

Community Mental Health Services Redesign

Public and staff engagement on proposals for working age adult and older people's services in Leeds

Engagement summary report

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1. Introduction

Foreword by Andy Weir, Chair of the Community Redesign Project Board and Deputy Chief Operating Officer

Thank you for taking the time to read this engagement report on our proposals to improve community mental health services for working age adults and older people in Leeds.

A quick reminder of how we got here

In October 2015 we started to review different options for the way we provide community services for older people. A series of consultation events with service users, carers and staff provided feedback that our 'ageless service' did not reach the standards of care that we aspire to with our older service users. This included concerns that older people's needs were not sufficiently recognised and that there was decreasing expertise in older people's care. It became clear that we needed to re-establish specialist older people's mental health services in the community in a way that would lead to improved outcomes and higher quality care.

As this work progressed it became clear that the plan to move some staff into a dedicated older people's service would have an impact on the services for adults of working age. It was also clear that the existing community mental health services for working age adults were experiencing significant challenges within the current model.

Referrals into our community mental health services have more than doubled since the current ageless model was implemented in 2012. Our teams have attempted to absorb this additional workload but this has led to staff holding very high caseloads, which have reduced our ability to deliver responsive, high quality and person-centred care.

We therefore decided in 2017 to review both working age and older people's community mental health services together.

The main aims for the review and redesign of these services were that:

- Services needed a clear purpose i.e. who are they for exactly
- Services must be responsive to service user and carer needs
- Other services and teams that support the community mental health teams must operate better together i.e. crisis services
- Staff should be well supported and well equipped to work effectively with service users
- Services need to be well managed – with a commitment to learning and continuous improvement

Learning lessons from the past

We know that moving to an ageless service in 2012 hasn't worked. We also know the way we implemented it wasn't a good experience for people. Therefore when it came to developing proposals this time round, we knew we couldn't repeat the same mistakes.

We made a commitment to share our proposals and offer people a genuine opportunity to influence them through engagement. That engagement programme took place between 1 May and 29 June 2018 with staff, stakeholders and the public.

This report is a summary of what we did, how we did it, what we heard and how it's made a difference to our plans. We're also committed to continuing to involve our communities in the process beyond the publication of this report and you'll find a summary of this in the Next Steps section towards the end. At this point I want to say a genuine thank you to colleagues at Healthwatch Leeds who carried out their own engagement with older people to get independent feedback. Their findings very much reflect what we have learned from our own engagement and strengthen our rationale for change. You can find the Healthwatch report on our website along with all the documents from the engagement phase.

I want to thank everyone who made the effort to give us their views on our proposals; whether that was by coming to a meeting, filling in a survey or contribute to the process in some shape or form. I hope you find this summary report a useful and accessible way to see what we learned and how we're responding.



Andy Weir

Deputy Chief Operating Officer /
Chair of Community Services Redesign Programme Board

2. Our approach to engagement

The engagement programme featured a number of activities and mechanisms. We identified the following people and groups as being the most important to the success of our engagement programme:

- Staff working in the affected services
- Staff across the Trust
- Community mental health service users
- Carers
- Our Leeds-based foundation trust membership
- Forum Central – collective voice for the third sector in Leeds
- Third sector partners
- Voluntary sector organisations
- Groups representing service users and carers e.g. Healthwatch Leeds, Age UK, Leeds MIND etc.
- Representatives from relevant local authority departments e.g. adult social care
- GPs and primary care health professionals
- Local NHS commissioners
- Local NHS partners e.g. Leeds Community Health NHS Trust
- Leeds City Council Scrutiny Board for Adults, Health & Active Lifestyles

2.1 Public engagement

The core elements of our public engagement were:

