Appendix 1: Consultation Report

Consultation activities to support the mental health review formally began on 7th August 2023 and ran until 1st October 2023.

This report details the approach and findings, as follows -

1. Itemised list of consultation activity
2. Summary of findings
3. Full audit and analysis of the feedback

1. Itemised list of consultation activity.

Below an overview of the range of activities which have been facilitated, using a variety of different approaches.

Activity type / method	Target audience	Details	No. reached	Outcome summary
Pre-consultation (May-July)				
Partner workshops	RDaSH, Touchstone, Primary Care, VAR, ICB, RMBC Adult Care and Public Health	14 June 2023, 1-4:30pm (Oakhouse)	13	Shared objectives, terms of engagement, understanding of statutory duties and core pathway elements
		19 May, 1-4pm (Swallownest Court)	8	SWOT analysis of crisis offer
		31 July, 9-11am (Swallownest Court)	9	Data analysis (Public Health) crisis alternatives, SYP Right Care, Right Person Update
Internal 'fact finding' engagement	Adult Care and Integration, Strategic Commissioning	11 May 2-4:30pm (Riverside)	3	As-is pathway mapping
		5 July 9:30-10:30am (virtual)	2	Mental Health Community Service Consultation
		13 July 4-5pm (virtual)	2	Adult Care contribution to Crisis Team, reablement
		18 July 12-12:30pm (virtual)	1	ASC Front Door
		27 July 11:30-12:30pm (virtual)	4	Mental Health pathway - what is working well and challenges, staff feedback
		3 August 2-3pm (virtual)	1	Commissioning activity - Flexible Purchasing System

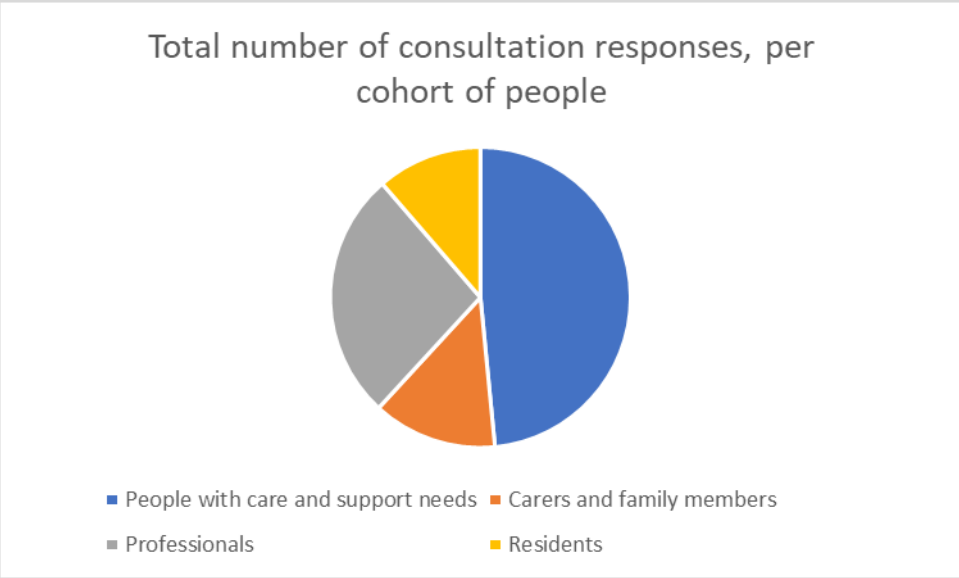
Consultation activity (August - October)				
Online questionnaire	Rotherham residents, partners, staff	7 August to 1 October 2023 (online)	61	Feedback about a Reablement Model – support types, approach, availability, and accessibility
Face to face drop-in sessions and 1:1s	People using the current community support service, families, and carers	6 September (Wellgate Court)	14	Designing an effective Reablement Model
		11 September (Wellgate Court)	15	Designing an effective Reablement Model
		13 September (Wellgate Court)	10	Designing an effective Reablement Model
		Postal Questionnaires / telephone contacts	19 (of which 6 returned)	Designing an effective Reablement Model
Face to face workshops	RMBC Mental Health Team	23 August, 1-3pm (Riverside House)	17	Core pathway elements, statutory functions, social care interventions
	Mental Health Alliance VCSE Workshop	7 September 3-4:30pm (VAR)	11	Designing an effective Reablement Model
Face to face focus groups	RMBC Adult Care workforce	24 August 1:30-2:30pm (Riverside House)	9	Feedback on current challenges, what works well
	RMBC Housing Services	24 August 9:30-10:30am (Riverside House)	5	Feedback on current challenges, what works well
Other activity (feedback relevant to the review)				
RDaSH Patient Engagement - Rotherham Crisis Service	People with lived experience, family and carers	11 July 2023, 9:30-12pm (Masbrough)	5	Facilitated session requesting feedback on the current crisis offer.

2. Summary of findings

Questionnaire relating to the future mental health community support offer.

A total 97 people fed back via the questionnaire (online and face to face).

The pie chart below shows the overall response rate, per cohort of people defined as people with care and support needs – this includes those with mental ill-health (49%), professionals working with people with care and support needs and carers (27%) carers and family members (13%), Rotherham residents (11%):



For analysis, people with care and support needs, carers and family members have been grouped as ‘people with living experience’, which accounts for 62% of all responses.

The online questionnaire was accessible to the public on the Rotherham Council website between 7th August 2023 and 1st October 2023.

The consultation was promoted across internal and external networks including Adult Care, Housing and Public Health, RDaSH Change and Transformation, RDaSH Community Mental Health Transformation, Rotherham Crisis Service, Voluntary Action Rotherham including the Mental Health Alliance, Primary Care, Touchstone Safe Space, the Rotherham Integrated Care Board and publicly via a Corporate Communications Plan, including online promotion and face to face at the Rotherham Show.

Response rate and summary of responses

61 people completed the questionnaire online.

26 people with mental ill-health/care and support needs, carers and family members responded. The top three highest support needs identified:

1. Support to prevent a mental health crisis (77%)
2. Support after a mental health crisis (73%)
3. Support to manage long term conditions (72%)

It is important to note that online there was a high response rate to most support types, with over 50% of people selecting 18 out of the 21 support types, indicating the need for a varied offer to meet need.

92% of professionals agreed that enablement could support to prevent crisis, and 82% agreed that it could support recovery from crisis. 88% of people indicated that support with self-neglect and hoarding would be a valuable enablement support type. Whilst this was identified by a lower proportion of people with care and support needs, carers, and family, however 50% reflects a significant proportion.

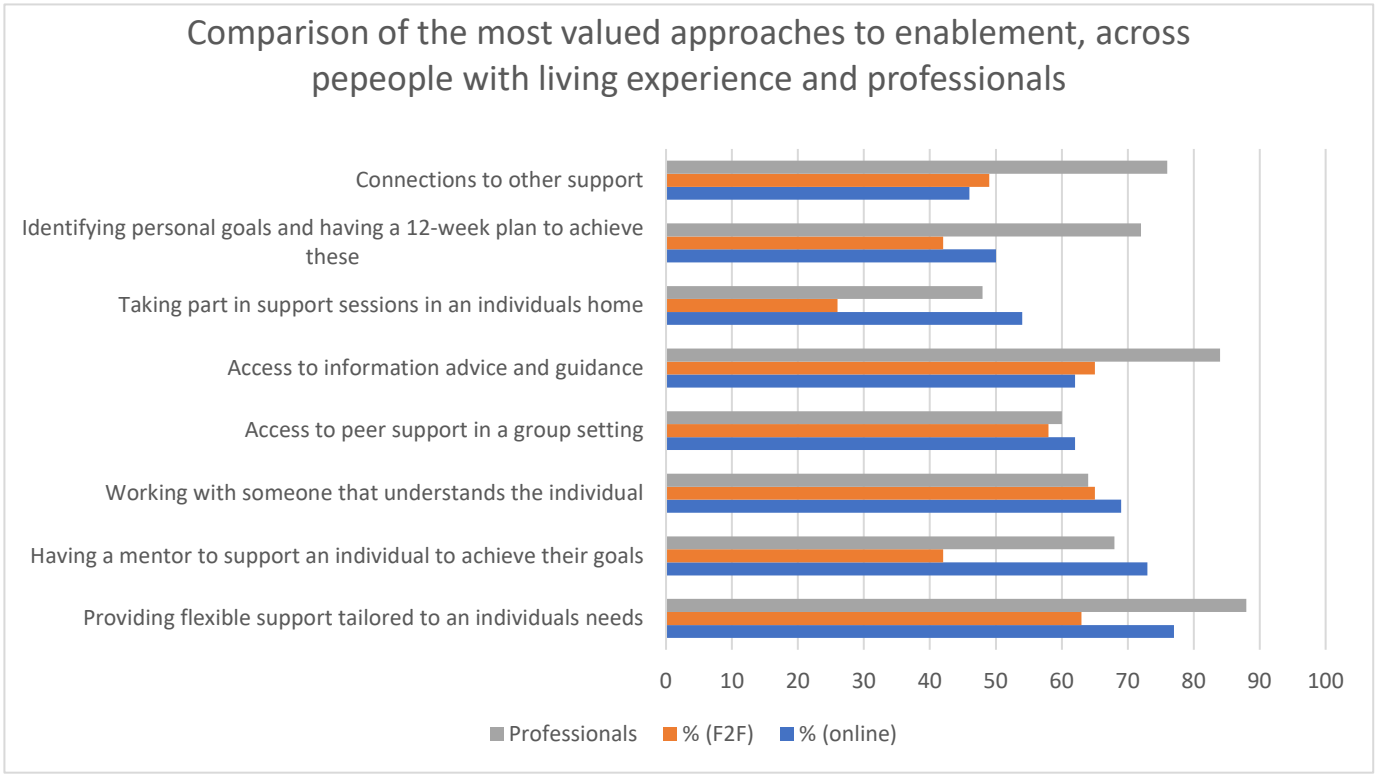
The third most selected support type by professionals was ‘coping strategies’ at 84%.

