Involvement in mental health services redesign

Background
Milton Keynes mental health services, in collaboration with Milton Keynes Clinical Commissioning Group (CCG), the Local Authority, service users, carers and key stakeholders, agreed there should be a review and redesign of Adult Mental Health Community Services specifically looking at moving to a Community Mental Health Team (CMHT) model for Milton Keynes. The aim of the service redesign has been to improve access to the services available and provide a consistent service across the city within the constraints of the current financial envelope and the available resources.

Stakeholders involved
The following stakeholders have been engaged throughout the service redesign process:

- Age UK
- BLMK Mind
- Carers MK
- Citizens Advice Milton Keynes
- Clinical and Recovery Focussed Accommodation Service
- Healthwatch MK
- Independent Advisory Group (MK)
- Luton and Milton Keynes Mental Health Improvement
- Mental Health and Autism Social Care (MKC)
- MK-ACT
- Milton Keynes CCG
- Milton Keynes Counselling and Wellbeing Centre
- MK Deanery
- MK Mental Health Partnership Board
- MK YMCA
- Milton Keynes University NHS Foundation Trust Hospital;
- Neighbourhood Employment Programme (MKC)
- Public Health
- Sanctuary Supported Living
- SEAP Advocacy
- Service users and carers
- STP Bedfordshire
- Thames Valley Police
- Woughton Community Council

Stakeholders have been invited to all events/workshops in relation to the service redesign. Two events have already taken place (17 June 2019 and 25 September 2019), with an upcoming event on 7 February 2020. All events / workshops have provided the opportunity for involvement and engagement, discussion and suggestions along with the ability to feedback comments at the events, via a questionnaire, through the cmw-tr.MHSRedesign@nhs.net dedicated email or through Twitter #MKMentalHealth.
Stakeholders have been invited to part of emerging work streams resulting from the events/workshops.

Feedback from the events
- Positive co-produced opportunity
- Avoid use of acronyms or explain them
- More notice and awareness of the event.
- Patients journey to involve and be supported by community voluntary organisations / services for continued support all through / post discharge.
- Patients being passed from one team to another
- Multiple assessments are distressing for patients
- Patients diagnosed as being on the autistic spectrum
- Crisis Café

How involvement/feedback has influenced the service redesign
- Co-production continues through all work streams enabling further opportunities for service users, carers and stakeholders to be heard, listened to and involved in the make-up of future services
- Acronyms will not be used. Definitions / explanations of relevant terminology will be provided in future events.
- Date for 2nd event was decided in the same week of the event and shared with all delegates, staff within the week. Date for 3rd event followed same process giving plenty of notice. Reminders are also being sent.
- Services will signpost service users to the appropriate community/voluntary organisation throughout treatment and prior to discharge.
- The CCG is developing a website of information for all services across Milton Keynes called Midos, and Milton Keynes’ mental health services will input into this.
- A patient’s assessment will take place in the team that will undertake the work – this will stop people ‘bouncing’ between services.
- There will be one assessment in the team that are undertaking the work. When someone is transferred to another team this information will be available and the patient will not require further assessments
- If people become high risk, they will move into the Crisis Resolution and Home Treatment Team
- New teams are being set up by the council to include assessment diagnostic and post diagnostic support team. For new referrals (not existing diagnoses) the pathway is exactly the same as anyone else and there will be joint work to support staff in working with people with autism.
- The Crisis café will be provided by MIND across Bedford Luton and Milton Keynes, with an expected launch mid - 2020 for Milton Keynes.

How were the outcomes fed back to stakeholders?
- Reports from both events were produced and sent to all delegates from both events to date.
- The second event/workshop included updates from the first event/workshop
- Newsletter – coproduced with a service user, the first edition of Pathway Redesign Insider – was shared with all delegates and services that have attended the events/workshops to date. It includes a section on answering questions from the events/workshops.
- Shared at meetings with stakeholders.
Milton Keynes Mental Health – Service Redesign Workshop
Monday 17th June 2019

Table discussions

8 tables set out with 5 identified numbered themes / questions which related to the local Healthwatch report: Experiences of Mental Health Services 2018 (https://www.healthwatchmiltonkeynes.co.uk/sites/healthwatchmiltonkeynes.co.uk/files/Experiences%20of%20Mental%20Health%202018%20-%20Revised%20Version.pdf).

