Kirklees COUNCIL

NHS
Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Engagement and Equality Report of Findings

Mental Health
Rehabilitation and Recovery

November 2018
Draft v.04

Contents

Version Control

Version	Change	Title	Status/date
V1	Zubair Mayet	Engagement Manager	Draft 14/11/18
V2	Dawn Pearson	Senior Engagement Manager	Draft 15/11/18
V3	Alexis Ritchie	Senior Engagement Officer	Draft 16/11/18
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1. Purpose of the report

Greater Huddersfield CCG, North Kirklees Clinical Commissioning Group (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 Services[1] (the Guidance). The purpose of the engagement is to help the CCGs and the Local Authority to engage with patients, family and carers and staff on NHS commissioned services for people who have a serious mental illness that includes a primary diagnosis of psychosis, including people with a dual diagnosis. Our aim is to engage with service users, carers and staff to identify, not just how we can improve and develop the services in line with the Guidance, but how we can achieve greater integration of service provision overall.

The report describes the background to the existing services, the legislation relating to any service change that the CCGs must work to and an overview of what we already know about the services from patients, carers, staff and other sources.

The report describes how the CCGs will engage with the above population and any other identified stakeholders. The purpose of the report is to provide information on the approach to engagement with patients and key stakeholders.

2. Background

Both Greater Huddersfield and North Kirklees CCGs commenced a review of mental health provision following the publication of new national guidance. The review highlighted a number of gaps in provision and areas where improvements could be made.

It was identified that current provision to support rehabilitation and recovery in mental health could be improved and enhanced. The plan describes the engagement required to support a future service model and ensure that the services provided in the future meet the needs of the local population.

The CCGs in partnership with the Local Authority carried out engagement on:

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

The engagement focussed on the re-provision of a facility that would include a bed base and supported living accommodation with an enhanced community service model.

The CCGs, Local Authority and current providers worked together to reach a wide range of stakeholders to ensure a future service model considers a range of stakeholder views including those who currently use or may need to use a future service. The report describes the engagement, communication and equality considerations required to ensure this takes place. More information on current provision can be found in appendix 1.

At the present time people in the community who require rehabilitation services are supported by the generic Community Mental Health teams. In addition, many of these people will have had multiple acute inpatient and Psychiatric Intensive Care Unit PICU admissions during 2017. Wider participation in rehabilitation and recovery services is therefore required.

Of the people receiving inpatient rehabilitation services, there are currently 20 people receiving services in the SWYPFT inpatient rehabilitation service at Enfield Down; however a significant proportion of these people require long term complex care, rather than rehabilitation

1 https://www.jcpmh.info/wp-content/uploads/jcpmh-rehab-guide.pdf

services. In addition there are 30 people who are receiving services in out of area locked rehabilitation placements.

3. Key drivers and legislation

NHS Greater Huddersfield and North Kirklees Clinical Commissioning Groups (CCG) commission (buy) local NHS services on behalf of the local population. This means that any plans to change the way a service is provided or delivered is subject to the legislation the CCG must follow. The legislation is set out below:

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

NHS Act 2006

The NHS Act 2006 defines the statutory responsibilities of the CCGs in regard to the parameters for delivering care including accommodation.

Mental Health Action 1983 (updated 2007)

The Mental Health Act and Code of Practice define what is required of providers when carrying out functions under the Mental Health Act, including statutory guidance for registered medical practitioners and other professionals in relation to the medical treatment of patients suffering from mental disorder.

The Mental Health Act and Code of Practice also set out the roles and responsibilities of the Local Authority and the CCG in arranging Section 117 after care.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be

assured that “due regard” has been paid through the delivery of engagement and consultation activity and in the review as a whole.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those service

4. The approach to engagement

In addition to the legislation each CCG has a ‘Patient Engagement and Experience or Communication Strategy’. The strategy for each organisation has been developed with the agreement of key stakeholders. Each strategy sets out the approach to engagement, including what the public can expect when any engagement activity is being delivered.

The principles for engagement set out in the strategy for Greater Huddersfield CCGs will;

- Ensure that we engage with our public, patients and carers early enough throughout any process.
- Be inclusive in our engagement activity and consider the needs of our local population.
- Ensure that engagement is based on the right information and good communication so people feel fully informed.
- Ensure that we are transparent in our dealings with the public and discuss things openly and honestly.
- Provide a platform for people to influence our thinking and challenge our decisions.
- Ensure that any engagement activity is proportionate to the issue and that we provide feedback to those who have been involved in that activity.

The communication and engagement principles for North Kirklees CCG are:

- to work in partnership with other agencies, stakeholders, patients, carers and patient representatives
- to ensure that communications and engagement activities are accessible to all audiences
- to be open, honest, consistent, clear and accountable
- to create innovative ways for people to engage and communicate with us
- to create communications and engagement activities that are well planned, high quality, happen at the right time and are carefully targeted
- to have a two-way communication and engagement process with the third sector
- To train and develop our members so they have the skills to develop our communication and engagement – it is everyone’s responsibility.

The strategies set out what the public can reasonably expect each CCG to do as part of any engagement activity. This process needs to preserve these principles to ensure public expectations are met.

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5. Engagement methods and approaches

A plan was developed (see appendix 1) to capture the views of patients, family and carers who have experience of the services, and those that may need the services and staff of the existing services and any key stakeholders to help inform the development of any proposals for future arrangements. The target audience for engagement was:

- Patients of mental health rehabilitation and recovery services in Kirklees or funded by Kirklees
- Staff and health care professionals within services
- Other stakeholders as determined

Engaging service users

We engaged Service users using three approaches;

- Survey
- Focus groups
- Commissioned artwork

Engaging carers and families

Families and carers were contacted through carer networks and/or the current service.

The methods used were;

- Surveys sent by email with a covering letter (including online options)
- Face to face interviews
- Surveys within mental health services
- Artwork
- Advocacy support
- Focus groups
- Community Voices
- Out of Area providers

Out of Area Placements

This map shows the areas covered where current commissioned out of area placements are across the UK by NHS Greater Huddersfield and NHS North Kirklees CCGs.

52 clients are based across 8 providers from Huddersfield to Wolverhampton.

Staff and residents took part in completing the survey and their views are included in the findings.

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The engagement was promoted on the CCGs, Local Authority SWYPFT and providers and stakeholder websites. This will include information about the engagement and its background and links to the online survey.

The Communications mechanisms we used were:

- **CCGs website which had** information about the engagement
- **Social Media**: The CCGs l promoted the engagement via Twitter or Facebook
- **Leaflets/posters p**romoting the engagement in services.
- **Engagement documents:** which included
  - What the engagement was about in a clear simple way
  - How to give views and the deadline for submitting responses
  - Survey
  - Equality monitoring
  - How to access alternative versions
  - How the CCGs will be using these findings/views and any next steps

The focus of the engagement was to gather views on the ideas set out in the survey. The survey was made public on the CCG website and also accessible electronically via smart survey, which could also be accessed via a QR code from a smartphone.

The survey was circulated to the community assets in both North Kirklees and Greater Huddersfield.

The engagement process took place between 28 August and 23 October 2018. There were a number of activities that took place throughout this period and the responses received were as follows:

Method	Contact / attendance	Responses received
Asset based approach	16 community/ voluntary organisations	371 responses received
Out of area placements	8 providers with 52 service users	?? responses received
Focus groups	2 groups ran	22 attendees took part
E-surveys	-	51 responses received
Art project	2 x 2 hour sessions	13 attendees took part
Visit to service user group	2 carers groups	37 attendees took part

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Engagement with voluntary and community groups

Community Voices (assets) and other groups representing the geographical area of North Kirklees will be identified.

A briefing session was held on 28 August at NHS Greater Huddersfield CCG with the Community Voices to explain what the piece of engagement was on, how they could get involved and what methods they could use to engage their service users. The following organisations took part:

- Raabani Mattriach Support
- Honeyzz Diabetes Group
- DASH
- Simbas Friends
- Oasis Care Support
- Sky Positive Minds
- Masoom Care
- Carers Count
- Locorum
- Support to Recovery
- Platform 1/Men's Shed
- Denby Dale Centre
- Kirklees Neighbourhood Housing – Malham Road
- KRASACC
- Yorkshire Children's Centre
- PCAN

Touchstone Advocacy

The CCG also worked with Touchstone Advocacy to complete some focussed work to engage with inpatients at Enfield Down, The Dales and Ward 18. Plus, they went out to community settings utilising Meeting of Minds Forum, Carers Forum, Touchstone Peer Brokerage Service and Touchstone community advocacy service. The work was undertaken by the IMHA advocates.

Commissioned Artwork

The CCG commissioned artwork from Support to Recovery (S2R) who was given the brief to create some art to represent what they thought good accommodation would look like and include for a rehab and recovery facility. S2R worked with 13 service users over two, two hour sessions and the produced artwork is depicted in the appendix and front cover.

The key themes from the artwork were that it needed to be safe, accessible with good transport links. To have privacy plus communal space, with a range of activities, a green area and be a therapeutic environment that was homely not hospital in appearance. A high quality service that is individual with flexible approach with supportive caring staff that is culturally aware.

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Engaging staff and providers

In order to gather the views of staff and service providers there was an option to complete either online or paper copy. Staff will be asked the same questions as service users, families and carers. A freepost return option will also be available for staff.

Staff will be made aware of the engagement activity via internal websites, newsletters and briefings.

Provider Event

A provider event was advertised on NHS Contracts Finder in order to attract a range of providers to discuss the design and development of integrated rehabilitation and recovery services in Kirklees in line with best practice guidelines and local requirements.

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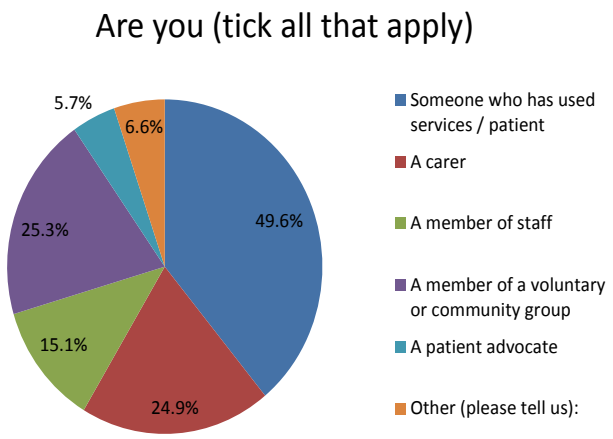
6. Findings from the survey

In total we received **592 responses to the survey**. **525 equality monitoring forms** were completed and from these we know we received the majority of our responses to the survey from residents in **Greater Huddersfield** who provided **65%** of the total responses, **North Kirklees** provided **19%, Other** areas provided **10.5%** and **5.5%** of responses where there was **no postcode provided**.

The findings from the engagement process are reported below. It is worth noting that not everyone replied to every question so 100% is based on the total number responding to that question not 100% of the total responses received.

Initially, we asked people to identify themselves by answering the following question:

Are you (tick all that apply)			
Answer Choice		**Response Percent**	**Response Total**
1	Someone who has used services / patient	49.6%	277
2	A carer	24.9%	139
3	A member of staff	15.1%	84
4	A member of a voluntary or community group	25.3%	141
5	A patient advocate	5.7%	32
6	Other (please tell us):	6.6%	37
		answered	**558**
		skipped	**34**



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 the list of **'other'** we received responses as set out as below, with the majority of responses from family members /friends of people who use/have used mental health services.

- Kirklees organisations = 9
- Service users = 5
- Clinicians (nurse, clinical psychologist, counsellor, doctor) = 5
- Kirklees residents = 4
- No response = 4

Q2a. Please tell us what good accommodation for people with complex mental health needs could look like? (think about the location, how you would be able to use the service, what it would offer and who might work there)

"Somewhere calm, beautiful, to be with nature, with time to think and talk, without the distractions and noise of everyday life."

"Home from home, a safe, calm and empowering environment that allows patients to feel valued and cared for."

- High quality service with 24 access to staff that are consistent, experienced, well trained, supportive and caring with a non-judgemental outlook. MDT approach (CPN, social workers, counsellors, occupational therapists, art therapists, physiotherapists and GPs). Support with medication.
- Quick access, with urgent assessment as well as self-referral.
- Accommodation that is stable, modern (light/open), comfortable, safe, welcoming, age appropriate and gender specific. Home not hospital in appearance with a pleasant, relaxing décor and the opportunity to personalise own living space and have privacy. The building needs to be fully accessible to meet physical needs and wheelchair users.
- The service should include facilities for different stages of rehabilitation in terms of accommodation. Supported flat accommodation (a staff member on site of several flats who can be approached and contacted as needed). A residential rehab house (with multiple staff on shift) and each person having a room. Houses in the community (where service users have a room in a shared house). Individual accommodation (with a package of care around that person). One size does not fit everyone.
- Activities such as daily living skills (cooking, laundry, budgeting), art and crafts, relaxation, gardening, music, reading, writing, exercise, walking and 121 support. Opportunities to engage with community activities and day trips also.
- Location needs to be not isolated from local communities, with access to mainstream services and shops with good public transport links. To create independency but not isolation.
- Garden area/green space in the grounds to allow for a quiet, calm, therapeutic environment with nature and fresh air. Allotment to learn about growing fruit/ vegetables, which could be used in cooking too.
- Socialising – a communal room area for activities, TV, meetings and staff that have time to talk and listen to people they are caring for about the problems they are facing.
- Family & Carers: specific area for visitors, ease of access, flexible visiting hours, with the possibility of overnight accommodation. Support given to family and carers to help rebuild relationships when someone suffers a psychotic crisis and how best to support their loved one in the community.
- Therapies: counselling, talking therapies, art therapy, psychotherapy, pet therapy.
- Peer Support/volunteer element should be encouraged and would complement the staff team.
- Faith & Religion: bilingual support, awareness of different faith/religious needs. To be culturally sensitive and appropriate.
- Flexibility in terms of length of stay, expected level of functioning and support available. Beds available when needed for overnight and residential purposes. Drop in aspect for support/advice when needed with respite beds.
- Somewhere that would allow pets.
- Smoking area.

'A quiet location with a good sized garden and pleasant views, as regards outdoor surrounding areas - close to a reliable and regular bus service route. Avoid a clinical appearance - both inside and out. Needs to be somewhere that people can relax and feel supported throughout their person-centred recovery journey. The body's own medication of endorphins works most effectively when people undertake enjoyable pursuits/hobbies - including exercise - which encompasses a variety of activities such as: walking; gardening; sport and undertaking community renovation work in local parks and along public footpaths. Art/craft; reading and writing activities can also have a holistic positive influence. A caring; respectful environment that empowers people to aspire to and achieve a quality of life that best suits their personal aims and aspirations. Appropriate peer worker/volunteer involvement should be encouraged.'

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Q2b. Please tell us what other things we should consider if we want to provide accommodation? (think about things such as your culture, religion or personal situation)

"A communal area for those who feel confident enough to use it, but I think it important that all patients feel safe and are able to have their own personal space."

"Opportunities for families to visit and a space for families to meet the person in rehab."

