



In Good Mental Health

Feedback from public event at the Orbis Centre in Lowestoft
2pm-4.30pm on Wednesday 7 November

As part of a review of Mental Health services in Norfolk and Waveney a number of public events were held to give stakeholders the chance to:

- hear about the review
- give their views about where Mental Health support is and is not working
- influence the development of a 10 year Mental Health strategy

Three events were arranged and widely publicised through the media and social media, through primary care, the hospitals, the voluntary sector and the CCGs in the area. For the Lowestoft event, 41 people pre-booked through the eventbrite page for the event and on the day we had 50 people in attendance. The presentations were from;

- David Edwards OBE, Chair, Healthwatch Norfolk
- Dr Liam Stevens, Chair of Great Yarmouth & Waveney CCG
- Kevin Vaughan, Chair of Great Yarmouth and Waveney (VASP) Mental Health Providers Network and Head of Health and Social Care, Voluntary Norfolk

Tables discussion were held and feedback was gathered against the following questions:

Workshop One: Your experiences of local Mental Health support and services:

What is working? What needs to change? What are the current issues or barriers?

Workshop Two: What does future Mental Health support look like? How would these changes make a difference to you?

All feedback is to be independently reviewed and used to inform the draft Mental Health strategy. This draft will again be presented for further public and stakeholder feedback. Feedback from all events has been recorded against the following themes:

1. Complex, slow and hard to navigate processes
2. Poor integration of care
3. Issues with quality and consistency
4. Concentration on treatment rather than prevention
5. Community care not fully utilised
6. Other points made

Please note: The following are views expressed by individuals who attended this event which we have recorded verbatim. Where the written feedback was, in isolation, not clear we have included context by adding <notes>. However this was not possible for all the feedback and so, where we have not been able to add context, the written comments have been recorded here verbatim.



1. Complex, slow and hard to navigate processes

Services can feel overly complicated and difficult to move through for service users and carers, as well as for health and care professionals.

1. Access to services and Mental Health professionals is difficult. This is true even for other health and care professionals, who, for example have to leave a phone message for the crisis team and then hope that they get called back.
2. The system is too reliant on individual contacts and personal connections, so if you know someone who you can call, great, if you don't have a contact, then it is very difficult to get help, particularly in a crisis.
3. We need to make Mental Health professionals more accessible.
4. Service-users should have a named worker that they, their families and other professionals can easily contact.
5. There should be a single point of contact (SPOC) and a directory of services (signposting people to support. Possibly an app?)
6. Crisis can sometimes be reached while awaiting services. Delays lead to an escalation of need.
7. We need more effective crisis services which are more accessible even to patients who are not currently known to services.
8. There should be a self-refer model – clear and timely diagnosis



2. Poor integration of care

Patients/service users & families find care to be disjointed, fragmented & confusing, with a lack of cohesion and communication between services, resulting in individuals 'falling between cracks'.

1. There needs to be better sharing of information about individuals, including with the Voluntary sector. Our commissioning arrangements need to be more explicit about what information can be shared with the Voluntary sector and how it can be shared. There needs to be a cultural change so that Mental Health professionals think about sharing information with appropriate colleagues.
2. 24/7 crisis service interlinking with the voluntary sector to ensure someone is available when needed (e.g. the first responder model locally)
3. GPs are too busy to be the lynchpin or to know all about available services. Is the GP/primary care actually the best place to know all about available resources?
4. Mental Health is not connected to other services. For example a GP does not see Mental Health as their remit/skill set
5. There is a burden on carers to keep people safe
6. Infrastructure in Great Yarmouth - there needs to be real collaboration using the infrastructure already in place. Neighbourhoods that work!
7. Recognise commonalities across groups/services/commissioning etc and use those. There is a power in collective commissioning which trusts the voluntary sector.
8. Drop-in clinics to access – talking therapies capacity
9. Social prescribing should be joined up with an accessible database and access to social prescribers.
10. <there needs to be an> integration of wider determinants of health (housing, benefits, food etc for those with mental health difficulties). A whole-system approach.



3. Issues with quality and consistency

Service users expressed concerns over inconsistent, slow and poor quality care across Mental Healthcare services in Norfolk & Waveney.

