

# Enhancing community mental health support services



**Involvement dates: 25 May – 15 August 2021**

## **Involvement report**

(Content warning: this report discusses people's experiences of accessing mental health services and some people may find this distressing)

**Author:** Adam Stewart  
Senior Insight, Involvement and Engagement Officer  
NHS Leeds CCG

## Executive summary

NHS Leeds CCG and Leeds City Council pay for a number of third sector mental health contracts (which we will broadly refer to as ‘support services’). These provide additional support to mainstream NHS and council services by providing alternatives for adults who need different options and ways to receive support for their mental health. In the context of this report, these services covered the following themes:

- Crisis and urgent care support (review of feedback starts on page 16)
- Supported accommodation (review of feedback starts on page 22)
- Employment support (review of feedback starts on page 28)
- Specialist community support (review of feedback starts on page 32)
- Service user involvement (review of feedback starts on page 36)
- Refugee and asylum seeker support (review of feedback starts on page 43)

These contracts have been commissioned for a number of years and we think there are opportunities for us to enhance the ways these support services are delivered; ensuring that they work more closely with each other and mainstream NHS and council services. We have learned a lot through the COVID-19 pandemic about how we can do things differently, as well as highlighting some of the difficulties people face in getting support.

This piece of involvement work is part of a larger review into these support services. We took what we already knew of people’s experiences of these services to deliver workshops in June 2021. Our workshops were used to develop our proposals to enhance these support services. We then conducted a series of focus groups alongside 6 surveys during July and August for people to review and share their feedback on our proposals. This report outlines what we did, what people told us, and we will do next.

645 service users, carers, family members, members of the public and health care staff from across the city took part in a workshop, focus group or survey. People who got involved were largely supportive of the proposals we have made to enhance mental health support services.

This report highlights key themes and next steps which will be shared with the commissioning teams who will use the findings of this work to develop community-based mental health support services. An update will be produced in the future to show to what extent the next steps have been progressed

The public feedback will also be used to inform wider strategies for enhancing communication, access and the quality of services as we continue to develop them.

The report will be shared with those involved in the involvement work and will also be available on the NHS Leeds CCG website here: <https://www.leedsccg.nhs.uk/get-involved/your-views/mental-health-community-based-2021/>

A huge thank you to everyone who took the time to get involved and share their feedback, we truly value your time and energy.

## 1. Background information

### a. Commissioners: Clinical Commissioning Groups (CCGs) and Leeds City Council

NHS Leeds CCG are responsible for planning and buying (commissioning) most health services for people in Leeds. CCGs commission a range of services for adults and children including planned care, urgent care, NHS continuing care, mental health and learning disability services and community health services.

Leeds City Council is responsible for commissioning a range of care and support services, including supported accommodation, social care services and is also responsible for public health; a set of work that seeks to protect and improve health and wellbeing.

Leeds is an area of great contrasts, including a densely populated, inner city area with associated challenges of poverty and deprivation, as well as a more affluent city centre, suburban and rural areas with villages and market towns.

As of 1 November 2019, NHS Digital estimates that there are 896,000 people who are registered with a GP practice in the Leeds area. Leeds has a relatively young and dynamic population and is an increasingly diverse city with over 140 ethnic groups including black, Asian and other ethnic-minority populations representing almost 19% of the total population compared to 11% in 2001. There are 92 GP practices in Leeds.

Involving people and the public in developing and evaluating health services is essential if we want to have excellent services that meet local people's needs. It is our responsibility, and one that we take very seriously, to ensure that our local communities can be fully engaged in the decisions we take.

### b. Community mental health support services

NHS Leeds CCG and Leeds City Council both commission (plan and pay for) community-based adult mental health services with voluntary and community third sector providers. Some of these services are jointly commissioned and funded. The services include a wide variety of mental health support services, ranging from advice and information giving, crisis support to accommodation-based support and service user involvement. These are all services that support health and care services provided by the NHS and the local authority in Leeds.

### c. Engagement support

We commission Voluntary Action Leeds (VAL) to support our engagement work. VAL delivers the 'Leeds Voices' project to undertake public and community consultations on behalf of NHS Leeds CCG.



#### d. Enhancing community-based mental health support services in Leeds

##### Which support services are we referring to?

We're working hard with our partners to improve access to mental health services in the city. We've previously carried out work to improve people's access to mental health support at a primary care level (visit our website for more information: <https://www.leedsccg.nhs.uk/get-involved/your-views/primarycareservices/>)

**Primary care mental health services** – these are services delivered from your GP in the first instance. You may be prescribed medication or referred to receive support through 'talking therapies.'

We are also working with the mental health NHS trust in Leeds; Leeds and York Partnership Foundation Trust (LYPFT), and other organisations and people in Leeds to transform how community mental health is delivered, addressing issues people have raised with us previously (more information can be found here: <https://www.leedsccg.nhs.uk/get-involved/your-views/transforming-comm-mh-2021/>)

**Community mental health services** - these are services that are delivered 'in the community'. You may receive these services in your home or from a nearby NHS organisation.

The work we are referring to in this report is related to the third sector services that support and compliment the services provided by NHS services, like those mentioned above.

This work aims to review and enhance a number of services that fall under 6 themes:

- Crisis and urgent care support
- Supported accommodation
- Employment support
- Specialist community support
- Service user involvement
- Support for people with experience of migration

This report looks at each section individually and at the proposals that emerged as a result of our involvement activities. We will also provide a brief explanation of what the above themes cover, in terms of the service that is provided.

You can view a full list of the services we're referring to in Appendix B (page 58).



### **Why are we changing?**

The third sector is a vibrant and essential partner in providing mental health support services. They offer services that support some of the most vulnerable people in the city and help address health inequalities. They often provide alternatives that can be accessed more quickly when waiting times may be an issue in getting more urgent support.

By enhancing and increasing what third sector mental health support services can offer, we can hope to reduce the number of people needing to access hospital beds and inpatient services. It will also help keep people safe, make support more accessible to more people and support people who are working towards their recovery.

We must also take into consideration the reality emerging from the COVID-19 pandemic. Services and the staff delivering them, service users, their families and carers, and commissioners have all had to find different ways of working together. There has been some truly inspirational activity to keep things going, and innovations that, although driven by need, have meant positive improvements have been made and should be kept going.

We are making changes to these services because people have told us that they want to see better joined up and more integrated services, with clear communication as to what is available and how people can access them.

### **What did we do?**

To ensure that we involved as many people as possible in developing our plans, we carried out a 15-week public engagement. This took place from 25 May 2021 to 12 September 2021.

The engagement provided an opportunity for service users, carers, staff in services, organisations and the public to have their say:

#### **Workshops:**

We held 7 online workshops between May and June 2021 which were open to anyone who was interested. The aim of the workshops was to explore the insight and feedback we've previously collected and discuss the proposals that we developed from that information. It was an opportunity for people to find out more and help shape our final proposals. We also held a follow up workshop in September to feedback on our work.

#### **Surveys and focus groups:**

Between July and August 2021, we ran 6 surveys (one for each of the previously mentioned themes) to give people the opportunity to share their thoughts on the proposals that we worked on with people during the workshops. We also ran 6 focus groups (one for each of the themes) at the same time to give people a different way to find out more and share their feedback.

NHS Leeds CCG and Leeds City Council will use feedback from the involvement activities to shape community-based adult mental health support services for the people of Leeds.

## 2. How did we identify and engage with patients?

### a. Equality analysis

An equality analysis and engagement plan (available on our website here: <https://www.leedsccg.nhs.uk/get-involved/your-views/mental-health-community-based-2021/>) was developed by patients, staff and commissioners to ensure that the right people were involved in the right ways. The equality analysis is a review of the actual or potential effects of services on people who identify with any of the protected characteristics outlined in the Equality Act 2010 (<https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>). This plan helped us identify who we need to engage with and how. You can see details of who we heard from in Appendix A (page 51).

The equality analysis has not identified any groups who may experience negative impacts or be disproportionately affected as a result of this work. The expected changes and developments all seek to improve services, and service users should expect to see more integrated services, working collaboratively together with clearer, more accessible information and guidance.

From our analysis, we were aware that:

- 'Offline stakeholders' who are not online or have difficulty accessing technology or the internet, may have been at risk of being excluded from this involvement activity as they may not have been able to contribute or find out about opportunities to have their say. COVID-19 regulations about social distancing have also severely restricted 'in-person' meetings. These groups of people, in addition, may often be socially isolated and in need of extra support.
- Due to work commitments, it can be more difficult to involve working age adults and get their feedback.
- Carers can find it difficult to be actively involved or spend time taking part in activities due to their caring responsibilities.

### b. Patient assurance

The involvement plan was taken to the NHS Leeds CCG Patient Assurance Group (PAG) in January 2021. This group is made up of patients (CCG Volunteers) and assures the CCG's governing body that adequate patient involvement has taken place during significant involvement activities. The PAG agreed that the equality analysis and engagement methods outlined in the plan were appropriate. They also agreed that our plans to involve people were significant and considered different groups of people and how to involve them, despite potential limitations (such as involving people who are 'offline').

We worked together with Leeds City Council representatives to develop an involvement plan. We also asked people to fill in the equality monitoring information section of our surveys to alert us to any gaps in our involvement work.

### **CCG Volunteers**

Our volunteers help to ensure that the voice of patients, carers, and the public are taken into consideration when decisions are made that affect health services and patient care. Two of our CCG volunteers worked on the project and one continues to sit on the involvement steering group.

### **c. Involvement of partner organisations**

We worked closely with current providers of the services under this review before and during the involvement work. We also promoted this involvement work with a wide range of organisations in Leeds, as listed in Appendix C (page 63). Thank you to everyone who helped support this work.

### **d. Methods**

#### **Surveys**

We developed a summary document and survey for each of the 6 themes under review. Each survey outlined information on the theme (for example: crisis and urgent care) and what we were proposing to enhance. An additional, more detailed 'background' document was also available for further reading. Both documents were available online on NHS Leeds CCG's website. The documents were also available in paper formats on request. The summary and survey documents were made available in an 'easy read' version by Bradford Talking Media (BTM).

People could complete the survey and provide their feedback online, speak to someone on the phone at NHS Leeds CCG, send feedback via email or request paper copies of the surveys. Surveys were available to complete between Monday 12 July and Sunday 15 August 2021.

You can view the surveys and documentation on our website here:

<https://www.leedsccg.nhs.uk/get-involved/your-views/mental-health-community-based-2021/>

#### **Workshops**

We hosted 8 online workshops via Zoom. The main audience for these workshops were providers and staff, but anyone who was interested was welcome to attend. The aim of the workshops was to explore the options for new ways of delivering the support services under review and develop our proposals and plans. Workshops took place online:

- Introductory workshop - Tuesday 25 May 2021, 1pm – 4pm
- Crisis and urgent care – Wednesday 2 June 2021, 10am – 1pm
- Supported accommodation – Tuesday 8 June 2021, 1pm – 4pm
- Employment support – Tuesday 15 June 2021, 10am – 12pm
- Specialist community support – Tuesday 15 June 2021, 2pm – 4pm
- Service user involvement – Tuesday 22 June 2021, 1pm – 4pm
- People with experience of migration – Wednesday 30 June 2021, 10am – 1pm
- Follow up and feedback event – Friday 10 September 2021, 10am – 12pm

### **Focus groups**

In July, we held 6 focus groups where attendees could discuss the proposals that were developed during the June workshops.

The focus groups were also held online via Zoom:

- Crisis and urgent care – Tuesday 13 July 2021, 2pm – 3:30pm
- Supported accommodation – Friday 16 July 2021, 10am – 11:30am
- Employment support – Tuesday 20 July 2021, 10am – 11:30am
- Specialist community support – Tuesday 20 July 2021, 2pm – 3:30pm
- Service user involvement – Friday 23 July 2021, 1pm – 2:30pm
- People with experience of migration – Tuesday 27 July 2021, 10am – 12pm

A British Sign Language (BSL) interpreter was available at the first 5 focus groups. Translators were available as needed for people with experience of migration, and additional time was allocated to accommodate for the time needed to translate for the final focus group which was delivered in separate 'breakout rooms' for ease of delivery.

### **On-street involvement and promotion**

Due to the COVID-19 pandemic, we were unable to conduct 'on-street' involvement and promotion. To help, we asked for support from all organisations and stakeholders we contacted to ask that they help promote the information wherever they could locally and within their networks. You can see who we contacted in Appendix C (page 63).

### **Leeds Voices**

Voluntary Action Leeds, through the Leeds Voices programme, supported this work by hosting online and small, socially distant face-to-face focus groups, attended community events and actively promoted this involvement work with their partners and through social media.

We have included the findings and key points raised from Leeds Voices' as part of this report. If you would like to read Leeds Voices' full report, you can find it on our website here:

<https://www.leedsccg.nhs.uk/get-involved/your-views/mental-health-community-based-2021/>

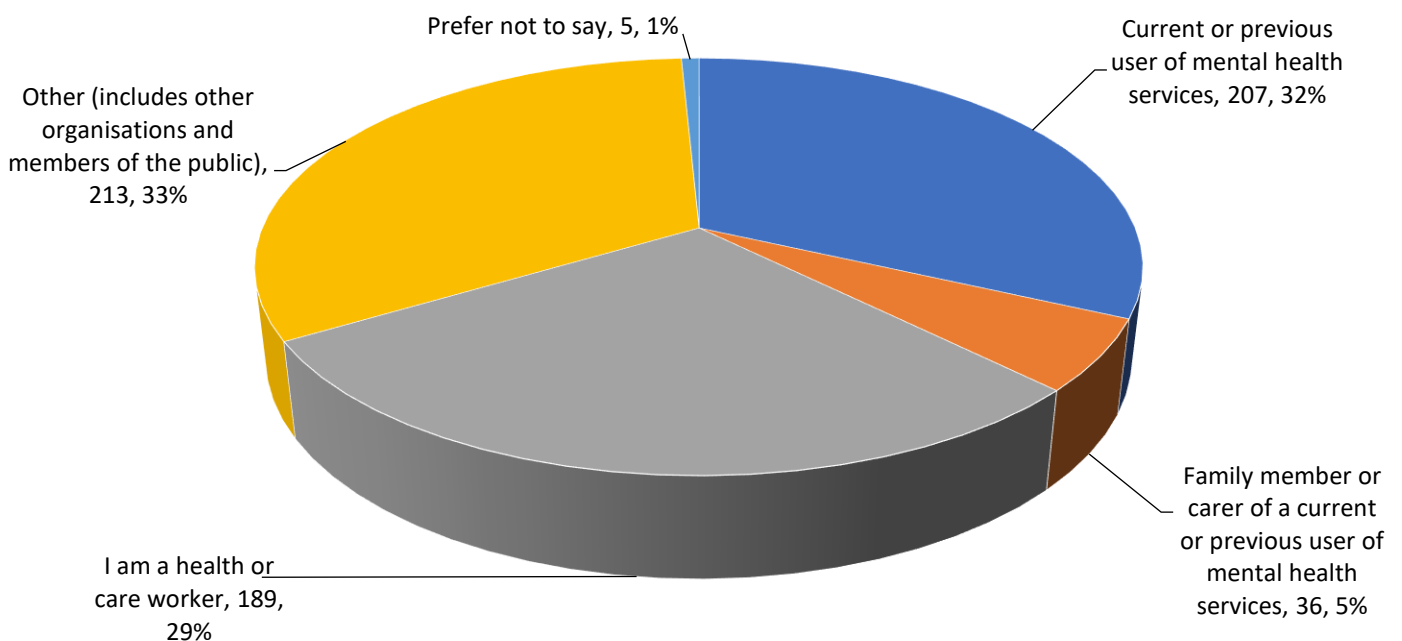


### 3. Who did we hear from?

In total, 645 people were involved in this piece of work. Feedback was received from the following groups across all the work carried out by NHS Leeds CCG, Leeds City Council and Leeds Voices.

This included:

- 6 surveys (216 responses)
- 7 workshops (200 attendees)
- 16 focus groups (237 attendees)
- Attendance at 3 community events



- 32% (207 people) of the feedback came from current or past users of mental health services.
- 5% (36 people) of the feedback came from people who are a family member or carer for users of mental health services.
- 29% (189 people) of the feedback came from people who are a health or care member of staff
- 33% (213 people) of the feedback came from 'other' groups, this includes people from different organisations and members of the public.
- 1% (5 people) preferred to not give us this information

We also asked people to tell us the first part of their postcode on the survey, so we could see where people's responses came from.

You can view a map of where people responded from as well as a breakdown of people's demographics in Appendix A (page 51).

## 4. What did people tell us?

We will present the findings from each theme in this section separately. We will also highlight any topics or themes that are mentioned across each of the 6 areas of focus.

As noted previously, the services under review fall under the following 6 categories:

- A. Crisis and urgent care support (page 16)
- B. Supported accommodation (page 22)
- C. Employment support (page 28)
- D. Specialist community support (page 32)
- E. Service user involvement (page 36)
- F. Refugee and asylum seeker support (page 43)

In each section, we will provide a brief outline of what each theme relates and to, what we were proposing and what people told us about.

We will highlight themes and feedback from across all the methods used as noted previously (surveys, workshops and focus groups).

### Cross-cutting discussions

Although we asked people to feedback on the 6 different topic areas, there were several themes that we wanted to explore across most, if not all, of the 6 main topics. We have included the feedback on those subjects below, ahead of the themed feedback. This is instead of reporting on the same questions throughout the different sections of the report.

### Integration with other services

Across our discussions carrying out this work, people were keen to see services integrate and work more collaboratively together. People told us that doing so would make it easier for the service users to access services, know where they are going and what they must do, and avoid repetition.

"These services all need access to the same information; they all need to be able to see someone's patient record. Is Leeds Care Record still a thing? It needs to be a contractual requirement that these services (that are essentially providing a service for the NHS) are connected, properly to similar systems – I don't see how you can have integrated services without it. As soon as you use a service that isn't connected then the whole project is moot, the idea is to reduce repetition and ensure that mental health workers have all the pertinent information. If they can't access it, how can they provide the best care they can?"

#### **A carer, family member or friend of someone who has used mental health services**

It was discussed in one of the workshops that third sector services struggle to match the digital infrastructure of services like the NHS. One example was given of someone trying to become part of Leeds Care Record and it was difficult and not fit for purpose.

