

Mental Health Public Involvement Workshop Report

Monday 20 February 2023, 2pm – 4pm

Held on Zoom (online)

On Monday 20 February 2023 the [Leeds Health and Care Partnership](https://www.healthandcareleeds.org) held a public workshop to discuss mental health care in Leeds. The aim of the workshop was to ‘develop our approach to public involvement in the population board.’ The slide presentation is available on our website here: <https://www.healthandcareleeds.org/have-your-say/shape-the-future/populations/mental-health/>

The objectives of the session were to:

- Introduce population health and the board
- Review and agree the findings of the insight report
- Begin planning involvement on the gaps in our knowledge
- Review and agree the draft outcomes for the board
- Agree how we represent people at the board and provide public assurance

The outcomes of the session were

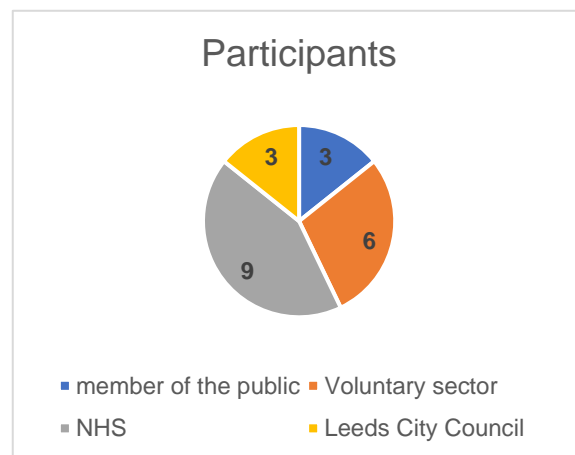
- Understand the role of the board
- Discuss the findings of the draft insight report
- Influence the draft insight report
- Discuss gaps in our knowledge
- Suggest other gaps
- Discuss the outcomes for mental health
- Explore ways we can provide assurance that people's voices are heard at the board
- Influence our approach to public representation and assurance on the board

The agenda for the session was:

- Population Health - What are population boards and what is their role?
- Experience of mental health care - What do we know about the experiences of people with mental health conditions and their family? (Our insight)
- Population outcomes - How do we want things to be different for people with a mental health condition and their families? (Our outcomes)
- Public representation and assurance – What does public representation look like on the board?
- Next steps - What happens next?

The session was attended by 21 NHS, Council, and voluntary sector staff, and members of the public with an interest in mental health. Organisations represented included:

- NHS Integrated Care Board in Leeds (ICB in Leeds)
- Forum Central
- Leeds and York Partnership NHS Foundation Trust (LYPFT)
- Leeds Community Healthcare (LCH) NHS Trust
- Healthwatch Leeds
- Leeds Involving People
- Leeds City Council



Workshop feedback

The Chair of the board, Chris Hosker, introduced the population health approach and the role of the Mental Health Board in Leeds.

Experience of mental health care

Adam Stewart at the NHS ICB in Leeds outlined our approach to starting with what we already know about the needs and preferences of people in Leeds. He shared the findings of the insight report and asked for feedback on the themes and gaps.

- There was general agreement with the themes that have been identified in the insight report.
- Wider determinants – people discussed the issue of stigma around mental health. People said that it is a key factor in people not getting help from services and better understanding and awareness was needed. The group felt it needed adding as a gap in the insight.
- Clinical treatment / wider determinants – people discussed the issue of co-morbidity (having more than one health / long-term / mental health condition) which can have more impact on someone's well-being. The group agreed that if you are able to address someone's mental health needs, their outcomes for their physical health tends to be better. It was agreed that the mental health board needs to work jointly with the long-term conditions board.
 - The group discussed the issues in supporting someone's mental health if a physical health condition is the primary diagnosis, and vice versa (getting physical health support with a primary mental health diagnosis). This included people who are neurodivergent or have a learning disability, or both.
 - Some examples of impact were discussed in relation to this including:
 - People with a recent diagnosis of cancer are at an increased risk of death by suicide.
 - People who have experienced a stroke face / feel stigma about being a stroke survivor and do not have consistent support around their mental wellbeing.
 - Support for mental health following being involved in an abuse scenario.
 - Big life changes (bereavements / career etc.) can have a big impact on mental health.

