



Care or Crisis?

A study of people's experiences of care before and after a mental health crisis

Healthwatch Sheffield

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Healthwatch is the consumer watchdog for health and social care in Sheffield. We're here to help adults, children and young people have a say in how local services are designed and run.



Key findings

1. More than half of our survey participants who had experienced a mental health crisis had not been identified as being 'at risk' before it happened, although the remaining 44% of people had.
2. Staff told us that the training they had received was good although some people who used services reported times when staff had not been able to respond to their needs.
3. Although telephone helplines are available to support people, primary care remains the first point of contact for many people. Telephone helplines are also unhelpful for those with a hearing impairment.
4. Those who had experienced a mental health crisis reported varying quality of care. Half of those who had experienced a crisis felt that the service or professionals they dealt with did not know how to give them the best care they needed.
5. Young people and those who identified themselves as being from a Black or Ethnic Minority community reported poorer experiences of care than the general responses.
6. Most people knew where to go for information or to get help in a crisis. However, it appears to be more difficult to find information about staying well and promoting your own wellbeing.
7. Most of the staff who responded had not heard of the Mental Health Crisis Care Concordat.
8. Almost three-quarters of staff (71%) who completed the survey told us they thought current services were worse than those provided two years ago.
9. Almost a quarter of staff (23%) felt their own health and wellbeing needs were not being supported although another 40% felt very well supported.

Recommendations

- 1 Commissioners of services to consider commissioning a community-based approach to suicide as detailed in the Centre for Mental Health's 'Aiming for Zero Suicides'. (See pages 9-10 & 29)
- 2 The Crisis Care Concordat Strategic Implementation Group writes the forthcoming Mental Health Core Skills Education and Training Framework into their action plan. Furthermore, it needs to ensure that training recommended in the framework matches that contained in their plan, including specific training for GPs. (See pages 11-12 & 29)
- 3 Sheffield Children's NHS Foundation Trust reviews the ways in which it publicises the CAMHS (Child and Adolescent Mental Health Service) 'consultation line' and ensures this information is added to its website and other appropriate information sources. (See pages 13-15 & 30)
- 4 All websites that feature the 'I need urgent help' section or mention the CAMHS 'consultation line' need to include both a mobile number for text messaging and an email address to ensure those with a hearing impairment can access support. (See pages 13-15 & 30)
- 5 Ensure information is clear on both the Sheffield Mental Health Guide and Sheffield Health and Social Care NHS Foundation Trust's websites about how people can self-refer to Community Mental Health Teams. Provide a phone number, downloadable form, address and email. (See pages 13-15 & 31)
- 6 Crisis Care Concordat Strategic Implementation Group promotes awareness of the Crisis Care Concordat within staff teams and reviews awareness every six months to see how levels have changed. (See pages 16 & 31)
- 7 The Crisis Care Concordat Strategic Implementation Group ensures that primary care is included as a 'first point of contact' in its action plan so that it develops a consistent response. (See pages 17 & 31)

8

Commissioners of services are to introduce 'mystery shopper' visits throughout the year to check the experience of care on offer from a patient's perspective. (See pages 17-18 & 32)

9

The Crisis Care Concordat Strategic Implementation Group adds a standing agenda item on staff training to meetings and, as part of this, receives updates from Yorkshire Ambulance Service on the uptake of training. (See pages 18 & 32)

10

All service providers to look at introducing a one-day shadowing exercise for managers of frontline staff to:

- Gain a greater understanding of specific operational pressures
- Listen directly to users of services and feed this back into their organisations. (See pages 19-21 & 33)

11

Commissioners of mental health services for children and young people to ensure parity of waiting times with adults is written into contracts at the next opportunity. In the meantime, commissioners should monitor voluntary compliance. (See pages 22-23 & 33)

12

Crisis Care Concordat Strategic Implementation Group consults with young people and people from BME communities about their specific needs. This could be done via a number of existing groups and organisations. (See pages 22 & 34)

13

Crisis Care Concordat Strategic Implementation Group improves how wellbeing and staying well is promoted across member organisations. (See pages 24-26 & 34)

14

The Crisis Care Concordat Strategic Implementation Group works with Healthwatch Sheffield and other organisations to review how service user and carer voices are embedded across the implementation of the Local Action Plan. (See pages 27 & 34)



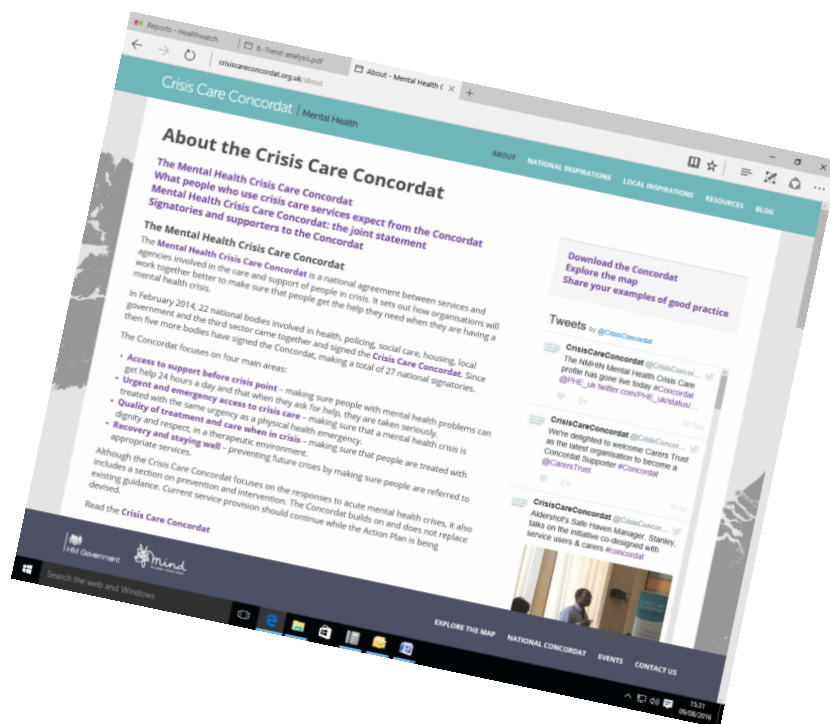
Background

2015 - The Crisis Care Concordat

In 2015, a Strategic Implementation Group was set up in Sheffield to support the implementation of the Mental Health Crisis Care Concordat (MHCCC). This is a national agreement that aims to improve the way people are cared for during a mental health crisis and asks lots of different organisations to work together to make this happen. Healthwatch Sheffield has a seat on this Group and helps to bring the views of people who use mental health services to those who make decisions.

Healthwatch Sheffield decided to undertake research about mental health services in Sheffield, particularly for people who had experienced a mental health crisis. We wanted to see what difference, if any, the Mental Health Crisis Care Concordat was making, and to see what people felt still needed to change to enable them to get the services they needed.

This report shares what we did and what people told us.



Introduction

The 2012 Health and Social Care Act set up a local Healthwatch in every local authority in England, with eight statutory duties. One of these is *making recommendations about how local health and social care services could or ought to be improved* and this shapes the context to our work on mental health.