People with living experience (online and face to face), most value:

- Support to gain or regain independence using own strengths 81%
- Support to build confidence and self-esteem 76%
- Support to manage long term conditions 73%

Enablement to support prevention and recovery aside, types of support most valued by professionals differed to that of people with living experience. 88% of professionals identified support with self-neglect and hoarding, and whilst this was recognised by a lower proportion of people with living experience, 54% still reflects a significant proportion of people. 84% of professionals would value enablement to support people to access new types of support', this compares to 63% of people with living experience. 72% of professionals fed back that support to 'access volunteering and employment opportunities' would be valued, compared to 58% of people with living experience that completed the online questionnaire and a smaller proportion, 39% of people, that access the current service value this support type.

In relation to the **approach** to offering enablement support, the graph below compares proportionate responses across cohorts of people.



In terms of approaches to providing enablement, there was some difference amongst people with living experience that responded online compared to those in receipt of the current service.

Particularly, 73% of people online fed back ‘having a mentor to support an individual to achieve their goals’ would be a valuable enablement approach, compared to only 50% of people that use the service currently. ‘Providing flexible support tailored to an individuals’ needs’ scored highly, with this being the most selected response across all people with living experience at 76%, followed by 74% of people agreeing that ‘working with someone that understands the individual’ is important. 70% of people identified ‘access to information advice and guidance’ as a valuable enablement approach.

Overall, 50% of people with living experience thought that ‘identifying personal goals and having a 12-week plan to achieve these’ was a valuable enablement approach, whereas almost three quarters (72%) of professionals fed back that this would be a valuable enablement approach.

88% of professionals agreed with people with living experience, family and carers that providing flexible support tailored to an individuals’ needs would be most valued from an enablement service. Access to information, advice and guidance was the next most selected option by professionals at 84%, followed by 76% of professionals valuing ‘connections to other support’.

The enablement approach least favoured by both professionals and people with living experience was ‘taking part in support sessions in an individual’s own home’. It is worth noting that although this approach received the lowest response rate across all cohorts, significant proportions of people, 43% with living experience and 48% of professionals, value this as an effective method of delivering enablement.

93% of people with living experience think that a building base is ‘very’ or ‘quite’ important and 88% of professionals agree. Similar proportions of people fed back that enablement support should be available from different buildings and places within in the community - 40% of professionals, compared to 35% of people with living experience. The least favoured option across all groups was digital and online support, with 12% of all respondents choosing this option.

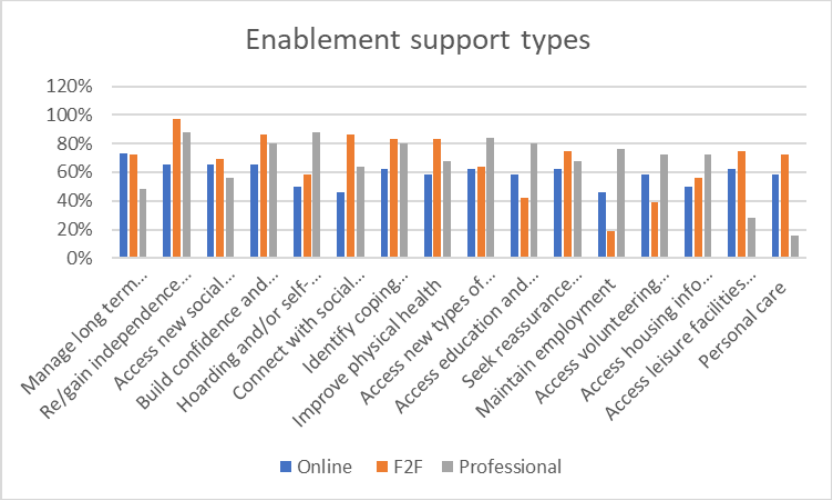
In relation to the availability of enablement, 92% of professionals fed back that support in the evenings should be offered. There was much higher interest for evening support amongst people with living experience that responded online - 84% compared to 65% of people accessing the current service offer. Equally, a higher proportion of people with living experience responding online, 64%, believe that enablement should be offered 7 days a week, compared to 53% of people accessing the current service offer.

Face to face, telephone and postal questionnaires with people currently accessing the mental health community support service.

Manual data provided by the service shows that there are currently around 97 people accessing the current community support service, of which 76 are people have mental ill-health and 21 are carers. 63% of people that access the service attend peer support sessions via group visits to cafés in the community, attending Wellgate Court (the current service base), participating in walking groups and/or taking part in the telephone quizzes. 12 people are currently receiving 'enablement' or individual support from the service and 17 people currently have an open Care Act Assessment. 2 people receive Direct Payment support, and the service is supported by one volunteer who previously received support from the service. Of the 21 carers, 16 receive 'carers support' from the service.

60% of the people in receipt of the current service were reached as part of the consultation, of which 34 people with care and support needs (69%), carers and family members (25%) completed a questionnaire, via face-to-face contact during the drop-ins held at Wellgate Court, postal questionnaires and telephone contact. 1 Rotherham Resident and 1 professional completed a questionnaire during the face-to-face drop-ins.

78% of respondents indicated that they receive support from other services, these range from health services including IAPT, Counselling, Social Prescribing, GP, Secondary Mental Health Services and the Voluntary and Community Sector including Mind and Peer Support groups for example.



The graph above shows the different types of enablement support that respondents believe should be offered. People that use the service currently, including carers and family members rated the following support types the most:

1. Support to gain or regain independence using an individual's own strengths (97%)
2. Support to prevent a mental health crisis (92%)
3. Support building confidence and self-esteem and connecting to social networks (83%)

Support to improve physical health, support after a mental health crisis and coping strategies were all rated by 83% of people.

The least favoured support types amongst those in receipt of the current service were 'maintaining employment' (19%), 'access to volunteering or employment opportunities' (39%) and 'access to education and training' (42%) however it should be noted that the proportion of people selecting these support types was still relatively high – the lowest proportion representing one fifth of people.

100% of people said that a building base is either 'very important' or 'quite important' and 94% of people favoured a consistent building base compared to around 33% of people preferring to access support from different places in the community. 36% of people would like to access support from their own home.

Amongst those accessing the service currently, a lower percentage of people would like the future offer to be available 7 days a week (53%) compared to 64% of people with living experience, carers and family members who fed back online, and to 68% of professionals. 69% of people currently accessing the service said that they would like future support to be available in the evenings.

83% of people said that the building base should be in a central location and close to other amenities. 81% fed back that building should have a kitchen/somewhere to eat and drink. A significant proportion, 78% of people, would like a building to have a communal space and 72% think it should be on a bus route. It was recognised by three quarters of people that the building should be accessible for any physical or sensory disabilities.