People were keen to encourage integration at Local Care Partnership (LCP) level. LCPs are the groups of health and care organisations that sit in different locations across the city (e.g. Armley, Wetherby, Morley etc.). People noted that LCPs will have a lot of insight and data about their populations and mental health support services should work with them to improve the services they provide. Equally, working more closely together will help reduce inequalities in the city and help us truly embed co-production across all services.

“As a Leeds co-production system, we all need to work together for the betterment of all people of Leeds, that means: LYPFT, LCH, LTHT, CCG, Healthwatch and others all sharing the same co-production principles with service users to work and collaborate together, especially around Black Lives Matter and race inequalities which have been highlighted during COVID-19. The disproportionate impact on diverse ethnic communities and others such as those with learning disabilities and mental health etc.”

**Member of staff from Leeds and York Partnership Foundation Trust (LYPFT)**

People fed back that for services to integrate, they need to review and change the pathways of current services to be focussed on the service user’s full journey, rather than in terms of separate services.

### **Improving access for diverse ethnic communities and other vulnerable groups of people**

We asked people what we could do to make services more culturally sensitive for people from diverse ethnic communities as well as for other vulnerable service users.

People told us that services need to reach out more to the communities they want to work with. They noted that people from ethnic backgrounds may struggle, or be more reluctant, to access health care services or that other vulnerable people will find it difficult to get involved or seek help.

“Work with trusted groups and organisations within those communities to help with issues of trust. Building a connection to historically alienated groups takes time – working with organisations who are already there helps.”

**Current or past user of mental health services**

People from diverse community backgrounds talked about how seeing someone else who looked like them would make them “open up” more and would mean that they are less likely to keep any feelings of anxiety or depression to themselves.

“When I’ve worked with Hamara I can’t tell you how comfortable I’ve been, whereas in other organisation where it perhaps wasn’t as diverse you tend to retreat a little bit into yourself and that’s how clients are going to be (if the staff aren’t diverse).”

**Current or past user of mental health services**

People suggested ensuring staff are appropriately trained to understand the different needs of different communities and the impacts of different cultures. This will help ensure that services are dynamic; more able to meet the differing needs of the people using the services. For example, for some communities, the word 'suicide' should be avoided as it is stigmatised and misunderstood.

Discussions in one of our workshops highlighted that a change in language to focus more on wellbeing could be more beneficial in working with different cultures and communities who may find the concept of 'mental health' more of a barrier.

"In each team/service, there should be designated members of staff who take the lead and responsibility of ensuring diversity awareness."

**A member of staff from Leeds and York Partnership Foundation Trust (LYPFT)**

"I am deaf and depressed and have asked my GP if I can see a psychiatrist. This has been arranged as a TELEPHONE CONSULTATION."

**Current or past user of mental health services**

"There needs to be many ways [to access a service]. It shouldn't be that everything involves a phone. Many people don't have phones or struggle to use them (e.g. some autistic people). Also, phone use can be observed and controlled, and have a lack of privacy in some households."

**Current or past user of mental health services**

People also told us that resources should be readily available in alternative languages and that translators should be available whenever needed, meaning that all staff should know how to access them.

People fed back that we need to do all we can to be as person centred and tailored to the individual we want to work with as possible. For example, people noted involving those with Alzheimer's and dementia and the approach would need to be vastly different to involve them.

## **Communication**

People told us that more needs to be done to promote services near to where people are. People told us that this would be especially useful for diverse ethnic communities and groups who are particularly more vulnerable, or for whom services may want to work more closely.

"Advertise the services in local shops, GP surgeries and invite religious leaders to a focus group to see if they have any ideas."

**Current or past user of mental health services**

"Make information and contact numbers available in places where they can be seen readily – e.g. bus shelters and places in central and local areas."

**Current or past user of mental health services**



A significant number of people fed back across surveys, workshops and focus groups, that all services need to have a greater awareness of each other so that they can effectively 'signpost' people to alternative services. People expressed their frustrations of not knowing the services exist and not being directed there by key contacts in their healthcare, such as their GP or care co-ordinator within their community mental health team.

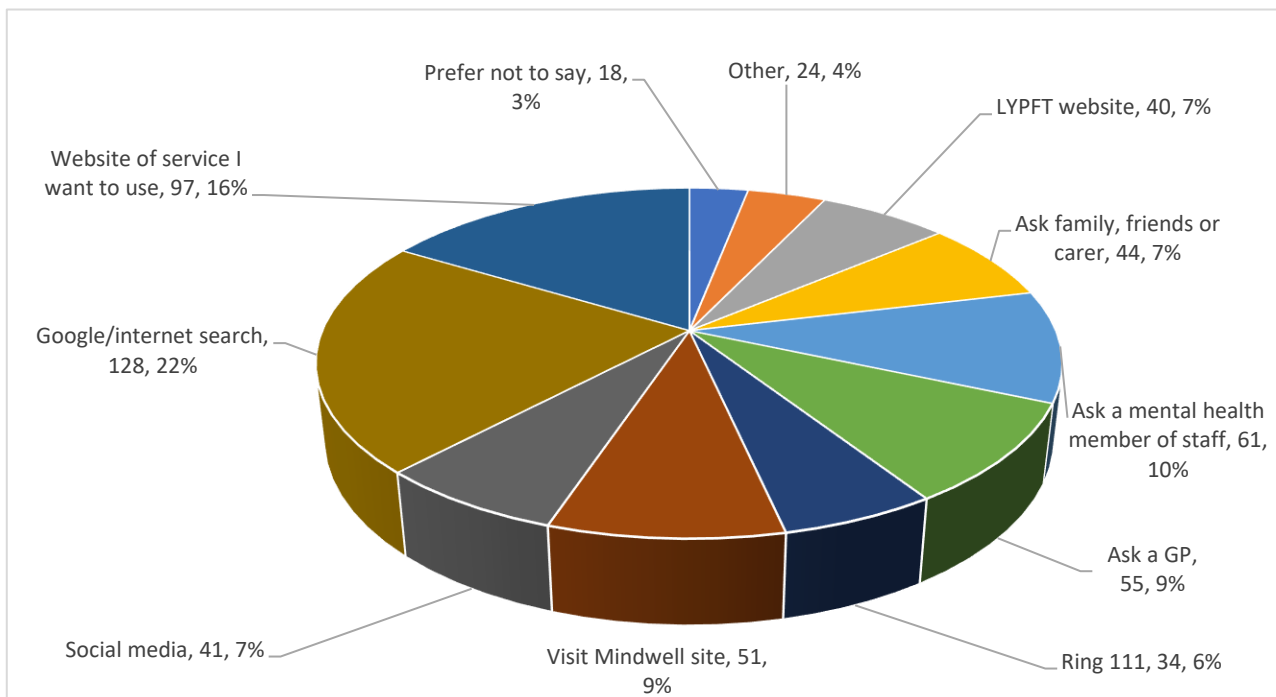
**"Primary care and Emergency Departments [ED, formerly A&E] could be made more aware of the alternative services that are available so more signposting could occur."**

**Current or past user of mental health services**

**Where would you go to find out information on mental health services?**

At the end of each of the surveys, we asked people to think about where they would go to find out more about the service they are looking for.

From the 216 people who fed back via the survey, 198 answered this question, 18 did not. People could choose more than one answer.



- 22% (128 people) would use an internet search
- 16% (97 people) would go direct to the website of the service they wanted to use
- 10% (61 people) would ask a mental health member of staff
- 9% (55 people) would ask their GP
- 9% (51 people) would visit the Mindwell website ([www.mindwell-leeds.org.uk](http://www.mindwell-leeds.org.uk))
- 7% (44 people) would ask a family member, friend or a carer
- 7% (40 people) would visit the LYPFT website
- 6% (34 people) would ring NHS 111

- 4% (24 people) would use another method

People told us, quite significantly, that navigating and finding the correct information for the services they are looking for can be difficult, especially when you're not well. People fed back about having too many options that can be confusing and then not meeting the right criteria to access the service.

"It can be hard to know what support is there, and where to find out what support is there. It can be hard to find what support is actually available."

**Current or past user of mental health services**

Despite having used mental health services both currently and in the past, a significant amount of people were not aware of MindWell. Those who had used it before said that it was a useful tool that had "some good stuff on it", however many felt that it had not been promoted enough as they had not heard of MindWell, which could be done using GP surgeries as well as promotion on social media.

"If Mindwell is 'THE mental health website in Leeds' then why don't we know about it?"

**Current or past user of mental health services**

People fed back significantly that they would like to see information about services in one place so it easier to find the information they are looking for. People in focus groups and workshops suggested using the Mindwell website to house everything mental health related so that it is the only place people need to go as a starting point to get any information mental health related.

## Key findings and recommendations: Cross-cutting discussions

Key finding	Next steps	How you can help
People told us that they were keen to see services integrate and work more closely together to improve the service user journey.	We will work with our partners in the city to understand how we can work in the most effective, efficient, and simple way to ensure the service user experience avoids repetition and meet their individual needs.	Share your feedback of using health service so we can see what is working, or not: <a href="https://www.leedsccg.nhs.uk/feedback/">https://www.leedsccg.nhs.uk/feedback/</a>
People told us several ways we can improve access to services for people from diverse ethnic communities and other vulnerable backgrounds	Working with existing third sector organisations and other partners in the city, we will explore the best ways implement the suggestions from this work to ensure that the diverse ethnic communities accessing our services are at the heart of what we do.	If you have more ideas or want to talk to someone about what you have read, please get in touch with <a href="mailto:Leedsccg.comms@nhs.net">Leedsccg.comms@nhs.net</a> or call 0113 843 5470
People told us that they want to be appropriately signposted and communicated with by health services about support options that are available	As we move to a more integrated system, we will make sure we explore how we communicate and raise awareness of different services.	If you want to have your say on the materials we develop, you could join our reader group. Find out more by visiting: <a href="https://www.leedsccg.nhs.uk/get-involved/getting-more-involved/reader-group/">https://www.leedsccg.nhs.uk/get-involved/getting-more-involved/reader-group/</a>
People told us about where they would go to find information on mental health support services. They told us they would prefer one place to find all the information they need.	We will work with mental health providers in the city as well as the Mindwell website developers to explore how we can make Mindwell the central place to find out information on mental health support services in the city.	We'd welcome any feedback you might have on the Mindwell website. Visit the site here: <a href="https://www.mindwell-leeds.org.uk/need-urgent-help/">https://www.mindwell-leeds.org.uk/need-urgent-help/</a>  You can send your feedback here: <a href="https://www.mindwell-leeds.org.uk/about-mindwell/contact-mindwell/">https://www.mindwell-leeds.org.uk/about-mindwell/contact-mindwell/</a>

## **A. Crisis and urgent care support services**

### **What do we mean by ‘crisis and urgent care support services’?**

These are services people can access when they are experiencing a mental health crisis and need a place of safety or urgent support at times when other services aren't accessible. These services provide different levels of support, including peer support from other service users, one-to-one support from mental health staff, safe spaces for de-escalation and preventative work to stay as safe as possible. This is done both in-person, on the phone, or online.

In this review, we are referring to the following services:

- Dial House
- Connect Helpline
- Dial House @ Touchstone
- Leeds Survivor Led Crisis Service deaf project
- Well Bean crisis cafes
- High volume service user project

For more details about each service and what they provide, see Appendix B (page 58).

If you find you need urgent support, please visit: <https://www.mindwell-leeds.org.uk/need-urgent-help/>

## **Our proposals to improve crisis and urgent care support services**

To enhance mental health crisis and urgent care support services, we were proposing:

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

### **Who did we hear from?**

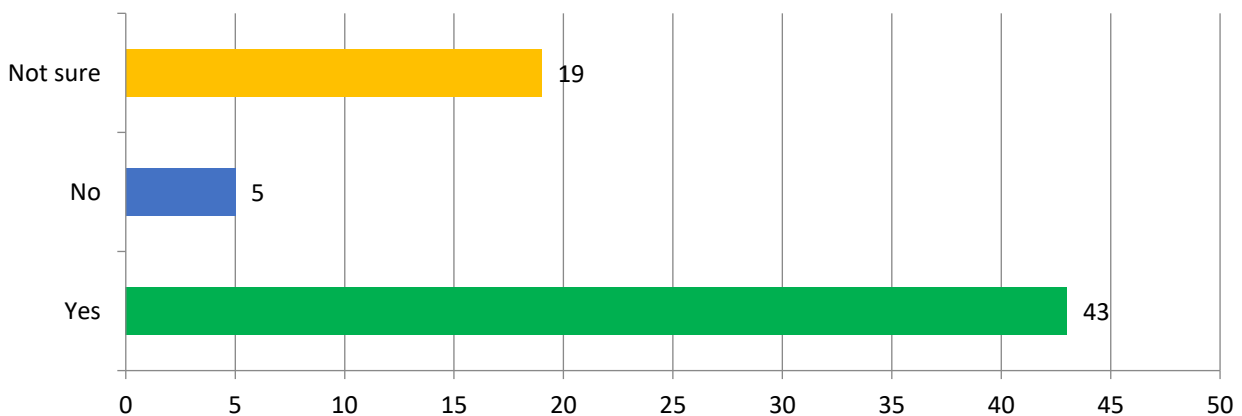
- Workshop: 23 people
- NHS Leeds CCG led focus group: 4 people
- Survey: 68 people
  - Service users: 34
  - Carers: 9
  - Members of the public: 17
  - Staff: 7
  - Other: 1



## Single contract

We asked people if they agreed that bringing all crisis and urgent care support services together under a single contract would make it easier to deliver joined up support for people who need it.

Of those who responded via survey, 67 people answered this question, 1 person did not.



64% (43 people) of people who answered the question via the survey agreed with the proposal and that the creation of a single contract would be of benefit.

People in the surveys, workshops and focus groups told us that it would:

- Make it easier to get help and help simplify a complex mental health system.
- Create a more coordinated and efficient service that works better together.
- Increase capacity through reduction of duplication and increase in efficiency.
- Help avoid repeating yourself as a user of the service.

**"It may be useful to bring together services, if capacity is reached at one, they could do an internal referral. Or have a joint referral process."**

**Current or past user of mental health services**

**"A single contract would be better; it will help service users identify the service they need to access in their hour of need. Mental health services in Leeds appear to be very fragmented and so not easily available to those who are looking for it and those who need it with some urgency."**

**Member of the public**

Nearly a third of people who responded via survey (19 people), were unsure about the proposal. One of the main concerns raised about the proposal was about the separate services losing their unique identities and some of the services they provide. In addition, there were some concerns about one service potentially missing people it needs to work with. People also raised concerns about a single contract being 'over-managed'.

“These individual services work better on their own, as it enables them to meet a variety of needs and support for individuals – to bring these services under one contract you would have to create a template of policies and procedure, which they would have to adhere to.”

**A member of staff from Leeds and York Partnership Foundation Trust (LYPFT)**

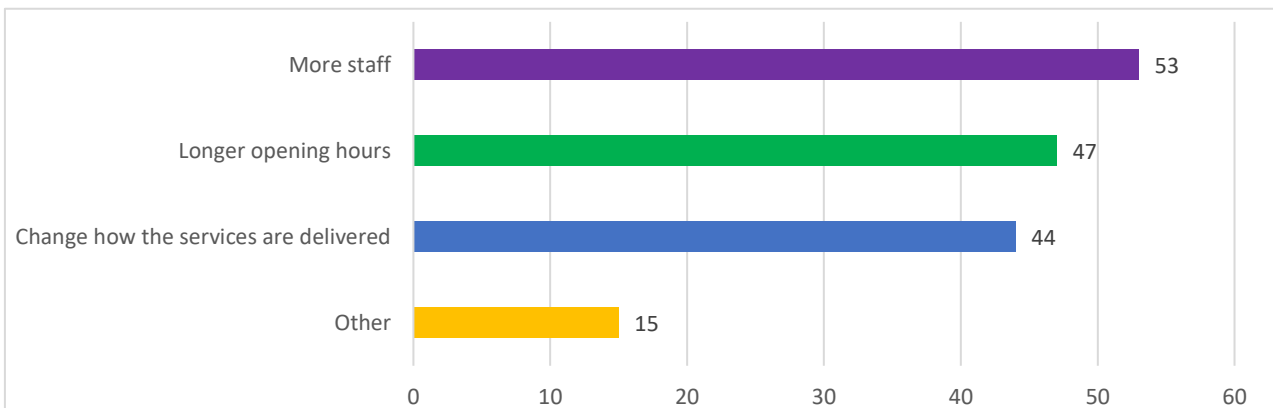
“My experience of other services that very often, one service (whatever the original intention) become more generic and the individual and differing needs of client groups are neglected. It addresses the (perceived) majority with others treated as exceptions, marginalised rather than inclusive.”

**A member of the public**

### **Increasing capacity of crisis urgent care services**

We know that demand almost always exceeds the support that can be offered by crisis and urgent care services at present. With this in mind, we developed some suggestions in our workshops as to how we can help increase capacity. We asked people to tell us which of those options they thought would help us offer support to more people.

Of those who responded via survey 67 people answered this question, 1 person did not. People could select more than one option.



People told us that all the proposed options would help increase capacity. People were, as expected, supportive of more staff in services. Some people suggested that the staff would benefit from additional training, such as trauma informed training, to better support service users.

In discussing longer opening hours, a lot of people told us they think that there should be 24-hour crisis and urgent care support from these services. People suggested that all services should be available all the time to anyone, referencing the crisis support for people from diverse ethnic communities that is only available on a Tuesday and Thursday or that support is limited on Tuesday and Thursday if you're not from one of those communities.

“Dial House should be 7 days a week, just like Well Bean Café because people from a non-BME community are limited to 5 nights per week from Dial House.”

**Current of past user of mental health services.**

"I would like to see crisis services open beyond 2am. Sometimes in the real early hours, you do feel alone and there's nowhere to go besides the Emergency Department."

**Current of past user of mental health services.**

People were also supportive of additional locations and bigger premises to allow more people to attend crisis and urgent care services when they are needed. There were suggestions to introduce 'crisis support hubs' in local communities that could provide additional support services to make up the time when services like Dial House or Connect Helpline are not available.

"New sites maybe better placed to deliver these services such as larger building with grounds...Physical space of the building is one of the current limitations due to only so many people being allowed per room. Much less people are able to attend Dial House and Touchstone because of the shape of the building and the size of the rooms."