From the earliest days of Healthwatch Sheffield, it was clear that mental health was going to be an important topic. It quickly emerged as the second most commonly raised issue (behind access to primary care) with people telling us that they struggled to access appropriate services and that those services were not holistic enough (that is, focussing on the person as a whole and not only on his/her condition). In 2014, as a response to our concerns, the Health and Wellbeing Board asked Healthwatch Sheffield to run an engagement event with a mental health theme. A total of 80 people attended (see report <http://www.healthwatchsheffield.co.uk/reports-and-documents/reports/>).

A number of key concerns emerged:

- Lack of access to services, or getting the right service
- Waiting too long for a service, or not getting help early enough
- Limited resources - staff, time, money, facilities, services
- Physical and mental health needs treated separately, not holistically
- Lack of integration and communication between services.

In the same year we also contributed to a national Healthwatch England enquiry on unsafe discharge from hospitals. Mental Health came up clearly as a factor that had a big impact on how people progressed following a stay in hospital. Nationally, people sometimes had to wait a long time for a service to be put in place to support them after discharge.





The research - what we did

Healthwatch Sheffield staff and volunteer community researchers devised a series of questionnaires: for service users who have experienced a mental health crisis, for health professionals who work with these people, and for GPs. The survey was conducted on Survey Monkey and was promoted through our links with mental health advocacy and support groups and through our wider membership. Paper copies were made available for those who required them.

We are grateful for the support we received, most notably from Sheffield Health and Social Care NHS Foundation Trust, who actively encouraged their staff members to complete the survey.

Survey respondents

A total of 434 people responded to our survey and covered three groups:

| | |
|----------------------|-----|
| Health professionals | 302 |
| Service users | 118 |
| GPs | 14 |

We have grouped the responses under the six main headings adopted by the Crisis Care Concordat, and locally, by the Sheffield Local Action Plan. These are:

1. Commissioning of services that respond to and meet people's needs
2. Access to support before crisis point
3. Urgent and emergency access to crisis care
4. Quality and treatment of care when in crisis
5. Recovery and staying well
6. Service user and carer voice.

Words in PINK boxes are the voices of the people of Sheffield, professionals and GPs and are used to illustrate our findings.

Words in GREEN boxes are recommendations for providers of services, the people who commission them, or both. Healthwatch has a legal right to receive a reply to these recommendations within set timescales so we can follow them up to ensure they are taken seriously.



1. Commissioning services that meet people's needs

1. At risk Identification

We asked people whether they had been identified as being at risk before they experienced their crisis. The majority of people who answered this question (56%) told us that they had not. Comments on this question suggest that for some this was because some people didn't know where to go while for others it was because they found it difficult to ask for help.

Q10 Were you (or the person you care for) identified as being at risk of crisis before this event happened?

Answered: 95 Skipped: 23



“My partner has suffered with depression for over six years. It took at least two years and several threats of suicide before he agreed to let me support him to see his GP. I would like to see a service designed for professional people who have suicidal thoughts and threaten suicide but are unable or refuse to contact mental health professionals when having a crisis ‘episode’.”

As part of our research we noted that even though suicide rates continue to fall nationally, this rightly remains an important part of the Sheffield Mental Health Crisis Care Concordat Local Action Plan (point 1.4.5). We also noted that statistics

from 2014 showed that Sheffield was faring slightly worse than Leeds in terms of suicide rates per 100,000 of the population (9.2 compared to 7.3).

Recommendation 1

Commissioners of services to consider commissioning a community-based approach to suicide as detailed in the Centre for Mental Health's 'Aiming for Zero Suicides'. <https://www.centreformentalhealth.org.uk/zero-suicides>

This would include:

- Training key public service staff such as GPs, police officers, teachers and housing officers
- Training others who may encounter someone at risk of taking their own life, such as pub landlords, coroners, private security staff, faith groups and gym workers
- Creating 'community champions' to put local people in control of activities
- Putting in place practical suicide prevention measures in 'hot spots' such as bridges and railways
- Working with local newspapers, radio and social media to raise awareness in the wider community
- Supporting safety planning for people at risk of suicide, involving families and carers throughout the process
- Linking with local crisis services to ensure people get speedy access to evidence-based treatments.

Sheffield's Mental Health Crisis Care Concordat Strategic Implementation Group intends to 'review/update the Sheffield Suicide Prevention Strategy and audit group' (page 9). We recommend that this work is done in conjunction with the recommendations made in the above report.

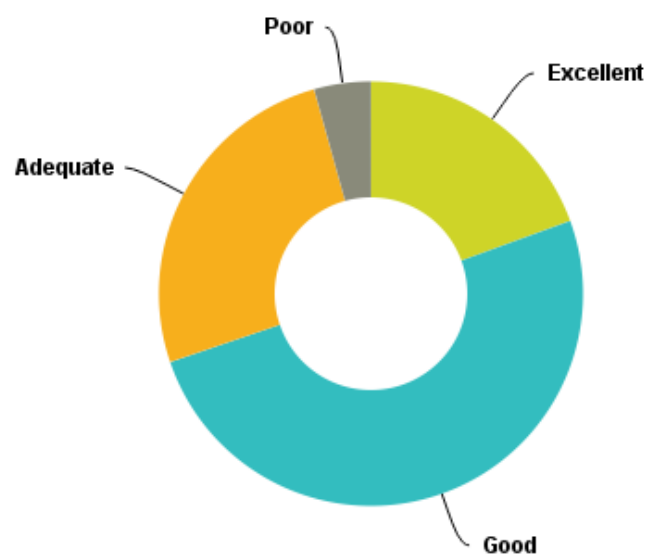
1.2 Training for Staff

We asked staff, GPs and people who have experienced a mental health crisis what they thought about the training that was available to support workers.

Both staff and GPs felt that more or different training for staff would have helped, although many staff told us that their training is very good.

Q15 How would you describe any training you have received as part of your role?

Answered: 139 Skipped: 163



“I have excellent training opportunities that are very diverse so no issues.”

However, people who use services told us that sometimes they felt a lack of staff training had made their experience less positive.

“A&E staff are trained to help people in a mental health crisis. I had overdosed with intent to complete suicide I had planned this. I was told they would have to check on me in the shower - I refused. I'm not in a section. I was also told not to run away from the ward, I had no intention. Not everyone with a mental health condition is the same.”

Training for professionals is highlighted as part of the Mental Health Crisis Care Concordat Local Action Plan and a needs analysis and comprehensive training package should now be in place. It is notable; however, that this does not explicitly mention primary care (points 1.5.1 and 1.5.2 of the plan). GPs responding to our survey said that basic medical undergraduate training did not include enough material on mental health.



RECOMMENDATION 2

The Mental Health Crisis Care Concordat Strategic Implementation Group writes the forthcoming Mental Health Core Skills Education and Training Framework into their action plan. Furthermore, it needs to ensure that the training recommended in the framework matches that contained in the plan, including specific training for GPs.

Information on the framework (due for publication later in 2016) can be found at the following link: <http://www.skillsforhealth.org.uk/services/item/332-mental-health-core-skills-education-and-training-framework>

We also recommend encouraging wider take up and rollout of the ‘masterclasses’ mentioned in the Local Action Plan.



