Leeds
Health & Care
Partnership

Public Involvement Workshop

Mental health

February 2023

#TeamLeeds

Recording

We are recording this session so that we can share the discussion with people who are unable to attend the meeting.

It will be available shortly on the Leeds Health and Care Partnership Website

Welcome and Introductions

Chris Hosker

Medical Director and Psychiatrist, Leeds and York Partnership Foundation Trust (LYPFT) and Chair of the Mental Health Population board

Eddie Devine

Head of Pathway Integration for Mental Health and Learning Disability and Neurodiveristy

Welcome and Introductions (2)

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Caroline Townsend

Pathway Integration Leader – Mental Health, NHS ICB in Leeds

Adam Stewart

Senior Insight, Involvement and Engagement Advisor, NHS ICB in Leeds

Aim and objectives

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Aim

To develop our approach to public involvement in the population board

Objectives

- Introduce population health and the board
- Review and agree the findings of the insight report
- Review and agree the draft outcomes for the board
- Begin planning involvement on the gaps in our knowledge
- Agree how we represent people at the board and provide public assurance

Outcomes of the workshop

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By the end of the workshop participants should have had an opportunity to:

- Understand the role of the board
- Discuss the findings of the draft insight report
- Influence the draft insight report
- Discuss gaps in our knowledge
- Suggest other gaps
- Discuss the draft outcomes for mental health
- Explore ways we can provide assurance that people's voices are heard at the board
- Influence our approach to public representation and assurance on the board

Agenda

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1. **Population Health** - What are population health boards and what is their role?
2. **Experience of mental health care** - What do we know about the experiences of people with mental health difficulties and their family? (our insight)
3. **Population outcomes** - How do we want things to be different for people with mental health difficulties and their families? (our outcomes)
4. **Public representation and assurance** – What does public representation look like on the board?
5. **Next steps** - What happens next?

Ground rules

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- Stick to the agenda
- Be honest
- Be open to new ideas
- Listen to others
- Respect confidentiality
- Don’t judge
- It's ok to ask for clarification and confirmation
- Don't zoom and drive
- Enjoy

Population health

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Population health moves away from 'traditional' thinking about commissioning (planning and paying for) and providing services.

It thinks less about organisations and pathways and more about people, or 'populations'.

It focuses on:

- The needs of people – what is important to people
- Prevention – helping people stay well
- Outcomes – the difference care makes
- Reducing health inequalities
- Working as partners rather than as organisations (system working)
- The 'wider determinants of health' such as housing and transport

https://www.kingsfund.org.uk/publications/population-health-approach?gclid=EAIaIQobChMI8dWWp_ig-wIVCLbtCh2IKQ7REAAYASAAEgL2w_D_BwE

Population health (2)

