

Community Based Mental Health Services in Norfolk and Waveney- Summary Report

Year Two

Community Transformation Steering Group Evaluation

June 2022 – June 2023

January 2024

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Registered office: Suite 6, The Old Dairy, Elm Farm, Norwich Common,
Wymondham, Norfolk NR18 0SW

Registered company limited by guarantee: 8366440 | Registered charity: 1153506

Email: enquiries@healthwatchnorfolk.co.uk | Telephone: 0808 168 9669

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Overview

This is a summary report of the Year Two- Community Based Mental Health Services Transformation Steering Group Evaluation and serves to highlight the main findings of the wider report. The full version of the report is available to be viewed at <https://healthwatchnorfolk.co.uk/>.

The report found that change is happening, but many adults severely affected by mental illness and their carers are not yet experiencing this. There are ongoing challenges with waiting times to access services, the coordination of services, and ensuring that individuals feel in control of their own care. Where there has been significant progress with the Rehab pilot, the success is due to a holistic approach, proper partnership working with a range of stakeholders and embedding the views of Experts by Experience in the design of the service. For continued success with the transformation of all community based mental health services these elements must be at the heart of the process.

Why we looked at this

This summary report is related to a larger body of work that was commissioned by the Norfolk and Waveney Integrated Care Board (ICB) in the summer of 2021 as part of a three-year evaluation, which should be completed by Autumn 2024, to assess the transformation of community based mental health services in Norfolk. The ICB created a Community Transformation Steering Group with the purpose of achieving this. In the first year of the project, Healthwatch Norfolk created an evaluation framework with five outcomes to consider the progress of the steering group against. The objectives were created on the basis of 'I Statements' that were formed by the Steering Group in consultation with people with lived experience of Serious Mental Illness (SMI) (these 'I Statements' can be found in the full report). The five outcomes revolve around different stakeholders monitoring the progress of transformation to community based mental health services and are as follows:

1. Adults severely affected by mental illness (SMI) report improvements in and access to community-based services.
2. Families and Carers of adults with SMI report improvements.
3. The Steering Group can evidence that they have made changes that positively impact community mental health provision.
4. Community based services report improvements to joined up services and wait times
5. Mental Health Workforces report improvements in community-based services

In the second year of the project, Healthwatch Norfolk revisited the Steering Group with the intention of understanding how much progress had been made in relation to each of the five outcomes.

How we did this

To complete the second-year evaluation, members of the Healthwatch Norfolk project team frequently attended meetings of the Community Transformation Steering Group to gain a first-hand account of what progress was being made. Alongside this, feedback was gathered from the public, mental health workforce, primary care workforce and local voluntary, community, and social enterprise (VCSE) organisations. To gather feedback from these subgroups, two methods of qualitative data collection were used: one-to-one interviews and focus groups. A thematic analysis was then carried out for the data gathered.

With the goal of reaching as many people as possible, Healthwatch Norfolk developed a range of promotional materials to encourage participation in the study. These included: posts on social media accounts such as LinkedIn; material included in the Healthwatch Norfolk Newsletter; and promotion by other third sector organisations related to the project and steering group. £10 e-vouchers were also used to encourage participation of those with lived experience of SMI and their carers.

Interviews were carried out with people and organisations linked to each of the five outcome groups to collect their views on a number of different focuses relating to the Community Transformation Steering Group. A focus group was also hosted in partnership with the Waves programme, which supports people with borderline personality disorder.

There were some limitations to this project, namely the small sample size compared to the population of people suffering from severe mental illness in Norfolk- in the first quarter of 2023, 9108 people were waiting for or receiving treatment for severe mental illness in Norfolk and Waveney (NHS England, 2023). There was also less engagement from other stakeholders and those within the ICB due to its reorganisation from a Clinical Commissioning Group. While the findings of the study may not be fully representative of every stakeholder subgroup, they do serve to provide insight into the experiences of those with SMI, and as to how the Steering Group has performed in its second year.

