



NYCC

Adult Social Care Mental Health Review

Engagement Summary Report

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1.0 Introduction

North Yorkshire County Council (NYCC) Health and Adult Services has been working with partners to develop proposals for what an adult social care mental health offer should look like for North Yorkshire. The future model will consider the balance between which social care mental health functions will be delivered by the Council and which could be delivered by external organisations on its behalf.

This work is being conducted as a strategic review, with the aim of developing and implementing a distinct adult social care mental health offer to meet the needs of people in North Yorkshire. It is expected that this offer will have a focus on early intervention and prevention, and on promoting recovery from mental ill-health.

As part of the review the Council held an extensive engagement exercise between August and November 2017 to understand people's views on what the current strengths were of services and support, and what could be improved. Feedback was received from people through a range of different sources, including locality engagement events. Thank you to everyone who was involved in the engagement and took the time to share your views and your feedback.

This document provides information on the methodology used during the engagement and an overview of the feedback received.

2.0 Engagement Methodology and Responses

Engagement feedback was collected using the methods outlined as follows. All feedback was analysed to identify key themes that are summarised in section 3.

2.1 Engagement Events

Between September and the end of October 2017 seven engagement events were held across the County, with one event in each District or Borough Council area of North Yorkshire. The events were attended by a wide range of stakeholders including people with lived experience of mental health issues, representatives of voluntary and community sector organisations and health and social care professionals. At each event background information about the Adult Social Care Mental Health review was provided and attendees were invited to provide feedback on the following questions:

- What is currently working well with mental health support and services in this locality?
- Picture an ideal mental health support system for North Yorkshire. What would this look like?
- What could we do differently to move towards an ideal mental health support system?
- What actions need to be taken to achieve this?

There were approximately 130 people who attended an engagement event.

2.2 Feedback Forms

In addition to the events a feedback form was drafted and circulated to frontline Care and Support staff and commissioned service providers. The form provided a brief overview of the review for people to read and space to write down any feedback. The key questions we invited people to provide feedback on were:

- What is currently working well with mental health support and services in North Yorkshire?
- What might 'better' look like in terms of local mental health support and services?
- What do you think could be done to improve mental health support and services in North Yorkshire?

In total nine completed feedback forms were returned for inclusion.

2.3 Email Feedback

People were also invited to submit feedback by email. While the questions outlined above in section 2.2 were provided as a guide, people also submitted general feedback discussing their experiences and views regarding mental health services in North Yorkshire.

Overall we received feedback from 13 people, and we were also sent notes from a discussion which involved representatives of 22 groups/organisations.

3.0 Key Themes

3.1 Knowing what support is available and how to access it

Although many people referred to the availability of good mental health and wellbeing services and support in their area, some people suggested that many

people do not know what is available in their local community or how to access it. Some people suggested that the process to get help may be confusing or unclear, and services and support are not always joined up. Several people referenced the experience of being “passed from pillar to post”, and at the Craven event it was noted that “people need to know where to go for help”. Some people therefore suggested that more support should be in place to help people navigate what is available to them and get access to the most appropriate support quicker. There was also support for a single point of access, and place-based pathways which are tailored to local need.

It was suggested at the Craven event that the ideal mental health support system would be well-publicised and have both an online and physical presence. While people felt that online support can facilitate access to services for people living in rural areas, it was stressed that online support should be one of several support options. Online support should not replace other services such as ‘physical’ groups and centres, as not everyone has access to the internet.

It was also felt that GPs could do with better awareness of what support was available locally in order to be able to refer and signpost people.

3.2 Accessibility of services and support

People felt there can be barriers to people accessing services and support, for example as a result of stigma surrounding mental health or having a disability. Therefore it was felt that some people could benefit from additional support to help them access groups and services. Suggested examples of this were support workers supporting referrals and accompanying people to appointments. People also highlighted the need for support at evenings and weekends: “Weekends are also a problem when many vulnerable people are at their loneliest.”

It was also mentioned that people may not access services if they didn’t think they were intended to support them. As one person stated, “some people with lower level needs may think the service isn’t for them if they get the impression a service is for people with more complex or severe needs.”

A number of people said that they felt there was a need for improved access to talking therapies including IAPT, counselling and CBT (Cognitive Behavioural Therapy). Many people also voiced concerns about the length of time people are waiting for support across the County, both for secondary services (“The waiting list is too long, I have been waiting since August 2016...I also paid for 2

years private counselling services whilst I was on the NHS waiting list”) and for support delivered by voluntary and community sector organisations (“Waiting list for voluntary sector services can be long – services [are] overwhelmed”).

Transport to access support was also highlighted as an issue: “In a County as diverse as North Yorkshire transport is the biggest issue” and “People struggle to travel to access services and their groups that are only available in main town centres”. Another example given at the Craven event highlighted the impact of travel distances for staff and their ability to support people: “if a person wishes to attend certain groups staff do not have enough time to travel to the person, travel with them to the group, attend the session and then travel back.”

