

Kirklees Health and Adult Social Care Scrutiny Panel - 4 December 2018

Kirklees Mental Health Rehabilitation and Recovery Services

Engagement

1. Introduction

Greater Huddersfield Clinical Commissioning Group (CCG), North Kirklees CCG and the Local Authority are engaged in a programme of service transformation across Kirklees in relation to the provision of mental health rehabilitation and recovery services in line with Joint Commissioning Panel Guidance for Mental Health Rehabilitation Services¹.

1.1 This paper provides the following:

- An update on the project and the engagement process.
- Details of proposed next steps.

2. Background

2.1 The project scope includes rehabilitation and recovery services for people with a primary diagnosis of psychosis. The project also covers supported accommodation which is commissioned by the Council.

2.2 CCG commissioners attended an informal meeting with the Lead Member of the Kirklees Health and Adult Social Care Scrutiny Panel on 13 April 2018 where it was confirmed that an engagement process would be required in relation to the following:

- The re-provision of Enfield Down services
- The development of a community led model of care

2.3 The engagement plan was presented at the formal Kirklees Health and Adult Social Care Scrutiny Panel meeting on 17 July 2018, where it was agreed that the engagement process should commence. Assurance was requested that people from across Kirklees, including those with protected characteristics, have been enabled to provide their views.

2.4 The engagement process commenced on 28 August 2018. The closing date for the engagement with service users, carers and staff was 23 October 2018. In addition, a Provider Engagement Event took place on 6 November 2018. Touchstone Advocacy service supported the engagement process.

2.5 Details of the people and forums taking part in the engagement process are provided in the engagement report. The Engagement Report is provided in Appendix A.

¹ The Joint Commissioning Panel for Mental Health Guidance for Commissioners - <https://www.jcpmh.info/wp-content/uploads/jcpmh-rehab-guide.pdf>

3. Summary of findings

In total we received **592 responses to the survey** and **72** views from other methods. We also received **525** equality monitoring forms. From all the information gathered the key findings are:

- From those responding, we know that **49.6% are a direct service user** and **24.9% are a carer of an adult mental health service user**.
- From those responding, we know that good accommodation needs to be:
 - Flexible, safe, local and comfortable with 24 hour access
 - Run by highly qualified staff
 - Offering a range of facilities and therapies
 - Culturally sensitive
 - A service that welcomes family and friends
 - Person centred with adapted facilities to meet physical disabilities and conditions.
 - To have space for activities to help with life skills
 - Able to signpost to support services.
- The top four areas of support people receive now are
 - **70%** from family and friends,
 - **63%** from their GP,
 - **56%** from mental health professionals and
 - **55%** from voluntary and community groups.
- People told us that the following works well in the community:
 - 121 support and support groups
 - Community mental health teams
 - family, friends and carers
 - Recovery College
 - Psychological services
 - Homecare team, floating support, counselling and GPs.
- The top five themes on what makes a good community are:
 1. Feeling safe where I live (87%)
 2. Services closer to home (86.4%)
 3. Access to services when mental health gets worse (85%)
 4. The right support at home (80.9%)
 5. A clear pathway to recovery and having clear goals (79.6%)
- From those responding, people also want to see a community service which has:
 - 24 hour care with fast access
 - Continuity of staff
 - Services close to home and culturally appropriate
 - Early intervention and offer therapy.
 - A mental health hub for signposting and support.
- The improvements respondents want to see or consider are:
 - Specialist services for sexual violence.
 - Increased opportunities for 121 work and drop in.

- Reduced waiting times need to ensure quicker access and early intervention, with access to support whilst waiting.
 - Have a more joined up pathway with the voluntary and community sector and more investment to extend their range of service provision.
 - Raise awareness of mental health support in BAME communities.
 - Provide local services with better facilities and different levels of provision.
 - Provide more support for families and carers to be involved.
- From those responding people told us they received services from Care Co-ordinator (33.9%) and received support from a Specialist team (21%). However the majority at 58.4% responded 'other'.
- **Key findings from equality**
 - More beds in supported accommodation where women are safe and can move out of area
 - Separate male and female facilities.
 - Accommodation with good access and facilities to support mobility scooters, cars
 - People should be treated as individuals person centred and bespoke.
 - Wheelchair accessible throughout
 - No more language barriers and catering for different dietary requirements e.g. Halal, vegetarian, vegan
 - Religious needs should be a priority. Essentially safe space, quiet space, meditative space. Spiritual or prayer space should also be provided.
 - Services should be age appropriate - 18-35 year, 35 year upwards etc.
 - Children need access to early intervention as do adults, short waiting times for talking therapies
 - There has been a real lack of seeing the service user as part of a family system
 - Mental health services did not always involve a carer. There is no support in the community for carers or people with mental health illness until they become in the CMHT world as "critical".

4. Recommendations

- 4.1 It is recommended that the Kirklees Health and Adult Social Care Scrutiny Panel receive the engagement report and provide comment on the approach, methods used and the reach of the engagement.

5. Next Steps

- 5.1 A further report on the proposed model for rehabilitation and recovery services will be presented to the Kirklees Health and Adult Social Care Scrutiny Panel during the final quarter of 2018/19.
- 5.2 In the event that the proposed model contains significant service change, the Kirklees Health and Adult Social Care Scrutiny Panel will be asked to comment on a consultation approach and plan.