- A suite of communications materials, including three public facing leaflets specific to our proposed plans for working age adults, older people and a general overview.
- A survey designed to be as short and accessible as possible to facilitate maximum return. This was produced in paper copy and hosted online via the Survey Monkey website.
- A dedicated page on our website hosting all the relevant information, a link to the survey, details of our engagement events and how to contact us about the engagement and proposed service changes. See www.leedsandyorkpft.nhs.uk/get-involved/community-mental-health.
- A series of face to face public events and meetings with the key groups and individuals referenced above.
- Two mass mailings: one to current service users and one to our Leeds-based membership database.
- Partnership working to deliver our engagement programme with Forum Central - a collective voice for the health and care third sector in Leeds representing a membership of around 300 organisations

- Partnership working across statutory agencies to communicate through established networks i.e. NHS Trusts, Leeds City Council, Leeds CCG, West Yorkshire Health and Care Partnership

What we asked the public

Our public engagement was underpinned by the five questions detailed below.

Question number	Question	Response option
1	Do you think these proposals will improve Community Mental Health Services in Leeds? Please tell us more about why you chose your answer.	<ul style="list-style-type: none"> • Yes I think this will lead to a big improvement • Yes I think this will lead to some improvements • I don't think there will be any difference to what happens now • No I think they will be worse Free text answer.
2	Do you think these changes will improve services for older people in Leeds? Please tell us more about why you chose your answer.	<ul style="list-style-type: none"> • Yes I think this will lead to a big improvement • Yes I think this will lead to some improvements • I don't think there will be any difference to what happens now • No I think they will be worse Free text answer.
3	Do you think these changes will improve services for working age adults in Leeds? Please tell us more about why you chose your answer.	<ul style="list-style-type: none"> • Yes I think this will lead to a big improvement • Yes I think this will lead to some improvements • I don't think there will be any difference to what happens now • No I think they will be worse Free text answer.
4	Do you think there is anything missing from our proposals that would improve services for people?	Free text answer.
5	Is there anything else you'd like to share with us about our proposals to change community mental health services?	Free text answer.

Our public engagement in numbers

9,293

Foundation Trust members who received information, a survey and an invitation to attend one of two service user and carer events

7,095

Service users currently in receipt of our community mental health services who received information, a survey and an invite to attend one of two service user and carer events

1,000

Visits to our dedicated community redesign web page from over 750 people during May and June

306

GPs, practice nurses and practice managers who attended one of three primary care development events on 12, 14 and 27 June 2018

255

Survey responses including online and in hard copy

55

Service users, carers and other members of the public who attended one of our two public events on 11 and 14 June 2018

39

People representing a broad range of third sector stakeholders in Leeds who attended one of our two dedicated events on 17 May and 29 June 2018

31

GP practices (representing a population of over 10,000) who were engaged directly on our proposals

26

Partner organisations we met with face to face to discuss our proposed plans. This included: third sector, NHS partners and Leeds City Council

5

Care homes that were represented at our care homes event on 27 June 2018

2.2 Our engagement with staff

The Trust ran a separate engagement programme focused on the 500 staff who are currently working in the services that would be affected by the proposals. However all Trust staff were also given the opportunity to comment. This programme centred on getting feedback on the proposed new clinical models and staffing numbers to support them. It was delivered using face to face engagement and the use of the Trust's digital engagement platform Your Voice Counts.

Face to face engagement

We held seven open forum events across six sites with staff hosted by senior members of the community redesign project board.

In addition we attended or held a number of individual team meetings with the Care Homes Team, staff at Malham House, the West Intensive Community Service, the Crisis Assessment Service (CAS), Single Point of Access (SPA), South Clinical Improvement Forum and Approved Mental Health Professional consultants. We had contact with more than 100 staff as part of the face to face engagement, or around 20% of those affected.

Digital engagement

We invited all of our 2,995 staff (permanent and bank staff) to take part in an online conversation using our digital crowdsourcing platform, 'Your Voice Counts', where they could anonymously share ideas, suggest solutions and help to shape our next steps.

The platform was open and available 24 hours a day, seven days a week between 15 May and 11 June 2018.

A total of 372 members of staff engaged with the online platform. This is 12.4% of the total staff invited, which is considered a good level of engagement and is statistically viable. These staff submitted 143 ideas, made 491 comments and cast 1,940 votes to share their views. This gave us a total level of 2,574 contributions.

