Herefordshire Council

Herefordshire Mental Health Engagement, Insights, and Recommendations Report

As part of the Herefordshire Mental Health Needs Assessment 2024

Version 1.0

August 2024

Executive Summary

Introduction

- The aim of the Herefordshire Mental Health Needs Assessment (MHNA) is to review the mental health and wellbeing issues (and their wider determinants) experienced by Herefordshire residents, map and engage with local providers and stakeholders, and produce recommendations that will support the improvement of health, prevention of illness, and reduction of inequalities.
- The MHNA will review mental health and wellbeing across the life course, it includes problems or conditions of any severity, and aims to include all stakeholders who provide care or support for mental health and wellbeing. Suicide and dementia are excluded.
- This Mental Health Engagement, Insights, and Recommendations report forms part of the MHNA, shares and summarises the data and findings from reports of engagement by stakeholders with patients and the public who engaged with mental health and wellbeing services and organisations.
- Data are included from various sources, including Herefordshire Council, Herefordshire and Worcestershire Integrated Care Board (ICB), Herefordshire and Worcestershire Health and Care NHS Trust, Herefordshire Healthwatch, and Voluntary, Community, and Social Enterprise (VCSE) organisations.

Patient and public engagement

Children and young people (CYP)

- Engagement for the Health and Wellbeing Board's 2023-2033 strategy for Herefordshire found that “Good mental health” was a top priority for CYP. CYP reported inadequate, under-resourced mental health services and prioritised “Improving access to local services.” Concerns also included community safety, access to sexual health services, and issues with Child and Adolescent Mental Health Services (CAMHS), such as long waiting lists and service gaps.

- Key challenges identified by the Herefordshire and Worcestershire Integrated Care Board Children and Young People's Mental Health Transformation Plan 2023/24 included difficulties in managing referrals across multiple services, delays in specialist service responses, growing waiting lists, and the need for integrated processes and transparent risk management.

- Concerns raised by parents in 2022 regarding children’s access to mental health and emotional wellbeing services included long NHS wait times leading to self-funded private assessments, lack of local services, unavailable annual health checks for neurodiverse children, and insufficient school support. Issues with the CAMHS service, such as sensory unfriendly environments and inadequate pathways for neurodiverse children, were also highlighted.

- There have been areas of progress for CYP. The Herefordshire and Worcestershire Integrated Care Board's vision for young adults’ mental health, based on feedback, emphasised improved access, experience, and outcomes, effective transitions, and well-trained staff. It highlights young adults' involvement in service design, strong data usage to improve services, shared responsibility between adult and CYP services, and the ability of

NHS England to address opportunities and barriers to support planning for young adults beyond 2023/24.

- Additionally, the CLD trust has dramatically decreased average wait times for pathway appointments in 2023/24, as well as launching new initiatives and establishing new collaborations. Herefordshire MIND's one-year pilot peer support service (2023/24) focussing on families awaiting autism and ADHD assessments, gender identity support, and school non-attendance also received positive feedback. Participants felt less alone, gained confidence, and appreciated the ongoing support and information provided. The service significantly impacted participants, helping them access necessary services and build supportive peer relationships.

Adults

- Engagement for the Health and Wellbeing Board's 2023-2033 strategy for Herefordshire found that among adults aged 45-65 years old, top priorities were that every child has the best start in life, support for good mental wellbeing throughout life, and protecting the natural environment and reducing our carbon footprint. According to the CLD Trust's annual report 2024, the most common presenting issues for their adult clients were anxiety, low mood, family relationships, anger, self-esteem, other relationships, trauma, self-harm, suicidal ideation, and bereavement or loss.
- Access to mental health services, is a significant concern for various at-risk groups, including LGBTQ+(lesbian, gay, bisexual, transgender, queer or questioning, or another diverse gender identity), GRT (Gypsy, Roma, Traveller), refugees, veterans, and carers. These groups also face barriers to accessing essential services, including housing, healthcare, education, and employment. People with learning and physical disabilities experience limited access to essential facilities like changing places toilets and wheelchair-accessible transport.
- The Herefordshire and Worcestershire All Age Autism Strategy 2024-2029 revealed key concerns among people with autism in accessing health services. The top issues included: appointment process anxiety, professionals' lack of knowledge and understanding about autism, and long waiting times during appointment process. Proposed solutions include better autism training for staff, online appointment systems, longer appointments, documents outlining support needs, and health checks tailored for autistic individuals.
- Similarly, the Healthwatch "Living with ADHD in Herefordshire" report highlighted key challenges faced by adults with ADHD, including misdiagnosis of other mental health conditions that delays proper diagnosis and support. Adults with ADHD seek better understanding and adjustments from employers and professionals, local networking platforms, and advocacy services. The main complaints from adults with ADHD are long waiting time for referrals and treatments, and reluctance from GPs to prescribe ADHD medication after diagnosis.
- Engagement with older adults as part of the development of the Herefordshire Joint Local Health & Wellbeing Strategy 2023-2033 revealed concerns about accessing GPs, community care, and emergency services, leading to feelings of stress and insecurity. Older adults also faced challenges with information access and felt unsafe outside at night. Feedback from older residents in social housing highlighted issues with GP access, transport, and the cost of living, particularly regarding heating and healthy food. The 2023 evaluation of older adults' mental health services by Age UK Herefordshire & Worcestershire found that many older adults felt excluded from care planning, with mixed opinions on involving carers.

- Feedback received for the in-patient services offered to adults by the Herefordshire and Worcestershire NHS Trust identified a few key issues which include: the placement of some patients outside Herefordshire and Worcestershire, longer average stays compared to other trusts, and ongoing workforce challenges. Feedback on the Talking Therapies website praised the supportive content and videos, but noted a lack of information on some conditions and alternative mental health support options.

Stakeholder engagement

- A total of 23 interviews were conducted with stakeholders between December 2023 and April 2024 to gain insights on potential mental health and wellbeing issues and support provision.
- Themes emerging from the interviews were grouped into four categories: a) challenges with services, b) family and community support, c) mental health and wellbeing problems or conditions, and d) what is missing or lacking to improve their mental health and wellbeing.
- Regarding challenges with services, stakeholders discussed the limited capacity of services, the challenge of rurality on services, the disparities between offerings in Herefordshire and Worcestershire, and issues regarding an inappropriate referral system and a lack of services to refer into.
- With respect to family and community support, stakeholders reported a need for focussing on addressing wider determinants of health that impact mental health, focussing on early help and intervention in the community, Wellbeing and emotional support teams (WEST) available in every school, and more support and guidance needed for parents to help them understand and support their child. They also described the challenges that people who may use substances due to their mental ill health face when trying to access support.
- Regarding mental health and wellbeing problems or conditions, depression and anxiety was most commonly reported by the people stakeholders worked with, as well as loneliness and social isolation. Stakeholders also remarked that the complexity of mental health conditions had increased post COVID-19, paired with an increase in demand for support.
- With respect to what stakeholders thought was missing or lacking to improve mental health and wellbeing, they cited a lack of knowledge about Talking Therapies, more support needed for neurodivergent people, a lack of funding, a need for a collaborative approach, and a lack of local specialist services.
- A total of 69 representatives from stakeholder organisations and services completed an online survey between June and July 2024 to help map mental health care and support provision in Herefordshire.
- When asked why people they work with are referred or signposted on to another service, a third of responses mentioned that people were referred or signposted on to another service for mental health support, while 16% of responses mentioned because they needed support that the service or organisation did not provide themselves or in-house. Fifteen percent of responses reported referring or signposting on because of a need for specialist support.
- When asked what they though the current gaps were in service/care provision around mental health and wellbeing, there were various responses that can be broadly categorised under the themes of access and availability of support and services, service

delivery and coordination, and suggestions related to specific populations, including various CYP groups, parents and carers of individuals with mental health issues, and people with dual diagnoses.

- When asked whether they could identify any particular groups of people with significant unmet needs and what those needs were, the groups most frequently mentioned were people with autism and/or attention deficit hyperactivity disorder (ADHD) and CYP broadly from the varied responses that were received. With respect to needs, mental health support and assessments, services, and support for people with autism or ADHD were most commonly mentioned.

Recommendations

- Take a whole systems approach to mental wellbeing across the life-course in Herefordshire.
- Use and gather data more intelligently, to inform local planning, prioritisation and reduce inequalities
- Incorporate the needs of the whole population when designing, commissioning and improving services
- Ensure joined-up working across services, in order to create more effective referrals, clear transition processes and efficient provision
- Take a holistic, person-centred, family approach in the community to support wellbeing
- Utilise local and national support where relevant

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Introduction

The Herefordshire Mental Health Engagement, Insights, and Recommendations report is the final output from the Herefordshire Mental Health Needs Assessment (MHNA) 2024. The aim of the MHNA was to review the mental health and wellbeing issues experienced by Herefordshire residents, identify and quantify health risk and protective factors impacting upon mental wellbeing, map and engage with local providers and stakeholders, and produce recommendations that will support the improvement of health, prevention of illness, and reduction of inequalities. The MHNA will review mental health and wellbeing across the life course, it includes problems or conditions of any severity, and aims to include all stakeholders who provide care or support for mental health and wellbeing. It does, however, exclude suicide (which will be covered in its own strategy) and dementia. This aims of the MHNA will be accomplished by completion of the following actions:

1. Review and summarise available data related to mental health and wellbeing (and wider determinants), obtain data from stakeholders, and identify gaps in knowledge
2. Meet with and survey stakeholders to map mental health care and support provision and gain insights on potential issues
3. Obtain and review public engagement data from stakeholders
4. Produce an insights summary from qualitative data and final recommendations
5. Feed back into the Herefordshire Joint Local Health and Wellbeing Strategy implementation plans (Best Start in Life and Good Mental Health Throughout Lifetime)

This Herefordshire Mental Health Engagement, Insights, and Recommendations report is the product of the second, third, and fourth actions, gaining insights from meeting with and surveying stakeholders, obtaining, reviewing, and summarising public engagement data shared by stakeholders, and summarising these insights from both the public and stakeholders to produce final recommendations. These data come from various sources, including Herefordshire Council, Herefordshire and Worcestershire Integrated Care Board (ICB), Herefordshire and Worcestershire Health and Care NHS Trust, Herefordshire Healthwatch, and Voluntary, Community, and Social Enterprise (VCSE) organisations.

Chapter 2 reports and summarises the findings of patient and public engagement conducted by stakeholders for both children and young people (CYP) and adults, and their respective at-risk groups.

Chapter 3 summarises the findings of stakeholder engagement that was conducted via interviews and an online stakeholder survey. Responses are tallied and themed to collate and share findings.

Finally, Chapter 4 presents the final recommendations of the MHNA, while Chapter 5 contains numbered appendices.

The final MHNA recommendations presented in this report incorporate the recommendations from the preceding Epidemiological Profile, whose recommendations were specific to knowledge (or gaps therein) from local Herefordshire quantitative (numeric) data related to mental health and wellbeing. The final recommendations shared herein will be fed back into and reflected by the Health and Wellbeing Strategy priority implementation plans.

Patient and public engagement

Chapter Summary

○ Children and Young People

In May 2018, Healthwatch Herefordshire prioritised "Young People’s Mental Health," uncovering gaps in understanding their needs. Consultations revealed issues with school support, treatment duration, non-statutory services, and technology use. Key findings from surveys, workshops, and focus groups highlighted these areas needing improvement:

- Inconsistency in schools’ support and approached for mental health
- Unclear referral processes
- Significant bullying affecting mental health during high school transitions
- The need for suitable treatment environments
- Technology, such as the “Headspace” app, showed promise in supporting mental health. Issues typically began between ages 11 and 15, with family, friends, and teachers being crucial in encouraging help-seeking.
- GPs were preferred for accessing mental health support

The CLD Trust’s 2023-2024 report highlights key achievements: average wait times for pathway appointments dropped from 224 to 9 days. Initiatives included the "Strong Enough to Share" film and masculinity workshops in schools, expanded outreach through the Strong Young Minds program, and new PSHE materials for primary schools. Collaborations with Rural Media, LEAF, and Ukrainian youth groups, and involving Wellbeing Ambassadors. School-based counsellors, improved support for young people, reducing isolation and anxiety.

The Health and Wellbeing Board's 2023-2033 strategy for Herefordshire, based on local data, identified 12 priorities. Consultations and an online survey of 960 responses highlighted key issues: “Good mental health” was a top priority for children and young people (CYP), emphasising its importance in various life aspects. CYP reported inadequate, under-resourced mental health services and prioritised “Improving access to local services.” Concerns also included community safety, access to sexual health services, and issues with Child and Adolescent Mental Health Services (CAMHS), such as long waiting lists and service gaps at certain ages in life.

The Herefordshire and Worcestershire ICB's vision for young adults’ mental health, based on feedback from young people and families, emphasises on improved access, experience, and outcomes, effective transitions, and well-trained staff. It highlights young adults' involvement in service design, strong data usage to improve services, shared responsibility between AMH and CYP services, and the ability of NHS England to address opportunities and barriers to support planning for young adults beyond 2023/24.