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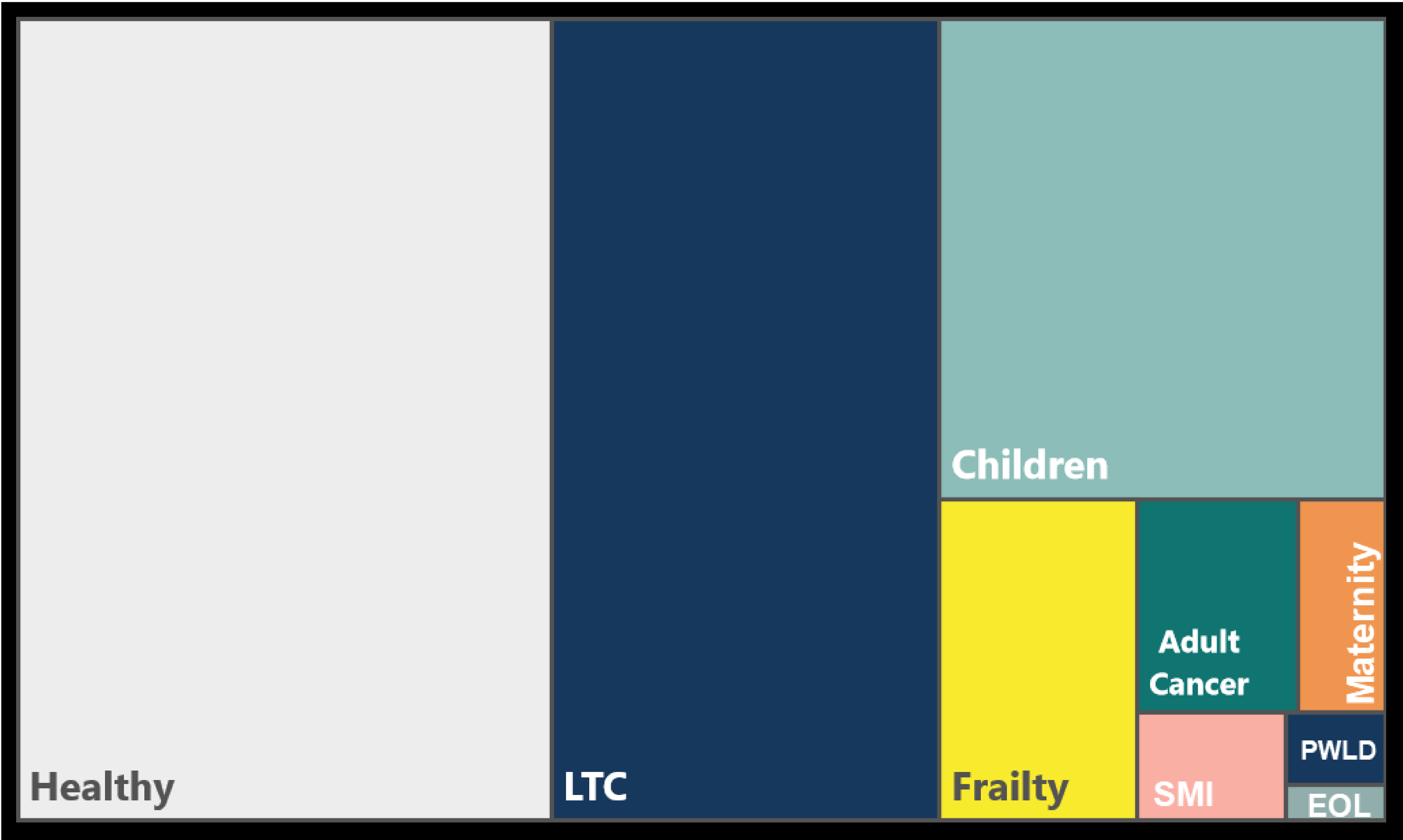
How the Leeds population would look if we organised by need.



Population health (3)

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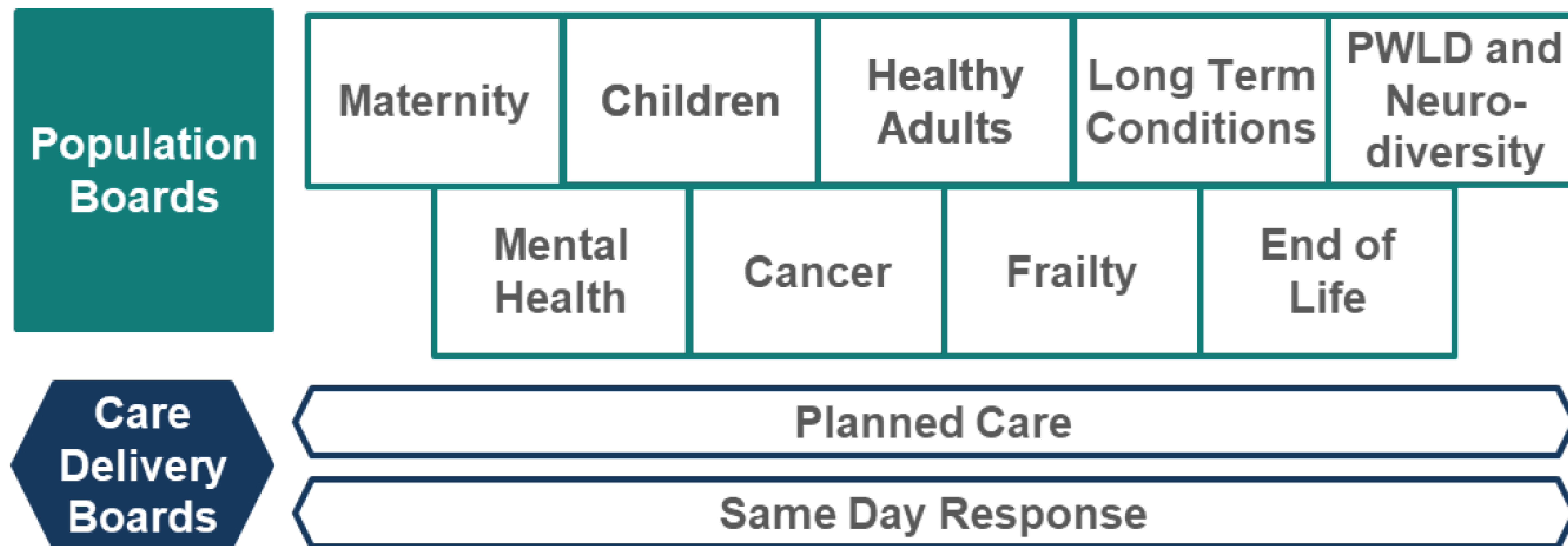
How we will meet these needs in Leeds?