In relation to enablement approaches, working with someone that understands the individual and access to information, advice and guidance were the most highly rated at 78%, followed by 75% of people valuing flexible support, which is tailored to their needs. A high proportion of people, 69%, value peer support in a group setting.

Face to face consultation

People with mental-ill health accessing the current community support offer.
Drop-ins/one to ones on 6th, 11th, and 13th September 2023, 1-2:30pm Wellgate Court, and telephone/postal responses – 58 people.

Emerging themes based on comments captured during the drop-ins/one to ones:

The most discussed theme was 'support types', with people recognising the varied activity types the service once offered, with connection made to how the service supports/ed physical health. Peer and emotional support and guidance, along with support to build relationships, make social connections and encourage interactions which improves confidence, health and wellbeing and independence. Reference was made to practical help with finances and learning new skills. Carer respite was also mentioned.

Support types were a common theme across online comments, with people referencing willingness to engage, coping skills, anxiety, crisis support, hoarding and self-neglect. A focus on everyday lives, life choices and a sense of purpose were identified to help meet people's social needs, preventing isolation, loneliness, and debt. Carers and family support was also highlighted.

Comments relating to enablement approaches were mentioned 31 times, with people feeding back that support needs to be motivating and responsive to fluctuating need. Respondents referenced the importance of continuity/long term support, with some highlighting concern about rigid timeframes. People fed back that personalised approaches ensure the right care and options are available and that people value communication and would find support to navigate the system helpful.

"…Mental health is not something that can be fixed with a 12-week plan…"

"…I generally don't leave my house/ bed only to come here..."

People in receipt of the current service mentioned the pre-covid offer multiple times, citing current limitations and a strong emotional attachment was apparent.

"…It is consistent and long term so people can use it as and when needed. If I withdraw, staff ring me to check I am ok…"

"…I really miss the Wellgate Court service…"

"…I have written to my local MP and the prime minister because if Wellgate was not here people would be walking around like lost souls. When in crisis, we need to know the Wellgate is open to help which provides peace of mind as I am able to get support…"

Accessibility and availability was a key theme that emerged from both comments received from people using the service currently, and from the online feedback. Related comments were identified 53 times, with some of the following subcategories, including, knowledge of what is available and promotion of this, access to information including for professionals referring people, triage based on need and risk factors, timeliness of care and support including waiting times and alternatives. Lack of provision was referenced and the need for more resources – choice and variety of options using shared resources, lack of support/building base at Dinnington, 24/7 access, support available in the community (including CPN) which is based around everyday activities. Also fed back was the importance of an 'open door' due to the ongoing nature of mental ill-health.

"…[People] need and to have a clear understanding of how they re-access support…"

"…The professionals need to be more accessible…"

Feedback relating to mental health enablement and the wider mental health pathway.

Face-to-face sessions include 19th May, 14th June and 31st July 2023 – workshops with partners; 23rd August 2023 – workshop with the Adult Care Mental Health Team; 24th August 2023 – focus group with the wider Adult Care, Housing and Public Health directorate workforce; 7th September 2023 – workshop with members of the Voluntary Action Rotherham Mental Health Alliance (VCSE).

Feedback from all sessions relating to enablement and the wider mental health pathway was analysed and the following emerging themes identified:

- **Approaches** (102 comments) – holistic, person-centred care and support which is strengths-based, personalised, and focussed on recovery. Collaborative, enabling and blended approaches, along with effective triage to support people to navigate the health and care system and access specialist services. Community-based, proportionate interventions, providing early solutions for people to prevent care and support needs from worsening. Using data and feedback to shape service and inform decisions.

- **Pathway** (70 comments) – one consolidated pathway with clear remits, criteria and roles and responsibilities, to ensure the right response first time. Access to a variety of options to meet the varying aspects and severity of mental-ill health.

- **Quality** (54 comments) – safe, accessible, and timely access to information, advice, guidance, and support, that is well communicated across the borough. A knowledgeable, skilled, and experienced workforce that are caring and share a common understanding of pathway and approaches, including the use of appropriate language.

Focus Groups
Adult Care workforce
24th August 2023, 1:30-2:30pm, Riverside House - 9 people.

Staff shared frustration in navigating the current pathway and wider system – there is a lack of acceptance of social care referrals – social care is not a recognised referrer, and it is therefore felt that options to support people at the front door are limited. Staff also fed back that people not engaging with health services often must start from the beginning, which impacts on their health and wellbeing and results in multiple and repeat contacts through the front door, yet due to the current social care criteria, unless the person has a diagnosed mental illness the mental health team will not support. As a result, the front door finds it difficult to allocate to the right pathway as localities do not feel they have the right skills and expertise to support people with mental health issues. People with complex mental health needs can be 'held' in localities until they have a diagnosis, which is not the most effective response for the person.

Enhancing the front door with specialist mental health knowledge would support the team to provide a more effective response, this needs to include how to support people with 'low level' mental health concerns, as it was reported that a large proportion of calls are related.

It was felt that a better way to manage 'CID70s' (Vulnerability Alerts from South Yorkshire Police) are needed, as these are currently poor quality and often do not meet threshold criteria for mental health services.

Waiting times can impact on people's mental wellbeing, as can 'social' factors and people need to be supported to 'unpick' issues. It is felt that people need help and encouragement to connect to support to ensure they access it. An MDT 'hub' based in the community would help people to receive practical advice and support from a 'one stop shop'.

The focus group felt that clear criteria for mental health reablement would be needed to manage referrals and expectations, so that the team does not become a 'holding place' for people with mental ill-health.

Housing services
24th August 2023, 9:30-10:30am Riverside House - 5 people.

The focus group recognised that there are different reasons why people can experience mental health issues and there is a difference in severity. There was a distinction made between 'everyday' mental health issues and life-long ill-health. The route cause needs to be identified and then the person can be supported in the right way by the right professional, whether this be circumstantial (ASB, housing, cost of living/financial), due to trauma or a diagnosed mental illness.

Staff contributed that people need to be supported with coping skills and strategies to prevent crisis and escalation and to be supported after crisis – continuity of support is needed to prevent people from relapsing. They also believe that the workforce (housing officers) need clear pathways and options to signpost people to, as currently the crisis team is viewed as the only mental health service (staff did not know about the social care front door or mental health team) with the only link between housing and mental health reported as via the crisis team.

It was felt by the people in attendance that there is adequate housing solutions for people with mental ill-health, although sometimes options can be counterproductive depending on location and issues relating to dual diagnosis.

Workshops

Adult Care Mental Health Team
23rd August 2023, 1-3pm Riverside House - 17 people.

The team fell that they hold valuable knowledge, skill, and experience about menta health and how best to support people. Staff shared that there is a lack of awareness about the remit and level of complexity the team is supporting and the challenges this presents in terms of working holistically with people in a timely manner – there needs to be appreciation that it takes time to build trust and rapport with people with mental ill-health. The team highlighted the current 'front door' approach and recognised that a consolidated offer which supports all adult care would better. The team recognised that some approaches taken by health are not in the best interest of people and are not supportive of the recovery model. The team feels they need a base, to improve networking and support across the team and an integrated approach to sharing information across health and social care is needed. There needs to be a common understanding or roles and responsibilities across partners.

Quality could be improved through better management of information internally and access to information on the Council website. It was recognised that there are gaps in training in relation to AMHPs use of LAS. Staff retention was highlighted as a concern. The team identified the different social care interventions that need to be deployed at points across the pathway, see section 5, findings from workshops.

Voluntary, Community and Social Enterprises
7th September 2023, 3-4:30pm Voluntary Action Rotherham - 11 people representing the following organisations - The Rainbow Project, Empower by Endorphins, Working Win, Stag PPG, GROW, Active Independence, Andy's Man Club, SYHA, Swinton Lock, Crossroads Care Rotherham, Headway Rotherham, Rotherham Adult Neurodiversity Support Service (RANSS).

A workshop with the VCSE identified the following principles that must underpin a reablement model, the following words were used the most times:

Person-centred, strengths based, collaboration, accessible, timely, holistic.

The group was asked to identify the different challenges that people with mental ill-health, their families and carers experience, and for each challenge identify the type of support would help people overcome the challenge and what the impact (outcome) might be.