3.3 Community Support

A common theme across events was the value of community support in supporting mental health and wellbeing. Many people spoke about the support provided by the voluntary and community sector as being highly valued by those that receive it and as a critical element of local support: “This centre is fantastic...the staff are all fantastic and very experienced”; “What we have here in Next Steps, not just in Norton but Kirkbymoorside and elsewhere, works exceptionally well in terms of low level support”. People valued being able to access a range of support without needing a referral and felt that community-based services that are tailored to the locality work well.

There was a lot of support from people for mental health community centre or hub-style services providing a holistic approach to social and practical support. Many people described the benefits they felt such services provided in their local communities where such types of services existed, and some people described the need for a hub or centre model of support in areas where this was not seen as being available. Some people supported a ‘hub and spoke’ approach, which would comprise centre-based support alongside outreach to facilitate access to services for the more rural areas of the County.

A few people referred to the benefits of having a range of support available in one place. Examples of what support would be helpful included information and signposting, courses, drop-ins and practical support with benefits and housing. It was also suggested that more opportunities for linking into other community services could be explored.

Some people felt there is a gap in support for people who have been discharged from secondary care services but who would benefit from ongoing, low level

support as a preventative measure. At present people felt this gap is being met by some voluntary sector agencies.

A few people referred to community projects often being sporadic and short-term due to funding availability or issues with organisations' sustainability. It was felt that there was a need to support sustainability of projects and better partnership working within the voluntary and community sector. Some people therefore noted support needs for the voluntary and community sector, including accessing funding and support with bid-writing skills.

In terms of future community services, people felt that these should be developed based on understanding of local need. Some people suggested it would be helpful for NYCC staff to be more visible within communities.

3.4 Training and tackling stigma

Many people referred to the importance of reducing stigma around mental ill health and the role services and user-led groups could have in supporting this; "Services that also work to break down stigma surrounding perceptions of mental ill health need wider coverage and further development", "User-led support groups and much more training initiatives can be integral in breaking down stigma and raising awareness".

Some people suggested that it may be helpful given the issue of stigma for services to be rebranded as 'wellbeing' rather than mental health services, in order to help support access for people who may be unwilling to access a mental health service. However some others said that calling services 'wellbeing' services may be seen as too generic, and/or could make people who identified as having mental health issues less likely to engage as they would not identify with requiring a 'wellbeing' service.

A few people also referred to the need to raise awareness of mental health issues amongst the public and professionals, and support people to develop skills and knowledge. For example this could be through training courses such as Mental Health First Aid.

3.5 Personalised support

Personalised support was mentioned many times, with people feeding back that they felt support should be bespoke to the individual, holistic, person-centred and not labelled.

Some people felt that there is a lack of flexibility with statutory mental health services, and spoke of the need to 'de-rigidify' the mental health system and make it more flexible both within and between services. It was felt this would help people access the right level of support for the right level of need.

People also talked about being able to have access to a different interventions and support depending on their needs and circumstances. For example, "different ages need different types of support" and "[There should be] a wider range of treatment options in line with NICE guidelines [such as] CBT, non-pharmaceutical interventions". There was also the suggestion there should be increased take-up of direct payments in mental health to drive personalisation and make it about what the person wants.

3.6 Continuity of support and transitions

Continuity of support was seen as highly important by people, and some people stated that this included being able to see the same people for support and build a therapeutic relationship. ; It was also noted that people don't like having to tell their story to lots of different people, and there was the suggestion that where possible shared assessments would be beneficial.

Some people also referred to the potential for being discharged from mental health services to be stressful for people if they felt that they would be left without support or would not be able to access support again if they needed it again in the future. It was suggested that having support for people upon discharge is important as there may still be ongoing support needs, and it would be beneficial to have more effective routes back into support once discharged from mental health services. One respondent in Ryedale had said that even when significant notice is given that someone will need support and to get back into the system, this can be very difficult. This then may make people reluctant to be discharged from services for fear that if they need support in future they might not be able to get it.

People also discussed the risks of a lack of continuity of support causing 'revolving door syndrome' and repeat referrals.

At the Craven and Harrogate events people referred to transitions between children's and adult services, and stated that they felt these were not as good as they could be, describing a 'cliff edge'; "Someone may be receiving a comprehensive support package from CAMHS, but when assessed for support as an adult they may not meet the eligibility criteria. When an adult, people are

suddenly expected to do things for themselves, such as making appointments even if this is not something they did previously. This change should be considered in the transitions process.”

3.7 Integrated and coordinated services

Many people discussed the need for more joined up and integrated delivery in localities. They felt they would like to see more integration and cooperation between services, professionals and agencies, resulting in a coordinated response to people’s needs and streamlined services. At the moment it “feels like there are lots of breaks in the support chain”.

People felt that links and partnership working with GPs could be improved. Across the different events people fed back that they felt some GPs dealt poorly with mental health and had little understanding of when mental health deteriorates.

However some good examples of partnership and joined up working were highlighted during the engagement. Examples given included, between the voluntary and community sector and with Living Well, the Support, Time and Recovery Teams (NYCC) and the Community Mental Health Teams.