These boards are responsible for improving (or driving improvements in) the outcomes, experience and value of NHS spend for their respective population…

Working across organisations, across sectors, and focussed on people's needs.

Population health (4)

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Boards will be made up of senior representatives from across the health and care partnership.

The boards will be

- **Broad enough** (to represent all partners)
- **Senior enough** (to take critical decisions)
- **Small enough** (to make these decisions)

Population health (5)

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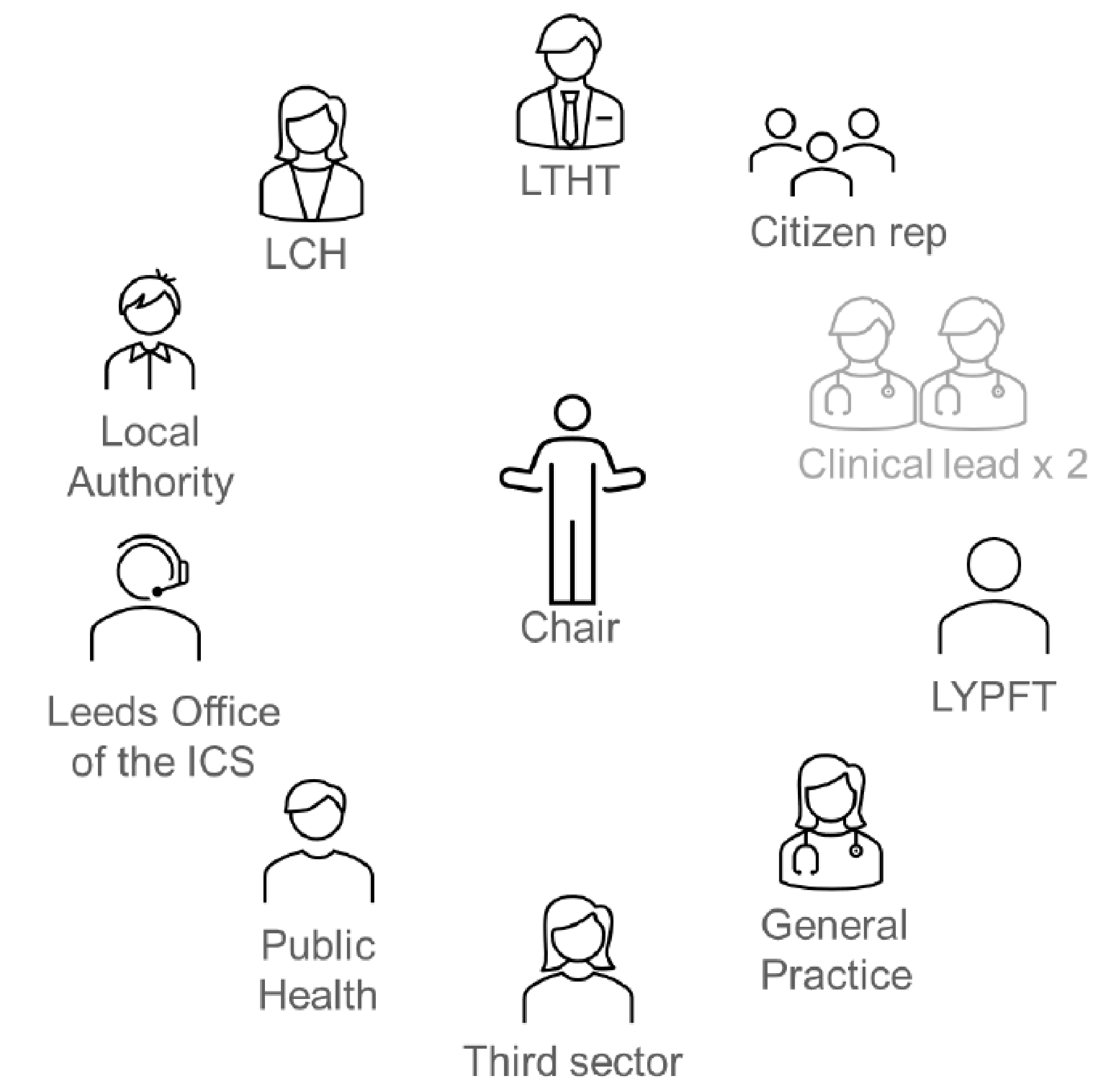
The Mental Health Population Board