In summary, participants identified that accessing employment was a challenge, as was access to support for carers and family members. Dual diagnosis, physical health, isolation, and bereavement were other challenges identified by the group. These could be translated into enablement support types. The challenge that demand on services presents to people that need support was identified, inferring the importance of timeliness of support. Along with accessibility, people also raised that trust, personalised and holistic approaches were needed, as well as a non-judgemental and caring attitude which encourages and motivates people with mental ill-health.

Statutory (and non-statutory) partners
19th May, 14th June and 31st July 2023 (Oakhouse and Swallownest Court) – 30 people (some repeat attendees) over 3 workshops.
Involvement included, the mental health workforce, representation from RDaSH, Primary Care, Touchstone, Voluntary Action Rotherham, Rotherham Council Public Health, Adult Care and Strategic Commissioning, the Integrated Care Board.

The workshops provided an opportunity for organisations to form a shared understanding of the current challenges and opportunities and terms of engagement for working together. It was recognised that a partnership approach could be taken to improve the current pathway in relation to strengthening the prevention and early intervention offer and crisis care and recovery. The initial workshop completed a SWOT analysis and identified the following –

Strengths - relationships across the system, joined-up vision, data intelligence, breadth of services and expertise, strength of voluntary contribution to community support.

Weaknesses – lack of defined, real alternatives to crisis, training relating to crisis, strategic oversight, evidence of fulfilling statutory duties, home visits, person's voice. Approaches are siloed, non-holistic and could be improved in relation to the digital offer for staff and patients and access to voluntary services. Suicide rates.

Opportunities – development and use of an 'Asset Map Directory' (Public Health), a combined front door for both mental health and physical health., thresholds to access services, service specifications and clear roles and responsibilities, shared pathway and resources, co-location, cross service training offer, data intelligence to inform decisions, multi-agency model with different disciplines working together to offer a holistic response via a community hub approach, the 'making every contact count ethos, joint working across CMHT and crisis transformation.

Threats - Factors which impact on people's mental health - cost of living and loneliness, communication, and language at the front door (crisis), sufficiency of resources, capacity, and sustainability of the voluntary sector.

In response, a further workshop focussed on identifying a shared understanding of statutory and legal duties and key objectives and a key output from the sessions was a draft high-level pathway onto which the social care profile has been mapped (see appendix 4).

Other consultation activity

Rotherham Show

Visitors to Rotherham Show on Saturday 2nd and Sunday 3rd September were encouraged to have their say by completing the online questionnaire. Leaflets with QR codes were handed out to people to support access to the online form and paper copies, including easy-read versions, were available on the day. All responses form part of the online consultation analysis.

Relevant feedback from other sources

Rotherham Doncaster and South Humber NHS Trust Patient Engagement

Feedback from RDaSH-led patient engagement has been analysed and key themes have emerged that are relevant to the review. These were –

41 comments relating to 'approaches.'
Including personalisation, integration including information sharing, lifespan/transitions, early intervention and prevention, flexibility, problem solving, practical support, recovery focussed, person centred planning, navigators, person's voice, strengths based, peer support, services provided by local people, community/home-based services, combining mental and physical health, continuity of support/follow-up, support while waiting, one point of contact/tell my story once, face to face, effective triage.

27 comments relating to 'quality of services.'
24/7 support, ease of referral, safety, staff attitudes/morale, shared records, general mental health training, education and awareness, workforce, language, location of services, number of staff i.e., demand/capacity, timeliness of response.

24 comments relating to 'pathways.'
Availability and access to service including online/digital offer, Clear/clarity of pathway, who does what/remits, available options, access to services/fair access, liaison between services, processes.

Section 3: Full audit and analysis of the feedback

Mental Health Community Support Questionnaire – analysis of free text (all responses)

Q. Do you have any suggestions, ideas, or additional comments about the future service design?

Based on 60 responses (online) as of 18th September 2023

All comments were analysed and categorised; the following themes emerged:

No.	Overall theme	Sub-categories
38	**Approaches**	• Personalised, self-directed, person-led, empowerment. • Resilience. • User-led support with professional oversight. • Prevention, aftercare, recovery focussed. • Services which are holistic, family focussed, with interconnectedness of need - 'whole person'. • One point of contact, right first time 'tell my story once'. • Face to face - home visits, one to one, drop-in, digital. • Peer support. • Long term vs short term. • Community focus, 'hub', safe spaces.
35	**Accessibility and availability**	• Knowledge of what is available and promotion of this. • Access to information inc. for professionals referring people. • Triage based on need and risk factors (inc. deprivation). • Timeliness – waiting times and alternatives. • Lack of provision/more resources – choice and variety of options. • Shared resources. • Building base at Dinnington. • 24/7. • CPN based in the community. • Support based around everyday activities. • Open door – ongoing nature.
25	**Support types**	• Motivation, encouragement, and willingness to engage. • Sense of purpose.

		• Coping skills, anxiety. • Crisis support. • Hoarding and self-neglect, personal care. • Focus on everyday lives. • Life choices. • Social needs – isolation, loneliness, debt, work. • Substance misuse. • Carers support, family support.
12	**Cultural and behavioural**	• Respect. • Stigma/impact of. • Recognition of mental health (across professionals). • Workforce – people skills, experienced, caring, genuine. • Listen, non-judgemental. • Pigeon-holed. • Approachable/no suits
7	**Outcomes**	• To be kept informed and updated. • Improved wellbeing. • Impact of short term support • Current frustration and dissatisfaction. • Suicide.
2	**Other**	Form design

Full itemised list of additional comments (online) verbatim.

Reablement should include mental health support and building a person up in order to not need formal services (approach)

It's no joke that you forgot to include Housing in your drop-down list of which service do you work in because we are out there trying to support people living in Council accommodation and struggle to get access or help for our tenants who are struggling (accessibility and availability) hoarding, in crisis etc (support types).

Preventive info and advice on substance misuse would also be useful (support types)

I do feel a focus needs to be made on the areas of high deprivation (accessibility and availability)

Aligning with social prescribers and Primary care network mental health workers (resources) to optimise accessibility (accessibility and availability) for the people with the greatest need (accessibility and availability)

This was a very exciting questionnaire to fill out because it demonstrates that the council are thinking about developing some much needed resources (resources) for people with mental health issues. They struggle to be able to access services due to a lack of provision (accessibility and availability), long wait lists (accessibility and availability) and anxiety and motivation (support types). All the ideas presented on here are wonderful and look to be promoting access to support that enhances overall wellbeing (outcomes), with a focus on everyday life, which is what people need (support types)

Many people are lonely (support types) lack knowledge of what services are out there (accessibility and availability) for support with Mental health, debt (support types), social connection (support types), work (support types).

A community is needed (approach), face to face interaction (approach) not just digital (approach).

Waiting times too long (accessibility and availability)

Better recognition from primary care of depression and/or anxiety in older people (cultural and behavioural)

Needs to be well advertised (accessibility and availability) and not stigmatised (cultural and behavioural), too many things make people feel worse about attending, needs to be more positively advertised and emphasis its person led (approach). People get fed up being passed around and having to go over it all again and again (approach)

Drop in groups (approach) eg support empowerment mental health, social needs (support types)

Despite strong written and language skills, i struggle online (accessibility and availability). I often feel excluded by automated communications and the absence of an experienced human (approach), especially as a carer trying to support my 96 year old aunt (support types).

Btw, I have a diagnosed MH disorder, as well as being autistic. Wouldn't it be great to have my needs met holistically! (approach) I feel as if many of my problems arise from siloed services: mental health/neurology/ASD (approach) each with its own waiting list (accessibility and availability). As if my issues aren't all interconnected, sigh...

PLEASE don't use a calendar as the only means to enter DOB!! Rather than being accurate, surely ppl get bored of tracking back with, say, 768 keystrokes & just make themselves younger?? Be real! Why not just ask for age? (other – form design)

Supporting people who don't have a phone. Currently I struggle to refer any of my tenants into MH services as they don't always have a phone (accessibility and availability). This is normally linked to the reason why I'm trying to refer them in and change their thinking about their life choices (support types).

12 weeks is not long enough for many people (approach) and can set them up to fail by being rigid in terms of time offered (outcomes)

The support in Rotherham for mental health need improvement for me personally it needs to be more respectful of its clients treating them with care not just a job (cultural and behavioural).

Too many people work in people services with no people skills or genuine care and it's obvious it is just a job that pays their bills (cultural and behavioural).

