

Healthwatch Hartlepool

TEWV Community

Transformation Report

September 2021

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Executive summary

Hartlepool is one of the most deprived areas in England, ranked 18th out of 326 local authority areas and with 7 of the 17 wards in Hartlepool amongst the 10% most deprived in the country.

Healthwatch Hartlepool is committed to working together with TEWV and the people of Hartlepool to improve access to Mental Health services. At a time of increasing demand on services and pressures on funding, it is even more important to make sure we are supporting people to take responsibility for their mental health in the same way they would care for their physical health. We are incredibly ambitious that services are delivered efficiently, targeting them towards those who need the most help. In Hartlepool, the areas where the most vulnerable members of our population live reflect the areas with the highest deprivation. For that reason, we have ensured that we have consulted with the whole population in addition to 4 clear, seldom heard groups; Older People, the Deaf community, the Blind & Visually Impaired community and the LGBT community.

You will see from our findings, conclusion and recommendations that whilst services currently provided can be effective there is an overwhelming desire for mental health support to be locally delivered and equal access for all communities is paramount.

We are mindful that our residents are our greatest asset and by consulting and working in collaboration with our communities we can help shape Tees, Esk and Wear Valley NHS Foundation Trust's new mental health community-based offer.

Our consultation spanned the month of September and has been one of our most successful consultation exercises over the last 8 years.

“People’s views come first - especially those who find it hardest to be heard. We will champion what matters to the seldom heard and work with others to find solutions. We are independent and committed to making the biggest difference to residents.”

Christopher Akers-Belcher Chief Executive - Healthwatch Hartlepool



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

Healthwatch Hartlepool launched a town-wide survey and supplemented their intelligence gathering by hosting 3 Focus Groups as well as offering 1 to 1 sessions for the blind & visually impaired. The 3 Focus groups were arranged collaboratively with the trusted LGBT organisation Hart Gables, Hartlepool's 50+ Forum, Hartlepool Deaf Centre and the 1 to 1 support sessions were led by Hartlepool Vision Support.

- 200 people took part in our survey. We had 128 respondents from our on-line survey, which was promoted across our networks including Hartlepool's Covid Champions. We had 28 surveys completed by the LGBT Focus Group, 19 by the Older People Focus Group (50+ Forum), 15 participants from the Hartlepool Deaf Centre and 10 completed surveys via 1 to 1 support with Hartlepool Vision Support.
- The town-wide survey was made available via survey monkey albeit hard copy surveys were made available for those digitally excluded. These were then included in our on-line analysis following them being uploaded by Healthwatch staff. The survey was promoted by Healthwatch Hartlepool's social media and complemented by promotion through the Council's 'Hartlepool Now' website.
- Our excellent working relationship with our key partners allowed us to produce a British Sign Language (BSL) video that had a reach of over 1200 across the Tees Valley and was shared widely across the Healthwatch Tees Valley network. Our Focus groups were held in trusted and known community settings agreed collaboratively with our partners. BSL interpreters were provided at our Deaf Community Focus Group and a number of meetings were held with Hartlepool Vision Support to convey the aims and objectives of the project before 1 to 1 survey support was provided to the Blind/Visually impaired community.
- All research was undertaken within the months of August and September including the Focus Groups and 1 to 1 survey support sessions.

Demographics

Please see Appendix 1 which demonstrates our research is representative of Hartlepool's local communities up and above our detailed intelligence gathering specifically with our focus group target audiences.

Findings

What matters most to people in Hartlepool

There is clearly a stigma attached to the term Mental Health. Participants in our key focus groups welcomed the opportunity to discuss every dimension of mental health and were receptive to our reference that mental health is just like physical health: everybody has it and we need to take care of it. Participants to our research also, in the main, believed that prevalence of 'poor' mental health had been exacerbated due to the Covid19 pandemic and the associated extreme effects of loneliness & isolation.

Who did we speak to?

89% of all respondents completed surveys themselves and 11% were completed on behalf of someone else. In the main this outcome occurred as the 1 to 1 support given to the Blind & Visually Impaired community required completion on the interviewee's behalf. In addition, Healthwatch Hartlepool collated the collective responses from the Deaf community at their focus group, as this was their preferred method of participation under the guidance and support of Hartlepool's Deaf centre with British Sign Language interpreter support.

