

# Help us enhance community-based mental health support services

Involvement feedback event  
Friday 10 September 2021, 10am – 12pm

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# Welcome and introductions

**Eleanor Hastwell**

Commissioning Programme Lead – Mental Health  
Integrated Commissioning, Leeds City Council



# Housekeeping

- Please mute your microphone unless you're speaking.
- Too many of us to do introductions, so if/when you are speaking, please start by telling us who you are and where you're from.
- We'll be having points throughout the session for questions, please hold onto them until then, or put them in the chat box.
- We will be recording some elements of the event, so please feel free to turn off your camera if you prefer, this is purely for notetaking.



# Agenda

- 10am – 10:10am - Welcome, introductions, agenda and housekeeping
- 10:10am – 10:20am – Background to review work
- 10:20am – 10:30am – Overview of involvement activity between May – Aug 2021
  - What did we do?
  - Who did we hear from?
  - Any notable gaps/difficulties?
- 10:30am – 11:40am – What did people tell us?
  - Snapshot feedback of key findings of 6 themes
  - Crisis and urgent care support
    - Specialist community support
    - Service user involvement
    - Supported accommodation
    - Employment support
    - Refugee and asylum seeker support
- 11:40am – 11:55pm – Next steps
- 11:55am – 12pm – Final thoughts and summing up



# Brief background to the review (1)

Part of a much wider plan, at both national and local level.

Levers for change:

- NHS Long Term Plan;
- Leeds All Age Mental Health Strategy
- Community Mental Health Transformation Programme
- MH Crisis Alternatives Transformation Programme
- Mental Health Collaborative



# Brief background to the review (2)

Areas we are looking at in the review, and during the involvement stage -

1. Crisis and Urgent Care Support
2. Supported Accommodation
3. Specialist Community Support services
4. Service User Involvement
5. Employment Support
6. Refugee and Asylum Seeker Support



# Our involvement activity

**Huma Malik**

Communities of Interest Involvement Advisor

NHS Leeds CCG

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# What did we do?

- Started with what we already know
  - Previous engagements
  - Existing patient experience and insight
- Pre-engagement work
- Workshops – 7 held between May and June
- Focus Groups – 16 held between July and August (10 by Leeds Voices)
- Survey and information document – 6 surveys (+ EasyRead), supported by Leeds Voices
- Social media promotion (Facebook, Twitter, Instagram)
- Promotion through partners (over 100 different people and organisations contacted)





# Who did we hear from?

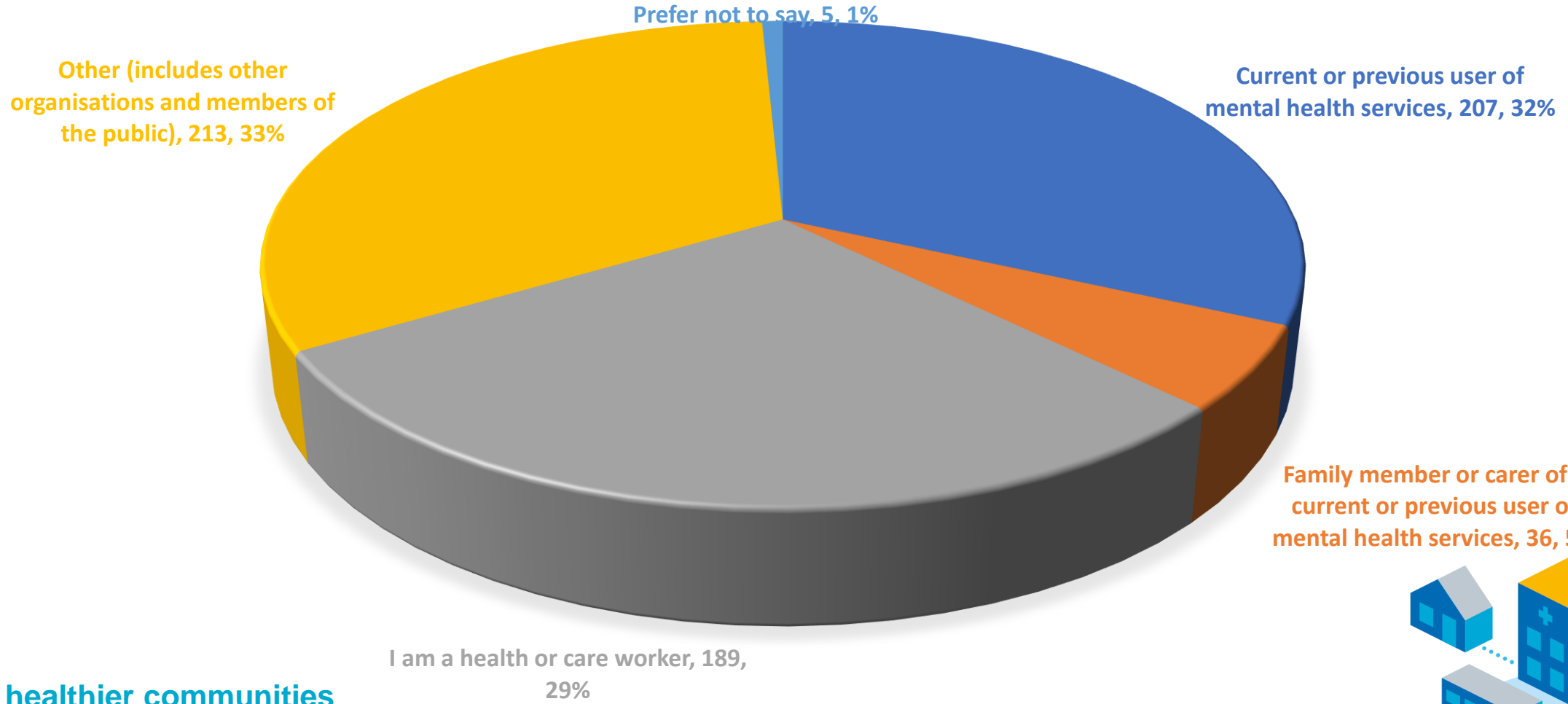
**645** (including service users, carers, staff and members of the public)

