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Sent By Email and Post

9th July 2018

Margaret Kilner
Chief Officer
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Dear Margaret

Re: Experiences of Mental Health Support in the Community 2017

Thank you for your letter dated 12th June 2018, with which you enclosed a copy of the report produced by Healthwatch Sheffield entitled '*Experiences of Mental Health Support in the Community*'. As per your invitation I am writing in direct response to the recommendations that are included in the report.

In keeping with our increasingly collegiate working arrangements in Sheffield, this letter is being sent on behalf of each of the organisations to whom your letter was addressed. Although this does not include Sheffield City Council, I have, in the spirit of partnership, copied this response to Jayne Ludlam (Executive Director, Peoples Services Portfolio) for her information.

Before commenting specifically on each of the recommendations, it is important to note that we very much welcome this report. For us, collaborative accountable care goes well beyond simply bringing providers and commissioners together; it is also about engaging at every opportunity with all interested parties including service users, carers and experts by experience. Our ambition is to instil genuine co-design principles into every aspect of our work. Reports such as this will therefore help us, in part, to fulfil that ambition; acknowledging of course there is still so much more to do.

In terms of the specific recommendations, please find detailed below our response. I have, for ease of reference responded to each recommendation separately:

Recommendation 1
'Providers should work with service users to review how they communicate referral routes (for example which services accept self-referral) and inform people about the alternative services and/or activities that may be helpful whilst they wait for assessment.'

Response: We agree and fully support this recommendation. Whilst we are of course already partly addressing this through the Mental Health Transformation Programme (key elements of which are

to ensure that care pathways are seamless, that help and support is available at every stage and that service information (including referral routes) is freely available and accessible); we do accept that the programme itself will not address this issue in its entirety. We need to change operational practice, we need to make information more accessible and we need to be transparent in terms of alternative services, particularly when viable alternatives do not exist.

We'd like to suggest therefore that we present a more detailed response specifically on this issue at a future Mental Health, Learning Disability and Dementia Delivery Board (Delivery Board) meeting. This will, we hope, initiate a much wider debate about the provision of information and the availability of services both within and outside of the statutory sector. This detailed response will also include elements of how we intend to respond to recommendation 3 (see below) which in part covers a broadly similar issue.

Recommendation 2
'All service providers should work together to allow referrals between different organisations and sectors to prevent service users having to go back to their GP (or other statutory worker) for a new referral when their needs change.'

Response: We agree and support this recommendation; and are therefore committed to proactively addressing this. Whilst there are some areas where we can quickly enact change (i.e. internal cross-service referrals), we will, via the Delivery Board initiate a much wider piece of work looking at inter-organisational referrals. Whilst we agree that the majority of these should simply happen without asking our GP colleagues to refer again; we do need to be mindful of potential clinical governance issues and of course patient choice.

So whilst our response, in general terms, is a commitment to addressing this issue, we want to do this in a collegiate and structured way which may therefore take several months to fully enact. As with recommendation 1, we will bring a more detailed (yet separate) update to a future Delivery Board meeting.

Recommendation 3
More waiting time information should be made available to service users and front line staff to support their choices and decision making. We recommend that the Commissioning Team consider the benefits of developing a central resource where this information can be accessed.

Response: We absolutely agree with the principle of making information available to support more informed choices. We have of course already started this through the re-launch of the Sheffield Mental Health guide (https://www.sheffieldmentalhealth.co.uk), which not only provides information about local services (both statutory and non-statutory) but also a range of self-help materials. It could therefore be that we simply build on what already exists. We would like to suggest therefore that in the first instance we seek the input and advice from a number of patient representative groups (including the Mental Health Partnership Board) to ascertain what information they consider is essential in terms of making choices about care and treatment. Waiting times will be one criterion, I suspect however there will be many more; some of which will be easy to extract and present, however there may be others that are harder to capture.

As noted above, we will present a more detailed response at a future Delivery Board meeting.

Recommendation 4

The information provided at assessment should be reviewed with service users to make sure it provides clarity about what people can expect. For example, about the number of sessions people can have, alternative interventions, the options available to them after their sessions have finished and how long they will need to wait before they can access the service again.

There may be times when services cannot meet people's expectations or meet all of their needs. We would like to see the Commissioning Team explore their role in building capacity and increasing support for the wellbeing activities that people have identified as helping them to maintain good mental health, including support for friends and family and peer support activities.

Response: We agree with this recommendation which we are in part already addressing through the delivery of the Mental Health Transformational Programme. As you will be aware the overarching ethos of the programme is to address areas of inefficiency, focus on the holistic needs of each individual, promote parity of esteem and increase activities that promote earlier intervention and prevention. This will undoubtedly mean that some services need to evolve, so that they are delivered based on need not on diagnostic category. It is also likely that as a system (which of course includes service users, carers and experts by experience) we need to think radically about how we invest our collective resources. This could (although I hasten to add might not) mean that we collectively agree that a greater proportion of funding needs to be targeted towards preventative services and/or initiatives such as the creation of more green spaces, more cycle lanes and other activities that promote physical and mental wellbeing (where there is a firm evidence base).

So whilst the Mental Health Transformation Programme does present us with an opportunity to think differently about how to not only treat mental illness but also to promote mental wellbeing; it is the collaborative approach to delivery that will enact genuine transformational change. Traditionally the split between commissioners, providers and the recipients of services did not instil collective buy-in. We have an opportunity (for the first time in Sheffield) to make changes that have the support of the entire city.

Recommendation 5

Engage more frequently with current service users and people with lived/living experience of mental health distress to improve service design and delivery. Develop open and inclusive engagement methods to ensure early communication of changes.

Response: Better engagement and the underpinning of genuine co-design principles are key priorities for the Transformation Programme. There is a collective agreement across all parties (which has been reinforced by the Delivery Board) that the benefits of getting this right are significant. We do of course accept we have not always undertaken engagement in a consistent way, and indeed engagement activity has in the past often been tokenistic; we are however committed to ensuring that service users, carers, experts by experience and anyone else who would like to help shape our transformational plans are given every opportunity to do so.

Of course for some this will include actively participating in the design stage, which we welcome; however for others they may simply want to be kept updated. We just to make sure everyone has the opportunity to contribute in a way that suites them. Indeed we would be foolish not to do so, given the vast amount of expertise that is currently unused and under-utilised in Sheffield.

We would like to suggest that the Delivery Board continue to 'own' this issue, which we feel would help reinforce the fact that this is a collective system wide issue; therefore we will continue to take updates back to the Delivery Board on a regular basis.

I do hope this response is of some use, although if you would prefer to discuss any aspect of this letter in more detail please do not hesitate to contact me.

Yours sincerely

Jim Millns
Deputy Director of Mental Health Transformation
For and on Behalf of NHS Sheffield CCG and Sheffield Health and Social Care NHS Foundation Trust

cc. *Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust*
Jayne Brown, Chair, Sheffield Health and Social Care NHS Foundation Trust
Maddy Ruff, Accountable Officer, NHS Sheffield CCG
Dr Tim Moorhead, Chair, NHS Sheffield CCG
Dr Steve Thomas, Clinical Director, NHS Sheffield CCG
Jayne Ludlam, Executive Director, Peoples Services Portfolio, Sheffield City Council