

Healthwatch Stockton-on-Tees

TEWV Community

Transformation Report

September 2021

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Executive summary

Healthwatch Stockton-on-Tees worked in partnership with Tees, Esk and Wear Valleys, NHS Foundation Trust on public engagement to find out about improving access to mental health services.

Healthwatch Stockton-on-Tees engaged with local people to find out their views and experiences of the mental health services in Stockton-on-Tees. To gain this information we conducted a mental health survey on Survey Monkey. Engagement with Healthwatch volunteers and Champions, and the use of social media, telephone and email contact with support services in the local area enabled us to promote the survey. 52 people completed the survey.

The overall findings of this engagement, based on what people have told us, show that:

- Informal carers (21%) and those with a disability or a long-term condition (44%) responded to the survey. Sixty eight percent of people told us that they have previously/currently receiving mental health support from a local service and/accessing community groups and activities that supports mental health and wellbeing. People also described their mental health as either poor or extremely poor (46%).
- Supportive social connections with family and friends, and exercise activities, classes and/or groups can help to support their mental health and wellbeing. Community support services such as Age UK, the Dementia Hub, Teesside dementia link services, SNAPS -parent support groups and 'Carers Together' has supported the mental health and wellbeing of carers.

The social prescribing link worker service has also been identified as a valuable source of additional practical support that can help people with their mental health and wellbeing. There have also been experiences of support from health services that has worked well to meet a person's communication needs.

- People have asked for patient focused mental health services that provide a more person centred and holistic approach to mental health diagnosis, assessment, treatment and support. People have also asked for better availability and access to talking therapies, other psychological therapies and a wide range of therapeutic, peer and other support groups.
- Those with additional communication needs or chronic health conditions require extra support to access health services.
- Those who have employment commitments need to be able to access mental health services out of working hours.

Based on the findings, the following recommendations have been made:

- 1: To increase the availability of talking therapies and other psychological therapies and to ensure that there are sources of support available to people who are waiting to access therapies.
2. To provide a range of community support groups and activities that are accessible to a wider range of individual need and circumstances.
3. To ensure that mental health services are providing a more person centred and holistic approach to assessment, diagnosis, treatment and support to those who are accessing mental health services.

Healthwatch Stockton-on-Tees would like to say thank you to the people who have taken the time to share their experiences and to everyone who shared the survey.

Introduction

TEWV Community Transformation Plan:

NHS England set out in the Long-Term Plan (LTP) its ambition that by 2023/24:

'New integrated community models for adults with Severe Mental Illness (including care for people with eating disorders, mental health rehabilitation needs and a personality disorder diagnosis) spanning both community care provision and also dedicated services will ensure at least 370,000 adults and older adults per year will have greater choice and control over their care and are supported to live well in their communities.'

The Community Mental Health Framework (2019) set out its expectations for how and why this ambition could be delivered:

- **Co-production:** active participants who lead and own the design for future services.
- **Engagement** with people, and statutory consultation with the public if services are to change.
- **Inclusivity** - No wrong door.
- **Collaboration:** working as a system and building the infrastructure with existing services.
- **Person centred care:** Care is centred around individual needs.
- Care is **proactive** not reactive.
- The **assessment** process for individuals is collaborative with community services and not having to be repeated when accessing support.
- Community design which addresses **health inequalities** and **social determinants**

Co-production is essentially where professionals and people share power to plan and deliver support services together, recognising that both partners have a vital contribution to make. Co-production is integral to the success and overall vision of the Community Mental Health programme.

NHSE clearly state that the programme should be led by stakeholders which includes, staff, service users, carers, families, the general public and key partners such as GP/social care/drug and alcohol (*list not exhaustive*). The future design should be built upon place-based services which are representative of the communities within it.

Aim

The aim of Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) is to deliver a new mental health community-based offer by the:

- Redesign and reorganisation of core community mental health teams which are **placed based**. (*Sound clinical governance is critical to successful implementation.*)
- Creation of a **core mental health service** which is aligned with **primary care networks, voluntary sector organisations and local community groups** whereby dedicated services and functions will plug in.