3 remaining tables would be used as overflow for table discussions where the groups on dedicated tables became too large. The findings of the report show that Milton Keynes Mental Health Services, its partners in commissioning, other parts of the NHS (GPs, the hospital) and social care, have a number of challenges around access, waiting lists, treatment (including medications) and staffing, especially around an integrated approach. Facilitators (Team / Service Managers) for each table supported and guided discussions around these challenges and provided a summary of feedback at the end of each session.

The event hosted 2 workshops – a morning session (total number of attendees = 58) and an afternoon session (total number of attendees = 51): total of 109 delegates. Within each session, attendees were asked to choose 2 themes / questions and move tables after 30 minutes; therefore, having an outcome of 2 discussions per theme / question per session.

Tables and themes:

<table>
<thead>
<tr>
<th>Table</th>
<th>Theme / Question</th>
<th>Facilitator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Access – How do I get into the service?</td>
<td>Simon Warren (MK MH Primary Care Services Manage)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lesley Halford (Regional Operational Manager (IRC Heathrow and Specialist Forensic Services))</td>
</tr>
<tr>
<td>2</td>
<td>Moving or Changing teams / services</td>
<td>Matt Jarrad (Interim Service Manager – CAMHS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vicky Hancock (MK MH Dept Service Director)</td>
</tr>
<tr>
<td>3</td>
<td>Interventions – What happens when I am in a team / service?</td>
<td>Jane Taylor (MK MH Secondary Care Services Manager)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stephanie Oldroyd (MK MH Clinical Director)</td>
</tr>
<tr>
<td>4</td>
<td>Innovation – What else do we need?</td>
<td>Vicky Haddow (Head of Business &amp; Transformation)</td>
</tr>
<tr>
<td>5</td>
<td>Urgent Care – What happens in a crisis?</td>
<td>Patrick Gillespie (MK MH Interim Service Director)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kingsley Akkullo (MK MH Service Manager for Acute Home Treatment Team and Inpatients)</td>
</tr>
</tbody>
</table>
The following captures a summary of discussions across both workshops.

| 1 | Access – How do I get into the service? | Simon Warren (MK VH Primary Care Services Manager)  
Lesley Halford (Regional Operational Manager (IRC Heathrow and Specialist Forensic Services) |

Summary and key themes

- **Unmet need**
  - Strong feeling there is little to no autism provision in MK. It was discussed this was out of contract for CNWL (came up several times)
  - Similarly AADHD was not provided for.

- **Access all areas**
  - People wanted a Recovery College / Sanctuary / Crisis hubs – where people can access help without going to the GP

- **OOH service - Getting a service after 5pm is hard**
  - There needs to be a crisis team and a crisis house - an alternative to A&E.

- **Criteria**
  - Many felt there should not be a criteria and anyone can refer for anything and that staff should have a directory of services for everything.
  - It would be hard to staff and perhaps there has to be a level of mental health need evident in order to get a service.
  - Should children be included and older people?
  - Discussed funding streams and service resources.
  - We need staff working to the top of their grade – not dealing with low level need.

- **Preventative work**
  - People felt that at Primary Care level more support should be available – people liked PCP but would also like social services and the voluntary and 3rd sector in at front door.
  - PCP need to be more embedded / integrated into surgeries. Part of team.

- **Assessment**
  - There needs to be one shared trusted assessment – information should be shared under the Data Protection Act – people feel too much assessing not enough doing.
  - Assessments could be phone assessments or face to face.