From those responding, other key areas to consider were:

- Flexible holistic approach that is person centred care, taking special needs and physical needs into account also. Respect for each person life choices and way of living.
- Accommodation: A mixture of quiet space to reflect and social communal areas. Supported living accommodation with staff on site.
- Adapted facilities to meet physical disabilities and conditions (eg hoists, adapted bathrooms, bariatric equipment and furniture).
- Activities: spaces for specific activities should be available so those with restricted or no leave would still be able to undertake activities, that would aid recovery such as a gym, art room and faith room.
- Religion & Faith: Shared faith room available. Catering for different religions and dietary requirements, ie Halal. Near to places of worship. Segregated areas to meet cultural needs.
- Safe quiet space, meditative space, spiritual or prayer space to be provided.
- Forward planning with close links to support services.
- Kitchen areas for services users to facilitate independent cooking skills.
- Suitable signposting and support on leaving accommodation.
- Having personal timetable of activities to 'give purpose to each day'.
- Introduction of befrienders and other volunteer services.
- Benefit support, debt advice and budget training to prepare for independence.
- Introduce life and resilience skills on day to day living and promote healthy lifestyle (diet, alcohol, smoking, exercise, dental hygiene, eye tests).
- Allow pets in the accommodation.
- Area to display positive achievement or things made in creative sessions.
- Index offences of residents should be considered when placing them.
- The layout of a building should be considered, if alarms are going off staff shouldn't have to climb several flights of stairs. Consider the requirements of what is needed for residents to be placed so the service doesn't accept absolutely everyone and become a holding bay because residents can't be placed elsewhere.
- Area for children to feel welcome and visit.
- Family space to spend time with relatives.

"Building up living skills to prepare for community living."

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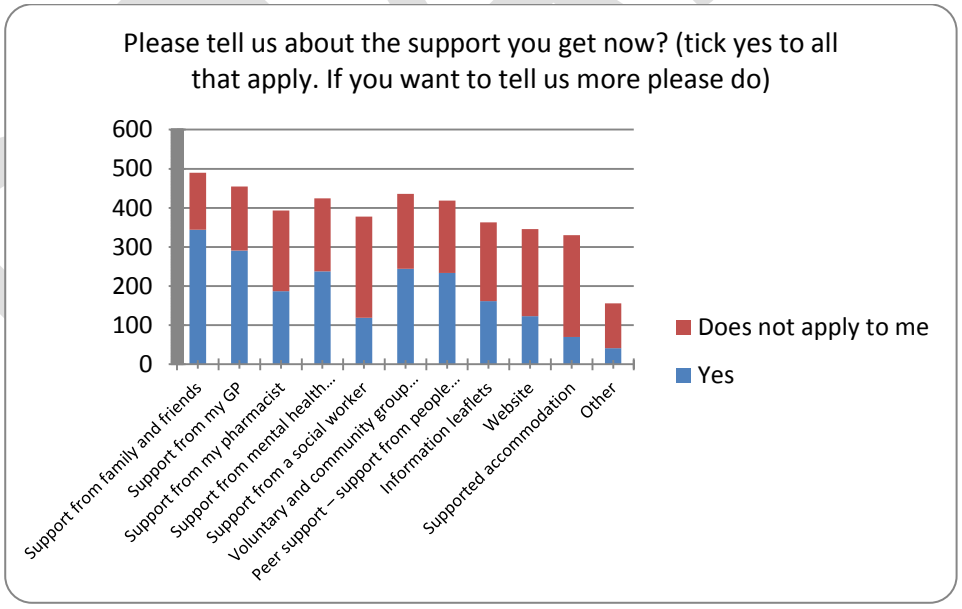
Q3a. Please tell us about the support you get now?
(Tick yes to all that apply. If you want to tell us more please do)

Answer Choice		Yes	Does not apply to me	Response Total
1	Support from family and friends	344	146	490
2	Support from my GP	291	164	455
3	Support from my pharmacist	187	206	393
4	Support from mental health professionals	238	186	424
5	Support from a social worker	119	259	378
6	Voluntary and community group support	244	192	436
7	Peer support – support from people who are in similar situations	234	185	419
8	Information leaflets	162	201	363
9	Website	123	223	346
10	Supported accommodation	70	260	330
11	Other	41	115	156
Please tell us more about the support you have received				362
			answered	**537**
			skipped	**55**



From those responding, 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. For other, **26%** people responded.

Q3b. Please tell us more about the support you have received.

From those responding the following areas of support had been used/still in receipt of:

- Mental Health services: Assertive outreach, CMHT, CBT, Folly Hall, Counselling, CPN, Psychiatrist, Psychologist, GP, Social Worker, Dementia/Alzheimer's, IAPT, Occupational Therapy, Rehab and Respite.
- Carers and family support: at times families are left in vulnerable situations and isolated with the service user. Lack of seeing the service user as part of a family system. Understanding what support family and carers need, instead of waiting until the person is 'critical'. Families/carers input is welcomed to develop plans of care.
- Peer support: through groups showing empathy, emotional support and encouragement and realising you are not on your own with an issue to deal with.
- Support groups: Facebook groups, carers groups, and activity based groups, help to become more confident and sociable.
- Use of medication to manage conditions.
- Specialist Sexual Abuse support – long term counselling has kept me stable.
- Waiting times has been an issue when teams were restructured and the frequency of support was altered and patients having to wait to be seen.
- Faith support: accessing local church, support from church fellowship.
- Good and timely support: help in getting back to work after a period of depression. Support from a GP with time and interest was essential. Support with appointments.
- Independence is important to go to town on my own and not always with staff.
- Online information: useful to read information, gain tools and tips to help. Talking to other people online in similar situations helps, as they can compare experiences.

"The support is "out there" and it can have an amazing positive influence and impact - in relation to personal well-being - but sometimes engaging with it initially can be a step too far. There is a need for a volunteer support option to accompany people from home to venue and then home again afterwards (and maybe remain at the venue, with the individual being supported, on the first occasion). A supportive GP can make all the difference too - it is important to feel "understood" and be able to be completely honest as regards how you really feel and about any difficulties that you are experiencing. It is essential to have full service user input in the setting up of a care and support plan and any advance statement - with the same applying to the regular related reviews. Families and carers need to be involved too and have a voice in all aspects of care and support planning."

'My husband has coped with supporting us both financially since I lost my job in education after 20 years due to 'ill health' following a work place assault. He supports me as much as he can to improve my anxiety difficulties and helps me so much. I did not find my GP supportive, only consistently and quite forcefully offering antidepressants. I had 6 counselling sessions which were so helpful in helping me understand what was happening to me, I had to wait around 8 months for this. 4 years later, still unable to work, I found Support2Recovery a local art n craft type group for people like me, If I can get there it is really helpful, we can't afford to run 2 cars and I am still unable to use public transport. So currently just my husband's support.'

"I get regular visits from a CPN with whom I can discuss anything. I can bring up issues with her that I would never broach with my nearest and dearest. She can bring forward any appointments with psychiatrist if needed and discuss any medication issues. Much more useful than a 6 month appointment with a psychiatrist who seems to change every appointment."

"As carer for my wife it is always nice to be asked from time to time by her CPN how I am coping."

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Q3c. Can you tell us what you think already works well in the community?

'Supported accommodation that allows floating support - eg, foundation, connect, fusion, these areas meet the tenancy support needs and the general issues of budgeting, help with keeping things clean and tidy, finances. The additional rehab and recovery needs are attempted to be provided by Care co which cannot be as intensive as what is required, a recovery community team has worked well in the past'.

> *"The extensive range of activities and guidance/signposting provided by the community support groups that are commissioned by Kirklees Council. The Mental Health Trust's Recovery College - based at Pathways in Mirfield. The PALS service relating to exercise and well-being. Befriending activities and peer support. Any type of "drop in for a cuppa and a chat" activities."*

- Independence: To follow your own daily programme, going shopping, to church, do some exercise. Feeling accepted in my own community and able to socialise at groups.
- 121 support: staff taking me on the bus and having someone to talk to. Structured groups don't work for everyone, sometimes a safe place where someone can talk and have a cuppa is enough.
- Access: There are quite possibly many things that work well, but it's often difficult to find out about them. Since the transformation of the teams there is now a quick and easier process to appointments with psychiatrist. Signposting to other services when I need it. Access to inpatient care when I am unwell.
- Support groups: activities so you get time to be yourself but can go to when it suits, a place to be with others who understand the situation. Open access spaces that can cope with small groups or people all with differing needs but encourage peer support, skill learning that's fun. Opportunity to chat to people who have come through similar experiences. Groups where everyone is welcome. Not being judged. Self-help groups, intelligence, education and compassion. Good policing. Funding is more difficult to come by, these have suffered and reduced down what they have previously offered. Support to make the first steps would be vital, as it is often difficult to get a person there.
- Information: To be made available on what else to do, where else to go for support. More knowledge of services out there and what they do.
- Signposting: having various services accessible in the community for befriending, housing support, partnership working to relevant services. Being introduced to services/organisations.
- Activities: Preparation of food, craft class, computer class, conservation, model making,
- Better communication needed: Services are fragmented with people who use services having to be referred between different services in order to have their support needs met. Liaison between services.
- Carers: Having carers visiting to support me and visit to chat. Having someone to talk to. Voluntary sector services have helped me a lot as a carer.
- Community Mental Health: Support from my team, although need more resources. Trusted community team that specialises in R and R is a good idea but needs dedicated time, staffing and training to understand this alongside have a consultation and link role with any supported accommodation.
- CPN/Social Worker: Regular support, get to know an individual and can spot when they are struggling and can intervene by way of accessing other services. Having a social worker and CPN to visit me and to support when my mental health is poor.
- Family and friends: Professionals need to take family/carers views into account.

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- Life skills need to be developed in real settings with appropriate risks and opportunities. We cannot generalise about the person's potential in a restricted or institutional setting and say that they cannot change in another setting.
- Recovery College: Places like the Recovery College where I can gather with my peers and get support whilst doing something that builds my self-esteem.
- Psychological services have been very good, both Jurga Paserpykte and Mark Stroud have provided the kind of compassionate and consistent care that I want. Their reception team gave also been very skilled at helping me when there have been miscommunications and I was upset/worried about appointments.
- Dr Ahmad has been a wonderful consultant for the last two years, he agreed to see me after I asked to change from Dr Sharriff, who was a problematic person to be treated by due to his prejudices about personality disorder and long term Lithium treatment. Dr Ahmad has been sensitive, proactive and related to me in ways that help me make good decisions. I feel he respects me and genuinely wants to help me figure out how to treat my mood disorder. His secretary is also wonderful, she works hard to help me co-ordinate any paperwork I need.
- Homecare team. They saw me every day for two weeks. Talked to me and made sure I was ok. The only thing was you didn't see the same person. It would be better to see the same person every day
- Floating support: The need of being able to provide a service to people that may need more support in their own homes without having to go into a hospital.
- Counselling: Counselling services are good but extremely over-subscribed! Face to face counselling but waiting lists are long.
- GP: visit GP for medication, good GP with self-referral to early intervention which makes a good sense of autonomy.

"For me having KRASAAC really helped when others could not. My GP could not help I was totally alone , my ability to function was poor and now I feel am worthy of support after having counselling."

"The commitment of the staff is unquestionable and it is clear that they want to help and support services users. It doesn't, help when they are always running late and are unable to achieve much when they have 15 minutes allocated to the visit. This can feel to a service user as the only lifeline available once every two/ three weeks and can be left disappointed after the meeting."

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Q3d. What do you think makes a good community service? (Please tick all that apply)

What do you think makes a good community service? Please tick all that apply			
Answer Choice		**Response Percent**	**Response Total**
1	Services that are closer to home	86.4%	471
2	Having a clear pathway to recovery and having clear goals	79.6%	434
3	Community Team member (e.g. Care co-ordinator)	73.8%	402
4	Occupational Therapy	60.4%	329
5	Psychology support	74.7%	407
6	Peer support and support from people who have used mental health services	77.2%	421
7	Feeling safe where I live	87.0%	474
8	A caseworker to develop a care plan	74.1%	404
9	Having family and carers involved in care plan development	73.2%	399
10	Access to services when my mental health gets worse	85.0%	463
11	Having the right support at home	80.9%	441
12	Having Independent advocacy support	67.5%	368
		answered	**545**
		skipped	**47**

From those responding, the top five areas for making a good community service are:

1. 87% stated feeling safe where I live,
2. 86.4% stated services that are closer to home,
3. 85% stated access to services when my mental health gets worse,
4. 80.9% stated having the right support at home,
5. 79.6% stated having a clear pathway to recovery and having clear goals.

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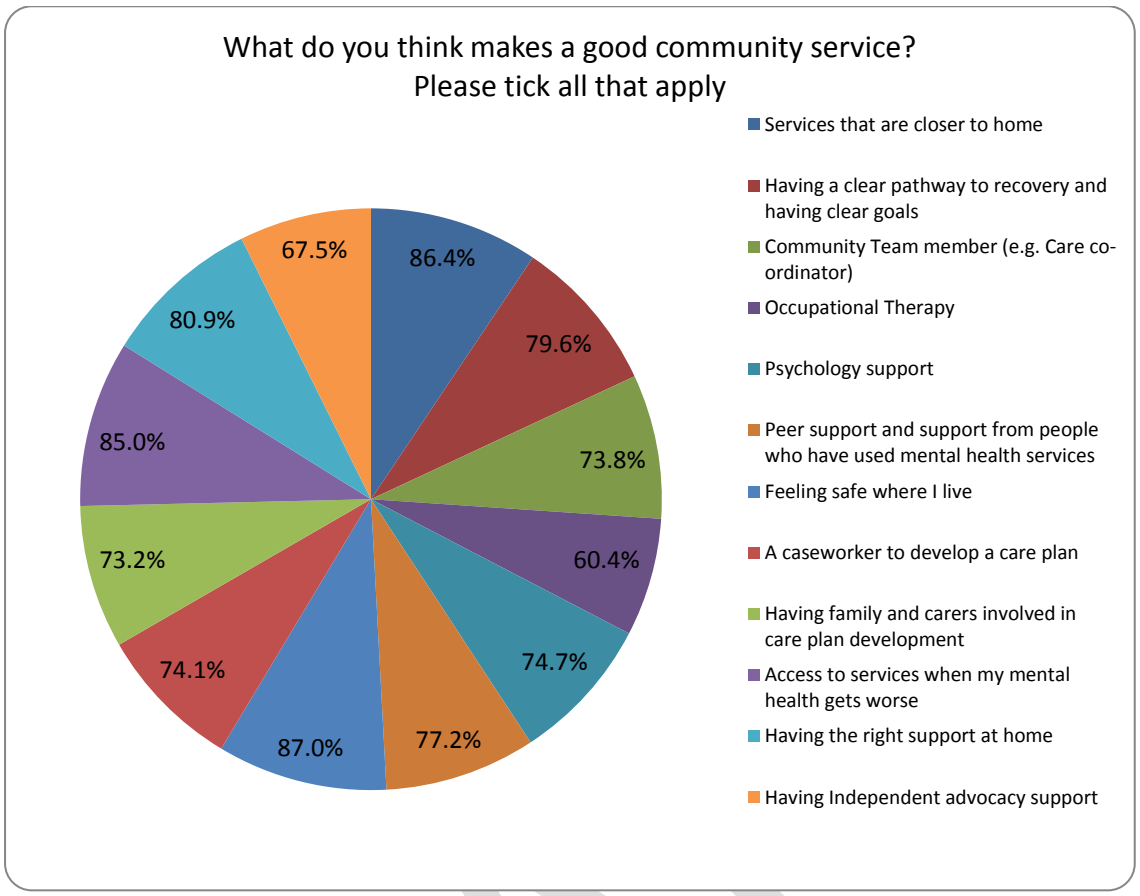

"Early intervention, being involved in planning for recovery, being treated with dignity and respect."

"Consistent community care staff who turn up on time is important.

Psychiatrists that listen and give support rather than just upping meds.

Services that work together with all agencies involved with patients."

"Having community drop in when in crisis 24 hour (one in 20 mile radius) to go instead of Police cells or General Hospital."

"Knowing that if people become very unwell, hospital admission will be done as quickly as possible and in a dignified fashion."

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Q3e. What else would make a good community service? Please give any ideas or suggestions such as the treatment or support available, who you could see or talk to and any other support that could be in place and who could provide that support.