The Tees Valley Healthwatch Network encompassing the communities of Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton-on-Tees are working with TEWV to provide insight from groups and individuals within their communities to support this aim.

Methodology

The Healthwatch Stockton-on-Tees (HWS) TEWV Community Transformation survey was published on Survey Monkey and was open to the public during 19th August 2021 -21st September 2021, receiving 52 responses. The survey was made available via a link on the HWS website. It was also posted on HWS social media platforms, and HWS champions and volunteers were engaged to support and promote the survey to local people.

To promote the consultation and online survey, telephone contact was made with a broad range of services within the Stockton-on-Tees area and more directly with services who support carers, people with learning difficulties and people with substance misuse difficulties. Telephone and face-to-face contact have been offered to those who may have needed extra support to complete the survey. The option to be entered into a prize draw for up to £50 of Tesco vouchers was given as an extra incentive for those completing the survey. Hard copies of the survey were also available if needed. The focus groups that were willing to take part were not able to meet with HWS face-to-face/online during 19th August-21st September 2021.

Demographics

The targeted focus groups of people with a learning difficulty/disability, substance misuse difficulties and those who provide informal care were willing to take part in this consultation.

However, these groups were not able to meet with HWS face-to-face/online during 19th August - 21st September 2021. The survey responses that we received have been from carers (21%) and those with a disability or a long-term condition (44%). Women (77%) are shown to be the highest demographic survey response. Further demographic information can be found in appendix 1 (pages 13-15).

Findings

What matters most to people in Stockton-on Tees

Who did we speak to?

Informal carers (21%) and those with a disability or a long-term condition (44%) responded to the survey. Sixty eight percent of people told us that they have previously/currently receiving mental health support from a local service and/accessing community groups and activities that supports mental health and wellbeing. People also described their mental health as either poor or extremely poor (46%).

What did they tell Healthwatch?

What works well?

People have told us that supportive social connections with family and friends, and exercise activities, classes and/or groups can help to support their mental health and wellbeing. Community support services such as Age UK, the Dementia Hub, Teesside dementia link services, SNAPS -parent support groups and 'Carers Together' has supported the mental health and wellbeing of carers. The social prescribing link worker service has also been identified as a valuable source of additional practical support that can help people with their mental health and wellbeing. There have also been experiences of support from health services that has worked well to meet a person's communication needs:

'My son has autism and ADHD, online appointments were unsuitable for him, face to-face was better, the practitioner had a good understanding of Autism, also she changed things in a way my son could understand things.'

What could be better?

People have asked for patient focused mental health services that provide a more person centred and holistic approach to mental health diagnosis, assessment, treatment and support. People have also asked for better availability and access to talking therapies, other psychological therapies and a wide range of therapeutic, peer and other support groups.

Detailed survey findings

In focus

- Those with additional communication needs or chronic health conditions require extra support to access health services.
- Those who have employment commitments need to be able to access mental health services out of working hours.

Expectations of mental health services

People have told us that the top 5 things that contribute to their positive mental health and wellbeing are:

1. Family and friends
2. Exercise
3. Hobbies
4. Pets
5. Meditation and relaxation

People have told us that the top 5 things that impact negatively on their mental health and wellbeing are:

1. Financial worries
2. Chronic health conditions and other illnesses
3. Difficulties with family relationships
4. Employment and work-related stress
5. Covid-19 pandemic

Current awareness and understanding of mental health and services

Fifty two percent of people told us that they would contact their GP for help and support with their mental health and wellbeing. Twenty three percent of people told us that they would go to their family and friends for help and support. People have told us that they have previously accessed the following services:

1. NHS mental health services
2. Mind, Alliance, CAHMS, Impact
3. GP Surgery
4. Other community support services
5. Counselling services - those not specified/through work/university

People told us that they were offered the following support:

- Counselling/other talking therapies
- Medication
- Advocacy, social prescribing, wellbeing practitioner support, peer support and a support worker
- Cognitive behaviour therapy
- Group therapy