- **IT**
  - Better use of SystmOne (S1) - sharing information, electronic referrals, sharing mmds (ethnicity) and client details.

- **Carers**
  - People feel there is little provision for carers and they are not listened to and there is not much for them.

- **Staffing**
  - Navigator for services, mh staff – Doctors, nurses, more highly qualified advanced nurses e.g. NMP= cheaper and more flexible. Peer support workers, social workers and third sector staff.
  - The mental health and physical health teams should join up to form one service with the GP at the GP surgery.
  - Voluntary workers could run groups and get isolated people involved in groups and a Recovery College.

- **Treatment**
  - Easy access to talking therapy in GP surgery – base IAPT in GP surgery.
  - Free counselling and easy access to on line therapy.
How will these help redesign MK Adult Mental Health Community Services?

- Strong feeling that we need to have access based at GP surgery and this can be managed within the networks. Eg - if IAPT were based there it would allow easier access to talking therapy.
- Contracts need reviewing as to what the criteria are – this has to be led by need but capacity must be in place to manage referrals.
- Get rid of paper / email referrals and use S1 for 90% of referrals from GP – to mental health.
- Variety of staff who can deliver care, groups, short term intervention at the front door.
- Better use of third sector and volunteers.

| 2 | Moving or Changing teams / services | Mati Jarrad (Interim Service Manager – CAMHS)   |
|   |                                 | Vicky Hancock (MK MH Dept Service Director) |

Summary and key themes:

- Many transitions – both internal and to external organisations
- Many bottlenecks when transferring between services, back of waiting list
- Disagreements between services leads to patients not having needs met
- Limited services outside NHS mental health
- Difficulties transferring to primary care
- One decision point for which service should accept
- Clear criteria for services
- One referral document
- Joint handovers
- Transition follow consistent guidelines – needs policy

How will these help redesign MK Adult Mental Health Community Services?

- Model needs to reduce silos between teams / reduce number of teams
- Need for clear entry and exit criteria
- Teams need to respond to individual need within the criteria for services
- Teams need to adapt flexible approach not fit patients into boxes

| 3 | Interventions – What happens when I am in a team / service? | Jane Taylor (MK MH Secondary Care Services Manager)   |
|   |                                                            | Stephanie Oldroyd (MK MH Clinical Director) |

Summary and key themes:

This group focused on interventions that we should offer. The main feedback was that there should be:

- Concise assessments (only tell story once)
- Flexible approach (everyone working together)
- Same offer for everyone based on need. (Diagnosis creates barriers)
- One care navigator who knows you well.
- Integration of services ie health, 3rd sector and social care.
- More inclusion (the voice of the service user) / Peer support workers
- Recovery College/ café (need for somewhere to be stepped down too)
- Service needs to be easy to get back into.
How will these help redesign MK Adult Mental Health Community Services?

- These will be incorporated into the service redesign discussion to look at total mental health pathway across services.

<table>
<thead>
<tr>
<th>Innovation – What else do we need?</th>
<th>Vicky Haddow (Head of Business &amp; Transformation)</th>
</tr>
</thead>
</table>

Summary and key themes:

It was a wide ranging discussion which concentrated on 3 main areas:

1. Current gaps in service
2. Important elements to be included in a new model
3. Technological innovations that could be utilised in new teams/ services

Main themes:

1. **Current Gaps:**
   - MH input into the Autism pathway and services for Neurodiversity
   - Peer support workers embedded into teams
   - Out of hours services are very limited, no 24/7 home treatment or a crisis cafe
   - More support is required for clients discharged from hospital, this need to be from health, social care and the voluntary sector as appropriate.
   - Day offer can be improved: Drop in services/ MK Recovery college etc.
   - Advocacy is currently only provide for clients under the MH Act. Wider access could improve care.