We asked four questions about the proposed service models and collected responses separately that were related specifically to individual, contractual or 'management of change' issues.

1. What are the potential benefits and challenges in the proposed Older People's Community Service (OPS) model?
2. What are the potential benefits and challenges in the proposed Working Age Adult's Community Service (WAA) model?
3. What would you like to see in the service models that are not currently included and why?

4. What might stop us from implementing the proposed service models successfully?
5. An additional section was where we collated feedback on staffing or management of change.

For more information about how our Your Voice Counts platform works, visit <https://yourvoicecounts.org.uk>

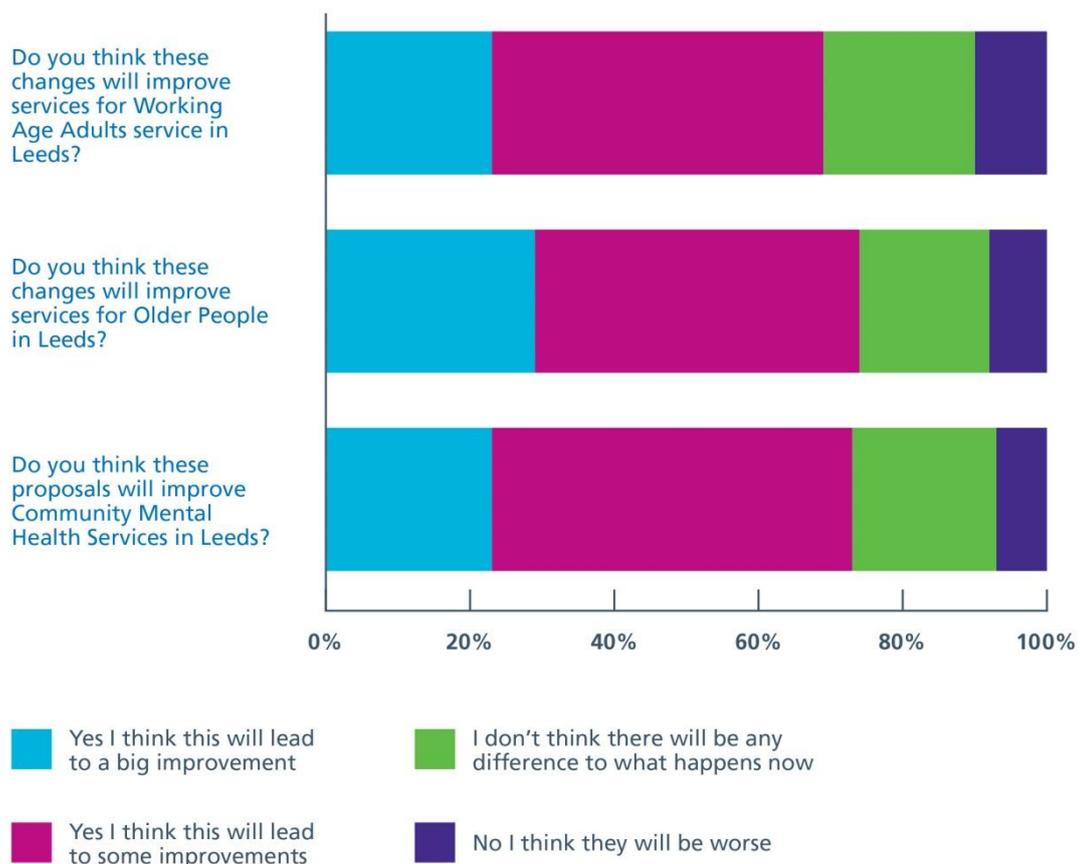
3. Engagement results and themes

Headline results from the public engagement

The majority of public respondents felt our proposals would improve services.

- 74% felt that our proposals will either make big or some improvements to our **community mental health services** overall.
- 75% felt our proposals will either make big or some improvements to **older people's services**
- 69% felt our proposals will either make big or some improvements to **working age adult services**.

