the PALS feedback. This feedback has been brought together under broad themes by CCG area. Unlike the survey and events, the feedback from these sources is unstructured and is themed around the comments raised.

The **PALS** feedback reported people registering on events, requesting consultation information and requesting assistance to complete the consultation survey.

### Eastern Cheshire CCG area

The Eastern Cheshire area received the most amount of feedback from these channels.

**Event feedback** discussed the following themes: **comments and ideas** such as alternative options and other suggestions for proposals; **funding** for the options and funding levels for mental health across Cheshire; **travel, distance and facilities** with concern around distances to travel if the Millbrook Unit closes and where new facilities could be placed; pleased with quality of care at the Millbrook Unit but concern at proposed number of beds for Eastern Cheshire; **new care model** aspects were supported such as crisis provision and **crisis care**; concerns about the **consultation process** e.g. access to documents and some perceived bias; **staffing**, specifically around getting the appropriate staff for the proposed new model of care and services to be provided.

**Correspondence feedback** discussed the following themes: concern about the loss of **services within the Eastern Cheshire area**; the impact on **travel times and transport** implications for all service users from the proposed closure of the Millbrook Unit; queries about the **consultation process** including how options were reached; some **support for the options**; service redesign – focused on: access to acute beds and their location and **dementia outreach**, **pressures on partner demand** from any service change, **support for the process**, appreciation of the proposed crisis centres, **crisis care / cafés** but some mixed views, negative **pressures on users and carers** from any service change.

### South Cheshire and Vale Royal CCGs area

**Event feedback** discussed the following themes: **new care model** and welcoming the enhanced **community care and crisis care** though concern about where new beds would be located; **travel, transport and facilities** – concern about whether transport promises would be kept which previously were not, some comments and alternative ideas put forward; some consultation **process**, **staffing** and **funding** questions around the cost to redevelop the Millbrook Unit.

**Correspondence:** none received from these areas.

### Unknown/other CCG areas

**Event feedback** discussed the following themes: **funding**; **travel, distance and transport**; **new care model and crisis care**; **comments and ideas** and **consultation process**.

**Correspondence feedback** discussed the following themes: concern over the loss and future provision of **services within the Eastern Cheshire area**; impact on distance and **travel times and transport** of any service changes; queries over the **consultation process**; **support for the options**, service redesign; **dementia outreach**; **pressures on partners demand** from service changes e.g. social services; **support for the process**; mixed views on **crisis centres** and **crisis care / cafés**.

## Additional ideas and suggestions

A number of ideas and suggestions were identified during the consultation. These have been grouped and summarised and are listed below:

<b>Combination of options:</b> Combination from existing ones – with inpatient beds for adults and older patients kept locally, in Macclesfield.	<b>Pressures on service users and carers:</b> More home treatment should also help carers as well as service users.	<b>Crisis care modelling:</b> Crisis care centres should reflect practice in other places where it is shown to work, e.g. Cambrian House Crisis Centre.	<b>Awareness of external changes:</b> Awareness of Department of Health and Social Care definition of out of area placements and how decision makers should consider this.
<b>Improved access to resources:</b> Improved website, which contains easily accessible information and resources. This could also be provided through a mobile app.	<b>Visitor spaces:</b> Dedicated space / rooms for visitors (family, relatives) within hospitals for them to relax.	<b>Understanding clinical pathways:</b> Use carers' knowledge to gain an understanding of their experiences.	<b>Dealing with service users in crisis:</b> Safe places should be available near to home and in the community rather than at a distance (e.g. Macclesfield to Chester).
<b>Overcoming travel issues:</b> Contracts with taxi firms and using volunteers to provide transport for service users and their support network. Use of technology between service users and support network to stay in touch. Accessing services using technology such as video conferencing to minimise travel.	<b>Use of other facilities instead of the Millbrook Unit:</b> Using other CWP land or buildings, for instance within the Rosemount site, expanding Soss Moss, or siting specialist support at Leighton Hospital.	<b>Use of other facilities:</b> Can CWP be given the Millbrook Unit so they can make changes as a capital project, without the landlord approval. Macclesfield once had a 1,500 bed mental hospital, reduced to 450 beds.	<b>Commissioning charities:</b> Commissioning charities and voluntary services to provide services for mental health that are specific.
<b>Community services:</b> Provide community care services in-line with service user demand – e.g. consider reviewing opening hours.	<b>Provision of crisis cafés:</b> There should be three crisis cafés located in major urban areas and sufficient transport to take users to them.	<b>Presenting all the options:</b> Seeing more of the options that were initially considered.	<b>Reducing repetition:</b> Service users sharing their history multiple times is considered frustrating, suggestions for system which avoids this repetition.
<b>Supporting carers:</b> Support for carers and family members through similarly styled cafés.	<b>The Autism model:</b> The Autism model has reduced hospital admissions. This could be referenced to help reduce admissions within this proposed model of care.	<b>Providing local care:</b> A 'crisis bus' that travels around the county like a mobile library providing help, advice and support.	<b>Caring for young adults:</b> Suggestions whether another step is needed between children and adult wards for those neither are suitable.