People with mental health are very intelligent and should be treat with respect (cultural and behavioural) and care and a lot of mental health practitioners treat the people with mental health like they know better than the actual person dealing with the illness (approach)

Trust me the person with the illness knows a lot about they're daily struggles and do not need someone who thinks they know it all telling them what they should and shouldn't be feeling (approach)

I'm currently waiting on a mental health assessment outcome myself which has taken years to get it is so frustrating being passed from pillar to post (outcomes) and waiting and waiting (accessibility and availability) and patronised by different doctors and nurses when I know there is something I need help with (cultural and behavioural)

Often people with low mental health are hard to reach and as we know have to be ready to engage (support types). Often services overlook "where are our clientele on a daily basis," the majority of the answer is in their homes struggling or afraid to leave, which makes accessing services difficult (accessibility and availability).

But often they can be reached (or services promoted to) in places that aren't considered when we look at forced interactions, for example on a school drop off/pick up, having to go to a supermarket, The JCP as some with MH may be unemployed. Can one to one sessions be set up in these sorts of places by collaborating with the services (accessibility and availability).

A safe space at the school or a community venue room, with pre-booked one to one appointments or drop ins to try and reach out to the harder to reach people who may not want family to know they are attending (accessibility and availability).

Also, anything that is the opposite of secondary MH waiting times (accessibility and availability), it is abysmal how long it takes and I can see why people who are really struggling (outcomes), have no coping skills (support types) or support would end their lives (outcomes). You can wait over a year and have 4 telephone calls with no concrete offer of support, to someone in dire need this is of no use at all (outcomes). So if possible a faster triage system (accessibility and availability) that is more streamlined and if it can't be then at least updates and an explanation so people don't feel abandoned in between the set up of support (outcomes)

Think a base in Dinnington is vital (resources)

Support needs to be long term (approach). A 12-week programme may well be brilliant but participants should then receive support in the form of monthly check ins/weekly phone calls depending on need and to have a clear understanding of how they re-access support (accessibility and availability).

Mental health and long term conditions are a continuum and treatment should be as much about building supportive communities or well and unwell folk as short term interventions (approach)

Different venues (resources) with friendly residents being the one's to run things but managed by professionals (approach). To have a hub (approach) where people can easily access information and also be sign posted to activities (accessibility and availability) that may help them with taking control of their own mental health (approach).

I think there needs to be a greater understanding that where it comes to Community Psychiatric Nurses, that the clue is the title "Community", far too many people live in communities who are not under secondary care teams and so don't have access to a CPN! (accessibility and availability). While I understand that Psychiatric wards need nurses there needs to be better access for people to get support / monitoring from a CPN in the community such as at the GP surgery which could in turn reduce the need for GP's to be having to refer patients back to secondary mental health teams (resources).

I believe a multiple offerings in different areas and settings are needed across the borough (resource). Reasons I believe these strong consideration is Triggers - these can be places, places, scents etc can all be triggering from past traumas and can stop people accessing support (approach). I have also witnessed someone who has had to step away from a support service, due to a personal conflict with another service user, and one individual been left with no support as there was no other provider to turn to (resources).

Visits to the home are needed (approach). Get him up and out (support types). Something to get up for (support types). Motivation (support types). Hobbies (support types). Self care (support types). Home maintenance (home maintenance). Goals put in place to achieve (approach). Independence and confidence (support types)

Remember people often have other disabilities alongside their mental health condition. You need to provide a holistic approach. Look at the whole person not just one part of the person (approach).

Personally peer support is better than professionals (approach).

I like speak up Rotherham because I am alongside peers. Being with peers helps me to discuss issues more comfortably (approach)

I think there should be more help/advice for people to access (resources)

Mental health is not something that can be fixed with a 12-week plan and I would avoid putting any kind of time frames around anything where mental health is concerned (approach) because the person suffering with ill mental health will feel like they have failed if they don't meet the timeline or target or deadline whatever you want to call it (outcome). Likewise it's not about somebody's strengths it's about the support they've got or not got and the support they need to help them get on the road to recovery (approach). A lot of people with ill mental health will not want to go out of the house many like I have (support types), have lost interest in looking after themselves and their home (support types), so ideas that make them feel good (support types) - might be a haircut, a cleaner coming to go through their house to get back on track and tidy and clean so they've got a starting point to start from when it's nice and they smile when they look around their home or look at themselves. Sometimes the simple things are the best things it's about having somebody to talk to most of the time that's the issue where mental health is concerned people are lonely (support types) or they feel like they can't offload for fear of being judged (cultural and behavioural). Simple small baby steps is the best thing I can tell you (approach).

The waitlist after a crisis is horrendous (accessibility and availability) and the crisis team hang up on people (cultural and behavioural).

The professionals need to be more accessible (accessibility and availability). If professionals say they will do something ie ring back, obtain information, check something, then they should do so. Failure to do this, for whatever reason, does not help ANYONE (cultural and behavioural).

Work on the individuals level, not the persons who is giving the help (approach)

Tell your story once (approach)

Have 1 point of contact who can then advise where to go if necessary (approach)

No suits as that can be off putting or intimidating (cultural and behavioural)

Listen and not judge or patronise (cultural and behavioural)

Safe space to talk (approach)

Comfortable seating (resource)

Don't put a timescale on (approach)

Good aftercare (approach)

There needs to be several different routes in mental health services and the professional needs to look at that person as a whole not just 1 illness. The individual can't deal with or find a way to work with that illness if there is also other issues preventing them from doing that (approach).

I have diagnosed MH conditions and am also autistic. Your first question already pigeon-holes me! (cultural and behavioural)

Not all of your 'Other' options have a box for free text (other – form design)

Poor questionnaire (other - form design)

I would like to see more people empowered in their own lives (approach)

Getting them to be more independent, less reliant on services (approach)

it should be made easier to find what is available and more group activities or any help that's out there as far as I'm aware this isn't any that I know of? do you need a referral for instance (accessibility and availability)

Needs to be accessible 24/7 (accessibility and accessibility)

Easy to access (accessibility and availability)

Support when a family is in crisis (support types, approach)

Guidance for professionals dealing with families who are struggling (support types)

Additional comments (verbatim) made by people who participated in the drop-in sessions, one to ones, postal and telephone contact including people 43 people with care and support needs, family and carers that use the current community support service, plus one resident (an ex-Mayor or Rotherham).

All comments were analysed and categorised; the following themes emerged -

No.	Overall theme	Sub-categories
38	**Support types**	• Peer support • Guidance • Practical help • Emotional support • Confidence • Physical health • Activities • Learning new skills

		• Volunteering • Health, wellbeing, anxiety • Finances • Carer respite • Building relationships and social connections/interaction • Independence.
31	**Approaches**	• Responsive, fluctuating need • Trust, kindness, comfortable and friendly • Prevention - crisis, social isolation, 'life-saving' • Continuity, long-term (rigid timeframe won't work) • Personalised • Right care, right place • Person's voice, options • Professional judgment • Digital/phone call • Navigation • Communication • Motivation
20	**Pre-covid**	• Emotional attachment – missing the 'old' service • 'Restarting' of groups • Rejection • Currently a limited offer
18	**Availability and accessibility**	• Weekend • Every day • Staffing • Larger space
8	**Safety**	• The service/staff providing people with a safe space

Full itemised list of 'additional comments' and one to one discussion with people during drop-in sessions

Would like to see the service as it was pre-covid (pre-covid) as it is a lifesaver and really important to a lot of people – it is a family and has saved my life on many occasions (safety, approach - prevention). It is a reason to live, to get up and out of the house, and gives structure and support to each day. I can't emphasise the importance of Wellgate court enough (approach - motivating, structure, purpose)

We find that Wellgate court is valuable for a catch up and a cup of tea (support types - peer support). It is important to meet/see people and talk (support type - social connection) Really liked that it was open on a Saturday (availability and accessibility) it helps with your wellbeing and my mental illness (anxiety) better than being at home (support type – isolation).

Keep open for people with mental health problems. I'd like to see activities such as painting, model making, bingo, day trips, relaxation lessons (support types/activity types)

This service is really helpful to any person with mental health issues because they are ready with help and guidance (support types - practical, emotional support) when the person is in need (approach - responsive). They mix with like- minded people and help each other (support types - peer support). This service is very much needed for the likes of my son from time to time (approach - fluctuating).

