Leeds Community Based Mental Health Services Review Engagement Plan

V2.1 2020 12

This document provides guidance to Clinical Commissioning Group (CCG) staff, GP practices and patient groups (The Patient Assurance Group at the CCG or Patient Participation Groups at GP practices) about how to engage members of the public, patients and wider stakeholders when making service changes. These changes might include;

- Starting a new service
- Closing a service
- Changing the way a service is provided
- Changing opening hours at a GP practice
- Merging with another practice

Overarching principles

When engaging with patients or the public you should consider the following principles:

Involve your Engagement team and/or PPG (Patient Participation Group)	• If you are a commissioner or practice manager, speak to the engagement team at the earliest opportunity so that you can assess the scale and impact of the change. • For changes at a GP practice, the PPG should be involved at the earliest stage and before the proposal is shared with the CCG. The PPG should be kept informed and involved throughout the process.
Leave enough time	The length of time you need to plan, deliver and report on your engagement will depend on; • the scale of the change • the impact on members of the public/patients (especially those from 'seldom heard' groups) • other factors such as political interest.
Consider levels of influence	Be clear about what is changing and what people can actually influence.
Make the engagement accessible	• You will need to demonstrate that you have made your engagement accessible to people from different communities. • Provide information in alternative formats when requested such as easyread. • Use different methods to engage such as drop-ins, paper surveys, online surveys.
Feedback 'you said, we did'	Feeding back the findings of the engagement and demonstrating what difference people's feedback has made is an essential part of the engagement process. You should write a brief report and outline '*you said, we did*'.

You should also consider the **gunning principles** when planning your engagement:
https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf

Guidance for commissioners and practice managers – **Appendix A**
Guidance for patient groups providing assurance – **Appendix B**

Engagement Plan

Outline your plans for engaging with the patients, the public and wider stakeholders about your service change.

Project Title: The name of your project. Make this really clear and concise.	**Leeds Community Based Mental Health Support Services Review**
Date: The date you will share this with the PAG or PPG.	06.01.2021
Project lead: Name and contact details of person leading the project (commissioner or practice manager).	Liz Ryan, Commissioning and Performance Manager (Mental Health) - elizabeth.ryan1@nhs.net
Engagement Lead: Name and contact details of person from the CCG engagement team overseeing the engagement (if applicable).	Adam Stewart, Senior Engagement Officer – adam.stewart1@nhs.net
Communications Lead: Name and contact details of person from the CCG communications team overseeing the engagement (if applicable).	-

1. Background

Provide a background to your project. Keep this brief and to the point. Consider including:

- *An outline of the service (who is it for, what does it provide?)*
- *How does this change meet the requirements of local/national strategy (The NHS Long Term Plan or Leeds Health and Wellbeing Strategy etc)*
- *An outline of what is changing (what will be different after the change?)*
- *Why are you making the change? (What impact will it have on patient safety, patient experience or clinical effectiveness?)*
- *What is the engagement aiming to do?*
- *What do we already know? Including contacting Patient experience (they need 2 weeks to prepare a report on the topic)*

Aim of engagement:
To involve service users, carers, service providers and wider stakeholders in the co-production of a new model for community based mental health support services in Leeds.

Background
NHS Leeds CCG (LCCG) and Leeds City Council (LCC) both commission 14 community-based adult mental health services with voluntary and community third sector providers. Some of these services are jointly commissioned and funded. We are currently at a point where we are looking to review a number of these services with the aim of identifying opportunities to improve current delivery to improve outcomes for people, and developing a new approach or model to deliver them.

The contracts deliver fundamental elements of the Leeds community mental health support offer, and play a critical part in supporting people to look after their own mental health and access timely and effective support to help them to stay well, and avoid the need for more intensive services.

The aim of the review is to co-develop an improved, integrated and outcomes focused community-based mental health offer for the population of Leeds, and support achievement of the Leeds Mental Health strategy ambition that Leeds will be "a mentally healthy city for everyone"; where commissioned community based mental health services are integrated with 'statutory' services (NHS provided mental health services).

Third sector mental health treatment and support contracts within the scope of this review are commissioned by NHS Leeds CCG, LCC, or jointly by both, and fall broadly into six themes:

- Crisis and urgent care support;
- Supported accommodation provision;
- Specialist community support (including employment support);
- Service user involvement;
- Support for refugees and asylum seekers;

A full list of the services under review can be seen in **Appendix E**.

The NHS Long Term Plan (LTP), published in January 2019 (https://www.longtermplan.nhs.uk/), made improving mental health services one of its key priority areas. The subsequent 'NHS Implementation Plan for Mental Health 2019/20 - 2023/24 (IPMH)', published in July 2019 (https://nhsproviders.org/resource-library/briefings/the-mental-health-implementation-plan-201920-202324), provided details of a new framework to help deliver on the LTP's commitment to pursue the most ambitious transformation of mental health care, at the local level. This includes a strong focus on expansion and improving the quality of community mental health services.

Linked to this, the development of high quality, comprehensive mental health services is currently one of the highest priorities for the Leeds health and care system. The Leeds Mental Health Strategy sets out eight priorities for improving and enhancing mental health services in Leeds, taking on board the expectations and ambitions of the IPMH, but overlaid with the evidence-based needs and priorities of the whole of Leeds. The strategy envisages a range of comprehensive, integrated services for all ages, easily accessible and responsive, funded by the CCG and LCC jointly wherever this makes sense.

There is a particular focus currently on enhancing community service provision, so that hospital beds are more readily available for the most acutely unwell and at risk, and intensive interventions that work towards recovery, not just containment, are accessible to those who can be supported within the community. A significant proportion of the third sector mental health contracts held by NHS Leeds CCG and LCC actively support this "left shift" ambition as set out in the Left Shift Blueprint (https://forumcentral.org.uk/wp-content/uploads/2020/06/Overview-of-the-Left-Shift-Blueprint-CCG-3rd-June-2020.pdf) for the city, currently under development.

We must also take into consideration the reality emerging from the COVID-19 pandemic. Services and the staff delivering them, service users, their families and carers, and commissioners have all had to find different ways of working. There has been some truly inspirational activity to keep things going, and innovations that, although driven by necessity, have meant positive improvements and should be kept going. Shaping future services must take this into account.

We are making changes to these services because people have told us that they want to see better joined up and integrated services, with clear communication as to what is available and how people can access them.

The aim of this review is to consider alternative approaches to how services have traditionally been commissioned; many have been developed to address a particular need as it has arisen. This has sometimes led to a disjointed system, parts of which do not necessarily connect well with the others, and which does not lend itself to collaborative ways of working, for example between third sector and statutory (NHS) services. Ultimately, the review aims to improve the experience of using these services, with clearer communications and referral routes, so the service user experience and outcomes are improved.

The CCG and Local Authority are working with our third sector partners, people with lived experience and others to co-develop a new system-wide collaborative approach to delivering mental health services in Leeds. This will include 'how' these services are commissioned, not just 'what' is commissioned. Whilst no decisions have yet been taken on the overall contracting approach to be adopted, as part of the review, options for the best way to contract for the new integrated and collaborative approach will be explored.

Objectives of engagement:

- To recruit a CCG volunteer to provide assurance throughout the project.
- To review existing insight of people's experiences of using (relevant) mental health services in Leeds.
- To identify gaps in insight and use the engagement work to fill in any gaps in knowledge.
- To work with the equality lead and commissioners to support the development of an equality and impact assessment to assist in identifying target groups for engagement.
- To carry out an engagement exercise with service users, carers, service providers and the public to help sense check our understanding of people's experiences.
- To support commissioners to use existing insight and feedback from the engagement exercise to develop a new model for community based mental health services.
- Share feedback from the engagement work to demonstrate how people have influenced the development of services.