Fifty five percent of people told us that this support did not meet their needs and that the systems within health care services didn't work for them. People reported lengthy waiting lists and having to restart an assessment process, ageing out of a service with no transition into an adult service, not being able to access a GP and not being offered follow-ups from mental health services. People have also experienced inadequate assessment, diagnosis, treatment and support. such as misdiagnosis, medication that didn't work and a lack of holistic and person-centred approach to care and treatment. People have also told us that the treatment and support that they needed was not available due to lengthy waiting lists, 'not being severe enough', and not being able to afford private health care.

Sixty three percent of people told us that difficulties in accessing help and support would prevent them from seeking help in the future. These difficulties include:

- Barriers to accessing 'Impact' and GP services.
- Being passed around between different services
- Support not being available at the time when it is needed
- Lengthy waiting times
- Not being able to fit around service provision
- Not knowing where to go for help
- No independent/external support being offered for NHS staff working to provide mental health services

The following communication difficulties that prevent people from accessing help and support include:

- diversity within communication needs such as difficulties in speaking over the phone and needing to communicate in a way that is non-verbal
- The feeling of not being heard or 'ignored' when expressing difficulties in relation to low mood and anxiety.
- Experiencing exhaustion and frustration that can come across as aggressive or rude to those who provide services
- stress

People also told us that the following previous negative experiences would prevent them from seeking help relate to:

- in-adequate care, support, information and advice.
- experiences that create a lack of trust in health care services 'repeat breaches of trust spanning over decades'
- a lack of holistic and person-centred approach to working with mental health and physical difficulties
- previous failed attempts and not being able to get any support
- feelings of exhaustion associated with trying to get help.
- previous poor treatment and a neglect of services to safeguard.
- having to share painful information over again.
- 'attitudes of professionals' and feelings of being 'judged and victimised' within services.

How the public would like to access mental health service

People told us that they would prefer to access mental health care and support at community venues (49%), GP surgeries (30%) and online (16%).

The factors that would influence people's decision to go and get the right help and support that they need include:

- hearing that other people have had positive experiences.
- experiences of 'hitting rock bottom' and being 'stuck'
- the accessibility and availability of services
- knowing where to go and knowing that the right care and support is out there.
- encouragement from others to seek help.

People have told us that they have additional needs that requires consideration before mental health and wellbeing support can be accessed. These additional needs include people having:

- a learning difficulty and requiring communication support
- Social anxiety and fear of leaving the house
- Epilepsy
- chronic pain
- Autism
- mobility difficulties
- low confidence
- employment commitments that don't fit around service provision.
- ADHD
- other chronic health conditions
- a need for reassurance around confidentiality

Information

People told us that they would like to find information about how they can improve and/or access support for their mental health and wellbeing through phone apps (27%), social media such as Facebook, Instagram and Twitter (24%), websites such as the GP surgery website and NHS websites (20%), and leaflets found in newspapers and cafes (14%).

What keeps communities well in their local area

People told us that the following community activities or groups that help with their own mental health and wellbeing include:

- Volunteering
- Exercise classes/gym/swimming and exercise groups such as walking or running
- Age UK and Dementia services
- Local support services such as 'Carers Together'
- Events advertised by Catalyst
- Activity, interest & social groups such as writing, arts and crafts, and lunches out.
- SNAPS parent support group.
- Hospice groups.

Forty five percent of people told us that they don't take part in community activities or groups due to availability and accessibility. The responses include not knowing what's available and times, days and activities not being suitable to individual need or circumstances. Other factors

preventing people from taking part in community activities or groups include experiencing anxiety, other physical and mental health difficulties, communication difficulties and stigma.