- Waiting for treatment / appointments through long waiting lists can be wearing and impact mental wellbeing.
- Resources – people discussed the impact that caring has on someone. The group were keen that carers were supported as much as possible.
- Information – people discussed the importance of learning from one another and how peer support groups were an important tool. A number of third sector organisations run support groups. The group noted that they need to be widely promoted and supported to help others.

Mental health outcomes

Caroline Townsend at the ICB in Leeds outlined the mental health outcomes that have been developed with partners. These outcomes explain what we want to achieve to improve the lives of people with mental health conditions and their carers, family, and friends. Caroline asked for feedback on the outcomes.

- There was general agreement with the mental health outcomes developed by partners in Leeds.
- People discussed the importance of accessibility and choice - would be picked up in outcome three but noted that the measurables would need to be clear in how it addresses them.
- The group discussed the importance of people's experience and which outcome would monitor / measure that. It was agreed that this could fall under outcome four.
- The group discussed a potential rewording of outcome three from "People's quality of life will be improved by timely access to appropriate mental health information, support, and services" to "People's quality of life will be improved by timely access to high-quality, and appropriate mental health information, support, and services that meet their needs".
- The group agreed that some of the discussions could be linked to the 'I statements' in the Leeds Mental Health Strategy.
 - I am more than a mental health diagnosis. Treat me like an individual human being.
 - I may rely on family and friends to stay well. Give them support, information, and respect.
 - I want to be heard and included, regardless of my identity. Offer me accessible and culturally competent support.
 - I may be facing more than just a mental health challenge (e.g., substances including alcohol or a physical condition). Respond to these creatively and without judgement.
 - I will know the name of the person responsible for my support. Show me that you are a human being too.
 - I have a story to tell. Share information effectively, with my permission, so I don't have to repeat myself.

Public assurance and involvement in the board

Adam Stewart outlined the importance of public representation and assurance. He explained this would be our approach to ensuring that all our partners and the public were confident that the board has put people at the heart of its decision-making. The group discussed our approach to representation and assurance.

Listened

We have listened to people by using existing insight or carrying out involvement activities

Acted

We have acting on feedback and used it to shape local services and plans.

Fed back

We have fed back to people and proactively telling people how we have used their feedback

Transparent & accountable

The group discussed a number of ways we could have representation at the board and provide public assurance.

- **A public representative attending the board**

The group discussed the idea of having a public representative attending each board to hold the board to account for its public involvement. People didn't feel that there should be someone sat on the board in isolation. People stated that a critical friend in some form would be useful as well as regular input from people with lived experience, whether that is someone attending to share their lived experience or the sharing of case studies.

- **An involvement sub-group for the board**

The group discussed having a group of public representatives who meet regularly and work with the board on areas of public involvement. There was support for this approach, with two or three members from this group attending board meetings to be the 'go-between' the board and this group to provide that ongoing assurance. The group noted that whoever is involved in this sub-group would need to be able to take a step back from their own personal experience to represent the wider population. The group discussed that this, ideally, should look to be part of an existing mental health involvement working group, rather than creating an entirely new group if it is not needed.

People also discussed the impact of engagement fatigue and how people are wary of involvement activities but there being no outcome / change from this involvement. The group discussed the importance of building trust by demonstrating how people's feedback and involvement is making a difference to services. The group suggested ensuring there was an ongoing conversation about involvement, rather than seeming like 'one-off' opportunities. This will help build trust and encourage further involvement.

The group also discussed the importance of reaching out to lesser-heard communities, going to where they are and working with them in ways that work for them.

People also noted that stigma around mental health may stop people feeling able to be involved.

The group also discussed the importance of being equal partners in the group (co-production), with clear aims and expectations. We also need to ensure that people are valued for their time (payment and expenses).

Next steps

The group discussed the next steps for developing an approach to public involvement in the board.

- The feedback will be used to update the insight report
- Participants will be invited to join a small working group to
 - Develop an approach to representation and assurance
 - Explore the gaps in our insight and prioritise involvement

Stay in touch

Stay involved in our work to improve health and care services in Leeds by joining our citywide public network here: <https://www.healthandcareleeds.org/have-your-say/shape-the-future/join-our-network/>

For more information about this work please email adam.stewart1@nhs.net or call 0113 221 7723.