This graph gives an overview of how the public responded.



Headline themes from public and staff engagement

As part of the analysis of our responses from the public and staff, the following themes below were identified:

1. Capacity
2. Change - positives and negatives
3. Consultation
4. Core Business and criteria
5. Culture
6. Home Based Treatment (HBT) – positive views and concerns on moving from Unit Based Treatment (UBT)
7. Partnership
8. Physical health
9. Staffing

4. Themes and responses

All the responses we received were reviewed and grouped into key themes from staff and from members of the public external to the Trust.

The tables below summarise these key themes and provide a high level response from the Trust. To be as transparent as possible, we have combined the staff and public key themes in this section. Some themes were relevant only to the public, and some only to staff.

Theme 1: Capacity

Summary of public response	Summary of staff response
People expressed concern at the capacity of our workforce to deliver the proposed plans, the potential size of caseloads and the complexity of service users.	Staff expressed concerns on our capacity to delivery high quality care to our service users.
Our response to feedback	
<p>We recognise that to be most effective staff need manageable caseloads. Changes to team structures in our proposed new care model will consider a clinician's overall caseload in terms of complexity and risk, not just in terms of numbers.</p> <p>We used capacity modelling to estimate the number of staff needed to meet our current demand. A group of clinicians then examined how this would work in reality and adjusted the staffing figures accordingly.</p> <p>Following staff and public engagement further changes were made to staffing levels across the different professions. Fully detailed service implementation documents showing how we've done this will be available soon to show our working out.</p>	

Theme 2: Change

Summary of public response	Summary of staff response
People doubt that our proposed plans will deliver our intended benefits.	Concerns and mixed views on the change to our proposed plans.
Our response to feedback	
<p>We acknowledge that change is difficult and can make people anxious. We also know we have a history of difficult change experiences at the Trust which may affect</p>	

Summary of public response	Summary of staff response
<p>people's perceptions of our ability to deliver effective change programmes.</p> <p>We are confident that we've learned from these experiences and have been committed to doing things differently throughout this process. We recognise that sometimes people need to go through the experience before they have confidence in what we're proposing and how it will work.</p>	

Theme 3: Communications

Summary of public response	Summary of staff response
<p>People provided their reflections on the need for good, effective and clear communication about appointments and clinics, how we share information between agencies and how we support people from different cultural backgrounds.</p>	<p>None given.</p>
<p>Our response to feedback</p>	
<p>We completely agree that these points will need to be worked on with our partners as we go forward. For example, work is already underway to develop shared management arrangements with social care. We intend to use the many good examples we already have of this when developing relationships with other partners.</p> <p>We've also picked up on some areas where we can do better throughout the engagement exercise for this project. For example, improved access for people from the Deaf community.</p> <p>We also want to assure you that wherever possible people have continuity of care during the transition to our new service model. We are already looking at ways we can reduce people being handed from one worker to another, as we recognise that people's support needs are complex. We cannot always guarantee it will be the same person and we will make sure known staff stay involved and extra support is added in during our transition to the new service arrangements.</p>	

Theme 4: Consultation

Summary of public response	Summary of staff response
<p>People welcomed our engagement process and the opportunity to take part.</p>	<p>Concerns from staff on the authenticity of our consultation process and the influence this could have on changes to the service model design.</p>
<p>Our response to feedback</p>	

Summary of public response	Summary of staff response
<p>We've know we've not been as inclusive as we could have been when engaging on service changes. We are confident that we have learned from this and have made a determined effort to reach out to a wider cross-section of staff, service users, carers, partners and stakeholders.</p> <p>A summary of our activity can be found in this report. We will also be publishing a more detailed engagement report.</p>	