**A member of staff from Leeds Survivor Led Crisis Service.**

"People do not always have access to transport either private or public, the fare to access the bus or are rurally isolated or simply find Leeds a bit scary. Services are over city-centric and should be provided 24 hours a day, 7 days a week in communities."

**Current of past user of mental health services.**

"Can they not be based locally out of hubs or health centres? Even if they can't necessarily provide all the night stuff, a mental health support hub that is available during the day/early evenings at the least make the difference."

**A carer, family member or friend of someone who has used mental health services**

People felt that new locations and a person-centred and flexible approach would make crisis and urgent care support services more accessible to people. This included mention of access to translators, a warm and welcoming service as well as a greater understanding of, and empathy towards, people's situations.

We asked people to suggest their ideas for how to increase capacity in crisis and urgent care services if they selected 'Other' as an option. Some ideas included:

- Using different communication methods
- Drop-in trauma support centres
- Home visits
- More outreach work, including check-ins and follow up appointments
- More promotional work
- Easy to follow pathway instructions
- Investing in preventative measures and improve the flexibility of the criteria needed to get help from such preventative measures.

"If you spend time and money on [preventative] interventions, you reduce the need and cost associated with more crisis type services."

**A carer, family member or friend of someone who has used mental health services**

"What do they expect me to do? Take an overdose and then be like, yes, I'm bad enough. Even with a history of suicide attempts, ending up in intensive care, and they still don't think I'm bad enough."

**Current or past user of mental health services.**

### **Did people tell us anything else about crisis and urgent care services?**

People suggested, and were supportive of, a single point of contact for people to get help when in a crisis, regardless of where that service is provided. People suggested this point of contact would work with the person in need to help them find the most appropriate place and get help as soon as possible.

"When I need help my mind is not able to work properly and my ability to source the correct service when I have been so ill has been difficult, made me feel worse and was told to ring another service. It took courage to make the effort to dare to phone in the first place so the initial call could be to a central number who will sort this out for the service user."

**Current or past user of mental health services**

It has been noted by users of mental health services that although GP surgeries are often the main point of call in a mental health crisis, it is often the experience that any intervention is ineffective in addressing mental health difficulties at the time. Service users expressed that they would want their GP to connect them with other mental health services, rather than relying on medication. Additionally, it was noted that when people searched for help themselves, they were not eligible for support, or sent back to their GP.

This has similarly been reported with people's experiences of being under community mental health teams who are not aware of what services people can access, or if they have accessed them at all, as the services do not feed into one another.

"When I've used these services in the past, my GP and my community mental health team (CMHT), including my care co-ordinator, have been unaware that I have done so. Also, if my mental health has deteriorated further, hospital admission teams are unaware of my recent use of any third sector service. Sometimes it's been suggested I use one of the services I've already been using, resulting in no escalation of care."

"I think the less I have to repeat myself to professionals when I am unwell the better – I'd like the info to be shared to help people talk to me better and create an accurate picture of my mental health needs too."

**Current or past user of mental health services**



## Key findings and recommendations: Crisis and urgent care support services

Key finding	Next steps	How you can help
<p>People told us that they were generally supportive of the creation of a single contract for crisis and urgent care support services.</p>	<p>We will work with in NHS Leeds CCG and Leeds City Council to explore the creation of a single contract to deliver crisis and urgent care support services in Leeds.</p>	
<p>People told us that longer opening hours, more staff and changing the way crisis services are delivered, including more locations of existing services would help improve capacity of these services.</p>	<p>We will explore potential opportunities to:</p> <ul style="list-style-type: none"> <li>• Bring crisis and urgent care support services to new, out of the centre, locations in Leeds.</li> <li>• Increase access to crisis and urgent care support to ensure that 24 hours of alternative care are covered.</li> <li>• Explore the idea of 'crisis mental health support hubs' that could be accessed in local communities.</li> <li>• Recruit new staff or volunteers who can be trained to support services.</li> </ul>	<p>Share your feedback of using crisis and urgent care support services so we can see what is working, or not: <a href="https://www.leedsccg.nhs.uk/feedback/">https://www.leedsccg.nhs.uk/feedback/</a></p> <p>You can help shape how services are delivered by getting more involved, either with the service directly or with 'service user involvement' projects, such as the Service User Network or Together We Can Network. More information can be found:</p>
<p>To improve integration and the pathway of care, people told us they want to see their information being shared with relevant organisations that are working together (such as GPs or care co-ordinators).</p>	<p>We will work with relevant partners in the city to see how we can enhance the care pathway; looking at opportunities to improve the information sharing between services, such as GPs and community mental health teams, as well as mental health support services.</p>	<p><a href="https://www.leedsandyorkpft.nhs.uk/get-involved/service-user-network/">https://www.leedsandyorkpft.nhs.uk/get-involved/service-user-network/</a></p>
<p>People told us that getting help when you're unwell can be stressful, upsetting and confusing</p>	<p>We will explore the creation of a single point of contact for all crisis and urgent care support in Leeds so that people have one number to call when in a crisis or urgent care situation.</p>	

## **B. Supported accommodation services**

### **What do we mean by ‘supported accommodation’?**

A variety of services are provided in Leeds which offer accommodation and support for people with mental health problems.

Some offer on-site staff who sleep there while others have staff nearby and people have their own self-contained accommodation. The length of stay in services varies between 9 months and up to 5 years, and they offer support to people who have a variety of support needs. Eventually people leave these services to go to more independent accommodation – “move on” – or to an alternative service.

In this review, we are referring to the following services:

- Supported accommodation provided by Community Links:
  - The Maltings
  - Rose Villa
  - Alexander House
  - Octavia House
  - Brigid House
  - Oakwood Hall
- Foundry Mill, provided by Catholic Care

For more details about each service and what they provide, check Appendix B (page 58).

### **Our proposals to improve supported accommodation services**

To enhance mental health supported accommodation services, we were proposing:

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

### Who did we hear from?

- Workshop: 22 people
- NHS Leeds CCG led focus group: 4 people
- Survey: 23 people
  - Service users: 6
  - Carers: 1
  - Members of the public: 10
  - Staff: 5
  - Other: 1

### Improving supported accommodation

To help meet the most complex needs of people accessing supported accommodation, we proposed to increase staff numbers and be more flexible about length of stay. We asked people if there was anything else, we should consider to improve supported accommodation services.

People agreed that more staffing and flexible lengths of stay would be of benefit.

**"An increase in staff numbers and length of stay for people with complex needs would be beneficial to the current referrals we have been receiving, and we have not been able to meet their needs due to our staffing levels."**

**Member of staff from Catholic Care**

Service users who gave their feedback suggested that there should be an option to have long term, or permanent supported accommodation, highlighting that a move out of accommodation can be destabilising for someone's mental health. Additionally, service users told us that moving on takes them away from the friends and social networks they have established whilst being in supported accommodation.

**"It's a huge impact for an individual to manage living on their own, manage bills, property and the condition of the property – repairs, decoration etc. is overwhelming for vulnerable people."**

**Member of staff from Catholic Care**

**"Provide more accommodation where people can be cared for their whole life, if necessary. Not everyone is able to move on and it shouldn't be assumed that everyone can move onto a reduced care situation."**

**Current or past user of mental health services**

Other suggestions to improve supported accommodation services included:

- Accommodations should have a dedicated phone number that residents can ring specifically for mental health concerns; some residents don't feel confident speaking to staff on site.
- Community outreach support, checking in with people after they've moved on.

- Have short break/respice/emergency accommodation available.
- Improve understanding of potential cultural barriers to living in supported accommodation.
- Improve the quality of the accommodation people are using.
- Training for staff on the different needs of service users – including mental health first aid, dual diagnosis and trauma support training.

“There is a system of support workers here (at Emmaus), but they haven’t had any training. It would be better for them to have training on how to deal with mental health and recognise the signs. We have first aid training and good hygiene, but they don’t have mental health first aid training.”

**Current or past user of mental health services**

### **Flexible stay**

We asked people if they agreed with our proposal to provide a more flexible stay in supported accommodation services that are based on people’s individual needs and circumstances. Of the people who responded by survey, 22 people answered this question, 1 did not.

100% of people who answered the question agreed with the proposal, stating that flexible lengths of stay would be:

- helpful in avoiding homelessness
- providing people with more stability
- more person-centred

“You need to take a more flexible, people centred approach. And there needs to be more activities in the accommodation, and outside, to stimulate people and prevent loneliness and social isolation.”

**Current or past user of mental health services**

- helping to remove the pressure that might be felt that someone must move on within a certain time

“Services should be needs led and not vacancy led, too much pressure for clients generally to ‘move-on’, regardless if ready.”

**Member of staff from Touchstone**

“I strongly agree with this. The length of stay should reflect an individual’s specific needs, linked to their mental health issue. It makes no sense to impose a 2-year cap, and then move people on, which will only cause further mental health distress and exacerbate issues around loneliness.”

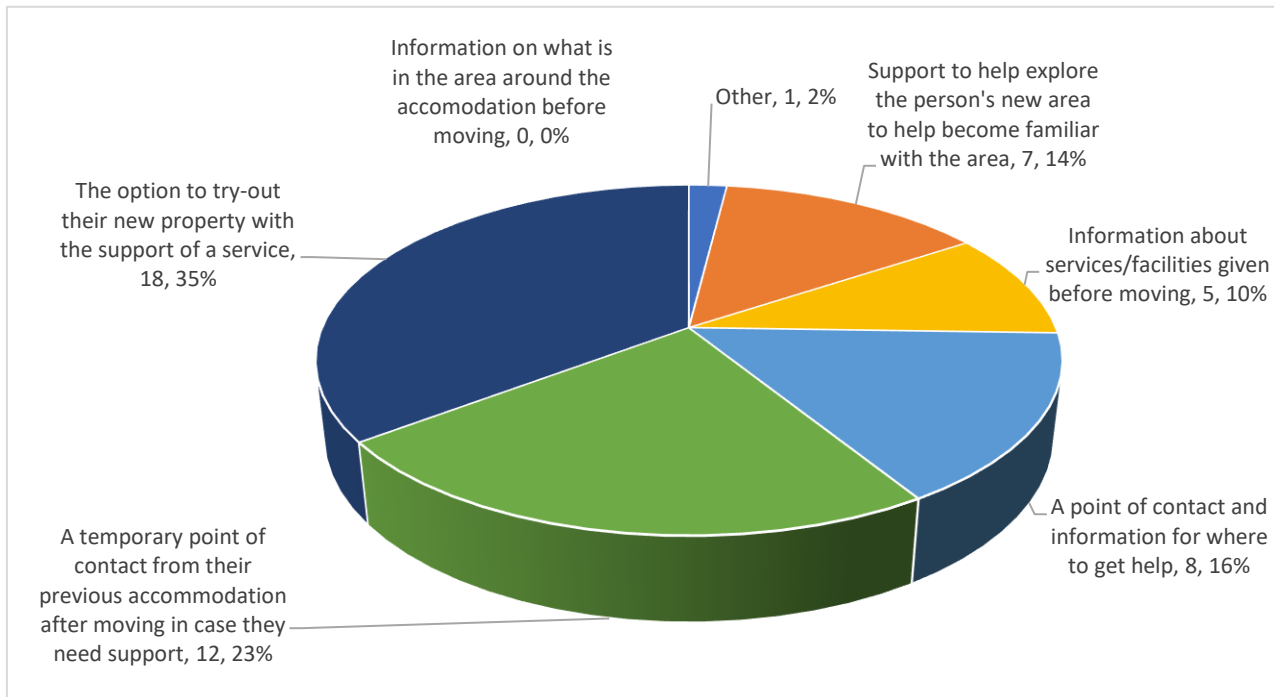
**Current or past user of mental health services**



## Moving on support

One of our proposals was to expand the number of move-on community properties and give people an option to 'try-out' an accommodation for committing to move. Along with that option, we suggested several other ideas that might be of use to people in moving to their next accommodation or moving on from their current service.

Of the people responding by survey, 21 people answered this question, 2 did not. People were asked to pick the 3 most important choices.



- 35% (18 people) said the option to try-out a new accommodation was important.
- 23% (12 people) said they would like to see a temporary point of contact from their previous accommodation support them after moving on.
- 16% (8 people) said they would like to have a point of contact for information on where to get help, if needed.
- 14% (7 people) said they would like someone to help explore the new area, so they are more familiar with it.
- 10% (5 people) said they would like information about the services and facilities that are available in the area they are moving to.
- 1 person suggested having a permanent point of contact.
- No one, from the survey, said they wanted information on what is available around the area of their new accommodation before moving.

People also fed back that services need to support service users to develop or maintain social networks with friends and family (where appropriate). Often it is too focussed on the individual moving and not the support around them that might help.

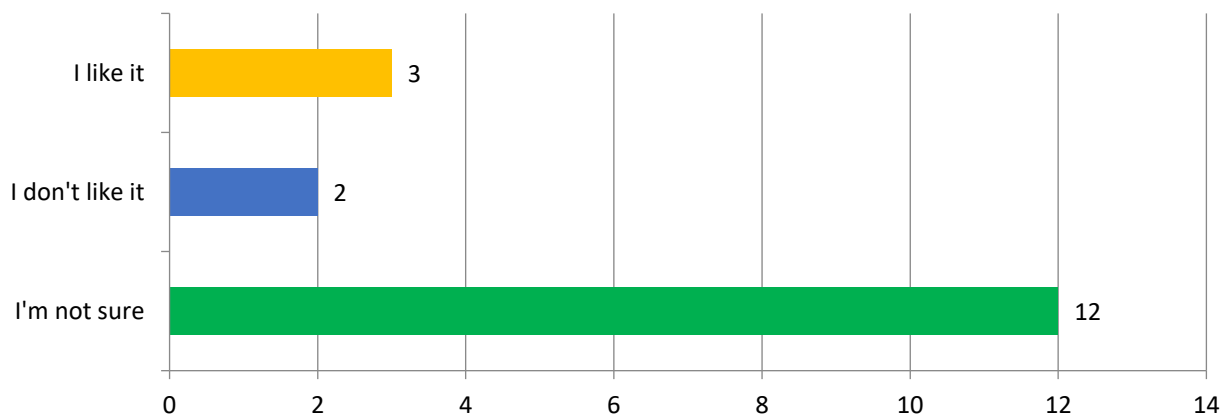
Additional feedback from workshops and focus groups highlighted the issue of giving people who were unwell and in recovery, short-term housing contracts that might create additional stress due to the added time pressures of moving on or becoming homeless.

People said that getting a tenancy should not be rushed. People described the experience of being rushed to decide to sign-up to a tenancy on a Friday and move in on the following Monday.

### Oakwood Hall

At Oakwood Hall, nursing care is provided on site at present. This means that nurses are based at the service. To promote independent living, we suggested that it may be possible to move this to a community nurse-based approach. This means that nurses would no longer be on site all the time but would be contactable when needed and visit regularly.

We asked people to tell us whether they liked the idea or not. Of the people who responded by survey, 17 people answered, 6 did not. Of those people, only 1 person has had experience of using Oakwood Hall.



12 people (70%) of people who responded were unsure about the proposal, with 3 people (18%) liking the proposal and 2 people (12%) not liking it. People mentioned that it could promote independence as proposed but raised concerns about emergency situations when nurses might be needed.

**"I've had to stay in a ward where I felt trapped. Community nurses would benefit everyone involved, not keep people stuck."**

**Current or past user of mental health services**

**"In case someone is in an urgent situation, it might be better on site."**

**Member of the public**

Feedback in the supported accommodation workshop we held in June highlighted concerns about the prevalence and use of class A drugs. It is reported that drug dealers target the accommodation as they may be aware of the history or difficulties of service users housed at the service. People expressed concerns that a move to community-based nursing may exacerbate the situation.

We are working directly with Oakwood Hall and its service users to continue to enhance the service provided there.

## Did people tell us anything else about supported accommodation services?

Feedback from Leeds and York Partnership Trust (LYPFT) NHS mental health services highlighted that people can get stuck as inpatients due to a lack of appropriate accommodation for service users to move to. Additionally, with a reduction in some of the inpatient services beds, it is becoming more difficult to find accommodation for people.

Feedback from workshops and focus groups highlighted that smooth pathways and a good system to quickly and easily get people in and out of accommodation was needed.

## Key findings and next steps: Supported accommodation services

Key findings	Next steps	How you can help
People told us that they supported the proposals to increase staff numbers	We will explore how best to bring new staff into supported accommodation services, with a multi-disciplinary approach to provide new support and activity options for service users.	You can help shape how we develop our supported accommodation services. To find out more how to get more involved, please contact <a href="mailto:adam.stewart1@nhs.net">adam.stewart1@nhs.net</a>
People were supportive of a flexible, person-centred approach to length of stay.	We will work with providers and service users to create a collaborative culture in accommodation services to ensure service users and staff are involved in determining length of stay on a person-by-person basis.	Please talk to your/or the person you care for care team if you want to talk about the length of stay in supported accommodation services.
People were supportive of a range of options to help support people in transition of moving on between different accommodations and services.	We will work with providers and services to explore the different options for 'moving-on' so that service users feel more comfortable and confident to move-on in the right ways for them.	Have your say and help shape what these options might look like in the future. You can sign up to our network to find out about opportunities to get involved and have your say: <a href="https://www.leedsccg.nhs.uk/get-involved/stay-in-touch-stay-informed/join">https://www.leedsccg.nhs.uk/get-involved/stay-in-touch-stay-informed/join</a>
People were unsure about the proposals for Oakwood Hall.	Work with service users and staff from Oakwood Hall to explore options of how to develop the service.	Share your feedback of using Oakwood Hall or other supported accommodation services so we can see what is working, or not: <a href="https://www.leedsccg.nhs.uk/feedback/">https://www.leedsccg.nhs.uk/feedback/</a>

## **C. Employment support services**

### **What do we mean by ‘employment support’?**

In the context of this review, we are considering primarily employment support services for people with more serious mental illness who are engaged with secondary care mental health services (that is, generally, services provided by an NHS mental health hospital trust).

Nationally, the NHS supports the Individual Placement and Support (IPS) programme. The IPS works with individuals who are accessing secondary care mental health services to prepare and support them to obtain the paid work of their choosing. In Leeds, the IPS service is provided by Leeds Mind, who also delivers the long-standing WorkPlace Leeds service which is the focus of this review theme.