2. Access to support before crisis point

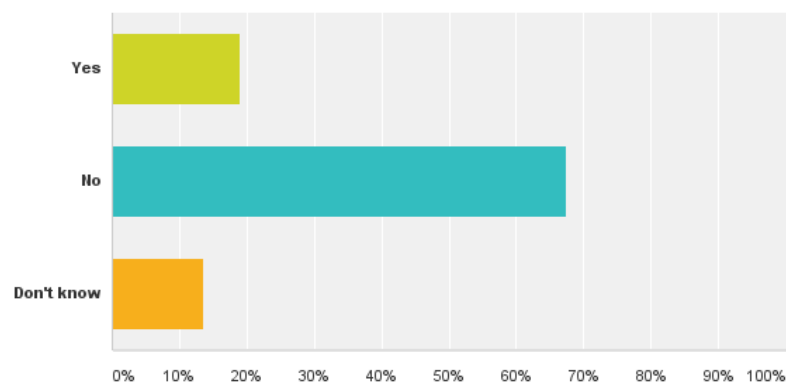
2.1 Service user experience

Overall, 67% of service users told us that they didn't get access to the most appropriate person or service as quickly as they needed.

As part of its work implementing the Mental Health Crisis Care Concordat in Sheffield, the Local Action Plan focuses on improving information and advice on services, alongside public health messages and training for people working in primary care.

Q14 Were you (or the person you care for) able to access the most appropriate service or professional as quickly as you/they needed?

Answered: 89 Skipped: 29



“It is sometimes, seemingly, nearly impossible to access help (other than 999) after hours. Could this be improved?”

Patients told us of some specific examples of where the right support wasn't available for them.

“Often they would make promises to take action that never materialised. For example, not calling me back, not communicating with other professionals, and not referring me to other things...It is very difficult to recover when there is no professional support in place, but this is what is expected of you.”

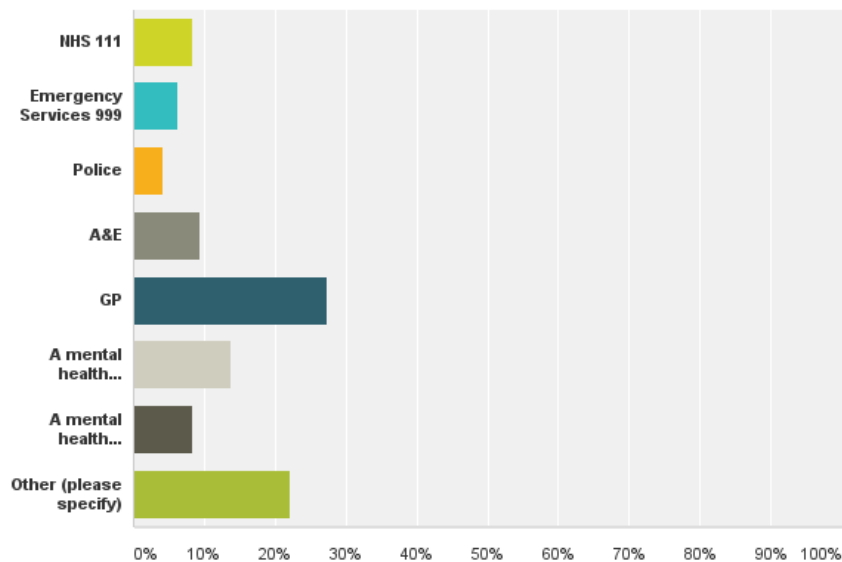
“My GP and counsellor were very helpful, caring and respectful. The only issue is the waiting time to access the mental health team.”

We also found that just over a third of people experiencing crisis went to their GP or called 111, highlighting the need for effective links between primary care and mental health services so that people in crisis can get the help they need in a timely manner.

We also noted that a small percentage of people (7%) chose not to access any service even during crisis and relied on friends or family for support.

Q11 Thinking about the most recent crisis, who was the first professional you contacted, or who contacted you?

Answered: 95 Skipped: 23



People also told us they liked the fact that there was now a dedicated telephone helpline for people experiencing mental health issues but some were concerned about available resources.

“The Sheffield Helpline service needs to be expanded with more lines and more staff that are solely dedicated to providing mental health crisis support to Sheffield over the phone. Currently, the Sheffield Helpline is run by staff at the crisis house whilst they are trying to provide support to their in-house service users.”

The CAMHS (Child and Adolescent Mental Health Service) ‘consultation line’ mentioned in the Local Action Plan (point 2.2.1) does not appear to be advertised widely and is not mentioned on the main CAMHS page of Sheffield Children’s NHS Trust website (<http://www.sheffieldchildrens.nhs.uk/our-services/camhs/>).

RECOMMENDATION 3

Sheffield Children’s NHS Foundation Trust reviews the ways in which it publicises the CAMHS ‘consultation line’ and ensures this information is added to its website and other appropriate information sources as a matter of priority.

Additionally, it is worth noting that providing a telephone helpline doesn’t work for everyone.

“Easier access to mental health services for deaf people [not just a phone line] so that they can contact services in a crisis...there are various technologies that could be used.”

RECOMMENDATION 4

All websites that feature the ‘I need urgent help’ section or mention the CAMHS ‘consultation line’ needs to include both a mobile number (for people to text) and email address. This will enable those with a hearing impairment to let someone know if they are experiencing a crisis.

We noted that it is possible for a person to self-refer to the Community Mental Health Teams (<http://shsc.nhs.uk/wp-content/uploads/2014/04/CMHTs.pdf>). However, we could not find any instructions on how to do this either on the Sheffield Mental Health Guide or on Sheffield Health and Social Care NHS Foundation Trust’s own website.

RECOMMENDATION 5

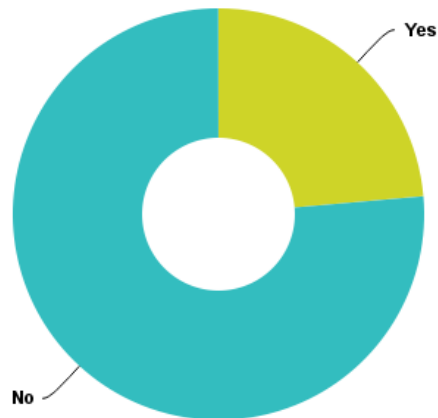
Ensure information is clear on both websites about how and where people can self-refer to the Community Mental Health Team. Provide a telephone number, downloadable form, postal address and email and ensure these are checked regularly.

2.2 Awareness of the Crisis Care Concordat

Less than a quarter of the mental-health professionals who responded to our survey had heard of the Mental Health Crisis Care Concordat.

Q8 Have you heard of the Crisis Care Concordat?

Answered: 144 Skipped: 158



While the Concordat was relatively new when we conducted this survey, we had expected that most staff should have at least some knowledge of it and the way in which it may affect their particular area of service delivery.

RECOMMENDATION 6

The Crisis Care Concordat Strategic Implementation Group promotes awareness of the Crisis Care Concordat within staff teams and reviews this every six months to see how levels of understanding have changed and to identify ways to ensure that it is relevant to their work.



