



Community Mental Health  
Transformation  
North Yorkshire and York

**healthwatch**  
North Yorkshire

Webinar

# The public's experience of mental health services

What you told us and  
what we're doing about it



# The public's experience of mental health services in North Yorkshire

- Setting the scene – By Charles Nosiri
- The findings of the report by Healthwatch
- The commitment plan in response to the report – By David Kerr
- Short talk from Lisa Holden, a member of the public involved in the project
- The next steps – By David Kerr



**Community Mental Health  
Transformation**  
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# Setting The Scene

**Charles Nosiri**

**Lived Experience Care Group Director,**  
(North Yorkshire & York)

Tees, Esk & Wear Valleys NHS Foundation Trust

# Community Mental Health Transformation

## Community Mental Health Framework

- Transform community mental health services and support
- Create a vision for a new place-based community mental health model
- Move away from an approach that isolates people
- Create a more joined up approach between services and organisations
- Look at the whole person's needs and not their mental health condition in isolation
- Break down barriers
- Listen and work together
- Address inequalities
- Improve relationships
- Support people to live well in their local communities

# Community Mental Health Transformation in North Yorkshire and York

- Work began in North Yorkshire and York in 2021
- Representatives from many organisations, as well as those with lived experience of mental health
- Creation of a Mental Health Alliance
- Creation of local delivery groups
- Development of place-based delivery plans
- The Community Mental Health Transformation Programme is a long-term project, supported by investment from NHS England
- Significant achievements to date but more still to do

# Engagement and understanding our local populations

- Need to engage with and listen to local people
- Place their needs, experiences and views at the forefront of future service development and support
- Commissioned Healthwatch North Yorkshire to help us do this
- Co-produced, collaborative approach
- Findings will inform future design and delivery of community mental health services and support



# Report findings

By Ashley Green, CEO

**healthwatch**  
North Yorkshire

# Background and aims

## The public's experience of mental health services

- Aim of the project: undertake **research** to understand adults' experiences of accessing mental health and well-being services across North Yorkshire.
- This was a **collaborative project** between Healthwatch North Yorkshire and the North Yorkshire & York Mental Health Leadership Alliance.
- The plan is for the findings to help **guide** the focus of the North Yorkshire Community Mental Health **Transformation Programme**.



# How we reached people

## The public's experience of mental health services

**We used different ways to collect data from 360 people.**

### Survey

- Survey questions were co-designed with people with lived experience.
- Distributed widely across North Yorkshire, both online and via paper copies.

### One to one interviews

- We commissioned the mental health charity MIND to conduct 33 one-to-one interviews with adults with a severe mental illness.

### Focus groups

- Engaged with seven distinct groups of people who are recognised as 'seldom heard' via 20 focus groups

# What did people tell us?

## The public's experience of mental health services

### The importance of a person-centred approach

- Support often does not reflect people's complex lives and the multiple issues that can affect their mental health.
- One person said it should not be a "one size fits all" approach, it should instead be "my size fits me".

### The nature of support needs to be considered

- Support is often inconsistent, with people being passed around different, and sometimes inappropriate services.
- Many said they have only been offered short-term support that can be helpful for a time, but often no long-lasting benefit.

# What did people tell us?

## The public's experience of mental health services

### Ensure support is accessible to all

- More needs to be done to ensure access to support is equitable; the time of appointments and services need to be flexible, public transport needs to be improved and people must be offered help when accessing support for the first time.
- The format of information needs to be accessible (e.g., Easy Read).

### Earlier intervention and diagnosis is needed

- This was seen as vital to reduce the likelihood of issues escalating to crisis point.
- As well as trying to cut waiting lists, suggestions were made about providing support while people are waiting.

# What did people tell us?

## The public's experience of mental health services

### Recognise the role of family, friends and carers

- Some said they feel they are sidelined when they can provide vital insight and support.
- Family, friends and carers also need help around how to maintain their own mental health.

### Improved information and communication

- It was acknowledged that there are lots of services and support available but more needs to be done so people know where to go and what different services and support are on offer.
- Communication between and even within services could also be better.

# What did people tell us?

## The public's experience of mental health services

### Staff and stigma

- The difference good staff can make was strongly reflected; negative staff attitudes can impact on someone's experience of and attitude towards services in the long term.
- Stigma is still prevalent from the feedback we heard.

### System issues need to be addressed

- Need the same approach across all of England to ensure people can continue to access support even if they move.
- Members of the armed forces, veterans and their families raised the issue of being put to the bottom of waiting lists for diagnosis and treatment when moving areas.