"Having a community team that has specialist skills in rehab and recovery and have the capacity to see service users more than once a month, be flexible and responsive to the changing support needs of the service user.
Better links with GPs and clarity of role at times.
Support around housing and supported living provisions.
Benefits advice and support."

- 24 hour care: 24/7 support from staff with mental health experience.
- Services: Treatment and support should be delivered by the same service as far as possible to avoid fragmentation.
- Access: To service needs to be quicker, not just waiting until people are in crisis. Don't leave people waiting on waiting lists. Better access to respite.
- Continuity of staff: Ongoing regular support from the same staff who know the service user well. Someone who will be rapidly available in crisis.
- Signposting: Help with finding community activities and linking with sources of community support. How to access it, what is available and when.
- Care Closer to home: When relatives, particularly older ones, have to travel far they will be less able to visit. Visits from loved ones can make all the difference to recovery. Understanding and accepting that someone who has mental health illness cannot always travel, leave the home or attend appointments outside of the home. More intense home visits would reduce the number of people who are "signed off" for none attendance" to outside appointments.
- Communication: To have fast access to someone to talk to when feeling low. A service which listens properly. Teams reading care plans before doing visits for better communication between staff access to out of hours.
- Culturally appropriate services: Gender specific services, more support from bilingual workers for Asian communities, more BME workers.
- Early intervention: Being involved in planning for recovery, being treated with dignity and respect. Engagement workers - someone to realise when someone wasn't engaging this may be the most crucial time. Timely access to psychological interventions. GPs to refer to appropriate organisations. Looking out for triggers of deterioration in a patient and recording them.
- Mental health hub: A central hub in communities that is a safe space to find an advocate who supports and signposts. One stop shop. There should be one central team based on the same site. This way of working will maintain good communications and effective practice. Individuals can source treatment advice and support from the appropriate professional or be signposted to the right team.
- Therapy: Occupational therapy and psychology are really important and increasing access to these is important.

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Q4a. Is there anything about mental health rehabilitation and recovery that could be improved now?

"Investment in the community teams to be better able to work with rehab clients. Keeping service users, carers and staff better informed and involve them properly to make sure the future services are actually reflective of what is needed rather than an interpretation of it. An improved referral pathway into the service that would mean that the correct service users would hit the service at the right time. Clarity on models of care and assessments to be used within the in-patient setting."

"Increased staffing for inpatient units enabling inpatient units to provide outreach for service users recently discharged into the community from inpatient units in order to maximise continuity of care and enable transition from inpatient unit to living the community to be as smooth as possible and minimise the stress of this for service users."

- Specialist services for sexual violence recovery and therapy
- Increase opportunities for 121 work and drop in to go for a chat and a cuppa.
- Waiting times need to be reduced to ensure quicker access and early intervention, access to some support whilst waiting is important.
- Information – what is available and how to access support. More information on different approaches even those that are not standard on the NHS so that patients can make a fully informed decision - individually tailored care with input from patients who want to be involved.
- Providing financial support to voluntary organisations to extend their range of service provision
- Prevent people being passed around service to service. Need clarity about which team is responsible for which part of the service.
- More joined up work with voluntary organisations and pathways into community activity.
- Crisis service needs reviewing, as the current model is not working. SPA makes it harder to get access to the right team.
- Equal access to care plans when supporting someone, not just on SystmOne.
- Mental health awareness raising in Asian Communities and more support for BAME communities.
- Different levels of provision: Develop a place for people who need the step down from inpatient care. Use more recovery based models. More intense support in the first 12-16 months whist being reintegrated away from hospital to community.
- Training for all stakeholders on interpersonal skills, active listening and empathy. Staff training for those burned out to refocus what support they can offer.
- More local services with better facilities. More local beds.
- Peer support – people who have come through a similar journey to work with.
- Reduce length of stay in rehab and let people return to their local communities.
- More support for families and carers to be involved.
- Drop in services at night and at weekends.
- Improved referral pathway to ensure service users access the right service at the right time.

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Q4b. Is there anything else that you would like to tell us about mental health that we have not asked about, but you want us to consider?

"Sexual Violence and Child Sex abuse are often the root cause of poor mental health in adults. It is quite often ignore by professionals as they don't have the skills to deal with it."

"My CPN is the driving force in my recovery. I'm sure she's done more for me than any psychiatrist. and/or medication. Keep training these wonderful people and matching them to the clients."

- Access: speed up the process and understand difficulty keeping appointments due to illness. Access to self-check in facility when mental health issues become chronic and access to treatment can be found easily.
- Accommodation: Have a community room, a game room, family and respite room. Independent housing.
- Activities: Day trips, art, carpentry, woodwork, sewing, joinery, computing, fun activities.
- Advocacy support/befriender: help to support you and take to appointments.
- Culturally aware: Bilingual support. Fair access to support for asylum seekers. Use of interpreters for initial assessments. To be more culturally aware when supporting people.
- Family and carers: More support for family/carers when looking after family member with mental health. More respite available.
- Concerns: Mental health issues are increasing and service users are vulnerable. Where will the money come from to fund it? Police and professionals need to listen more and not be judgemental. Staff need to display empathy at all times. People and conditions are individual and one size does not fit all. Dual diagnosis clients cannot access mental health support until they are clean but many take drugs/alcohol due to their mental health and not coping, this needs to be reviewed in terms of what support could be provided alongside.
- Staff: Make sure staff listen, have empathy, understanding and passion to help people. Retention of staff, staff constantly moving from job to job is a major problem.
- Extra resources: More staff, more funding, more accommodation, more community services and better quality equipment.
- GPs need to have better understanding, compassion and be able to signpost on.
- Support for children: Working with schools to address prevention, early intervention, children to be engaged and understood. Increasing problem for children and not enough support or knowledge. Partner agency working with schools to identify barriers early.
- Stigma: Raising more awareness on mental health locally and help to find services. Education for all ages and for service users to help come to terms with their conditions, rather than be in denial. Help to address stigma in the community and promote mental health positively. Have a community self-harm and suicide prevention scheme.
- Pathways: Consider length of stay, more support at home, less appointments, earlier diagnosis, options for longer term therapy for complex needs, separate services for men/women, address waiting lists and more funding for recovery services.

"Make sure any plans post discharge from hospital are shared with ALL parties and stakeholders. Communication between parties in the past has been poor. Also make sure points of contacts particularly out of normal business hours are clearly communicated for different scenarios."

"To encourage physical fitness as well as mental health well-being by making it fun and easily accessible - indoor/outdoor communal gyms . Service users are often too anxious to join any activity that they have to travel to . Regular monitoring and reviews of medication to prevent excessive suffering of side effects by service users. Implementing new and better medications as soon as possible."

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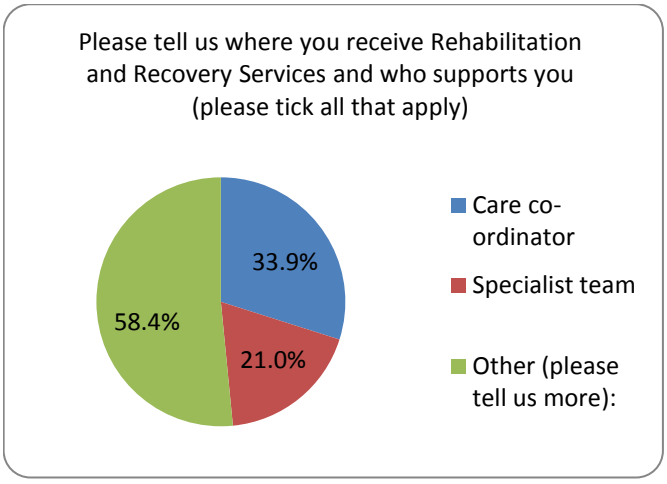
Q5a. Please tell us where you receive Rehabilitation and Recovery Services and who supports you (tick all that apply)?

Please tell us where you receive Rehabilitation and Recovery Services and who supports you (please tick all that apply)			
Answer Choice		**Response Percent**	**Response Total**
1	Care co-ordinator	33.9%	87
2	Specialist team	21.0%	54
3	Other (please tell us more):	58.4%	150
		answered	**257**
		skipped	**335**

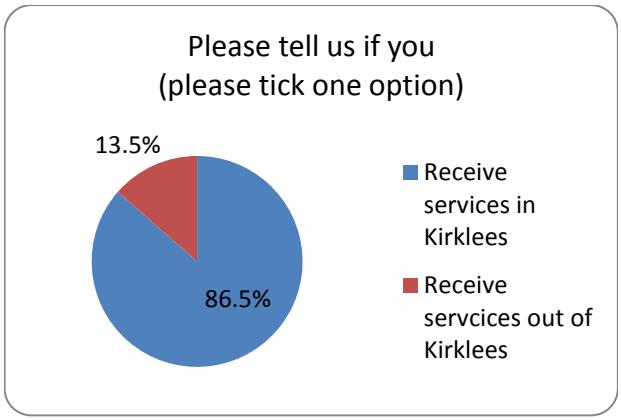


From those responding, the majority at 58.4% responded 'other', which breaks down to the areas in the list below. 33.9% received support from a Care Co-ordinator and 21% received support from a Specialist team.

- 24 hour access (1)
- Carer/family/home (12)
- CBT (1)
- Community Service (1)
- Counsellor (3)
- Employment support (2)
- Folly Hall (1)
- GP (7)
- Myself/None/No-one/Solace/Talking (45)
- Hospital (1)
- Psychiatrist (1)
- Staff - CPN, supported living staff, social worker, housing (15)
- Trinity Rehab (3)
- Voluntary Sector (63)

Q5b. Please tell us if you:

Please tell us if you (please tick one option)			
Answer Choice		**Response Percent**	**Response Total**
1	Receive services in Kirklees	86.5%	179
2	Receive services out of Kirklees	13.5%	28
		answered	**207**
		skipped	**385**



Q5c. If you receive services out of Kirklees, what would help you move back to Kirklees?

- Having the same support available in Kirklees that is provided out of area

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- Specialist support: residential personality disorder unit, specialist autism service.
- Supportive discharge with housing support to find appropriate accommodation.
- Access to local groups.
- Support at home and help to attend appointments.
- Continued and improved services.
- More cultural support for Asian communities.
- Good integration between services, seamless care, stepdown house for rehabilitation in the community.
- A number responded to state they wish to remain where they are and not return to Huddersfield.

Q5d. What would help you move from hospital into the community?

"A period of rehabilitation long enough to teach me how to remain safe and progression to a supported living service with a special interest in people with autism"

- Housing: more supported living options available, more supported step down facilities, staged move back, half way house, bed in my area, support with housing benefits. Emergency panic button fitted.
- Community support: CMHTs, 121 support, designated workers, meaningful activities, mental health buddy, female Asian service, access to information, drop in centre, counselling, advocacy, community groups,
- Rehab: more specialist staff working within the rehab units to deliver more specialised interventions and assessments, more psychological input
- Training and support for conditions: dissociative identity disorder, cognitive impairment, dual diagnosis,
- Case worker to do regular follow ups and have that person contactable by family. A structured care plan.
- To feel safe and gain reassurance of help upon discharge.
- Basic living skills: cooking, personal care, shopping, cleaning, taking medication, attending appointments.
- Integrated, co-ordinated support services.
- Support from my family, friends and a good staff team. Support so you don't feel alone because in hospital you have company and once you leave you are on your own.
- Easy to access transport.
- Independence.

"If you're with suicidal thoughts you don't want to be alone at home. A place in between hospital and home would have been good."

"A designated drop in centre - designated support worker which is open 24/7. Crisis doesn't make an appointment! It just happens!"

"Having a realistic plan of resettlement, not be dropped as soon as you're in the community. Ongoing independent support to help develop skills and confidence"

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7. Other engagement findings

Kirklees Mental Health Carers Forum – 8 October 2018
Folly Hall, Huddersfield

15 carers and 8 professionals were in attendance

The forum was asked to provide its views of what would ensure effective inpatient and community Mental Health Rehabilitation and Recovery Services for people with a primary diagnosis of psychosis. Other emerging themes from the focus group as follows:

INPATIENT SERVICES	**COMMUNITY SERVICES**
Freedom of choice and to be independent. Safe but not locked up environment. Professional involvement (SWYPFT). Access to Occupational Therapy. Seamless transition from inpatient to community. Access to a medic and physical health as well as mental health.	Caseload sizes need to be specific. GPs should be fully up to date with sharing information on SystmOne. Vocational support/work with employers to improve access to employment. Working with other agencies, e.g. housing associations. Good community information (database). More proactive work to reduce people disengaging. Navigation roles to signpost to other local services. Use of technology – information hub/helpline. House bound provision for when people have higher or longer term needs.

In summary the focus group thought that services should offer joined up care which is responsive, offers continuity of care and better crisis care.

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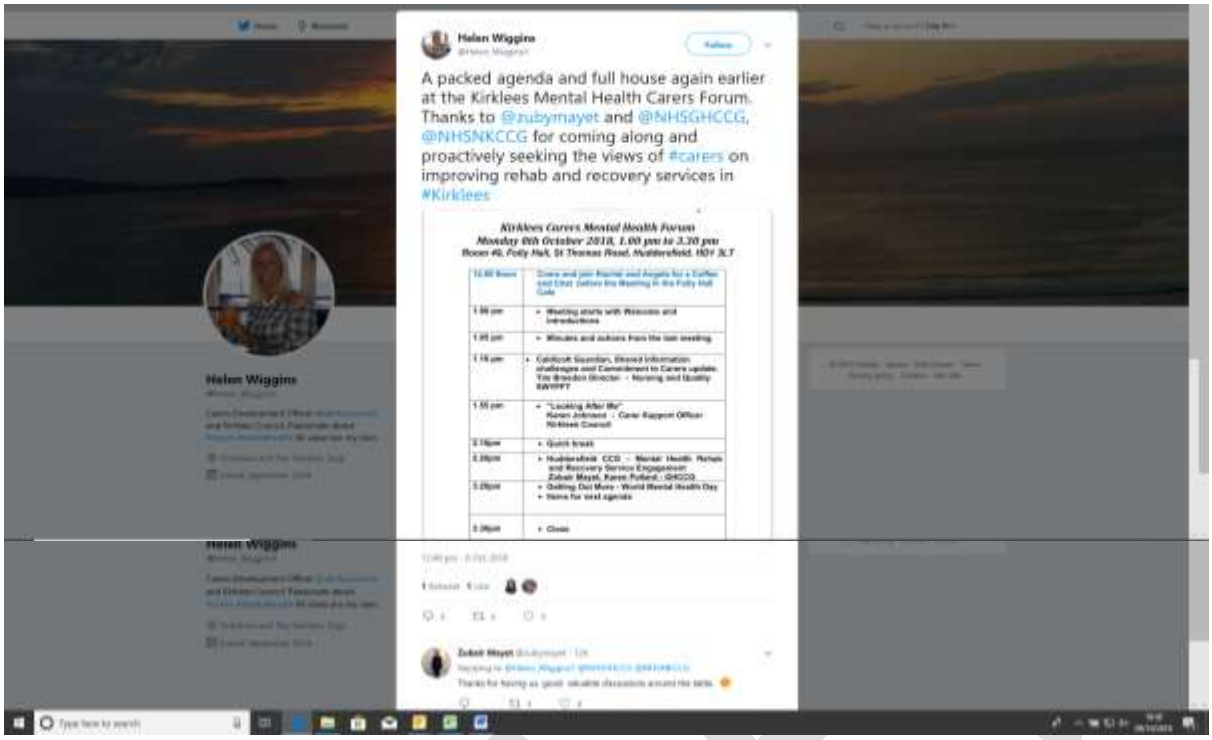
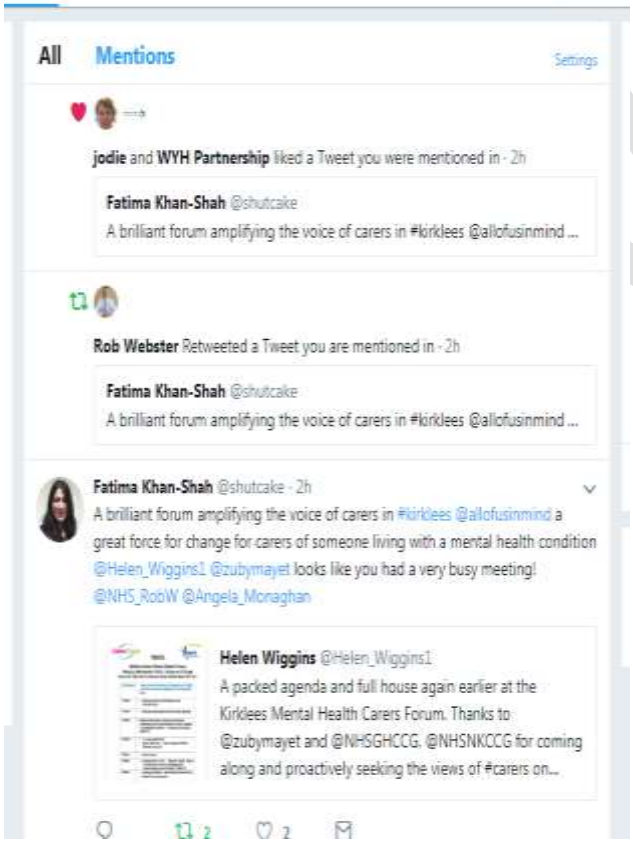
Twitter response to the Kirklees Mental Health Carers Forum engagement