3. Urgent and emergency access to crisis care

People told us that when they experience a crisis, they want to be treated with dignity and respect. We heard some powerful stories of people's experience of care in crisis, two of which are highlighted below;

“There have been occasions over the past few years where I have received really poor care in a crisis. I was taken to a hospital on a Section 136* and made to wait 6 hours to see someone. On another occasion I was told that there was no hospital bed available in my area and made to wait 3 days with support for an hour a day even though I was deemed to be too much of a risk in the community. I was then sent 80 miles away after my friend complained that the wait was making me worse.”

*(*A Section 136 is where the police can use section 136 of the Mental Health Act to take you to a place of safety when you are in a public place. They can do this if they think you have a mental illness and are in need of care.)*

“Our daughter has been accessing the emergency services on a very regular basis over the last year. The ambulance and police as well as most health care professionals were caring and often interested in her condition.”

It is clear that people have had both positive and negative experiences of crisis support. We are reassured that the Mental Health Crisis Care Concordat Local Action Plan recognises the need for more consistent support for service users at the first point of contact. However this action point (5.2.1) does not include primary care, which we know is a first point of call for many.



RECOMMENDATION 7

The Crisis Care Concordat Strategic Implementation Group ensures that primary care is included as a ‘first point of contact’ in its action plan so that it develops a consistent response.



RECOMMENDATION 8

Commissioners of services are to implement a series of ‘mystery shopper’ visits throughout the year to check the experience of care on offer from a patient’s perspective.

A number of patients told us that their dealings with police and ambulance staff had generally been positive. Two patients told us that they didn’t feel that the ambulance staff they spoke to were confident in dealing with their condition. We were pleased to note that the Mental Health Crisis Care Concordat Local Action Plan includes an action to provide enhanced mental health training for all ambulance staff.

“The ambulance crew were lovely and sympathetic.- though admitted they feel that they are not trained enough to deal with people presenting with mental health difficulties.”



RECOMMENDATION 9

The Crisis Care Concordat Strategic Implementation Group adds a standing agenda item on staff training to board meetings and, as part of this, receives updates from Yorkshire Ambulance Service on take-up of this training.



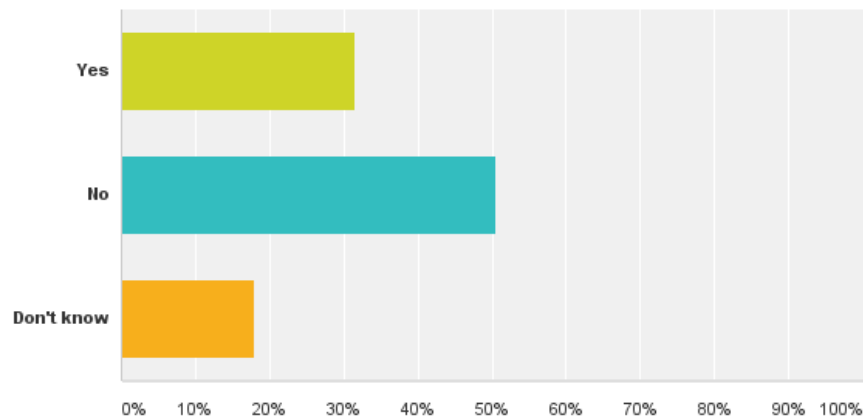
4. Quality of treatment and care when in crisis

4.1 Service user perspective

There were mixed views of the quality of service received during crisis. We note that 50% of people told us they didn't get the best care they felt that they needed.

Q15 Did the service/professionals know how to give you/them the best care needed?

Answered: 89 Skipped: 29



“Some of the staff members were lovely and look after you. They made you feel comfortable and welcome and didn't judge you for what you said.”

“On one of the earlier visits to A&E when my relative had taken an overdose I went to be with them, and they were still in deep crisis. They were threatening to run away. As soon as I arrived (they were still in a cubicle in A&E) I was told that the person was my responsibility if they ran away. I needed to go to the toilet and when I went, they told me they very nearly ran off, but luckily the toilet was nearby.

After waiting 4 hours I needed to put more money in the car park meter and get some food, which meant leaving A&E as the only food there was sweets and crisps. The staff refused to look after my relative while I went to fetch a sandwich. Luckily some cleaners overheard and fetched us something.”

“On the whole staff have been good and seem to have developed more understanding but the above incident was horrendous.”

4.2 Staff perspective

Discontent with the service was echoed by many of the mental-health staff who completed the survey. A total of 71% told us that they thought current services were worse than those provided two years ago.

“[There is] greater demand for mental health services and less services available to provide the mental health treatments required. This leads to mental health problems becoming more entrenched and also more 'crisis driven'. There is less preventative work taking place.”

Other staff, however, noted that some aspects of the service had improved.

“3 years into reconfiguration, which was a traumatic event in terms of organisation, the service has become gradually better.”

The table below groups the additional comments left by different staff when asked “Do you feel current services are providing a better or worse service than that provided 24 months ago?”

Table 1: Analysis of comments by staff group

Comment type

| Staff group | Positive | Neutral | Negative | Total |
|---|----------|----------|----------|-----------|
| Nurse | 2 | 2 | 13 | 17 |
| Community Nurse | 1 | 1 | 11 | 13 |
| Community Recovery Worker | 1 | 1 | 4 | 6 |
| Care co-ordinator | 0 | 0 | 2 | 2 |
| Professionals (e.g. doctor, psychologist) | 3 | 5 | 10 | 18 |
| Support Worker | 0 | 2 | 7 | 9 |
| Social Worker | 2 | 4 | 13 | 19 |
| Occupational Therapist | 1 | 0 | 5 | 6 |
| Other job title | 1 | 0 | 5 | 6 |
| Total | 11 (11%) | 15 (16%) | 70 (73%) | 96 (100%) |

Although the number of people responding in some of the staff groups is small, we can see that all groups have a majority of negative comments relating to services worsening over this time period.

We also noted that there is evidence* to suggest that there are a number of common factors facing frontline health and social care workers which can, for a variety of reasons, lead this group to report the greatest unhappiness with

services. We will share all of the anonymised survey data with those organisations that employ people working with mental health service users to better understand the views expressed by their staff about services.

(*Stress and pressures in mental health social work: the worker speaks in HUXLEY Peter, et al British Journal of Social Work, 35(7), October 2005, pp.1063-1079.)

RECOMMENDATION 10

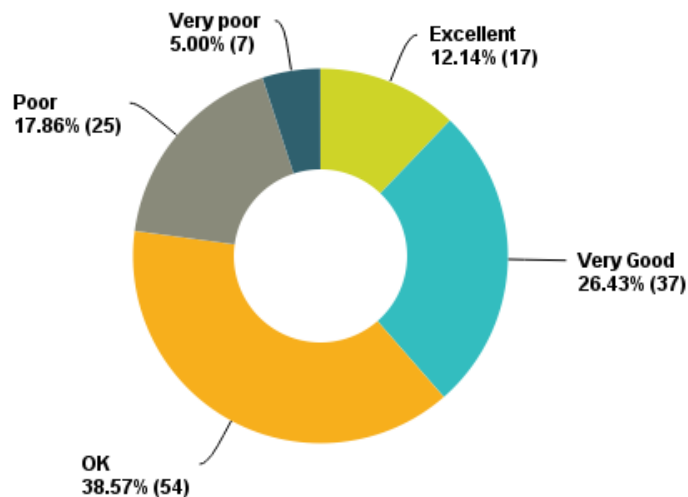
All providers of services to look at introducing a one-day shadowing exercise for managers of frontline staff so they can:

1. Gain a greater understanding of any specific operational pressures
2. Listen directly to users of services and feed this back into their organisations.