What we found out and what this means

The transformation of community based mental health services is an enormous task and we were not expecting to see radical change within this second year but hoped for continuing evidence of progress. There is evidence of change in some areas, but not in others. The Community Transformation Steering Group has made positive steps to address our recommendations from the Year One report.

Outcome One

We found that people who we interviewed with SMI, as well as those who participated in focus groups, had varying experiences of community mental health services. Those who were living with a personality disorder or complex emotional needs were the least satisfied with the service they'd received and did not believe there had been any improvement to community mental health services. The most common theme amongst adults with SMI was poor communication with services.

Through updating and integrating the 'I Statements' into workstreams, there is promise shown in including adults with SMI in the decisions around how these community-based services operate. However, currently there is not a process that captures ongoing feedback from adults with SMI to determine whether they think the outcomes of the Steering Group are being met.

Outcome Two

While Adults with SMI have noted some improvement in community based mental health services, their carers and loved ones experiences have not improved. The Carers Passport and Carers Assessment exist but are still not utilised on a wider scale and have therefore had little positive impact on carers yet. Also, by not creating a separate workstream for carer involvement there is a risk that the carers voices are omitted from the transformation process- this is concerning due to carers lived experience being so valuable in understanding a large and often under-appreciated facet of mental health support.

Outcome Three

The Steering Group highlighted progress by communicating positive and successful aspects of the transformation through the Rehab Pilot launch event and Physical Health Check Roadshow, these were well received by members of the

public, especially in relation to the Rehab Pilot. Through showcasing these successes, members of the public, and more importantly, those adults severely affected by mental ill health and their carers/loved ones, are more aware of how community mental health services are being transformed and that progress is in fact being made.

The Rehab Pilot has been the establishment of a multidisciplinary, multiagency team that work together to provide wraparound support to adults severely affected by mental illness. It demonstrates an effective and holistic approach to community based mental health services.

Outcome Four

While recognising the efforts that were being made to transform community based mental health services, local Voluntary Community and Social Enterprise (VCSE) representatives also noted the enormity of the task at hand. VCSE organisations saw an improvement in the holistic approach to service delivery, highlighting the success of the Rehab Pilot. However, they have not experienced an improvement in the implementation of joined up services, or to waiting times for those seeking to use community based mental health services.

The VCSE Assembly is still developing and is not yet a proficient way of allowing VCSE organisations to express their views. Some larger VCSE organisations are involved in the workstreams and delivery of services. However, smaller bodies are still not being involved in either the Steering Group or the transformation process itself- this runs the risk of alienating smaller organisations. It also limits the range of voices involved meaning that opportunities for wider learning and co-production are missed.

Outcome Five

The integration of the new mental health roles into primary care has been a successful process. Both mental health staff and primary care managers are reporting that they are becoming more aware of each other and their cultural working differences. Mental health staff have explained that they are feeling welcomed into primary care settings and even though it can be an isolative role, many GP practices are doing their best to ensure they feel like part of the team. Primary care staff are realising the value of these new roles and would even welcome more mental health staff being brought into their practices and funded through the Additional Roles Reimbursement Scheme (ARRS).

Recommendations

Healthwatch Norfolk identified recommendations for each of the five outcomes in the year one evaluation report. For the year two report, when looking at what the data and feedback have told us, we felt that the recommendations for outcomes one, two and three would also cover any improvements needed for outcome 4 and 5. Outcomes four and five explore whether wider stakeholders are seeing any differences to community-based services and is effectively additional evidence to support (or otherwise) what adults severely affected by mental illness were telling us in this year's report.

Healthwatch Norfolk are also mindful that this is year two of a three-year project, which is due to finish next year and that the recommendations need to be proportionate and realistic.

Outcome One

The Community Transformation Steering Group continue to use the I Statement outcomes as a benchmark.