# What did people tell us?

## The public's experience of mental health services

### Crisis services are overwhelmed

- People reported not getting through on the crisis line (Tees Esk Wear Valley NHS Foundation Trust). Even when phones were answered, many people reported a lack of empathy and feeling dismissed.
- Respondents praised the Samaritans saying the people they spoke to were kind, caring and offered a good listening ear.

# What is working well?

## The public's experience of mental health services

- Many found talking therapies were very helpful.
- People praised the quality and effectiveness of support when they were included in decisions about their care and had choice and control over what type of help they received.
- There were positive comments about the kind and caring staff members people have encountered throughout the system.
- The more personal approach of charities and voluntary groups was generally well received.



# Community Mental Health Transformation

North Yorkshire and York

## Co-Creating A Commitment Plan

**David Kerr**

Transformation Lead

North Yorkshire and York Alliance



# A Whole System Approach; Working Together



**41** RECOMMENDATIONS



**9** THEMES ACROSS  
HEALTH AND  
SOCIAL CARE  
SERVICES



**WORK  
ALREADY  
UNDERWAY**



**LONG  
JOURNEY  
AHEAD  
TOGETHER**



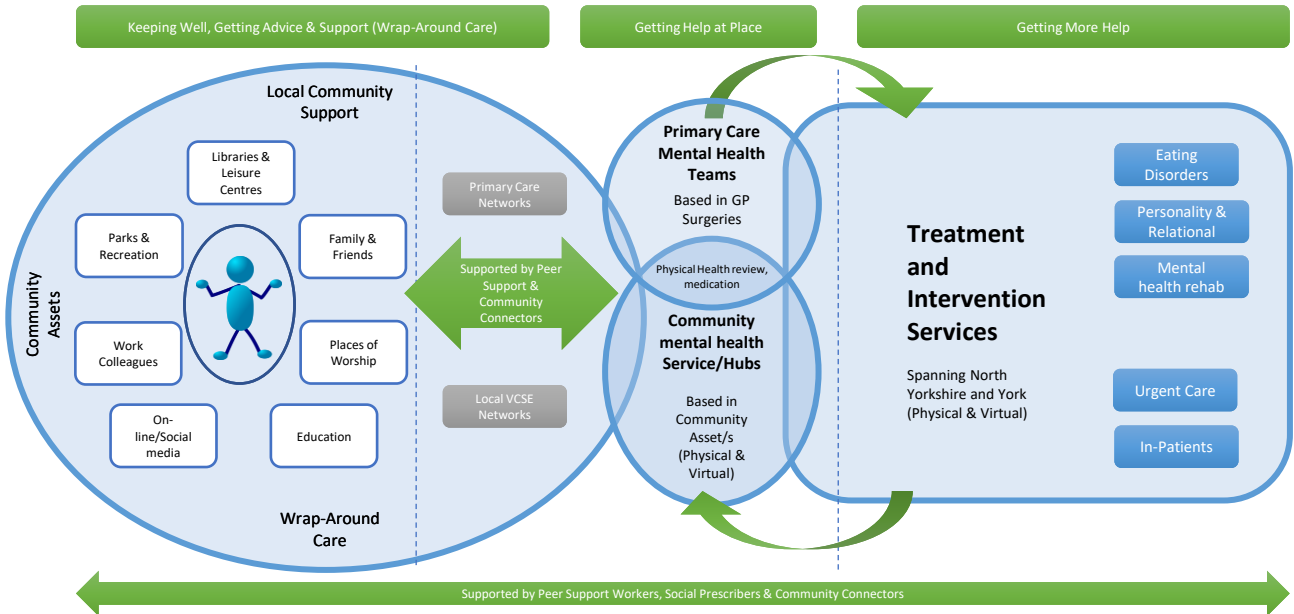
**FOCUS ON  
COMMUNITY AND  
STRENGTHS**



**CO-PRODUCED WITH  
ALL STAKEHOLDERS**



# North Yorkshire and York Core Model



# 1. Consider the nature of support by shaping services and treatments to meet need more flexibly

- More continuity
  - Consistency, connected
  - More choice, a wider range of options
  - Flexible, based on needs
  - Improved access to talking therapies
  - Individualised approach to commissioning
- New community hubs
  - New first contact mental health practitioners in Primary Care
  - Closer integration, system pathways
  - Specialist practitioners – system roles
  - More peer support and care navigator roles
  - Shared recruitment plan – new roles, new ways of working across system
  - Move away from care programme approach to individualised care
  - Better links and learning across system