Trips to Derbyshire (pre-covid)

I attend for coffee, but it is more than that. I use the bus to get here and it gives me focus for the day and something to do (approach - purpose). I can talk through any problems (support types - practical, emotional support) I generally don't leave my house/ bed only to come here (approach - motivating). Getting on the bus is a big thing for me (support type - confidence).

Exercise can help wellbeing (support types – physical health)

Keep the service going, helps people stay out of hospital (approach – prevention/crisis)

What works well is supporting social care needs before crisis, to avoid mental health assessment (approach - prevention)

I really miss the Wellgate Court service (pre-covid). We had walks, and annual trip to the coast, days out to different places via bus, train or tram. We had music/chat/food evenings at the Wellgate centre. We had Christmas and Easter parties, as well as other gatherings (support/activity types). There was something going on nearly every day. We also went for an annual meal to a different restaurant. There used to be 9 staff and, due to 4 taking retirement, we had 5, and now even less (availability and accessibility).

Previously men's and lady's groups were run which encouraged social interaction that some found difficult (pre-covid).

Building gives staff opportunity to create a safe (safety), comfortable, and friendly atmosphere where clients feel able to speak and interact (availability and accessibility). Time-scaled treatment demos not work for all (approach - personalised), staff are better able to judge the prospects of clients (approach - professional judgement). Many clients need structure provided (support type - structure). Staff being diverted to other duties

is at present disrupting the limited service being provided at present (accessibility and availability). The building provides opportunity for familiarity and encourages building of relationships with other clients who may or may not have suffered with similar problems (support types – building relationships). There is an atmosphere of 'humour without offence' (support type - social connection, friendship) Service is still very limited when compared to the service before covid (pre-covid).

I like it ever so much (emotional attachment).

The group has been a long-standing support (approach – continuity time) for my brother -the group seems to be able to support with any problem (approach - responsive). Over, the covid period, the group was vital support for my mum and brother (availability and accessibility)

Updates on future plans (approach - communication)

What services they can offer (approach - communication/navigation)

When will old groups re-open, such as the walking group (accessibility and availability)

If it isn't broken don't try and fix it. The service was brilliant before the pandemic (pre-covid). I'd like to see the return of the men's group (support types)

I miss coming (pre-covid). I feel safe here (safety). We could have a craft and chat group (support types – craft and social connection).

Restart groups (pre-covid) – craft group and go out to visit different places in a lady's group with Diane, I would like the music quiz to continue (support types). I preferred Clifton Court because there was more room (availability and accessibility)

Reestablishment of men's group including men's support group (pre-covid, support types), snooker group, Sunday lunch, evening music groups, walking groups, day trips to the coast (support types)

Formal groups (e.g. walking, badminton, learning how to cook) (support types)

Wellgate court teaches people how to better look after themselves (support types - independence)

Over the last 10 years (availability and accessibility) the staff at Wellgate have supported me to help myself and believe in myself (support types – confidence)

I'd like to go on more trips, such as to Meadowhall or the peak district, previously, we went to Rotherham college, to get our hair and makeup done, that was fun, and I'd like to do that again (pre-covid, support types, activity types).

During covid, Wellgate was a vital link to other services (navigators). The staff have provided me when support, when things aren't going my way (support types, approach - responsive) consistently for years (availability and accessibility). I'd like more staff to be trained (availability and accessibility).

Sometimes I don't need help with anything in particular, I just need support and Wellgate does that (approach – prevention, isolation/social connection).

As a carer, I can drop my family member off at the centre (approach - carer respite), where I know she is safe and well looked after by staff (safety). She enjoys doing arts and crafts sessions and confidence sessions (support types). Wellgate is easy to get to and has shops nearby (accessibility and availability). Wellgate is small and a larger building would be better (accessibility and availability).

To provide arts and craft sessions and confidence building sessions like they did before (support types, accessibility and availability). Would like to see yoga/ relaxation sessions in the building, doing activities with peers and friends from the group, and going out in groups with the support staff (support types)

I would like to see Wellgate court fully function again (pre-covid), people need support with health, finance, support to gain and maintain their independence (support types). Raising funds for charity etc. That is why I have written to my local mp and the prime minister because if Wellgate was not here people would be walking around like lost souls (approach - purpose, connection). When in crisis, we need to know the Wellgate is open to help which provides peace of mind as I am able to get support (safety, approach - prevention).

Gardening is enjoyed (support types).

I like to travel outside of Rotherham, especially to go on walks and to go to the east coast (support types).

To continue with services such as Wellgate court (availability and accessibility).

I volunteer at Wentworth woodhouse and without Wellgate, I wouldn't be able to do, as I have learned the skills and discipline in order to hold down a volunteering job (support types – confidence, learning skills/volunteering).

The service was so missed when it closed down during covid (pre-covid, emotional attachment), it is so helpful to come and have a coffee and a chat with people who have similar issues to me (support types – peer support)

Wellgate court is a safety net (safety, approach - prevention) it gives me the confidence to try new things and make our lives better (support types – confidence). It is consistent and long term so people can use it as and when needed (approach - flexible) If I withdraw, staff ring me to check I am ok (approach - responsive). It is a community, a family (support types - social connection). If I am moved on, it would feel like I'm being rejected

(emotional attachment). if I didn't have Wellgate court, I don't know what I'd do. With mental health, it is hard to trust but Wellgate court gives long-term support and trust is built over time (approach – trust, time)

Wellgate court helps me when my neighbour and friend are away (approach - responsive, flexible). We used to have social events and go to the coast on day trips (support types, activity types)

A 10-minute chat (via telephone) in the morning would really help to motivate me (approach - motivation, digital support).

I liked the old service (pre-covid), A 12-week plan of activities worked, we could see what was on offer for 12 week and we could suggest things. We would put our name against what we wanted to do. I could look forward to things, and it gave me structure (approach - structure).

We used to go to the coast twice a year, we'd contribute to the trip (pre-covid). I miss it; we'd go out to local places, out for walks (which was good for keeping fit) (support types – physical health). I also miss when we would play snooker.

In acute care, people are sectioned and receiving support for different reasons including drug and alcohol – the mix of people is not right. It is not always the best place to be to recover (approach - right care/right place)

People's needs change over time, and the service needs to respond (approach - fluctuating/responsive)

The service has not moved on since covid, needs to go in the direction that people want. It's a blank space (person's voice)

The offer reduced that much that it it's not worth it (pre-covid) – just coming in for a 15-minute session (availability and accessibility)

I'd like to know what is on offer before I say what I'd like (support types - options)

Walking group has changed to a coffee group, this doesn't help me as I need to be out and about (support types - options)

How are staff filling their time? (Availability and accessibility).

Support for individuals from places such as Wellgate Court (availability and accessibility)

I think it's very important to have a place where everybody can meet, feels safe (safety) and if possible see the same members of staff (support types, approach - continuity)

I sincerely hope that Wellgate Court is to continue to offer support to individuals like my brother, who has Asperger's' syndrome and is unable to function day to day without support from myself, carers and social workers (emotional attachment). Wellgate Court has been a valuable asset for him as they offer support, kindness (approach) and activities (support types), without there is nowhere to go (availability and accessibility). They are a fantastic service and deserve a medal.

If I did not have Wellgate Court for support, I would be likely to end up in hospital (approach - prevention)

Adult Care Mental Health Team

- Building a rapport and building up trust with clients *(quality, approach)*
- Some staff have worked within the service for a long time, have valuable knowledge especially about repeat clients *(quality, approach)*
- Network and share knowledge using MS teams channels, huddles, and G-Drive *(quality)*
- Needs to be more awareness that some cases are more complex than others, and therefore take longer *(approach)*
- No base for the team, feel like it would help them feel more like a team *(approach)*
- Poor management of information systems *(quality)*
- Would be useful for other teams to know what falls within the remit of a social worker, to prevent getting cases that aren't suitable *(pathway)*
- Need to distinguish what comes under health, and what comes under social work *(pathway)*
- The health '3 strike rule' is not helpful or appropriate for people with mental ill-health *(approach)*
- AMHPs are going to be using LAS system – need training on it *(quality)*
- Challenging families – makes it hard to take a whole-person, holistic approach *(approach)*
- Social workers cannot refer to VAR, only health professionals can *(pathway)*
- Nothing about mental health on RMBC website *(quality)*
- Staff levels/ retention *(quality)*
- Accessibility issues with RDaSH *(pathway)*
- AMHP's info on health not RMBC (ready to roll out) *(quality)*
- AMHP's not trained on LAS – will need to learn new system *(quality)*
- Remits of teams are different to what people think *(pathway)*
- We need to share remits of teams, to lessen pressure on front door *(pathway)*
- MH front door is separate to other My Front Door *(pathway)*
- Perception of what others have re MH team, more complex than people know *(approach)*
- Access to health systems *(approach)*
- No base as a team to operate from *(approach)*