For more details about each service and what they provide, check Appendix B (page 58).

### **Our proposals to improve employment support services**

To enhance mental health employment support services, we were proposing:

- To set up a proper pathway into employment support in Leeds, so that people can receive the right support at the right time and place to meet their individual needs.
- There are lots of organisations in Leeds providing different types of employment support for people with mental health issues. We want to bring these together to create a ‘single point of access’ so that this forms part of an integrated service that will help to deliver on the employment education and training priority in the Leeds Mental Health Strategy.
- To strengthen the IPS service in Leeds to make sure as many people as possible can benefit from it, we want to make sure that people know about it and know how it can help, especially mental health professionals and others who provide services to people with mental health issues.

### **Who did we hear from?**

- Workshop: 21 people
- NHS Leeds CCG led focus group: 3 people
- Survey: 29 people
  - Service users: 14
  - Carers: 4
  - Members of the public: 9
  - Staff: 1
  - Other: 1

## What works well in employment support services?

We asked people to tell us what they've found has worked well when accessing employment support and training in Leeds.

People who completed the survey, shared their positive feedback of using WorkPlace Leeds and complimented the supportive staff as well as the range of regular support available. They noted the benefit of having someone to talk to, someone to liaise with a workplace as well as providing skills development and support as being particularly helpful.

"Having support from WorkPlace Leeds has provided me with a regular point of contact for support returning to work and throughout finding a job that suits me and my needs better. Having that regular contact with someone who was able to offer help, advice and just listen to me was so valuable. Having the support for a year has taken me from a role that was making my mental health worse to one that massively improves it."

**Current or past user of mental health services**

"When I was assessed as being too unwell to find employment, they instead helped me find skills sessions/hobby sessions which led to education. I wasn't dropped because I wasn't a "perfect fit" for employment. I feel like staff cared about my development."

**Current or past user of mental health services**

People also told us that they liked the person centred and "adaptable approach" that WorkPlace Leeds takes, telling us that it has helped educate and improve their self-worth.

"The level of specialist advice has been really good and welcome. It enabled me to re-look at my CV and where to look for jobs...I wrongly assumed, as I would have guessed many do, that [the service] is aimed at a younger person rather than likes of me, who has been in work for 25 years."

**Current or past user of mental health services**

"I've learned a lot more, I now definitely know where to go to find a job, I feel more confident now."

**Current or past user of mental health services**

## Improving access to employment support

We asked people to tell us if there was anything they think could improve access to employment services, such as WorkPlace Leeds.

People fed back in the workshops and via the survey that just knowing the service is available as an option would improve access and noted that primary and secondary services are not aware of the specialist employment support available. People also noted that it can be difficult find information elsewhere.

People in the workshops suggested some outreach work with employers and agencies to promote and spread the word of the service.



"I was lucky enough to find out about this service, but I know others who have not been introduced to it that would benefit greatly."

**Current or past user of mental health services**

People also mentioned the difficulties in getting referred into the service with referral criteria being a barrier to access.

"I pay council tax to Leeds but access CMHT in Harrogate through TEWV. When Harrogate CMHT initially tried to find me employment support, they realised I was ineligible for Harrogate services as I don't pay council tax there. Harrogate then didn't know where to send me, despite me not being the sole person in this cross-boundary situation. My care co-ordinator got in touch with some Leeds services after some researching. Initially, I couldn't get access to the Leeds ones either as their criteria is not where you pay council tax, but where your care co-ordinator is based. I was in a situation where I didn't qualify for Leeds or Harrogate. Leeds eventually bent their rules to allow me to use their third sector services, but it was really stressful not having anywhere to go and no way of progressing."

**Current or past user of mental health services**

"In terms of accessing the services, it is not known about and only accessible through round after round of referrals from different services to find one that can actually refer you to the proper service."

**Current or past user of mental health services**

People suggested creating some online resources that people could access if there is a delay in getting direct support from WorkPlace Leeds.

"An online list that could provide information to users and where they could apply directly."

**Current or past user of mental health services**

"The waiting list was so long that I'd found a job by the time I got to the top of the list. Then I couldn't access support to keep that job because that needed me to be on a new waiting list – by the time I'd got to the top of that waiting list, I'd already lost the job and had to go back on the other list."

**Current or past user of mental health services**

### **Did people tell us anything else about employment support services?**

People discussed time being an important factor in accessing employment services. Discussions in the workshops noted that people need to have realistic and achievable goals, ones that are not time pressured. They also discussed supporting people with these types of services as early as possible, working with the person needing the support; taking time but starting off slow and building to more substantial support, keeping that person informed as to the next stages of support.

People in focus group discussions were keen to see specialist employment services linking up with community groups to run employment courses and provide other support.

This was noted to be of benefit to people from diverse community backgrounds, particularly the Gypsy and Traveller communities who feel that their background already creates barriers to finding employment.

"I feel like they discriminate against me because I am a Traveller, if they knew I had a mental health problem, it would be even worse."

**Current or past user of mental health services**

Discussions in focus groups also covered additional help to cover self-employment support as well as coaches and mentors in workplaces. People spoke positively about employability schemes for supporting mental health in work.

**Key findings and next steps:  
Employment support services**

Key findings	Next steps	How you can help
People were largely positive about their experiences accessing employment support.	We will share the positive feedback with staff and the service. We will also be sure to share any learning and good practice with partners and see how we can improve integration between them.	Please continue to share your feedback so we can share with services what is working and what needs improving: <a href="https://www.leedsccg.nhs.uk/feedback/">https://www.leedsccg.nhs.uk/feedback/</a>
People fed back that the referral criteria from services and funders to get help from employment support services could be difficult and create barriers to getting support.	We will work with providers to explore how we can improve how people can get referred to their services so more people who need help from employment support services can do so in a more efficient way.	If you want to share feedback with Leeds Mind directly, you can contact them on their website here: <a href="https://www.leedsmind.org.uk/contact/">https://www.leedsmind.org.uk/contact/</a>
People suggested creating an online resource where people could online help or find useful resources.	We will explore the best place to locate helpful resources for people so they can find information they are looking for in one, easy to find place.	The Mindwell website has a lot of support and resources available in one place. You can have a look and let us know if you have any feedback too: <a href="https://www.mindwell-leeds.org.uk/">https://www.mindwell-leeds.org.uk/</a>

## **D. Specialist community support and treatment services**

### **What do we mean by ‘specialist community support services’?**

These are services for people with severe or very severe mental health problems who need specialised support to enable them to continue living in the community rather than an accommodation-based service.

People referred to specialist community support services will often have found it difficult to engage with statutory NHS services. This type of support can include intensive outreach services, using a person-centred approach to create and deliver a package of support tailored to an individual’s needs, this enables services users to achieve recovery goals and prepares them for discharge from secondary services. There are many possible routes out of the service, and each person’s route will be individual to them.

The service we’re referring to here is the Community Support Team (CST), provided by Touchstone.

For more details about each service and what they provide, check Appendix B (page 58).

### **Our proposals to improve specialist community support services**

To enhance mental health specialist community support services, we were proposing:

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

#### **Who did we hear from?**

- Workshop: 28 people
- NHS Leeds CCG led focus group: 8 people
- Survey: 29 people
  - Service users: 14
  - Carers: 4
  - Members of the public: 7
  - Staff: 4
  - Other: 0

## What works well?

We asked people to tell us what they think works well about community-based support for people with complex needs.

People told us that having someone to regularly talk to worked well and was valued by people using the service, who told us that it gave them structure and social interactions.

**"It helps me keep a bit of routine in my life, build confidence and have someone to talk to."**

**Current or past user of mental health services**

**"Having a regular point of contact is essential; someone who understands your needs without having to tell your story over and over."**

**Current or past user of mental health services**

People also spoke of the ongoing support and an absence of time pressure (for example, limited number of sessions) as also being a positive of the service. Users of community-based services in the workshop noted that it is important to have the right package of support and a care plan in place for people; ensuring there is a safety net if people need it.

**"In other services, having the pressure to be done in 9 or 12 months immediately halts trust and causes feelings of defeat. It also leads to increased stress and dysregulation as you try to engage in something inappropriate."**

**Current or past user of mental health services**

## What could be improved?

We asked people if they thought anything could be done to improve community-based support for people with complex needs.

People told us that improving the waiting times to get access to community-based support would be of benefit as well as extended opening times and better awareness of what out of hours support there is when people need help.

It was noted in the workshop that it feels like there are a lot of people who could benefit from the community-based support service, but the service is not able to take on more people, leading to the longer waiting lists.

Feedback also included a suggestion to review the referral criteria for people to be accepted into the service.

**"A single point of access for referrals would be good. As I work for a national service, it can often be difficult to know referral platforms for services in different parts of the city."**

**Member of staff from Gender Identity Development Services**

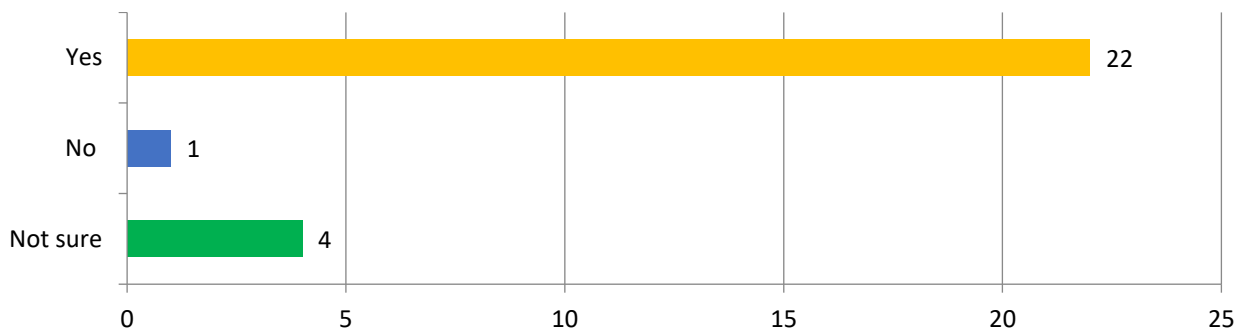
"Wider referral sources, it seems limited to those engaged with mental health services already, so many are unable to access who could really benefit. Feels like an exclusive club not available to most people just because they don't have a CPN already."

**Member of the public**

## Peer support

We asked people to share their thoughts on our proposals to increase access to peer support and whether they thought it would be a helpful way to enhance the support that is offered to people in the community.

Of the 29 people who fed back via the survey, 27 people answered the question, 2 did not.



- 22 people (81%) agreed that peer support would be a helpful way to enhance community-based support.
- 1 person (4%) did not agree that peer support would be helpful.
- 4 people (15%) were unsure if peer support would be helpful.

People were supportive of peer support. They fed back that people with lived experience could provide a valuable and unique type of support, including social support. Social support was seen as a really important tool for some people with complex mental health needs have little support from friends and family and can therefore feel quite isolated. People appeared keen to back peer support with well trained staff who can support a peer support programme.

"I know the person I care brightens up when I ask whether he'd like to meet other people who've faced the same struggles. This isn't offered to him, however. Feeling not so alone in your problems would surely help him?"

**A carer, family member or friend of someone who has used mental health services**

"I do think that peer support is a good thing for mental health patients. It will help the patient to talk through like for like thoughts and situations – help them to realise they are not alone, and it will potentially help build relationships outside the family. Obviously, there needs to be good rapport for it to be effective."

**A carer, family member or friend of someone who has used mental health services**



It has been suggested that LYPFT have some good examples of introducing paid peer support workers that could be learned from.

### Did people tell us anything else about specialist community support?

Several people commented on the lack of awareness of the community-based support that is out there.

**"I really wouldn't know how to access this type of service or even information about it, despite being listed as severe and complex myself. It feels like a guarded service."**

**A carer, family member or friend of someone who has used mental health services**

People also spoke of the need for more consistency and noted that staff leaving regularly can create a lot of instability. People also felt that carers and family members could be involved more.

People in focus groups discussed that more third sector and community groups should be linked into the specialist community support option, including the option for people from diverse community backgrounds to join community groups that match their own community.

### Key findings and next steps: Specialist community support services

Key findings	Next steps	How you can help
People were positive about their experiences accessing community-based support and noted the benefit of the ongoing support and having someone to talk to	We will share the positive feedback with staff and the service. We will also be sure to share any learning and good practice with partners and see how we can improve integration between them.	Please continue to share your feedback so we can share with services what is working and what needs improving: <a href="https://www.leedsccg.nhs.uk/feedback/">https://www.leedsccg.nhs.uk/feedback/</a>
People fed back that the referral criteria from services and funders to get help from community-based support services could be difficult and create barriers to getting support.	We will work with providers to explore how we can improve capacity so more people who need help from community-based support services can do so in a more efficient way.	
People supported the expansion of peer support for people with complex mental health needs.	We will explore how we can increase access to - peer support for people with complex mental health needs. We will work with partners and service users to explore best practice.	The Mindwell website has a lot of support and resources available in one place. You can have a look and let us know if you have any feedback too: <a href="https://www.mindwell-leeds.org.uk/">https://www.mindwell-leeds.org.uk/</a>

## E. Service user involvement

### What do we mean by 'service user involvement'?

'Service user involvement' is the term used to describe the involvement of people who use mental health services in the development of how people receive their own care and how services are run.

It's:

- **The law** – the NHS has a legal duty to involve people in their care and when making changes to services.
- **Involving people in their own care** – when people are involved, they are more confident and have better knowledge and skills to manage their own health and wellbeing.
- **Learning from experience** – people who have experience of services are the 'experts by experience' and know if something is working well or not for them.
- **Demonstrating 'you said, we did'** – we have a responsibility to show that we are actually listening to what people tell us and responding to that feedback

In this section, we are referring to the service user network, Together We Can, that is supported and developed by an Involvement Development Worker, who is hired by Leeds Involving People.

For more details about each service and what they provide, check Appendix B (page 58).

### Our proposals to improve service user involvement services

To enhance mental health service user involvement, we were proposing:

- To set up a new 'strategic co-production' group. This would be a group made up of experts by experience and health and care staff. Experts by experience would take a step-back from their own experiences to consider the wider service user experience and how we hear those voices if there are gaps (including diverse communities). The group will help commissioners and providers make decisions about developing mental health services and hold them to account to ensure the service user voice is heard.
- To set up a new Expert by Experience network for anyone with experience of mental health services to help or be involved with developing mental health services and receive updates about developments in the city. They will have access to a range of opportunities to be involved, which will be developed with members of the network and the strategic co-production group.
- That any new contractual arrangements will specify a clear role to ensure that 'You Said, We Did' examples of how people's input has made a difference are demonstrated.
- That any new contractual arrangement will ensure that there is a clear online presence on a website and on social media.

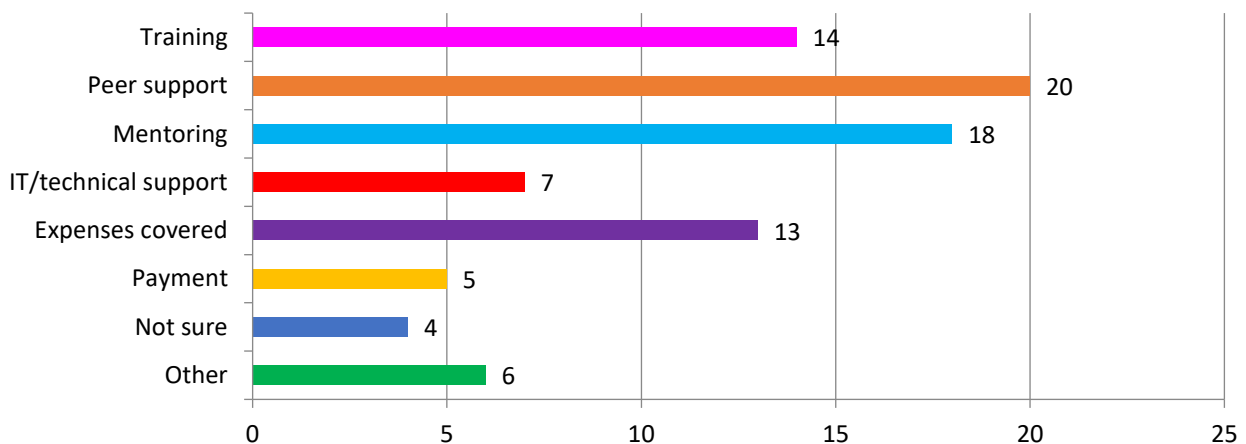
### Who did we hear from?

- Workshop: 31 people
- NHS Leeds CCG led focus group: 6 people
- Survey: 36 people
  - Service users: 17
  - Carers: 7
  - Members of the public: 5
  - Staff: 5
  - Other: 1

### Getting people more involved

We asked people to think about the kind of support people would need to help them get more involved. We presented some suggestions and asked for people to share any ideas they have too.

Of the people who fed back by survey, 34 people answered, 2 did not. People could select more than one answer.



- 20 people (59%) think structured peer support, with staff facilitation, from other people who have experience of being involved would help people get more involved.
- 18 people (53%) think that having a mentor to support them to be involved would help people get more involved.
- 14 people (41%) said that having access to training would be helpful for getting people more involved. People suggested the following training sessions:
  - 'how to be involved'
  - 'knowing you're making a difference'
  - 'privacy'
  - 'getting involved online/using technology'
  - 'equality and inclusion'
  - 'co-production'
  - 'chairing a meeting and taking minutes'
  - 'being an effective public volunteer'
  - 'mental health first aid'

- 13 people (38%) said that having their expenses covered would help people get involved. People told us that cover for travel (public transport and taxis) as well as food and drinks (if needed) should be considered.
- 7 people (21%) suggested providing technical support to people would help them get more involved. They suggested support with:
  - Joining and being involved in online meetings
  - Training on how to use different devices, such as iPads and iPhones to get involved.
- 5 people (15%) said that being paid to be involved would help more people get involved.
- 4 people (12%) were unsure on what would help more people get involved.
- 6 people (18%) suggested some other ideas, including:
  - Information about the groups people can get involved in and what they do.
  - Wider circulation of information and how people can get involved.
  - Sharing examples and case studies of when service user involvement has made a difference.
  - Get involved in events
  - Support development of 'fun' activities

"It is really daunting going from 'not involved' to being in a group representing your thoughts and opinions and those wider than you. It would be good to be assigned a mentor who could provide skill sharing and support if needed in order to begin taking part, and then they remain your mentor so you can easily go to them with any issues or worries, or even positive feedback that occurs whilst taking part.