2. **Key elements for a new model:**
   - Prevention: early detection and treatment
   - Pathways: easy in and easy out, good communication between teams, better sharing of information
   - Integrated care: physical and mental, health and social care, for clients, carers and the community in which they live. A CMHT should be a HUB for clients care.
   - Person centre care must include someone to coordinate and help client navigate care across health (primary and 2ndary) and also link to Social Care and services such as housing, benefits etc. voluntary sector and other services like Criminal Justice
   - Single point of access (SPA), should be 24/7, have skilled staff, be responsive, sign post and have a directory of local services
   - Crisis and Home treatment services that work 24/7 and include an advice line

3. **Innovations:**
   - Better use of online tools, such as self-help and mindfulness
   - Web based consultations, where appropriate
   - More sophisticated workforce planning to ensure the right skills
How will these help redesign MK Adult Mental Health Community Services?

Suggestion/ Gap
Autism/ neurodiversity

Action
We will forward this suggestion to MKCCG and MKC commissioners and are happy to be part of any future pathway work in this area.

Out of Hours/ Crisis and Home treatment

A bid was submitted to NHSE on 21/6 for increased funding to expand CRHT. If this is successful, then an enhanced CRHT will be factored into new model and will include a pilot for a crisis sanctuary.

Support on discharge

The health elements of this enhanced care will be factored into the model and discussions will be had with MKC on how social care/ vol. sector support can be better coordinated around the clients being discharged from acute care.

Day offer

The Service would like to see an MK recovery college and will continue to discuss this with the Trust and local commissioner colleges, but this cannot be included at this time.

Advocacy

We will forward this suggestion to CCG and MKC commissioners and are happy to be part of any future pathway work in this area.

Peer Support Prevention Pathways SPA Integrated care Technological innovations

5 Urgent Care – What happens in a crisis?

Patrick Gillespie (MK MH Interim Service Director)
Kingsley Akuffo (MK MH Service Manager for Acute Home Treatment Team and Inpatients)

Summary and key themes:

Integrated Adult Care Pathway - drivers for change:

- Delegates discussed current crisis care pathway in MK especially out of hours. Currently, there is no out of hours service in MK and only route for out of hrs is via A&E. Most patients attending A&E do not require A&E attendance.
- Delegates noted length of stay at A&E for patients in crisis.
- Delegates also noted lack of crisis support facilities (crisis prevention) including crisis café, half way houses, etc.
- There is no clear route for people in crisis, who are often bounced between various departments, causing unnecessary delays in meeting their needs.
- Clear gap in service for people in crisis.
Key themes

- Single point of access 24/7
- Development of Crisis café's/halfway house
- Development of Crisis/Urgent Care 24/7 hours' services
- Knowledge of services available in MK
- Development of a Hub approach - where people can get support.
- Who is best to provide crisis/urgent care services (delegates favoured MH team working 24/7, who are able to go out to respond to crisis)
- Clarity on what is deemed urgent care (delegates VIEW - urgent care - patient to be seen within four hours, emergency care - patient to be seen within an hour. Most of these patients will not necessarily need help to resolve a crisis at the level of avoiding an admission but need help to manage a crisis to prevent further deterioration.
- Sign posting and referring to other services.
- Consultants - New Ways of Working (doctors involvement in early stages of the pathway)
- Multi-disciplinary involvement in assessment - respond to all acute crisis with the integrated mental health pathway.

How will these help redesign MK Adult Mental Health Community Services?

- Integrated Adult Care Pathway
- 24/7 crisis number for patients, carers or referrers to assess
- Increasing capacity in secondary care
- Provides access to crisis support out of hours
- Linked to services - access during working hours, HTT out of hours
- 24/7 duty (Triage assessment)
- Unless it's a medical issue, no A&E
- CMHT with embedded crisis team.
- Increasing capacity in secondary care, reduce crisis care.
- Developing single point of access
- Managing demand
- Managing crisis
- More investment in community services
- Patients managed in the least restrictive environment
Milton Keynes Mental Health – Service Redesign Workshop

Monday 17th June 2019

Feedback analysis

Total number of delegates:

<table>
<thead>
<tr>
<th>Session</th>
<th>Delegates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning session – 9.30 – 12</td>
<td>58</td>
</tr>
<tr>
<td>Afternoon session – 13.30 – 15.30</td>
<td>51</td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
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</tbody>
</table>

Feedback
Delegates were given several options to feedback with comments, suggestions etc through Twitter #MKMentalHealth; dedicated email contact (cnw-tr.MHSRedesign@nhs.net); post-its, flip charts and feedback forms.