- 🗨️ Ensure there is a process so that adults severely affected by mental illness and their carers or loved ones can feedback on whether they believe the I Statements have been met for them and use this feedback to see what changes need to be made.

Outcome Two

The Community Transformation Steering Group ensure that the previous recommendations for this outcome are met

Any changes to community based mental health services brought in by the Steering Group should ensure that carers of adults severely affected by mental illness are involved in the care of their loved one, offered support and that the value of their role is recognised. The involvement of carers should be a core focus for each care pathway and priority cohort for the community mental health service transformation.

- 🗨️ To progress with the plans to develop I-statement outcomes for carers, working with VCSE organisations that work with carers of adults severely affected by mental illness.
- 🗨️ Ensure that transformation plans indicate which of the I Statement outcomes will be met as a result of any change.

- Q Consider forming a Carers Panel or a separate group of Experts by Experience to help co-produce and shape the community mental health service transformation process. This will strengthen the steering group's acknowledgment of the importance of families, carers and support networks and treat them as an integral part of their loved one's treatment and care.

Ensure that the focus on carers is not lost because it is classed as an enabler for the other workstreams.

Link in with HWN project exploring the experiences of carers of loved ones of adults severely affected by mental illness.

Outcome Three

The Community Transformation Steering Group seek broader opportunities to engage with wider groups of Experts by Experience through other VCSE partners.

The Community Transformation Steering Group ensure that the VCSE sector are facilitated to become equal partners in the transformation plans and process.

- Q Make the development of the VCSE strategy a priority, ensuring wider representation and develop opportunities for coproduction with the VCSE sector, and involving them at the beginning of service design, not part way through.
- Q Seek alternative means of engaging with smaller VCSE providers that allow them to contribute more fully without always having to attend meetings organised by the steering group.
- Q Explore how VCSE services can be funded to ensure their sustainability.

Commissioner Response: Norfolk and Waveney Integrated Care Board (ICB)

Norfolk and Waveney ICB would like to begin by expressing our gratitude to Healthwatch Norfolk for providing a detailed and independent evaluation report on Year 2 of the Community Mental Health Transformation Programme. The insights and feedback are greatly appreciated.

We are pleased that the report highlighted progress in the following areas:

- Each Community Transformation workstream is now benchmarked against the relevant "I Statement" outcomes.
- There is clear evidence of continued engagement with the VCSE sector, and involvement of Experts by Experience in many workstreams.
- There has been a notable improvement in the holistic approach to the programme.
- The integration of community-based mental health roles has been successful, with these roles and stakeholders increasingly aware of each other and adjusting to cultural working differences.

These achievements demonstrate that, although transformation is ongoing and we recognise that it is a long-term process, our community mental health services and pathways are beginning to transform, ultimately leading to better outcomes for our service users in Norfolk and Waveney.

Moving forward, we will continue to focus on enhancing experiences for carers and loved ones, reducing inequity across the system, and improving waiting times. We will achieve this by ensuring that plans are co-produced and by strengthening our collaborative efforts with our system partners.

We highly value the feedback and recommendations provided in the evaluation and are committed to continuous improvement. We appreciate the independent perspective of Healthwatch Norfolk and the contributions of all those involved in the evaluation process. We look forward to implementing these recommendations and achieving better results for our local population.

References

- NHS England (2023). *Mental Health: Physical Health Checks for people with Severe Mental Illness*. Retrieved from: <https://www.england.nhs.uk/statistics/statistical-work-areas/serious-mental-illness-smi/>



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Norfolk

Healthwatch Norfolk
Suite 6 The Old Dairy Elm Farm
Norwich Common
Wymondham
Norfolk
NR18 0SW

www.healthwatchnorfolk.co.uk
t: 0808 168 9669
e: enquiries@healthwatchnorfolk.co.uk
✉ [@HWNorfolk](https://twitter.com/HWNorfolk)
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