Outcomes of engagement:

Following completion of the engagement plan and equality and impact assessment we will have:

- An understanding of the communities impacted by the change (using information collated in the equality and impact assessment and feedback from engagement with communities).
- Insight into the views of patients and carers who use the six different elements of the service (including additional insight where gaps have been identified).
- A period of engagement work which will include thematic workshops, focus groups and supporting surveys on each of the areas under review, working with service users, carers, service providers and the public to explore insight and co-design the new approach for community mental health services.
- An engagement report which provides analysis of the feedback we have received and provides a series of recommendations to commissioners.
- A 'you said, we are doing' document which describes to patients and carers how we have used their feedback to shape the service

Patient assurance (to be filled out by the patient group)		
Does the plan clearly outline the background and reasons for the change?		
Yes (fully assured)		
Request from the PAG to move the aim of the engagement to the top of this section.		

2. Level of change and potential influence

Outline the level of change (see appendix C). Explain why you have chosen this level, for example;

- *What can people actually influence?*
- *How many people will it affect?*
- *Is it potentially controversial? (political, public)*

	Changing an existing service (a service redesign)		
	Category 2		

We view this engagement as a Category 2. This is because:

- We have a large amount of patient experience data relating to mental health services in Leeds. People have fed back on a number of our engagements, involvement work from organisations such as Healthwatch Leeds and patient experience collected by mental health service providers.

- The barriers and challenges are clear from the existing insight and we already have the information we need to start developing a new service model.
- Patients should see a change to the services they receive, but this is expected to be positive.
- We are not closing any services or reducing any funding. The review focusses on improving interventions and developing improved pathways which will make it easier to access and move between services.
- Looking at previous pieces of category 3 engagement work, such as the primary care mental health service engagement (https://www.leedsccg.nhs.uk/get-involved/your-views/primarycaremhservices/),we can see that this is a smaller piece of working, affecting less people and isn't controversial, i.e. no services are being decommissioned.

As all of the services considered in this review are accessible to anyone, potentially, it affects everyone in Leeds. However, we know the approximate numbers of users during 2019/20. Figures include:

- **Crisis and urgent care support** – 1450 visitors to crisis services and over 8000 calls from over 650 people.
- **Supported accommodation provision** – accommodation services have the capacity for just fewer than 70 people to be housed across eight accommodation sites.
- **Complex/high risk cases specialist community support and treatment** – over 500 people accepted into service.
- **Service user involvement** – 168 members on the list with 84 people engaged in meetings or over the phone.
- **Support for refugees and asylum seekers** – over 320 service users

This totals a reach of well over 3000 people a year.

The aim of this work is to redesign community services, and improve collaborative working between the people who use services and those who deliver them. People will be able to influence how these services are designed.

There are no plans to decommission any of the services currently provided, and where possible, there may be the potential to expand and increase capacity.

A significant change may come in how services are commissioned, though this should improve the patient experience of using these services, not hinder it. One of the aims of this engagement is to ensure that providers are closely involved in helping to design what this new commissioning model will look like.

Patient assurance (to be filled out by the patient group)		
Does the engagement reflect the size and topic of the change?		
Yes (fully assured)	Partially (reasonably assured)	No (not assured)
Add feedback here. What changes need to be made to the engagement plan?		

3. Timescales

Outline the timescales for your project. Ensure these are realistic.

Recruit CCG volunteer/s	June 2020
Initial draft of engagement plan	November 2020
Develop Combined Impact Assessment	September 2020 – November 2020
Draft agenda and questions for workshops	December 2020
Proforma and draft plan/survey to VAL (if involved)	December 2020
Set up steering group to plan the activities	June 2020
Complete all documents	December 2020
Add to website	December 2020
Develop communications and distribution plan	December 2020

Attend group to share your plan with patients (patient assurance)	January 2021
Briefing scrutiny board (if appropriate)	November 2020
Design and print surveys	July 2021
Carry out engagement (include number of weeks)	25 May 2021 – 15 August 2021 (11 weeks)
Complete engagement report and add to website	September 2021
Update website with 'you said, we did'	September 2022

Patient assurance (to be filled out by the patient group)

Does the plan clearly outline the timescales for the engagement and they are realistic?

Yes (fully assured)

Request to acknowledge the potential for shifting in timescales due to potential impact of the ongoing COVID-19 pandemic and current national lockdown. This will be added in Section 5.

4. Who is affected by the change?

Clearly outline who is affected by the change and how it will affect them.

- *What do you already know about peoples' access, experience, health inequalities and health outcomes when they use this service? (where has this information come from? – local/national engagements, best practice, patient experience reports etc)*
- *How well do people from protected groups (Appendix D) fare in relation to the general population? (what groups do you not have information about?)*
- *Consider positive or negative impact on:*
  - ***Patient reported experience** (National surveys, complaint themes and trends, Patient Advice and Liaison Service (PALs) data, Friends and Family data, incident themes and trends)*
  - ***Patient Choice** (Informed choice, choice of provider, choice of location)*
  - ***Patient Access** (Physical access, systems or communication, travel and accessibility, threshold criteria, hours of service including out of hours)*
  - ***Compassionate and personalised care** (Patient dignity and respect, empathy, control of care, patient/carer involvement, care that is tailored to the patient's needs and preferences)*
  - ***Responsiveness** (Communication, waiting times, support to patients)*
  - ***Promotion of self-care and support for people to stay well** (People with long term conditions, social prescribing initiatives, social isolation, help and advice elements)*

The Equality Act 2010 requires the CCG to have due regard to a number of equality considerations when making changes to services. As part of this process we are expected to carry out an assessment to understand the impact of the change on different communities in Leeds. This is called an Equality and Impact Assessment.

The assessment has not identified any groups who may experience negative impacts, or be disproportionately affected as a result of this work. The expected changes and developments all seek to improve services, and service users should expect to see more integrated services, working collaboratively together with clearer, more accessible information and guidance.

However, the Equality and Impact Assessment and what we already know, has helped us identify groups that are often more affected by mental health problems. We know that some groups with protected characteristics generally fair worse than the wider population in regards to their mental health.

Group	Source	Comments
Age (under 25/ over 65)	Leeds MHNA 2017 and Adult Psychiatric Morbidity Survey 2014	National population prevalence modelling indicates that rates of Common Mental Health Disorders (CMHD) are higher in young people and in older people than working age groups. The services under review are all for people over the age of 18.

Gender (male/female/intersex/ other)	Leeds MHNA 2017 and Adult Psychiatric Morbidity Survey 2014 Samaritans, 2018 The CALMzone, 2019	Women have x 2 higher estimated rates of CMHD than men. In Leeds, 19% of women have a recorded CMHD in Primary Care, compared to 11% of men. Suicide is the biggest killer of men and women under the age of 45. Men are three times more likely to die by suicide than women, with men aged 45-49 having the highest suicide rate.
Disability (sensory/ mental health/ long term illness/ addiction)	Leeds MHNA 2017 and Adult Psychiatric Morbidity Survey 2014 Mind, 2015 Urgent Treatment Centre (UTC) engagement, NHS Leeds CCG, 2019	**Sensory impairments** People with sensory impairments (for example, visual/hearing impairments) are at increased risk of CMHD and experience barriers in accessing mental health support. **Long-Term Conditions (LTCs)** Nationally, 30% of people with a Long-Term Condition are estimated as having a CMHD. However, in Leeds 37% of people with a LTC have a diagnosed CMHD that is recorded in Primary Care. **Learning Disability** People with a learning disability have markedly worse health than the general population as a whole and are therefore more likely to use health services (Equality and Human Rights Commission, 2013) In Leeds there are estimated to be around 12,900 adults with a learning disability (Joint Strategic Needs Assessment) and there are around 3,090 people recorded by Leeds GPs having a learning disability (Leeds, the compassionate city: tackling inequalities, 2017). **Autism** People with autism are particularly vulnerable to developing mental health problems. Mind (2015) found that existing services tend to treat people either for their autism or for their mental health problems, while failing to recognise the complex dynamic between the two. People with autism have told us that accessing services can be difficult as it can be overwhelming to attend due to noises, not knowing what to expect or is going to happen and experiencing poor attitudes and a lack of understanding about their needs.
Gender Reassignment	Leeds MHNA 2017 and LGBT Leeds mapping project	The transgender population is at increased risk of experiencing poor mental health. Feedback during the Primary Care mental health engagement work highlighted that health services can feel unwelcoming to members of the LGBTQ+ community.