St Anne's Community Services
Carers Options and Support Together (CoaST) – 9 October 2018
St Matthew's Centre, Dewsbury

14 people including service users, carers and staff

A brief overview of the engagement was provided. A discussion took place using the survey questions as prompts. Other emerging themes from the focus group as follows:

ACCOMMODATION Concern that in larger units patients do not get the same level of support. Ongoing care options when family can no longer support.	**PATIENT NEEDS** Concern about the use of term 'recovery' as some felt not all will recover and require long term support. Services that can meet a wide range of needs. Not including the patient at times and focus is on the carers opinion which causes frustration. Bring services to patients home.
SUPPORT GROUPS Without their support they wouldn't have been able to cope. Concern that they are time limited. Long waiting lists to access some. Health professionals need to be more aware of the range of support groups. Telephone support would be helpful.	**CARERS** Difficulty caring element, feel isolated, not fully supported by health and care professionals. Impacts on their own mental health. Worries about the level of care their loved one receives, if they can no longer provide it. Want to work but are unable to, due to no services being in place to look after their loved one.

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Provider Event - 6 November 2018
Hudawi Centre, Huddersfield

The following providers, many of which already provide services for Kirklees service users, attended the event:

- Community Links (VCS)
- Elysium Healthcare (Out of area/locked rehab)
- Gray Healthcare (Domicillary care)
- Home Group Ltd (Housing provider)
- Horton Housing Association (Housing provider)
- Inmind (Out of area/locked rehab)
- Ivy Cottage (Ackton) Ltd T/A: Ivy Care (Out of area/locked rehab)
- Lifeways (Domicillary care/Supported housing)
- South West Yorkshire Partnership NHS Foundation Trust (NHS mental health trust)
- Platform 1 (VCS)
- Priory Group (Out of area/locked rehab)
- Richmond Fellowship (Nursing home provision)
- Silvercloud Health Ltd (Online support)
- St Annes Community Services (Nursing home provision)
- Touchstone (Advocacy)**Key Themes**

a) What needs to be in place to make the rehab pathway flow?

- Improved communication (directory of services, network meetings, navigator role).
- A range of housing accommodation, including floating support.
- Sharing risk across organisations through joint care planning, multi-organisational working, including VCS and housing providers.
- Service user led.
- Support for moving through the pathway from all parts of the system.
- Out of area placements close to Kirklees as possible.
- Online options and safe social media use to support independence.
- Consistency of care and staffing.
- Homely setting, with outside space.
- Support to carers, peer support and good relationships with local services.
- Address the conflicting requirements of competition and co-operation.

b) What would a good rehab pathway and services look like in Kirklees? How do we know we have got there?

- Service users fully involved in their own rehabilitation, co-production of care plans.
- Good quality housing that is local for local people.
- Good assessment process.
- Identification of key principles and values that everyone can work towards.
- Work as a whole system (NHS, independent sector, VCS, housing, primary care, IAPT), and work with partners, e.g. Northern College, Huddersfield University and Kirklees College.
- Ensuring good quality training is available for use across organisations (pooled funding), partnership working – sharing expertise and knowledge.
- Telephone support 24 hours. Drop in access. Online options.
- Effective multi-organisational care planning.
- Services that look at the person as a whole, including physical needs.
- Raise the profile of the rehabilitation and recovery model.

c) How do we know we have achieved a good pathway?

- Service user and carer experience, personal stories. Individual outcome measures positive. Shared performance indicators.
- Fewer readmissions over time.

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- Discussed regulation and need to ensure that discussions take place – it may be necessary to meet in the middle in relation to some requirements.

d) Workforce – what skills are required of the people supporting our service users? What do we need to do to support staff? What are the challenges? What might be the solutions?

- All tables noted the national shortage of nursing staff and the difficulties in recruiting. Hospital services require nursing staff as part of their regulation. Other services could be nurse led, where appropriate. Need to know who is needed to do each piece of the jigsaw.
- Innovative and creative solutions in relation to recruitment
- Staff need to be compassionate, caring, smiling, have good values and be energetic and enthusiastic. They need to have empathy and understanding.
- Need to map staff skills required in each service area. Unqualified staff can take direction from qualified staff where appropriate, e.g. psychology in a hospital setting providing support and direction to staff. The same applies to Occupational Health workers.
- Good supervision and training required. Staff need to be valued at all levels.
- Good terms and conditions, recognition of the level that people need to work at.
- Sharing of training and mentoring across providers. Use of local training providers. Training requirements to be part of the commissioned service.

e) Partnership working – how do we involve everyone in the right way at the right time?

- Shared aims and values. Sign up to a partnership charter/ (MOU).
- Network organisation discussed – whole system approach – organisations and staff.
- Improve knowledge of the services available in locality. Online tools.
- Shared case management processes, including risk management.
- Coordination between services. Shared performance indicators.
- Co-production. Partnership with the person receiving services. Peer support
- Relationship that combines cooperation as well as competition.
- Find ways to manage individual organisation governance processes that could potentially slow down progress.

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8. Equality

To ensure the engagement process met the requirements for equality the CCG evidences that due regard has been paid to their equality duties.

Engagement activity was designed to ensure it was appropriate to reach the target audience, with materials adjusted to ensure accessibility where necessary. Care was taken to ensure that seldom-heard interests were engaged with and supported to participate.

All engagement activity had been equality monitored to assess the representativeness of the views gathered during the engagement process. The equality data captured during the engagement had been analysed. This analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps. Throughout the engagement a view will be taken to identify any underrepresentation where found, measures will be taken to address through the process.

The analysis considered if any groups had responded significantly differently to the engagement or whether any trends have emerged which need to be addressed in the implementation stage. This data will be part of the evidence to support the equality impact assessment process.

The data from the engagement activity will be combined with other data and research to develop the Equality Impact Assessment. This helps us to understand the potential impact of the proposals on different groups so that any negative impact can be considered and mitigated through the decision making process.

Where it is not possible to gather such data, such as complaints and social media the CCGs recorded any information provided.

The engagement process targeted protected groups and created accessible, other language and Easy Read copies of the engagement information and survey on request.

Target communities

As noted in Section 2, the Kirklees Health Needs Assessment found that the prevalence of psychotic disorder was higher in black men. It will be important to ensure that this is reflected in the engagement activity.

Otherwise the Health Needs Assessment did not find a significant difference in relation to the prevalence of psychotic disorder, either between women and men or in relation to other ethnic minority groups; however recognising that men are often underrepresented in engagement activity additional effort should be made to ensure their views are fully heard.

To take account of the future users of the service consideration has been given to national research. This has identified the following groups as most likely to experience significant mental health issues including psychosis:

- BME groups
- Younger people
- Socio-economic groups

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Findings from the Mental Health Rehabilitation and Recovery Consultation

There were 592 respondents to the Mental Health Rehabilitation and Recovery Consultation. The respondents to the survey have been compared to local population data, sourced from the 2011 Census. Areas of underrepresentation or overrepresentation where possible are highlighted. Not all respondents completed the equality monitoring form attached to the survey and some were partially completed.

Deprivation

It is important to note that Kirklees has areas of relatively high levels of deprivation which impact on health and wellbeing. Dewsbury, Batley, Huddersfield North and South had the highest proportion of people living in areas ranked as the worst deprived 20%. In Spen, the proportion of people living in areas ranked as the worst deprived 20% doubled from 2004 to 2010.

Poverty increases the risk of mental health problems and can be both a causal factor and a consequence of mental ill health. Mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live. Successfully supporting the mental health and wellbeing of people living in poverty, and reducing the number of people with mental health problems experiencing poverty, require engagement with this complexity. (Source:www.mentalhealth.org.uk).

Postcodes

Respondents by Postcodes In Kirklees	
HD1	14.8%
HD2	9.6%
HD3	10.6%
HD4	9.7%
HD5	8.1%
HD6	0.4%
HD7	3.8%
HD8	5.2%
HD9	6.3%
WF12	4.1%
WF13	4.1%
WF14	3.0%
WF15	0.6%
WF16	1.8%
WF17	5.5%
BD19	3.2%

Postcodes out of Area or Incomplete	
BD11	0.7%
BL9	0.3%
OL3	0.3%

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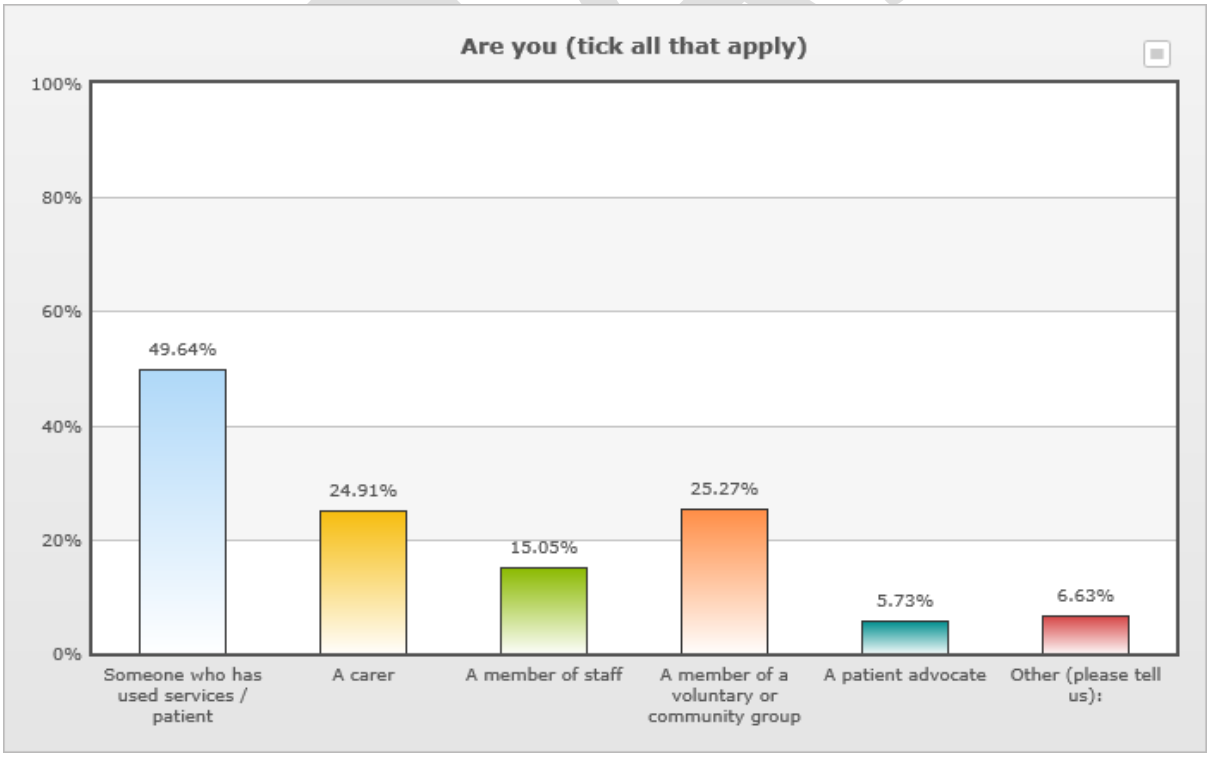
NG20	0.3%
LS25	0.5%
S43	0.3%
BD20	2.0%
BD22	0.6%
HX3	0.3%
W8	0.3%
HX1	1.1%
OL16	0.3%
WF1	0.7%
WF2	0.3%
N/A	0.3%
HX7	0.6%

Respondents

The aim of the engagement activity was to capture the views of patients, family and carers who have experience of the services, and those that may need the services and staff of the existing services and any key stakeholders to help inform the development of any proposals for future arrangements.

The graph below shows the relationship of the respondents to the Mental Health and Rehabilitation Recovery Service. Approximately half of the respondents who answered this question were users of the service, with another 25% being carers of service users and another 25% a member of a voluntary or community group (some respondents identified as belonging to more than one category).



Sex

Men are often underrepresented in engagement and consultation activity; however they make up 39% of the respondents, so their views have been represented and heard in terms of the feedback to the consultation.

Sex	Population %	Response %	Response Total
Female	50.4%	59.62%	313
Male	49.6%	39.05%	205
Prefer not to say		1.33%	7

Age

The survey only reached over 16s and 318 people responded to this question. The 16-29 age group are significantly under-represented in this survey and more responses could provide further insight into conditions commonly diagnosed in this age group, e.g. self-harm, eating disorders and psychosis.

The most common age when symptoms of psychosis first begin is 18-24 years old, but can vary dependent on individual circumstances with the majority of cases first occurring between ages 13-30. Males tend to have earlier onset than females by an average of one or two years.

Age Group	Kirklees Population (2011)	Survey	
		No.	%
16-29	18.5%	44	13.8%
30-44	20.6%	99	31.0%
45-64	25.3%	138	43.3%
65 and over	15.2%	37	11.6%

Religion

510 people answered this question. 35.69% of respondents identify as Christian compared with 53.44% of the Kirklees population. However, given the total number of Christian respondents, their views are well represented and heard in terms of feedback to the consultation. The largest group in the "other" category were Christians from a variety of denominations. All other religious and non-religious views are represented.

Religion	Population % 2011	Survey	
		No.	%
Buddhism	0.20%	4	0.78%
Christianity	53.44%	182	35.69%
Hinduism	0.37%	2	0.39%
Islam	14.51%	86	16.86%
Sikhism	0.79%	3	0.59%
No religion	23.87%	157	30.78%
Prefer not to say	6.48%	34	6.67%
Other	0.31%	41	8.04%
Judaism	0%	0	0%

Country of Birth

A total of 454 of the respondents answered this question. 87.7% of the respondents to the question, "which country were you born in?" were born in the UK and this compares with 89.2% of the Kirklees population. 4.2% of respondents stated they were born in Pakistan

and this compares with 3.77% of the Kirklees population. The remaining responses show a range of countries of origin and are too small in number to provide accurate analysis.