Mental health care is defined as being:
"…just like physical health: everybody has it and we need to take care of it. Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health, you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse"

(Mind, 2022)



Depending on a person's need; they will have access to a range of mental health care and support that includes:

- Primary care mental health care (such as at your GP)
- Community mental health care, delivered in the community by NHS and third sector (voluntary) services
- Inpatient mental health care (a stay in hospital)
- Self-care support and guidance (such as the Mindwell website)

Population health (6)

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What sort of decisions will the boards make?

- Where to allocate funding
- When to make changes to services
- What the priorities are
- How to deliver value (value for money)

It is essential that we involve people in this decision-making process. This workshop builds on our involvement so far and gives us an opportunity to plan future involvement together.

Experience of mental health care

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In Leeds we want to commission (plan and pay for) and provide care that is:

- Safe
- Sustainable
- Patient-centred
- Value for money

We cannot do this without understanding the needs, preferences and experiences of people in our population.

We are committed to 'starting with what we know' about people's experiences and engaging on the gaps in our knowledge.

Experience of mental health care (2)

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Each population board in Leeds is working with partners to review what we already know (an insight review). Our findings will be written into an insight report which will be used by the board to understand the needs of the population and make decisions.

The insight report will:

- Look at what we already know about people's needs, preferences and experiences
- Identify the key themes (the things people often tell us about their care)
- Highlight the gaps in our knowledge (the areas or communities we know least about)

Experience of mental health care (3)

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Our insight review for mental health suggests the following themes:

- People have told us that they want to see **joint working** from all mental health and care services
- It is difficult to find **information** about local mental health and care services in Leeds, including from staff in services. This makes it difficult for people to access the right services at the right time.
- People want **communication** to be clear, efficient and not make assumptions that people know how services work.
- **Person centred care** is very important to people and there are a number of examples of how this should be achieved to ensure mental health and care meets the needs of each person and community
- People have told us about the importance of the **workforce** in mental health and care services
- People told us about a **lack of understanding / awareness** from staff across a range of services about their individual needs around mental health or other conditions, such as autism

Experience of mental health care (4)

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Our insight review for mental health suggests the following themes:

- People told us that **waiting times** to access crisis mental health care and waiting lists for therapy were too long.
- People's **satisfaction** with mental health and care services can influence whether they seek out help from services in the future.
- People want **involvement in service development** and have told us what is important to them to achieve this.
- Some people have told us about the difficulties they have in accessing mental health and care services due to the nature of their conditions, particularly if services are not local and people need to rely on **transport and travel.**
- People from diverse communities have told us that we need to go to where they are to work with them on **involvement in service development and involvement in care**.
- Service users and service providers told us that **referral criteria** can make it difficult for people to get support.
- There are certain communities in Leeds that experience a **higher rate of mental health difficulties** than the general population, including people from LGBTQIA+ communities, including transgender people, and people from diverse ethnic communities.