Theme 5: Criteria

Summary of public response	Summary of staff response
<p>Service users, carers and partners said we needed really clear criteria for access to services. People recognised the need for our community services to be accessible seven days a week and that people are seen quickly when in crisis.</p>	<p>Clarity is required on our future criteria for working age adults and older people's services.</p>
Our response to feedback	
<p>In the past we have not been as firm at applying our access criteria as we could be. This has led to our staff trying to fill the gaps in mental health provision across the city, resulting in inconsistencies, high caseloads and a lack of focus to some people's care.</p> <p>Going forward we will aim to be more transparent in how we apply our service access criteria. In addition to this we will work more closely with our partners who are better placed to support those who do not meet our criteria for specialist mental health services.</p> <p>We will continue to have conversations with commissioners and partners about gaps in mental health service provision in the city and how we can all come together to address these.</p>	

Theme 6: Culture

Summary of public response	Summary of staff response
<p>None given</p>	<p>Staff spoke about the need for good team cohesion and multidisciplinary working being key to the new model. Concerns were raised that the proposed changes may bring challenges to the current culture.</p>
Our response to feedback	

Summary of public response	Summary of staff response
<p>We are very aware that the new model will mean a change of culture from both within our own organisation and with the way we work with partners.</p> <p>For some the change will be minimal and for others it may represent a very different way of working.</p> <p>The new model aims to develop team cohesion and a shared culture. For example, we recognise that at times some teams have been too big to function effectively. The new model proposes to sub divide teams into smaller more effective multi-disciplinary units. Smaller groups will meet daily to support each other to direct resource where it is most needed that day.</p> <p>We hope to further engender a compassionate supportive team who offer each other peer supervision on a daily basis leaving no one left feeling isolated or unsupported. We also know we need to relook at the concept of 'agile working'; what it means for staff in our community teams and how we can support staff to work in smarter, more efficient ways.</p>	

Theme 7: Evaluation

Summary of public response	Summary of staff response
<p>People were interested in hearing how our proposed plans will be monitored and evaluated in the longer term.</p>	<p>None given.</p>
Our response to feedback	
<p>We've had evaluation of our proposed new service model in mind from the outset of this project.</p> <p>One of the project's work streams is dedicated to looking at service evaluation. The work stream group is made up of staff, partners and service users who've been developing the evaluation plan as part of the project.</p> <p>We have been committed throughout this process to evaluating the impact of the changes made and feeding this back into the organisation for consideration and to make changes as necessary.</p>	

Theme 8: Finance

Summary of public response	Summary of staff response
People expressed concern that our proposed plans may cost more than is available, further funding might need to be sought to fund the model and were cost efficiencies being made.	None given.
<p>This project is not about saving the NHS money and it is not the driving force behind why we're doing it.</p> <p>However we do have to work within the funding that our commissioners have made available so this project is about using this resource in the best way we can; ensuring our service users get the best outcomes they can and our staff are delivering the best care they can.</p> <p>It is worth saying that all NHS trusts like us have to make a small percentage cost saving across all services every year. This is often referred to as our Cost Improvement Plan (CIP). In 2018/19, we have to save 2% across all services. This cost saving would have applied whether we were planning to change community mental health services or not.</p>	

Theme 9: Good (positive reaction)

Summary of public response	Summary of staff response
People welcomed our proposed plans for working age and older people's community mental health services.	Some staff expressed enthusiasm for the proposed changes.
<p>Our response to feedback</p> <p>We are very grateful to those people who shared their experiences and for being supportive of our proposals.</p> <p>We also want to thank you for your positive comments on having a dedicated service for older people. Your feedback and personal experiences of our care homes service was heart-warming and this is a service that will very much remain within our new service model.</p>	

Theme 10: Home-based treatment (HBT) concerns

Summary of public response	Summary of staff response
People felt that home based treatment may not suit everyone for fear of loneliness, and they liked the idea of	Some concerns were raised regarding the closure of the remaining intensive support unit base.