Country	Population %	Response %	Response total
United Kingdom	89.2%	87.7%	398
Pakistan	3.77%	4.2%	19
Prefer not to say	-	1.1%	5
Zimbabwe	0.18%	0.9%	4
Grenada	0.21%	0.7%	3
Jamaica	0.28%	0.7%	3
Germany	0.27%	0.7%	3
India	1.65%.	0.7%	3
Trinidad	0.21%	0.4%	2
Aruba	0.21%	0.4%	2

Ethnicity

A total of 517 respondents answered this question. 62.5% of the respondents identified themselves as White English, Welsh, Scottish and Northern Irish compared to the Kirklees population of 76.67%. Although there is a 14% disparity between the proportion of respondents who identify as White English, Welsh, Scottish and Northern Irish and the response sample, the sample is still large enough to be confident that their views have been represented in this survey.

Of the Asian/Asian British respondents, 12.6% were of Pakistani heritage, meaning the survey reached a representative sample of the local population.

Further analysis into the information provided by respondents identifying as Other White Background did not provide any meaningful trends.

Ethnic group/background	Population %	Response %	Response Total
Asian or Asian British			
Pakistani	9.9%	12.6%	68
Bangladeshi	0.17%	0.6%	3
Chinese	0.34%	-	0
Indian	4.92%	2.9%	15
Any other Asian background	0.71%	0.80%	4
Black or Black British			
African	0.56%	1.7%	9
Caribbean	1.10%	9.0%	47
Any other Black/African/Caribbean background	0.22%	0.4%	2
Mixed or Multiple Ethnic Groups			
White and Asian	0.64%	1.0%	5
White and Black African	0.15%	-	0
White and Black Caribbean	1.22%	2.7%	14
Any other Mixed/Multiple ethnic background	0.30%	0.4%	2

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White or White British			
English, Welsh, Scottish, Northern Irish, British	76.67%	62.5%	323
Irish	0.62%	0.6%	3
Gypsy or Irish Traveller	0.04%		0
Any other White Background	1.80%	1.5%	8
Arab	0.29%	0.2%	1
Other ethnic background	0.35%	1.2%	6
Prefer not to say		2.9%	15

Disability

There were 516 respondents to this question and disabled people were overrepresented in the survey.

Disabled*	Population % 2014	Survey	
		%	Response total
Yes			
Limited a lot	8.4%	33.14%	171
Limited a little	9.3%		

*from the 2011 Census – "are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last, at least 12 months?". (Limited a lot or a little).

Three quarters of the respondents stated that they have a mental health condition. This is entirely in line with the purpose of the survey.

Impairment Type	Response %	Response Total
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)	18.81%	63
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	6.57%	22
Mental health condition (such as depression or schizophrenia)	74.33%	249
Learning Disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	15.22%	51
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	19.70%	66
Prefer not to say	9.85%	33

Carers

Carers are over-represented in this survey.

Adult Carers	Population %	Survey	
		No	%
Yes	19%	183	36.24%

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Pregnancy and Maternity

There were only a small number of responses from women who were pregnant or had given birth in the last six months. This group could have had insight into conditions such as postnatal depression and post-partum psychosis and greater numbers would have provided greater insight into the impact of changes to mental health services.

Are you pregnant?		
Answer Choice	**Response %**	**Response Total**
Yes	1.96%	10

Have you given birth in the last 6 months?		
Answer Choice	**Response %**	**Response Total**
Yes	0.98%	5

Lesbian, Gay, Bisexual and Transgender

Accurate data is currently not available for these groups, as it is not part of the census collection. The Office of National Statistics (ONS) estimated that approximately 1.5% of the UK population are Gay, Lesbian or Bisexual in 2011-12.

Transgender and Trans* are umbrella terms for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65000 (Johnson, 2011p.7) whilst another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

Evidence suggests people identifying as LGBT are at higher risk of experiencing poor mental health.

Members of the LGBT community are more likely to experience a range of mental health problems such as depression, suicidal thoughts, self-harm and alcohol and substance misuse.

The higher prevalence of mental ill health among members of the LGBT community can be attributed to a range of factors such as discrimination, isolation and homophobia. This can lead to members of the LGBT community feeling dissatisfied with health services, with mental health services most often perceived to be discriminatory, (Source: www.mentalhealth.org.uk).

Sexual Orientation	**Response %**	**Response Total**
Bisexual (both sexes)	2.91%	15
Gay (same sex)	1.94%	10
Heterosexual/straight (opposite sex)	78.83%	406
Lesbian (same sex)	1.17%	6
Other	0.39%	2
Prefer not to say	14.76%	76

Is your gender identity the same as the sex you were assigned at birth?	**Response %**	**Response Total**

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Yes	92.68%	481
No (*Trans)	3.28%	17
Prefer not to say	4.05%	21

This question may be reviewed in the future, as there has been feedback that it is confusing for some people. The response rate to this question of 3.28% is higher than might be expected and therefore should be treated with caution.

Responses by equality groups

To demonstrate the difference in views by equality groups, each question has been analysed and where significant differences have emerged they are detailed.
Normally only those groups where there are sufficient respondents to be able to identify a trend are detailed. However, there were also respondents with direct experience of receiving the service e.g. have used the service or cared for someone who has used it. Analysis has also focussed on these groups as they are most impacted by change. For comparison, where appropriate, the analysis of all respondents is included.

Q2a. Please tell us what good accommodation for people with complex mental health needs could look like? (think about the location, how you would be able to use the service, what it would offer and who might work there).

There were 494 responses to this question and 19.3% of those who responded stated that the location of the accommodation was an important factor in what good accommodation for people with complex mental health needs looks like. The most common words and phrases used by respondents are given in the table below.

What does good accommodation look like? All respondents	
Location	19.3%
Staff	13.6%
Accommodation preference	9.3%
Supportive caring staff	5.6%
Access to transport	5.6%
Safe	4.7%
Garden	4.7%
Activities	4.0%
Socialising	3.3%
Accessible building	3.1%
Family and carer support	2.2%

Quotes from disabled service users

- Wheelchair accessible throughout - communal gardens with flowers and trees both for the ecosystem and for the well-being of the tenants - to aid in keeping the surrounding air clear of pollution from traffic. Somewhere the tenants can sit and enjoy the garden and each other's company.
- Disability friendly. Safe, secure, professional staff, Clear signpost accessible
- Accommodation with better access for mobility scooters and car users with wide paths for easy access. Ensuite with a wet room. Staff should be kind and caring. You should provide consultants that people can talk to and who will listen. In patient service should be accessible

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Quotes from BME service users

- No more language barriers - Interpreters more accessible
- Experienced staff including bilingual who understand religious/cultural needs. Staff who know as much as they need about person
- Awareness in local areas communities, mosques, local organisations. Bilingual support, local mosque leaders, Shop business owners
- Fun sport clubs for Asian people - Pakistani and Indian, bilingual educational workshops to engage people to learn in fun environments

Quotes from male and female service users

- Separate male and female facilities
- A friendly homely atmosphere
- Separation of female and male room areas for safety
- Same sex areas and relaxed communal spaces that are more homely than hospitals

Young service users' comments

- age appropriate - 18-35 year, 35 year upwards etc.
- Children need access to early intervention as do adults, short waiting times for talking therapies

Q2b. Please tell us what other things we should consider if we want to provide accommodation?

Equality-related responses to this question are given below.

Quotes relating to the religion and belief of service users

- catering for different dietary requirements e.g. Halal, vegetarian, vegan
- religious needs should be a priority as this could otherwise confuse matters for patients. Staff should be made aware of these.
- essentially safe space, quiet space, meditative space. Spiritual or prayer space should also be provided. In the West we are far too dismissive of the spiritual aspect of an individual's wellbeing - whatever a person's culture or religion, they should have the opportunity to practice and / or discover the spiritual aspects of their identity if they so wish.
- the accommodation would have to offer contact with religious and cultural services, specialist voluntary groups etc. Whilst maintaining safety at all times, the accommodation should NOT be a no-go area
- a shared faith room (similar to what hospitals provide) for prayer, contemplation, talk with religious leaders
- support to access faith related activities if required as well as work opportunities and leisure pursuits.
- religious support and environment
- staff to be aware of religion and belief
- more respite available on a regular basis as my husband's needs are very demanding and I could do with a break for a few days. Once every few months for a couple of days as we are Muslim and would need support with our culture in mind and someone who can speak our language

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- facilities to wash for worship
- the services need to actively seek to ensure the workforce reflects the local communities in terms of ethnic diversity as this is where strength and understanding lies
- Quiet room to read Bible/Koran etc.

Quotes relating to disabled service users' needs

- accommodation should be accessible as many SUs have physical disabilities and conditions, this means adapted bathrooms, bariatric equipment and furniture
- home with disabled toilets with adult changing bed and all the necessary equipment. Fully automatic dryers, flush, taps, bins.
- services should really look at alternative viewpoints regarding mental health and employ more natural support mechanisms instead of a chemical straitjacket.
- people should be treated as individuals, this is particularly relevant to dual diagnosis which has got caught in a loop, when services should be person centred and bespoke.

Quotes relating men and women's needs

- more beds in supported accommodation where women are safe and can move out of area because some people don't want to be reminded of their past
- separate hospital for women so they can recover without the pressure of sharing accommodation with males (especially when suffered sexual abuse/trauma)
- people preferences and culture should be taken into consideration i.e. Male and female wards and living areas. People would be treated as individuals and not one size fits all. i.e. grownups shouldn't all have to go to bed at same time.

Q3a. Please tell us about the support you receive now. (Tick yes to all that apply. If you want to tell us more please do).

	Yes White/White British	Yes Asian/Asian British	Yes Black/Black British
Support from family and friends	86.6% (136)	85.7% (30)	78.9% (4)
Support from my GP	83.6% (122)	82.9% (29)	88.9% (2)
Support from my pharmacist	64.5% (78)	74.1% (20)	60.0% (9)
Support from mental health professionals	80.0% (112)	61.8% (21)	82.4% (14)
Support from a social worker	43.4% (53)	31.0% (9)	69.2% (9)
Voluntary and community group support	70.1% (94)	54.5% (18)	60.0% (9)
Peer support – support from people who are in similar situations	80.7% (109)	37% (10)	64.3% (9)
Information leaflets	59.8% (64)	42.9% (12)	69.2% (9)

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Website	44.4% (44)	26.9% (7)	53.8% (7)
Supported accommodation	23.1% (21)	24.0% (6)	57.1% (8)
Other	34.4% (11)	20.0% (2)	66.7% (4)

Significant differences in the support received by White/White British, Asian/Asian British and Black/Black British service users were identified by the survey, although these results should be treated with caution due to the relatively small number of Asian and Black respondents.

Although all three groups received a high level of support from family and friends, Asian/Asian British service users also receive significantly more support from their pharmacist than White/White British and Black/Black British service users. Asian/Asian British service users also reported receiving less support from mental health professionals and low levels of support from peers in similar situations. They also do not use websites for support as much as White/White British and Black/Black British service users.

Black/Black British service users receive more support from social workers and through supported accommodation than White/White British and Asian/Asian British service users, although low numbers of responses from this group mean the results should be treated with caution. They are also more likely to use websites for support.

White/White British service users receive significantly more support from peers than Asian/Asian British and Black/Black British service users.

	Yes/Women	**Yes/Men**
Support from family and friends	85.2% (109)	85.7% (90)
Support from my GP	82.4% (98)	86.3% (88)
Support from my pharmacist	60.4% (58)	74.1% (63)
Support from mental health professionals	71.9% (82)	84.7% (83)
Support from a social worker	39.2% (38)	46.3% (38)
Voluntary and community group support	64.8% (68)	69.6% (64)
Peer support – support from people who are in similar situations	68.0% (70)	76.4% (68)
Information leaflets	50.6% (44)	65.3% (49)
Website	38.6% (34)	53.1% (34)
Supported accommodation	22.8% (18)	37.9% (25)
Other	27.8% (10)	55.6% (10)

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Differences in support received from services between men and women were identified. Whilst both women and men receive high levels of support from family and friends, men stated they receive more support from their pharmacist and mental health professionals than women, and also derive more support from their peers, from information leaflets and through supported accommodation.

Q3b. Please tell us more about the support you have received

Quotes from carers

- We try to have limited involvement from CMHT as they have not been particularly helpful and we try to manage things ourselves. There has been a real lack of seeing the service user as part of a family system and a lack of recognition about what support the family may need to be able to support the person at home. When my husband was discharged from hospital he was not able to cope with having a young child at home but we had nowhere else for him to go - this slowed down his recovery. It would have been better for him to go to a rehab environment to recover but with regular contact with us and he would have recovered more quickly.
- Mental health services did not always involve me as a carer or recognise that I know my husband's health better than they do
- There is no support in the community for carers or people with mental health illness until they become in the CMHT world as "critical". The Mental Health providers are very reluctant to believe that someone is struggling and "sign them off" as not having any problems. The Mental Health team have in the past informed me that it is "normal" for someone to self-harm and there is no threat of suicide.
- as a carer I was directed to a local charity as the medical professionals identified that I needed the support of a counsellor and the waiting time via the NHS was too long. Whilst this was appreciated and initially helped they didn't really understand what the actual situation was as it was not part of the hospital. I felt that I had to pay privately to help me deal with the situation. Luckily I was able to do that but many people would not have that option.
- carer support is extremely important, the carer is the back bone of the support system
- I get carers support from Pathways, Mirfield, this keeps me going when I am struggling
- as carer for my wife it is always nice to be asked from time to time by her CPN how I am coping.

Q3c. Can you tell us what you think already works well in the community?

Quotes

- Projects such as Andy's man shed etc, however it is often difficult to get a person there. Support to make the first steps would be vital
- My local surgery at Ravensthorpe is already a good support with dementia sufferers
- Raabani Matriach Support. My wife used this service and she felt better. She had the confidence to leave the house and attend these sessions.

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Q3d. What do you think makes a good community service? Please tick all that apply.

170 service users responded to this question.

	White/White British	Asian/Asian British	Black/Black British
Services that are closer to home	80.59% (137)	94.74% (36)	90.48% (19)
Having a clear pathway to recovery and having clear goals	78.24% (133)	89.47% (34)	80.95% (17)
Community Team member (e.g. care co-ordinator)	75.29% (128)	86.84% (33)	90.48% (19)
Occupational therapy	55.88% (95)	60.53% (23)	71.43% (15)
Psychology support	74.71% (127)	73.68% (28)	85.71% (18)
Peer support and support from people who have used mental health services	80.59% (137)	76.32% (29)	85.71% (18)
Feeling safe where I live	90% (153)	92.11% (35)	85.71% (18)
A caseworker to develop a care plan	70% (119)	81.58% (31)	90.48% (19)
Having family and carers involved in care plan development	68.82% (117)	60.53% (34)	80.95% (17)
Access to services when my mental health gets worse	88.82% 151	89.47% (34)	71.43% (15)
Having the right support at home	78.24% (133)	86.84% (33)	90.48% (19)
Having independent advocacy support	64.12% (109)	73.68% (28)	80.95% (17)

White, Asian and Black service users all said that having services that are closer to home was very important to them, especially for Asian service users. Black service users also particularly value having the right support at home Asian service users did not value having family and carers involved in care plan development as much as White and Black service users and White service users found occupational therapy less valuable as part of what makes a good community service than Asian and Black service users.

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	Women	Men
Services that are closer to home	82.61% (114)	85.22% (98)
Having a clear pathway to recovery and having clear goals	76.81% (106)	80.87% (93)
Community Team member (e.g. care co-ordinator)	78.99% (109)	71.30% (82)
Occupational therapy	60.87% (84)	53.04% (61)
Psychology support	81.16% (112)	66.96% (77)
Peer support and support from people who have used mental health services	81.16% 112	74.78% (86)
Feeling safe where I live	86.23% (119)	91.30% (105)
A caseworker to develop a care plan	77.54% (107)	68.70% (79)
Having family and carers involved in care plan development	65.94% (91)	66.09% (76)
Access to services when my mental health gets worse	89.13% 123	81.74% (94)
Having the right support at home	71.07% (98)	74.78% (86)
Having independent advocacy support	71.01% (98)	60.00% (69)

Men stated that having a clear pathway to recovery and having clear goals makes a good community service, whilst women value psychology support.