- **Workshops** – 200 people
  - Heard more from staff
- **Focus Groups** – 237 people
  - Heard more from service users
  - Leeds Voices delivered 10 focus groups with priority communities
- **Surveys** – 216 responses
  - 92 service users
  - 27 carers
  - 62 members of the public
  - 25 members of staff
  - 5 'other'

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# Who did we hear from? (2)



# Survey equality monitoring

## • Gender

- Heard from significantly more women than men.
- 15 who identifies as non-binary
- 9 people said they were transgender

## • Age

- Heard from 26-35 year olds most (47), followed by 55-65 (38).
- Did hear from all age ranges up to 66-75. Only one person 76 or higher.
- 43 people selected prefer not to say

## • Sexual orientation

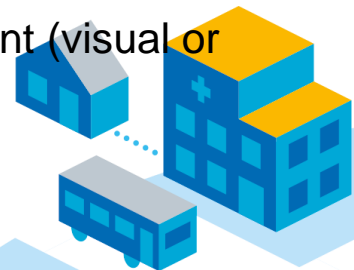
- 89 straight people
- 63 people from LGBTQIA+ community
- 46 people selected prefer not to say.

## • Ethnicity

- 105 people, white British
- 47 people, non-white British and diverse ethnic communities – low numbers, highest being 11 African
- 25 people selected prefer not to say

## • Disabilities

- 68 people said they had disability
  - 56 people had a mental health condition
  - 31 people had a long standing illness
  - 22 people had a physical or mobility condition
  - 11 people had a learning disability
  - 14 people had a sensory impairment (visual or hearing)
  - 16 people selected other



# Reflection - Gaps/challenges

- Eventbrite platform for equality monitoring
  - Online focus due to COVID-19
  - Capacity issues within partners
    - Sharing information/promoting involvement work
    - Getting involved
  - Zoom fatigue + COVID-19 easing of restrictions
  - Multiple surveys and might have been complicated for some people
  - Lower than expected attendance for focus groups
- ✓ Overall positive outcomes considering the difficulty in delivery online



# Key feedback messages

- ✓ Generally positive feedback on proposals
- ✓ Some suggestions made which can be looked into for further development.
- ✓ People want to see services working in a more integrated way
- ✓ Helpful feedback from people on making services more accessible to people from diverse ethnic communities and vulnerable groups
- ✓ People want to see better and proactive promotion of available support, including signposting
- ✓ People would like to see more trauma-informed support
- ✓ People want a central, easy to find place to find information on where to get support – highlights opportunities to do more promotion of Mindwell website and other resources.