What did they tell Healthwatch?

In the main the most compelling findings came from our Focus Group with the Deaf Community.

Participants all felt let down by health care services, including providers of mental health services. Many were unaware of how to access mental health support services, and some did not know that mental health services exist or had any knowledge of the support they provide.

"I have no confidence in health services, they all fail us."

"It's 11 years since the Equality Act, they are breaking the law."

Poor communication systems and information dissemination are major barriers to service accessibility for Deaf people. Accessible information about services is often not available and many GP Practices do not allow patients to make appointments by text, the preferred communication method of many Deaf people.

"Why is there nothing on our records that flag up that we are deaf and need an interpreter?"

"How would we contact services? I can't use a phone and they won't accept text messages."

Patients reported that all too often when appointments are made, they are cancelled and must be rescheduled as interpreters have not been booked. Consequently, there isn't a clear and accessible gateway to mental health and wellbeing services which is recognisable and accessible to Deaf patients.

"Cancelled appointments make me depressed."

These issues are exacerbating already high levels of health inequality experienced by Deaf patients as they are often unaware services exist or become frustrated and disillusioned by the barriers they encounter when attempting to access services and consequently give up trying.

"I bottle-up problems because of lack of awareness and no interpreters"

Moving forward, participants felt that local gateways to mental health services, in community settings were key to building trust and understanding of the specific needs of Deaf people.

"Deaf people need to be treated as individuals by health service and involved in the provision of services."

In respect of the Blind/Visually impaired community many of the sentiments expressed at the Focus Group of the Deaf Community were echoed. The reference to the stigma attached to the term mental health was a common theme in all consultations. This sector of the community also suggested patients' homes are utilised when support is required.

"I am unsure of what services are available or even how I would access them."

Consideration must be given for promotion of the 'offer' in respect of mental health services to be available via audiobook/Braille.

There is therefore a compelling argument to ensure the visually impaired are not 'locked-out' of community based mental health services and a place-based approach must be paramount.

Hartlepool 50+ Forum, our reference group for Older People also emphasised that a guarantee of privacy and confidentiality be promoted as part of the gateway into accessing services.

"There is a stigma with mental health. Sufferers are laughed at and belittled. Many of those who suffer with poor mental health will not admit to it or seek help. Sometimes it is all too late."

Additionally, this sector of the community was keen to explore the availability of transport, which would alleviate some of the anxieties in accessing help & support. Other suggestions linked to this was to promote services via signage at bus stands as well as utilising the local free papers that are delivered to every home in Hartlepool or located at key community locations across the town.

Some of the contributors to poor mental health for this cohort of the community related to incidences of Anti-Social Behaviour, age and extreme, long-term isolation.

Finally, some of the feedback from the LGBT community was underpinned by a real sense of acceptance and sometimes the need to challenge how they are or were made to feel.

Terms repeatedly used from the respondents surrounded image, anxiety, being blamed, ignored and rejected.

"The on-line service e-consult on my GP's website, which they tell you to use rather than phoning, is not suited to mental health very well. Especially for long-term mental health conditions. On one occasion when I tried to use it to request anxiety medication, which is a regular thing for many years, some of my answers about mood/anxiety led the form to tell me to ring 999. This really was not appropriate for me at that time. It definitely was not a 999 emergency."

Activities that contributed to positive mental health were sometimes at a low level such as gaming, clothing or jigsaws yet others just relied on 'Hope'.

The biggest contributor to poor mental health was waiting lists albeit unemployment & not having inclusive carers were a factor too.

It was a quite an emotional and upsetting Focus Group to hear that some people were crying constantly in private and longed for shorter waiting lists to access what they hoped would be a discrete, private support service.

"I need a great deal of reassurance to feel confident"

In focus

The actual gateway to accessing Mental Health services is a significant barrier to physically disabled, deaf & visually impaired residents being afforded equal access to services as the remainder of Hartlepool's population.



Detailed survey findings

Below is a summary of our key findings from analysing our total survey results and there was consistency across the on-line surveys and the intelligence gathered from the 3 focus groups as well as the information gleaned from the surveys completed with 1 to 1 support.