3e. What else would make a good community service?

Quotes

- More bilingual mental health support workers needed
- I am disabled. I would like to attend community groups but have to have a carer to take me so I cannot go as often as I would like to go

4a. Is there anything about mental health rehabilitation and recovery that could be improved now?

Quotes

- Nothing is working well - just people surviving until next appointment which in some cases can be six months apart. I have witnessed many desperate Asian women being turned away as they don't have culturally appropriate service to offer. I have worked as an interpreter
- am not aware of what support there is in the community for people with mental health especially for those in the South Asian community.

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4b. Is there anything else that you would like to tell us about mental health that we have not asked about, but you want us to consider?

Quotes

- there is a need for more specialist services looking at sexual violence
- there is no provision for children for children or adults with FASD/ADHD/ARND

5a. Please tell us where you receive Rehabilitation and Recovery Services and who supports you?

Of those service users who responded to this question, the organisations they most commonly stated they receive support from are given in the table below. Service users have detailed more than one service if this was applicable.

Service User Support	
St Anne's	9.3%
Platform One	9.3%
Support groups	8.4%
Family	7.5%
S2R	3.7%
Richmond Fellowship	3.7%

5b. Please tell us if you receive services in Kirklees or out of Kirklees.

Men			
	Receive services in Kirklees	**Receive Services Outside of Kirklees**	**Total**
Care co-ordinator	26	4	30
Specialist team	10	5	15
Other	46	3	49
Total	82	12	94

Women			
	Receive services in Kirklees	**Receive Services Outside of Kirklees**	**Total**
Care co-ordinator	26	4	30
Specialist team	10	5	15
Other	46	3	49
Total	82	12	94

The same percentage of both men and women receive mental health services outside of Kirklees.

Age 26-35			
	Receive services in Kirklees	**Receive Services Outside of Kirklees**	**Total**

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Care co-ordinator	11	3	14
Specialist team	5	3	8
Other	15	3	18
Total	31	9 (36%)	40

36% of service users who responded to this question and receive services outside of Kirklees are between the ages of 26-35.

Age 36-45			
	Receive services in Kirklees	**Receive Services Outside of Kirklees**	**Total**
Care co-ordinator	9	1	10
Specialist team	5	1	6
Other	15	2	17
Total	29	4 (16%)	33

16% of service users who responded to this question and receive services outside of Kirklees are between the ages of 36-45.

Age 46-55			
	Receive services in Kirklees	**Receive Services Outside of Kirklees**	**Total**
Care co-ordinator	19	3	22
Specialist team	6	2	8
Other	9	2	11
Total	34	7 (28%)	41

28% of service users who responded to this question and receive services outside of Kirklees are between the ages of 46-55.

Age 56-65			
	Receive services in Kirklees	**Receive Services Outside of Kirklees**	**Total**
Care co-ordinator	7	1	8
Specialist team	7	2	9
Other	21	2	23
Total	35	5 (20%)	40

20% of service users who responded to this question and receive services outside of Kirklees are between the ages of 56-65.

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5c. If you receive services out of Kirklees, what would help you move back to Kirklees?

Quotes

- The same type of support as is being provided out of area - not currently available within Kirklees (residential personality disorder unit)

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9. Key findings from engagement and equality

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.

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- 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 form 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".

10. How the findings will be used and next steps

The next steps for the CCG will be to consider all the views and feedback along with the EQIA to inform the development of options on the future arrangements for services. The engagement report will be received and considered by the CCGs and stakeholders. The report will be received through CCG governance and once considered a decision will be made on the next steps.

The sample was representative for most groups, but to ensure the engagement is fully representative, further engagement should be undertake to gain insight into the views of young people aged 16-29, service users who are pregnant or who have given birth in the last six months and service users who identify as White Other.

The findings will be shared at the Health and Scrutiny Panel in December.

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APPENDIX

Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Mental Health Rehabilitation and Recovery
Engagement, Communication and Equality Plan

DRAFT

Version	Change	Title	Status/date
V1	Zubair Mayet	Engagement Manager	Draft 26/6/18
V2	Sarah Mackenzie-Cooper	Equality & Diversity Manager	Draft 27/6/18
V3	Zubair Mayet	Engagement Manager	Draft-28/6/18
V3	Karen Pollard	Mental Health Transformation Programme Manager	Draft-28/6/18
V4	Zubair Mayet	Engagement Manager	Draft 2/7/18
V5	Toni Smith Karen Pollard Stephanie Twomey Zubair Mayet	Head of Continuing Care Mental Health Transformation Programme Manager Mental Health Commissioning Manager Engagement Manager	Draft 4/7/18
V6	Toni Smith Karen Pollard Zubair Mayet	Head of Continuing Care Mental Health Transformation Programme Manager Engagement Manager	Draft 6/7/18
V6		To OSC for comment Final	Draft 9/7/18 12/7/18

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1. Introduction

1.1 North Kirklees Clinical Commissioning Group (CCG), Greater Huddersfield 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 Services[2] (the Guidance). The purpose of the engagement plan is to describe a process which will help the CCGs and the Local Authority to engage with patients, family and carers and staff on NHS commissioned services for people who have a serious mental illness that includes a primary diagnosis of psychosis, including people with a dual diagnosis. Our aim is to engage with service users, carers and staff to identify, not just how we can improve and develop the services in line with the Guidance, but how we can achieve greater integration of service provision overall.

This plan describes the background to the existing services, the legislation relating to any service change that the CCGs must work to and an overview of what we already know about the services from patients, carers, staff and other sources.

The plan describes how the CCGs will engage with the above population and any other identified stakeholders. The purpose of the plan is to provide information on the approach to engagement with patients and key stakeholders.

2. Background

2.1 Both Greater Huddersfield and North Kirklees CCGs commenced a review of mental health provision following the publication of new national guidance. The review highlighted a number of gaps in provision and areas where improvements could be made.

It was identified that current provision to support rehabilitation and recovery in mental health could be improved and enhanced. The plan describes the engagement required to support a future service model and ensure that the services provided in the future meet the needs of the local population.

The CCGs in partnership with the Local Authority would like to commence engagement on:

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

The engagement will focus on the re-provision of a facility that would include a bed base and supported living accommodation with an enhanced community service model.

The CCGs, Local Authority and current providers will work together to reach a wide range of stakeholders to ensure a future service model considers a range of stakeholder views including those who currently use or may need to use a future service. The plan describes the engagement, communication and equality considerations required to ensure this takes place. More information on current provision can be found in appendix 1.

[2] https://www.jcpmh.info/wp-content/uploads/jcpmh-rehab-guide.pdf

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At the present time people in the community who require rehabilitation services are supported by the generic Community Mental Health teams. In addition, many of these people will have had multiple acute inpatient and Psychiatric Intensive Care Unit PICU admissions during 2017. Wider participation in rehabilitation and recovery services is therefore required.

Of the people receiving inpatient rehabilitation services, there are currently 20 people receiving services in the SWYPFT inpatient rehabilitation service at Enfield Down; however a significant proportion of these people require long term complex care, rather than rehabilitation services. In addition there are 43 people who are receiving services in out of area locked rehabilitation placements.

3. Legislation

3.1 NHS Greater Huddersfield and North Kirklees Clinical Commissioning Groups (CCG) commission (buy) local NHS services on behalf of the local population. This means that any plans to change the way a service is provided or delivered is subject to the legislation the CCG must follow. The legislation is set out below:

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

NHS Act 2006

The NHS Act 2006 defines the statutory responsibilities of the CCGs in regard to the parameters for delivering care including accommodation.

Mental Health Action 1983 (updated 2007)

The Mental Health Act and Code of Practice define what is required of providers when carrying out functions under the Mental Health Act, including statutory guidance for

registered medical practitioners and other professionals in relation to the medical treatment of patients suffering from mental disorder.

The Mental Health Act and Code of Practice also set out the roles and responsibilities of the Local Authority and the CCG in arranging Section 117 after care.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement and consultation activity and in the review as a whole.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- *In the planning of healthcare services*
- *The development and consideration of proposals for changes in the way those services are provided, and*
- *In the decisions to be made affecting the operation of those services.*

4 Principles for Engagement

4.1 In addition to the legislation each CCG has a 'Patient Engagement and Experience or Communication Strategy'. The strategy for each organisation has been developed with the agreement of key stakeholders. Each strategy sets out the approach to engagement, including what the public can expect when any engagement activity is being delivered. The principles for engagement set out in the strategy for Greater Huddersfield CCGs will;

- Ensure that we engage with our public, patients and carers early enough throughout any process.
- Be inclusive in our engagement activity and consider the needs of our local population.
- Ensure that engagement is based on the right information and good communication so people feel fully informed.
- Ensure that we are transparent in our dealings with the public and discuss things openly and honestly.
- Provide a platform for people to influence our thinking and challenge our decisions.
- Ensure that any engagement activity is proportionate to the issue and that we provide feedback to those who have been involved in that activity.

The communication and engagement principles for North Kirklees CCG are:

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- to work in partnership with other agencies, stakeholders, patients, carers and patient representatives
- to ensure that communications and engagement activities are accessible to all audiences
- to be open, honest, consistent, clear and accountable
- to create innovative ways for people to engage and communicate with us
- to create communications and engagement activities that are well planned, high quality, happen at the right time and are carefully targeted
- to have a two-way communication and engagement process with the third sector
- To train and develop our members so they have the skills to develop our communication and engagement – it is everyone's responsibility.

The strategies set out what the public can reasonably expect each CCG to do as part of any engagement activity. This process needs to preserve these principles to ensure public expectations are met.

5 What engagement has already taken place?

SWYPFT undertook engagement during 2017 in relation to the changes at Enfield Down and the introduction of a community rehabilitation and recovery service. Detailed below is an extract from the engagement report, identifying the conclusions and key findings:

- Discussions took place with 20 Enfield Down service users. A significant number of service users interviewed were quite unwell and not fully able to undertake in neither understanding nor being able to fully answer the questions using the questionnaire. Only 8 responses were received from family /carers and 2 staff care responses.

- All responses indicated that services like Enfield Down are a necessary part of the recovery pathway. Service users are aware they have a Recovery Plan at Enfield Down that gives their lives structure and focus and that staff play a positive role in helping and supporting them as they progress through their recovery pathway.

- All responses recognised that having compassion, understanding, a caring, empathetic nature, patience and being a good listener are the overriding skills that a person needs to work in Mental Health.

- The question which should be asked is ED fulfilling its purpose as a rehabilitation and recovery service bearing in mind the length of stay / residency of some of its service users varying between almost 16 years, 6 years, 3 years and between 2 ½ to 2 years. It is imperative that we understand service users at Enfield Down have varying degrees of complex mental health needs, that these individuals are very much unwell and are unable to live out in the community without the 24 hour bed base support and care provided by Enfield Down and its staff.

- The majority of staff considered that there should be a purpose built bed base for services users with long term complex mental health needs within Huddersfield as they feel these individuals would not be able to live on their own within their own homes or in the community. Not having 24 hour care from trained and skilled staff would potentially lead to service user having a

DRAFT

relapse. Not taking their medication on time, not looking after their personal hygiene.

Key Findings

- Service users are aware they are at Enfield Down for rehabilitation, to improve their Independent Living Skills and progress towards moving back into the community

- Service users feel that staff play a significant role in supporting them and helping them develop their skills through setting goals in their Recovery Plans.

- Although some people are aware of the need for professional qualifications, service users and family members believe the key attributes a person must have to work in mental health services are: Compassion, be caring, understanding, empathetic, patient and a good listener.

- Care in the community should involve having a Mental Health Recovery Hub that affords 24/7 access to service users who need it.

- Having a 'safe' place for service users to meet with a member of staff for 1:1 assessments has been mentioned by service users, family/carer and staff.

6 Aim and objectives of the engagement activity

6.1 The aim of the engagement activity will be to capture the views of patients, family and carers who have experience of the services, and those that may need the services and staff of the existing services and any key stakeholders to help inform the development of any proposals for future arrangements. The target audience for engagement will be:

- Patients of mental health rehabilitation and recovery services in Kirklees or funded by Kirklees
- Staff and health care professionals within services
- Other stakeholders as determined

The aim of the engagement is to initiate a genuine and meaningful process to ensure the CCGs can reach, inform, communicate and engage patients, family and carers, staff and key stakeholders. In delivering this aim the objectives will be:

- To complete the engagement in a 7 week period.
- To communicate clearly and simply the engagement using various methods and approaches, designing our materials to meet the needs of the audience.
- To provide an explanation of the reason for the engagement.
- To gather feedback using a variety of appropriate mechanisms including face to face contact and discussions, electronic and paper surveys.
- To ensure the CCGs engage with those patients who represent protected groups, as defined by the Equality Act 2010, in a meaningful way, appropriate to their needs.

DRAFT

- To understand who is most likely to be impacted by the plans, utilising the equality impact assessment and ensure that these groups are particularly targeted.
- To analyse the feedback from the engagement process and use this to further enhance the equality impact assessment.
- To provide a report of findings on the engagement and ensure enough time is given to consider those findings.
- To provide clear and meaningful feedback to patients and key stakeholders on the findings of the engagement process.
- To ensure we can demonstrate that the views expressed have been considered as part of the decision making process to develop any options that may result in service change.

7 Engagement

The engagement will be delivered over a 7 week period commencing 28 August 2018. The engagement activities that will take place during the engagement are set out below. The activities will be delivered by current service providers and commissioners to ensure the engagement reaches current service users, potential services users and those who represent protected groups as identified by the Equality Act 2010.

7.1 What do we plan to do?

A survey will be developed to use to gather views of the different stakeholders this sets out the background to the services and the potential proposals for change. The survey includes an equality monitoring form and returns will be monitored to ensure we reach a representative sample of the services users and others and where this is not the case further work will be undertaken to reach any gaps.

7.2 Engagement activities:

Engaging service users

Service users who use both local and out of area services will be asked questions as part of a one to one interview. The questions can be asked using three approaches;

- As a discovery interview
- As a case study, or
- As a questionnaire

The engagement lead will need to ensure that the service user is comfortable with the approach, the method of engagement and the situation in which the engagement is conducted. It may not be appropriate to use a focus group approach although this could be added as an additional method for identifying common themes. In addition advocacy support may be required to enable full participation.

Engaging carers and families

Families and carers will be contacted through carer networks and/ or the current service. The methods that will be used will consist of a combination of;

- Surveys sent by post with a letter (including online options)
- Telephone interviews
- Face to face interviews
- Surveys collected from the service

DRAFT

Engagement with voluntary and community groups Community Voices (assets) and other groups representing the geographical area of North Kirklees will be identified. Groups will be deployed and/or supported to ensure that we reach a wide and diverse population including those seldom heard.

Community Voices are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. This will be through focus group work, face to face conversations and other innovative methods. These conversations will be led in a variety of approaches to provide intelligence to support our approach.

For other groups not covered by Community Voices who have links to the population of North Kirklees, they will be supported by engagement staff.

Copies of the survey will be sent to voluntary and community groups who have an interest in mental health to promote with their members.

Engaging staff and providers
In order to gather the views of staff and service providers there will be an option to complete either online or paper copy. Staff will be asked the same questions as service users, families and carers. A freepost return option will also be available for staff.
Staff will be made aware of the engagement activity via internal websites, newsletters and briefings.