Marriage/ civil partnership	SCIE, 2020	There has been no identified impact on marriage/civil partnerships, however any noted themes or trends that are identified over the course of the engagement will be reported on and taken into consideration as part of the final recommendations. However, due to the COVID-19 pandemic, domestic abuse organisations have observed increased household tension and domestic violence due to forced co-existence, economic stress, and fears about the virus. Increased isolation could create an escalation in abuse, where those who are living with an abusive partner or family member, may be less likely to ask for help. Fewer visitors to the household mean that evidence of physical abuse could go unnoticed.
Pregnancy/ maternity (breastfeeding/ adoption/ single or teenage parents	Leeds PNMH needs assessment 2018	Women in the perinatal period experience similar risk (20%) of CMHD as women in general - however, they may experience barriers to accessing mental health support associated with having young children and self-stigma. Young Parents in particular are more than twice as likely to experience mental health problems in the perinatal period as the population of childbearing women overall.
Race (including non-English speakers/ refugees/ asylum seekers/ travellers)	Leeds MHNA 2017 and Adult Psychiatric Morbidity Survey 2014 Equality impact assessment to support the walk-in centre review/ engagement (2017) Mental Health Foundation, 2019 LankellyChase & Mind, 2014	There is significant evidence that some people from some Black, Asian and Minority Ethnic (BAME) groups experience both poorer mental health and increased barriers to accessing care including: • Black Caribbean men • Black African men • White/Black Caribbean mixed people • White/Black African mixed people • Asylum seekers • Refugees • Gypsy and Traveller groups • Asian women • Black women The number of Leeds residents that were born outside of the UK almost doubled - from 47,636 (6.7% of the population) in 2001 to 86,144 (11.5%) in 2011. Of these, 27,221 people were born in Europe, including 12,026 from EU accession countries (mainly Poland) and 58,923 were born elsewhere in the world. Different communities understand and talk about mental health in different ways. In some communities, mental health problems are rarely spoken about and can be seen in a negative light and/or stigmatised. This can discourage people within the community from talking about their mental health and may be a barrier to engagement with health services.
Religion/ Belief (or non)	Academic Research	There is evidence that some people within Muslim communities experience higher levels of depression which are more chronic in nature than in the general population (Spronston and Nazroo 2002). Muslim clients are also more likely to use religious coping techniques than individuals from most other religious groups in the UK (Loewenthal, Cinnirella et al. 2001)

Sexual orientation (lesbian, gay/ bisexual) LGBT+ is the often referred to acronym for people represented in the Lesbian, Gay, Bisexual, Transgender and others community. It represents more than just sexual identity.	Leeds MHNA 2017 and LGBT Leeds mapping project	National work highlights that LGB groups are at increased risk of experiencing CMHD. This has been found to be the case in Leeds through the local LGBT mapping project. Feedback during the Primary Care mental health engagement work highlighted that health services can feel unwelcoming to members of the LGBTQIA+ community (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual as well as others not identified in the acronym). LGBT hate crime has risen 147% since June 2016. LGB people are twice as likely as heterosexual people to have suicidal thoughts or to make suicide attempts (LGBT Foundation), and are two to three times more likely to suffer from depression.
Socio-economic deprivation	Socio-economic data is based on postcode data which shows presentation levels are higher from some of the most deprived wards. Mind, 2020: https://bit.ly/33JuA8F Mental Health Taskforce, 2016	In Leeds, nearly 200,000 people live in the most deprived 10% of neighbourhoods (when ranked nationally). These people have 2-3 times the risk of a CMHD compared to the general population. Specific associations/causes include – poor housing/homelessness/debts/unemployment. Homeless people and/or those with chaotic lives (such as people with a dependency on drugs/alcohol) need to be engaged to find out how they access services currently and whether mental health services provided would help them. A survey of over 14,000 adults by the mental health charity Mind has revealed that existing inequalities in housing, employment, finances and other issues have had a greater impact on the mental health of people from different Black, Asian and Ethnic Minority (BAME) groups than white people during the coronavirus pandemic. The online survey of over 25s in England and Wales (Existing Inequalities Survey, 2020) found: • Almost one in three (30 per cent) people from BAME communities said problems with housing made their mental health worse during the pandemic, compared to almost one in four (23 per cent) white people. • Employment worries have negatively affected the mental health of 61 per cent of people from BAME communities, compared to 51 per cent of white people • Concerns about finances worsened the mental health of 52 per cent of people who identified as from a BAME community, compared to 45 per cent of those who identified as white. • Other issues saw a similar pattern, including getting support for a physical health problem (39 per cent vs 29 per cent) and being a carer (30 per cent vs 23 per cent). People from BAME communities are more likely to live in poorer and/or over-crowded conditions, increasing the risk of developing mental ill-health.

Additional considerations/gaps identified:

- **'Offline stakeholders'** – These are people who struggle to get online with access, technology or internet issues. Barriers (Healthwatch Digital Inclusion report, 2020, https://healthwatchleeds.co.uk/wp-content/uploads/2020/07/Digitising-Leeds-Risks-and-Opportunities-For-Reducing-Health-Inequalities-in-Leeds.pdf) may include:
    - access - not everyone has the ability to connect to the internet

- skills - not everyone has the ability to use the internet and online services
- confidence - some people fear online crime, lack trust or don't know where to start online
- motivation - not everyone sees why using the internet could be relevant and helpful

They may be excluded from this engagement as they may not be able to contribute, or find out about opportunities to have their say. COVID-19 regulations about social distancing have also severely restricted 'in-person' meetings. These groups of people, in addition, may often be socially isolated and in need of extra support.

- **Working age adults** – experience from previous engagement work has identified working age people as one of the more difficult groups to involve due to being at work when engagement activities are often held; during the day on weekdays.
- **Carers** – experience from previous engagements has identified that carers can find it difficult to be actively engaged or spend time taking part in involvement activities due to their caring responsibilities.

COVID-19

The impact of the COVID-19 outbreak and local and national lockdown restrictions and guidance have had far-reaching impacts on people's lives, especially on their mental wellbeing. More than two-thirds of adults in the UK (69%) report feeling somewhat or very worried about the effect COVID-19 is having on their life (https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health).