Twitter

#MKMentalHealth Exciting but challenging times ahead as we look at service redesign to meet the needs of our growing population. Lots of energy for change at the service redesign workshop today with co-production at the fore hearing from service users & 3rd sector in partnership

#MKMentalHealth is using your past experiences and ideas to redesign services- make sure they hear your current ideas and experience too

This is the start of a journey and the beginning of many conversations we will be having. This is a great opportunity to improve our offer to the people of #MiltonKeynes in our #MKMentalHealth community redesign says interim mental health service director Patrick Gillespie
Hearing ideas about how we can use technology and social media to improve care and how sharing records might improve patient safety #MKMentalHealth

Busy table discussing interventions, need a wider workforce plan, closer working together with other agencies, more regular contact, one stop shop where you can get help with other issues and recovery colleges ...

Interventions - Very clear that there needs to be one allocated practitioner. Lots of discussion around what our offer is and in making this clearer to service users. #MKMENTALHEALTH @CNWLNIH
Feedback forms:

Session 1 – 9.30 – 12.00
Total number of completed feedback forms = 19 (33% of the total that attended this session)

<table>
<thead>
<tr>
<th>Overall, how would you rate the event today?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% Excellent 79% Very good 16% Good 5% Fair 0% Poor</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>How useful was the presentation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5% Extremely useful 68% Very useful 26% Somewhat useful 0% Not so useful 0% Not at all useful</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>How useful was the Workshop session</th>
</tr>
</thead>
<tbody>
<tr>
<td>32% Extremely useful 53% Very useful 10% Somewhat useful 0% Not so useful 5% Not at all useful</td>
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</table>

<table>
<thead>
<tr>
<th>Was there anything in particular that stood out for you in the presentation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Innovations to MK Mental health</td>
</tr>
<tr>
<td>• Access for patients in crisis</td>
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<tr>
<td>• Similarity of opinions.</td>
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<tr>
<td>• Different opinions and expectations. Poor awareness of the pressures front line services.</td>
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<tr>
<td>• A drive for co-production - impressive.</td>
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<tr>
<td>• Different services in one room.</td>
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<td>• It appeared positive.</td>
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<tr>
<td>• CNWL open to change from what was said and structure of event.</td>
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<tr>
<td>• Gaps within the services.</td>
</tr>
<tr>
<td>• Strong caring management team. Looking forward to the future.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What did you like about the event?</th>
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</thead>
<tbody>
<tr>
<td>• I am not a health service professional and welcomed the openness and inclusivity of participants.</td>
</tr>
<tr>
<td>• Opportunity to network across the MK mental health team and also people working in criminal justice system.</td>
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<tr>
<td>• The ability to move between tables</td>
</tr>
<tr>
<td>• A good mix of attendees across MH/Health/Social Care and 3rd Sector and service users.</td>
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<tr>
<td>• Time for discussion about services.</td>
</tr>
<tr>
<td>• Opportunity to express myself.</td>
</tr>
<tr>
<td>• Networking</td>
</tr>
<tr>
<td>• Opportunity to learn from and share with people from different areas of MH</td>
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<tr>
<td>• That it was a co-production event.</td>
</tr>
<tr>
<td>• A wealth of knowledge, ideas and willingness to share.</td>
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<tr>
<td>• Friendly. Well set out. Chance for conversation. Makes it all make sense</td>
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<tr>
<td>• Variety of ideas.</td>
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<tr>
<td>• Wide range of practitioners / service users etc.</td>
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<tr>
<td>• Being listened too. Very friendly.</td>
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<tr>
<td>• How to effectively sign between teams</td>
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<tr>
<td>• Good number and range of involved people.</td>
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<tr>
<td>• Lots of different people to talk to</td>
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<table>
<thead>
<tr>
<th>What did you dislike about the event?</th>
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<tbody>
<tr>
<td>• All the acronyms can be confusing to outsiders</td>
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<tr>
<td>• Limited time to share ideas</td>
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<tr>
<td>• Event was not very well advertised. Only found out about it last Thursday.</td>
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<tr>
<td>• I found the discussions frustrating due to lack of awareness.</td>
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<tr>
<td>• Having to choose between groups.</td>
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<tr>
<td>• Very crowded.</td>
</tr>
<tr>
<td>• Mondays a difficult day to attend.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>What could we have done better?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explain the acronyms</td>
</tr>
<tr>
<td>• Giving plenty of notice before the event to aid preparation.</td>
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</tbody>
</table>
• Feel the groups were too big.
• Too short - would have liked to continue to second half.
• Comm Foundation, CCG & MKC Commissioners to get a basic understanding of what is coming up.
• I wish we could have had more time - there's so much to say.
• Longer / more detail.
• "Access" discussion - feedback did not mention Single Point Entry and use of matrix (perinatal?) which could be used easily. Important points - hope they were noted.
• Group work tables could be smaller to share ideas.
• A bit more time to discuss.