We also noted that nearly a quarter of staff (23%) felt that their personal health and wellbeing needs were not being supported.

Q16 How supported do you feel with your own personal health and well-being needs?

Answered: 140 Skipped: 162



Common themes identified in the survey responses include concerns about being asked to do more with less, feeling unsafe and dealing with more complex patients. Healthwatch Sheffield will work with both the Mental Health Crisis Care Concordat Strategic Implementation Group and individual service providers to help them understand the issues faced by their staff.

4.3 Issues for specific service -user groups

The experience of two sub-groups of service users appears to have been worse than that of respondents as a whole. These were young people and those from a Black or Minority Ethnic (BME) community.

4.3.1 Young People

We received 25 responses from people aged 16 to 25 and, of these, just 20 had completed all the questions. 12 people (60%) told us their experience was not good and/or didn't meet their needs while a further 7 (35%) reported mixed experiences. Just one person said that their experience had been good.

“Better and more appropriate responses to crisis...[I need] to be taken seriously and respected. Often I had asked for help weeks prior to a crisis because I could feel myself deteriorating, however hardly any support was offered. When it was offered it was inadequate (e.g. jewellery making course). With better support I think that I could have avoided many of the crises I experienced.”

“I still don't have a professional crisis plan, only a note written by a CPN (Community Psychiatric Nurse) saying 'In the event of a crisis, ring 111.’”



RECOMMENDATION 11

Commissioners of mental health services for children and young people to ensure parity of waiting times with adults is written into contracts at the next opportunity. In the meantime, commissioners should monitor voluntary compliance.

4.3.2 People from BME (Black and Minority Ethnic) Communities

We had just eight responses from people who classed themselves as BME. Clearly this is a very small sample and cannot be considered representative of the BME population as a whole. However, the findings are concerning and there needs to be a focus on BME communities in future work. Of the eight responses, five were negative, two positive and one neutral.

“My overall care was very good. I was well looked after.”

“I would like the GP practices to be more supportive and give you more help on other places to go. Other people to contact there and then rather than just being given a leaflet. In my experience it took me to have 67 episodes of panic attacks over 13 days and for me to say to the GP that I didn't want to be here no more for them to help me. After this I was given an IAPT booklet, wasn't told who to contact so I was left in limbo.”

Since both young people and those from BME communities reported more negative experiences than the general population, there needs to be further work to examine their specific needs.

RECOMMENDATION 12

The Crisis Care Concordat Strategic Implementation Group consults with young people and those from BME communities about their specific needs. This could be done through a number of existing groups and organisations and through Healthwatch Sheffield.

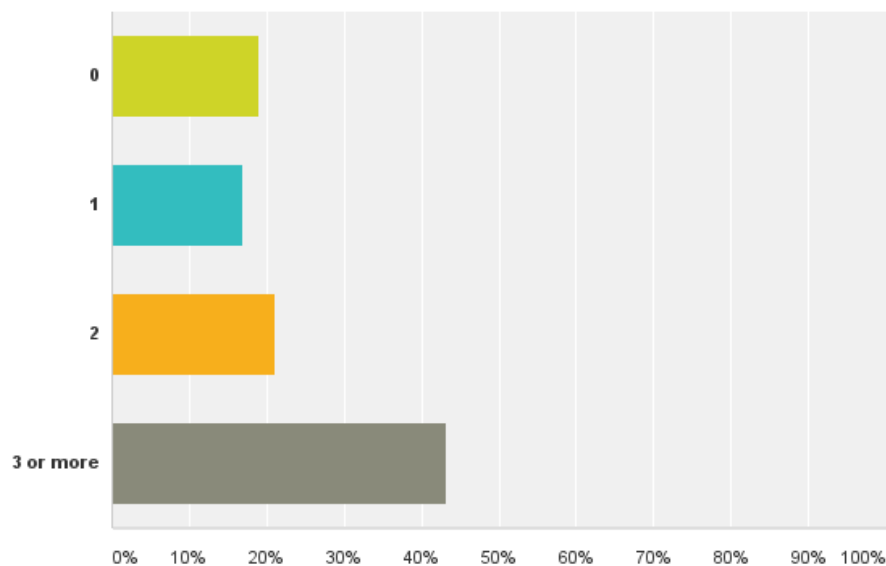


5. Recovery and staying well and preventing future crises

Almost half of those who responded to our survey reported that they had experienced three or more crises in the last two years.

Q8 How many times have you (or the person you care for) experienced a mental health crisis in the past 2 years?

Answered: 95 Skipped: 23



They reported that, on the whole, they knew where to go if they needed information on prevention and staying well. However, we found it difficult to locate such information on either the Sheffield Mental Health Guide or the Sheffield Health and Social Care NHS Foundation Trust websites.

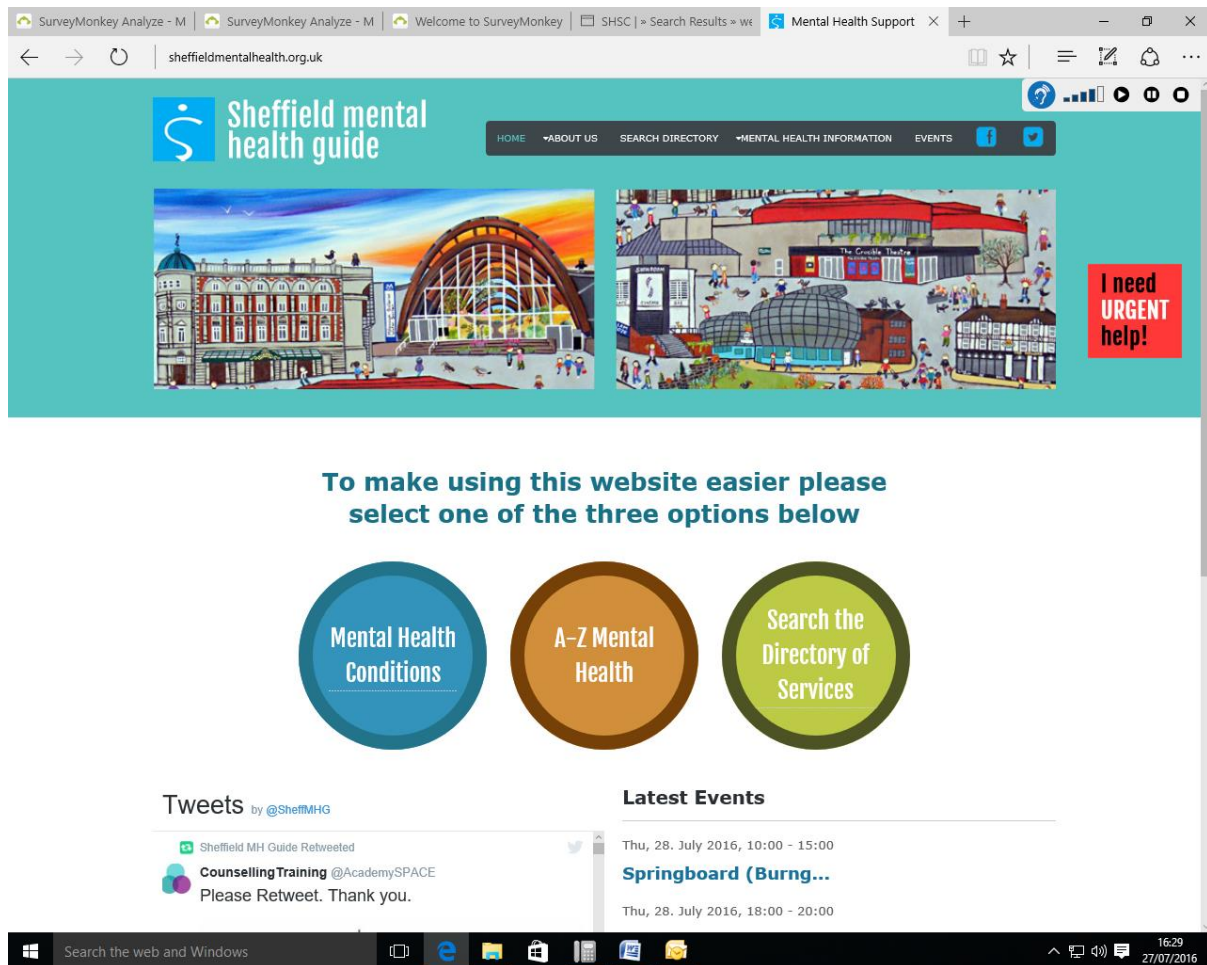
5.1 A review of available information on wellbeing