I also think mental health services could more prominently display, give leaflets or mention to their service users that groups and work like this even exists for them.

I had no idea I could get involved till I was made aware of groups via my own employment outside of services. That doesn't seem right."

**Current or past user of mental health services**

"Clear explanations of what being involved means, as well as one place to find it all I tried looking for Together We Can online and it's a nightmare."

**A carer, family member or friend of someone who has used mental health services**

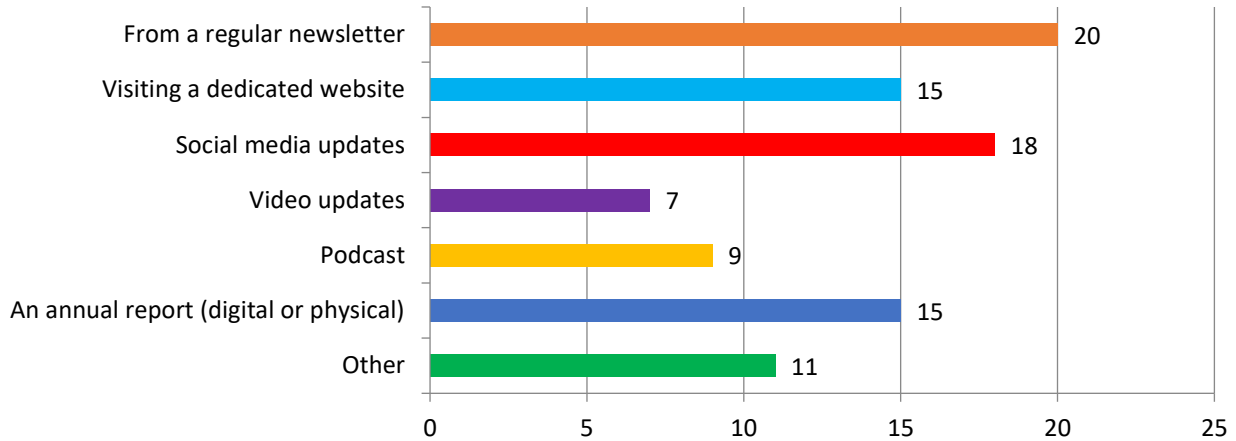
"It would be really great to have all these options to individuals involved and have each person's support tailored to them."

**Current or past user of mental health services**

## Making a difference

We asked people to let us know how they would like to find out about how service user involvement is making a difference. We presented some ideas to vote on as well asking people to suggest their ideas.

Of the people who fed back via survey, 33 people answered the question, 3 did not. People could select more than one answer.



- 20 people (60%) would like to be updated via a regular newsletter.
- 18 people (55%) would like to receive updates via social media.
- 15 people (46%) said they would visit a dedicated website for updates.
- 15 people (46%) also said they would like to receive an annual report.
- 9 people (27%) liked the idea of a podcast to provide updates.
- 7 people (21%) would be happy to receive video updates.
- 11 people (33%) suggested other ideas to get updates, including:
  - Regular meetings to get updates
  - Case studies and ‘storytelling’ of people’s experiences
  - Leaflets with updates that can used to promote opportunities and provide feedback
  - Annual celebration and update events
  - Blogs and vlogs (video blogs)
  - Visiting and volunteering in services
  - Posters
  - Attending strategic meetings
  - Providing all updates in a variety of accessible and alternate materials as needed.

### Reviewing involvement options

We provided people with some examples of opportunities and methods used to involve people. We asked them to share their feedback on the different methods, which you can see below:

- Filling in surveys
- Volunteering to support focus groups
- Staff recruitment and training
- Reviewing involvement plans for proposed service changes
- Taking part in focus groups/events
- Sharing my experience (case studies)
- Helping to design mental health information
- Hosting online/face to face groups with different communities



**Surveys:**

People told us that surveys can be sometimes inaccessible for some people. Some people view them as a tick box exercise and feel that people don't listen to the responses collected via surveys. People also noted that they rarely see follow up or get updates from being involved in a survey. People fed back that to use surveys, the organisation would need to ensure they tailor the surveys correctly to their target audience.

**Focus groups and events:**

People said that they found focus groups and events useful ways to get involved; explaining that people like the social elements attached to being in a group. However, people did note that it can be difficult for certain people to speak up or be involved. People said that, following COVID-19, we should continue to embrace online and offline focus groups (and other activities), but ensure we tailor our approach to our target audience.

**Talks, sharing experience and presentations:**

People told us that these are useful and can be interesting and relevant, providing they are not too long. People said that a range of voices and different experiences are needed to make them relevant. People also noted that translators and interpreters (such as British Sign Language) would be needed to ensure they are accessible.

**Other feedback:**

Additionally, people also fed back that all the options that were suggested are needed as people need a variety of ways to be involved.

"I think you need to do all of these as well as opening it up for more ideas from people who you want to work with. Develop new ideas together, do things differently."

**A carer, family member or friend of someone who has used mental health services**

"Why is it currently all or nothing, either you're involved with a group and you have to dedicate a lot of time, or it's nothing and you can fill in a friend's and family test. Need variety."

**A carer, family member or friend of someone who has used mental health services**

People also noted the importance of follow-up and 'You Said, We Are Doing, How Can You Help' approaches to ensure that people know what a difference their involvement is making and that their contributions are valid and meaningful.

"You are what you do, not what you say you will do" – Carl Jung.

I think it is important for those listening to have a responsibility to act appropriately with the information they hear. How someone responds to listening to a service user's voice can be detrimental to their health if not handled correctly."

**Current or past user of mental health services**

## Did people tell us anything about service user involvement?

There were some concerns raised by people about the management of some of the service user involvement activities. People expressed concern about their views not being listened to, meetings not being chaired properly and concerns about work ethic in some of the volunteers involved. People need a positive experience, or they will disengage and not want to be involved in other opportunities, or be much more resistant to it, at the least.

“Currently, the service [service user involvement] does not meet my needs and it is a negative experience. I would like to attend Together We Can events, but not how they are currently run.”

I find the LYPFT Service User Network more accessible, but this isn't as widespread with its remit, as it focuses on LYPFT work, obviously, but it is run in a more welcoming manner.”

### Current or past user of mental health services

“The patient experience [team] is not interested in taking forward views which disagree with theirs. They claim co-production, it is only present in name.”

### Current or past user of mental health services

“My partner found it difficult being involved with the Service User Network and Recovery College, she found it was often the same people dominating conversations with no direction from the chairs (or it sometimes was the chair). Equally she found that some experts by experience didn't have a positive/productive work ethic when they were meant to be volunteers – interrupting conversations, not using online calls properly and smoking on video. All of this has put her off wanting to continue to be involved with certain groups.”

### A carer, family member or friend of someone who has used mental health services

People in the focus groups and workshops were positive about the proposals to enhance service user involvement. They noted that the proposals sought to modernise ideas and how we do things. They did want to ensure that the remit of the strategic co-production group is clear and that it compliments existing involvement mechanisms in the city. People were also keen that how it works is very clear too, so people know how to get involved and what support they are going to get.

People also liked the move away from ‘You Said, We Did’ to ‘You Said, We Are Doing, How Can You Help?’ to better reflect the ongoing developing nature of health services and a two-way partnership of people being involved (this is reflected in the key findings, next steps and how can you help sections of this report). People also suggested that health services need to be open and honest about what is possible and what isn't, being as specific and explicit about things as possible.

People told us that involvement needs to be more embedded with frontline workers. Only a small fraction of people finds out about these opportunities and a lot of service user involvement opportunities rely on frontline staff to support and promote them.

People also suggested that service user involvement activities or options should be an option in people’s recovery and could feature in their care plans.

Discussions in focus groups also suggested having regular ‘peer support’ meetings for any organisations that are interested in mental health, where they can share best practice and offer support to one another on a regular basis.

## Key findings and next steps: Service user involvement

Key findings	Next steps	How you can help
People were supportive of the proposals to enhance service user involvement in Leeds	We will work with our colleagues and service user networks in the city to develop our proposals and explore how we can implement a new and varied approach to service user involvement	Please continue to share your feedback so we can share with services what is working and what needs improving: <a href="https://www.leedsccg.nhs.uk/feedback/">https://www.leedsccg.nhs.uk/feedback/</a>
People shared their feedback on options to support people to get involved, as well as different ways for people to get involved and find out how their involvement makes a difference	We will work with colleagues and service users across the city to explore the options for a joined-up approach to our involvement activities that consider a tailored and person-centred approach.	You can help shape how services are delivered by getting more involved, either with the service directly or with ‘service user involvement’ projects, such as the Service User Network or Together We Can Network. More information can be found:  <a href="https://www.leedsandYorkpft.nhs.uk/get-involved/service-user-network/">https://www.leedsandYorkpft.nhs.uk/get-involved/service-user-network/</a>
People were keen that any involvement is meaningful and that we demonstrate the difference people’s involvement has made.	We will work with service users and our colleagues to explore ways to ensure we have a consistent approach to reporting a ‘you said, we are doing, how can you help’ approach.	

## **F. Refugee and asylum seeker support**

### **What do we mean by ‘refugee and asylum seeker support’?**

There are two services in Leeds which we commission to provide support to people with experience of migration living in Leeds who have mental health support needs.

These are Solace and PAFRAS, each work with the same group of people but offer specialist services and experience.

For more details about each service and what they provide, check Appendix B (page 58)

### **Our proposals to improve refugee and asylum seeker support**

To enhance refugee and asylum seeker support, we were proposing:

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

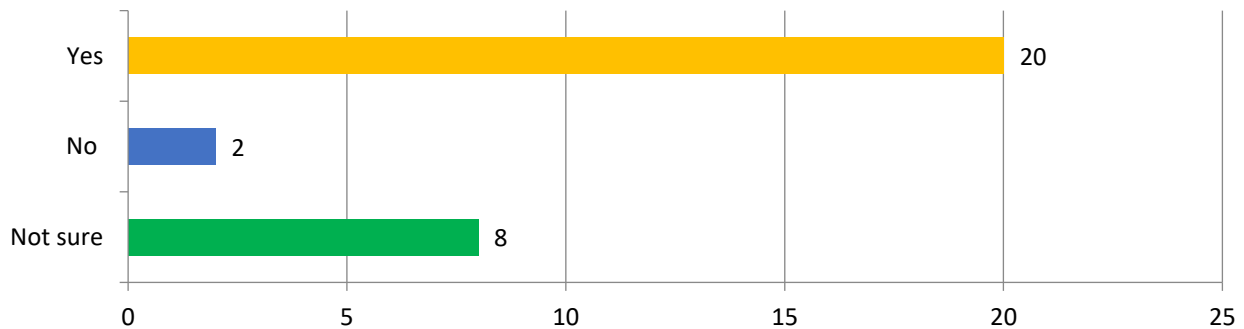
#### **Who did we hear from?**

- Workshop: 27 people
- NHS Leeds CCG led focus group: 4 people
- Survey: 31 people
  - Service users: 7
  - Carers: 2
  - Members of the public: 14
  - Staff: 3
  - Other: 1

#### **Single contract**

We proposed to create a single contract for support services that help people with experience of migration. We think this will help support these services to work together better with each other and other health services in the city. We asked people whether they thought doing this will make a positive difference in supporting people with experience of migration. We then asked people to tell us why they answered the way they did.

Of the people who responded via survey, 30 people answered the question, 1 did not.



20 people (67%) believe that single contract will make a positive difference in supporting people with experience of migration. 2 people (7%) did not, and 8 people (27%) were unsure that it will make a difference.

People fed back that they thought bringing support services for people with experience of migration would help make services work more efficiently and manage demand, identify gaps in what is offered, share resources, take a collaborative approach and reduce barriers to accessing the services.

**"Under one group, issues, problems or solutions that would occasionally go on unseen can easily be noticed."**

**Current or past user of mental health services**

**"I think it's an amazing proposal, very much needed."**

**Current or past user of mental health services**

People did feedback concerns that bringing these services under one contract might reduce the flexibility of the services and that it might add complexity when the services already work closely with one another.

**"Solace and PAFRAS do very different things with the people we support. Communities are familiar with both our services and there is a risk in making access more complex if we lose flexibility. Solace currently brings a lot of added value by seeing many more people than our contract expects. It would be a shame to lose flexibility and become too rigid in terms of access criteria. It would really depend on what the service specification."**

**A member of staff from Solace**

## Gaps in mental health support

We asked people to think about if there are any gaps in mental health support for people with experience of migration.

In the survey, workshops and focus groups, we heard from people that it is difficult for support services like Solace and PAFRAS to access other statutory services, such as those provided by the NHS. There was feedback that more training and education was needed with other health care services so they understood the role of Solace and PAFRAS and how their own services can support people with experience of migration.



"It is very, very difficult to refer clients to other mental health services. Some services will not accept referrals from Solace (community mental health teams, psychology services), others don't have a service which fits an individual's need. Preventative groupwork being available only in English, for example, or not taking into account the complex and unsettling asylum process on a person's mental health.

There are gaps at the early intervention stage, where asylum seekers can't get appointments with their GP, and if they do, there are few services to refer them to. There is also a difficulty at the end of therapy, when Solace therapists find it hard to move people out of therapy into other support."

**A member of staff from Solace**

"I think better co-ordination of mental health charities is needed and those services who have specialities around mental health support could be trained to join the focus-based organisations on a regional level. More training is useful for places that are not much aware of migration related trauma."

**Current or past user of mental health services**

People also told us that services are often at full capacity and therefore have a waiting list, meaning people must wait longer to get support.

"Solace does not have the capacity to meet the demand (our waiting list has only just reopened) so asylum seekers find themselves waiting for a long time, getting much worse, being passed around or forgotten."

**Member of staff from Solace**

Some people suggested that some public outreach and education would be of benefit, noting that there can be a negative view from the wider public on people with experience of migration. People suggested that efforts to inform people and help them understand might have a positive impact migrant people's mental wellbeing as they may feel less stigmatised by the wider community.

"I think that public perception of refugees and asylum seekers receiving support when it's already too hard for locals to access help causes tension. We all deserve help and getting that help would actually help refugees and asylum seekers integrate better and become more active members of a community. There needs to be relationship work done to ease the tension. I think this would help refugees and asylum seekers in turn feel better about reaching out too."

**Current or past user of mental health services**

It was suggested that the language used can impact on how people perceive people with experience of migration. In conducting this work, we have been encouraged to move away from using "refugee and asylum seekers" to "people with experience of migration" by users of these services to help reduce stigma. We will include this as part of our ongoing work to ensure that we are communicating in the best ways to help people. You will note that in this report we use "people's experience of migration" as well as "refugee and asylum seekers" in our titles, to avoid confusion.

People told us that there needs to be more support for people to access physical activities for exercise (such as swimming) as it is of benefit to their wellbeing. People also mentioned that support is needed when people are going through the court system. It has been mentioned that more trauma-based support is needed to support people.

**"There are not enough specialist services that can deliver trauma-based skilled input to support people to gain skills to manage their trauma and plan ahead in their lives."**

**A carer, family member or friend of someone who has used mental health services**

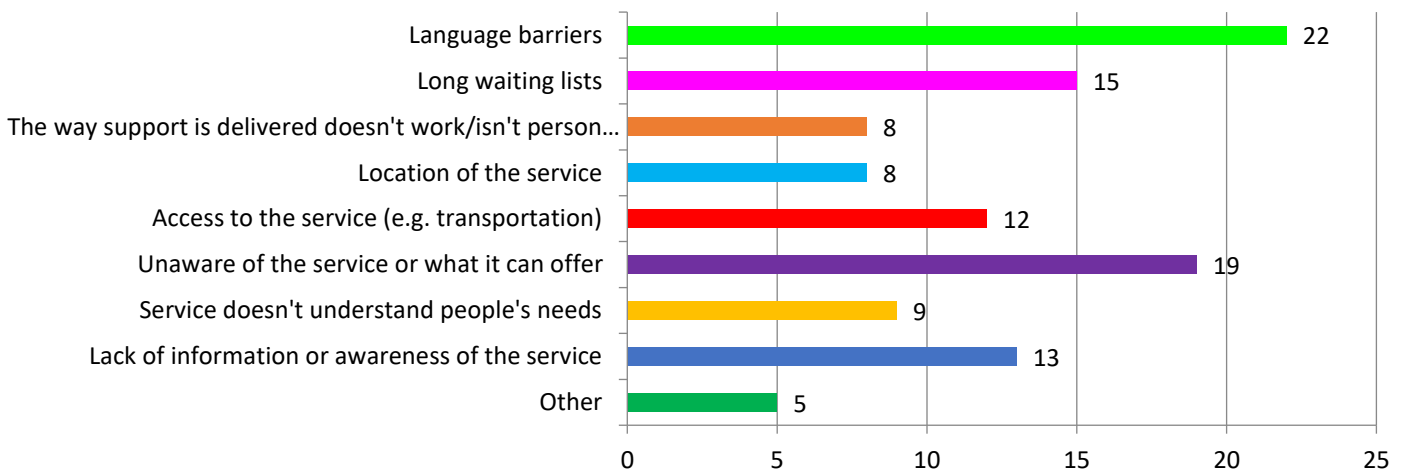
**"I need help to do exercise as this helps my mental health."**

**Current or past user of mental health services**

## Barriers

We asked people what they thought the biggest barriers were for people with experience of migration getting access these support services. We presented some suggestions and asked people to add any others they can think of.

Of the people who replied by survey, 30 people answered the question, 1 did not. People could select more than one answer.



- 73% (22 people) felt that language was a big barrier to people getting support from these services.
- 63% (19 people) told us that people not being aware of the service and what it can provide is a big barrier.
- 50% (15 people) said that waiting lists is a big barrier to getting help.
- 43% (13 people) said that a lack of available information, and therefore awareness of the service from said information, is a barrier to people getting help
- 40% (12 people) noted that access to the service itself is a barrier to getting help.
- 30% (9 people) fed back that feeling as though the service doesn't understand your needs is a barrier to getting help.
- 27% (8 people) told us that feeling the support is delivered in a non-person-centred way or in a way that doesn't work for people is a barrier.