In November 2022, Herefordshire and Worcestershire NHS Health and Care Trust held a discussion with parents to address concerns about children's access to mental health and emotional wellbeing services and to find solutions for inclusion in the ICB’s Annual CYP Mental Health Transformation Plan. Key points raised included long NHS wait times leading to self-funded private assessments, lack of local services, unavailable annual health checks for neurodiverse children, and insufficient school support. Issues with the CAMHS service, such as sensory unfriendly environments and inadequate pathways for neurodiverse children, were highlighted. Families often had to find solutions independently due to service limitations, and schools' views were prioritised over parents' by Education Psychologists, affecting Emotional Health Care Plan (EHCP) recommendations.

The “My Health, My Say” project assessed health and wellbeing services for children, young people, and their families. The report, based on feedback from 1015 participants, found that 85% of parents rated health appointments positively, while 86% of those with children on EHCPs felt inadequately consulted. Although satisfaction with services is high once appointments occur, long waiting times and complex systems are problematic, particularly for Special Educational Needs and Disabilities (SEND) families. Mainstream education often falls short for children with EHCPs, with planning frequently delayed. Additionally, young people expressed a preference for local, low-cost activities they can help design.

Herefordshire MIND's one-year pilot peer support service (2023/24), funded by Herefordshire Council, focused on families awaiting autism and ADHD assessments, gender identity support, and school non-attendance. The program included two six-week cycles of a parent/carer group and an ongoing monthly drop-in group, with a third rural group in planning. Fifteen parents attended, with many continuing in the monthly group. Feedback highlighted the group as an "oasis of calm and safety," where participants felt less alone, gained confidence, and appreciated the ongoing support and information provided. The service significantly impacted participants, helping them access necessary services and build supportive peer relationships.

The Children and Young People's Mental Health Transformation Plan 2023/24 identified key challenges: difficulties in managing referrals across multiple services, delays in specialist service responses, growing waiting lists, and the need for integrated processes and transparent risk management. Other issues included the need for accessible information, timely early intervention, increased demand, recruitment difficulties, and effective governance for neurodivergent services and performance data.

Children with Autism

The Family Psychologist has made additional arrangements for 2024/25, in collaboration with Herefordshire and Worcestershire NHS Trust, to deliver 50 autism assessments for young people aged 16 to 18 in Herefordshire.

According to the Herefordshire and Worcestershire Autism Partnership Boards, the local autism strategy should align with the National Autism Strategy's priorities, which focus on improving autistic children and young people’s access to education and supporting positive transitions into adulthood. Currently, autistic children face challenges such as high anxiety, sensory difficulties that make school environments stressful, and parents opting for home education to avoid sensory distress.

Children with ADHD

The new Children and Young People's Neurodivergent Delivery Programme aims to enhance Autism and ADHD assessment and support for CYP and their families. Three working groups are set to deliver the following key priorities: improving early identification and support for autism and ADHD, enhancing information about services, and reducing assessment waiting times. The program also seeks to offer support without requiring assessments and develop combined diagnostic testing for Autism and ADHD. Performance indicators will track service uptake, assessment waiting times, and the needs of students with dual diagnoses and Special Educational Needs (SEN).

Healthwatch's Living with ADHD in Herefordshire report (2024) reveals significant delays in ADHD diagnoses in Herefordshire. Through interviews with 18 individuals and 5 parents, the research highlighted the benefits of formal diagnoses, identified service gaps, and aimed to inform better strategies. Key findings include the impact of school and parental knowledge on diagnosis speed and support quality. Participant's emphasised that formal diagnoses are crucial for accessing necessary support, despite frustrations with long wait times and inadequate service recognition. Diagnoses were seen as valuable for securing statutory support and adjusting to daily routines, though some anticipated limited improvements in support. A case study from this report is discussed in the "Case Studies" section of this report.

○ Adults

According to the CLD Trust's annual report 2024, the most common presenting issues for their adult clients were anxiety, low mood, family relationships, anger, self-esteem, other relationships, trauma, self-harm, suicidal ideation, and bereavement/loss. CLD Trust's services on various aspects such as understanding their feelings better, talking about their worries, feeling positive about the future, and many more.

The 2022 Community Mental Health survey has 289 people participating from the Herefordshire and Worcestershire Health and Care Trust. According to the survey results, the Herefordshire and Worcestershire Health and Care Trust was performing similar in all areas when compared to other participating NHS trusts. Overall, the community mental health services received a patient rating of 7 out of 10.

In the Herefordshire's Joint Health and Wellbeing Strategy 2023-33, the Health and Wellbeing board identified 12 priorities across 4 themes that are concerning issues in the county. Amongst the 960 responses received, 41% of the responses were from people aged 45-64 years old. The top 3 priorities for this group were:

- Every child has the best start in life
- Support for good mental wellbeing throughout life
- Protect the natural environment and reduce our carbon footprint

The engagement exercise conducted for the Talking Therapies website by the Herefordshire and Worcestershire NHS Care Trust highlighted that the Talking Therapies website was mostly clear and easy to use, but some users had trouble locating the self-referral form. Feedback praised the supportive content and videos but noted a lack of information on some conditions and alternative mental health support options beyond IAPT. There were calls for better promotion and marketing, as well as suggestions to simplify the language to improve accessibility and ensure health literacy.

Feedback received for the in-patient services offered to adults by the Herefordshire and Worcestershire NHS Trust identified a few key issues which include: the placement of some patients outside Herefordshire and Worcestershire, longer average stays compared to other trusts, and ongoing workforce challenges.

The Community Mental Health Service Transformation Programme Evaluation Report (2021) evaluates the Neighbourhood Mental Health Transformation Programme, designed to offer a new community-based mental health services. The evaluation considered the experience of patients.

Key findings include:

- Support from family and friends is crucial, acting as motivators and sources of informal therapy. Intimate relationships significantly impact progress, while external opinions can occasionally serve as motivators. Issues like housing and benefits have a notable impact on mental health.
- Patients frequently express concerns about system quality, such as lack of follow-up, repetitive information requests, and impersonal correspondence.
- Discrepancies between patient and clinical views on diagnosis can create dissonance. Patients desire collaborative diagnosis processes to build confidence in treatment plans.
- Long wait times are acknowledged as inevitable but can contribute to worsening mental health. Patients request support to bridge waiting periods.
- Challenges include navigating complex systems, dealing with ineffective communication, and managing paperwork. The quality and tone of interactions are critical to patient satisfaction.
- Experiences with the Crisis Team are generally negative, though positive responses can have a significant impact.
- Successful interactions involved co-produced solutions, while unilateral treatment reduces patient engagement. Patients want to feel actively involved in their care process.
- Interpersonal interactions, accessibility and a sense of care and compassions are frequently highlighted in positive feedback.

The Herefordshire Joint Local Health & Wellbeing Strategy 2023-2033 Engagement Report highlights priorities from at-risk groups based on face-to-face sessions:

- LGBTQ+: Priorities include equality, inclusion, mental wellbeing support, improved housing, and reducing homelessness. Participants stressed the importance of understanding and respecting gender identity.
- Gypsy Roma Traveller (GRT): Key concerns are community safety, mental wellbeing, child development, education for disadvantaged children, and access to healthy food and physical activity. Participants reported feeling unsafe and highlighted the need for better educational opportunities.
- Refugees: Priorities include access to work, overcoming language barriers, mental wellbeing, education for disadvantaged youth, and affordable childcare. Challenges

include unrecognised qualifications and insufficient English courses, impacting their ability to work and access services.
  - Veterans: Veterans raised concerns about mental health services for Combat Stress and post-traumatic stress disorder (PTSD), high costs of transport, inadequate benefits, and lack of specialist support. Issues with accessing information, GPs, and dentists were highlighted.
  - Carers: Key priorities are support and understanding, suitable housing, reducing loneliness, social isolation, affordable childcare, and improving housing. Carers feel lonely and unsupported, with Herefordshire Carers' role in giving people the opportunity to socialise was seen as invaluable.

The Herefordshire Learning Disability Partnership Board's March 2023 survey highlighted challenges for people with learning and physical disabilities. Key findings from nine respondents revealed limited access to suitable changing facilities and wheelchair taxis, leading to undignified situations and negative mental health impacts. Desired improvements include more Changing Places toilets in public areas in Herefordshire.

The Herefordshire and Worcestershire Joint All Age Autism Strategy 2023-2029 was co-produced by the Autism Partnership Boards of both counties. It aims to support people of all ages with a formal autism diagnosis or who identify as autistic. It aligns with the National Autism Strategy and focuses on five main priorities: improving understanding and acceptance of autism, supporting autistic people into employment, tackling health and care inequalities, building the right community support, and improving support within the criminal and youth justice systems. Additionally, a local priority identified is ensuring the safety of autistic individuals. The strategy emphasises the importance of addressing these priorities to enhance the quality of life and support for the autistic community in Herefordshire and Worcestershire.

Engagement activities for the Herefordshire and Worcestershire All Age Autism Strategy 2024-2029 revealed key concerns in accessing health services. The top issues include: appointment process anxiety, professionals' lack of knowledge and understanding about autism, long waiting times during appointment process. Proposed solutions include better autism training for staff, online appointment systems, longer appointments, documents outlining support needs, and health checks tailored for autistic individuals.

The Learning Disabilities and Autism Programme Board's Autism Highlight report (2024) covers the following initiatives:

  - The Family Psychologist's Adult Autism Assessment Service
  - Community Autism Support from Autism West Midlands
  - Sensory Friendly Environments Project

The Autism-Friendly GP Practice survey received feedback that ranged from praise for practices like Elbury Moor to complaints about long waiting times and lack of communication. Suggestions included automatic double appointments and improved staff patience and understanding.

The Cart Shed is a charity in north Herefordshire offering therapeutic woodland activities for mental health improvement. The Being Autistic programme, open to those diagnosed or contemplating diagnosis, has led to several seeking formal diagnoses. Insights from their work with neurodivergent adults reveal that all participants have anxiety, most have depression, and many face co-occurring physical health issues like hypermobility and Ehlers-Danlos Syndrome. Participants frequently report trauma from lifelong bullying and exclusion, often resulting in PTSD. Issues with drugs and alcohol are common as coping mechanisms for unpleasant experiences. The organisation also held an Autistic Awareness training day.

The Healthwatch "Living with ADHD in Herefordshire" report highlights key challenges faced by adults with ADHD. Misdiagnosis of other mental health conditions often delays proper diagnosis and support. A formal diagnosis aids access to statutory support but does not guarantee comprehensive assistance for daily routines or work flexibility. Key impacts of living with ADHD include difficulties with time management, organisation, memory, impulsivity, emotional regulation, sleep, education, and occupation, leading to low self-esteem and mental health issues. Adults with ADHD seek better understanding and adjustments from employers and professionals, local networking platforms, and advocacy services.

The ICB Complaints Team received two main complaints from adults with ADHD: long waiting time for referrals and treatments, and reluctance from GPs to prescribe ADHD medication after diagnosis.

The Herefordshire Joint Local Health & Wellbeing Strategy 2023-2033 Engagement Report identifies key issues for older adults based on consultations and an online survey. Although only 6% of survey respondents were aged 75 and over, notable insights emerged:

- Support for mental health throughout life was a priority, decreasing with age but still significant.
- For those 75+, "supporting people to age well" and "improving access to local services" were top priorities.
- Reducing loneliness and social isolation was crucial for the oldest and youngest respondents.

Face-to-face sessions revealed concerns about accessing GPs, community care, and emergency services, leading to feelings of stress and insecurity. Older adults also faced challenges with information access and felt unsafe outside at night. Feedback from older residents in social housing highlighted issues with GP access, transport, and the cost of living, particularly regarding heating and healthy food.

The 2023 evaluation of older adults' mental health services by Age UK Herefordshire & Worcestershire, involving 26 participants, revealed key issues. Many felt excluded from care planning, with mixed opinions on involving carers. Most did not receive or found their care plans inadequate, highlighting poor communication. Experiences varied widely, with some praising the services and others feeling their needs were unmet. Suggestions included better communication, personalised care, faster processes, and better service integration. While most knew whom to contact when unwell, a few were uncertain. Feedback was mixed, with some satisfied and others critical of the support and responsiveness.

The Advancing Mental Health Equity (AMHE) Collaborative's Agricultural Sub-group has focused on addressing mental health inequalities in rural communities through extensive engagement with staff and the community. They conducted listening events, a leaflet survey, and outreach to gather data. A workshop was held to develop strategies for improving mental health awareness and support. Key aims included raising mental health awareness, building community trust, and enhancing service accessibility. Change ideas involved training community members, offering combined health check-ups, creating accessible contact lists for services, and developing community liaisons with personal mental health experience. Upcoming initiatives include the 'Talk Wellbeing' pilot project and a Quality Improvement project to increase mental health screening and referrals.