There is a general trend to encouraging people to look after their own wellbeing. Here we have reviewed current sources of such information.

a. Sheffield Mental Health Guide

The homepage has three main sections and for people with a mental health condition or who want to know about a specific service, it is clear where to go.

However, if you don't have a diagnosis or want to make a general enquiry, the guide can be difficult to navigate. Information on keeping yourself well is harder to find than information on services or conditions.



b. Sheffield Health and Social Care NHS Foundation Trust

From the main homepage, there is a clear link to 'Need help?' This takes you to information for service users, for carers, for people in a crisis and for healthcare professionals. It is hard to find information for people who are starting to feel unwell or who want help to stay well. There is link to NHS Choices information on Mental Health Helplines, but not a link to the range of information on mental health issues and wellbeing. It would be helpful to signpost to information on staying well.

c. Sheffield City Council

We could not find any links from the homepage that seemed to lead towards information on wellbeing. Using the search box brings up information linked to the Health and Wellbeing Board (see below) but no information for people who may use services.

1) Simply enter their name. 2) Find the marriage record online.

Showing results for **wellbeing**. Show 10 results per page

Health and wellbeing data for Sheffield
 Sheffield City Council
 Sheffield can be divided into various smaller areas, such as electoral wards. A suite of data tools has been developed to allow the exploration of patterns and trends in health and wellbeing across these smaller areas. Sheffield's 28 Wards
[Home](#) > [Health & social care](#) > [Public Health](#) > [Health and Wellbeing Board](#) > [Data](#)

Workplace health guidance for employers
 Sheffield City Council
 Fit for work Fit for work provides free advice for managers on all health issues affecting their employees. Work place Wellbeing Tool Work place wellbeing tool from the Department for Work and Pensions is designed to help employers improve
[Home](#) > [Health & social care](#) > [Public Health](#) > [Workplace health](#) > [Employer guidance](#)

Flyer (pdf/Acrobat, 119 KB)
 Sheffield First
 Wellbeing in Sheffield Wellbeing in Sheffield Healthy Sheffield Network FREE Event 28th September | 12.30- 4.30 | The Electric Works Aim of the day Form a City view on wellbeing, across agencies/ sectors
[Home/.../Flyer.pdf](#)

Equality Information About Health and Wellbeing
 Sheffield City Council
 The Joint Strategic Needs Assessment identifies current and future health and social care needs of the community. It is used to inform commissioning priorities to improve outcomes and reduce equality inequalities. Our Health and Wellbeing Board
[Home](#) > [Your City Council](#) > [Plans, policy and performance](#) > [How We Will Deliver](#) > [Strategies, plans and policies](#) > [Equality and diversity](#) > [Our customers](#) > [Health and Wellbeing](#)

Neighbourhoods: Health and wellbeing profiles
 Sheffield City Council
 Health Profiles for the 100 Sheffield Neighbourhoods (published in 2013). Local Health and Wellbeing Profiles present a range of health and wellbeing indicators for a single neighbourhood compiled as reference documents. Also electoral wards: health
[Home](#) > [Health & social care](#) > [Public Health](#) > [Health and Wellbeing Board](#) > [Data](#) > [Neighbourhoods: Health and wellbeing profiles](#)

Sheffield health and wellbeing indicator tools
 Sheffield City Council
 The Health and Wellbeing Indicator Tools presents a series of indicators for electoral wards or neighbourhoods showing relative position to other areas, over time and to Sheffield overall. The tools include charts and tables and a cross
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Joint Health and Wellbeing Strategy

Sheffield City Council
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RECOMMENDATION 13

The Crisis Care Concordat Strategic Implementation Group improves how information about wellbeing and staying well is promoted across member organisations so that service users can find the information they need easily.

Please see this example from Kent which is well signposted from the home page.
<https://www.kmpt.nhs.uk/information-and-advice/keeping-yourself-well.htm>

6. Service user and carer voice

A large part of this report has focussed on the voices of service users and ensuring that those who commission and run mental-health services hear this. Involving service users and carers should be central to informing all areas of planning and delivery and needs to be integrated across the Local Action Plan rather than seen as something separate.

RECOMMENDATION 14

Crisis Care Concordat Strategic Implementation Group works with Healthwatch Sheffield and other organisations to review how service user and carer voices are embedded across the implementation of the Local Action Plan.

If you would like a copy of the data that underpin this report, please contact Healthwatch Sheffield on 0114 253 6688 or email info@healthwatchsheffield.co.uk.

Conclusion

Our research is a timely review of the status of mental health crisis care in Sheffield. It highlights a number of issues for those working in mental-health services to consider. These include ensuring adequate training among primary-care providers, the provision of information about staying well, and the wellbeing of staff. There is also a need for further research about the experiences of young people and of those from a Black or Minority Ethnic background.

There is a rich seam of service user and carer knowledge and experience and it is vital that this shapes the delivery of Sheffield Mental Health Crisis Care Concordat's work. Healthwatch Sheffield is committed to working with the Crisis Care Concordat Strategic Implementation Group to ensure this happens.

We sincerely hope that this report proves useful and contributes to improvements in mental health services in Sheffield.

Acknowledgements

Firstly, we would like to thank those people, their friends, families and carers who have taken the time to tell us of their experiences. It has been a difficult subject to discuss and we are very grateful for their honest and thorough responses. We hope we have represented your views fairly.