1. Many said that social services do not have enough capacity and that one consequence of this is that service users do not get enough consistency of care, as they too often see different professionals. It can also mean that people don't get care for long enough as there aren't enough staff to see people for extended periods of time.
2. To recruit more staff and to attract different people to work in Mental Health professions, there should be a better career structure in place so that people can progress. We need to pay Mental Health workers well and value them, this includes those working in the Voluntary sector as well as those who work for a NHS trust. Valuing staff isn't just about money.
3. It can be challenging working with volunteers, as when their lives change, so do their immediate priorities and their availability to volunteer.
4. Mental Health professionals need to provide more personalised care, co-producing each individual's care plan with them. They should also be better at involving family members in an individual's care. Training is needed to achieve this cultural change amongst the workforce.
5. Too much is delivered as 'one size fits all'. Support needs to be designed around individual needs.
6. Commissioning is short-term and short-sighted.
7. Dual diagnosis and substance misuse service not being delivered.
8. Stability services via commissioning (jobs)
9. Appears to be limited expertise in dementia at care homes in Lowestoft (quality of life/limited activities)
10. Transport provision <has been> reduced
11. If a paramedic cannot treat a person with mental health – police are called and GP resources appear very limited.
12. Common currency of collaboration – co-production



13. Integrated services should drive co-planning.



4. Concentration on treatment rather than prevention

View that there is a lack of services focusing on preventative measures, with current focus heavily weighted in downstream treatment

1. Our approach to prevention is not joined-up and is far too fragmented. More needs to be done to listen to service users.
2. We need a more consistent approach to prevention and to use universal provision. For example, we could make parenting classes available to everyone.
3. High levels of anxiety and depression locally indicates that our approach to prevention is not working, but that if we can get it right we could reduce costs, particularly the cost of providing crisis services.
4. We should continue to raise awareness of Mental Health, what good Mental Health looks like, the importance of looking after your wellbeing, the services available and to reduce the stigma that still surrounds it.
5. Prevention from an early age. Training/education to be delivered by someone with experience and not necessarily by professionals (e.g. peer to peer support)
6. Time should be made for active listening
7. Investment in education across ages, organisations and staff
8. There needs to be earlier intervention which would mean less escalation/crisis
9. Less stigma for men/isolated groups



5. Community care not fully utilised

Feeling that service users are signposted to secondary/formal care settings too easily, with a lack of offering of care in less formal, community support settings

1. Some from the Voluntary sector felt that they are able to spend more time with people than professionals from statutory services and that this can pay real dividends in terms of helping people to recover or feel supported.
2. Many agreed that whilst the Voluntary sector has more time to spend with people that need support, it's important to remember that the support they provide isn't free.
3. Some said that voluntary organisations are now seeing and having to support people with more serious Mental Health conditions than in the past.
4. A few people noted that the thresholds for formal services have gone up.
5. One person felt that there is too much pressure on voluntary organisations to agree to provide services in a way that they don't want to just because they need to win contracts. Or that they feel they have to agree to performance indicators that make their organisation focus on activities which don't really benefit people.
6. Some voluntary sector representatives said that GPs and primary care do not refer to them anywhere near as often as they could or should, and that there needs to be a cultural change in primary care to get them thinking more broadly about a person's health and wellbeing, and the range of support which is available.
7. Some felt that the public don't know that much about the range of services and support on offer, particularly from the Voluntary sector, for people with Mental Health conditions.
8. There should be longer-term placements for people with serious conditions, not institutions, but community based approaches.
9. We should explore the Camphill model, greater use of care farms and the Dutch have a dementia village just outside of Amsterdam which is a really interesting model.
10. We need more community working, we need to get away from professionals who should just do the specialist bit.



11. The Lowestoft Mental Health ambassador is a good example of a community getting actively involved and caring about the wellbeing and Mental Health of the people that live in the area.
12. We could explore ways of coordinating and up-scaling successful Voluntary sector initiatives.
13. <there should be> psychologist and social worker linked to schools so contactable when needed.
14. Improve social isolation by improving access to available activities (e.g. physical health exercise)
15. Professionals should have more faith in the voluntary sector and in social prescribing
16. We need to build more social resilience. We need to value society and social/community capacity. Robust resilient communities that are informed about Mental Health and provides a 'step' and a service which wraps around.
 - Listens
 - Prevents
 - Connects
 - Grows organically
 - Integrates
 - Builds trust
 - Larger projects such as gardening which is for MENTAL HEALTH/isolation/physical health
17. More support for families supporting those with depression/anxiety
18. All GP practices should employ a psychotherapist/every surgery should have a Mental Health nurse
19. <there needs to be> an increase in peer support
20. Home treatment service/health coaching would keep people out of hospital
21. There should be the Mental Health equivalent of Dementia Friends.
22. Greater engagement of churches
23. Recovery college only available for people who use 2 services – need to be up to one service.