Children and Young People

Healthwatch Herefordshire Report (November 2019)

In May 2018, the public voted 'Young People's Mental Health' as one of the top three priorities for Healthwatch Herefordshire to focus on. Following consultation with a variety of local partners, a number of topic areas were highlighted as gaps in local knowledge of what young people thought of support & services when it came to their mental health.

The topic areas highlighting gaps in local knowledge included:

- Support and services available within the school setting.
- Length of treatment plans and how young people feel about this across different agencies delivering services.
- The most helpful non-statutory services.
- The use of technology to support young people's mental health.
- At what point do young people start experiencing poor mental health.
- What encourages young people to take the first step and seek help for their mental health.

The project consisted of various forms of engagement, including surveys, workshops, informal feedback sessions and focus groups, whose findings were brought together enabling the highlighting common themes, which included:

- Inconsistency in the ways in which different schools approached mental health support. While schools were good at mental health support, they thought they could do better. The large range of ideas that different schools use meant there was a need for sharing good practice and learning from other schools.
- Communication with outside agencies: comments suggested that schools weren't always clear on "what happens next" when they feel the need to refer a young person for help with their mental health. The small number of people with mental health conditions accessing support from community organisations, had found them extremely helpful in supporting their mental health. The majority of participants were not accessing community organisations to support their mental health but thought that if there was more information communicated to young people to highlight what they may access this could really help to improve their mental health.
- A number of different engagements highlighted the issue of bullying and how this contributes to a young person's mental health. Bullying was identified as one of the biggest concerns young people have when moving up to high school.
- The importance of the right environment where treatments and therapies supporting young people takes place is vital.
- With regard to the use of apps such as 'Headspace' to support young people's mental health, engagements highlighted some of the positive outcomes using technology can bring to young people. Some guidance from National Health Service (NHS) commissioners about evidence-based tools that children & young people could use would be beneficial.
- Mental health issues were most likely to first manifest between the ages of 11 and 15 years old.

- Young people are most likely to seek help for their mental health if encouraged to do so by family, friends or teachers. They were most likely to seek that help from their General Practitioner (GP), highlighting the need for GP surgeries to be equipped to deal with young people's mental health concerns.

CLD Trust Annual Report 2024

The CLD Trust's annual report 2024 covers the period between March 2023 and April 2024. It talks about patient experiences to the services provided by the CLD Trust. The following are the key findings from the report:

- From October to December 2023, there was an average of nine days between receipt of a referral and the date offered for a pathway appointment (a huge change from the 224 days average in the past).
- To tackle the issues regarding boys finding it harder to seek support for their emotional health, some voluntary funds were used to develop a "Strong Enough to Share" film. A free of charge workshop exploring masculinity was also offered to secondary schools.
- For young people, the CLD counselling services had the following impact:
  - The counselling sessions were able to offer a confidential and safe space, along with having control over the pace and focus of the sessions. This was important to young people who wanted somewhere secure, away from their family, to explore issues.

    "*I liked that you could talk about anything that's worrying and upsetting me or things you don't want to tell your mum or dad and they will listen and support you. I liked everything about it.*"

  - The tools to maintain friendships are essential to a healthy emotional life. Many young people were helped to feel less alone through the support they received.

    "I'm getting into less trouble at school since I received counselling."

- Alongside its counselling services, CLD also runs the Strong Young Minds Programme. Funded by the National Lottery Community Fund, this innovative project provides preventative mental health services to overcome the stigma that still lingers with mental health services.
- 2023-2024 has seen Strong Young Minds successfully expand its outreach service across the county, enabling informed advice and guidance to be available to many more young people in a timely way.
- The Strong Young Minds is also involved with the following:
  - Working closely with Rural Media, LEAF (Locally Encouraging all to Flourish), and others to consult with young people in Ledbury and anticipate working closely with partners to support new youthwork provision imminently.
  - Supporting Ukrainian Youth groups in Hereford, in partnership with St Peter's and St James' church.
  - Wellbeing Ambassadors.
- As a preventative mental health charity, CLD collaborates with education colleagues to address mental health needs in schools. As of April 2024, CLD had counsellors in 10 schools across Herefordshire.

- CLD has developed Personal, Social, Health, and Economic (PSHE) materials for primary schools, commissioned by Herefordshire Council. The programme is cross-referenced to the national curriculum and based upon the five steps to mental wellbeing promoted by the NHS. Feedback has been encouraging from teachers who have used the PSHE material.
- In addition, there have been group based interventions in primary schools to address the increased level of anxiety some children are experiencing. Feedback from these sessions has been exceptionally good.

Herefordshire's Joint Local Health and Wellbeing Strategy 2023-2033

The Health and Wellbeing Boards are required to produce a Joint Local Health and Wellbeing Strategy which sets out how the council and partners intend to fulfil its role in promoting health and wellbeing and the actions it will take to do this. Based on local data sources, the Health and Wellbeing board identified 12 priorities across 4 themes that are issues of increasing concern within the county and have a negative impact on health and wellbeing for its 2023-2033 strategy. The council was keen to consult with its residents about what they thought the important issues for Herefordshire were. Consultations and feedback were obtained through an online survey conducted between October and December 2022, engagement activities with partners and stakeholders, and targeted engagement activity with seldom heard or key groups.

Findings from online survey:

960 responses were received for the online survey, with 17 of these responses coming on behalf of organisations. 77% of respondents were females, with 41% of respondents being aged 45-64 year olds. Analysis of respondents by deprivation showed a broad geographical distribution. Young adults (aged 16-24) were under-represented in the survey (4% of total respondents). The responses from this group were:

- While support for 'ensuring every child has the best start in life' was a clear priority for all other age groups that took part in the survey, for the 16-24 year olds, 'good mental health' was the top priority. According to the respondents, mental wellbeing was important because poor mental health affects life chances, employment, education, leads to worse physical health, and is linked to loneliness and poor lifestyle choices such as substance misuse. This age group also said that mental health services in the county are inadequate, under-resourced, or not prioritised.
- 'Improve access to local services' was another important priority for this age group.
- 16-24 year olds were least likely to prioritise the natural environment, good work, and education outcomes option.
- Out of all listed priorities, 'support people who misuse drugs and alcohol, or who smoke' was the least favoured across all ages.

Overall across all age groups, the following three priorities stood out as having the strongest support:

- Ensure every child has the best start in life (98%)
- Support good mental wellbeing throughout life (96%)

- Improve education outcomes for disadvantaged children and young people (95%)

The following are quotes from respondents on why they chose these priorities:

“Children are the future and deserve to have outstanding start to life with supporting families/carers to help promote wellbeing.”

“Mental health services around here are severely lacking. As an ex Mind volunteer who had to quit when you closed the service I saw a lot of people without. I've also had a 40 week wait.”

Findings from face to face sessions:

To ensure that the consultations were inclusive of the seldom heard groups, a series of consultation workshops were undertaken.

- Community safety issues were raised by several seldom heard groups, including younger people. Younger people raised issues around not feeling safe on the streets during the day and night. They spoke about street harassment, such as cat calling and verbal abuse. There was also concern about safety late at night, particularly referring to the recent sexual assaults that had happened in Hereford City, which had left lasting concerns with the young people. Young people were unaware of certain schemes that run alongside the night-time economy with the specific purpose of keeping people safe from harm (e.g. street pastors run by ‘Vennture’).
- Other key issues highlighted by young people were about access to sexual health services, and the availability and suitability of mental health services.
- Concerns were raised around specific mental health services such as CAMHS. The concerns were around lack of availability in general, long waiting lists, and specifically gaps in services at certain points or stages in their lives or their recovery. For example, CAMHS for children stops at 17 years and 6 months but the adult mental health service does not start until aged 18 years.

Herefordshire and Worcestershire ICB’s Consultations (2023/24)

The Herefordshire and Worcestershire Integrated Care Board (ICB), through consultations and feedback from young people and families, has developed the following vision for young adults' mental health:

- Young adults have improved access, experience, and outcomes in mental health services, including a high-quality experience of transition for those who need it.
- Staff in Adult Mental Health (AMH) and Children and Young People (CYP) services are trained or have access to an appropriate training offer and feel confident supporting young adults.
- Young adults are meaningfully embedded in the design, delivery, and evaluation of services.
- There is a good data picture for young adults that can used to improve services and address inequalities going forward.

- There is a culture of shared responsibility and ownership for young adults between AMH and CYP services.
- NHS England is able to effectively identify the opportunities and barriers to support planning for young adults beyond 2023/24

Stubbing and Gibson's (2021)[1] study that ran collaborative workshops with young people revealed the following key values that young people seek in mental health services:

- Being understood and respected as a unique individual
- Being offered choices in treatment
- Feeling supported by proactive staff that are available to them as well as peer support
- Support within mental health services for both education and occupation
- Information about diagnoses and treatment options with clear communication

Herefordshire and Worcestershire NHS Health and Care Trust - Discussion with Parents (November 2022)

A discussion was held by the Trust with parents for the following purpose:

- To discuss current concerns where children are unable to access the current Mental Health and Emotional Wellbeing provision.
- To consider possible solutions
- To agree future work together to be included within delivery of the ICB’s CYP Mental Health Transformation Plan

The following points were raised from this discussion:

1. Private assessments and care plans:
   - Parents resort to self-funded private assessments due to long NHS waiting times.
   - GPs do not support the prescribed care plans from private assessments.
2. There is a lack of local services to deliver the care plan and GPs are unable to provide any guidance
3. Annual health checks are not always available for CYP who are neurodiverse, despite being requested.
4. Parents feel a lack of support from schools, where parents are asked for a GP letter to confirm the reason of absence, which could be due to an intermittent and long-term condition.
5. CAMHS service:
   - There is a lack of flexibility in making reasonable adjustments for CYP.
   - CAMHS service offer does not include a clear pathway for CYP with Autism Spectrum Disorder (ASD) or other neurodiverse conditions.

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[1] Stubbing J, Gibson K. Can We Build *'Somewhere That You Want to Go'*? Conducting Collaborative Mental Health Service Design with New Zealand's Young People. Int J Environ Res Public Health. 2021 Sep 23;18(19):9983. doi: 10.3390/ijerph18199983.

6. Families are left to find solutions independently due to service boundaries or scope of practice limitations.
7. CYP may disengage if initial assessments are negative, or if professionals do not understand their issues.
8. Schools have limited flexibility in providing support or adjustments to the learning environment.
9. Greater weight given to schools' views over parents' views by Education Psychologists, leading to unhelpful Education, Health and Care Plan (EHCP) recommendations.

Agreed next steps:

1. Need to co-design a pathway to meet the Emotional Wellbeing and Mental Health needs of children with ASD. This needs to include:
    - Peer support, which CYP find helpful.
    - Use of apps and on-line provision should be included where appropriate to the needs of the CYP.
    - Guidance and support for GPs.
    - Early support to maintain school attendance and prevent longer term absenteeism.
    - Access to therapeutic interventions adapted for CYP with sensory needs.
    - Sensory friendly environments to deliver therapeutic interventions.
    - Transition to appropriate support at 18 years to avoid the current complete cessation of support.
    - Work with education settings to improve ability to adapt to meet the needs of children and support their continued education, recognising non-attendance as a significant concern.
2. Develop a way for children and young people to share their experiences and ideas to shape future service/support provision.

My Health, My Say Report - Action for Children (2021)

The “My Health, My Say” project was initiated in the summer of 2021 when the Integrated Care Board (formerly Clinical Commissioning Group [CCG]) asked Action for Children to carry out a piece of work on how children, young people, and their families experience health and wellbeing services.

1015 people (children, young people, parents, carers and professionals) contributed to the feedback outlined in the report. The three main themes for enquiry were:

1. Health and Wellbeing
2. Education and Life Choices
3. Community and Wider Connections.

The key findings are summarised below:

- 85% of parents and carers said that their recent experience of health appointments for their child/children had been “Always good” or “Mostly good”
- 86% of parents and carers whose child had an EHCP said that they were “Never” or “Not very often” consulted when the EHCP was being drafted.
- 35% of young people like to go to a youth club or group in their spare time.

- Once participants have a health appointment, they are satisfied with the service
- Waiting times, especially for parents and carers of children with Special Educational Needs and Disabilities (SEND), and navigating complex systems made them feel less satisfied.
- Mainstream education is failing many children with EHCPs, and the process of drafting a plan is difficult to navigate and often completed way beyond government-recommended timescales.
- Children and young people want to go to activities that they create, take place in their own area, and that are low or no cost.

Herefordshire MIND (2023/24)

MIND have delivered a peer support service for children and their families. The Herefordshire City Council funded the 1 year pilot of this service over 2023/24. The main 3 groups that engaged were families awaiting autism & Attention Deficit Hyperactivity Disorder (ADHD) assessments, support around gender identity, and non-attendance at school.

The pilot programme:

- Two six-week cycles of the Parent/Carer group have been conducted, with an ongoing monthly drop-in group to ensure continuous support.
- A third group is being planned, targeting a rural offer.
- Throughout the two groups, 15 parents attended sessions, with most now participating in the monthly drop-in group.