There was a suggestion that it would be helpful to have clear local pathways in order to ensure a coordinated approach. This would entail clearly defined roles for all professionals and public awareness of the pathway.

Some people felt that there is some duplication with current support available, for example with availability of employment support in statutory and non-statutory services. In addition in Scarborough some people felt that there were issues of overlap between what the Support Time Recovery team and the voluntary sector currently deliver. It was suggested that there may be other opportunities for Support Time Recovery Teams and the voluntary sector to work together.

It was noted that information sharing can be difficult when services are using different information systems and recording methods. Where possible people want organisations to avoid duplicating assessments and asking people the same things time and again. Communications between organisations was also highlighted as being important. At one event it was mentioned that previously VCS organisations were invited to meetings concerning the people they were

supporting, but that now they don't know meetings are happening and they don't hear about updates to care plans.

3.8 Prevention and early intervention

Throughout the engagement many people referred to the need for an increased focus on prevention and early intervention around mental health. Suggestions of what should be included as part of mental health preventative support included signposting, advice and guidance, low level support, social prescribing and telephone support.

“Services in the area of prevention of mental ill health need developing and strengthening. These services provide very important support service and empowering tool for vulnerable people with poor mental health. These services are cost effective and can produce positive outcomes.”

People felt that support from the voluntary and community sector should be made available to those who do not meet social care eligibility criteria or are not accessing secondary care mental health services but would benefit from accessing support. People also referred to the need to ensure that there was adequate support available for those with longer-term needs. It was felt that attending regular groups or activities may keep someone well and in the community, acting as a preventative measure to avoid the need for more intensive support.

Although it was acknowledged that the voluntary sector could play an important role in prevention, feedback also indicated that as the sector's resources were limited it would be helpful to have clearer direction on where voluntary sector resources should be targeted. Some feedback suggested that when people have low level needs which cannot be met within statutory services, this could be where the voluntary sector has a role.

Feedback was also received around respite, with people stating that respite beds help to avoid hospital stay and this should be available to those who need it.

3.9 Peer support

Where peer support or peer-led activities are currently delivered feedback indicated that these are highly valued. Many people also said they would like to see peer support further developed as part of future service delivery. Attendees at the event in Richmondshire discussed the potential for peer support to reduce social isolation and exclusion. At the Harrogate and Craven events, attendees

also felt that the ideal mental health service would include peer support. "Peer support services need to engage people who have recovered to support others."

There was a suggestion that in order to maximise outcomes peer support groups should have contact with professionals and should include support for carers as well as people with mental health issues.

3.10 Crisis support

Some positive feedback was received regarding the Crisis Resolution and Home Treatment teams: "A professional and dedicated team who bring an eclectic range of skills to the assessment and treatment of the person needing help. They are also a huge support to others who are affected by the deteriorating mental health of the person in crisis. The diverse range of workers in this group means there is always someone who can develop a trust with the person needing help and this helps with the recovery". "24hrs 7 days a week is a god send!"

Other feedback referred to less positive experiences of crisis support services, with comments including "crisis support is poor and the criteria bar is too high", and "Crisis Team don't want to know". A number of people therefore stated they feel there is a need to improve crisis support.

In terms of what 'better' may look like, one person said they felt quicker transitions between the Crisis Team and the Community Mental Health Team would be beneficial, stating that "it took six weeks before my partner was seen, at a time he was viewed to be vulnerable". There was also support for the development of safe places and crisis cafes.

3.11 Supporting recovery and positive change

Some people stated that they would like to see a recovery-focused support model moving forward with more groups available. These would have a focus on wellbeing and could encourage people to try new things. It was suggested this could include facilitating access to exercise and work opportunities to build people's confidence and provide structured change support.

However other feedback reflected some concerns about the use of the word 'recovery'; with one person sharing their view that "there is a sense that recovery means getting well, but mental health isn't like physical health where your life will get to the same way it was before".

3.12 Support for carers

In terms of what is currently working well for carers, people said they appreciated “being able to talk to [their] Carer Support Worker about how [they] feel”. One carer described how “it really helps to go talk to other carers because they know what I feel like”.

When carers are involved in discussions regarding the person they are caring for, that involvement is greatly valued. Feedback highlighted, however, that many carers struggle to get their voices heard and to be included in such discussions.

“I have never been asked to attend a meeting or for what I think about anything. The workers are only here briefly and I have to deal with things all of the time once they have left.”

“I’m walking on eggshells, having to think really carefully about every word I say. I wish someone would tell me how I should react to her outbursts.”

In terms of future service delivery, a lot of the feedback from carers mirrored what service users had also described, such as getting a quick response and more consistency in the staff they speak to, to avoid telling their story to lots of different people.

4.0 Further information about the Adult Social Care Mental Health Review

All feedback received as part of the engagement will be used to inform development of the future adult social care mental health offer. This will include a tender exercise to secure future voluntary and community sector mental health service provision during 2018.

Further information about the adult social care mental health review is available from <http://www.nypartnerships.org.uk/mentalhealthreview>.