Approach = 9; Pathway = 7; Quality = 9

Adult Care workforce

- Not easy to signpost people to help, the front door is unclear what is available and eligibility criteria is unclear *(pathway)*
- No one takes referrals from social care, but every service refers to social care *(approach)*
- Concerns around how police, social care, and health link in around suicide prevention *(approach)*
- If people don't engage, they are referred again/have to start at the beginning – nature of mental health can mean not engaging *(approach)*
- Not got the expertise in localities to make certain judgments and decisions *(approach)*
- Things like MIND and Qwell are self-referral which is not possible for some people *(approach)*
- People don't fit in a box *(approach)*
- Sometimes it's social factors causing distress rather than an actual MH problem *(approach)*
- Gap where people don't reach requirements for MH *(pathway)*
- People can't wait for a MH assessment and/or support, they deteriorate further *(approach)*
- Multidisciplinary triage – MH specialist, social worker, substance misuse worker would be ideal *(approach)*
- Mental health professional/ specialist working within the front door would be ideal *(approach)*
- Equipping front door with more resources, information, and pathways *(quality, approach, and pathway)*
- CID 70s – lacking key info like phone numbers, unprofessional language, overall poor quality *(quality)*
- Got to rely on the ward to refer to mental health liaison team (nurses not SW, not social perspective) assessments done in hospital, not reflective of real life *(approach)*
- Is the term 'mental ill health' used appropriately across all services? *(quality)*
- People need the right response as being given a label of mental ill health stays with people – negatively affects them *(pathway)*
- Gap for people with personality disorders – no clear pathway *(pathway)*
- Self-neglect becoming more prevalent and no clear pathway. Doesn't go to MH, as not a recognised MH disorder? *(pathway)*
- Need to be clear on remits of the teams *(pathway)*
- More social groups while people wait – social prescribers to connect people to support/encourage participation *(approach)*
- Need more services to signpost to *(pathway)*
- A 'drop-in' service – one stop place to support with numerous issues (would be ideal) *(approach)*
- Don't want to see people just get referred to reablement and people get 'held' there, may lead to people not receive the right support. Need clear goals and clear criteria for people to be referred. Someone needs to have a specific issue that is in that reablement criteria *(pathway)*
- Remits are not clear, and people get 'stuck in a loop' and are 'in limbo' between services, for example, the GP sometimes refuses to get involved, people go into crisis and social care cannot refer to the crisis team – social care is not recognised by health, only referrals from health are accepted *(pathway)*

- Eligibility for secondary mental health services is a barrier to people accessing the right support from the right social care team *(approach)*
- Social care mental health team do not accept cases unless a person has a diagnosis and is receiving support from secondary health care, but what if there is a history? Risk-based decisions should be made as 'people don't fit in a box' and often there are multiple factors such as alcohol dependency and substance misuse *(approach)*
- Locality social care teams are not specialists in mental health, but cases are often allocated/locality 'hold' until diagnosis is reached *(approach)*
- People screened out due to 'low level' mental health (e.g. low mood and anxiety) need support to prevent conditions from worsening – it is unclear what the offer is and what advice should be given to people, other than contact your GP *(pathway)*
- People's situations need to be 'unpicked', and practical support offered, as this can impact positively on a person's mental health and wellbeing and prevent need for formal assessment and service *(approach)*
- The front door does not have the expertise to help people with mental ill-health, yet 80% of contacts (anecdotally) are mental health related, including a rise in suicide related calls *(approach)*
- An MDT/joint screening approach would work better and clear places to signpost to *(approach)*
- Mental health is often used by other organisations to 'offload' someone onto social care, for example the 'CID70s' received from the SY Police are not appropriate for social care. The language used is very judgemental and not fact-based (labelling people can be damaging) *(quality)*
- Quality is information is often poor with no contact details for the person the alert concerns – these should be triaged/quality checked by someone in the Police force before they are sent *(quality)*
- Timeliness of response is important to prevent deterioration and crisis, but often people face long waiting times and there is nothing to support in the meantime *(approach)*
- Enablement could support but it would need to have clear criteria to avoid it being a 'holding' service while people wait for health services *(approach)*
- A telephone response may not always be the right solution for people *(approach)*
- In the hospital, people with mental health needs are identified by ward staff and referred to the Mental Health Liaison Team (nurse-led). IDT will only get involved if a referral is received from the Liaison Team, but there is no mental health specialist knowledge and experience in IDT *(approach, pathway)*
- The offer for personality disorders is not clear, and people often present to adult care multiple times *(pathway)*
- Hoarding is a recognised mental health disorder, yet the mental health social care team do not accept cases on these grounds, most people are picked up localities via safeguarding but who is best placed to support this? *(pathway)*
- People need connecting to their local community and peer support network, this could be achieved by a hub approach which offers a 'drop-in' facility where people can access different information and advice under one roof, including employment solutions *(approach)*

Approach = 9; Pathway = 7; Quality = 9

Housing services

- People need more support before they get to a crisis point *(approach, pathway)*
- Staff don't feel like they have clear pathways to refer people *(pathway)*
- Raise the profile of MH – it is more than just the crisis team *(approach)*
- Need long term support – can't always 'fix' often lifelong fluctuations *(approach)*
- People struggling with MH due to experiencing ASB *(approach)*
- If it's 'everyday mental health', can't really support from a housing perspective – medical priority is for people with more severe mental health *(pathway)*
- Too long wait times for lots of services – housing, GPs, CAHMS. If people have severe MH problems, they can't wait *(approach, quality)*
- Used to be links between MH team, hospital, Swallownest court – was useful *(approach, pathway)*
- The only link between housing and mental health is via the crisis team - all mental health related concerns are referred to the crisis team. There is limited knowledge of the current adult care front door team and pathway *(approach, pathway)*
- People being supported by Swallownest Court are allocated a social worker (based at Swallownest Court) *(pathway)*
- The SY Housing Officer role based at Swallownest Court is invaluable. The role refers to the Homelessness Assessment and Prevention Officer. This role links to the Social Workers based at Swallownest Court *(approach)*
- 'Bed blockers' are the highest priority for housing *(approach)*
- Housing reps felt that there is adequate housing solutions for people with mental ill-health, although sometimes options can be counterproductive i.e. Elliott Court is not appropriate for people with dual diagnosis *(quality)*
- People with mental ill-health, including those with low-level mental health or undiagnosed needs fall between services, particularly where there is disagreement over mental capacity *(pathway)*
- Health plans often rely on SY Police to respond to incidences – there is not enough done to prevent escalation *(approach)*
- People need to be supported with coping skills and strategies by help to recognise triggers and know what to do and who to contact when the begin to feel unwell – sometimes people don't recognise this themselves, so it is important that friends, family and carers know this information too *(approach)*
- There is not the right support available to people after acute/medical intervention to prevent people from relapsing and repeating the same journey *(approach, pathway)*
- Reablement needs to be flexible and responsive to fluctuating need, have an open-door model and be personalised to the needs of people *(approach)*
- Trauma can cause mental health problems – people need encouragement and support to work through this and recover *(approach)*

- Anti-social behaviour can trigger mental ill-health, but people will only be considered by the medical priority team on grounds of mental health if they are receiving professional support and services. Although extreme ASB is not dismissed as causing harm to a person's mental health *(pathway)*
- The older male generation can be reluctant to mental health support *(approach)*
- Housing Officers and services are often at the forefront of supporting people and they need information and advice about where to signpost people to *(pathway)*
- There is pressure on all services which creates waiting times, including children's mental health services, people can deteriorate during this time and there is nothing available to help people *(approaches)*
- The cost-of-living crisis is impacting on people's housing and mental health *(approach)*
- There seems to be very few social enterprises for people with mental ill-health *(pathway)*

Approach = 25; Pathway = 14; Quality = 5

Voluntary, Community and Social Enterprises

A facilitated workshop requested feedback from the VCSE about the principles of effective reablement, when it should be offered and how it could support adults with mental-ill health to overcome challenges.