Participant feedback:

- The group was described as an "oasis of calm and safety," offering a supportive environment where participants could discuss their issues.
- Members found it valuable to meet others in similar situations, sharing struggles and support.
- The group helped participants feel less alone, providing confidence and strength.
- Participants appreciated the ongoing support, signposting, and information provided by the volunteers and workers.
- Parents recommended the group to other parents, highlighting its benefits and the sense of community it fostered.

Overall, the peer support service has had a significant positive impact on participants, aiding in obtaining necessary services, fostering peer relationships, and empowering parents to advocate for their children’s needs effectively.

Children and Young Peoples’ Mental Health Transformation Plan 2023/24- Herefordshire and Worcestershire NHS Trust

The barriers and challenges to mental health services identified in the Children and Young Peoples’ Mental Health Transformation Plan 2023/24 were:

- Children and young people may be referred to multiple services making it difficult to monitor flow.
- Referrals to Specialist Services could have been responded to earlier for psycho-social interventions and not purely clinical interventions
- Growing waiting lists
- Development of integrated processes and working practices between services at all levels
- Transparency of who is holding risk and shared risk strategy
- Need of reliable information that is easily accessible for children, young people, their families, and carers
- Choice and timely access to early intervention
- Increased demand
- Recruitment
- Neurodivergent services and pathways
- Governance arrangements including integrated quality and performance data collection and reporting

NHS Herefordshire and Worcestershire NHS Trust’s CYP Tier 2 Services

Feedback on CYP Tier 2 services provided to Peer Support Workers:

- Establish a trusted point of contact who can liaise with the team to manage various needs.
- Provide continuous support during transitional phases such as hospital admissions, discharges, and university placements. This helps in early problem detection.
- Understand and adapt to the individual needs of young people rather than focusing solely on their age. Set clear expectations for everyone involved.
- Ensure consistent care and involvement in risk management, identifying risks, and discussing management strategies.
- Emphasise effective communication regarding how to access services and support. Encourage active listening and include young people in discussions and planning.
- Avoid transferring young people between services without clear guidelines and expectations.
- Facilitate access to services for young people who are away from home, such as those attending university.
- Increase the availability of peer support workers to provide necessary support, interventions, and reinforce hope and aspirations.

Feedback of CYP Tier 2 services provided to the Trust’s Engagement and Patient Involvement team:

- Implement a smooth transition from CAMHS to Adult Mental Health Services (AMHS) or out of the service, ensuring clinicians work together to prepare young people for changes.
- Avoid creating a standalone transition service to prevent additional barriers.
- Utilise youth workers to assist vulnerable groups during transitions.
- Allow young people to remain in CAMHS if they are not ready to transition based on their needs rather than their age.

- Direct young people to other sources of support before transitioning. Involvement in post-CAMHS activities can aid in recovery.
- Schedule appointments at times that suit young people and their families better, such as outside of school hours.
- Hold appointments in familiar local places to increase comfort and attendance.
- Ensure services like Chat Health are accessible outside of school hours and investigate reasons for missed appointments (Did Not Attend or DNAs).
- Display information in places frequented by young people to enhance visibility and engagement.

○ Children with Autism

Learning Disabilities and Autism Programme Board's Autism Highlight Report (2024)

The report was published in April 2024, and the reporting period was between January and March 2024. The following services were discussed in the Autism Highlight Report:

The Family Psychologist Adult Autism Assessment Service

- Apart from the Adult Autism Assessment Services, additional assessments have been commissioned by The Family Psychologist on top of their current contract in 2024/25. These are expected to be delivered by September 2024.
- Arrangements have been made with Herefordshire and Worcestershire NHS Trust to deliver 50 (out of 90) of these assessments to young people awaiting an autism assessment in Herefordshire aged between 16 and 18.

Autism Assessment Service for Children

- In Herefordshire, autism assessments for children below the age of 10 are provided by the Child Development Centre based in Wye Valley Trust. Assessments for children above the age of 10 are provided by CAMHs based in Herefordshire & Worcestershire Health & Care Trust.

Herefordshire and Worcestershire Joint All Age Autism Strategy 2023-2029

The Herefordshire and Worcestershire Joint All Age Autism Strategy was co-produced across both Herefordshire and Worcestershire Autism Partnership Boards. The strategy was developed after talking to autistic people, family carers, people who work in support services, and anyone else living in the community with an interest in autism. This was done through workshops, focus groups, and a questionnaire.

According to the Partnership Boards, the local strategy should focus on the priorities within the National Autism Strategy. The national strategy for CYP is “Improving autistic children and young people’s access into education and support positive transitions into adulthood”

Context and current situation:

- 42 additional specialist placements have recently opened in Herefordshire, showing positive impacts on attendance and engagement.
- 21.8% of students with EHCPs are placed outside the state funded school and college sector have a primary need of autism, indicating a need for more local autism support.
- 50% of schools have accessed West Midlands autism training; early years support has improved, yet parental concerns persist.
- Post-COVID-19, there’s a rise in anxiety and mental health issues among autistic children, impacting their school experiences and transitions to adulthood.

Challenges:

- Autistic children often experience high anxiety, leading to Emotionally Based School Avoidance (EBSA).
- Sensory challenges can make school environments stressful, sometimes leading to misinterpreted behaviours and potential school exclusions.
- To avoid sensory distress and anxiety, some parents opt to educate their children at home.

Goals:

- All children, including those with autism, should feel safe, loved, and valued.
- Implement area-wide accreditation for education and community settings.
- Develop "looking to my future" plans from an early age to support transitions to adulthood.
- Incorporate parent and youth feedback and shape resources and support based on their views.
- Provide timely help through effective multi-agency pathways.
- Ensure local educational options are available, reducing the need for external placements.
- Recruit and retain a confident and skilled workforce to sustain the local education offer.

Key Actions:

- Collaborate with schools, early years, and colleges for professional development.
- Use the Special Educational Needs Coordinator (SENCo) network to identify and share educational best practices.
- Ensure effective collaboration with health and early years settings.
- Increase local educational placements for autistic children.
- Map and integrate community groups with schools and colleges.
- Implement a comprehensive autism quality mark for educational settings and staff.
- Encourage schools to involve community groups for skill-building.
- Develop a strategy using young people’s voices to recruit and retain support staff.
- Promote events for autism acceptance.
- Start transition plans early with identified facilitators and supporters.

- Create resources and case studies for transition planning.
- Emphasise experience and skill development for self-advocacy.
- Provide a safety net for those at risk of workplace exclusion.
- Include future planning in EHCP annual reviews.
- Offer specific guidance for including autistic youth in educational activities.
- Provide personalised resources for young people with autism. Enhance parent and youth experiences in planning meetings.
- Develop accessible training for education and community providers on reasonable adjustments.
- Improve processes for capturing parent views in EHCPs.
- Conduct multi-agency workshops on appropriate outcomes for autistic youth.

The following themes regarding children with autism were identified through the engagement work done by the Board:

- Many autistic people need support/advocacy to access mainstream services or navigate systems. Carers are worried there will be no support for their autistic child when they can no longer provide it.

  "Autistic people…do not know how they will live when their parents cannot help them. Someone needs to help them."

- Specific feedback from parents of children and young people with autism identified challenges about being disbelieved by health and education professionals as their child 'masked' behaviours demonstrated at home, thereby delaying referral for an autism assessment. Support for parents and carers whilst waiting for assessment and post-diagnostic support was sparse. Parents felt left to manage issues on their own, such as challenging behaviours, anxiety in attending school, and issues around food and sleep in isolation. This in turn affects parental mental health and sometimes their ability to maintain employment, leading to further challenges.

Herefordshire MIND (2024)

Feedback from Herefordshire MIND in 2024 has identified a lack of support for parents and carers of autistic people. A support group for parents and carers does exist at MIND, but this is not specific to support autism.

○ Children with ADHD

Learning Disabilities and Autism Programme Board's Autism Highlight Report

Children and Young People's Neurodivergent Delivery Programme

A new programme has been developed to improve Autism and ADHD assessment and support for children, young people, and their families. Three working groups are set to deliver the programme, with the following priorities:

- Improve early identification and support for autism and ADHD
- Improve the information available about autism, ADHD, and associated services
- Improve the support available to children, young people, and their families without needing an assessment
- Reduce waiting times for assessments and prioritise those in greatest need
- Develop combined diagnostic testing for autism and ADHD.

Key performance indicators to monitor the programme will cover:

- Uptake and access to support services for children and families (once in place)
- Waiting times from referral to completion of diagnostic assessments for Autism and ADHD
- Pupils who have a primary and secondary diagnosis of Autism and have Special Educational Needs (SEN support) or an ECHP.

Healthwatch Living with ADHD in Herefordshire Report (2024)

There are long waiting times for assessment of neurodiversity in Herefordshire, as children and young people may wait years for a diagnosis. Healthwatch wanted to ensure the voice of the people most deeply affected by these waits was clearly heard by those who plan and deliver services. The aim of the research was to:

- Highlight the benefits of a formal diagnosis,
- Identify the support that is needed and where gaps exist in services,
- Inform the development of strategies that can deliver benefits to those waiting for a diagnosis and living with ADHD after a diagnosis in Herefordshire.

This was achieved through a qualitative, listening project involving 18 individuals and 5 parents in individual interviews lasting between 45 minutes to 2 hours. The interviews were semi-structured, encouraging participants to tell their or their family's story with only minimal questions for clarity. More focussed probing was introduced around their expectations, experience, impact, and feelings about living with ADHD in Herefordshire. Interviews were all either in person or via video call. A thematic analysis approach to develop the findings. Every journey that was documented was unique; none of them could be described as easy or straightforward in getting referrals for diagnosis but some had been less traumatic than others.

- For children, the key variable that affected important outcomes including speed of diagnosis, support, and the quality each person's journey was their school's knowledge, experience, and resources relating to neurodiversity. Some schools and some individuals within schools were more able to identify potential signs of neurodiversity and more able to offer support than others. Alongside this was parents' existing knowledge and ability to identify their child's possible neurodiversity.

> *"It's difficult because you don't want him to be labelled, but my understanding is that without the label you don't get the support…a label helps him access the support he needs"*

- All the participants felt that a formal diagnosis would make a significant difference either to themselves or to their child, and those formally diagnosed had found the diagnosis of great value.
- Parents spoke of their frustration with their children's ADHD journey, due to delays in accessing services, the lack of formal support and recognition along the way, and in some cases discrimination towards parents.

> *"I was told by my GP that as I was a single parent and working full time that maybe some of the behavioural issues my child displays are because I don't set enough boundaries or spend quality time together and that a parenting course would be more beneficial than pursing an ADHD diagnosis"*

- Formal diagnosis helped with access to the right statutory support such as SEND registration for their children, or an award of PIP (personal independent payments) to support those who were struggling to maintain a routine and expectations of their job. But few expected a diagnosis to automatically open doors to new levels of support such as support programmes for daily routines or support from employers and flexibility in work roles.

Adults

CLD Trust Annual Report 2024

The most common presenting issues for adult clients of CLD Trust were anxiety, low mood, family relationships, anger, self-esteem, other relationships, trauma, self-harm, suicidal ideation, and bereavement/loss.

CLD, in common with most mental health services, uses standardised outcome measurement systems to assess the psychological distance travelled for each client. In addition to these measures, they ask clients to provide feedback on the areas where they feel they have made progress. The frequency of statements endorsed by clients are shown in Table 1.

Statement	**Number of times this statement was selected**
I understand my feelings better	**519**
I feel more able to talk about my worries	**495**
I feel more positive about the future	**430**
I feel calmer	**421**
I feel more able to control my emotions	**408**
My confidence has improved	**369**
I feel less angry	**338**
I have more self-esteem	**320**
I feel stronger	**307**
Things are better for me at home	**295**
My relationships have improved	**219**
I don’t self-harm as much	**191**
My attitude to eating has improved	**131**
My use of alcohol has reduced	**39**

Table 1 The frequency of statements chosen by CLD Trust adult clients to indicate areas where they feel they have made progress.

The following are quotes from clients:

> *“My counsellor encouraged me to talk about how I am feeling.”*
>
> *“Counselling has helped me to understand myself and given me a place to talk and feel safe about it.”*
>
> *“I liked talking to someone who didn’t judge because I couldn’t tell anyone about my life. No one would know what I have said or talked about.”*

Community Mental Health Survey (2022)

The 2022 Community Mental Health survey looks at the experience of 13,418 people across 53 NHS trusts who received specialist care or treatment for a mental health condition between September and November 2021. Between February and June 2022, 1,250 people at each participating NHS trusts were invited to take part in the survey. 289 people from the Herefordshire and Worcestershire Health and Care Trust responded.