## Conclusions

This section summarises the key findings from the consultation on the proposed redesign of adult and older people's services.

### Ranking the Options

Within the consultation survey respondents were asked to rank the three options from most to least preferred (best, mid and lowest). Option 2 was identified as the most preferred option, followed by options 1 and 3.

**Option 2** – 115 (best), 72 (mid) and 59 (lowest)

**Option 1** – 84 (best), 38 (mid) and 137 (lowest)

**Option 3** – 57 (best), 136 (mid) and 53 (lowest)

The ranking of options by CCG area shows the following:

South Cheshire and Vale Royal CCG area respondents – ranked **option 2** as the most preferred

Eastern Cheshire CCG area respondents – ranked **option 1** as the most preferred.

The ranking of options by respondent type shows the following:

Services users, mental health carers, the public, other public sector employees and other organisation employees – ranked **option 2** as the most preferred

NHS (mental health) employees and other ranked **option 1** as the most preferred.

### Agreement with the options

Respondents were asked to rate the extent to which they agreed with each option. Most agreement was for option 2. The options have been listed by level of agreement received:

**Option 2** – 150 (52%) strongly agree/agree

**Option 1** – 109 (37%) strongly agree/agree

**Option 3** – 104 (38%) strongly agree/agree (please note opinion was almost evenly split with 106 (38%) strongly disagree/disagree)

### Delivery of options against outcome statements

Respondents were asked to rate the extent to which they agreed each option would deliver against eight service outcome statements. When comparing the results against the top three (most important) outcome statements option 2 received the highest score overall.

### Overall findings

Overall, **option 2** was identified as the option receiving the highest scores. There was a recognition that services had to change, however there were strong concerns regarding the difficulties this would cause. In particular, transport costs, travel time, less opportunity for carers, family, friends and staff to visit and the detrimental impact on recovery of patients, were raised as concerns.

For all options there were also concerns regarding the implementation of proposed changes and the associated costs.



## Supporting documents for this executive summary

Item
<b>Main report of findings</b>
<b>Appendix A - Engagement report</b> – produced by the consultation partners
<b>Appendix B - Independent consultation survey report of findings</b> – produced by the University of Chester
<b>Appendix C - Analysis of correspondence received during the consultation</b> – produced by MLCSU
<b>Appendix D - Feedback provided from 26 additional meetings and events</b> – produced by MLCSU using evidence supplied by the consultation partners
<b>Appendix E - Seven public events report of findings</b> – produced by MLCSU using evidence gathered by MLCSU who were contracted to design and manage the seven events
<b>Appendix F - Analysis of calls made to the Patient Advice and Liaison Service (PALS)</b> during the consultation period – produced by the consultation partners

All supporting documents for this executive summary can be found at:

[www.easterncheshireccg.nhs.uk/Your-Views/ccg-consultations.htm](http://www.easterncheshireccg.nhs.uk/Your-Views/ccg-consultations.htm)



10.09.18: Summary Report of Findings Final version (2.6)

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Midlands and Lancashire Commissioning Support Unit

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## STANDARDISED REPORT COMMUNICATION

### REPORT DETAILS

<b>Report subject:</b>	Governor Elections – Summer 2018
<b>Agenda ref. no:</b>	18.19.53
<b>Report to (meeting):</b>	Council of Governors
<b>Action required:</b>	Information and noting
<b>Date of meeting:</b>	<a href="#">14/09/2018</a>
<b>Presented by:</b>	Suzanne Christopher, Corporate Affairs Manager

<b>Which strategic objectives this report provides information about:</b>	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	Yes
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	Yes
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
<b>Which CQC quality of service domains this report reflects:</b>	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Services that are responsive to people's needs	Yes
Well-led services	Yes
<b>Which Monitor quality governance framework/ well-led domains this report reflects:</b>	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
<b>Does this report provide any information to update any current strategic risks? If so, which?</b>	
See current risk register in the agenda of the public meeting of the Board of Directors at <a href="http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings">http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings</a>	No
N/A	
<b>Does this report indicate any new strategic risks? If so, describe and indicate risk score:</b>	
See current integrated governance strategy. CWP policies – policy code FR1	No
N/A	

### REPORT BRIEFING

<b>Situation – a concise statement of the purpose of this report</b>
The purpose of the report is to provide an up-date to the Council of Governors in respect of the recent Governor Election Process.

**Background – contextual and background information pertinent to the situation/ purpose of the report**

Governor elections are held annually to ensure a full complement of Governors for our Council. This year, we had a total of 7 seats available as part of the election process. These were as follows:-

- x1 – Public Seat - Wirral
- x3 - Service User / Carer Seats (one of the seats will run until 2020)
- x3 - Staff Governor Seats (Medical, Nursing, Clinical Psychology)

The election commenced on the 18<sup>th</sup> July 2018 and was called on the 13<sup>th</sup> September 2018, as per the full timetable below.

ELECTION STAGE	
Trust to send nomination material and data to ERS	Wednesday, 4 Jul 2018
Notice of Election / nomination open	Wednesday, 18 Jul 2018
Nominations deadline	Thursday, 2 Aug 2018
Summary of valid nominated candidates published	Friday, 3 Aug 2018
Final date for candidate withdrawal	Tuesday, 7 Aug 2018
Electoral data to be provided by Trust	Thursday, 9 Aug 2018
Notice of Poll published	Tuesday, 21 Aug 2018
Voting packs despatched	Wednesday, 22 Aug 2018
Close of election	Wednesday, 12 Sep 2018
Declaration of results	Thursday, 13 Sep 2018

**Assessment – analysis and considerations of options and risks**

The election providers have now informed the Trust that two candidates applied for the three available service user carer seats. Therefore, the results are uncontested and one service user carer vacancy remains.

The Trust did not receive any nominations for the available staff governor seats. The Trust, therefore, continues to hold three vacancies as follows:-

X1 Medical  
X1 Nursing  
X1 Clinical Psychology

The Trust received two nominations for the one available Public – Wirral seat. An election process has, therefore, been held to determine the result.

Given the remaining vacancies, the Trust will be required to consider holding a by-election within the next three months.

**Recommendation – what action/ recommendation is needed, what needs to happen and by when?**

The Council are asked to note the report.

<b>Who/ which group has approved this report for receipt at the above meeting?</b>		Head of Corporate Affairs
<b>Contributing authors:</b>		Suzanne Christopher
<b>Distribution to other people/ groups/ meetings:</b>		
Version	Name/ group/ meeting	Date issued
36T	36T	36T

<b>Appendices provided for reference and to give supporting/ contextual information:</b>	
Appendix no.	Appendix title