There is evidence that people are experiencing both an increased awareness of their mental wellbeing as well as experience of negative impacts brought on by the current situation including:

- Local and regional lockdowns
- Vulnerable groups shielding
- The need for a change in behaviour and the need for face masks and social distancing (and issues when these aren't adhered to)
- Fluctuating changes in policy and what is permitted
- Changes to the way we work and the implications of these changes:
  - Working from home – new ways of balancing home life/work life:
    - Changes to caring responsibilities
    - Home-schooling
    - Changes to the 'working day'
    - Lack of appropriate spaces to work for some
    - Increase in domestic abuse cases
    - Feelings of isolation if separated from work colleagues/social isolation if at home alone
  - Furloughed workers
  - Concerns about job security
  - Having to return to work whilst COVID-19 cases are still prevalent
- Being socially isolated, not being able to meet family/friends if not close or in a 'bubble.'

How do we know what people think about mental health services in Leeds and nationally?

Over the last five year the NHS in Leeds has carried out a range of engagements which provide information about people's mental health needs and preferences:

- Mental health services in Harrogate and Wetherby: https://www.leedsccg.nhs.uk/get-involved/your-views/tewvmh2019/
- Support needs of parents/carers of children and young people with mental health issues: https://www.leedsccg.nhs.uk/get-involved/your-views/mental-health-support-parents-carers/
- Primary care mental health services: https://www.leedsccg.nhs.uk/get-involved/your-views/primarycaremhservices/
- Long term plan for mental health in the NHS https://www.leedsccg.nhs.uk/get-involved/your-views/mental-health-long-term-plan/
- Young people's crisis service: https://www.leedsccg.nhs.uk/get-involved/your-views/youngpeople-crisisservice/

- Self-harm in children and young people: https://www.leedsccg.nhs.uk/get-involved/your-views/self-harm/
- Social prescribing: https://www.leedsccg.nhs.uk/get-involved/your-views/social-prescribing/

We have involved the people of Leeds in a number of pieces of engagement work around mental health services, with over 3,000 giving us their feedback. There have been a number of recurrent themes on mental health services in general:

- **Local services** – people have told us that they would like more services to be available locally to encourage people to attend and make them less of a stressful activity to be involved with.
- **Transportation** – a common theme linked with 'local services' is that of the impact of having to travel to reach services that are perhaps far away or have a bigger impact, depending on where someone lives. Costs of transport, availability and time to get to a location were common barriers to accessing services.
- **Communication** – people have told us that communication is vital to ensure people know what is happening, what they need to do and what services are available. People have told us that a lack of clarity about what services they can access has been a hindrance to them getting help.
- **Waiting times** – people have told us that the waiting times to access both an assessment for support, and support from services themselves, can be frustrating and detrimental to their own or their loved ones' mental health. Equally, being kept in contact about progress was identified as being important.
- **Getting a referral/support** – people told us that the referral criteria to access services can be a barrier to getting support/help. People told us that the criteria for accessing services was confusing, inconsistent and often led to people 'falling between the cracks'.
- **Focus on the whole person** – a common theme is the importance of acknowledgement and consideration in providing support to people with additional conditions, such as autism or a learning disability. People emphasised the importance of a 'whole person centred approach', taking into account all aspects of a person. People told us that there needs to be greater integration of treatment of physical and mental health conditions.
- **Mental health awareness** – people told us that consideration and awareness of people's mental health is low, especially amongst older people and men.
- **Better integration** – people told us that services don't talk to each other and this leads to inconsistencies and information being missed.
- **Person centred care** - people told us that the number of sessions that are offered should be negotiated with the service user. People also told us that mental ill health should be seen as a long term condition and that they should be able to access support after their intervention has ended. Additionally, people should be able to access the support they need as long as needed, providing it is meaningful and working towards their recovery outcome goal.
- **Staff -** people told us that the knowledge, experience and attitude of staff were vital to making mental health services work.
- **Prevention** - people told us that early intervention and prevention are vital in educating and reducing demand on existing services. Work with young people and education systems to raise awareness were suggested by many people.

Further details on specific feedback on the themes under review can be found in **Appendix F**.

What do we know about people's general experience and needs
NHS Leeds CCG produces an annual report on engagement. Our report from 2018-19 pulled together common themes from across all our engagement work. Some of these general themes can be related to this specific engagement work:

- People told us that our services need to be accessible to all communities in Leeds.
- People told us that we need to provide services in locations that are accessible.

How will we use this information to shape the engagement:
Making use of the information outlined above helps us better understand the needs and preferences of groups that we know are more impacted by mental illness. We will aim to promote the focus

groups and surveys to the following groups:

- Mental health service users
- People under the age of 25
- People over the age of 65
- Working age adults
- Students
- Men and women under the age of 45
- People with sensory impairments (hearing and visual impairments)
- People with long-term conditions
- People with a learning disability
- People with autism
- People from the LGBTQIA+ community
- People from BAME communities (including Black Caribbean and African men and women, people from White/Black mixed African and Caribbean groups, and Gypsy and Traveller community).
- Refugees and asylum seekers

Leeds Voices will carry out targeted engagement work by sharing the opportunities to get involved with its partners. They will share the surveys and promote the focus groups prioritising specific groups that we know are more likely to receive worse mental health outcomes in comparison to the wider population. These include:

- Mental health service users
- Refugees and asylum seekers
- People from BAME communities (including Black Caribbean and African men and women, people from White/Black mixed African and Caribbean groups, and gypsy and traveller community).
- People with sensory impairments (hearing and visual impairments)
- People with long-term conditions
- People with a learning disability
- People with autism
- People from the LGBTQIA+ community
- Homeless people

If requested, Leeds Voices may deliver online focus groups to support communities that need it.

Patient assurance (to be filled out by the patient group)		
Does the plan clearly outline the groups affected by the proposal, especially the impact on people with protected characteristics?		
Yes (fully assured)		

5. Methodology and mechanisms

Outline what methods you will use to engage with people. Consider:

- *Using methods appropriate to your audience: surveys, interviews, social media, focus groups etc*
- *Explain why you have used these methods*
- *How many people do you intent to engage with and why?*
- *How will you target groups identified as specifically affected by the change?*

All of our engagement methods and mechanisms will be in line with current COVID-19 guidance and will prioritise the health and wellbeing of the public. It is noted that due to the COVID-19 pandemic and current national lockdown (Jan 2021), there is a possibility that certain planned activities may not be able to take place as scheduled. If something needs to be cancelled, we will ensure we rearrange the activity and ensure people have the opportunity to contribute to this involvement work, even if this impact on proposed timescales.

Via the workshops, focus groups, surveys and social media work, we aim to engage with at least 500

people.

To ensure the engagement is accessible to different communities in Leeds we will use different methods and mechanisms to engage:

- We will hold **thematic workshops** with providers of community mental health services to develop relationships and proposed service models. We'll be sharing existing patient/carer feedback at these workshops and encouraging providers to use this feedback to shape their new way of working.
    - There will be eight workshops: six focused on each area of review with an introductory and a review session to support this work. Each themed workshop will have attendees from relevant providers and stakeholders.
- We will hold **six public virtual focus groups** via Zoom. These focus groups will:
    - Explain the community mental health services
    - Outline why we are changing them
    - Outline what we already know in terms of patient insight and how this has been used to shape our proposals so far (including the work done in the thematic workshops with providers).
    - Check our insight, highlight gaps and provide feedback on our proposals.
    - Be informed by the work done during the thematic provider workshops.
        - Each event will focus on one of the themes under review.
        - Each workshop will open with the same introduction which will be a pre-recorded presentation with a British Sign Language (BSL) interpreter.
        - The workshops will provide different ways of capturing feedback including polls, digital whiteboards and conversations.
        - There will be a Q&A at the end of each session for people to ask questions.
        - All of the groups will be open to interested service users, family members, carers and members of the public, regardless of whether they are members of the groups that are hosting said focus group.
    - Zoom has been selected as the preferred, and most popular, choice of engaging with people online.
        - It is also the most familiar for many people as it is well used in mental health services already.
        - A Data and Privacy Impact Assessment (DPIA) will be completed to ensure that using Zoom is safe and in line with data protection guidelines.