According to the survey results, the Herefordshire and Worcestershire Health and Care Trust was performing similar in all areas when compared to other participating NHS trusts. Overall, the community mental health services received a patient rating of 7 out of 10. Survey responses are discussed in detail below:

- Overall, a score of 7.1 out of 10 was given to the health and social care workers. Patients were least satisfied with the awareness that the health and social care workers had of the treatment history of the patients they saw.
- The trust received an overall score of 8.3 out of 10 for its organisation. Patients knew whom to contact if they had concerns and felt they received the necessary care upon reaching out to the care coordinator. While these were among the higher scores, they were comparable with other trusts.
- Planning care received an overall score of 6.9 out of 10. The lowest score was given to “care plan decisions”, which received a score of 5.8 out of 10 for “deciding what care they will receive alongside someone from NHS mental health services”. Patients were satisfied (7.5 out of 10) with their involvement in decision making about their care.
- Reviewing care received a score of 6.7 out of 10. Care review meetings got a score of 5.6 out of 10, and making decisions together with a person they saw for their care review meeting received a 7.8 out of 10.
- Crisis care received a score of 6.5 out of 10. This covers scores for patients knowing whom to contact out of hours within NHS if they are in a mental health crisis, receiving help during crisis, and the waiting time when contacting crisis care.
- NHS Talking Therapies received an overall score of 7.3 out of 10. This included scores for communication around Talking Therapies and the patients’ involvement in making decisions as much as they wanted to be about their NHS Talking Therapies treatment.
- A low score of 5.2 out of 10 was recorded for the support and wellbeing services provided by the Trust. This includes support by NHS mental health services for the patients’ physical health, financial needs, finding work, and involving close family as much as they wanted.
- Patients were not satisfied with the feedback collected for their views on the quality of their care, giving it only 1.8 out of 10.
- Patients felt they were not able to see mental health services as much as they needed to (5.8 out of 10).

Herefordshire’s Joint Local Health and Wellbeing Strategy 2023-2033

The Health and Wellbeing Boards are required to produce a Joint Local Health and Wellbeing Strategy which sets out how the council and partners intend to fulfil its role in promoting health and wellbeing and the actions it will take to do this. Based on local data sources, the Health and Wellbeing board identified 12 priorities across 4 themes that are issues of increasing concern within the county and have a negative impact on health and wellbeing for its 2023-2033 strategy. The council was keen to consult with its residents about what they thought the important issues for Herefordshire were. Consultations and feedback were obtained through an online survey conducted between October and December 2022, engagement activities with partners and stakeholders, and targeted engagement activity with seldom heard or key groups held by ‘Impact Consulting’.

Findings from online survey:

960 responses were received for the online survey, with 17 of these responses coming on behalf of organisations. 77% of respondents were females, with 41% of respondents being aged 45-64 year olds. The responses from this group were:

The top 3 priorities for the participants were:

1. Every child has the best start in life
2. Support for good mental wellbeing throughout life
3. Protect the natural environment and reduce carbon footprint

When looking at these responses by gender, the following variation was noted:

- Females were more likely to select every child has the best start in life, improve housing and reduce homelessness and improve education outcomes for disadvantaged children and young people as top priorities.
- Males more likely to select support people to age well and improve access to local services as top priorities.

Variation in priorities according to area of deprivation:

- Participants from the most deprived areas (quintile 1) were least likely to select protect the natural environment and reduce our carbon footprint as a top-three priority. They were also the most likely to select support people who misuse drugs and alcohol, or who smoke.
- Participants from the least deprived areas (quintile 5) were the least likely to select improve housing and reduce homelessness. They were also the most likely to select support mental wellbeing, ensure there is good work for everyone, increase access to healthy and sustainable food and physical activity, reduce loneliness and social isolation, and support people to age well.

Other priorities that emerged were:

- Need for improvement to, and criticism of, various health or social care services.
- More/better/easier access to community wellbeing, leisure, and active travel resources and activities.
- Investment in prevention and encouraging healthy lifestyles.
- Tackle inequalities, including geographical inequality and digital exclusions.
- Need for improvements to public transport services, road infrastructure, cycle paths, and tackle congestion.
- Provide more support to mitigate the cost of living crisis, support economy and jobs.
- Tackle environmental problems and promote sustainability
- More support for women, including during maternity and menopause.
- Doing more to stop domestic abuse.

People and Communities Insight Report (October – December 2023)

The People and Communities Insight report provides NHS Herefordshire and Worcestershire ICB boards and committees with a summary of engagement and patient experience and feedback received by the ICB and its Integrated Care System (ICS) partners between October – December 2023. The report aims to collate the soft intelligence collected by People and Communities and highlight any emerging themes for the programme board members and decision makers.

The information in this report is extracted from:

- Patient experience report
- Complaints report
- Engagement activity
- ICS partner reports and activity

Herefordshire and Worcestershire Health and Care NHS Trust, Talking Therapies Website engagement exercise:

Key themes that emerged from the engagement exercise:

- The website was clear and easy to navigate.
- Some responders struggled to navigate to the Talking Therapies Self-referral form
- Several people commented that the content was good and provided lots of support. The videos were also helpful and informative. Some people fed back that it did not cover all conditions and more information about other opportunities or agencies that can support mental health would be good as IAPT isn't for everyone.
- Increased promotion and marketing was required
- Language of the site was fed back, with some commenting that there were too many words or that it needed to be reviewed to make sure it was health literate and accessible.

Adults in In-patient Service – Herefordshire and Worcestershire Health and Care NHS Trust

The in-patient services offered to adults by the Herefordshire and Worcestershire Health and Care Trust are:

1. Hospital beds – used when people stay as inpatient in hospital who are experiencing serious mental illness which can’t be deal with at home.
    - Adult mental health inpatient beds – 55
    - Adult mental health rehabilitation beds – 35
    - Psychiatric intensive care unit beds - 9
2. Services:
    - Psychiatric Liaison Teams
    - Home Treatment Teams
    - Crisis Teams

Key issues identified:

- Some patients are still placed outside of Herefordshire & Worcestershire for their care
- Compared to other Trusts, patients have a longer stay
- Workforce issues

What needs to be done:

- Everyone should have access to the same level of service
- Use existing buildings more effectively
- Work better with external partners (housing, etc.)
- Improve efficiency with the resources they have
- Work better with patients and carers
- Better support and development for staff
- Staff training required to understand needs of veterans and families
- Further work needed to understand the needs of patients identifying as non-binary

Community Mental Health Service Transformation Programme Evaluation Report (2021)

The Neighbourhood Mental Health Transformation Programme was launched as part of the NHS Long Term Plan, which called for the development of a new community-based service. This service aims to provide access to psychological therapies, enhanced physical healthcare, employment support, personalised and trauma-informed care, medication management, and support for self-harm and coexisting substance use. Additionally, it focuses on proactive efforts to address racial disparities. The evaluation report was published in December 2021.

The evaluation considered the experience of patients, seeking to capture the narrative arc of their experience. Quotes from a small subset of patients were recorded and were used to illustrate the following recurrent themes.

Family and Friends

- Family and friends acting as a trigger to action or a motivator, either because of their intervention and advice or because the patient was concerned about the impact of their condition on family and friends, was a common feature.
- Friendship networks were frequently referenced as an informal part of the total package of therapy, with patients placing great value on them as motivators, advisors, and confidants.
- Specific relationships where an individual becomes an intimate part of progress were significant.
- External opinions and prejudices may also be negative motivators, although this was not a common experience.

Non-clinical Context

- References to their whole life context were common, although often perceived as incidental.

- The most commonly referenced nonclinical issue was housing, and the way that insecurity or quality of accommodation had a direct impact on patients' mental health or prospects for recovery.
- Benefits issues, and in particular the challenge of dealing with the complexity of the benefits system, seemed significant. There was real gratitude for intervention and support, not simply for its practical value but emblematic of being "cared for" more broadly than medically.
- A wide range of non-clinical issues were referenced. These appeared to fall into two types: those where an issue was seen as a barrier to progress, with patients wanting help in its removal, and those where the non-clinical context can be made more conducive to recovery.
- There were very few direct references to discrimination, though there were many examples by implication.

Coping Strategies

- A significant theme was a call for advice and suggestions around mitigating the impact of the "medical" situation. Patients were realistic in understanding that these were not a "cure" or even therapy as such, but were mechanisms for maintaining their capacity to engage in therapy. Where such support was available, appreciation of it was very strong.
- Patients regularly incorporated their own solutions, and where these appeared to have been integrated as part of a more holistic approach, beneficial consequences were reported.
- Patients reported a wide range of strategies, driven by an awareness of what works for them in their particular situation.
- Patients wanted to be offered interim strategies to sustain them between therapeutic interventions that often appeared episodic.

Perception of Quality

- Patients reported a variety of issues, which can best be considered as issues of system quality or efficiency rather than therapy. Strength of feeling about these was routinely stronger than feeling about therapy.
- A lack of follow-up, with patients feeling that they had been lost to the system, was a frequent concern. There was a general sense that therapeutic interventions were episodic and the gaps between them not productive.
- A number of patients reported that they had to keep repeating basic information.
- Correspondence was reported as having an overly official feel, designed to fulfil operational needs but not engagement with the recipient. Although implicit rather than explicit, it seemed that the "look" of paperwork was daunting and out of sync with the generality of experience.
- Online solutions appeared mixed in their technical effectiveness.
- Patients reported feeling subjects of a process rather than partners in a solution.

Perception of Diagnosis

- Where there were differences of opinion on diagnosis, this created severe dissonance for the patient.
- Patient concerns usually stemmed less from the details of the precise diagnosis, but rather from the subsequent treatment. In particular, a loss of confidence in the likelihood of clinical progress.

- Patients do have their own personal diagnosis, regardless of how accurate this is. Where clinicians have a different view, the management of that difference was not handled well, which could lead to serious issues. These may not be stated for fear of offending the clinician.
- Differences may not relate to a technical diagnosis, but where the patient had a sense that the diagnosis did not feel right on the basis of past experience.
- There was a recurring theme of patients wanting some form of collaborative diagnosis.

Waiting Time

- References to waiting time featured in a very large number of patient comments. Reactions appeared realistic and proportionate, and acknowledged the pressure on the NHS. The duration of the wait, if known, seemed less impactful than facing an open-ended wait.
- Waiting can be not simply a pause, but a contribution to deterioration.
- Waiting seemed to frequently be nested in deeper malaise of discontinuity and poor communication, where it was not simply a pause in therapeutic progress, but a contributor to mental ill health itself.
- Patients acknowledged the inevitability of waiting times, but called for some intermediate support – not therapy, but planned activity or intervention to bridge the gap.

Complexity, Hoops, and Barriers

- Patients reported believing that they would only get support it they responded “correctly”, and saw that they needed the right tactics to get treatment.
- There were clearly issues with telephone messaging, and specifically the impact of the absence of caller identification.
- Paperwork could hinder rather than help.

Tone

- The impact of the quality and tone of interactions started at the very first point of contact, and had an ongoing impact.
- Where the patient perceived tone and attitude as positive, the impact was significant and ongoing.
- Where the patient believed that they were dealing with someone who has real empathy, the impact was strongly positive. From a large number of comments, it would be reasonable to say that patients saw this as the most important feature of interactions.
- Poor tone of communication could leave the patient feeling diminished.
- Where the tone of engagement was very poor, this left the patient with an ongoing and significant barrier to progress.

Crisis

- Patients’ experience of the Crisis Team was generally negative.
- Where the response to a crisis was positive, there was evidence that it had an amplified positive impact.

Loss of/Sustaining Agency

- Patients regarded interactions as successful when the way forward felt co-produced.
- Patients regarded interactions as less successful when treatment was simply given out.
- A combination of sensitive and effective intervention leading to a clear sense of a map for the journey appeared to give both confidence and a commitment to progress.
- Engagement could be a complete mystery to patients, both in terms of who's who and where the journey was going.
- Patients wanted to feel listened to and an active part of the way forward. They suggested that this was a significant contributor to therapeutic progress.

Positive

- The quality of interpersonal interactions, consistency, and accessibility were recurrent themes in many positive comments.
- The words "care" and "compassion" featured strongly.
- Patients could be very realistic about their own situation and expectations.

Community Mental Health Service Transformation Programme Evaluation Report (Staff Experiences) (January 2023)

An online survey was conducted with three staff groups – Health and care Trust staff and VCS staff involved in NMHTP and GP surgery staff. In total, there were 89 responses (49% from Trust staff, 39% from GP, and 15% from VCS).

The online survey posed three questions:

- What aspects of the new approach have you found positive and helpful for you and your patients?
- What aspects of the new approach have you found less helpful for you and patients and would like to see changed or improved?
- If there was just one thing you would like to see changed or improved, what would it be? GP staff, and 15% from VCS staff)

The following themes were drawn from the analysis of the survey:

Culture:

Staff feedback on the cultural context of the initiative revealed both positive and negative aspects. Positive comments highlighted the benefits of the new social model approach for patients, while negative comments pointed to a lack of understanding and respect for the new approach by those with an "old mentality." There were also practical suggestions for improvement, including calls for adequate staffing and better training to align colleagues with the mission. Overall, the cultural balance was viewed positively, but with a need for ongoing effort.