- 27% (8 people) also told us that the location of the service itself is a barrier to getting support.
- 17% (5 people) suggested other ideas, including:
  - Home office policies (including moving people away at short notice)
  - Hostility from local/wider community
  - Knowing that you can access these services in different languages
  - Difficulties with motivation and funding to get to the service itself

“Culturally appropriate services mean more than just language and background, although these are important. It includes the wider context of the asylum system, housing, uncertain immigration status, physical pain etc. Unless a mental health service is able to respond to these wider needs it will not meet the needs of individuals, and they won’t feel welcome, or that it is a service aimed at them.”

**Member of staff from Solace**

“In my experience working with asylum seekers, the following has arisen: language barriers, waiting lists, cultural understanding, access to the service (cost) and fear of being charged to use the service.”

**A member of the public**

“Weekly [benefits] allowance is £39.70, if you don’t get back your bus fares, it’s equal to your one-day service.”

**Current or past user of mental health services**

### **Accessing mainstream services more easily**

We asked people to tell us what they think would help people with experience of migration to access mainstream services (such as services provided by the NHS and Leeds City Council) more easily.

People told us that there needs to be more flexibility in the way services offer their appointments to ensure they can cater to the needs of people with experience of migration. This includes training and awareness of and provision of language resources (materials, information and translators) at all levels that people need to access services as well as the proactive promotion and signposting of people to support services.

“Less rigid models of offering appointments and proactive engagement. Language support at every level and at every contact, including online, letters, on the phone, and face-to-face. Not only providing the support when asked but being proactive in making sure people know it’s available and that it is offered rather than waiting to be asked for language support. Be welcoming at every contact -take the time to understand people’s difficulties. Don’t try to fit them into a system they don’t understand. ”

**Member of staff from Solace**

People also told us that mainstream services would benefit from doing some outreach with the local communities to better understand and learn from them. People suggested that this work could be supported by a 'refugee and asylum seeker champion' to raise issues and introduce refugee and asylum seeker friendly practices to their teams.

### **Did people tell us anything else about refugee and asylum seeker support?**

People in focus groups fed back about negative experiences with support workers. They told us that some support workers would ask invasive questions and not respect people's privacy, making service users less willing to engage and share any concerns they had.

"I don't even like to discuss anything with the support worker they gave me. Sometimes I'd ask her 'are you working for me or against me'. They ask you lots of private questions."

**Current or past user of mental health services**

It has been suggested mental health first aid training could be provided or included as part of the ESOL classes in communities who could promote and teach people with experience of migration about recognising signs of mental health crisis.

People also fed back that there should be some social support groups where people can meet for a chat and speak about their worries.

"If you are new to this country and you went (to one of the support groups) they will scare whatever it is out of you and you would run for your life. So, I think specific attention needs to be made to communities, for instance a women's or men's open day, for people to open up a bit more. For us African men, and men in general, it's so, so difficult to come out of your shell and say 'I'm going crazy' because it comes across as if you've shown yourself up. But it's an illness and it's something we need to be aware of an enlighten others."

**Current or past user of mental health services**

People told us to ensure we are considerate of making services as accessible as possible, providing alternative methods to people as a lot of people will not be able to access online or telephone services for several reasons (e.g., cost, language). Communications should also be in the appropriate language, and be easy to read, as per the accessible information standards.

It was noted that COVID-19 pandemic has decreased access for people as there has been an increase in barriers to taking first steps to contacting services.

## Key findings and next steps: Refugee and asylum seeker support

Key findings	Next steps	How you can help
People were supportive of the proposals bring refugee and asylum support services into one contract	We will work with our colleagues and service users in the city to how we can develop a single contract for refugee and asylum seeker support services.	Please continue to share your feedback so we can share with services what is working and what needs improving: <a href="https://www.leedsccg.nhs.uk/feedback/">https://www.leedsccg.nhs.uk/feedback/</a>
People shared their feedback on some of the different gaps and barriers people with experience of migration face in accessing mental health support services	We will work with colleagues and service users across the city to explore how we can fill in the gaps highlighted and breakdown the barriers to access that people may be experiencing.	You can help shape how services are delivered by getting more involved, either with the service directly or with 'service user involvement' projects, such as the Service User Network or Together We Can Network. More information can be found:
People were keen on community outreach with migrant communities as well as developing social support groups.	We will work with colleagues across Leeds to explore how we can make sure the voice of people with experience of migration is heard and supported in service development.	<a href="https://www.leedsandYorkpft.nhs.uk/get-involved/service-user-network/">https://www.leedsandYorkpft.nhs.uk/get-involved/service-user-network/</a>



## 5. Learning from the engagement

We will ensure that things we have learned in the process of carrying out this involvement work are considered for future work.

- **On-street engagement** – due to the COVID-19 pandemic, we have been unable to work with people on a more street level basis. However, in the focus on more online and alternative methods, we have learned some positive ways to work with people in online forums.
- **Focus group attendance** – despite a comprehensive promotion campaign through our partners and on social media, we had a relatively low turn out to the NHS Leeds CCG and Leeds City Council led focus groups. There are several factors to consider, including:
  - **'Zoom fatigue'** – people may not want to be taking part in additional online video calls
  - **Online access** – people who may traditionally have been to 'real world focus groups' have been unable to find out about and therefore attend online focus groups due to lack of access to or ability to use technology/online methods.
  - **Promotion** – despite promotion to colleagues and stakeholders across the city, there is a reliance the information being sent out to the people we wanted to work with. Due to the ongoing high demand on the wider healthcare system, this might have been missed in promoting or not been a priority for services.
- **Presenting the information** – we're aware that running 6 surveys at the same time can be overwhelming for some people who may want to contribute to more than one theme. We also know that the information presented may have been difficult for some to understand – therefore we developed our easy read surveys and were available to talk with people as needed.

## 6. What will we do with the information?

The report will be shared with anyone involved in the project, this includes stakeholders and people who have requested to receive the report. The report will be included in our next e-newsletter which is sent out to patients, carers, and the public and voluntary, community and faith sector services. The report will also be available on the NHS Leeds CCG website here: <https://www.leedsccg.nhs.uk/get-involved/your-views/mental-health-community-based-2021/>

The project team will use the report to develop community-based mental health support services. An update will be produced once the project has begun to show to what extent the next steps have been taken forward. This briefing will be shared in the same ways noted above.

The feedback will also be used to inform wider strategies for enhancing communication, access and the quality of services as we continue to develop them.

## Appendices

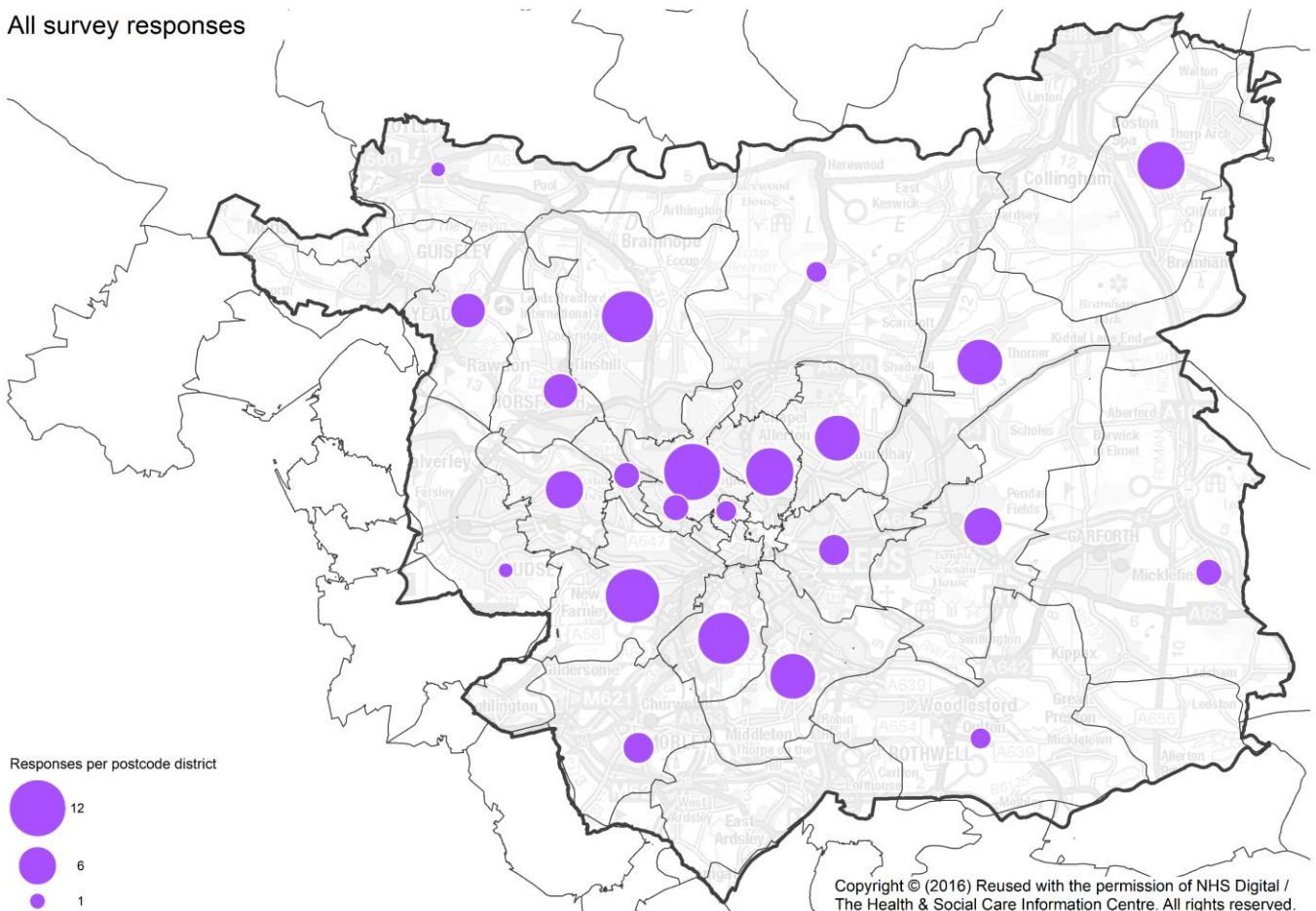
### Appendix A - Detail about the people who were involved

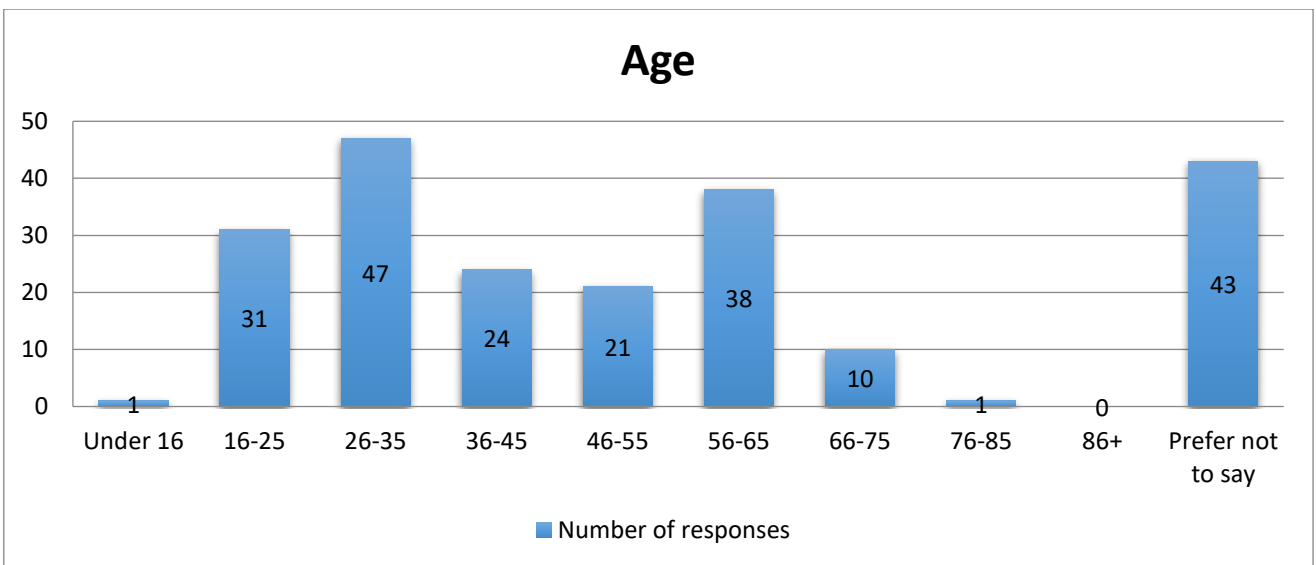
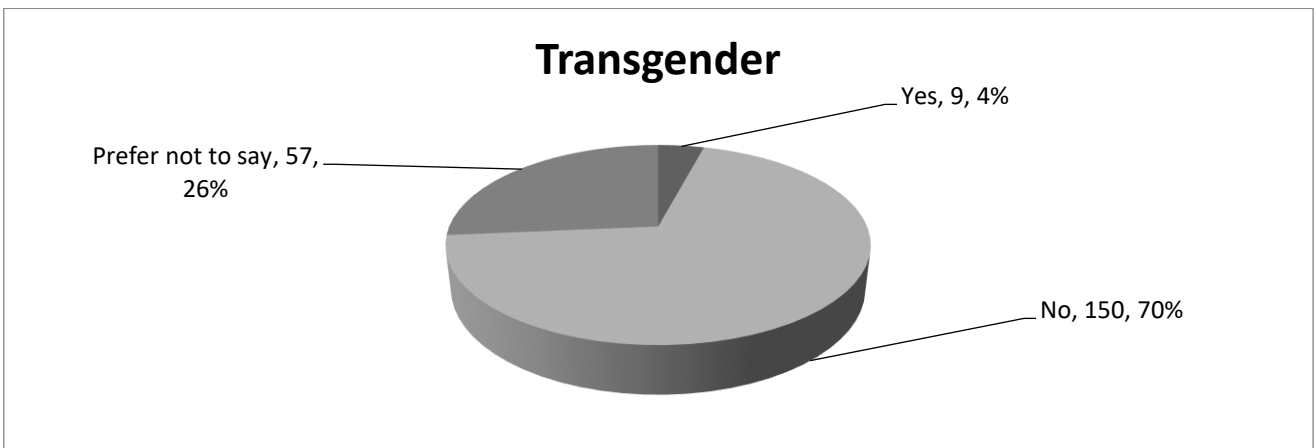
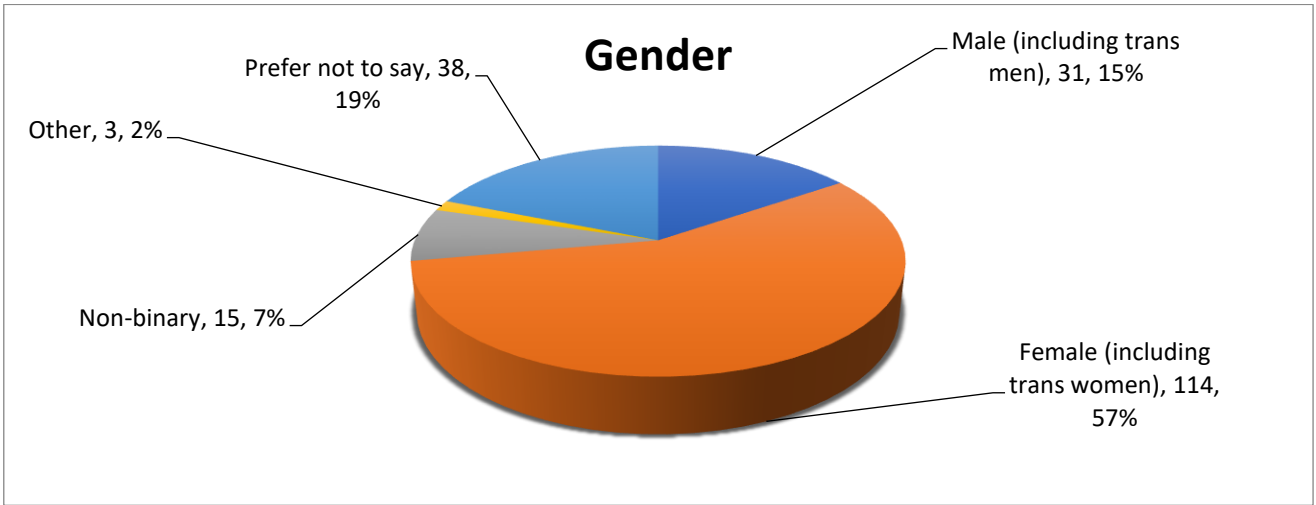
We want our involvement work to be representative of our population. When we ask people to get involved, we also ask people to give us some information about themselves so that we have a better understanding of which groups are not represented. Using this information, we will work hard in future work to involve people from under-represented communities. People were able to opt out of giving personal information.