Planned dates for the thematic workshops and focus groups are as follows:

Workshops	
25 May 2021, 1pm – 4pm	Introductory workshop
2 Jun 2021, 10am – 1pm	Crisis and urgent care workshop
8 Jun 2021, 1pm – 4pm	Supported accommodation workshop
15 Jun 2021, 10am – 12pm	Employment support workshop
15 Jun 2021, 2pm – 4pm	Specialist community support workshop
22 Jun 2021, 1pm – 4pm	Service user involvement workshop
29 Jun 2021, 10am – 1pm	Refugee and asylum seeker workshop
10 Sept 2021, 10am – 1pm	Feedback and consolidation workshop
Focus groups	
13 Jul 2021, 2pm – 3:30pm	Crisis and urgent care focus group
16 Jul 2021, 10am – 11:30am	Supported accommodation focus group
20 Jul 2021, 10am – 11:30am	Employment support focus group
20 Jul 2021, 2pm – 3:30pm	Specialist community support focus group
23 Jul 2021, 1pm – 2:30pm	Service user involvement focus group
27 Jul 2021, 10:30am – 12:30pm	Refugee and asylum seeker focus group

- We will produce **a background supplementary information document** and **surveys** for each of the six workshops. The surveys will include the same details and line of questioning as the focus groups. The background information document is for additional information, it will not be necessary to read this to make an informed decision. These documents will be

available online for people to read. Paper copies and alternative formats will be available on request.

- We will aim to hear from people from some diverse ethnic communities, in particular Black African, Caribbean, Mixed White and Black African/Caribbean people, gypsy and traveller people, Asian women and refugees and asylum seekers. This will be supported by the **Leeds Voices** programme. We will also work with wider stakeholders and organisations to ensure that these and other diverse communities are supported and encouraged to get involved.
- We will offer the option for people to book a **phone call** with members of staff working on the engagement to contribute their feedback. We will also be conducting structured phone calls with selected stakeholders to brief them about the engagement.
- We will do our best to engage offline stakeholders and ensure promotion of the engagement work is shared with organisations across Leeds, such as faith organisations that may be able to help with distribution. We will also look at promoting via the COVID community hubs which have developed relationships with vulnerable/seldom-heard groups during the COVID-19 pandemic.

The engagement will be promoted using a range of mechanisms:

- NHS websites in Leeds
- Social media
- Public and voluntary community networks
- Patient Participation Groups
- Press releases

Patient assurance (to be filled out by the patient group)

Does the plan clearly outline the methods that will be used to engage with people, especially seldom heard groups?

Yes (fully assured)		

There was a request to acknowledge the potential impact of the COVID-19 pandemic and current national lockdown (Jan 2021) on planned engagement activities. This has been added acknowledging that any cancelled activities will be rearranged, even if outside of the proposed timelines for the involvement work.

6. Partnership working

Outline which partners you need to involve in your engagement project and why. Consider:

- *Staff*
- *Provider partners*
- *Voluntary sector*
- *Local counsellors.*
- *How will they be involved? (attending events, promoting the activities, informing etc)*

We are drafting a comprehensive communications, engagement and distributions list. The document lists all the organisations we will work with to promote the engagement and details how we will involve them in our work. This will include activities to ensure 'offline stakeholders' are identified and provided with the information and ability to get involved in this engagement work, including the engagement document and survey as well as contact options to find out more and ask questions. Involving key partners will help us to promote our engagement and ensure that the engagement is accessible to all communities in Leeds.

We commission **Leeds Voices** (Voluntary Action Leeds) to support our engagement work. They will support this engagement by:

- Promoting the engagement with the general public as well as the voluntary and community sectors.
- Using social media to promote the engagement.
- Delivering focus groups on a 'by needs' basis, if identified.
- Promoting the engagement through their **Engaging Voices** project – 81 partners.

- Promoting the engagement through their **Working Voices** project – 8 partners.
- Support of the engagement via their 14 **Health Ambassadors.**
- Carrying out telephone interviews with people, if they require it.

100% Digital Leeds have agreed to support this work and will support the development of the engagement. They will share with their network of 200 organisations to promote the engagement as well as provide support to organisations that need technical support to get involved in the engagement.

We will be asking providers to support our engagement in a number of ways. Due to the COVID-19 pandemic, their support will be even more important. We will be asking them to support the engagement in a number of ways, including:

- Sharing the engagement in patient/public areas, where appropriate.
- Promoting the engagement with staff.
- Sending out an update and actions for 'how to get involved' to any networks or contact lists (including emails, newsletters, text messages etc.).
- Sharing on social media platforms.
- Capturing and sending any feedback/comments to the engagement team at CCG.
- Working with the CCG to support 'offline stakeholders' to be involved, including mail outs, telephone interviews and supporting administration (where appropriate).
- Working with Healthwatch Leeds, Advonet and Forum Central to share and promote the opportunity to get involved.

Patient assurance (to be filled out by the patient group)		
Does the plan clearly outline which partners and community, voluntary and faith sector organisations we need to work with and how we will do this?		
Yes (fully assured)		

7. Engagement Questions

Outline what questions you will ask people in the engagement. Consider:

- *What questions you will ask in the survey and other methods you are using (focus groups etc)*
- *Providing the patient group with a worked up draft of the survey – including an introduction and equality monitoring questions.*
- *Demonstrating how you have tested these questions to make sure they are easy to understand.*

The planning for the working group provided below is ongoing and may change, working with the project group and Leeds Voices.

During the workshops, focus groups and surveys, we're going to explore:

- People's understanding of the project and what we're trying to achieve
- Existing insights and whether people they think there are any gaps
- Our proposals for developing services and do people agree

The supplementary information documents will include an easy to read, plain English summary of the context of mental health in England and in Leeds with an outline of the aims and objectives of this engagement.

The workshops and focus groups will begin with a pre-recorded video presentation that will have subtitles and a BSL interpreter in the recording. This presentation will:

- Provide background information on the current provision of mental health services in Leeds
- Highlight the service areas under review (six themes)
- Talk about the engagement work and ambitions of co-developing a new model for community based mental health services.

There will also be a presentation on the specific subject area under review highlighting the key points of feedback from service users and the service providers.

For the thematic workshops and focus groups, we will be ensure that we log who is attending each session to understand who is (and isn't) involved in the engagement work.

On signing up to a focus group we will ask people to identify who they are attending as:

- Current or previous user of mental health services
- Carer/family member of current or previous user of mental health services
- Member of public
- Member of staff (please state)
- Other (please specify)

We will also collect equality monitoring data in the sign-up in order to help us make sure we are hearing from a wide cross section of our population.
We'll develop these workshops and the questions with our CCG Volunteers to ensure that they are plain English and easy to understand.

Patient assurance (to be filled out by the patient group)

Does the plan clearly outline what questions people will be asked?
Are the questions and introduction clear and easy to understand and have they been tested with groups that represent patients?

	Partially (reasonably assured)	

The PAG agreed that due to the approach taken in this involvement work, they can only be reasonably assured on the engagement questions as they have been unable to view them in the PAG meeting. This is because the questions will be developed as part of the ongoing involvement work through the engagement period. The PAG were informed that the questions will be developed with the CCG Volunteers who are involved in this work.