Patient:

Comments about patients emphasised strong support for a patient-centric approach, focusing on individual needs and empowerment. However, there was also recognition of the challenges posed by financial and social pressures, which diverted resources from more assertive interventions. The balance was seen as positive, despite the tension between treatment-centric and patient-centric approaches.

Locus:

The locus of control was discussed with a focus on subsidiarity, where decisions were made at the closest point to the patient. Staff comments highlighted the importance of GP surgeries and suggested structural changes to improve efficiency. There were concerns about hierarchy and resource allocation, indicating a need for a more localised control approach. This view was shared across the Trust and voluntary community sectors.

Systems:

Feedback on systems included both positive and negative aspects. Positive reflections mentioned increased flexibility, easier patient referrals, and better collaboration among professionals. However, criticisms focussed on communication issues, unclear patient pathways, outdated policies, and inadequate IT infrastructure, which was seen as a barrier rather than a facilitator.

Do ability:

The most frequent negative feedback related to the "do ability" of the initiative, emphasising the need for more investment to meet expectations. Staff reported significant workload issues, staff shortages, long waiting lists, and problems with recruitment and retention. Overall, this area was viewed negatively due to these persistent challenges.

Community Mental Health Service Transformation Programme – Patient Experiences of VCS Support in the Neighbourhood Mental Health Transformation Programme (2022)

The Neighbourhood Mental Health Transformation Programme (NMHTP) involved the use of Voluntary and Community Sector organisations to deliver therapeutic activities.

The characteristics of the VCS approach were examined through focus group interactions and written responses from patients. This evaluation was limited to those with a generally common approach: Springfield Mind, Herefordshire Mind, and Onside. The evaluation included patients that were treated by these organisations between the summer and autumn of 2022. In total, there were 48 patient engagements, of which 16 involved a structured conversation.

Feedback:

The small sample size calls for caution with interpreting findings. Conversation facilitators were asked to press for any negative experiences, but feedback indicated that there was very little negative experience.

Positive experiences and outcomes included:

- Patients valued interactions that felt personal and normal rather than a professional intervention.
- Patients appreciated when interactions focussed on their individual journeys and positive futures rather than just treatments.
- Patients responded positively to interactions that built confidence and agency.
- Interactions that address non-medical solutions - Comments reflected gratitude for assistance with non-medical problems, such as navigating complex processes like contacting the Land Registry. This type of support was seen as beneficial, resembling a friendly approach to handling housing and benefits issues.
- Patients appreciated the faster pace of referrals to VCS solutions compared to the NHS, valuing the GP's recommendation. There were occasional issues with navigating the system post-discharge, but overall, patients found the process efficient and supportive. They also valued flexible scheduling that accommodated their daily responsibilities, along with the ability to contact support outside of regular working hours and through convenient channels like text messaging.

The following sections includes insights on at-risk groups summarised from the **Herefordshire Joint Local Health & Wellbeing Strategy 2023-2033 Engagement report.** Face to face engagement sessions were conducted with the following at-risk groups to ensure the consultation drawn from the research was inclusive and that issues relating to specific groups within communities were taken into account.

○ LGBTQ+ Community

The key priorities for the LGBTQ+ participants identified from the face to face engagement (attended by 2 female members) were:

- Equality and inclusion and more understanding, particularly around a person’s right not to specify gender.
- Every child has the best start in life
- Support good mental wellbeing throughout life - It was noted that people from the LGBTQ+ community may have poor mental health as a result of experiencing prejudice.
- Improve housing and reduce homelessness

○ **Gypsy and Romany Travellers (GRT)**

20 people from the GRT community were interviewed by a peer researcher from within the community. Participants were mixed gender, aged 23-75 years. The following were key priorities for the GRT community:

- Community safety – not feeling safe on the streets during the day and night.
- Supporting good mental wellbeing throughout life
- Ensuring every child has the best start in life
- Improving education for disadvantaged children and young people
- Increasing access to healthy and sustainable food and physical activity

Refugees

A total 12 participants took part in the face to face sessions from this group. This included Afghan and Syrian refugees. Their top priorities were:

- Ensure there is good work for everyone – access to work was seen as a big barrier for this group. Their qualifications were not recognised here.
- Language – this was a barrier to accessing services, specifically doctors and dentists. This often led to poor mental health. More intensive English for Speakers of Other Languages (ESOL) courses would help them into work sooner (currently at one day a week)
- Support good mental wellbeing throughout life
- Improve education outcomes for disadvantaged children and young people
- Childcare – access to good and affordable childcare was a barrier to certain aspects of health and wellbeing such as access to work.

Veterans

Participants were people attending the Veteran Support Centre in Hereford. 7 people took part in the face to face sessions from this group.

- Concerns were raised by veterans around specific mental health services for people experiencing Combat Stress and Post-Traumatic Stress Disorder (PTSD). Concerns were regarding:
    - the general lack of availability of these services
    - cost of parking and transport
    - Personal Independence Payment (PIP) benefits not specifically designed to recognise the challenges of coming out of the Armed Forces
    - Accessing a blue badge for parking
    - Lack of specialist support for veterans
    - Difficulty in finding information about what’s available to veterans
    - Access to GPs and dentists

Carers

The key priorities for carers from the face to face engagement (attended by 25 members) were:

- Support and understanding for both themselves and who they are caring for
- Access to suitable housing and pavements that are suitable for mobility scooters
- Every child has the best start in life
- Reduce loneliness and social isolation across all ages
- Improve housing and reduce homelessness
- Access to affordable, good quality childcare was a barrier to certain aspects of health and wellbeing for parents/carers.

People reported feeling lonely, isolated, and unsupported as carers. The role of Herefordshire Carers in giving people the opportunity to socialise was seen as invaluable. Some people reported feeling abandoned and left to cope alone. This has a considerable impact on health and wellbeing.

Despite the fact that many of the respondents were carers for older people, the importance of ensuring that ‘every child has the best start in life’ was seen as fundamental. This was seen as ensuring the foundations were in place and that children felt supported and able to reach their potential.

○ Adults with Learning and Physical Disabilities

Herefordshire’s Learning Disability Partnership Board held the Changing Places survey in March 2023. A total of nine people answered this survey: six of them were carers of people with disabilities, some were people with disabilities (learning and physical), and three of them had used a Changing Places toilet before.

The key findings from the survey were:

- There was very limited access to suitable changing facilities in most local places and limited wheelchair taxis. Respondents have had to cut outings short as a result.
- Due to the lack of these facilities, respondents said they have had to go home early or change on the floor (which is unsafe and undignified). They have felt “frustrated”, “very disappointed”, “not valued”, “isolated”, “sad”, and a “lack of confidence”. This makes them feel like they are missing out on opportunities to learn something new or to make new connections with people. This can go on to negatively affect their mental health.

A respondent stated:

“It also makes me sad that those that require a bed but not a hoist are often changed on dirty disabled toilet floors, or on unsafe baby changing tables. It is not dignified to get changed on the floor of a toilet which is more often than not dirty, as well as lots of disabled toilets also being quite small and therefore it is difficult to assist someone in their personal care”.

- Carers or disabled people have restricted travel choices due to a lack of personal care facilities.
- Town centres, tourist attractions, and countryside venues were some places respondents would like to have a Changing Places toilet at.

The Learning Disability Partnership Board also conducted a survey to gather opinions from individuals with learning disabilities about the place where they live. A total of 78 responses were recorded, producing the following findings:

- The majority of respondents lived in shared homes or with their families. 11 of them lived on their own and five lived in a residential home.
- Family and staff were their main support systems, while they received the least support from friends and neighbours. Six of them said that they didn’t need any support.
- ~80% of them were happy with the place they lived in.
- Some reasons why they liked the place they lived in were the location, the staff, fellow residents, and the look of the place.
- However, very few (~2) also had the following reasons for not liking the place they lived in: it was away from the town, the people they lived with weren’t kind, and they’d like more pictures in the place.

- 37 out of the 78 respondents would choose to live where they currently are even in the future, while 18 would either like to live with family or close to them.

Overall, respondents were happy with the place they lived in for the following reasons:

- They were happy with the living arrangements, noting supportive carers, friendly neighbours, and enjoyable activities.
- They appreciated the support they received from staff and carers
- Having friends, engaging in activities like drama groups, and living with others in supported living arrangements helped increase their independence and confidence.
- Individuals mentioned feeling proud of their accomplishments and the personal growth they experienced through their living situations.

○ Adults with Autism

Herefordshire MIND

Feedback from Herefordshire MIND has identified the following gaps in support for autism in Herefordshire:

- Lack of support opportunities during evenings – autistic people who work don't get enough support because most of the support opportunities occur during the day when they are at work.
- People who used the service also identified a gap in support for anyone classified as being "low support needs" ("high functioning autism"). Clients felt that a lot of other support groups in Herefordshire were not appropriate for this level of autism.
- On a more positive note, people who used the service also said that MIND offers a safe environment for autistic people to come together and just be themselves. Clients felt that a lot of other support groups were activity-based or offered a learning opportunity. They wished for more "open chats".

Herefordshire and Worcestershire Joint All Age Autism Strategy 2024-2029

The Herefordshire and Worcestershire's All Age Autism Strategy was co-produced across both Herefordshire and Worcestershire Autism Partnership Boards. The strategy is for and about people of any age with a formal diagnosis of autism as well as for those who identify as autistic. To develop this strategy the boards talked to autistic people, family carers, people who work in support services and anyone else living in the communities with an interest in autism.

Engagement was done through workshops, focus groups and a questionnaire. The survey was conducted across Herefordshire and Worcestershire in March 2023, receiving 442 responses from a wide range of people. Along with this, the boards looked at the National Autism Strategy to identify how this can be implemented across the counties.

According to the Partnership Boards, the local autism strategy should focus on the priorities for adults within the National Autism Strategy, with an additional local priority around keeping safe.

1. The priorities from the national strategy are: Improving understanding and acceptance of autism within society
2. Supporting more autistic people into employment
3. Tackling health and care inequalities for autistic people
4. Building the right support in the community
5. Improving support in criminal and youth justice system

Local priority identified through engagement activities and questionnaire:

1. <u>Improving understanding and acceptance of autism within society</u>

- 94% of the respondents that answered the questionnaire felt that the general public had a poor understanding about autism. Autistic people mentioned their experiences in shops and public spaces, and agreed that staff working in these places needed to have more understanding through training and be more empathic towards autistic people. The staff particularly needed more awareness about sensory overload in public settings.

  "Understanding what autism is and that each person with a diagnosis is impacted on in different ways and in different scenarios. Just not assuming they are being difficult or awkward."

- 44% of autistic people had experienced barriers on public transport, describing issues with noise, sensory overload, and timetabling issues.

Key actions proposed:

- Production and promotion of local autism resources to promote understanding and acceptance. To include voice recordings of autistic people describing experiences, posters, and social media.
- Increase availability of autism training for people working in customer-facing roles.
- Development of a sensory/autism audit tool for shops/public buildings and material explaining the need for a quiet hour.
- Engagement with local retailers to agree how to work together.
- Engagement with local transport services to agree how to work together.
- Development of a sensory/autism audit tool and autism material for local bus services.

2. <u>Supporting more autistic people into employment</u>

- Currently, a significant gap in employment for autistic people has been identified through the Office of National Statistics (ONS). The National Autism Strategy identifies a number of factors contributing to this gap, including autistic people struggling to get a job because of recruitment processes not being autism-friendly, or difficulty accessing the support people might need to get into or while in work.
- Respondents from Worcestershire and Herefordshire who took part in the questionnaire had experienced issues with tasks such as applying for jobs, job interviews, starting a new job, working with colleagues, and getting adequate support at work.
- A number of people expressed their concerns were about whether the person they cared for would ever be able to enter the workplace.

> *"My son has never had the opportunity to work, or even apply and be interviewed for work. He is facing a lifetime on benefits which is also a challenge to apply for and maintain eligibility."*
>
> *"People tend to assume all autistic people aren't literate, capable or very bright. When the spectrum is so wide, there are many super intelligent autistic people, very capable."*

Key actions proposed:

- Drive improved employer awareness of autism across Herefordshire and Worcestershire.
- Promote better understanding of the benefits of employing autistic people.
- Promote use of Access to Work.
- Improve understanding and reduce the stigma faced by autistic employees from work colleagues.
- Encourage employers to provide coach/buddy/mentor support through the recruitment process and when in work.
- Encourage employers to provide clear information on the recruitment process and the expectations of the job.
- Raise awareness and provide information to support employers to make the adjustments needed to recruit and properly support autistic employees.
- Promote support and information around self-employment for autistic people.
- Promote mentorship and improve access to employment support programmes.
- Lead by example across ICS organisations by employing autistic people and having good quality HR policies for neurodiverse inclusion.