Expectations of mental health services

3. Tell us up to 5 things that contribute to your positive mental health and wellbeing: -

In the main the top 5 responses covered friends, family, support including community support, exercise and work.

4. Tell us up to 5 things that impact negatively on your mental health and wellbeing: -

In the main the top 5 responses covered such things as health, money/debt, work, stress and the Covid19 pandemic.

Current awareness and understanding of mental health and services

5. Who would you contact or go to for help/support for your mental health and wellbeing?

Respondents gave multiple answers and the below percentages are from the total surveys completed (185).

a. GP	55%
b. Crisis Service	12%
c. Telephone Helpline	10%
d. Family	41%
e. Voluntary Organisation	23%
f. Friends	43%
g. Employer	9%
h. Other	16% e.g. on-line support, church/faith

6. If you have ever received help and / or support for your mental health or wellbeing, where was this from?

We received a range of responses:

College, Friends, Starfish, the 'Crisis' team, Hospital, Impact, Hartlepool Carers, Alliance, Mental Health Services, the GP, NHS, MIND, Talking Therapies, CAHMS, Hart Gables, Stewart House and Harbour.

7. What help and / or support were you offered?

Answers varied from peer support, meditation groups, talking, medication, psychological therapies, counselling, talking therapies, therapy sessions, CBT, group activities and one to one support.

8. Did this support meet your needs?

63% of respondents said Yes as oppose to 37% who felt the help/support did not meet their needs.

9. Is there anything that would prevent or prevents you from seeking help? If yes, can you tell us what?

45% of our respondents said yes and their reasons ranged from anxiety, previous experiences and actual waiting lists.

How the public would like to access mental health services

10. *Where would you prefer mental health and wellbeing support to be located?*

67% of all respondents said community locations.

11. *What would influence your decision to go and get the right help and support you need?*

Mainly family, friends and the availability of good advice.

12. *Do you have any additional needs that requires consideration before you can access mental health and wellbeing support?*

The client base we mainly consulted with have access requirements that need to be met at their first point of contact rather and be treated in the same way as all other patients within the community thus given equal opportunity to access services.

Information

13. *Where would you like to find information about how you can improve and / or access support for your mental health and wellbeing?*

Phone App - 63 respondents

Leaflets - 81 respondents

Websites - 90 respondents

Social Media - 82

What keeps communities well in their local area

14. *If you take part in community activities or groups that help your mental health and wellbeing, what are they?*

As well as the four organisations we consulted with respondents identified volunteering opportunities, walking groups and other support groups within Hartlepool.

15. *If you don't take part in community activities or groups, can you tell us why?*

The main reasons people did not participate in activities was due to them not knowing what was available, work commitments and time constraints.

16. *Are there any community activities or groups that would help with your mental health and wellbeing that are not currently provided in your community?*

Responses covered such things as arts & crafts, walking groups, training opportunities and other support groups.

Conclusions

Healthwatch Hartlepool concludes that the feedback they have gathered from their research work is both rich and meaningful. The survey work in rest of the TEWV Community Transformation has been one of the most successful consultation exercises we have undertaken and to gather such insights into the seldom heard communities across Hartlepool should set the benchmark for the crafting of any future community mental health service afforded current or future service users.

Residents simply want equity of access but feel historically they should not have high expectations as they have been let down, dismissed or ignored in the past due to the, sometimes, barriers presented through no fault of their own - their physical health and wellbeing.

TEWV need to ensure they have a gateway to any new integrated community model for adults with severe mental health. All residents, regardless of their background or individual needs deserve to have choice and control over their care and everyone should be supported to live well in their communities.

Recommendations

Healthwatch Hartlepool believes that the gateway to accessing Community Mental Health Services should be effectively underpinned by equal access and adherence to the duties articulated in the Equality Act 2010.

Greater consideration should be given to the 9 protected characteristics of the Equality Act when recruiting to the Trust in order that the workforce is fully representative of the communities they serve as this would remove a significant barrier for the seldom heard accessing services.

Access to British Sign Language interpreters plus vision support needs to be part of the gateway and appointment process rather than a secondary consideration if equal access is to be enacted fairly & consistently.

Delivery of community based mental health services should be responsive and person centred. The ambition should be for services to be confidential, embedded in existing, trusted community facilities and in-home as and when required.