A Provider Engagement Event will be advertised on NHS Contract Finder. The focus for the event will be on pathways, protocols and specification development. There will be presentations outlining the good practice guidance and the current and proposed service models. Following the presentations there will be workshop style discussions in relation to integrated working, equality issues as well as specific areas of specification development that need to be addressed.

The findings from the provider event, together with the service user engagement will inform the service development work both in relation to the services in scope for the project and the services, not in scope, but which currently support and will continue to support the mental health rehabilitation and recovery service model.

The engagement will be promoted on the CCGs, Local Authority SWYPFT and providers and stakeholder websites. This will include information about the engagement and its background and links to the online survey.

7.3 Communications

Target audiences
Existing communication channels will be utilised to reach key stakeholders and ensure any information on the engagement and opportunities to provide views and comments are promoted. The CCG will;

- Work with communications colleagues to develop a media release and other communications tools to let people know how we intend to engage with

DRAFT

stakeholders. Build messaging about our approach to engagement into on-going media.

- Supporting the production and distribution of any engagement materials including any supporting Q&A documents.

We have identified the key target audiences below and the main mechanisms that will be used to reach them during the engagement period.

Target Audience	Delivery Method
People who use services, carers and families	Raise awareness of the engagement through: • Community Voices • Membership forums • Third Sector networks • Patient groups • Carers groups • Providers including housing providers
OSC/Health and Well-being board	Meetings/briefings
Provider/Staff	• Survey • Internal bulletins • Staff Intranets • Cascades at meetings through managers. • Provider Event
Healthwatch	Email and personal discussions
Elected members / Councillors	Information to be circulated electronically – as requested
Local Professional Committees	Information to be circulated electronically Further information/meetings as requested
Media	Reactive/proactive content developed if required
Member practices	Utilise practice manager forums Member networks
Other stakeholders	Information provided to any other stakeholders who may have an interest or need to know about the engagement including information on how to respond

Communication resources

The CCG will produce a range of communication materials to support the engagement process as indicated below.

- Engagement plan and survey. The CCG will encourage the use of material provided online however these items will also be made available to the public/stakeholders in a printed format
- Accessible, easy read and translated material will be available on request.
- There will also be a contact telephone/text number for people who want to find out more about the engagement

DRAFT

Communications mechanisms

- **CCGs website** will contain information about the engagement as above
- **Social Media**: The CCGs will promote the engagement via Twitter or Facebook
- **Leaflets/posters p**romoting the engagement and any activities to be made available in services.
- **Key messages:** key messages will be included in any engagement material. These will be consistent, clear and easy for people to understand and support their involvement in the process.
- **Engagement documents:** to include:

  - What the engagement is about in a clear simple way
  - How to give views and the deadline for submitting responses
  - Survey
  - Equality monitoring
  - How to access alternative versions
  - How the CCGs will be using these findings/views and any next steps

8 Equality

8.1 To ensure the engagement process meets the requirements for equality the CCG will need to evidence that due regard has been paid to their equality duties.

Engagement activity should be designed to ensure it is appropriate to the reach the target audience, with materials adjusted to ensure accessibility where necessary. Care should be taken to ensure that seldom-heard interests are engaged with and supported to participate.

All engagement activity will be equality monitored to assess the representativeness of the views gathered during the engagement process. The equality data captured during the engagement will be analysed. This analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps. Throughout the engagement a view will be taken to identify any underrepresentation where found, measures will be taken to address through the process.
Once complete the analysis will consider if any groups have responded significantly differently to the engagement or whether any trends have emerged which need to be addressed in the implementation stage. This data will be part of the evidence to support the equality impact assessment process.

The data from the engagement activity will be combined with other data and research to develop the Equality Impact Assessment. This helps us to understand the potential impact of the proposals on different groups so that any negative impact can be considered and mitigated through the decision making process.

Where it is not possible to gather such data, such as complaints and social media the CCGs will record any information provided.

DRAFT

The engagement process will target protected groups and create accessible, other language and Easy Read copies of the engagement information and survey on request.

Target communities

As noted in Section 2, the Kirklees Health Needs Assessment found that the prevalence of psychotic disorder was higher in black men. It will be important to ensure that this is reflected in the engagement activity.

Otherwise the Health Needs Assessment did not find a significant difference in relation to the prevalence of psychotic disorder, either between women and men or in relation to other ethnic minority groups; however recognising that men are often underrepresented in engagement activity additional effort should be made to ensure their views are fully heard.

To take account of the future users of the service consideration has been given to national research. This has identified the following groups as most likely to experience significant mental health issues including psychosis:

- BME groups
- Younger people
- Socio-economic groups

9 Non pay budget required

Engagement Budget	
Item	**Estimated Cost**
Community Voices undertaking engagement	TBC
Provider Event	TBC
Interpreters	TBC
Advocacy	TBC
Engagement documents (Printing cost)	In house
Accessible formats – language, large print, Braille and Easy Read	On request TBC
Maximum total budget required	**TBC**

10 High level time line for the delivery of engagement

What	By When
Engagement stage covered by this plan	
Preparation and planning for engagement and EQIA	17 August 2018
Engagement to start (8 weeks)	28 August 2018
Engagement to end	23 October 2018

DRAFT

Analysis and report including equality data	5 November 2018
Engagement considered in the development of any future proposals and EQIA	November 2018

11 How the findings will be used

The findings from the engagement will be used alongside any existing intelligence to inform the development of options on the future arrangements for services. An engagement report will be written outlining all intelligence, including the equality findings from engagement.

The engagement report will provide an overview of the engagement process and the feedback will be received and considered by the CCGs and stakeholders. The report will be received through CCG governance and once considered a decision will be made on the next steps.

DRAFT

Appendix 1: Services currently commissioned

Inpatient rehabilitation services (SWYPFT, Enfield Down)

Currently there are 23 beds in use at Enfield Down which are occupied by people in receipt of rehabilitation and recovery services and people who have complex care needs. Due to the clinical environment the bed numbers currently available to use have been reduced down from the original 29 commissioned.

The hospital inpatient rehabilitation service is available to people who are receiving services under a section of the Mental Health Act (MHA) 1983 or "informal patients", i.e. people who are not subject to the MHA, where it is considered that they clinically require, and would benefit from rehabilitation and recovery services.

People accessing the service, step down from acute inpatient wards, the Psychiatric Intensive Care Unit (PICU), or locked rehabilitation services.

Admission to this unit is managed by secondary care mental health services.

Community rehabilitation services in a nurse led residential home (Richmond Fellowship)

Community rehabilitation services are currently provided in a nurse led, nine bed residential home commissioned from Richmond Fellowship.

In line with the Guidance, community rehabilitation residential home services will be provided to people for a medium or longer period of time (proposed two to five years).

As with inpatient rehabilitation services, people accessing the service may be stepping down from acute inpatient wards, the Psychiatric Intensive Care Unit (PICU), locked rehabilitation services or other rehabilitation services on the pathway.
The service is available to people who have a reduced level of risk compared to people in receipt of inpatient rehabilitation services or nursing home services and where it is considered that rehabilitation services in a less restrictive environment could be beneficial. Some people may be subject to a Community Treatment Order (CTO).

Access to the service is through the CCG panel process. The service will work in partnership with secondary care mental health services.

Services for people with longer term complex needs (SWYPFT, Enfield Down, Out of area placements)

Currently there are 23 beds at Enfield Down which are occupied by people in receipt of rehabilitation and recovery services and people who have complex care needs. There are also a number of out of area placements.
People accessing the service may be stepping down from locked rehabilitation services or other hospital based services and they are likely to have been in receipt of services for a considerable length of time. Their illness is likely to be treatment resistant with the result that it would not be safe for them to live independently in the community.

Access to the service is through the agreed panel process. The service pathway has identified interdependencies with other secondary care acute and community mental health services.

DRAFT

Rehabilitation and Recovery Services for Mental Health in Kirklees

NHS Greater Huddersfield and North Kirklees Clinical Commissioning Groups (CCGs), who buy (commission) health care for local people, want to improve local mental health services. The CCGs will work with Kirklees Local Authority to gather views on;

- The type of Rehabilitation and Recovery services, including supported accommodation people would like to see (this would include looking at the current service based at Enfield Down)
- What good community services for mental health could look like, including help to keep people well and the type of support that needs to be in place

The CCGs, Local Authority and current providers will work together to develop future services using the views of local people.

What type of Rehabilitation services do we have now?
Enfield Down based in Honley, provides a service for people who have long term complex mental health needs. In addition there are 43 people who are receiving services in accommodation outside the Kirklees area.

What happens in the community now?
People in the community who require rehabilitation services are supported by 'Community Mental Health teams'. Many of the people supported this way will also have used specialist hospital inpatient facilities.

We want local people to tell us what else we need to do to ensure that we can support people in the local community with complex mental health needs. We also want local people to help make sure that the services we buy (commission) are right for all our population, not just those who use services now.

We need your help to make sure we have the right services in our local area. Please help by either completing the survey below or online at: **http://www.smartsurvey.co.uk/s/RehabandRecovery/** If you need support to give your view or prefer to tell us your story please contact us by text or phone on **07554415818** or email **zubair.mayet@greaterhuddersfieldccg.nhs.uk**

We look forward to your response. The **survey closes on Tuesday 23rd October 2018**.

1. About you

1a. Please tell us the first part of your postcode e.g. HD2

1b. Are you (tick all that apply)	
Someone who has used services/patient	
A carer	
A member of staff	

A member of a voluntary or community group	
A patient advocate	
Other (please tell us)	

2. About the Rehabilitation and Recovery and accommodation you would like to see

2a. **Please tell us what good accommodation for people with complex mental health needs could look like?** (*think about the location, how you would be able to use the service, what it would offer and who might work there)*

2b. **Please tell us what other things we should consider if we want to provide accommodation?** (*think about things such as your culture, religion or personal situation)*

3. About support in the community

3a. Please tell us about the support you get now? (tick yes to all that apply. If you want to tell us more please do)		
	Yes	Does not apply to me
Support from family and friends		
Support from my GP		
Support from my pharmacist		
Support from mental health professionals		
Support from a social worker		
Voluntary and community group support		
Peer support – support from people who are in similar situations		
Information leaflets		
Website		
Supported accommodation		
Other (please tell us)		

3b. Please tell us more about the support you have received

DRAFT

3c. Can you tell us what you think already works well in the community?

3d. What do you think makes a good community service? (Please tick all that apply)	
Services that are closer to home	
Having a clear pathway to recovery and having clear goals	
Community Team member (e.g. Care co-ordinator)	
Occupational Therapy	
Psychology support	
Peer support and support from people who have used mental health services	
Feeling safe where I live	
A caseworker to develop a care plan	
Having family and carers involved in care plan development	
Access to services when my mental health gets worse	
Having the right support at home	
Having Independent advocacy support	

3e. What else would make a good community service? *Please give any ideas or suggestions such as the treatment or support available, who you could see or talk to and any other support that could be in place and who could provide that support*

4. Improving what we have now

4a. Is there anything about mental health rehabilitation and recovery that could be improved now?

DRAFT

4b. Is there anything else that you would like to tell us about mental health that we have not asked about, but you want us to consider?

5. Please complete this section if you use services now

Please tell us where you receive Rehabilitation and Recovery Services and who supports you (tick all that apply)?

5a. I am supported in the community by a;

Care co-ordinator Specialist team Other tell us more ……

5b. Please tell us if you (please tick one option)

- Receive services in Kirklees (please go to 5d)
- Receive services out of Kirklees (please answer 5c and 5d)

5c. If you receive services out of Kirklees, what would help you move back to Kirklees?

5d. What would help you move from hospital into the community?

6. If you have been given a code by a member of 'Community Voices' please write your code here:

Thank you for taking the time to complete this survey, your views are very important to us.

DRAFT

Equality Monitoring Form

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules.

This information will be kept confidential.
Please try to answer all the questions**1.**

What sex are you?

☐ Male ☐ Female

☐ Prefer not to say

2. How old are you?

Example	**42**
Yours	

☐ Prefer not to say

3. Which country were you born in?

☐ Prefer not to say

4. Do you belong to any religion?

☐ Buddhism
☐ Christianity
☐ Hinduism
☐ Islam
☐ Judaism
☐ Sikhism
☐ No religion
☐ Other (Please specify in the box below)

☐ Prefer not to say

5. What is your ethnic group?

Asian or Asian British:

☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Other Asian background (please specify)

Black or Black British:

☐ Caribbean
☐ African
☐ Other Black background (please specify)

Mixed or multiple ethnic groups:

☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Other mixed background (please specify)

White:

☐ English/Welsh/Scottish/Northern Irish/British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Other White background (please specify)

Other ethnic groups:

☐ Arab
☐ Any other ethnic group (please specify)

☐ Prefer not to say

DRAFT

6. Do you consider yourself to be disabled?

☐ Yes ☐ No

☐ Prefer not to say

Type of impairment:
Please tick all that apply

☐ **Physical or mobility impairment** (such as using a wheelchair to get around and / or difficulty using their arms)

☐ **Sensory impairment** (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)

☐ **Mental health condition** (such as depression or schizophrenia)

☐ **Learning disability** (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)

☐ **Long term condition** (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

☐ Prefer not to say

7. Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

☐ Yes ☐ No

☐ Prefer not to say

8. Are you pregnant?

☐ Yes ☐ No

☐ Prefer not to say

9. Have you given birth in the last 6 months?

☐ Yes ☐ No

☐ Prefer not to say

10. Please select the option that best describes your sexual orientation.

☐ Bisexual (both sexes)
☐ Gay (same sex)
☐ Heterosexual/straight (opposite sex)
☐ Lesbian (same sex)
☐ Other
☐ Prefer not to say

11. Is your gender identity the same as the sex you were assigned at birth?

☐ Yes ☐ No

☐ Prefer not to say

DRAFT

Thank you for taking the time to complete this form.
Please hand this questionnaire to the person or organisation who gave it to you or post to the following FREEPOST address below (no stamp needed)

FREEPOST RTHC-ARSS-ABXC (16)
ENGAGEMENT TEAM Greater Huddersfield Clinical Commissioning Group
Broad Lea House, Dyson Wood Way, Bradley
HUDDERSFIELD, HD2 1GZ
Please return this form by Tuesday 23rd October 2018, thank you

Kirklees Mental Health Carers Forum – 8 October 2018
Folly Hall, Huddersfield

15 carers and 8 professionals were in attendance

The forum was asked to provide its views of what would ensure effective inpatient and community Mental Health Rehabilitation and Recovery Services for people with a primary diagnosis of psychosis. They responded as follows:

Inpatient Services

- Modern building
- Consistent staffing
- Staffing levels to meet needs of people.
- Home not hospital in appearance
- Accessible and welcoming to families
- Liaison with families
- Freedom of choice and to be independent
- In a central location in Kirklees or good transport links
- High quality service provision
- Outdoor space
- Therapeutic environment internally and externally – pleasant, relaxing decoration
- Safe but not locked up environment
- Cleanliness
- Advice and support for families and carers.
- Professional involvement (SWYPFT)
- Access to Occupational Therapy
- Meet cultural and individual needs – person centred/prayer room/quiet areas
- Seamless transitions from inpatient to community
- Age appropriate for both service users and staff
- Named key worker
- Use of volunteers/befrienders
- Peer workers
- Least restrictive as possible in terms of visiting times
- Social rather than clinical approach
- Access to a medic and physical health as well as mental health

Community Services

- Insight (EIP) team provides an example of good practice.
- Caseload sizes need to be specified.
- Easier and faster access to services.
- GPs should be fully up to date – SystmOne sharing of information mentioned.
- Vocational support/work with employers to improve access to employment
- Working with other agencies, e.g. housing associations.
- Long term support for those with more complex needs – shared housing options.
- Person centred support - the “system should suit the individual, not the other way round”. Problems with time limited community based services preventing integration – VCS/SWYPFT services.
- Safe practice
- Right training, background and caring staff
- Listening to parent and carer
- Use of recovery collect/peer support – with proper resource in place
- Volunteers and befriending

DRAFT

- Good community information – database
- More proactive work to reduce number of people disengaging
- Crisis teams available in a crisis and able to speak to carers
- Services that listen
- Navigation roles to signpost to other local services
- Use of technology – information hub/helpline
- House bound provision for when people have higher or longer term needs
- Resilience work – learn to enjoy life, have hobbies etc.
- Drop in centres – safe place for company, peer support, friendships, longer relationships which are more meaningful.
- Group work is not for everyone. 1:1 community support also required.
- Empathy from all staff

The services should offer joined up care which is responsive, offers continuity of care and better crisis care.