24. Help develop youth services to target those at risk (safe spaces etc) to build more resilience at an early age
25. Direct resources to diagnosis – management of young people
26. Access to talking therapies/cognitive therapies



6. Other points made

1. A few people noted that whilst the NHS budget has continued to increase in recent years, it has not been increasing at the same rate, and they were concerned that this has had an impact on the funding available for Mental Health services and the ability of the health service to keep-up with demand.
2. More broadly, a couple of people were very concerned about the wider reductions in public services and the impact that this has had on people's Mental Health and wellbeing. They noted that the wider determinants of health are really important and affect people's Mental Health as much as their physical health.
3. A few people said we should be doing more to promote arts and sports as being good careers, as well as good for your Mental Health and wellbeing. Children and young people don't do enough of these in school.
4. It would be worth exploring whether there is a way to spend more on prevention and less on acute, frontline services.
5. There were mixed views expressed about whether it is better to provide public services in-house or whether they should be commissioned, and on the extent to which we currently have the right balance of provision. There was also a concern about commissioned providers who suddenly cease to operate.
6. One person said our geographical location makes it hard to recruit staff.
7. Employment is really important, we need to be doing more to support people with Mental Health conditions in employment or back into employment. We need employers to be more understanding and able to support people with Mental Health conditions.
8. Mental Health should be on the curriculum in schools
9. There should be a transition pathway for children-to-adults in health and social care.
10. More should be done to tackle the links between drug taking and anti-social behaviour.
11. Veterans: the implementation of the armed forces covenant.
12. There is good work being delivered but people do not know about this. There needs to be better communications about this.



13. Needs to be more awareness of overshadowing – for example LD diagnosis overshadows Mental Health
14. Positive changes would mean service users would suffer from less stress and less loneliness. Services could be less medicalised/professionalised and build better relationships.
15. An increased focus on pastoral care in education showing health-education links and with earlier intervention through recognition.
16. Viewing good/'bad' Mental Health as a whole social approach.
17. There needs to be meaningful Mental Health care from employers.
18. There need to be good pilots/projects – life connectors, living well connectors, community enablers.
19. What's working well:
 - Victoria House carers assessment – counselling
 - Using knowledge and expertise to ensure
 - Voluntary sector providing better support e.g. better together, surviving abuse etc
 - Listening, signposting, supporting
 - Poppy Ward (Hellesdon Hospital) cited as delivering superb care
 - The CAMHS review worked well with consultation with stakeholders.
 - Todd Sullivan, Lowestoft's mental health ambassador is working well and giving a real voice to the local people.
 - Mental Health now a priority for Lowestoft – with school engagement, peer support
 - VASP network groups
 - Suffolk parent group (700 Facebook members)
 - Inside Out peer supports in Beccles
 - Men's Shed and the possibility of other groups in the STP
 - Directory of 'more on' services
 - Park Run
 - Lowestoft 'a go go'
20. Gaps identified:
 - Carers assessment, preventative and proactive not reactive
 - Education in schools/educate the educators
 - Family support when needs and responded to speedily
 - Investment in children



- Shift funding streams to where needed
- Crisis team not available/responsive to people in crisis – hospital attendances – need someone to contact as first port of call
- Care coordinators not always allocated
- <why has> Autism <been> ‘put of scope’ of this review
- All NHS staff should be trained to support those with autism
- All Mental Health interventions should be available to those with autism/ADHD
- Support for people transitioning from youth to adult services and people moving into independent living arrangements
- Need to capture asset base
- Make Lowestoft an attractive place to live and work
- Teams running under capacity in health and social care
- Very strong self-help pathway
- Support for those discharged from services (MDT)

21. There should be special objectives for learning disabilities

22. Beds re-opened at Carlton House (dementia). Excellent staff there.

23. Work still needs to be done around the stigma of Mental Health

24. Not convinced voices are always heard (such as with Carlton Court)

25. Fast response vehicle for Mental Health – funding?

26. Increase digital in delivery for those who can cope with it (self-assessment)

27. Services need to be well funded and well-staffed with more 1-2-1 facilities rather than groups. Could use more peer support

28. Need to address negative campaigning against the Trust

29. NSFT too focussed on regulatory compliance – needs to be more innovation.

30. There was an overall plea from the audience at the start of the event that issues raised are likely to be local to Waveney, and Waveney specific, and this must not be lost when reporting on a wider Norfolk basis.

31. The National Autistic Society noted that the event was not accessible for people with a diagnosis of autism. Rebecca Driver, Director at NHS Great Yarmouth and Waveney, agreed to go and speak specifically to this group in Lowestoft to make sure their views are heard.



32. A specific detailed discussion was held with a representative from the National Autistic Society who had concerns that autism must not be excluded from the mental health review. Whilst it was understood that a specific piece of work is underway on learning disabilities led by Norfolk County Council to include autism, there were concerns that this would not sufficiently address the mental health needs associated with autism, and was also likely to exclude Waveney (as led by NCC). Concerns were also expressed that patient and carer information leaflets and on line guidance on pathways for care in Suffolk did not highlight that a totally different pathway exists in Waveney. The following actions were agreed with the National Autistic Society representative:

- Frank Sims, Chief Officer North and South Norfolk CCGs, agreed to discuss the inclusion of autism in the learning disability review with the Director for Adult Social Services at NCC.
- Rebecca Driver, Director at NHS Great Yarmouth and Waveney CCG agreed to seek clarity on the autism pathway within Waveney.
- The National Autistic Society representative agreed to provide Rebecca Driver with an email setting out concerns about autism being excluded from the mental health review, and some solutions for how this could be addressed.