Summary of public response	Summary of staff response
attending a 'therapeutic day service' where activities would be held.	
Our response to feedback	
<p>Whilst the clinical evidence shows home-based treatment gives the best outcomes for service users, we understand it may not be best for everyone. Therefore, our intensive support service will offer intensive support wherever that is needed.</p> <p>We recognise there may be times when a service user needs a 'place of safety' whilst being supported in the community. There are early conversations occurring to develop plans around this. Examples may be the use of the crisis cafés and the crisis assessment unit at the Becklin Centre. This will need to be further developed with our partners so this becomes a city-wide offer.</p>	

Theme 11: Home-based treatment positive responses

Summary of public response	Summary of staff response
People welcomed the re-introduction of home based treatment and liked the thought of being cared for within their own homes.	Some positive views from staff over moving to home-based treatments.
Our response to feedback	
We are very grateful to those people who shared their experiences and for being supportive of our proposals.	

Theme 12: Partnerships

Summary of public response	Summary of staff response
People shared their personal experiences and reflections (positive and/or negative) of working with other agencies.	There is a lack of clarity on the support our partners will be able to offer us as part of the new models and a lack of confidence that these services will be robust and not withdrawn.
Our response to feedback	
<p>We pride ourselves on our partnership working and we can point to many examples. However we know we can do better.</p> <p>We have started two pilot projects with social care for co-delivery of group therapies and closer team liaison at assessment and discharge.</p> <p>As part of our engagement with partners across Leeds' third sector we've agreed to establish a 'partnership forum' which we hope will help us improve partnership working city-wide.</p>	

Theme 13: Physical health

Summary of public response	Summary of staff response
None given.	Lack of access to physical health clinics/checks within the proposed models and specifically management of medications.
Our response to feedback	
<p>We have heard your concerns and we have developed a city-wide physical health team to manage the needs of the community.</p> <p>In the past, some areas of the city have received more resource to deliver the physical health monitoring and intervention than others. This has meant that not all service users have had the same access to ensure their health needs are being adequately met. The new way of working will ensure that everyone receives the same physical health monitoring, and where needed has access to specialist treatment or advice. This is because the care will be delivered by the same team across different areas of the city. It is envisaged that the new service will develop closer working with pharmacy colleagues to improve medicines management processes.</p>	

Theme 14: Poor (negative reactions)

Summary of public response	Summary of staff response
People felt that our proposed plans were vague and that our existing community provision for working age and older people did not need to change.	None given.
Our response to feedback	
<p>We acknowledge that we haven't been as articulate about our reasons for changing as we could have been.</p> <p>Through our engagement activities we've offered a number of opportunities for people to speak to us, ask questions or attend an event. We hope this has helped people get a better understanding of the need for change.</p> <p>The background information on our case for change can still be found on our website at www.leedsandyorkpft.nhs.uk/get-involved/community-mental-health</p>	

Theme 15: Recovery

Summary of public response	Summary of staff response
<p>People provided their personal experiences and reflections (positive and/or negative) on improving their wellbeing and recovery. How we can help them maintain good mental and physical health and support them to achieve the best quality of life they can.</p>	<p>None given.</p>
Our response to feedback	
<p>Recovery is at heart of what we do and our changes reflect the desire to keep the person at the centre of their own recovery journey.</p> <p>For some time now we have been involved in the development of Recovery Colleges across Leeds, with partners in the third sector, universities and colleges. Our intention is to offer a range of courses and learning programmes for people who use mental health services and offer an educational rather than therapeutic approach to support people on their recovery journey.</p>	

Theme 16: Service user experience

Summary of public response	Summary of staff response
<p>Service users and their carers have provided their personal experiences (positive and/or negative) of our existing services or those of other providers.</p> <p>People also described the support they feel is and/or should be available when in crisis.</p> <p>People also shared their experiences of our service user involvement function (positive and/or negative).</p>	<p>None given.</p>
Our response to feedback	
<p>We are very grateful to those people who shared their experiences and for being supportive of our proposals. We understand not everybody has a positive experience with us and we do our best to listen and act on concerns or complaints.</p> <p>We also understand that service user involvement is something we could do better on as a Trust. We've commissioned an external review of our approach to public engagement and patient experience. The review team will talk to a range of people who are directly involved in either delivery of public engagement or in understanding how the experience of people who use the services provided by the trust is listened to within the organisation and what action is taken to improve quality of services and how this is communicated.</p>	

