

Community Mental Health Transformation

**Report from engagement events 9th July
and 14th July 2021**

Discussion Groups Summary Feedback

What excites you	What are the challenges	How to better involve people	What will change
Co-production/Working together	Having meaningful involvement and co-production	Offer incentives/support	People will get the support when they need and how they need it
Having a holistic approach	Joint Working	Build trust and Listen	People will feel listened to and be a central part of their care
Focus is on the person	Trust and Transparency	Work with existing organisations, communities and groups	Service provision will be holistic, person centred and flexible
Resources/Funding available	Culture Change	Go to where the people and communities are	Less repetition and more joined up services and support
Involvement of third sector/carers	Long term sustainability	Use a range of publicity and communication methods	Earlier Interventions/Less people in crisis
	Waiting Lists	Have an adaptable and flexible approach	Positive Experiences and outcomes for staff and service users
	Resources	Use simple accessible language and information	There Will be Trust
	High expectations/aspirations		
	Criteria and pathways for support		
	Cultural needs and stigma		

Feedback from Discussion Groups

This report is a summary of the feedback from the discussions that took place in the breakout rooms during the engagement events. Each group was asked to discuss and provide responses to 3 key questions. There were a total of 9 groups across both workshops.

What do you think about the improvements we want to make?

- What excites you about the changes we'll be making?

Co-production/Working together

This emerged as a very strong theme in the discussions. People valued the genuine commitment to co-production and involving people with lived experience and their carers in every aspect of the project.

- *“Good opportunity for people to be involved which we haven't seen before so early in the process - very excited about that.”*
- *“Potential to bring people with lived experience into these services to have a better understanding of issues, and spearheading a culture change of compassionate care.”*

Holistic Approach

The idea of a holistic approach to care was highlighted as a positive in many of the discussions. The importance of looking at all aspects of a person's life and including things like housing and employment support as well as support for their physical and mental health needs was highlighted in much of the feedback.

- *“Positive that [it is] a more holistic approach- social and physical health needs [are] equally important.”*
- *“Gives opportunity to address wider determinants of MH problems.”*

Focused on the Person

People were excited about the care being person focused and people being an equal part of their own care. The hope was that people would get the support that they needed and wanted, when they needed it and there would be 'no wrong door'

- *“People can be architects of their own support/recovery and identify interventions that they feel will be beneficial to them.”*

Resources/Funding

There was feedback from the groups that it was good to see the project had allocated resources and budgets and things were not being implemented without any additional resource.

- *“Excited that extra money/resources have been provided - it's not simply just about doing more with less.”*

Involvement of third sector/carers

There was excitement expressed around recognition of the central role of the third sector and carers who support people with lived experience, in the new model.

- *“Good to see the rich variety of Third Sector organisations, making them an equal part of the changes.”*
- *“Really happy to see carers mentioned and involved in this.”*

Other

Some of the other things that people felt excited about included feeling that there is real potential for change with this new model and hopefully this will lead to earlier interventions for people needing support. There was also a hope for clearer pathways, more local based support and an exciting opportunity to reframe mental health care and support.

- *“Glad to hear that the project is aiming high - looking towards implementing huge changes.”*

What might be some of the challenges?

Meaningful Involvement and co-production

Many groups highlighted the challenge around ensuring co-production and involvement was carried out in a way that was meaningful and allowed people to get involved as they wanted to, especially those groups that are seldom heard.

- *“How do we involve service users with complex needs to have a say in designing their own services - how do we reach out to them and ensure that their voices are heard?”*

Joint working

People highlighted the challenges there would be around services working together, sharing information and data and communicating with each other. This was viewed as essential in order to ensure that service users having a fluid journey through the system.

- *“Challenges around systems communicating with each other.”*
- *“Lack of collaboration between organisations, understanding each other's roles.”*

Trust and Transparency

Challenges were highlighted around trust in services, due to past experiences and a lack of transparency from the services. There would be challenges around re-gaining trust and having open and honest conversations with people.

- *“Many people feel let down by previous services and therefore don't reach into them anymore....reengaging folk into services will be a challenge.”*
- *“So much is built on trust- Be careful that we are not offering too many promises that we cannot deliver on.”*

Culture Change

This challenge was highlighted in many of the discussions. In order to implement this new approach there would need to be a big shift from the current culture and way of thinking and doing things.

- *“Culture shift challenging- service users as equal partners- shifting power balance.”*

Long term sustainability

There were some discussions around the long term sustainability of the new model/service and the challenge of keeping this going and it not being a short term fix.

- *“Challenge around making long term changes, we can’t have short term service improvement or a sticking plaster and then services reduced when the funding runs out. It needs to be sustainable.”*

Waiting Lists

This was mentioned by a number of the groups as a challenge. Discussions mentioned the need to manage these waiting lists and offer people support while waiting, as well as the impact of people waiting for other services.

- *“Waiting lists are a problem. People need the support whilst they are waiting for these services.”*

Resources

There was some discussion about resources, staffing and capacity being a potential challenge.