3. Tackling health and care inequalities for autistic people

- With the growing understanding about autism, there has been an increase in demand for autism diagnostic assessments. This has currently exceeded capacity and has led to long waiting times for children and adults.
- Locally (Worcestershire and Herefordshire combined), autistic people and their carers often find it difficult to access health services due to concerns about different parts of the process. This included:
    - anxiety created by communication prior to and during health appointments
    - environments and procedures being overwhelming due to sensory issues
    - uncertainty about what will happen in appointments
    - how long they will be waiting to access a service/assessment

While there were some good experiences, for the majority of respondents accessing health services was very challenging. There was a strong sense that health professionals required better training to meet the needs of autistic people, with 68% of respondents feeling that staff in doctors' surgeries and hospitals did not have enough training to understand and support autistic people.

Specific areas that need significant improvement:

- Reducing waiting times from autism diagnostic assessments and a lack of support for people waiting for and receiving a diagnosis of autism. A recurring theme from people involved in this process was that they were:

"Battling alone to get a diagnosis, then left to deal with the outcome."

- Difficulty in accessing mental health services also came through strongly:

  "At times of a mental health crisis being told you'll be added to a list for something that doesn't work for you and saying, 'I'm sorry, there's nothing else I can offer' is not helpful and could be catastrophic for the person."

- Long waiting times were highlighted as unsuitable for a person in crisis, whose mental health deteriorates while they wait for service. Thresholds to access services were reported as too high to get support, or in many cases mental health support was declined because the person had autism and difficulties were attributed to this rather than mental health. Often when people did have access to mental health support, interventions were not adapted to meet the individual needs of autistic patients (with traditional therapies such as group sessions and CBT being unsuitable for autistic people).

Key actions proposed:

- Implement the Oliver McGowan Mandatory Training (OMMT) Programme for Learning Disabilities and Autism in all health service settings.
- Roll-out of Reasonable Adjustment Digital Flag from the beginning of April 2024.
- Participate in the national roll-out of Annual Health Checks for autistic people.
- All Health Services (including GPs and Emergency Departments) are signed-up to the Sensory-Friendly Environments in Primary Care Initiative.
- Design a 0-25 years Neurodevelopmental Care Pathway, including a combined diagnostic assessment process for autism and ADHD.
- Review the current pre- and post-autism diagnostic support offer for children, young people, and families/carers.
- Review the Autism Support Service for Herefordshire and Worcestershire to ensure that it is supporting the needs of autistic people to socialise in local communities, participate in activities, and to access information and advice or support.
- Review processes of assessing the mental ill-health of autistic children, young people, and adults within mental health provision (including specialist services).
- Develop an effective system to record autism diagnosis across all health services.

4. Building the right support in the community

- The new Autism Support Service for Herefordshire and Worcestershire provided by Autism West Midlands identified a number of gaps in support for autistic people. There was a particular focus on the need for advocacy support, practical support to navigate systems, and access mainstream services. Family largely report taking on the role of providing this support, and have raised concerns as to what will happen when they are no longer able to do this.
- Accessing social care assessments and support is challenging for autistic people and their carers, with only 15% of respondents finding it easy to get an assessment. Over 70% did not receive the help they needed, particularly autistic carers.
- Autistic individuals of all ages seek life skills training and community-based support for independent living and major life changes. In Herefordshire and Worcestershire, there were

few autistic individuals in Long Stay Hospitals, with a dynamic risk register tracking those at risk of admission is held and monitored across the ICS, demonstrating that most of the work is focussed on admission avoidance to prevent people being admitted to a hospital. However, there was a lack of specialist community provision for discharging individuals back into the community. Efforts were being made to develop services to meet social care needs and support hospital discharge.

- Appropriate housing and housing advice was needed. Only 73% of the people from the strategy engagement were satisfied with their current housing. Of the people who were dissatisfied with their current housing: loneliness, noise levels, and the wrong location were the most common reasons why autistic people were dissatisfied. Carers identified the lack of space as a major reason why current housing was unsatisfactory. Individuals also described challenges in accessing social housing, with those in social housing finding the environment not appropriate for their needs and having adverse effects on their mental health.

Key actions proposed:

- Ensure information about accessible services is available for autistic people.
- Develop a business case for an accessible Hub(s) where autistic people can go into their local communities to socialise, participate in activities, get practical support, and to access information and advice.
- Specific support services that can meet the needs of autistic people that focus on developing skills and support with big changes.
- Support community inclusion to improve wellbeing and to prevent suicide.
- Raise awareness of carer assessments.
- Further analysis of carer feedback to jointly plan support available for families.
- Upskilling people that will come into contact with autistic people.
- Enable focus on the whole person/whole family approach.
- Reasonably adjusted assessments and support planning processes.
- Development of an Autism Social Work team in Worcestershire.
- Roll out the Oliver McGowan Mandatory Training (OMMT) Programme across the system.
- Continue to develop Supported Living and residential options for autistic people (including those that aim to avoid admission to hospital or can support hospital discharge).
- Dedicated point of contact to go for housing advice/support.
- Explore use of exemptions (bedrooms) and priority for general needs housing.
- Specialist local mental health and therapy services to avoid admission into hospital where appropriate and support discharge back into the community.

5. Improving support and criminal youth justice systems

From the engagement work done in Herefordshire and Worcestershire, autistic people reported facing the following challenges:

- Autistic people who were victims of crime were less likely to be told about support services or have their needs met than other victims.
- Autistic people who were suspects were more likely to experience negative experiences, such as being arrested for minor offences and being treated unfairly by the police.

"As a victim of crime, I felt like I was not taken seriously because of my autism. I was not told about my rights or support services."

"I was arrested for a minor offence and treated unfairly by the police. I felt like I was being discriminated against because of my autism"

Respondents also identified two key issues with the way autistic people are treated by the police:

- Autistic people are often handcuffed and detained in vehicles when experiencing a mental health crisis. This can be isolating and exasperating for autistic people and does not help to reduce the crisis.
- Police officers need more training and understanding of autism. This would help them to better handle autistic people who are witnesses to crimes or incidents, or who are experiencing a mental health crisis.

According to carers, autistic people who have had bad experiences with the police in the past are less likely to report crimes or contact the police if they become victims of crime. This is because they do not trust the police to help them or treat them fairly.

Key actions proposed:

- Training for police officers, lawyers, judges, and other professionals involved in the criminal justice system.
- Reasonable adjustment guidance for staff including providing quiet spaces for interviews, allowing autistic people to bring a support person with them, and using plain language.
- Work with victim support organisations to develop specialised services for autistic people.
- Work to divert autistic people away from the criminal justice system for minor offences, by providing support to autistic people who are at risk of offending.

Local Priority (identified by the Partnership Boards through engagement activities)

1. <u>Keeping safe</u>

- Lack of understanding of autism and the presentation of autistic traits can mean that communication can be seen as rude or confrontational by neurotypical people.
- These differences in communication can put autistic people into difficult situations and leave them open to hate crimes and bullying. Autistic people also feel they are unable to recognise risky situations, thereby leaving them open to exploitation.
- Some respondents noted that the lack of understanding amongst the wider population was often a source of misunderstandings or conflict. Sometimes this led to escalation of situations, especially when dealing with official bodies such as the Police and Social Services.
- When asked about issues that worried them, people cited using public transport, dealing with money, sexual violence, and accessing health services including mental health support.
- People felt that support was needed to help autistic people feel safe through:
  - 'Formal Support' (this was not always specified) and doing courses on things such as personal safety.
  - Help, advice, and guidance through things such as advocacy, and being able to access justice where someone feels they are not getting a fair deal.

  - Life-coach/peer support approach, where support is to plan positively rather than to wait for failure and give support in crisis.

> *"Having a line of support/someone who 'gets it' and is kind can help when things go wrong is important for us all and those who care for us."*
>
> *"Some support should also be aimed at people with lower support needs, since they tend to slip through the cracks compared with people with high support needs. They still need support and sometimes in a more complex way."*

Key actions proposed:

- Develop appropriate training in relation to keeping safe to be available to a wide range of people and organisations.
- Help for people to build a crisis plan, circles of support to build their confidence; resilience strategies; and to have a plan when things don't go as expected.
- Focus on work to reduce isolation and loneliness through support networks, facilitating connections in the community, and establishing more opportunities for people to meet and socialise in safe spaces.
- Gather evidence of good practice in other areas and use this to develop ideas for implementation in relation to the key themes outlined within this priority area. For example, training, peer, and professional support aimed specifically at reducing risk and helping people keep safe.
- Continue with further consultation involving autistic people about what needs to happen within their own area according to different needs, choices and lifestyle.

The responses from the engagement activities (survey and focus groups) conducted while developing the Herefordshire and Worcestershire All Age Autism Strategy 2024-2029 are discussed below.

The top 3 areas of concerns for accessing health services are:

1. Different aspects of the appointment process causing anxiety:
    - Timing of appointments
    - Interruption of routine
    - Getting information about expected timescales and sticking to them
    - Communication concerns: method of getting appointments require them to use phones
    - Need clear communication from professionals
    - Being able to understand/remember what is said
    - Not being able to cope with tests and procedures

2. Not being taken seriously by professionals:
    - Healthcare professionals' lack of knowledge and understanding about autism and their support needs
    - Mental health issues

3. The experience of waiting:
    - Waiting "on hold"

  - Waiting list for an appointment
  - Sensory challenges in waiting areas

Some solutions that would help respondents attend health or medical appointments were:

1. Staff having a better understanding of autism
2. Online appointment booking system
3. Longer appointments
4. Have a document to use during appointments that explains what their support needs are
5. A health check specifically designed for autistic people to discuss their physical and mental health needs

Respondents would like the following support during the various stages (e.g. a referral being made, waiting for the assessment, and after the assessment):

- Information to help understand the process
- A reasonable waiting time
- Keeping them informed during the process
- Knowledge of what to expect during the assessment
- Mental health support/counselling after the assessment
- Help to come to terms with the diagnosis

“CAMHS have turned my son down on several occasions. They say they don't deal with CYP with neurodiversity. So who does then???”

“Not good - didn't get help and remained severely unwell (mentally). Attempts at my own life could have been prevented if I got the support I needed.”

Learning Disabilities and Autism Programme Board’s Autism Highlight Report (2024)

The report was published in April 2024, and the reporting period was between January and March 2024. The following initiatives were discussed in the Autism Highlight Report:

1. The Family Psychologist’s Adult Autism Assessment Service

An adult assessment service for autism is provided for Herefordshire and Worcestershire by The Family Psychologist. The Family Psychologist is commissioned to provide 420 adult autism assessments a year. In the financial year 2023/24, a total of 387 people received a diagnosis of Autism from the service.

Additional assessments have been commissioned by The Family Psychologist on top of their current contract in 2024/25. These are expected to be delivered by September 2024.

2. Community Autism Support from Autism West Midlands

A support service for Autistic adults is provided for Herefordshire and Worcestershire from Autism West Midlands. The service includes a phone helpline, one to one support sessions, and a personal development programme called Autism Confident. A person had to wait 3.5 weeks to be triaged and 8 weeks for a service on average during that time.

3. Sensory Friendly Environments Project

The Sensory Friendly Environments project assess how “sensory friendly” GP practices are for autistic people. 51 GP out of 78 practices have had a Sensory-Friendly Environment assessment or their assessment is in progress (39 in Worcestershire, 11 in Herefordshire). This is 65% of the total. Since January 2024, 12 new practices have booked introductory meetings with the sensory friendly environments team.

4. Autism Strategy Implementation

Meetings were held with the Autism Champion, Learning Disability and Autism Programme Lead, and other stakeholders to confirm arrangements for an Autism Strategy steering group. The outcomes of this meeting were:

- Proposed leads for each priority area.
- A new, quarterly meeting, called the ‘Autism Strategy Oversight Group’ (ASOG) to oversee the work of the priority leads.
- That a first meeting of ASOG will be held in July 2024 and will confirm an action plan for each priority area in the strategy, including work expected to be completed within the strategy’s first year. It will report to the next Learning Disability and Autism (LDA) Programme Board on 1st August 2024.
- Updates will be sought from each priority lead ahead of each ASOG meeting, with some priority leads expected to report separately to the Programme Lead for Learning Disability and Autism.
- A governance structure for the implementation of the strategy.

People and Communities Insight Report (2023)

This report provided NHS Herefordshire and Worcestershire ICB and committees with a summary of engagement and patient experience feedback between October – December 2023. The information in this report is a summary of soft intelligence and insights, which have been generated by ICB teams and ICS partners.

Feedback received from the Autism-Friendly GP Practice feedback survey is reported below. A total of 23 responses were received and the feedback received was varied and differed based upon the respondents’ GP practice. Some quotes from the survey are:

“Elbury Moor are amazing on every level. Always do everything they can for every-one.”

“Appointments always run really late and I find it very hard to sit still and wait. No-body updates you as to why the appointment is over an hour after it should be. I hate coming here.”

“Professional nurse and good help and helped with anxiety because she explained how things worked and was calm.”

"I'd like to automatically be booked for a double appointment as I struggle to ask on the spot. I'd like clear information about what is available to me. I'd like non-medical staff to be a bit more patient and understanding."

The Cart Shed

The Cart Shed is a charity that works with adults and young people experiencing mental health difficulties or with those that have emotional imbalances in their lives. Based in north Herefordshire, they provide therapeutic activities in a woodland setting, utilising the healing power of nature to help participants improve their mental and physical wellbeing.