8. Ongoing patient assurance

Outline how you will involve people throughout the project. Consider:

- *How have people been involved so far?*
- *involving patient representatives (PPG members or CCG volunteers) in aspects of the engagement (such as filling in the survey with patients, analysing data etc)*
- *adding the engagement report to your website*
- *outlining how you have responded to people's feedback (you said, we did)*

We have a responsibility to involve people throughout the commissioning cycle. This section outlines how we have involved people to date in this service change, and how we will continue to involve people as the project progresses.

Plan

- Local people have been involved in various engagement events over the last few years that have shaped our plans for mental health services in Leeds. People have told us that they want better joined up and integrated services, with clear communication as to what is available and how people can access them.

Design

- NHS Leeds CCG Patient Assurance Group members will provide assurance for our updated engagement plan in Jan 2021.
- CCG Volunteers, Leeds Voices and 100% Digital Leeds will review draft engagement plan and engagement documentation.
- CCG Volunteers and Leeds Voices will support the development of an engagement report following the engagement.
- CCG Volunteers and Leeds Voices will ensure that the engagement report is added to the CCG website following the engagement and shared with stakeholders.
- CCG Volunteers will ensure that the CCG and LCC are reminded to respond to feedback received during the engagement.

Contract and procure

- CCG and LCC will provide assurance that feedback is being used when we make changes to mental health services in Leeds.
- CCG Volunteers will be involved in the procurement process.

Monitor and evaluate

- CCG and LCC will provide assurance that mental health services in Leeds routinely collect patient experience and use this for ongoing service improvement.
- YSWD
- Part of this work will involve setting up an Service User Involvement group that will oversee the development of services and will use the findings of this engagement and routine patient experience to help monitor

Patient assurance (to be filled out by the patient group)		
Does the plan clearly outline how patient representatives will be involved throughout the project?		
Yes (fully assured)		

Other things to consider

You might like to consider the following:

- *do you need additional staffing to carry out the engagement? (carrying out the survey, inputting data onto a computer, analysing the data, writing a report)*
- *Do you need a budget for the engagement (to pay for things like survey design, printing, easyread etc)*

COVID-19:

The COVID-19 pandemic has had a significant impact on the way we are able to do things. Restrictions around meeting in enclosed spaces and requirements for social distancing means that certain engagement activities are not suitable, for example:

- On-street engagement
- Meetings held in a physical space with a small room capacity, usually for focus groups
- Larger engagement events with increased numbers in attendance.

With this in mind, we will be conducting a number of engagements activities (such as focus groups) online. Additionally we will be promoting the engagement via our social media accounts and encouraging partners and stakeholders to actively assist in promoting and encouraging people to get involved online.

However, we're very aware that there are a number of 'offline stakeholders' who will not be able to engage with online/digital methods and we will endeavour to ensure that they are able to get involved and that the engagement is still promoted in more traditional methods.

Report writing:

Following the close of the engagement, the feedback collected will be analysed by the NHS Leeds CCG Involvement and Insight team and a report will be produced.

Budget:

Additional costs will need to be considered to cover any postage and mail outs to ensure that 'offline stakeholders' can be involved.

Moreover, organisations and partners may require support to mail out to larger numbers of people to ensure they can all receive a survey.

Additional spending may be needed for a robust social media campaign to promote the engagement.

Funding has been confirmed from the mental health commissioning team.

Appendix A – Q&A for commissioners and practice managers

Why do we need to write an Engagement Plan?
Engaging with patients and the public is a **statutory duty** (https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf). To help us get it right first time we have developed this planning template.

Do I need to complete a separate Combined Impact Assessment (CIA)?
Evidencing that we have considered the impact our activities will/may have on patients and the public; and identifying changes we can make to reduce/remove any negative impacts is a **statutory duty.** Filling in a CIA is good practice and the equality and health inequalities section is a legal requirement and should be done for Level 3 engagements and Level 4 consultations.

Who should fill in this plan?
This plan should be written by the person leading the change (commissioner/practice manager). You can get support from the CCG engagement, equality and communications leads. It is a joint plan for the project. Because the plan will be reviewed by patients it is really important that it is concise and that you use plain English, avoid jargon and explain any terms or acronyms that you use.

Where does the plan go?
This plan will be used to get patient assurance for engagement activity. Patient assurance is a process whereby members of the public review your engagement plan to make sure it is meaningful and engages the right people in the right ways. Patient assurance will usually come from the CCG Patient Assurance Group (PAG) or the GP practice Patient Participation Group (PPG). Their role is to help you to develop a robust plan and they should be seen as a 'critical friend'.

When does the plan need to be finished?
The plan should be shared with patients at the earliest opportunity. You will need a completed plan **two weeks before you attend a group for patient assurance** so that members can read through. This will help them understand your plan and save you time when you present it. If you are developing a survey you should present this with your plan.

What will we be asked when we present our plan to a patient group?
When you present your plan to patients you will have a few minutes to outline your proposal. If you have been working with a patient on the project you might like to invite them to the group to support your presentation. You should be prepared to talk about:

1. **Background –** briefly give a background to the service change
2. **The level of change –** does the engagement reflect the size and scale of the change?
3. **Timescales –** what are key dates for your engagement?
4. **Who is affected by the change –** who will the change will impact on? (especially groups with protected characteristics)
5. **Methodology and mechanisms** – how will you engage with people?
6. **Partnership working** – who do you need to work with on the engagement?
7. **Survey questions** – what questions have you asked and why have you asked them?
8. **Ongoing patient assurance** – how will you involve people throughout the project?

Having the answers to all these questions when you seek patient assurance will help you manage the meeting.

If you have any questions please speak to the engagement team.

Appendix B – Guidance for patient groups providing assurance

Engaging with patients and the public when we change services is a **statutory duty**. We also know that we commission safer and more efficient services when we involve patients in the design.

The role of patient groups like the PAG and PPG is to make sure that **when we change services we are engaging patients, carers, the public and wider stakeholders in a meaningful way**. When we make a change to a service or develop a new service we have to write an engagement plan to outline how we will involve local people. We ask our patient groups to review this plan and work with us to ensure that our engagement gives all communities and stakeholders an opportunity to share their needs and preferences.

What can you expect from us?

- You will be given a draft engagement plan **two weeks** before any meeting to discuss the plan.
- The project will be at an early stage and there will be an opportunity for you to **influence the plan**.
- At the meeting the project lead will give you a **short presentation** about the project and outline their plans for engagement.
- You will be given some time to **ask questions** about the project.
- Time will be limited for questions but you will be able to **contact the project lead** outside of the meeting to ask further assurance questions.
- We will keep you updated on the project and demonstrate **how people's feedback has been used** to shape the work.

What do we expect from you?

- Your role as a patient representative is to champion the needs and preferences of the **wider public**.
- We ask you to take a **step back from your personal views** about the project and consider the needs and preferences of all the different people that live in Leeds.
- We ask you to act as a **critical friend** to our commissioners and practice managers and support them to develop a strong and meaningful engagement.
- We will ask you to limit your questions and keep questions **focussed on the engagement**.
- Based on the information provided you will be asked if you are:
    - **Fully assured** – you are very confident that the engagement plan will engage the right people in the right ways
    - **Reasonably assured** – you may ask for some changes to the plan but with those changes you are fully assured that the engagement plan will engage the right people in the right ways
    - **Not assured** – you have serious concerns that the engagement plan is not robust or meaningful

Appendix C – Levels of change

This is a **guide** and decisions about the level of change should be done with the support of the CCG engagement and equality teams.