Did the event meet your expectations?
95% Yes 5% No

Any other comments:
• As a "lay person" the event provided a useful insight into the complexities of this area and the concerns of people working in it. Their concerns are frequently shared by users!
• I wasn’t sure what to expect.
• The presentations could have been a little slower - a lot to take in.
• That all this talking and discussion leads to positive action.
• If the whole system can have a focal point or one point of speciality to refer.
• I think we covered the current difficulties pretty well. How do we find affordable solutions which will work for people in MK?
• Thank you and I hope we see some changes made in MH Milton Keynes services with ideas from today.

11 delegates left their contact details.

Session 2 – 13.30 – 15.30
Total number of completed feedback forms = 18 (35% of the total that attended this session)

Overall, how would you rate the event today?
11% Excellent 55% Very good 17% Good 17% Fair 0% Poor

How useful was the presentation?
11% Extremely useful 44% Very useful 39% Somewhat useful 5% Not so useful 0% Not at all useful

How useful was the Workshop session
28% Extremely useful 44% Very useful 28% Somewhat useful 0% Not so useful 0% Not at all useful

Was there anything in particular that stood out for you in the presentation?
• Future journey presentation.
• Population of MK in 2031!
• It was all good.
• The fact that people want to spend time and money in mental health services.
• Highlighting gaps, good / bad things, steps moving forwards, new ideas etc.
• Urgent Care team.
• Hearing experience of different services.
• Urgent Care and Access processes.

What did you like about the event?
• Opportunity to share ideas.
• The idea of getting views of people delivering and receiving services was encouraging.
• Listening to everyone.
• Good co-working and great to have service users.
• The opportunity to discuss different topics and share views.
• The opportunity to voice my opinion and share my experience.
• Relaxed - easy to make views known.
• Being involved. I enjoyed participation in different workshops and having my ideas recognised.
- Discussing with new or influential people who might be able to take words to action.
- The group work was extremely helpful.
- Good to have input into future services.
- Good size, well organised.
- Discussions were very interesting.
- It was very inclusive.