# What did people tell us?



# Crisis and urgent care support

**Caroline Townsend**

Pathway Integration Leader- Mental Health

NHS Leeds CCG



# Crisis and Urgent Care support

**Services in review:** Well Bean Crisis Cafés, Dial House, Connect Helpline and BARCA High Volume Service User Project.

## Summary of proposals:

- To bring all the elements of crisis and urgent care support together into one contract, rather than the three that currently exist.
- Work with local communities to provide culturally sensitive services to people from a range of different ethnic backgrounds and people from other groups with particular needs, such as physical disabilities.
- Explore ways to increase capacity in crisis and urgent care services so that more people who need them can access them. These ways might include:
  - Having more staff
  - Extending opening hours
  - Increasing the number of locations of a service, such as the crisis cafes.





# Crisis and Urgent Care support

- Creation of single contract – a majority of people from the survey, focus groups and workshops were in support of the creation of single contract. Some people raised points to consider including:
  - Preserving the uniqueness of the individual services under the contract
  - Not letting the services become too generic and provides to much of a broad service rather than specialised person centred care
- People told us that they would like a single point of contact; one place to get help in a crisis. People noted that when you're ill contacting multiple organisation who have different access criteria can be very stressful.
- People told us that they wanted 7-day and 24-hour crisis support as well as additional locations in the city for crisis support.
- People told us they want to see their information being shared with relevant health organisations to improve care pathways and integration between services.



# Specialist community support

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# Specialist community support

**Services in review:** Community Support Team (CST) provided by Touchstone

## Summary of proposals:

- To work with the CST, referrers and service users to agree how we might best increase capacity.
- To work with the CST and LYPFT, which provides the Community Mental health Teams service, to develop a more permanent but flexible way of sustaining the closer working that has been established during the COVID-19 outbreak.
- To explore opportunities for increasing peer support for people with complex needs.
- To improve integration with other services so that service users can receive “wrap-around” support from different providers to meet their different needs without having to tell their stories repeatedly to access different kinds of support. This could include support with benefits, housing or daily living tasks that will help to manage their mental health issues.



# Specialist community support

- People were very positive about specialist community support, having someone to talk to and the ongoing, regular support they received.
- People told us that the referral criteria from services and funders to get help from specialist support services can be difficult and create delays and barriers to getting help.
  - Waiting lists were also noted as a concern
- People were supportive of increasing opportunities for peer-support.



# Service user involvement



# Service user involvement

**Services in review:** Involvement development worker, provided by Leeds Involving People (LIP)

## Summary of proposals:

- To set up a new 'strategic co-production' group. This would be a group made up of experts by experience and health and care staff. Experts by experience would take a step-back from their own experiences to consider the wider service user experience and how we hear those voices if there are gaps (including diverse communities). The group will help commissioners and providers make decisions about developing mental health services and hold them to account to ensure the service user voice is heard.
- To set up a new Expert by Experience network for anyone with experience of mental health services to help or be involved with developing mental health services and receive updates about developments in the city. They will have access to a range of opportunities to be involved, which will be developed with members of the network and the strategic co-production group.
- Improve ways to show examples of how people's input has made a difference.
- Making sure that there is a clear online information for people about opportunities to get involved.
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# Service user involvement

- People were generally supportive of the proposals to introduce the strategic co-production group and involvement network.
  - Keen to ensure that any new development takes into account existing networks/work streams and has clear aims and objectives.
- People told us that they wanted to see a range of support options to ensure people feel confident and able to get more involved, including:
  - Training (including IT support)
  - Peer support
  - Mentoring
  - Expenses
- People told us that any involvement must be meaningful and any and all involvement must demonstrate the difference people's feedback has made.
  - People fed back on a number of different reporting methods



# Supported accommodation

**Simon Pickering**

Commissioning Manager, Integrated Commissioning Team

Leeds City Council

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# Supported Accommodation

**Services in review:** Community Links (Oakwood Hall, Brigid House, Octavia House, Alexander House, The Maltings, Rose Villa) Catholic Care (Foundry Mill)

## Summary of proposals:

- Providing extra staff at some of the services so that they can support people with more complex needs and provide extra input to people when they need it (particularly to cover evenings and weekends).
- Looking at how long people stay in accommodation services; suggesting new lengths of stay for each service which are flexible but do have an end date that is based on a person's needs.
- Improving move-on options by creating more step-down support options into community properties with visiting support and expanding the Rose Villa resettlement service to help people in their own tenancies.
- Offering these move-on options to people in all supported accommodation services, including people who are in the higher needs service and may have been there for several years.
- Giving some people a chance of a 'taster' or trial session in a community tenancy.
- Looking at how we deliver nursing care at Oakwood Hall, if it should be on-site or provided in the community, offering people more flexibility.