We would like to thank the following Community Researchers who devised and delivered the survey for Healthwatch Sheffield: Laura Cook, Tim Hanstock, Becky Batley, Ryan Stuchbury, Lizzie Ellen and Patricia Ngige.

We also send our sincere thanks to all the staff and GPs who responded so honestly to the surveys and felt able to tell us of their experiences.

Finally, our grateful thanks also go to the organisations that make up the Crisis Care Concordat Strategic Implementation Group. They have all been very supportive of this work and we recognise that their hard work has enabled us to gather so many responses.

Official response from service providers



Sheffield Health and Social Care



NHS Foundation Trust

24th November 2016

Dear Healthwatch Sheffield

Re Healthwatch Sheffield: Care or Crisis? A study of people's experiences of care before and after a mental health crisis.

On behalf of the Sheffield Crisis Care Concordat Strategic Implementation Group I would like to thank Healthwatch Sheffield for their informative report into the experiences of people in Sheffield in accessing help at times of crisis with their mental wellbeing.

The Crisis Care Concordat Action Plan in Sheffield was signed in March 2015 by all key statutory agencies in Sheffield that had a role to play in supporting people when they experience a crisis in their mental wellbeing. All organisations who signed up to the Sheffield Concordat agreed and approved a city wide development plan to deliver improvements to the way help and support was provided. Progress against the plan is overseen by the Strategic Implementation Group. Healthwatch Sheffield has been an important member of the Strategic Implementation Group from its inception. You have advised and supported the Group in its approaches to engaging with the public and with people who have experiences of seeking help at times of a crisis.

The Strategic Implementation Group is currently reviewing progress against the city's current development plan and considering improvement priorities for 2017. This report from Healthwatch Sheffield is timely and it will support the Group with its ongoing work.

As you are aware, there have been many successful improvements in the way people in Sheffield are supported at times of a mental health crisis. The Strategic Implementation Group is proud of the improvements that have been made which I know have been equally welcomed by Healthwatch Sheffield. While improvements have been made, it is important that we recognise that there is still much to do. As your report shows, through the stories and experiences of people who have sought help, there is still confusion about what help is available and people experience difficulty in accessing help easily.

The Strategic Implementation Group welcomes the Healthwatch report and has reviewed and considered the recommendations made. The Group has agreed to provide this single response on behalf of all members of the Sheffield Concordat.

Recommendation 1: Commissioners of services to consider commissioning a community based approach to suicide as detailed in the Centre for Mental Health's 'Aiming for Zero Suicides'.

The Sheffield Suicide Strategy will be tailored to the mental health needs of specific population groups adopting community based approaches and using appropriate terminology. The Public Health Team in Sheffield is overseeing a review of the city's current strategy and the Centre for Mental Health's report will inform the final strategy and supporting plans, along with other guidance. The suicide prevention strategy is supported by an adult suicide prevention group and a children's suicide prevention group and future development plans will be informed by the report and final strategy. The revised suicide prevention strategy should be finalised and published by January 2017.

The responsibility for producing a strategy will rest with the Public Health Department.

Recommendation 2: The Crisis Care Concordat Strategic Implementation Group writes the forthcoming Mental Health Core Skills Education and Training Framework into their action plan. Furthermore, it needs to ensure that training recommended in the framework matches that contained in their plan, including specific training for GPs.

When published, the guidance outlined in the national education and training framework will be considered and workforce skills will be developed accordingly. This will build on the education and training initiatives currently in place. All parties to the Sheffield Crisis Care Concordat have committed to reviewing their workforce training plans when the Mental Health Core Skills Education and Training Framework is published. The education and training needs of primary, community and secondary health care services will be considered in light of the Framework as will the needs the Police and Ambulance services and of those providing social care support to people with mental ill health

The responsibility for delivering this rests with the NHS Sheffield CCG, the three NHS Foundation Trusts, South Yorkshire Police, Yorkshire Ambulance Service and Sheffield Council.

The Crisis Care Concordat Strategic Implementation Review will ensure progress against delivery is reviewed.

Recommendation 3: Sheffield Children’s NHS Foundation Trust reviews the ways in which it publicises the CAMHS (Child and Adolescent Mental Health Service) ‘consultation line’ and ensures this information is added to its website and other appropriate information sources.

Sheffield Children’s NHSFT have reviewed this recommendation with partner organisations from the Concordat Group and a number of changes have been agreed. The on-line website resources of the Sheffield Mental Health Guide, Sheffield Children’s Hospital and ensure better and clearer links so that different resources are better promoted.

Details for accessing CAMHS ‘Consultation line’ will be included on the Sheffield Mental Health Guide website with a hyperlink to that website provided on the Sheffield Children’s Hospital website. The Group also agreed that there would be benefits if the NHS providers from children’s mental health and adult mental health provided links from their respective websites. Sheffield Children’s Hospital website and Sheffield Health & Social Care Trust website will provide links to each other’s sites to ensure that people are aware of other available sources of help and support, can access that easily. This should also make information more accessible for people who are moving from young people’s services to adult services.

The responsibility for delivering this rests with Sheffield Council (for the Sheffield Mental Health Guide), and the three NHS Trusts.

Recommendation 4: All websites that feature the ‘I need urgent help’ section or mention the CAMHS ‘consultation line’ need to include both a mobile number for text messaging and an email address to ensure those with a hearing impairment can access support.

All organisations that are part of the Sheffield Concordat have agreed to ensure that advice provided on their websites about how to access help will be provided in an accessible format for all users.

The 'I need urgent help' page will include an email address for The Samaritans. Helpline providers will recognise the special needs of people with a hearing impairment and will consider practical ways of making their service more accessible having regard to the practicalities of service provision.

The responsibility for delivering this rests with Sheffield Council (who will progress this with organisations who provide helpline services), and the three NHS Trusts in respect of their websites.

Recommendation 5: Ensure information is clear on both the Sheffield Mental Health Guide and Sheffield Health and Social Care NHS Foundation Trust's websites about how people can self-refer to Community Mental Health Teams. Provide a phone number, downloadable form, address and email.

The findings and recommendation from the Healthwatch Report are timely because the content and format of the Sheffield Mental Health Guide is currently under review in preparation for re-procurement and launch in April 2017. We will ensure that the re-commissioned Mental Health Guide will provide an overview of the range of support and services available including well-being activities and how people can access and refer themselves to services such as IAPT. Sheffield Health and Social Care Trust will review the information and guidance provided on its website about how people can access services and ensure appropriate information is available to help people make contact with services.

The responsibility for delivering this recommendation rests with Sheffield Council, who will commission the new Sheffield Mental Health Guide, and Sheffield Health and Social Care Trust.

Recommendation 6: Crisis Care Concordat Strategic Implementation Group promotes awareness of the Crisis Care Concordat within staff teams and reviews awareness every six months to see how levels have changed.