The charts and numbers below represent the combined total of the six surveys that we ran and the 216 people who completed a survey. You can see who else got involved by viewing the Leeds Voices report on our website here: <https://www.leedsccg.nhs.uk/get-involved/your-views/mental-health-community-based-2021/>

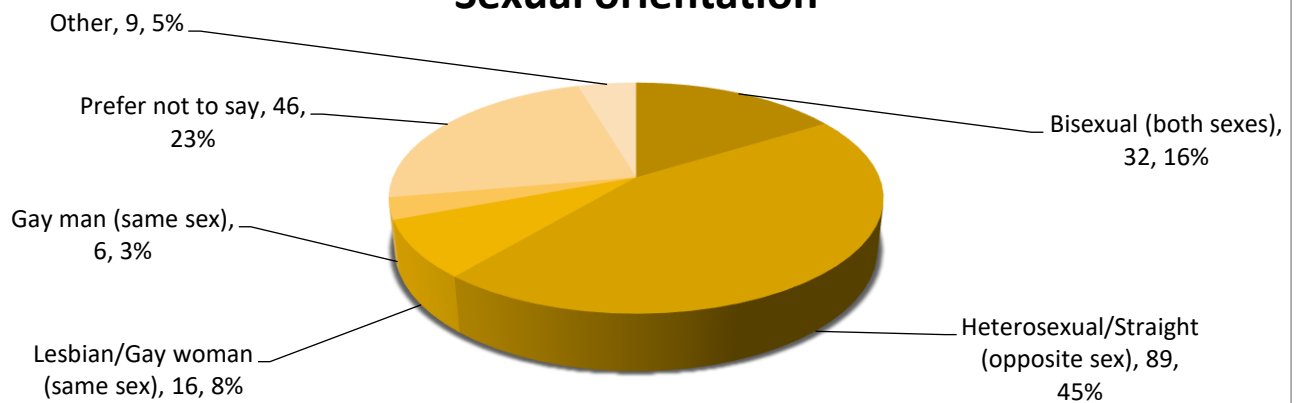
#### Postcodes map

All survey responses

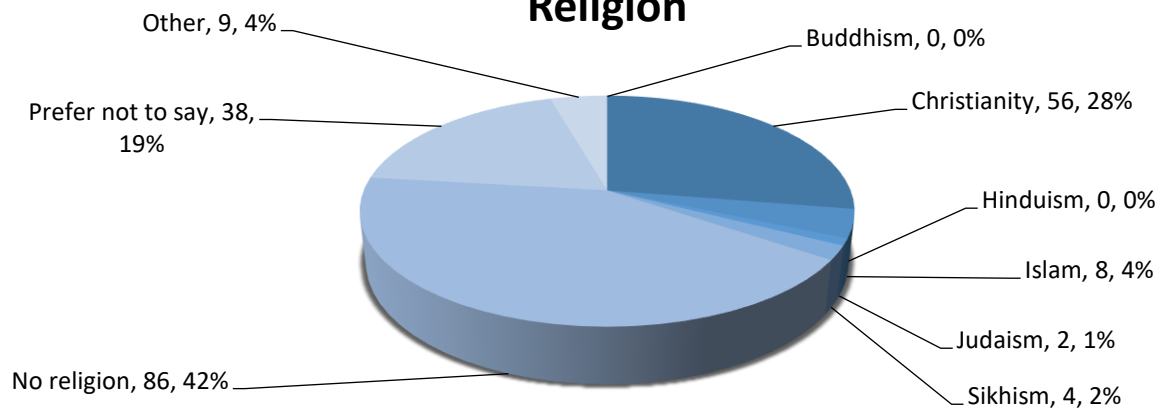




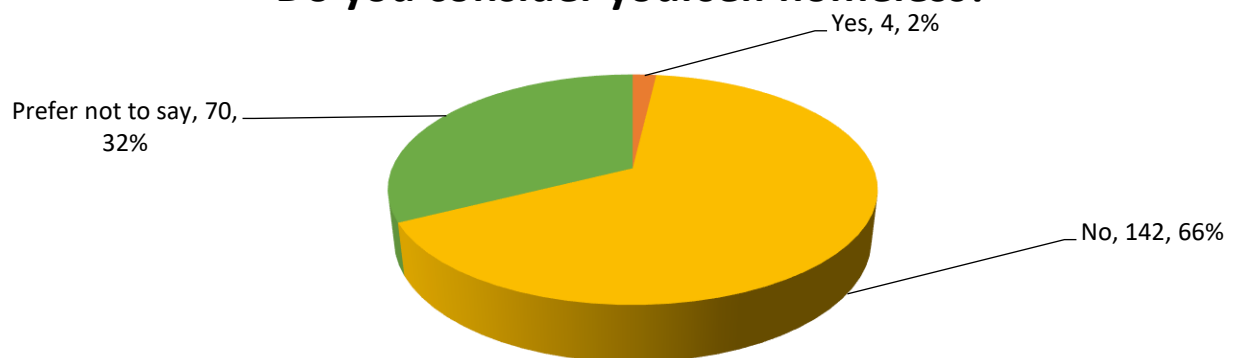
### Sexual orientation

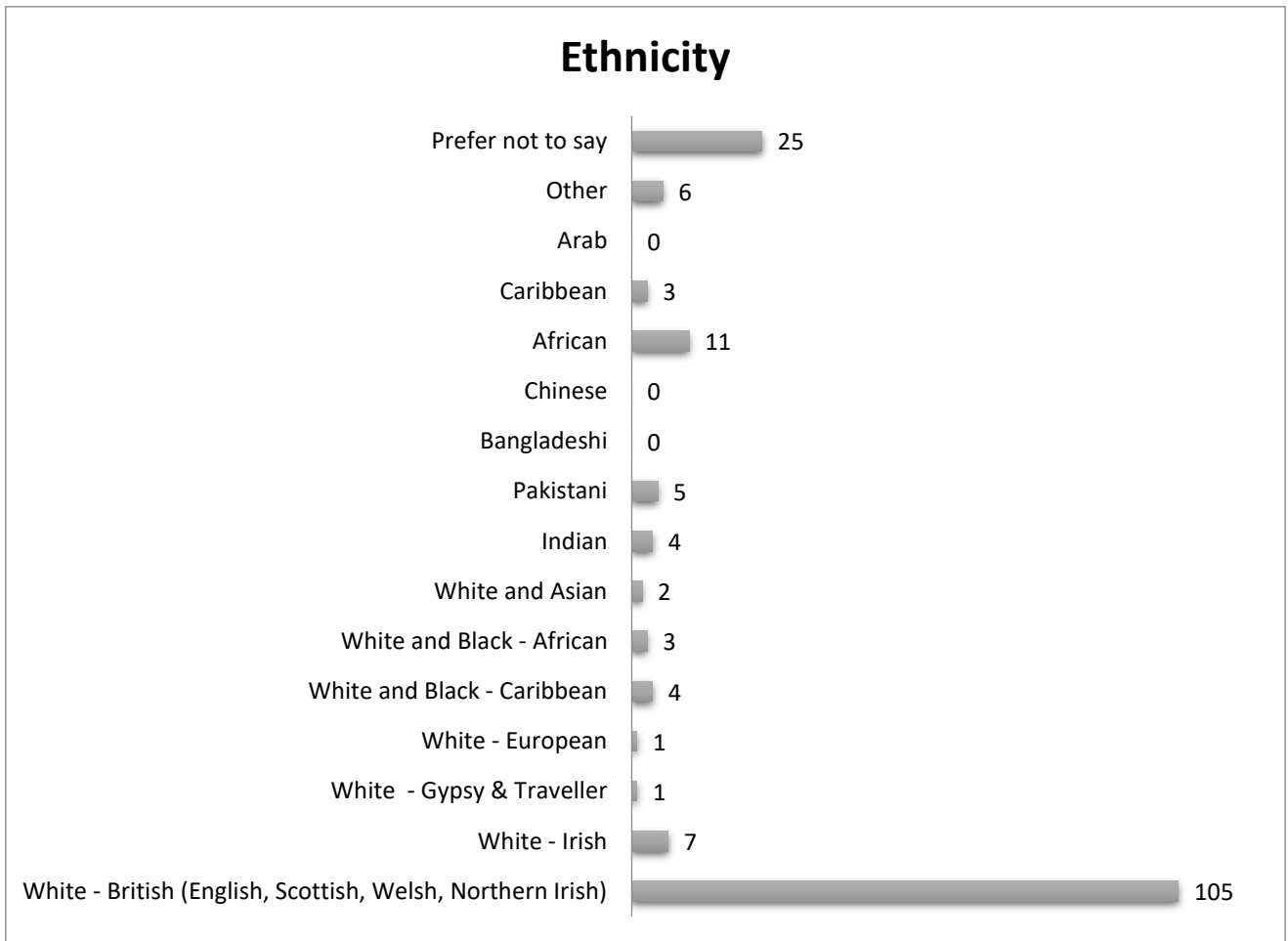


### Religion

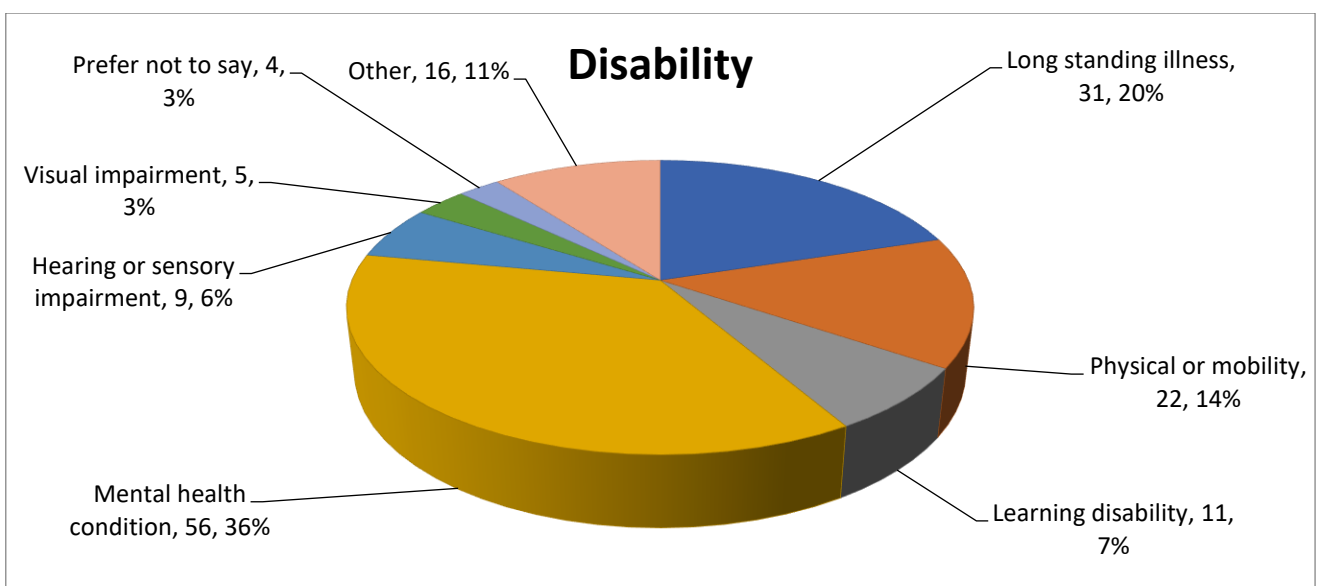


### Do you consider yourself homeless?

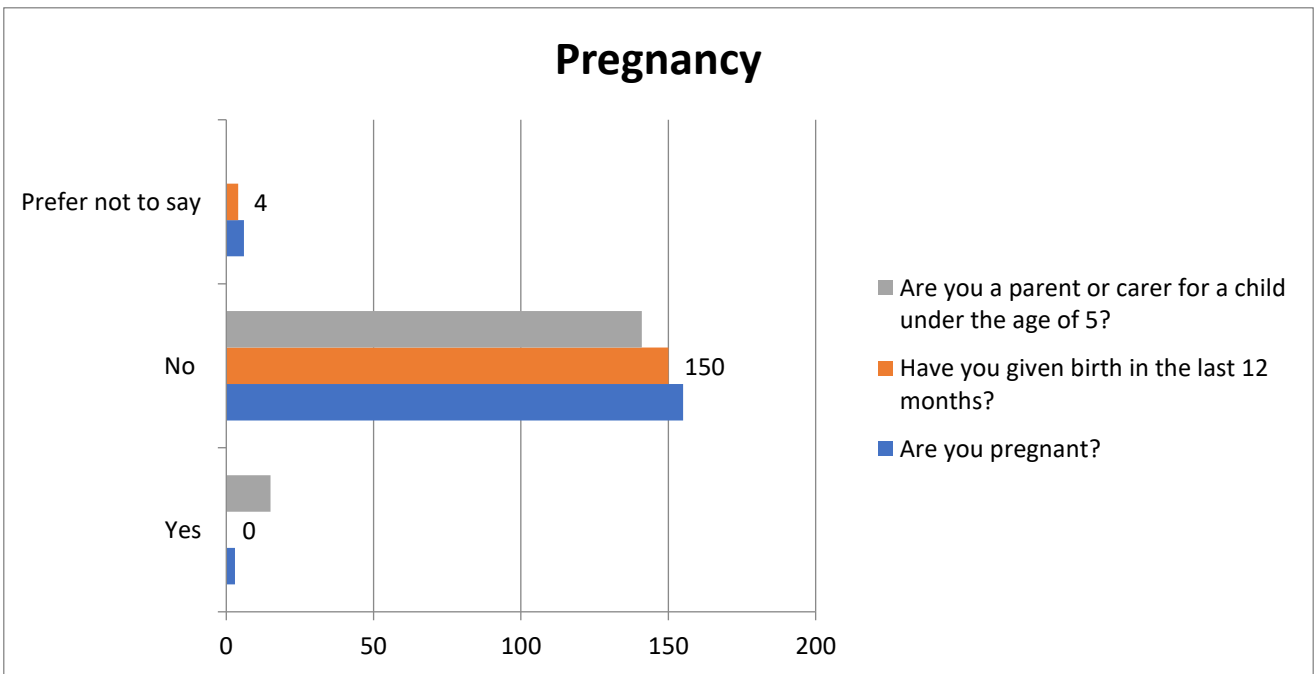
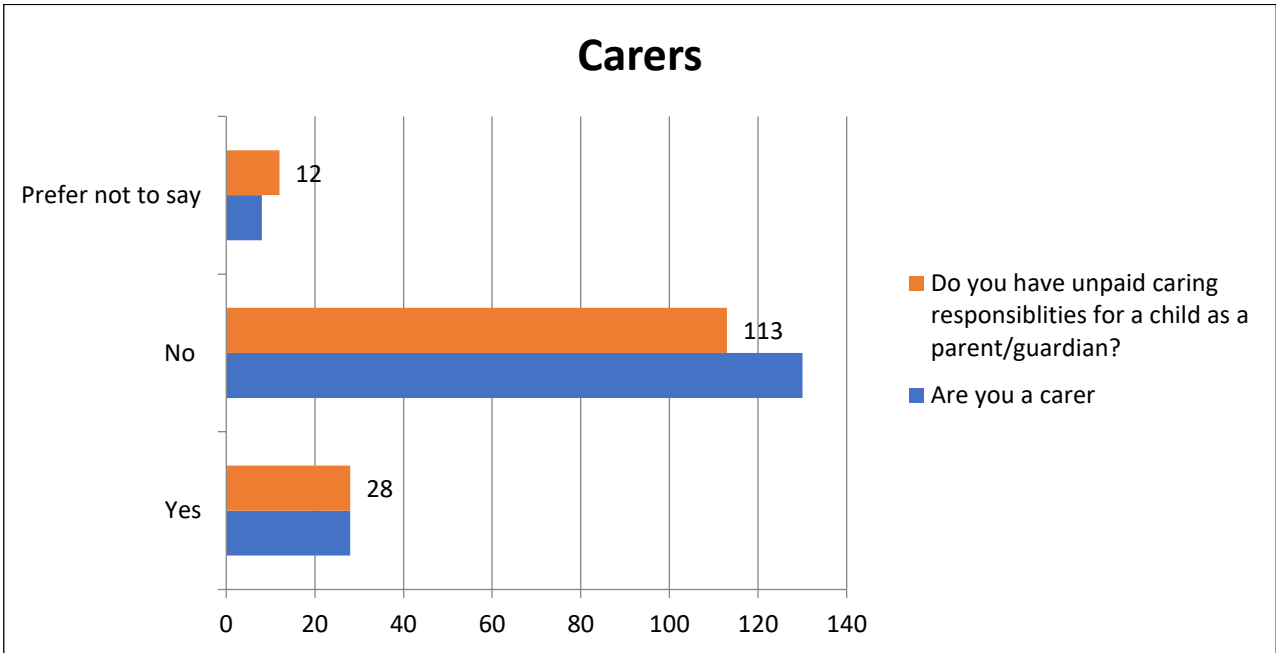