# Supported accommodation

- People were supportive of proposals to increase staffing numbers the proposal to deliver person-centred and flexible approaches to lengths of stay
- People supported a range of support options to help people move to new accommodations, including:
  - The option to try-out their new accommodation for a trial period
  - Temporary points of contact from their old service to offer support
  - Information and support to get to know the new area they are moving to
- People were unsure about the proposals to move nursing to community-based at the Oakwood Hall site. More engagement work is planned to look at options for future delivery.
- People suggested other types of support including:
  - Permanent accommodation solutions
  - Support for people to maintain their social networks and have them more considered as part of their recovery plan
  - More community outreach support
  - Specific women and family accommodation



# Employment support

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# Employment support

**Services in review:** Workplace Leeds, provided by Leeds Mind

## Summary of proposals:

- Whilst recognising that there is a national directive to grow the delivery of IPS, we want to ensure we can support the continuation of the other strands of support currently offered by Leeds Mind.
- We think there are opportunities to better integrate the delivery of Workplace Leeds support with other elements of local employment support
- To review whether there are opportunities to improve how we measure and evidence outcomes for people accessing employment support.



# Employment support

- People were very positive about the specialist support they have received from the WorkPlace Leeds service and were very positive about the help the staff gave.
- People told us that the referral criteria from services and funders to get help from employment support services can be difficult and create delays and barriers to getting help.
  - Can be impacted depending on where you live
  - People reported being bounced between inaccessible services on their way to getting the right support
- People suggested the creation of an online resource where people could find help online.
- People fed back that they hadn't heard of these services and wish there was better signposting to it.



# Refugee and asylum seeker support



# Refugee and asylum seeker support

**Services in review:** Solace and PAFRAS mental health support

## Summary of proposals:

- To work closely with NHS, local authority and third sector services to improve pathways for people to get the help they need, including from mainstream/universal services.
- To work with migrant communities and service providers to identify additional needs the communities need; identifying gaps, and potential barriers and solutions
- To create a single contract for asylum seeker and refugee mental health support to help make it easier to access support.
- To work with members of migrant communities to raise awareness of the support that is available for them on mental health issues.
- To share the experience and expertise of these specialist services with workers in services to help them understand the needs of refugees and asylum seekers.



# Refugee and asylum seeker support

- People were generally supportive of the proposal to create a single contract for refugee and asylum seeker mental health support services
  - Similarly to the crisis and urgent care proposal, people were keen that the unique offer of each service isn't lost and that a single contract would strengthen and expand what can be offered.
- People shared their feedback on what they thought were some of the biggest gaps and barriers for people accessing mental health support from services, including:
  - Difficulties in getting health care support from mainstream NHS or council services (misconception that Solace and PAFRAS will do everything)
  - Lack of public knowledge/awareness – suggested some outreach and educational events
  - Change the language – 'people with experience of migration'
  - Having champions for people with experience of migration
  - Lack of understanding of the impact of migration and the need for trauma-based support
  - Barriers included: language support, long waiting lists, unaware of the service, lack of information about the services (from staff and service users)
- People were keen on community outreach and the development of support groups, including more socially focussed groups.

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# Feedback and reflection –



# Next steps

## Eddie Devine

Head of Pathway Integration for Mental Health, Learning Disability and Neurodiversity  
NHS Leeds CCG

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## So, what happens now?

- Publish the involvement report – September 2021
- Check in with progress, reporting on any 'You Said, We are Doing, How can you Help?' – September 2022
- Involvement work doesn't stop there, this is one part of the process



## Next steps

- CCG and Local Authority to develop proposals for future integrated commissioning approach
- These proposals will be taking into account not only the feedback we have heard from people, but also national ambitions regarding mental health care and support, and the changing landscape of health and social care planning and delivery (including the move to working as a Place-based Partnership in Leeds).
- As part our next steps we are committed to the following
  - Ensuring that the new approach enables better integration
  - Minimising disruption to services
  - Maintaining stability and supporting the sector
- Including commitment to timescales for extension of contracts as communicated to providers remains.
- We anticipate that we will be in a position to provide further details of this in the next few months, and will update further as soon as possible.
- In the meantime we will continue to work on refining our recommendations for improving elements of service delivery with service providers and other partners.



# Final thoughts and summing up



# Thank you!

- Thank you to everyone who has taken the time to participate in the involvement exercise
- We appreciate people have taken the time to be involved and share their views at what is still an incredibly difficult and challenging time.
- All the feedback received is incredibly useful and will help up shape the way forward.