Level 1 – Ongoing development

- A small scale change or a new service
- Affecting small numbers and/or having low impact
- There is good evidence that the change will improve or enhance service provision
- Often requires an information-giving exercise (2-4 weeks)
- May require some low level engagement

Example (please note these examples would assessed individually and be subject to local circumstances)

- The merger of GP practices where there is either an improvement or no change to the services being offered to patients
- Extending the hours of a service

Level 2 – Minor Change

- A small/medium scale change or a new service
- Affecting low numbers of people
- Often requires a small engagement (4-6 weeks)

Example (please note these examples would assessed individually and be subject to local circumstances)

- The closure of a branch practice at a GP surgery
- Changing or reducing the hours of a service

Level 3 – Significant change

- A significant service change
- Affecting large numbers of people and/or having a significant impact on patient experience
- A significant change from the way services are currently provided
- Potentially controversial with local people or key stakeholders
- A service closure
- Limited information about the impact of the change
- Requires a significant engagement (3 months)

Example (please note these examples would assessed individually and be subject to local circumstances)

- A significant change to the way a service operates (such as a referral criteria or location)

Level 4 – Major change

- A major change that requires formal consultation and follows NHS England guidance
- Affects majority of the local population and or having a significant impact on patient experience
- A substantial change from the way services are currently provided
- High risk of controversy with local people or key stakeholders
- A service closure
- Limited information about the impact of the change
- Requires a significant engagement (3 months+)

Example (please note these examples would assessed individually and be subject to local circumstances)

- A major transformation of a large service
- The proposed closure of a large service following a national directive

Appendix D – Protected characteristics *(Equality and Human Rights Commission 2016)*

1. **Age**
   Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

2. **Disability**
   A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

3. **Gender (Sex)**
   A man or a woman.

4. **Gender reassignment**
   The process of transitioning from one gender to another.

5. **Marriage and civil partnership**
   Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1]
   Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
   [1] Section 1, Marriage (Same Sex Couples) Act 2013, Marriage and Civil Partnership (Scotland) Act 2014.

6. **Pregnancy and maternity**
   Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

7. **Race**
   Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

8. **Religion or belief**
   Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

9. **Sexual orientation**
   Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Appendix E – Leeds Community Based Mental Health Services - Service Overview

Provider	Service	Aims and Objectives	Links to other services
Crisis and urgent care support			
Touchstone	**Well Bean Crisis Café** https://touchstonesupport.org.uk/intensive-community-support/wellbean-cafe/well-bean-hope-in-a-crisis-cafe-leeds/	Supports anyone requiring emotional support or in a mental health crisis – it provides a safe place for people in crisis to go in order to avoid escalation of crisis and to prevent avoidable attendances at A&E. It runs at three different venues in Leeds across the week from 6pm to midnight. The café offers a non-clinical alternative to A&E, to reduce distress and work with people to resolve or better manage crisis. It offers one-to-one support and also (pre-Covid-19) a social space, where refreshments and hot food would be available (although this social element is currently suspended due to Covid-19 restrictions).	• Dial House • BARCA High Volume Service User project • LTHT A&E Departments LYPFT services: • Crisis Resolution Intensive Support Service (CRISS), • Community Mental Health Teams (CMHTs)
Leeds Survivor Led Crisis Service	**Dial House and Connect Helpline** https://www.lslcs.org.uk/about-us/	Dial House is open 6pm – 2am on Mondays, Wednesdays, Fridays, Saturdays, and Sundays. On Tuesdays, Dial House@Touchstone offers specific support for members of the BAME community in crisis. The service offers a non-medical, holistic service to anyone in crisis, with one-to-one support, currently largely by telephone or digital options. Connect is a mental health support phone line that operates in conjunction with Dial House, offering telephone support for people in crisis who need help to reduce their distress and manage their feelings.	• Well Bean Crisis Café • BARCA High Volume Service User project • LTHT A&E Departments • West Yorkshire Mental Health support line LYPFT services: • Crisis Resolution Intensive Support Service (CRISS) • Community Mental Health Teams (CMHTs).
BARCA	High Volume Service User Project	A high volume service user project, which works intensively with people on a one-to-one basis to address specific needs (eg housing, drug or alcohol dependence, physical or mental health issues, etc) in order to reduce high volume attendances at urgent care services, such as A&E. This is not solely for people with mental health needs, although many of the people BARCA works with do have mental health needs.	• Well Bean Crisis Café • Dial House
Supported accommodation provision			
Community Links	**The Maltings** https://www.commlinks.co.uk/?service=maltings-close	Provides accommodation and support to men and woman with a range of mental health difficulties. A medium term service that compromises of four rooms within the hostel, six individual bedsits on site and six self-contained houses in the community with floating support and the opportunity to access	Referrals to any of the supported accommodation provided by Community Links is via the Accommodation Gateway, a system operated by Community Links, but funded by LYPFT.

		the Maltings hostel for additional support outside of planned weekly visits.	• Lower level community based support and housing providers • Crisis Resolution Intensive Support Service (CRISS) • Community Mental Health Teams (CMHTs)
Community Links	**Rose Villa**: https://www.commlinks.co.uk/services/leeds/rose-villa/?search_location=&search_category=	Provides shared living accommodation for individuals aged 18+ who have mental health difficulties and housing needs. The service supports 5 people at any one time, each for a period of up to 2 years. Also provides satellite support to 12 people who are living independently in the local community for up to a period of 2 years. People are supported in their own homes but can also come to the service and access support and be part of the overall Rose Villa community.	Referrals to any of the supported accommodation provided by Community Links is via the Accommodation Gateway, a system operated by Community Links, but funded by LYPFT. • Crisis Resolution Intensive Support Service (CRISS) • Community Mental Health Teams (CMHTs)
Community Links	**Intermediate Housing Units – Alexander House, Octavia House, Brigid House, East Grange Drive:** . • **Alexander House:** https://www.commlinks.co.uk/services/leeds/alexander-house/?search_location=&search_category= • **Octavia House:** https://www.commlinks.co.uk/services/leeds/octavia-house/?search_location=&search_category= • **Brigid House:** https://www.commlinks.co.uk/services/leeds/brigid-house/?search_location=&search_category= • **East Gate House:** https://www.commlinks.co.uk/services/leeds/17-east-	24/7 support with shared catering. Short/medium term stay (4-8 months) resettlement placements offering intensive rehabilitation. These are primarily aimed at individuals coming out of hospital following an admission due to mental health issues and aim to promote and maximise recovery, helping clients to move on to live more independently	Referrals to any of the supported accommodation provided by Community Links is via the Accommodation Gateway, a system operated by Community Links, but funded by LYPFT. • Crisis Resolution Intensive Support Service (CRISS) • Community Mental Health Teams (CMHTs)

	grange-drive/?search_location=&search_category=		
Community Links	**Oakwood Hall**: https://www.commlinks.co.uk/services/leeds/oakwood-hall/?search_location=&search_category=	A twelve-bed dual registered nursing and residential care home for male and female clients who have severe and enduring mental health difficulties and complex needs, who require twenty four hour support.. With a maximum stay of 5 years, it provides recovery focused, responsive care and support focusing on therapeutic engagement, meaningful daily activity and the opportunity to make positive change in the behaviours that have led to being excluded from other services.	Referrals to any of the supported accommodation provided by Community Links is via the Accommodation Gateway, a system operated by Community Links, but funded by LYPFT. • Crisis Resolution Intensive Support Service (CRISS) • Community Mental Health Teams (CMHTs)
Catholic Care	**Foundry Mill**: https://www.catholic-care.org.uk/services/mental-health-services/	10 self-contained flats for adults with mental health issues, complex needs and dual diagnosis support needs, for a maximum of two years. Staff on site during daytime hours help people to develop their independent living skills and to maximise their own potential, with a view to moving on to live independently in the wider community.	Referrals are via the Accommodation Gateway, a system operated by Community Links, but funded by LYPFT. Catholic Care also works closely with housing providers, community mental health and rehabilitation support teams, Leeds City Council and Social Care.
Specialist community support and treatment			
Touchstone	**Community Support Team (CST)** https://touchstonesupport.org.uk/intensive-community-support/community-support-team/	Provides an assertive outreach service specifically for people with complex and severe mental health problems. Often these are people who have found it difficult to engage with statutory services, or have disengaged with other services, or been discharged due to failure to engage. The aim of CST support is to enable service users to manage their own well-being and recovery and move towards greater social integration. Key features of the service: • Weekend service - one day each weekend. • Outlook Group - structured time limited closed group jointly run with an Occupational Therapist from the Assertive Outreach Team (AOT). • Social Group - staff supported group offering casual social activities co facilitated with AOT. • Staying Well Group, co facilitated with CMHT workers. • Gym Group - supported by CST Fridays and AOT Tuesdays. • Quarterly access to service user review meetings where consultation, feedback and discussion about the service takes place informally.	CST works very closely with CMHTs – the majority of referrals come from CMHTs, though may also come from CRISS, and other community based support services, such as Live Well Leeds.