## 2. Optimise the conditions for a person centred approach

- Better, accessible information, better communication
- Improved ability for organisational systems to connect and share information
- Records reflect whole person
- Staff sensitive to needs of communities
- Better awareness of neurodiversity to reduce barriers to care
- Learn from other initiatives across UK and beyond
- Environments that are sensitive to needs
- Person centered passports
- Peer support, lived experience
- Reviewing information across system – simple, consistent
- Single recording system and app for voluntary, community and social enterprise sector (VCSE)
- Multi-agency working in new hubs to improve whole person approach
- Training – mental health awareness, trauma informed care, Neurodiversity awareness
- Workstreams focusing on specific needs ie veterans, farmers, etc
- Grant schemes to support development of VCSE – focusing on delivering supporting/wrap-around care



### 3. Ensure support is more easily accessible

- Flexible appointments, extended hours
  - Information about services, accessible and different formats
  - Befriending support and volunteers
  - Directory of services across North Yorkshire
  - Support and wrap-around services through deeper partnerships with VCSE
- Increased access to Primary Care in evenings, new mental health hubs will work over extended hours
  - Range of information in various formats available – continually review and explore new and joined up information (social media, apps etc)
  - Befriending already provided in some places, new peer support roles planned, volunteers etc.
  - New investment in the voluntary, community and social enterprise sector in communities via mental health transformation (local grants and direct awards)

## 4. Recognise the role of family, friends and carers

- **Talk and listen to family and carers**
- **Better information and resources for families re eating disorders**
- **Better information and resources to help maintain their mental health for people caring for people with serious mental illness**
- **More individualised approach to care planning – co-produced**
- **Additional support for people with eating disorders and their families via Beat**
- **Additional support and wrap-around services for carers and families**
- **New mental health hubs will include support to carers**

## 5. Address issues around negative staff attitudes

- Ensure staff are and feel supported
  - Mental health awareness training for non-frontline staff
  - Mechanisms to raise concerns and support in place
  - identify and praise excellence, sharing the learning
- Resilience hubs, employee support, trauma informed care training and practice
  - Psychological safety
  - Management and clinical supervision across system
  - Mental health first aid and mental health awareness to all staff
  - Whistle-blowing process and support available – whole-system approach
  - Collaborative and multi-agency working in new mental health hubs

## 6. Improve crisis support and management across North Yorkshire

- Review and evaluate current crisis provision (across system)
  - Follow-up support following a crisis
  - Co-produced training and recruitment of staff
  - Closer working across whole system particularly in rural areas
  - Learning from other areas
  - Alternative provision including virtual hubs, listening ear etc in the community
- Services currently being reviewed as part of Crisis Transformation Programme (Whole system approach) including more streamlined crisis line and move to 111
  - Alternative and creative solutions being explored in communities – links with mental health hubs
  - Learning from other areas will inform and shape co-produced developments
  - New crisis cafes etc



# 7. Improve communications across the North Yorkshire system

- Counter mental health stigma
- Information more easily shared between organisations' systems to improve communication across services
- Cultural change is required – new co-produced community mental health services including new mental health hubs (closer, collaborative working)
- Trauma informed training and care across organisations
- Single information system and app-based access

## **8. Address access issues caused by people relocating and moving areas**

- **Support specific to community needs**
- **Armed Forces Covenant (No detrimental impact of moving across North Yorkshire)**
- **Reduce passing between organisations and services and cliff edges - whole-system working**
- **New mental health hubs tailored to the needs of specific communities**


## 9. Improve early diagnosis and intervention

- **Early intervention for young people**
- **New ways to identify issues with young people's mental health**
- **Work closely with schools to improve early detection and intervention**
- **Investment in early intervention services**
- **Explore potential of app-based approach for identification and assessment**
- **Improved transition for young people**
- **Closer working across CAMHs, schools and adult transformation programmes**

# **How I became involved in the project and why I welcome the report**

**By Lisa Holden**

**Citizen and survivor of serious mental illness**



**Feeling that you can help shape services by sharing your views as to what is needed in rural areas is a very empowering experience. It helped create some better mental health for me in the process.**

**Lisa Holden,  
Citizen and survivor of serious mental illness**



# What next?

- Q&A feedback
- Opportunities to be involved
- Community-based planning – priority setting
- Quarterly updates
- Repeat of surveys
- Informing the wider transformation



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# Thank you for reading

**We hope you found it useful.**

Please continue to share your experiences with Healthwatch (anonymously if you wish):

[hello@hwny.co.uk](mailto:hello@hwny.co.uk) or 01423 788 128 or at:

[www.healthwatchnorthyorkshire.co.uk/have-your-say](http://www.healthwatchnorthyorkshire.co.uk/have-your-say)

To get involved in future work in your community, please visit <https://www.tewv.nhs.uk/get-involved/>