

SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of: Maggie Campbell, Chair of Healthwatch Sheffield

Date: 24th September 2015

Subject: Update on September 2014's the 'Mental Health – A Snapshot' report by Healthwatch Sheffield

Author of Report: Vicky Cooper, 0114 253 6689

Summary:

Healthwatch Sheffield (on behalf of the Health and Wellbeing Board) presents an update on the views of those who attended the Health and Wellbeing Board's Engagement Event in July 2014.

Recommendations:

- That the Health and Wellbeing Board note the progress made and the areas where it is felt improvement has not yet been seen
- That the Mental Health Partnership Board discusses these findings in the context of the original report and gives thought to how the four outstanding areas could be tackled
- That Healthwatch revisit this exercise again in 12 months' time and use a focus group or other face to face method to boost response rates.

Background Papers:

The responses that individuals gave to the questions asked are available on request.

UPDATE ON SEPTEMBER 2014'S 'MENTAL HEALTH – A SNAPSHOT' REPORT BY HEALTHWATCH SHEFFIELD

1. INTRODUCTION

In July 2014 Healthwatch Sheffield hosted an Engagement Event on behalf of the Health and Wellbeing Board on Mental Health. Eighty people attended the event, during which we gathered a wealth of feedback on what works and what doesn't in Mental Health throughout the city. As part of this work we wrote a report which was presented at the Health and Wellbeing Board in September 2014. The key findings were as follows:

What did most people say would most improve Mental Health in Sheffield?

- Joining up services and Information sharing between agencies
- Support for paid and unpaid carers
- Improved information and communications
- Training for staff and volunteers
- Person Centred Care

What did they feel are the current barriers to this?

- Not getting 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
- Having physical and mental needs treated separately
- Lack of integration and communication between services

2. FOLLOW-UP FROM THE EVENT

One of the things we offered to do in this report was offer some indication of the distance travelled as a 12 month follow-up.

What did we do?

We contacted as many people as we could who had originally attended the event in 2014. This was over 90% of people, the remainder did not provide contact details, had moved or passed away. We asked them a simple set of questions about last year's findings and asked them to rate whether things had got better, stayed the same, or got worse.

What did we find?

The response rate to this exercise was very low. Despite several follow up emails, only 12 people responded to the survey. The responses were as follows:

- **Joining up of services and information sharing**

An equal proportion of people felt that this had got worse/better/stayed the same. There was no clear response to this question.

- **Support for carers**

The majority of people (50%) felt this had got worse or much worse. 5 people felt this had stayed the same, and only 8.3% felt this had improved. This area saw no clear perception of improvement.

- **Information and communication**

Roughly equal proportions of people felt that this had got worse, stayed the same or got better. There was no clear response to this question.

- **Training for staff and volunteers**

More people thought this had stayed the same or got better (63.7%) than got worse. People felt that this area had improved in the last 12 months.

- **Person Centred Care**

More people thought this had stayed the same or got better (58.3%) than got worse. One person felt this had got much better (one of only two 'got much better' responses in the survey. People felt this area had improved in the last 12 months.

- **Access to Services**

The majority of people 91.7% felt they had seen no improvement in getting access to services. This area saw no perceived improvement.

- **Waiting Times**

91.7% of people also felt they were still waiting too long for services and didn't get help early enough. This area saw no overall improvement, although one person had rated this as 'got much better.'

- **Not enough staff, money, time, services or facilities**

91.7% of people felt things had got worse or stayed the same. There was no perceived improvement.

- **Treating people’s mental and physical needs separately**

A roughly equal proportion of people told us this had got worse, stayed the same and got better. There was no clear answer to this question.

- **Lack of communication between services**

The majority of people (58.3%) felt this had stayed about the same.

Other comments

People were offered the opportunity to tell us anything else they would like to. There were some comments about particular places or services (e.g. changes in Forest Close), and some comments which seemed to indicate acknowledgement that positive change was taking place e.g. “progress is very slow and improvements almost imperceptible, but that is better than rushing in and making unhelpful changes.” A full transcript of all responses is available in the appendix.

3. CONCLUSION

There is an acknowledgement by most respondents that some areas have seen positive change, and that others have not worsened. Four areas have not seen any perceptible ‘on the ground’ improvement. These are;

- Support for carers
- Access to services
- Waiting times
- Lack of resources

It is also clear that people did not feel the same need to respond to a survey as speak to us at an engagement event. The low response rate is disappointing and a learning point may be to conduct any subsequent follow-ups as focus groups.

4. RECOMMENDATIONS

- That the Health and Wellbeing Board note the progress made and the areas where it is felt improvement has not yet been seen
- That the Mental Health Partnership Board discusses these findings in the context of the original report and gives thought to how the four outstanding areas could be tackled
- That Healthwatch revisit this exercise again in 12 months’ time and use a focus group or other face to face method to boost response rates.