- *“Capacity and resources need to be increased to deliver wraparound care for the person.”*

High Expectations/Aspirations

This was highlighted as a challenge by some in that there was a risk of raising expectations and not being able to deliver.

- *“Project aspirations are very high - concerned that there are so many complexities to overcome i.e. service provision, staff attitude etc.”*

Criteria and pathways for support

There were discussions around the challenge of having a specific criteria for receiving care and support which then excludes others not eligible. Some of the challenges also highlighted included having clear pathways and referral routes and people getting the support when they need it.

- *“Need some clarity on who exactly will be able to access certain services, otherwise people with lesser needs may be very disappointed. Make pathways transparent so that both members of the general public and staff members can understand them.”*

Cultural needs and Stigma

Stigma around mental health was highlighted as a potential challenge preventing people from accessing support. This can especially be an issue for seldom heard groups and communities. Added to this was a further challenge around ensuring the service takes on board cultural appropriateness and sensitivity.

- *“Addressing Stigma and addressing the cultural needs and differences need to be incorporated into the programme.”*

Other

Some other challenges highlighted included issues around bureaucracy and red tape causing delays, transitions from one service to another and keeping staff motivated and involved.

People also talked about challenges with constant changes to services and the use of language and terminology that can be a barrier for some people.

- *“Concerns about what staff think about yet another set of changes - seems to be a change in services every 3 years. People just get used to a pathway/system and then it’s all change again.”.*”

How do we best involve different groups of people and communities in working with us to improve community mental health services in Leeds?

Incentives/Support

Offer people and third sector organisations incentives and support to get them involved and engaged.

- *“Offer incentives...Vouchers so they don’t affect benefits.”*
- *“Support to help people engage.”*

Build trust and listen

Build trust with people and demonstrate that you have listened by sharing feedback. Involve people with lived experience and their carers and don’t make assumptions about what people may want.

- *“Need to build trust in communities - can’t just go asking for them to engage with us. .”*
- *“Give people feedback to encourage them to get involved. You said we did or are doing.... but also you said we didn’t and why we were not able to.”*

Work with existing organisations, communities and groups

This was highlighted in most discussions as being absolutely crucial, especially when targeting seldom heard groups. Use existing structures and forums and work with organisations that have strong relationships and trust with the communities that they support.

- *“Reach out to grassroots organisations with which communities have developed trusting relationships.”*
- *“Use other services who have good local connections and reputations in this.”*

Go to where the people and communities are

Go out and engage with people in their communities and on their terms.

- *“We need to identify where gaps are in services and ensure that we go out and visit people in their own communities - and not expect them to come to us.”*

Use a range of publicity and communication methods

There needs to be a range of communication methods and publicity used to engage with a diverse audience. This can include using social media and digital platforms as well as newsletters and a range of media outlets.

- *“Use technology and different social platforms to reach and engage with people of all ages and this should be a 2 way process for sharing information and enabling people to be involved.”*
- *“Consider the best ways to communicate with people.”*

Have an adaptable and flexible approach

Approaches to engagement should be flexible and adapt to the needs of the people that are being engaged with. One size does not fit all and consideration should be given to a range of factors as well as practical issues such as location and audience.

- *“Need a flexible approach - people might want to dip in and out of involvement and that’s ok.”*
- *“Approaches have to be different for different groups.”*

Use simple accessible language and information

Information and language used should be simple, accessible and inclusive and take account of the needs of different groups and individuals.

- *“Ensure information is accessible- easy to read-visual-translated.”*

If we get this right, what will be different in three years’ time?

There will be trust

There will be trusting relationships where services, users and communities work together and people feel able to come forward for help when they need it.

- *“People would have trust in the system. We would know this from feedback received.”*

Positive Experiences and outcomes for staff and service users

People will feel they have been well supported and had their needs met and their outcomes will be better. People will be able to lead fulfilling lives away from hospital settings. Staff will feel well supported and valued and feel they are really making a difference.

- *“Staff feel they are valued belong to something, have a purpose and able to make an impact. This will come through to better outcomes for patients.”*

Earlier Interventions/Less people in crisis

People will get the help that they need, when they need it, leading to less people ending up in crisis.

- *“Less people would need the crisis service as they would be supported well in the community.”*

Less repetition and more joined up services and support

Services will work together better and people will not need to tell their stories over and over again. There will be better collaboration and seamless transitions between services and people will not be passed from service to service.

- *“People will no longer be “bounced” around from service to service - where they are constantly assessed by different services but never get to receive the support they actually need.”*
- *“Joined up approach between services - money and resources will be shared.”*

Service provision will be holistic, person centred and flexible

There will be a shift away from the medical model of care and services will work in a compassionate manner where people feel heard.

- *“Provide wrap around care for the person and get rid of thresholds.”*
- *“Working in partnership with people that access services to plan care- people will access the support they need to meet their goals rather than professionals telling people what they need.”*

People will feel listened and be a central part of their care

People will feel they are listened and have an equal role in their care. Less groups and individuals will feel excluded from getting the care that they need.