WorkPlace Leeds	https://workplaceleeds.wordpress.com/	An employment advisory service for people with severe or complex mental health needs. Run by Leeds Mind, WorkPlace Leeds provides support for people with enduring mental health conditions with looking for work, job retention, and training to help individuals prepare for employment.	The service specification stipulates that the majority of referrals should come from CMHTs, though may also come from, GPs and other primary care services, such as the IAPT service operated by the Leeds Mental Wellbeing Service (LMWS). They also link with local employers.
Service user involvement			
Leeds Involving People	A dedicated **Mental Health Involvement Development Officer** embedded within Leeds Involving People, to establish a cohort of people with lived experience of mental health conditions who are willing and able to work within the Leeds mental health care system, providing the service user voice and perspective. This has become known as the “Together We Can” group (TWC).		As service user involvement development is relevant to all community based mental health services, the role has links to all of these.
Support for refugees and asylum seekers			
Solace	https://www.solace-uk.org.uk/	A dedicated mental health worker providing psychotherapy and support services for asylum seekers and refugees who have survived exile and persecution.	Solace and PAFRAS work closely together, with Solace providing clinical supervision for the PAFRAS MH worker. The Solace MH worker also provides a consultancy service to CMHTs to improve service they offer to RAS service users. They also link with Leeds Mental Wellbeing Service
PAFRAS	https://pafras.org.uk/	A dedicated mental health worker providing an assessment and referral service for refugees and asylum seekers.	Solace and PAFRAS work closely together, with Solace providing clinical supervision for the PAFRAS MH worker. PAFRAS also works closely with statutory MH services when referring their clients as appropriate.

Appendix F – What do we know about the services under review?

We have conducted some pre-engagement which involved time spent gathering information from services, service users and staff.

Crisis Cafes: people tell us that the cafes feel safe and that the staff have a positive relationship with service users. People like the combination of one-to-one support. It has been noted that at present there could be improvement in the way the cafes interact and share information with statutory services (such as GPs, if people want the option to do so). Considerations for the cafes include:

- Geographical spread of cafes could be wider and more accessible.
- Capacity – numbers of people requesting support (increase since COVID).
- Access for BAME communities
- Accessibility in terms of geographical location.
- Opening hours/increasing availability and equality of access depending on where people live.

Dial House/Connect Helpline: people tell us that the specific BAME and deaf provision that is provided is well received. People have been positive about the de-escalation process including access to spaces to rest and being in a safe place.

Supported Accommodation Services: people tell us that they feel well supported and that the services have good, wider links and that step down models work well. Services are well utilised and highly thought of by both stakeholders and service users. It has been identified that there are often regular vacancies for service users. Services tell us that there needs to be strong links with housing and private sector letting schemes.

Employment Support Services: the service seems to be working well and is meeting its targets for people who enter and return to work or access the training options. Referrals to the service seem

lower than expected. Reported that configuration alongside Community Mental Health Team (CMHT) has not achieved collaboration/integration hoped for.

Services for Refugees and Asylum Seekers: people using the service have told us they feel well supported. The services are well utilised and are well-thought of by stakeholders and service users. Currently, demand is much higher than the available resources. There is also a lack of clarity about what services can and should provide.

Mental Health Involvement Development Worker: The Together We Can (TWC) group is useful and has succeeded in engaging a number of people. The focus on developing a cohort of service users who are willing, and have the necessary capabilities, to participate in system meetings and articulate the service user perspective needs to be a key objective of this work. Equally, it is imperative that TWC is representative of the diversity of Leeds residents. It is often the same small group of people who attend, and it is not clear that different perspectives and priorities are being represented. It is also important that families and carers of service users are being reached through this work. It is felt that this work needs to be refocussed and given priorities for activity that better reflect what is needed from the role – a pool of service user "talent" reflecting the diversity of the city, and with training/support to participate and represent the service user perspective effectively. We have learnt that although there is an expectation in Leeds for services to collect and respond to service user experience as an ongoing process, it is often the case that regular and substantial patient experience feedback isn't being collected. Going forward, there needs to be a significant effort across all mental health services to collect and respond to this user feedback regularly; demonstrating an ongoing "You Said, We Are Doing, How Can You Help" approach. The Together We Can group has been involved in developing the Mental Health Framework 2014-2017 and a set of six 'I' statements for Leeds.

Complex/high risk cases specialist community support and treatment: the Community Support Team (CST) works with people with complex needs who find it difficult to engage with statutory services. Adopting an assertive outreach approach, CST workers will actively support service users with a range of potential problems, working on a strengths based model to encourage and support individuals towards agreed goals. Feedback from service users is generally positive, as are outcomes. During the pandemic, CST has been working very closely with the Community Mental Health Teams to provide additional support to as many people as possible. However, demand for the service regularly outstrips demand, and has done so for some time.

Advice and information on mental health support services: MindWell is the main route for the people of Leeds to find out about the range of mental health and wellbeing services for adults and older people, but people regularly tell us that they are confused about what is available and how to access it, despite thousands of hits on the site every month. Those without IT access, or who are unwilling/unable to use digital resources, could be considered to be left behind by too much of a focus on digital.

Mental Health Crisis Feedback

Healthwatch Leeds carried out an engagement piece on mental health crisis in Leeds in early 2019. They wanted to find out if people knew where to go for help and support and how that support was once they had accessed it.

https://healthwatchleeds.co.uk/wp-content/uploads/2019/07/Crisis-Report-for-website.pdf

- Almost half of people experiencing or supporting someone in crisis for the first time told us they would not know where to go for support.

- Whilst they received feedback about people's negative experiences they also heard about people's positive interactions with services particularly those in the third sector and some primary care.
- Many of the comments about services both positive and negative were in relation to staff. The interactions that people had with staff when seeking support and the response they received had a big impact on their experiences.
- Quicker access to support when in mental health crisis was a strong and recurrent theme.
- A lack of understanding of mental health by some mainstream services was highlighted as an issue.
- The most common reasons why people did not seek help were:
    - They did not know where to go
    - They were not sure it was a crisis
    - They had used a service before and not found it to be helpful or had a poor experience
- Having someone to talk to was highlighted as being the most important and helpful thing during a crisis.
- Out of those who responded to the question about further support only 46% said that they were told about any further support that they could get after crisis.
- People talked about the need for better and earlier interventions to help avert a crisis and highlighted long waiting times for mental health support services.
- Particular groups highlighted that their additional needs or circumstances were not taken into account when accessing mental health crisis services e.g. autism and carers