Here are some key points raised by attendees during the event –

- Social Prescribing works well and offers similar support to reablement *(approach)*
- The cost of crisis is high, both to individuals' wellbeing and financially *(approach)*
- Continuity of support is important, including after a referral has been made, while people wait *(approach, pathway)*
- There needs to be a referral pathway from RDaSH to reablement *(pathway)*
- Joint triage is needed to identify a lead organisation – one person then needs to coordinate a person's journey, helping them to navigate the system and be a single point of contact *(approach)*
- Staff cannot know everything, and therefore it is about connecting people to specialist support *(approach)*
- The system needs to work so that people tell their story once and information is shared *(approach, pathway)*
- The system is very complex, even for people that work in it *(pathway)*
- People can be overwhelmed by forms and systems, and this is particularly difficult for people with mental ill-health to manage, yet carers are often told that they cannot do certain things on behalf of others i.e. benefits assessments *(pathway)*

- There are lots of different reasons people have mental ill-health and criteria for services often works against people, for example a large proportion of autistic and neurodiverse people don't feel part of the community which impacts on mental wellness, yet mental health services are often not available for people with autism *(pathway)*
- The focus needs to be on enabling people and supporting recovery, including recognising physical and communication needs *(approach)*
- CHC criteria should account for social needs including housing *(pathway)*
- People use drugs and alcohol to self-medicate mental health issues, but then cannot access support due to this *(pathway)*
- People need supporting on a journey and a 'do with' approach will equip people with skills once support withdraws, for example through training and employment *(approach)*
- Specialist support is needed for mental health carers – a lot of work went into developing an 'active solutions' model, however it was not implemented *(pathway, approaches)*
- Mental ill-health can be experienced by anyone at any point of their life – 'not just poor people', people in work and who live in a family can be isolated and have poor mental health *(pathway)*

Approach = 8; Pathway = 10; Quality = 0

Workshop with partners

Several workshops have been held with partners, including representation from RDaSH, Primary Care, Touchstone, Voluntary Action Rotherham, Rotherham Council Public Health, Adult Care and Strategic Commissioning and the Integrated Care Board. An adult-care facilitated workshops focused on creating a shared understanding of the current offer, identification of the core elements of a future pathway, accounting for statutory duties and roles and responsibilities across partner organisations.

A SWOT analysis completed during a partner workshop identified the following relating to the current crisis offer –

Strengths

- Relationships and existing links across the system
- Start of a shared, joint vision.
- Data intelligence.
- Voluntary sector "community support" at grass roots.
- Breadth of services and expertise.
- Suicide prevention agenda and progress.

Weakness

- Financial implications.
- Lack of defined, real alternatives to crisis.
- Lack of evidence around fulfilling statutory duties.
- Suicide rates.
- Safeguarding Adult Reviews identify solo working.
- Lack of strategic oversight.
- Lack of home visits.
- Digital offer for staff and patients.
- Not fully utilising and accessing voluntary services.
- Befriending service stopped.
- Lack of lived experience involvement.
- Lack of long-term conditions and IAPT agenda.
- Lack of national crisis and liaison training.
- Physical health link to mental health.
- Lack of knowledge of extra funding.

Opportunities

- Asset Map Directory (Public Health)
- Front door for both mental health and physical health.
- Mental health definition, service specifications and clear roles and responsibilities.
- Reshape a joint mental health pathway.
- Shared resources - whole budget approach.
- Co-location.
- Develop a training offer across services, including with voluntary sector teams.
- Intelligence-led – use and sharing of data to inform decisions.
- Build a multi-agency model by working with different disciplines – pharmacy, peer support, nurses.
- Community hub approach and community responders.
- Build on MEC platform.
- Working together across CMHT and crisis transformation.

Threats

- Factors which impact on people's mental health - cost of living and loneliness.
- Communication and language at the front door (crisis)
- Sufficiency of resources.
- Capacity and sustainability of the voluntary sector
- Being narrow sighted.

Workshop with the VCSE

Activity: to identify the different challenges that people with mental ill-health, their families and carers experience, and for each challenge identify the type of support would help people overcome the challenge and what the impact (outcome) might be.

Table of full responses.

Challenges	Response	Outcome
Employment	1:1 support, focus on the individual's strengths. Find a placement before training.	Employment market, empowerment.
Carer/family support (family members are ignored)	GP, medical professional, O.T. etc Holistic approach, family centred, solution focused response looking at whole life pressures	Empowerment. Asset based longer term outcomes, the whole family is supported.
Having a single point to access information needed	A well-known single point of access - 'one telephone number'	Help when needed, reduced stress on both the individual and the family.
Trust in services is low.	Experienced advocates being listened to	Individual feels valued and believed - not judged
Siloed services	Joined-up working	Individuals tell their story once – less duplication.
Increasing demand across all age groups	Early age-appropriate responses	Reduced pressure on system – fewer individuals in crisis.
Dual diagnosis	Rotherham recovery community	Groups/individuals have been through the experience and want to share that knowledge and give back
Physical health	Gym, physical health checks, safe space which needs to be accessible	Less demand on GP

MH review	People will come through – triage and capacity to respond to the demand	Person gets the right support
People are made to feel like they are 'getting in the way' at all points of referral – the attitude is 'how can I *not* help?'	Method needs to be tailored to the individual – person centred, enable people to express themselves, empathise and accept their reality by validate experiences and needs, build trusted relationships.	People feel valued and accepted and are 'made to feel normal', not judged, someone cares – 'I'm not alone', feel included – a community purpose.
Cultural issues, assumptions, and stigma	Tailor approach inc. language/communication needs	Response is personalised and therefore effective, reduced stigma.
Isolation (inc. carers) bereavement	Peer support to breaking through the barrier and encourage the first step - this needs to be made easy. Matching people with similar experiences.	Improved mental health and resilience, fewer incidences of crisis

Workshop with the Adult Care Mental Health Team

As part of the session, attendees were asked to identify social care interventions for each of the core pathway elements. A record of the findings as follows:

Community and Digital Offer

- Access to information
- Virtual help such as chat bots
- Practical support via local library
- Text support via smartphone
- Printed versions of information
- Easy access to MH services to anyone that needs it.
- Support people to access community facilities, build confidence and promote social inclusion.
- A database of local services, groups, and support for customers/carers.
- An offer for people not computer literate - need alternative information format – leaflets, hubs, community base, easy access, drop ins at centres such as libraries.
- Community specialist information.

- A simple, clear, understandable pathway to be on our website signposting people to the right team.
- VAR.
- Links, advice, guidance.
- Self-assess – asset based.
- Community offer – support groups, employment.

Early Solutions

- Front door – 1st point of call – assess situation and agree who should handle.
- Staff should be able to cope with capacity.
- Self-referral.
- Front door – information, advice, signposting, screening for appropriate pathway.
- Staff with knowledge and understanding of MH issues.
- MH front door aligned with social care.
- Front door – early intervention approach, prevent, needs escalation.
- A bigger front door team, to offer advice required after website to signpost to partners rather than having to allocate all cases.
- Offer resources that are already available in the community for mental health.
- Short term intervention, preventative work.
- Empowerment and promoting independence, short term outcome-based support and reablement.

Proportionate Assessment

- Care Act.
- Ongoing case management.
- Mental capacity assessment.
- Carers assessment.
- Access to protective equipment/alarms for staff i.e., hoarding/pets/drug use.
- Designated locality areas amongst team re: allocations.
- Needs-led assessment.
- Allow time to look at actual needs by putting in support before assessment so you have the bigger picture.
- CHC.
- Person-centred, robust support, planning and contingency (joined 117/ QPPR approach).
- Duty process streamlined with standards.
- Remit/role of team shared across wider teams.

- Broad and accessible and fair assessments.
- Base/office space for social workers.
- Need more time to assess needs.
- A process of reviews with enough staff to allocate to.
- New assessment for support to be allocated rather than on a list due to no staff.
- Strength based assessment that emphasis the strengths of service user before deficits are looked in to.

Crisis care and recovery

- Remove barriers from health - that substance issues must be treated first.
- More MH support for substance misuse to aid recovery/ prevent relapse.
- Crisis – duty support.
- Safeguards duty team/crisis team.
- Easy access to crisis & continuous support with recovery from different angles of service.
- More integration with drugs and alcohol service.
- Crisis beds – alternative to hospital admission.
- Robust home treatment team.
- Drugs and alcohol team outreach.
- AMHP assessment.