TEWV Response

Following the Tees Valley Mental Health Alliance meeting in October 2021 where the Healthwatch report, (Mental Health) was discussed, we have since taken this to our local Tees Valley forums at place base / community to discuss in further detail.

At the Hartlepool Mental Health Forum (8th December 2021) Hartlepool services acknowledged the findings within the report, recognising and further discussing the challenges that many of our service users and organisations face daily in respect to accessibility, awareness raising and waiting times in terms of mental health support.

We have made a commitment that at the next Hartlepool Mental Health forum meeting in February 2022 we will dedicate our agenda to this area of work and how we can collectively as services move forward and action to help our local communities overcome these barriers in the short term.

Longer term we are already meeting as providers in a working group to look at mental health services being delivered within our Hartlepool community hubs and how as providers, we can collaboratively work alongside each other to deliver joint mental health services and interventions to ensure the person can receive the right help/ advice at the right time.

This is an exciting opportunity for Hartlepool and one that has not previously been undertaken in this way and we look forward to providing further updates as this work involves.

We further intend to ensure mental health services are fully coproduced and will be working to ensure representation across populations and demographics of Hartlepool to have community led services in the creation of new ways of working.

Our Hartlepool commitment is:

- To continue working collaboratively to overcome the barriers faced by our local communities in accessing and receiving mental health support. We will do this by having a standing agenda item on the Hartlepool Mental Health Forum and dedicate our February meeting to putting together an action plan for this.
- To co-produce our new ways of working with representation from local people across Hartlepool
- To pull together as partners to deliver joint care and intervention which is delivered in the heart of our local communities
- To further raise awareness of what mental health support is available within Hartlepool and how to access services.

(Ruth Jackson Deputy Chair of the Hartlepool Mental Health Forum)

Maxine Crutwell Programme Manager-Community Transformation Tees Valley

Next steps

Healthwatch Hartlepool will use the insight gathered from our consultation to help shape our future work programmes. We will seek to present our findings to Hartlepool's Health & Wellbeing Board and request those findings are utilised as a strong evidence base with the Council's Audit & Governance committee when they are undertaking their Health Scrutiny investigation into accessing services.

Acknowledgements

Thank you to everyone that has helped us with our consultation for the TEWV Community Transformation Plan, including:

Members of the public who shared their views and experiences with us

All our amazing staff and dedicated volunteers

The organisations below that significantly contributed to our work and focus groups

Hartlepool Deaf Centre

MeSign - British Sign Language Specialists

Hartlepool Vision Support

Hart Gables

Hartlepool 50+ Forum

Hartlepool Borough Council

Appendix 1

Demographics

1. Age category	Participants
13 - 17 years	14
18 - 24 years	7
25 - 34 years	25
35 - 44 years	44
45 - 54 years	26
55 - 64 years	25
65 - 74 years	21
75+ years	15
I'd prefer not to say	1

2. Gender	Participants
Woman	125
Man	40
Non-binary	8
Other	2
I'd prefer not to say	3

3. Ethnic background:	Participants
Arab	1
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	2
Black / Black British: African	2
Black / Black British: Caribbean	1
Black / Black British: Any other Black / Black British background	

Gypsy, Roma or Traveller	
Mixed / Multiple ethnic groups: Asian and White	1
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	161
White: Irish	
White: Any other White background	7
Another ethnic background	1
I'd prefer not to say	1

4. <i>Sexual orientation</i>	Participants
Asexual	3
Bisexual	10
Gay	7
Heterosexual / Straight	127
Lesbian	7
Pansexual	10
Other	11
I'd prefer not to say	

5. <i>Religion or beliefs</i>	Participants
Buddhist	3
Christian	82
Hindu	
Jewish	
Muslim	3
Sikh	
No religion	70

Other	1
I'd prefer not to say	17

6. Marital or civil partnership status:	Participants
Single	55
Married	70
In a civil partnership	7
Cohabiting	10
Separated	5
Divorced / dissolved civil partnership	11
Widowed	10
I'd prefer not to say	8

7. Pregnant or have you been pregnant in the last year?	Participants
Yes	1
No	172
I'd prefer not to say	2

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	72
Yes, I consider myself to have a disability	45
Yes, I consider myself to have a long-term condition	62
None of the above	40
I'd prefer not to say	6