**What did you dislike about the event?**
- Not enough time to contribute face to face in topics.
- Couldn't hear all that was said. Large room, no mics.
- Not knowing a time-line of decision making journey important but would be good to know implementation?
- It was not clear when the transformation will happen and how the discussions have contributed to this.
- Limited on category chosen and time given to discuss each topic.
- Some speakers spoke too softly.
- Short.
- Perhaps more focus on solutions

**What could we have done better?**
- Would have good to know the financial side of service provision and whether this redesign is able to have new services and/expanding current services or whether it's going to be managed further cuts.
- More time, may be 3hr session
- If possible inform us *(staff)* of any transformation initiatives that have already been agreed.
- Have a tea break in the afternoon and a shorter lunch.
- Hopefully give people feedback and that suggestions from all will be taken on board.
- Have a mix of professionals, allied health care or services, cares and services users on each table.
- Maybe longer for each work group.
- Wasn't sure of start time when deciding of am or pm attendance?
- To give staff time to think of models and research.
- Allow more time.

**Did the event meet your expectations?**
| 95% Yes | 5% No |

**Any other comments:**
- Timescales for proposed change would have been helpful.
- Thank you. Challenging journey for you! God bless you.
- I would be happy to take part in one of these events again.
- Really enjoyed being part of the start of the redesign. I hope that people who need services will be happy overall with the changes.
- I look forward to receiving documents with collaboration of all the topics discussed today. What people want to see and to know that we have been heard and steps forward.
- Directory of local services and how to access would be good. Info on how to access different parts of mental health support and what is most relevant would be good.
- Presentation a bit short - could easily have described the current service set up and talked through different teams.
- Staff to be given time to think through how the 24/7 will look and to think through if it is a 24/7 service. What statistics do they have to show that there should be staff 24/7? Which model works and will work for us?

10 delegates left their contact details.
- Of the total 37 completed feedback forms

<table>
<thead>
<tr>
<th>Q1 Overall how would you rate the event today</th>
<th>Q2 How useful was the presentation?</th>
<th>Q3 How useful was the workshop session?</th>
<th>Q8 Did the event meet your expectations?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Very good</td>
<td>Good</td>
<td>Fair</td>
</tr>
<tr>
<td>5%</td>
<td>67.5%</td>
<td>16%</td>
<td>11%</td>
</tr>
</tbody>
</table>

- Collated breakdown:

<table>
<thead>
<tr>
<th>Q1 Overall how would you rate the event today</th>
<th>Q2 How useful was the presentation?</th>
<th>Q3 How useful was the workshop session?</th>
<th>Q8 Did the event meet your expectations?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Very good</td>
<td>Good</td>
<td>Fair</td>
</tr>
<tr>
<td>Session 1</td>
<td>0%</td>
<td>79%</td>
<td>16%</td>
</tr>
<tr>
<td>Session 2</td>
<td>11%</td>
<td>55%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Key overall themes:
- Positive co-produced opportunity
- Opportunity to share, listen, make yourself heard and be involved in make-up of future services
- That discussions are now put into action
- Avoid use of acronyms or explain them
- More time to discuss / longer workshop.
- More notice and awareness of the event.
The Redesign Workshop:

Welcome:

Introductions and context behind the Workshop by Patrick Gillespie, Interim Service Director – MK MHS; Vicky Hancock, Dept Service Director – MKMHS; and Dr Stephanie Oldroyd, Clinical Director – MK MHS.
Table 1: Access – how do you get into the service?
Facilitators: Simon Warren (MK MH Primary Care Services Manager) and Lesley Halford (MK MH Service Director)

Table 2: Moving / Changing teams
Facilitators: Matt Jarrad (Interim Service Manager – CAMHS) and Vicky Hancock (Dept Service Director – MKMHS)

Table 3: Interventions
Facilitators: Jane Taylor (MK MH Secondary Care Services Manager) and Dr Stephanie Oldroyd (Clinical Director – MK MHS)
Table 4: Innovation – what else do we need?
Facilitator: Vicky Haddow (Head of Business and Transformation – Diggory Division)

Table 5: Urgent Care – What Happens in a crisis?
Facilitators: Kingsley Akuffo (Service Manager – MK Inpt Units and AHTT) and Patrick Gillespie (Interim Service Director – MK MHS)