Experience of mental health care (5)

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Our insight review for mental health care suggests the following gaps:

- Ethnically diverse communities (in particular people whose first language is not English
- some areas of deprivation
- People from LGBTQIA+ communities, including transgender people
- Homeless people
- Working age adults
- Carers
- People who are considered 'offline'
- Feedback from people about how they manage and maintain their mental health
- Feedback from staff working with people in mental health services

Experience of mental health care (6)

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Additional gaps and considerations identified by stakeholders

- In relation to service user engagement, there needs to be a West Yorkshire ICB system-wide approach rather than local place (just Leeds or Bradford) approach - as there is a danger that survivors are burnt out by local demands for involvement, or in many cases some place areas are unable to access such populations. To avoid that there should be a central ICB advisory panel in relation to sexual violence trauma - which brings together the insight and lived experience of sexual crime survivors - where it can be pulled together with all the reports and research to support better service options and the commissioning to drive and sustain them etc. Importantly it would also safeguard survivors by ensuring best practice engagement / support (**West Yorkshire Survivors**).
- Training for Gypsy and Traveller community members is being developed called ‘Keeping our Friends and Family Safe’, focused on having conversations with loved ones who may be at risk and feeling overwhelmed emotionally. Still a big taboo in the community (**Leeds GATE**).
- There is a huge amount of carer breakdown. They are incredibly isolated looking after someone with dementia, it is a full-time job and exhausting (**Alzheimer’s Society**).
- The ‘Dementia Voice’ groups we run elsewhere in West Yorkshire aren’t in Leeds (**Alzheimer’s Society**).

Experience of mental health care (7)

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Groupwork

- Do you agree with the themes and gaps?
- Have we missed any themes or gaps in our insight?
- How do we prioritise and plan involvement work on the gaps?

Population outcomes

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Over the last year we have been working with our partners to agree a set of outcomes for mental health in Leeds. These outcomes explain what we want to achieve to improve the lives of people with mental health difficulties and their carers, family and friends.

The outcomes have been developed with service providers and voluntary sector organisations that represent people using mental health services. The outcomes were shaped used patient, carer, family and staff feedback from various surveys and involvement activities.

Population outcomes (2)

Outcomes for mental health care in Leeds (same as the Leeds Mental Health Strategy)

1. People of all ages and communities are comfortable in talking about their mental health and wellbeing.
2. People are part of mentally healthy, safe, and supportive families, workplaces, and communities.
3. People's quality of life will be improved by timely access to appropriate mental health information, support, and services.
4. People are actively involved in their mental health and their care.
5. People with long-term mental health conditions live longer and lead fulfilling healthy lives.

Population outcomes (3)

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Each outcome has a set of 'measurables'. These are things we will use to measure whether we have achieved our outcomes.

Mental Health Population Outcome Framework

Link to Healthy Leeds Plan Strategic Indicators

Health Outcome Ambitions	System Activity Metrics	Quality Experience Measures
Improve healthy life expectancy Reduce potential years life lost avoidable causes and rates of early death Reduce premature mortality for those with LD and SMI Reduce suicide rate	Increase expenditure on the 3rd Sector Increase proportion of people being cared for in primary and community services Reduce rate of growth in A&E attendances	Improve the experience of those using: - Primary care, community and hospital services Person centred co-ordinated care experience P3C-EQ