DRAFT

St Anne's Community Services
Carers Options and Support Together (CoaST) – 9 October 2018
St Matthew's Centre, Dewsbury

14 people including service users, carers and staff

A brief overview of the engagement was provided. A discussion took place using the survey questions as prompts. The key themes that were raised were:

Accommodation

- Many felt that there is a need for smaller units that provide supported accommodation in the local community, where people have the independence but 24 hour support and monitoring is available when needed.
- There was real concern that in larger units patients don't get the same level of support.
- A couple of people raised concerns about the people they care for, and wanted to know what would happen to them when they were no longer able to care for them. Would they be admitted to supported accommodation or a nursing home? Or would they be expected to live in private housing and cope on their own? Carers needed reassurance that a plan was in place for the long term care of their loved one.

Patient needs

- There was real concern about the language that is used and in particular in relation to the term 'recovery'. Some felt that not all people with mental health issues recover and health and social care professionals need to accept that, and acknowledge the ongoing help they require.
- Acknowledge that not everyone is the same and there needs are different, and as such we need services that will meet a wide range of needs.
- Patients need continuity of care from the same health and social care professionals so they don't have to repeat their story again and again and to help them build a rapport with them.
- Health care professionals need to be trained in how to address people with mental health issues. Examples were given where inappropriate language was used by health and social care professionals.
- Where appropriate health and social care professionals should speak to the patient and ask for their views. Experience was that at times the patient is ignored and instead they focus on speaking to the carer, this had caused a great deal of frustration and anger in the patient.
- Should look at how and where services are provided. Some services should be provided in patient's home rather than in a clinical setting. An example was given where a patient had previously had to attend the hospital for their injections but attending the hospital had caused them a great deal of anxiety, so it had been agreed that someone would visit them at home instead, and this was working really well.

Support groups

- People spoke highly of the support they receive from St Anne's with some having attended for over 16 years. Without the group they feel that they wouldn't have been able to cope. Groups like St Anne's have been a very good support network for carers and patients themselves where they are able to talk, access support and feel that they are not alone.
- Other groups like Pathways and Community Links for Recovery (CLEAR??) were talked about and were cited as good examples of other services that had provided people with

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support. However these were all time limited services and once they had accessed the service for a period of time they were no longer able to continue accessing the service even if it was helping them with their recovery.

- They want to be able to access services for as long as they need that service, they don't want time limited support services, or long waiting lists. There is currently a waiting list to access St Anne's. These services should receive funding to meet demand.
- People had found out about the support groups via a number of places but rarely from their GP. There is a need to raise awareness with health and social care professionals about the support that is available for both services users and carers.
- At times people just want to be able to ring someone to receive advice and support – is this available?

Carers

- Carers talked about the difficulties in caring for someone with mental health issues. They talked about the feelings of being isolated; not being supported by health and care professionals; the anxiety of caring for someone when they also have their own mental health issues; having to care for more than one person; feeling that they don't have the appropriate skills to be a 'good' carer; worries about the care their loved one is receiving and whether they are doing enough to support them; and worries about who will care for their loved one when they are no longer able to provide that care. There was real concern that when the carers are no longer around to provide the care that their loved one will be abandoned and will no longer have someone to 'fight their corner'.
- Health and social care professionals need to listen to carers and provide them with the support they need. Carers talked about wanting to go out to work but being unable to do so as there were no services in place to look after their loved one whilst they were at work.

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Provider Event - 6 November 2018
Hudawi Centre, Huddersfield

The event was advertised on NHS Contracts Finder in order to attract a range of providers to discuss the design and development of integrated rehabilitation and recovery services in Kirklees in line with best practice guidelines and local requirements.

A joint presentation was given, by health & social care commissioners which outlined the latest rehabilitation and recovery guidance, the level of provision in Kirklees, as well as initial findings of the service user, carer and staff engagement. This was followed by table top discussions to gain views on the possible future model through the following questions

The following providers, many of which already provide services for Kirklees service users, attended the event:

- Community Links (VCS)
- Elysium Healthcare (Out of area/locked rehab)
- Gray Healthcare (Domicillary care)
- Home Group Ltd (Housing provider)
- Horton Housing Association (Housing provider)
- Inmind (Out of area/locked rehab)
- Ivy Cottage (Ackton) Ltd T/A: Ivy Care (Out of area/locked rehab)
- Lifeways (Domicillary care/Supported housing)
- South West Yorkshire Partnership NHS Foundation Trust (NHS mental health trust)
- Platform 1 (VCS)
- Priory Group (Out of area/locked rehab)
- Richmond Fellowship (Nursing home provision)
- Silvercloud Health Ltd (Online support)
- St Annes Community Services (Nursing home provision)
- Touchstone (Advocacy)**Key Themes**

Key Themes

a) What needs to be in place to make the rehab pathway flow?

- Improved communication and networking and development of relationships to ensure all providers have knowledge of the services available throughout the pathway including housing. Methods to address include the following:
    - Directory of services
    - Network meetings/forums – agreeing what is needed and who can do it
    - Navigator role – supporting discharge to appropriate accommodation
- A range of housing accommodation and support in the right place, including floating support, is required to meet individual needs. Also longer term tenancies and residential support for those with complex needs.
- Central point of navigation which links to all providers to ensure that individual needs are met.
- Sharing risk across organisations through joint care planning, multi-organisational working, including VCS and housing providers.
- Service user led.

DRAFT

- Effective support as people move through the pathway from all parts of the system to all parts of the pathway.
- Clarity about thresholds, roles and responsibilities at each stage of the pathway. Shared protocols and outcomes, including approach to timescales for care provision in each part of the pathway - flexibility.
- Out of area placements should be as close to Kirklees as possible to ensure local links are made.
- Online options and safe social media use to support people to be independent.
- Consistency of care – care coordinators/consultants.
- Environment conducive to rehabilitation and recovery, including hospital settings. Need to work with regulators. Homely settings with outside space.
- Support to carers, acknowledging their role.
- Peer support.
- Good relationships with local services, e.g. police, community groups.
- Address the conflicting requirements of competition and cooperation.

b) What would a good rehab pathway and services look like in Kirklees? How do we know we have got there?

- Service users fully involved in their rehabilitation - co-production of care plans and progress review.
- Good quality, housing appropriate for people with mental health needs - gap identified by all tables. Concern about the use of high rise flats and accommodation in areas known to have social risks (creates a revolving door experience for patients). The right type of housing available where it needs to be provided, e.g. Housing for South Asian community needs to be provided in locality.
- Homely, safe environments in all parts of the pathway, including hospital settings.
- Good assessment processes to ensure accommodation is appropriate for the individual.
- Local services for local people.
- Good range of services in Kirklees – all working together. Meeting social elements of rehabilitation.
- Identification of key principles and values that everyone can work towards.
- Work as a whole system (NHS, independent sector, VCS, housing, primary care, IAPT), and work with partners, e.g. Northern College, Huddersfield University and Kirklees College.
- Ensuring good quality training is available for use across organisations (pooled

DRAFT

funding), partnership working – sharing expertise and knowledge.

- Consistent link person to ensure navigation of the pathway.
- Telephone support 24 hours. Drop in access. Online options.
- Peer support.
- Effective multi-organisational care planning.
- Services that look at the person as a whole, including physical needs.
- Raise the profile of the rehabilitation and recovery model.

How do we know we have achieved a good pathway?

- Service user and carer experience, personal stories. Individual outcome measures positive. Shared performance indicators.
- Fewer readmissions over time.
- Discussed regulation and need to ensure that discussions take place – it may be necessary to meet in the middle in relation to some requirements.

c) Workforce – what skills are required of the people supporting our service users? What do we need to do to support staff? What are the challenges? What might be the solutions?

- All tables noted the national shortage of nursing staff and the difficulties in recruiting. Hospital services require nursing staff as part of their regulation. Other services could be nurse led, where appropriate. Need to know who is needed to do each piece of the jigsaw.
- Innovative and creative solutions in relation to recruitment. New roles of nursing associate and opportunities for senior support to do nursing degrees. Be aware of the costs. "Pinch" ideas from other areas.
- Staff need to be compassionate, caring, smiling, have good values and be energetic and enthusiastic. They need to have empathy and understanding.
- Self-management and peer support should be available throughout the pathway – co production of care. Also use of volunteers.
- Consistency of staffing.
- Staff need to focus on rehabilitation and recovery and reducing dependency. Need to focus on the social elements of the role.
- Peer support needs to be respected and supported – not become part of the generic workforce.
- Need to map staff skills required in each service area. Unqualified staff can take direction from qualified staff where appropriate, e.g. psychology in a hospital setting providing support and direction to staff. The same applies to Occupational Health workers.

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- Good supervision and training required. Staff need to be valued at all levels.
- Good terms and conditions, recognition of the level that people need to work at.
- Sharing of resource across providers.
- Sharing of training and mentoring across providers. Use of local training providers. Training requirements to be part of the commissioned service.
- Sharing of risk. Address the blame culture. Multi-organisational care planning to reduce the burden of risk for individual practitioners.

d) Partnership working – how do we involve everyone in the right way at the right time?

- Shared aims and values. Sign up to a partnership charter. What is partnership – flexibility and supportive. Sign up to a joint approach (MOU).
- Network organisation discussed – whole system approach – organisations and staff.
- Improve knowledge of the services available in locality. Online tools.
- Shared case management processes, including risk management.
- Coordination between services. Shared performance indicators.
- Co-production. Partnership with the person receiving services. Peer support
- Relationship that combines cooperation as well as competition.
- Find ways to manage individual organisation governance processes that could potentially slow down progress.

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Platform 1 Men's Shed, Huddersfield
Focus groups held on 17 and 18 October 2018

Number of attendees: 22 people (20 service users, 1 carer and 1 staff member)

A brief overview of the engagement was provided. A discussion took place using the survey questions as prompts. The key themes that were raised were:

What accommodation would look like?
- Basics, utilities, water, toilets, community space but own space
- Personal choice – company or solitary

What we should consider to provide accommodation?
- Physical state – body possession
- Easier access to services
- Better standard of service
- More accountability
- Professionals on site

What support do you receive now?
- Friends and family
- GP
- Pharmacist
- Mental Health professional
- Social Worker
- Voluntary Groups
- Peer support

Tell us more about the service you have received
- Mental health inadequate teams
- Platform 1

Can you tell us what you think already works well in the community?
- Peer Support
- Social responsibility
- Accepting your own part
- Care in the community

What do you think makes a good community service?

Services that are closer to home	11
Having a clear pathway to recovery and having clear goals	2
Community Team member (e.g. Care co-ordinator)	0
Occupational Therapy	0
Psychology support	11
Peer support and support from people who have used mental health services	11
Feeling safe where I live	11
A caseworker to develop a care plan	11
Having family and carers involved in care plan development	1

DRAFT

Access to services when my mental health gets worse	10
Having the right support at home	0
Having Independent advocacy support	5

What else would make a good community service?

- Good effective advocate who does what they should
- Better preventative cure to avoid
- Problems escalation
- Good policing: sensitivity, compassion, sympathy, intelligent

Is there anything that could be improved?

- More accessible services
- Available/easy to get to/one bus journey only
- Easter to get support
- Less formalities

Is there anything else that you would like to tell us about mental health that we have not asked about, but you want us to consider?

- Platform 1 is doing what we need which is why we go there! They are more approachable and I feel safe when I attend.
- Peer support is great and meeting people who have had similar circumstances is very helpful.
- The staff and volunteers are not stuck up and will and do get their hands dirty.
- When I go to Platform 1 the rest of the world does not exist and I can forget everything.

DRAFT

Platform 1 Men's Shed, Huddersfield

Date: Thursday 17 October 2018

Time: 11:35am

Number of attendees: 11 people

A brief overview of the engagement was provided. A discussion took place using the survey questions as prompts. The key themes that were raised were:

What accommodation would look like?

- Most people would want to stay local due to concerns about physical access and those who suffer anxiety
- Open door policy, drop in with more help accessible.
- Access to treatment and inclusive activities available.
- Should be available to all regardless of health disability.

What we should consider to provide accommodation?

- Access to wheelchair users and people who have difficulty with mobility issues
- Physically safe environment
- Open to being able to express your opinion without judgement

What support do you receive now?

- Platform 1: I can express myself in a constructive way. Recovery.
- If I want to pursue any activity, I will be helped to gain the end goal.
- A place to socialise and have a laugh, eat together, peer support, learning new skills, there is no pressure. There is a sense of achievement.

Tell us more about the service you have received

- It avoids isolation
- Keeps individuals away from their addiction
- It's a distraction from outside problems and issues – mindfulness

Can you tell us what you think already works well in the community?

- People feel they have a role and responsibility
- It's a caring place to be
- You can decide yourself how much time you want to be here
- Open access
- A safe environment
- It feels emotionally comfortable
- Being able to associate with other who have a diverse set of needs
- Variety of social interaction of like-minded people
- The ability to be able to build friendships

What do you think makes a good community service?

Services that are closer to home	11
Having a clear pathway to recovery and having clear goals	11
Community Team member (e.g. Care co-ordinator)	11
Occupational Therapy	2
Psychology support	11

DRAFT

Peer support and support from people who have used mental health services	11
Feeling safe where I live	11
A caseworker to develop a care plan	11
Having family and carers involved in care plan development	3
Access to services when my mental health gets worse	11
Having the right support at home	3
Having Independent advocacy support	9

What else would make a good community service?

- Signposting
- Access to a social worker
- Drop in
- Informal chats
- Accessible
- Access to informal information, support and advice like Platform 1
- Platform 1 provide achievement certificates to enhance well-being and sense of belonging
- Mood altering interaction between the guys at Platform 1
- Light hearted interaction works really well to lift men's mental health and spirits provided by the interactions Platform 1 facilitates
- Platform 1 provides an ambience of normality
- A sense of self-determination
- People are allowed to make recovery at their own pace and they can determine their own recovery process and timescale
- Recovery is not a straight line, you develop your own journey to recovery
- Member are not signed off, it's a lifelong membership
- The service is not withdrawn, based on time
- The service Platform 1 does not need referral
- Individual rights to speak freely with respect and consideration for others
- Private conversations can take place at any time, if needed
- Platform 1 provides activities which allows a sense of belonging and achievement
- Support is available, if needed

Is there anything that could be improved?

- There should be more services like Platform 1 available
- Platform 1 needs to be properly funded, hours open, extended and improved facilities
- Platform 1 project should be extended into other areas of Kirklees, predominantly North eg Dewsbury, Cleckheaton and Heckmondwike.
- Providing Platform 1 with greater resources in terms of crisis management in order to support men in crisis especially homelessness
- From 18+ no age discrimination
- Re-balancing services that are available to men
- Freedom of choice

Is there anything else that you would like to tell us about mental health that we have not asked about, but you want us to consider?

- Confidentiality – what is said at Platform 1, stays at Platform 1
- Ask new members registering about their interests (put on registration form) and skills
- Platform 1 to assist in gaining skills

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