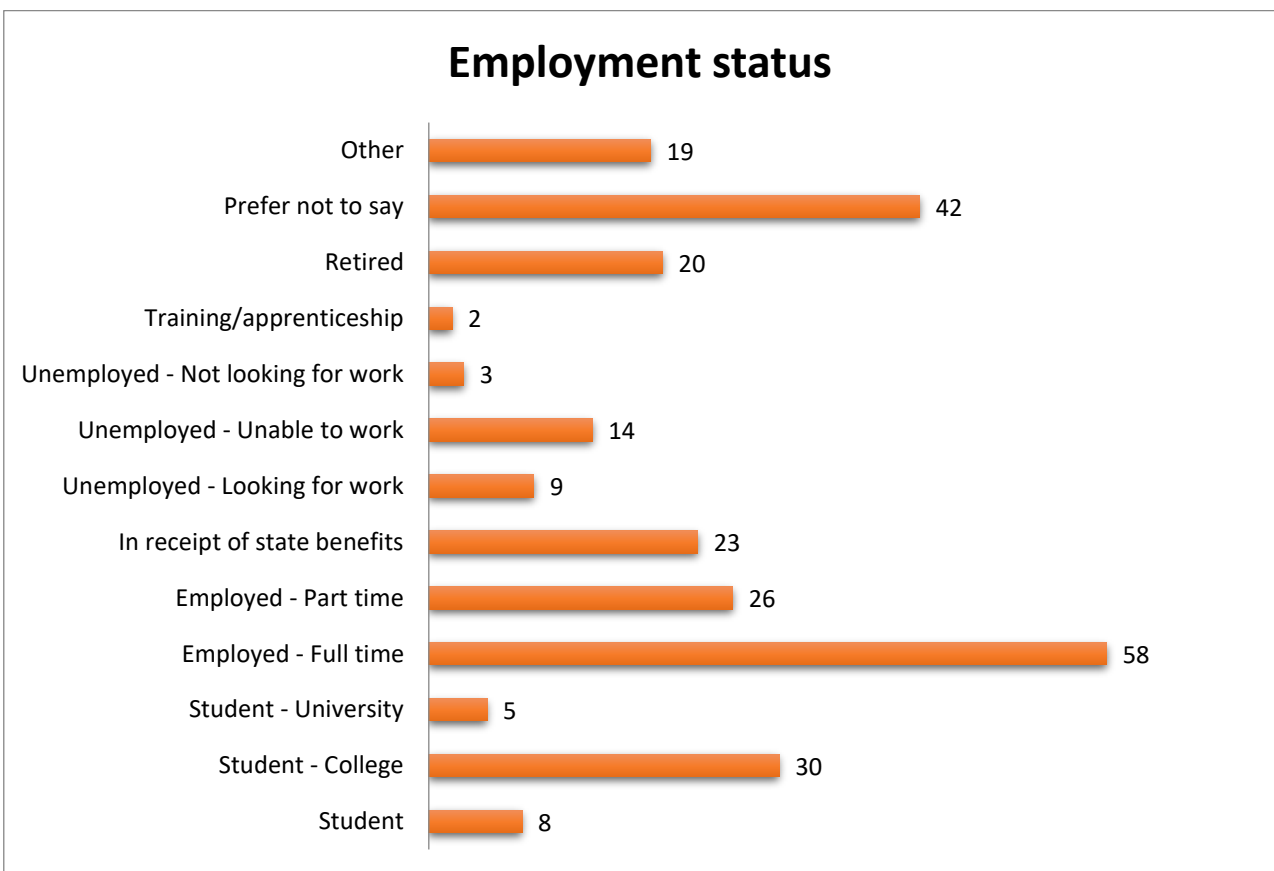
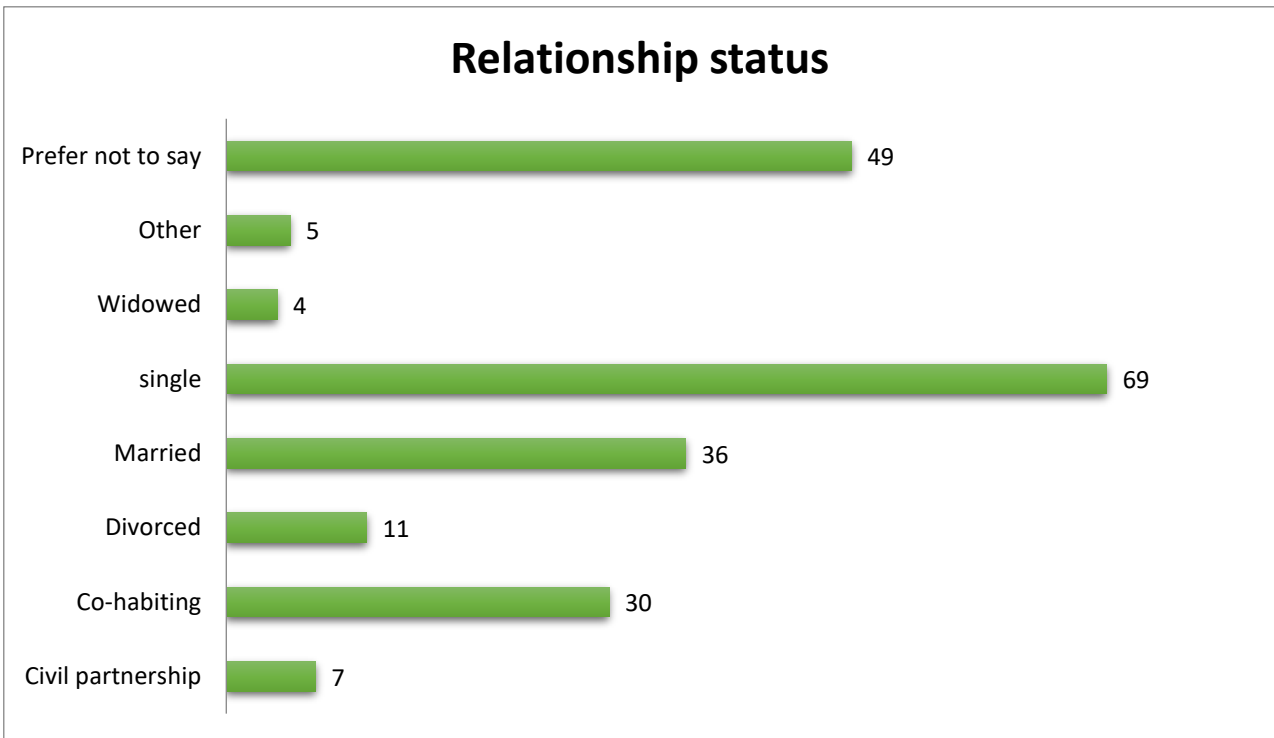


68 people identified themselves as having a disability. 87 who answered the question did not and 51 did not answer the question or selected 'prefer not to say'. The chart below is a breakdown of the conditions people told us they have if they felt they had a disability.









### **Who was under-represented in this engagement?**

A number of people chose not to complete the equality monitoring section of the survey used by NHS Leeds CCG and therefore it is difficult to ascertain which population groups in Leeds were under-represented. Considering the numbers of different groups of people and communities noted in Appendix A, we feel that we have heard from a range of different groups of people. As always, we will strive to involve as many different populations as we are able, relevant to the engagement and affected areas of Leeds.

Through this involvement work, however, we are aware that, particularly for the migrant community, the number of surveys might have been overwhelming or confusing for some. Although surveys were available in alternative languages and EasyRead formats, we're aware that the concepts presented may not have been easy to understand and may have been a barrier to sharing feedback and being involved.

This piece of work was part of a larger piece of involvement work and there will be future opportunities for people to get involved and shape how these services develop.

## Appendix B – Overview of services under review

In the below table you will see a list of the services under review and the type of service that they provide.

Provider	Service	Aims and Objectives	Links to other services
<b>Crisis and urgent care support</b>			
Touchstone	<p><b>Well Bean Crisis Café</b></p> <p><a href="https://touchstonesupport.org.uk/intensive-community-support/wellbean-cafe/well-bean-hope-in-a-crisis-cafe-leeds/">https://touchstonesupport.org.uk/intensive-community-support/wellbean-cafe/well-bean-hope-in-a-crisis-cafe-leeds/</a></p>	<p>Supports anyone requiring emotional support or in a mental health crisis – it provides a safe place for people in crisis to go in order to avoid escalation of crisis and to prevent avoidable attendances at A&amp;E. It runs at three different venues in Leeds across the week from 6pm to midnight. The café offers a non-clinical alternative to A&amp;E, to reduce distress and work with people to resolve or better manage crisis. It offers one-to-one support and also (pre-Covid-19) a social space, where refreshments and hot food would be available (although this social element is currently suspended due to Covid-19 restrictions).</p>	<ul style="list-style-type: none"> <li>• Dial House</li> <li>• BARCA High Volume Service User project</li> <li>• LTHT A&amp;E Departments</li> </ul> <p>LYPFT services:</p> <ul style="list-style-type: none"> <li>• Crisis Resolution Intensive Support Service (CRISS),</li> <li>• Community Mental Health Teams (CMHTs)</li> </ul>
Leeds Survivor Led Crisis Service	<p><b>Dial House and Connect Helpline</b></p> <p><a href="https://www.lslcs.org.uk/about-us/">https://www.lslcs.org.uk/about-us/</a></p>	<p>Dial House is open 6pm – 2am on Mondays, Wednesdays, Fridays, Saturdays, and Sundays. On Tuesdays, Dial House@Touchstone offers specific support for members of the BAME community in crisis. The service offers a non-medical, holistic service to anyone in crisis, with one-to-one support, currently largely by telephone or digital options.</p> <p>Connect is a mental health support phone line that operates in conjunction with Dial House, offering telephone support for people in crisis who need help to reduce their distress and manage their feelings.</p>	<ul style="list-style-type: none"> <li>• Well Bean Crisis Café</li> <li>• BARCA High Volume Service User project</li> <li>• LTHT A&amp;E Departments</li> <li>• West Yorkshire Mental Health support line</li> </ul> <p>LYPFT services:</p> <ul style="list-style-type: none"> <li>• Crisis Resolution Intensive Support Service (CRISS)</li> <li>• Community Mental Health Teams (CMHTs).</li> </ul>
BARCA	High Volume Service User Project	<p>A high volume service user project, which works intensively with people on a one-to-one basis to address specific needs (e.g. housing, drug or alcohol dependence, physical or mental health issues, etc) in order to reduce high volume attendances at urgent care services, such as A&amp;E. This is not solely for people with mental health needs, although many of the people BARCA works with do have mental health needs.</p>	<ul style="list-style-type: none"> <li>• Well Bean Crisis Café</li> <li>• Dial House</li> </ul>

Supported accommodation provision			
Community Links	<p><b>The Maltings</b></p> <p><a href="https://www.commlinks.co.uk/?service=maltings-close">https://www.commlinks.co.uk/?service=maltings-close</a></p>	<p>Provides accommodation and support to men and woman with a range of mental health difficulties. A medium-term service that comprises of four rooms within the hostel, six individual bedsits on site and six self-contained houses in the community with floating support and the opportunity to access the Maltings hostel for additional support outside of planned weekly visits.</p>	<p>Referrals to any of the supported accommodation provided by Community Links is via the Accommodation Gateway, a system operated by Community Links, but funded by LYPFT.</p> <ul style="list-style-type: none"> <li>• Lower-level community-based support and housing providers</li> <li>• Crisis Resolution Intensive Support Service (CRISS)</li> <li>• Community Mental Health Teams (CMHTs)</li> </ul>
Community Links	<p><b>Rose Villa:</b></p> <p><a href="https://www.commlinks.co.uk/services/leeds/rose-villa/?search_location=&amp;search_category=">https://www.commlinks.co.uk/services/leeds/rose-villa/?search_location=&amp;search_category=</a></p>	<p>Provides shared living accommodation for individuals aged 18+ who have mental health difficulties and housing needs. The service supports 5 people at any one time, each for a period of up to 2 years.</p> <p>Also provides satellite support to 12 people who are living independently in the local community for up to a period of 2 years. People are supported in their own homes but can also come to the service and access support and be part of the overall Rose Villa community.</p>	<p>Referrals to any of the supported accommodation provided by Community Links is via the Accommodation Gateway, a system operated by Community Links, but funded by LYPFT.</p> <ul style="list-style-type: none"> <li>• Crisis Resolution Intensive Support Service (CRISS)</li> <li>• Community Mental Health Teams (CMHTs)</li> </ul>
Community Links	<p><b>Intermediate Housing Units – Alexander House, Octavia House, Brigid House, East Grange Drive:</b></p> <ul style="list-style-type: none"> <li>• <b>Alexander House:</b> <a href="https://www.commlinks.co.uk/services/leeds/alexander-house/?search_location=&amp;search_category=">https://www.commlinks.co.uk/services/leeds/alexander-house/?search_location=&amp;search_category=</a></li> <li>• <b>Octavia House:</b></li> </ul>	<p>24/7 support with shared catering. Short/medium term stay (4-8 months) resettlement placements offering intensive rehabilitation. These are primarily aimed at individuals coming out of hospital following an admission due to mental health issues and aim to promote and maximise recovery, helping clients to move on to live more independently</p>	<p>Referrals to any of the supported accommodation provided by Community Links is via the Accommodation Gateway, a system operated by Community Links, but funded by LYPFT.</p> <ul style="list-style-type: none"> <li>• Crisis Resolution Intensive Support Service (CRISS)</li> <li>• Community Mental Health Teams (CMHTs)</li> </ul>



	<p><a href="https://www.commmlinks.co.uk/services/leeds/octavia-house/?search_location=&amp;search_category=">https://www.commmlinks.co.uk/services/leeds/octavia-house/?search_location=&amp;search_category=</a></p> <ul style="list-style-type: none"> <li>• <b>Brigid House:</b> <a href="https://www.commmlinks.co.uk/services/leeds/brigid-house/?search_location=&amp;search_category=">https://www.commmlinks.co.uk/services/leeds/brigid-house/?search_location=&amp;search_category=</a></li> <li>• <b>East Gate House:</b> <a href="https://www.commmlinks.co.uk/services/leeds/17-east-grange-drive/?search_location=&amp;search_category=">https://www.commmlinks.co.uk/services/leeds/17-east-grange-drive/?search_location=&amp;search_category=</a></li> </ul>		
Community Links	<p><b>Oakwood Hall:</b> <a href="https://www.commmlinks.co.uk/services/leeds/oakwood-hall/?search_location=&amp;search_category=">https://www.commmlinks.co.uk/services/leeds/oakwood-hall/?search_location=&amp;search_category=</a></p>	<p>A twelve-bed dual registered nursing and residential care home for male and female clients who have severe and enduring mental health difficulties and complex needs, who require twenty-four-hour support. With a maximum stay of 5 years, it provides recovery focused, responsive care and support focusing on therapeutic engagement, meaningful daily activity and the opportunity to make positive change in the behaviours that have led to being excluded from other services.</p>	<p>Referrals to any of the supported accommodation provided by Community Links is via the Accommodation Gateway, a system operated by Community Links, but funded by LYPFT.</p> <ul style="list-style-type: none"> <li>• Crisis Resolution Intensive Support Service (CRISS)</li> <li>• Community Mental Health Teams (CMHTs)</li> </ul>
Catholic Care	<p><b>Foundry Mill:</b> <a href="https://www.catholic-care.org.uk/services/mental-health-services/">https://www.catholic-care.org.uk/services/mental-health-services/</a></p>	<p>10 self-contained flats for adults with mental health issues, complex needs and dual diagnosis support needs, for a maximum of two years. Staff on site during daytime hours help people to develop their independent living skills and to maximise their own potential, with a view to moving on to live independently in the wider community.</p>	<p>Referrals are via the Accommodation Gateway, a system operated by Community Links, but funded by LYPFT.</p> <p>Catholic Care also works closely with housing providers, community mental health and rehabilitation support teams, Leeds City Council and Social Care.</p>

Specialist community support and treatment			
<p>Touchstone</p>	<p><b>Community Support Team (CST)</b></p> <p><a href="https://touchstonesupport.org.uk/intensive-community-support/community-support-team/">https://touchstonesupport.org.uk/intensive-community-support/community-support-team/</a></p>	<p>Provides an assertive outreach service specifically for people with complex and severe mental health problems. Often these are people who have found it difficult to engage with statutory services, or have disengaged with other services, or been discharged due to failure to engage.</p> <p>The aim of CST support is to enable service users to manage their own well-being and recovery and move towards greater social integration.</p> <p>Key features of the service:</p> <ul style="list-style-type: none"> <li>• Weekend service - one day each weekend.</li> <li>• Outlook Group - structured time limited closed group jointly run with an Occupational Therapist from the Assertive Outreach Team (AOT).</li> <li>• Social Group - staff supported group offering casual social activities co facilitated with AOT.</li> <li>• Staying Well Group, co facilitated with CMHT workers.</li> <li>• Gym Group - supported by CST Fridays and AOT Tuesdays.</li> <li>• Quarterly access to service user review meetings where consultation, feedback and discussion about the service takes place informally.</li> </ul>	<p>CST works very closely with CMHTs – most referrals come from CMHTs, though may also come from CRISS, and other community-based support services, such as Live Well Leeds.</p>
<p>WorkPlace Leeds</p>	<p><a href="https://workplaceleeds.wordpress.com/">https://workplaceleeds.wordpress.com/</a></p>	<p>An employment advisory service for people with severe or complex mental health needs. Run by Leeds Mind, WorkPlace Leeds provides support for people with enduring mental health conditions with looking for work, job retention, and training to help individuals prepare for employment.</p>	<p>The service specification stipulates that most referrals should come from CMHTs, though may also come from, GPs and other primary care services, such as the IAPT service operated by the Leeds Mental Wellbeing Service (LMWS).</p> <p>They also link with local employers.</p>

Service user involvement			
Leeds Involving People		A dedicated <b>Mental Health Involvement Development Officer</b> embedded within Leeds Involving People, to establish a cohort of people with lived experience of mental health conditions who are willing and able to work within the Leeds mental health care system, providing the service user voice and perspective. This has become known as the “Together We Can” group (TWC).	As service user involvement development is relevant to all community based mental health services, the role has links to all of these.
Support for refugees and asylum seekers			
Solace	<a href="https://www.solace-uk.org.uk/">https://www.solace-uk.org.uk/</a>	A dedicated mental health worker providing psychotherapy and support services for asylum seekers and refugees who have survived exile and persecution.	Solace and PAFRAS work closely together, with Solace providing clinical supervision for the PAFRAS MH worker. The Solace MH worker also provides a consultancy service to CMHTs to improve service they offer to RAS service users.  They also link with Leeds Mental Wellbeing Service
PAFRAS	<a href="https://pafRAS.org.uk/">https://pafRAS.org.uk/</a>	A dedicated mental health worker providing an assessment and referral service for refugees and asylum seekers.	Solace and PAFRAS work closely together, with Solace providing clinical supervision for the PAFRAS MH worker. PAFRAS also works closely with statutory MH services when referring their clients as appropriate.

## Appendix C – List of organisations we promoted with

- Leeds Teaching Hospital Trust (LTHT)
- Leeds Society for Deaf and Blind
- New Wortley Community Centre
- Advonet
- Chapel FM
- Forum Central
- Community Links
- Mumbler
- Carers Leeds
- Sign Health
- Leeds Libraries
- Belle Isle Tenant Management Organisation
- HFFT – Learning Disability Support
- Leeds Recovery College
- Together We Can Network (TWC)
- LS14 Trust
- Oblong
- Healthwatch Leeds
- Better action for Families
- WISE
- Otley Action for Older People
- Leeds Carnival
- Inkwell Arts
- Street Angels
- East Street Arts
- Andy's Man Club
- Leeds and York Partnership Foundation Trust (LYPFT)
- Hamara Centre
- Old Fire Station, Gipton
- Battle Scars
- Forward Leeds
- Touchstone
- Home Start
- The Market Place
- West Leeds Dispatch
- GIPSIL
- Association of Blind Asians
- Henshaws College
- Leeds Job Shop
- Service User Network (SUN)
- Leeds Islamic Centre
- Maggie's Leeds
- Leeds MENCAP
- St. Gemma's Hospice
- Simon on the Steets
- Project Hope
- Garforth Net
- Northpoint
- Morley Elderly Action
- Crossgates Good Neighbours
- Time to Shine
- Leeds GP practices
- Leeds Community Healthcare (LCH)
- Leeds Citizens Panel
- Leeds Mind
- Age UK Leeds
- Health for All
- Women's Lives Leeds
- Leeds Women's Aid
- GATE
- Women's Therapy Leeds
- AVSED
- BME Hub
- Hawksworth Older People's Support
- Active Leeds
- Leeds Involving People
- Leeds Trinity University
- Leeds Jewish Wellbeing Board
- Armley Helping Hands
- Samaritans
- Shine
- People in Action
- Black Health Initiative
- Inspire North
- Yeadon Charities Association
- Burmantofts Senior Action
- CATCH – Ark Leeds