- *“People feel listened to - like a human, not a label.”*

People will get the support when they need and how they need it

Support will be available for people when it is needed and there will be clear and simple pathways to accessing that support. Mental health support will be available and accessible to everyone when they need it.

- *“We would be able to see that people were accessing support at a time when they need it - and will see people from different groups accessing support.”*
- *“Staff members, service users, carers and members of the public will know how to access services, where they can access services and when they can access services.”*
- *“We will see a shift in societal behaviours - that receiving support for mental health issues is just as acceptable as receiving support for physical health issues.”*

Feedback Log from Engagement Events - July 2021

The log below highlights some of the key themes and issues from the 2 engagement events and how this has or will reflect/impact upon the programme design.

Theme	What have we heard	What will we do
Working together	<i>Need to ensure services work together, share information and data and communicate with each other.</i>	<ul style="list-style-type: none"> We will be looking at how we better share information across clinical systems. We will work through different options to make sure that patients/service users don't need to re-tell their story.
Involvement	<i>Co-production and involvement needs to be meaningful and allow people to get involved as they want to</i>	<ul style="list-style-type: none"> Recruit an Involvement Lead to lead, develop, implement and embed a strategy for involvement We will develop an engagement plan that will outline our methods and help us highlight any gaps that need to be addressed We will use a range of methods to engage with people and offer a range of opportunities for involvement We will recruit a diverse range of experts by experience to be involved in the design, delivery and review of the new model. We will build ongoing involvement and engagement reviews into the governance structures.
Trust	<i>There is a lack of trust in services, due to past experiences and a lack of transparency. Need to regain trust and have open and honest conversations with people.</i>	<ul style="list-style-type: none"> We will use our engagement feedback log to demonstrate how the involvement work is impacting on service design and delivery. We will ensure this is shared widely and we are transparent about where there has been clear impact and also those areas that we are not able to change and why.
Culture Change	<i>There needs to be a big shift from the current culture and way of thinking and doing things.</i>	<ul style="list-style-type: none"> The involvement lead will be a crucial champion and advocate for involvement and co-production - ensuring that these are at the front and centre of the transformation programme and fundamental to how we work We will review and adapt our approach to ensure people can be as involved as they want to be. This could include making meetings more informal, having equal representation from professionals and people with lived experience and going out to where people are rather than expecting them to come to us.

Resources	<i>Will there be enough resources and staffing to deliver the care needed?</i>	<ul style="list-style-type: none"> • We recognise that staffing is a challenge. Our aim is that by better joining up different services we want to make sure people can access the right support and care earlier in their point of need. • If we get this right there will be less duplication, meaning staff should have more time to care for and support patients and service users. • We are looking at how we can use increased investment to test out new forms of care and support through different types of roles including roles for people with lived experience and peer support.
Expectations	<i>How will the new service ensure the high expectations that have been set are met?</i>	<ul style="list-style-type: none"> • This is a very ambitious and complex programme and there will be lots of challenges along the way. • We want to start small and test new forms of care and support in 3 Local Care Partnerships in year one so that we can learn and measure what works before we start this work in other parts of the city.
Access to Service	<i>Clarity on who will be able to access the service, otherwise people may be disappointed. Have clear, transparent pathways so that everyone can understand them.</i>	<ul style="list-style-type: none"> • As we start to develop the model in the pilot Local Care Partnership sites we will share further information.
Stigma/Cultural Needs	<i>Need to remove stigma around mental health and ensure the service is culturally appropriate.</i>	<ul style="list-style-type: none"> • The involvement lead will develop a comprehensive engagement plan that helps the programme to engage and work with wide ranging and diverse groups of people across the city and different communities. • We will work proactively with a range of community groups, forums and networks to involve individuals and groups where we know there are gaps • We will work closely with third sector organisations that have established relationships with seldom heard groups to ensure we develop a model that is culturally appropriate and aims to address the stigma that still exists for certain groups and communities.
Staff Views	<i>Consider the views and experience of staff this is yet another set of changes for them.</i>	<ul style="list-style-type: none"> • We recognise that staff engagement is going to be really important. • We want to start by working with staff and teams in the pilot sites in year one first and are looking at how we best engage and involve staff.

Sustainability	<i>The service needs to be sustainable in the long term, this should not be a short term fix.</i>	<ul style="list-style-type: none">• With this transformation programme comes significant investment into Leeds. We are not asking people to do more for less. There will be funding to make changes, test out new forms of care and support and deliver improvements that are sustainable.• By April 2024, there will be an additional investment of £3.9million each year into community mental health services in Leeds to make sure the changes we make are sustainable.• By testing new types of care and support in pilot sites first before we spread across Leeds we can test out what works, learn from this so that we get the right services and support in place so we make best use of money.• This additional investment will include more funding for the voluntary, community and social enterprise sector. The voluntary sector has an essential role in helping to meet social and wellbeing needs. We want to reflect this and provide resource for the sector within the new programme
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