	Outcome	Outcome Measure	Process Measure
1	**People of all ages and communities are -comfortable in talking about their mental health and wellbeing**	% increase in number of people feeling comfortable talking about mental health and wellbeing – Annual whole population Survey Measure for those supporting people with mental health issues? Community activation measure? - work with LCPs	Number seeking help/accessing support services Number of people utilising self care methods (apps, mindwell website etc) Reflect new public health contract measures which includes peer support etc.
2	**People are part of mentally healthy, safe and supportive families, workplaces and communities**	Primary care data - use of MHPs? Use of social prescribing? Link with children and family hubs set up by CYP board Support from community settings and workplaces - % of employers offering MH support Anchors Work	% of population in employment/training/meaningful occupation Number of people with a diagnosed mental health condition in receipt of benefits Capture reduction in isolation/loneliness – ONS social isolation and loneliness score Mindfulness employers measure Workforce diversity measure
3	**Peoples quality of life will be improved by timely access to appropriate mental health information, support and services**	Increase the number of people accessing mental health crisis assessment within 0-4 hours Reduction in out of area placements Reduce over representation of BAME groups detained Reduce the number of people attending A&E in a crisis % people accessed crisis care in last 3 months Increased access to community mental health services PROM – to be determined	Reduction in length of inpatient admissions/Reduce the number of working age adults in acute care with a stay over 60 days and the number of older adults with a stay over 90 days. Reduce the number of inpatient admission for people who have had no previous contact with community mental health services Increase the number of people starting treatment within 2 weeks – Early intervention in psychosis Reduction in waiting times for IAPT Reduction in waiting times for CMHT services Number of people that presented at A&E but could have been seen in alternative/more appropriate mental health services Number of people who had been in contact with crisis services x hours prior to presenting at A&E Number of people in touch with services prior to suicide Delayed transfers of care measure ALPS data
4	**People are actively involved in their mental health and their care**	% people have access to their care plan PROM – care plan has been developed with them, is being accessed and is effective % people achieving recovery objectives Goal based outcome measure – DIALOG Wellness recovery care planning measure Person centred care measure – P3CEQ?	Number of patients in contact with 3rd sector organisations in 3 months prior to admission/CMHT Number of patients in contact with GP in 3 months prior to admission/CMHT % people who attend crisis service while on waiting list Increase % attendance peer delivered/led support Number of people accessing community based services Access to social prescribing services Leeds Wellbeing
5	**People with long term mental health conditions live longer, and lead fulfilling, healthy lives**	Reduce premature mortality for those with SMI % of population in employment/training/meaningful occupation PROM – QoL measure % population actively engaged in their community Suicide rate – for this population compared to other populations/whole population % people in stable housing / homelessness measure Improved outreach to engage people who do note respond	More people accessing support to gain and sustain employment People on SMI register having health checks completed Substance abuse measure % population with BMI over 30 People on SMI register accessing follow up/healthy lifestyle interventions – stop smoking/ weight management services Increase the number of people accessing screening services Community provision measure Optimising benefit uptake Increased numbers in individual placement support offer Self management of LTC measure? Reduction in the number of people who routinely DNA

Population outcomes (4)

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Groupwork

- Do you understand these outcomes?
- Do the outcomes reflect what matters to you / your family / the people you represent?
- How do you think we can best demonstrate improvements against these outcomes?

Public representation and assurance

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We have a legal and a moral duty to involve people in the decisions we make.

We want patients, carers and the public to be assured that we are putting people at the heart of our decision-making. We call this approach 'public assurance'.

Public representation and assurance (2)

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For the public to feel assured we need to demonstrate we have:

Listened	We have listened and understood people's needs by using existing insight or carrying out involvement activities.	Transparent & accountable
Acted	We have acting on feedback and used it to shape local services and plans.	
Fed back	We have fed back to people and proactively told people how we have used their feedback.	

Public representation and assurance (3)

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There are lots of ways we provide assurance that we have involved people in our work:

- Insight reviews
- Insight reports
- Workshops

We want to continue and build on our public assurance work. This will involve working with our partners and local people to create new ways to represent the views of patients, their families and staff on our boards.

Public representation and assurance (4)

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Groupwork

- What do you think of the ways we are already involving people (insight reviews / workshops)?
- What does public representation look like for you?
- What would make you feel confident that we are listening, acting and feeding back?

Next steps

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- Evaluation of the session
- Update insight report based on todays feedback
- Use feedback to develop an approach to representation
- Begin planning involvement on the gaps in our knowledge

Thank you

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