The Crisis Care Concordat Strategic Implementation Group has considered this recommendation and recognises that an effective communication plan is important as we continue to deliver changes to improve people's experiences and access to support and help that they need. Over the last two years individual areas of improvement have been made and success have been communicated. However a more coordinated approach will help promote awareness about the importance of effective crisis services, the priorities for improvement and the changes being made to deliver this. The Strategic Implementation Group will develop a communication plan to support the ongoing work across Sheffield. This will be led by NHS Sheffield CCG and South Yorkshire Police.

Recommendation 7: The Crisis Care Concordat Strategic Implementation Group ensures that primary care is included as a 'first point of contact' in its action plan so that it develops a consistent response.

As part of the broader review of services available, 'Consult your GP' will be included as a key initial option amongst the options listed in the re-commissioned Sheffield Mental Health Guide. Consideration will also be given to offering some 'self-diagnosis' opportunities, to enable users to appropriately determine their needs and decide where they should look for support.

The responsibility for delivering this recommendation rests with Sheffield Council, who will commission the new Sheffield Mental Health Guide

Recommendation 8: Commissioners of services are to introduce 'mystery shopper' visits throughout the year to check the experience of care on offer from a patient's perspective.

All members of the Crisis Care Concordat Strategic Implementation Group recognise and fully support the need to be informed by the ongoing experiences of people who have sought help at times of crisis. The Strategic Implementation Group considered the range of existing approaches in place across services that can provide access to feedback on the views people who have experience of seeking help and using different services. These provide accessible opportunities for commissioners to gain feedback from service users. Building on the arrangements already in place across the city service commissioners will consider and implement appropriate mechanisms for reviewing the quality of services, recognising the value of the views of current service users and experts by experience.

The responsibility for delivering this recommendation rests with all members of the Sheffield Concordat.

Recommendation 9: The Crisis Care Concordat Strategic Implementation Group adds a standing agenda item on staff training to meetings and, as part of this, receives updates from Yorkshire Ambulance Service on the uptake of training.

The Strategic Implementation Group has considered how it has reviewed progress in this area over the last year. Training and support for staff across all agencies is clearly important. The survey undertaken by Healthwatch frequently highlights that uncertainty from staff from different agencies about how best to give advice and support was a recurring feature for people who didn't feel they got the help they were looking for. Education and training will now be a standing item of the CCCSIG agenda. Partner organisations will be expected to update the group on training initiatives and needs. Discussion will also be informed by the guidance to be outlined in the national education and training framework

The responsibility for delivering this recommendation rests with all members of the Sheffield Concordat.

Recommendation 10: All service providers to look at introducing a one-day shadowing exercise for managers of frontline staff to:

- **Gain a greater understanding of specific operational pressures**
- **Listen directly to users of services and feed this back into their organisations.**

All organisations that are part of the Sheffield Concordat recognise the importance and benefit to be gained from our respective leaders and managers remaining connected and in-touch with our front line services. Many managers already do this, spending regular days through the year back on 'the shop floor'. Each organisation will offer shadowing and 'back to the floor' opportunities to enable a better understanding of service provision that will build on arrangements already in place across different organisations. All partners to the Sheffield Concordat will share with the Strategic Implementation Group what arrangements they have in place for this.

This will build on initiatives already in place

The responsibility for delivering this recommendation rests with all partners of the Sheffield Concordat.

Recommendation 11: Commissioners of mental health services for children and young people to ensure parity of waiting times with adults is written into contracts at the next opportunity. In the meantime, commissioners should monitor voluntary compliance.

Within adult services national standards are being developed and confirmed by NHS England for the way mental health care should be delivered. These standards include a description of the range of therapeutic interventions, treatments and support that should be offered to patients with certain conditions. The standards also defined how long someone should expect to wait before they are able to start receiving evidence based treatment. The waiting time standards will vary for different areas of need, so there is no single standard that applies to all types of care. Within Sheffield the development of national standards has been greatly welcomed and many clinicians from both commissioners and providers have given their time to be part of national working groups to develop the standards.

Within Sheffield we will equally support the development of national standards for children and young people when the NHS England initiates guideline developments in these areas. The national Implementation Plan for the Mental health Five Year Forward View makes it clear that developments to improve access to mental health services, care and support for children and young people are a priority area. Local plans will be progressed in line with national guidance as it is developed. Until this time commissioners and providers will ensure that services respond flexibly to patient need having regard for national commissioning guidance that is available.

The responsibility for delivery this will rest with NHS Sheffield CCG and Sheffield Children's Trust

Recommendation 12: Crisis Care Concordat Strategic Implementation Group consults with young people and people from BME communities about their specific needs. This could be done via a number of existing groups and organisations.

Commissioners and providers will consult appropriately to ensure that the needs of the population are met having regard to the particular needs of young people and those from BME communities. Help with understanding those needs will be sought from Third Sector organisations and Healthwatch.

Under Recommendation 6 we have recognised the need to have a clear communication plan for the ongoing development work of the Group. The communication plan will also define the arrangements we will use to engage with different communities and groups across Sheffield.

The responsibility for delivering this recommendation rests with all partners of the Sheffield Concordat.

Recommendation 13: Crisis Care Concordat Strategic Implementation Group improves how wellbeing and staying well is promoted across member organisations.

The organisations that are part of the Sheffield Concordat each have the own arrangements in place to support and provide for staff health and wellbeing. These are different across each organisation, responding to the particular needs for staff working in different circumstances. The Healthwatch Sheffield report re-enforces why effective support for staff and staff's wellbeing is important. Wellbeing and staying well initiatives will be promoted in all organisations, and each organisation will confirm the arrangements in place to support this. Organisational websites will offer easy access to the '5 ways to wellbeing' where this would offer additional support for their staff.

The responsibility for delivering this recommendation rests with all partners of the Sheffield Concordat.

Recommendation 14: The Crisis Care Concordat Strategic Implementation Group works with Healthwatch Sheffield and other organisations to review how service user and carer voices are embedded across the implementation of the Local Action Plan.

The Strategic Implementation Group has valued and benefitted from engagement with Healthwatch Sheffield and service users and carers over the last two years. The Group recognises the importance of ensuring close partnership working with Third Sector organisations and Healthwatch continues.. Under Recommendation 6 we have recognised the need to have a clear communication plan for the ongoing development work of the Group. The communication plan will also define the arrangements we will use to engage with different communities and groups across Sheffield.

The responsibility for delivering this recommendation rests with all partners of the Sheffield Concordat.

As we implement the above actions each organisation is responsible to delivering what we have signed up to do in response to the recommendations from the Healthwatch Report. The Strategic Implementation Group will oversee and monitor progress against the delivery of the agreed actions over the short, medium and longer term. Healthwatch Sheffield will continue as a valued and important member of the Strategic Implementation Group and through this you will be able to see directly how we are ensuring we deliver the agreed actions.

Yours sincerely



Jason Rowlands

Chairperson

Sheffield Crisis Care Concordat Strategic Implementation Group

The Sheffield Crisis Care Concordat Strategic Implementation Group represents the organisations who have committed and signed up to the Sheffield Crisis Care Concordat, and are listed as follows

NHS Sheffield Clinical Commissioning Group
Sheffield City Council
Sheffield Childrens NHS Foundation Trust
Sheffield Health and Social Care NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
South Yorkshire Police
Yorkshire Ambulance Service



Healthwatch Sheffield

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