People have told us that the following community activities or groups that would help with their mental health and wellbeing, and that aren't currently provided within their community, include:

- Group therapy and drop in mental health support groups that can be easily accessed by those with a range of individual needs and circumstances
- Menopause support groups
- Walking groups for teens
- Autistic adult peer mentors
- Activities that are available in the evenings
- More information about what is available
- Exercise and wellbeing sessions
- Clubs and social gatherings for the elderly
- Transport
- Other interest groups relating hobbies and arts

Conclusions

People have asked for patient focused mental health services that provide a more person centred and holistic approach to mental health diagnosis, assessment, treatment and support. People have also asked for better availability and access to talking therapies, other psychological therapies and a wide range of therapeutic, peer and other support groups to help improve their mental health and wellbeing.

Recommendations

- 1: To increase the availability of talking therapies and other psychological therapies and to ensure that there are sources of support available to people who are waiting to access therapies.
2. To provide a range of community support groups and activities that are accessible to a wider range of individual need and circumstances.
3. To ensure that mental health services are providing a more person centred and holistic approach to assessment, diagnosis, treatment and support to those who are accessing mental health services

TEWV Response

Next steps

HWS are currently undertaking a piece of mental health engagement with the people in the local area. This is based on a wide range of feedback received from contacts in June 2021 in relation to concerns about waiting lists for talking therapies and the impact that this was having on people's mental health and wellbeing. HWS will be continuing with this engagement and will be meeting with the focus groups that have been contacted. This piece of work can contribute further to informing services of the ongoing mental health needs of people within the Stockton-on-Tees area. Healthwatch Stockton-on-Tees are continuing with more targeted and qualitative pieces of engagement with people with substance misuse and mental health difficulties in collaboration with CGL Stockton Recovery Service. Healthwatch Stockton-on-Tees are also collaborating with Stockton Borough Council Learning Disability Services to carry out a more targeted and qualitative piece of face-to-face to find out what adults with a learning disability need to help keep them well.

Acknowledgements

Healthwatch Stockton-on-Tees would like to say thank you to the people who have taken the time to share their experiences and to everyone who shared the survey.

Appendix 1

Demographics

1. Age category	Participants
13 - 17 years	2
18 - 24 years	2
25 - 34 years	9
35 - 44 years	10
45 - 54 years	15
55 - 64 years	4
65 - 74 years	7
75+ years	3
I'd prefer not to say	

2. Gender	Participants
Woman	40
Man	8
Non-binary	3
Other	2
I'd prefer not to say	

3. Ethnic background:	Participants
Arab	
Asian / Asian British: Bangladeshi	
Asian / Asian British: Chinese	
Asian / Asian British: Indian	
Asian / Asian British: Pakistani	
Asian / Asian British: Any other Asian / Asian British background	
Black / Black British: African	
Black / Black British: Caribbean	
Black / Black British: Any other Black / Black British background	

Gypsy, Roma or Traveller	
Mixed / Multiple ethnic groups: Asian and White	
Mixed / Multiple ethnic groups: Black African and White	
Mixed / Multiple ethnic groups: Black Caribbean and White	
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	
White: British / English / Northern Irish / Scottish / Welsh	52
White: Irish	
White: Any other White background	
Another ethnic background	
I'd prefer not to say	

4. <i>Sexual orientation</i>	Participants
Asexual	1
Bisexual	4
Gay	1
Heterosexual / Straight	36
Lesbian	1
Pansexual	2
Other	1
I'd prefer not to say	4

5. <i>Religion or beliefs</i>	Participants
Buddhist	2
Christian	19
Hindu	0
Jewish	0
Muslim	0
Sikh	0
No religion	27

Other	1
I'd prefer not to say	2

6. Marital or civil partnership status:	Participants
Single	15
Married	24
In a civil partnership	0
Cohabiting	4
Separated	2
Divorced / dissolved civil partnership	4
Widowed	1
I'd prefer not to say	1

7. Pregnant or have you been pregnant in the last year?	Participants
Yes	
No	
I'd prefer not to say	

8. Carer, have a disability or a long-term health condition? (Please select all that apply):	Participants
Yes, I consider myself to be a carer	11
Yes, I consider myself to have a disability	9
Yes, I consider myself to have a long-term condition	14
None of the above	16
I'd prefer not to say	2