Theme 17: Staffing

Summary of public response	Summary of staff response
<p>None given.</p>	<p>Staff concerns over what roles will be available and how these will be awarded. There is a clear desire for open and transparent process.</p>
Our response to feedback	
<p>We will be publishing our proposed staffing models for the new community teams and how we've worked these out. Staff will then have the opportunity to discuss these formally with the Trust from September.</p>	

Theme 18: Training

Summary of public response	Summary of staff response
<p>People felt that further training would be needed to support and develop staff and the broader team to deliver the proposed new model of care, with specific skills needed to support older people.</p>	<p>None given.</p>
<p>Our response to feedback</p>	
<p>A team of our clinicians has been looking at what training might be needed to support staff to operate effectively in the new service models and how we should deliver it. A specific training and organisational development plan is currently being worked up.</p>	

Theme 19: transitions

Summary of public response	Summary of staff response
<p>People provided their personal experiences and reflections (positive and/or negative) on what it is or may be like to journey through our existing pathways, waiting times for treatment and the length of time receiving our services.</p>	<p>None given.</p>
<p>Our response to feedback</p>	
<p>One of our big reasons for changing was the feedback from service users that the journey through services was not helpful. In fact, we've scored quite low compared to other NHS mental health trusts in changes to who people see for their care and the impact this has on them (Community Mental Health Survey 2017).</p> <p>To address this we have reduced the number of times a person might be referred internally. Most notably, health and care professionals who can support service users in crisis will join that person's existing team (whether that be Trust staff or external partners and carers) to enhance the support rather than transferring them from one team to another.</p>	

5. Next steps

Thank you for all your time and contributions to the process so far. Please be assured we will continue to actively engage staff, stakeholders and the public in the implementation of our new working age and older people's community mental health services. We'll publish updates and relevant documents on the [Community Redesign page](#) on our website e.g. the full engagement report.

From September 2018 to March 2019, there will be significant work undertaken on the operational details of the new model, along with a programme of staff training and development.

In March 2019 we expect the new service models to go live. This will include a formal evaluation and review process, which allows us to pick up any early issues from implementation as they arise.

Staff, stakeholders and the public have told us they've appreciated the way we have engaged with them on our proposed new models. They've fed back that this cannot just be a one off process and that if we truly want to work in partnership and make our new model a success, a clear engagement strategy, particularly with our third sector organisations, is required.

From our two stakeholder events, we unanimously agreed that a mental health stakeholder open forum be established across the city. This will help to develop our partnership network and build and foster relationships.

We will continue to listen and take feedback on board as we implement and evaluate our new service models. Whilst we have some good mechanisms in place for this, we also know we have improvements to make in the way we do public and service user engagement. To better understand the issues we've commissioned Leeds Beckett University to conduct a review of our approach to public engagement and patient experience. The review will initially include interviews with a range of stakeholders directly involved in either delivery of public engagement, as well as understanding how the experience of people who use the services provided by the Trust is heard in the organisation and is used to improve quality. We expect their final report in late autumn this year.

6. Contact us

About the Community Redesign Project

If you've got any questions about the community redesign project (as described in this report) please contact us

By phone: 0800 052 5790 (this number is for our Patient Advice and Liaison Service)

Via email at communityredesign.lypft@nhs.net

We'll aim to keep our Community Redesign website updated with anything relevant to this project. You can find this at www.leedsandyorkpft.nhs.uk/get-involved/community-mental-health

Providing feedback about services

If you want to provide feedback on our services, please contact our Patient Advice and Liaison Service in the first instance.

T: 0800 052 5790

E: pals.lypft@nhs.net

Visit: www.leedsandyorkpft.nhs.uk/advice-support/pals

Drop in to the PALS Office at

The Becklin Centre
Alma Street
Leeds
West Yorkshire
LS9 7BE

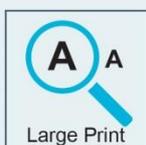
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