The Cart Shed has run its Being Autistic programme for over 2 years. The programme is open to those with a diagnosis and those contemplating diagnosis, and has led to several participants seeking a formal diagnosis. The organisation also held an Autistic Awareness training day.

The Cart Shed has shared the following insights regarding their work with neurodivergent adults:

- All of the neurodivergent participants at The Cart Shed have a diagnosis of anxiety and most of them are diagnosed with depression too.
- Participants often report a range of co-occurring physical health conditions that impact sleep and affect various bodily systems, including the cardiovascular, immune, and gastrointestinal systems. Conditions such as hypermobility, Ehlers-Danlos Syndrome (EDS), migraines, and sensory issues are also commonly noted.
- Majority of the autistic participants have described repeated instances of being bullied and excluded throughout their lives to the extent it has resulted in trauma and PTSD.
- Issues with drug and alcohol were a common way of trying to manage symptoms to deal with unpleasant life experiences.

○ Adults with ADHD

Healthwatch Living with ADHD in Herefordshire Report

For adults, the key variable that affected the outcomes in terms of speed of diagnosis, support and the quality of each person's journey was the misdiagnosis of other mental health conditions. This was one of the biggest challenges in the quality and the length of time it had taken to get the support they needed or received and the recognition by professionals that they have ADHD.

Formal diagnosis helped with access to the right statutory support such as Special Educational Needs and Disability (SEND) registration for their children, or an award of PIP to support those who were struggling to maintain a routine and meet the expectations of their job. But few expected a diagnosis to automatically open doors to new levels of support, such as support programmes for daily routines or support from employers and flexibility in work roles.

The main impacts of living with ADHD for adults that were identified were:

- Time management: difficulty in estimating the time required for tasks, missed deadlines, or a sense of being overwhelmed by time constraints.

- Organisation: difficulty maintaining an organised living space, leading to increased stress, and difficulty in looking after children alone
- Memory issues and concentration: short-terms memory challenges were common
- Impulsivity and social interactions: this manifested as impulsive decision making, interrupting others during conversations, and engaging in risky behaviours.
- Emotional regulations: mood swings, frustration, and impatience can be more pronounced, impacting relationships and overall wellbeing
- Sleep difficulties: sleep difficulties and insomnia were seen in many. This led to difficulties in maintaining a consistent sleep routine, impacting daily activities.
- Education and occupation: ADHD can affect productivity and performance, leading to underachievement, job dissatisfaction, or even job loss.
- Self-esteem and mental health: the inability to understand and address ADHD leads to low self-esteem and increased stress, taking a toll on mental health.

The key themes outlining what would make a positive difference from the adults were:

- Better understanding and reasonable adjustments from employers and professionals when going through diagnosis as an adult can be really helpful.
- A platform for local networking where adults can meet others with ADHD and share their experiences and gain networks of like-minded people for peer support.
- A local support service that provides advocacy & support for adults and older children with ADHD that can help them with occupational issues, routes into work, and improving life skills to help them keep in routine with ‘life admin’ and studying.

Some quotes from this work:

“The people around me had put up with a lot. My family and friends have suffered through decades of missed appointments or late appearances”

“My mum blamed me for being this way, for misbehaving, being lazy, being stupid. I just didn’t understand why she didn’t like me because I was trying so hard to behave. Now she says she understands [since diagnosis] why I was the way I was. I think she feels guilty now because she thought I was doing these things because I was bad rather than I couldn’t help it.”

“Getting the diagnosis was a big thing for me. I understand my life now, I feel that I have got the power back; I have an opportunity to rebuild, unlearn a lot of things that I’ve thought about myself, try to get back some confidence.”

“What is the point of going to the GP as they don’t know, they didn’t even know about Right to Choose and I had to take the NICE guidelines to the GP to be referred, so they will not know the answers to my questions.”

“Living with ADHD myself, whilst it has helped me understand my son’s needs more, it has at times become overwhelming and I have nowhere to go for support with everyday problems such as organisation, sustaining routines and maintaining relationships. I want to get better at these things myself so my son can learn from me.”

Recommendations drawn in the Healthwatch report:

- Use existing networks setup within the county, such as parent carer forums, Talk Community Hubs, etc., to provide specific ADHD networking opportunities. Bringing those with ADHD in a local area together and support them to build a support service for each other.
- Support primary care services to provide more knowledge and support to those waiting for a diagnosis of ADHD – this could take many forms such as group support sessions or digital education, and utilise some of the national support organisations that exist to start with. This will allow individuals to feel like they have a next step and a place to go while waiting for a diagnosis.
- Primary care services educated on the offer the 'Right to Choose' – it is apparent many still aren't aware of this being an available option for people diagnosed with ADHD and in many cases it has sped up referrals.
- Creating support networks for parents through schools on a very local level – the range of parents this has the potential to bring together is huge, and together they can support each other and their families.
- Providing opportunities to facilitate basic training sessions for local employers to understand ADHD and what they can do to best support employees with the condition. This includes reasonable adjustments to enable them to keep them engaged in their employment and allow them the same opportunities for career progression.

People and Communities Insight Report (October – December 2023)

Source - ICB Complaints Team. Key themes of complaints received:

- Long waits for ADHD referrals and treatment
- Some issues with GPs being reluctant to prescribe ADHD medication after diagnoses.

○ Older Adults

Herefordshire Joint Local Health & Wellbeing Strategy 2023-2033 Engagement Report

The Health and Wellbeing Boards are required to produce a Joint Local Health and Wellbeing Strategy which sets out how the council and partners intend to fulfil its role in promoting health and wellbeing and the actions it will take to do this. Based on local data sources, the Health and Wellbeing board identified 12 priorities across 4 themes that are issues of increasing concern within the county and have a negative impact on health and wellbeing for its 2023-2033 strategy. The council was keen to consult with its residents about what they thought the important issues for Herefordshire were. Consultations and feedback were obtained through an online survey conducted between October and December 2022, engagement activities with partners and stakeholders, and targeted engagement activity with seldom heard or key groups held by 'Impact Consulting'.

Findings from online survey:

960 responses were received for the online survey, with 17 of these responses coming on behalf of organisations. 77% of respondents were females, with 41% of respondents being aged 45-64 year olds. Although older people (aged 75 and over) were under-represented in the survey (6% of the total respondents), the following are findings related to them:

- Responses favouring the support of good mental health throughout life fell with age, but it was still the second highest priority for all except those aged 75+
- For this group, support people to age well was a higher priority. The importance of this rose with age.
- Improve access to local services was also relatively important to over 75s.
- The oldest (and youngest) age groups were most likely to favour reduce loneliness and social isolation across all ages.

Face to face engagement session results

- Older people expressed concerns around access to GPs and availability of care in the community. People felt stressed due to the difficulty in getting through to speak to or see a GP. Long call waiting times were also a concern.
- They also mentioned concerns about emergency services and the waiting time of ambulances in the time of need. Many reported feeling unsafe and insecure as a result.
- Accessing information and advice was also a significant problem.
- Concerns were also raised about older people living in their homes without adequate support. There was inadequate care available to older people to age well.
- Community safety issues – feeling unsafe outside at night, and the lack of police presence.

Feedback from older people living in social housing owned by Connexus Housing:

- Access to health services, specifically GPs – there were concerns that people in this group were seeing a GP as a solution for social isolation. The LIFT programme, previously run through GPs, was an excellent service but had now stopped.
- Access to services/Transport was also felt to be an issue, with how expensive it is to use and the fact that it was less frequent and accessible as it previously was.
- Cost of living around heating homes, costs of buying healthy food.

Older Adults’ Experiences of Neighbourhood Mental Health Services (2023)

This evaluation was particularly conducted for older adults to look more closely at their experiences of the mental health services. The research was conducted by Age UK Herefordshire & Worcestershire because of their existing expertise in older adults’ services, and because they would be able to tailor conversations appropriately, using language that was more nuanced to the needs and experience of older adults. A total of 26 people answered the survey.

- Many participants felt they were not involved in the planning of their care. A significant number of respondents did not feel consulted or included in the decision-making processes regarding their mental health care.

- Opinions were split on whether carers or relatives were involved in care planning. Some participants preferred not to involve their carers or relatives, while others highlighted the importance of family in their care.
- A majority of participants did not receive a copy of their care plan, or if they did, they found it inadequate or confusing. This suggests a lack of clear communication about care plans.
- Experiences varied widely. While some participants felt their care plans met their needs and praised the services, others felt their needs were unmet or that the care plans were insufficiently tailored to their conditions.
- Suggestions from the participants included better communication, more personalised care, quicker processes from diagnosis to treatment, and better integration of services.
- Most participants knew who to contact if they felt unwell or had concerns, typically having a phone number for their GP or mental health services. However, a few participants were uncertain about whom to contact.
- Some participants felt they received all necessary information, while others desired more specific details about their conditions and treatments, indicating gaps in the information provided.
- Feedback was mixed, with some participants highly satisfied and appreciative of the care received, while others were critical of the services, citing issues like inadequate support following personal losses and dissatisfaction with the responsiveness and attitudes of healthcare providers.

○ Adults from Rural Areas

AMHE Collaborative Agricultural Sub-group

Advancing Mental Health Equity (AHME) Collaborative's Agricultural Sub-group has conducted patient and stakeholder engagement aimed at addressing mental health inequalities in rural communities. The following is a summary of this work thus far:

<u>Engagement Events and Community Outreach:</u>

- The sub-group has conducted 'listening' and engagement events with both staff and the community.
- A community engagement initiative included a leaflet survey and outreach efforts to gather data and insights from rural residents.

<u>Stakeholder Engagement Workshop:</u>

- A workshop was held to bring together various stakeholders to collaboratively develop a ‘Driver Diagram’ which outlines strategies for improving mental health awareness and support in agricultural communities.

<u>Primary and Secondary Drivers for Engagement:</u>

- The primary aim was to increase awareness and understanding of mental health and improve access to support within the local farming and agricultural communities.

- Key drivers included building relationships and trust with the community and partner organisations, increasing mental health literacy, and enhancing accessibility of mental health services.
- Secondary drivers emphasised the importance of recognising generational differences, co-producing improvement projects, and increasing visibility through outreach in community spaces.

Change Ideas:

- Providing mental health training to individuals regularly interacting with the farming community to raise awareness and reduce stigma.
- Offering combined physical and mental health check-ups at various community locations like livestock markets and agricultural events.
- Creating easy-to-read contact lists for mental health services with clear descriptions of what to expect.
- Developing a group of trained individuals from the farming community who have personal experience with mental health services to act as liaisons with health and community services.

Next Steps and Pilot Projects:

- A pilot project, 'Talk Wellbeing' in collaboration with Taurus, aimed to offer physical health check-ups alongside mental health wellbeing checks at community events.
- The Quality Improvement (QI) project focussed on increasing routine mental health screening in the farming/agricultural communities and signposting or referring individuals with identified mental health needs.

AHME Collaborative and the Agricultural and Rural Communities Project Team from the Herefordshire and Worcestershire Health and Care NHS Trust conducted a data review summary and identified the following themes:

- Access to Services: Issues included lack of knowledge, digital poverty, and infrastructure challenges.
- Isolation and Loneliness: Particularly affecting younger farmers and women in the farming community.
- Stigma: Stigma around mental health may prevent individuals from seeking help, with concerns about confidentiality and being understood.
- Knowledge about Health Issues: Need for better awareness and understanding of mental health and physical health issues within the community.
- Demands of Farming Work: Long hours and the nature of self-employment make it challenging to prioritize health and seek help.

Feedback for Mental Health Services:

- Mixed feedback from respondents, with many having no experience of mental health services.
- Positive feedback for services like We Are Farming Minds (WAFM) in terms of access and responsiveness.
- Long waiting times for NHS services and a perceived lack of understanding of the farming community's unique challenges.

Barriers to seeking help:

- Feelings of being able to manage without help and shame associated with mental health issues.
- Not knowing where to find help or how to recognise mental health issues.
- Concerns about confidentiality in small communities and overlapping personal/professional contacts.
- Difficulty getting time off work, travel issues, and long waiting times for appointments.

Ideas for Improvement:

- Address stigma associated with mental health through education and awareness campaigns.
- Provide targeted mental health support and education for women and young farmers.
- Improve access times and options for mental health services, making them more user-friendly and accessible.
- Use existing community spaces like markets and agricultural colleges for engagement, health checks, and education.
- Train individuals like auctioneers who regularly interact with the farming community to promote mental health services.

Case Studies

CLD Trust – Counselling Young People

Sarah was taken into care when she was 11. She came to CLD aged 16, referred through her school. She was brought into care because her father was assessed as unfit to care for Sarah and her siblings. Sarah had been playing a caring role in the family, looking after her disabled mother and parenting her younger siblings.

She was criticised at school as being manipulative, making things up, exaggerating and always trying to grab attention. During the counselling sessions, she was often hyper alert, always close to being either scared or angry.

She welcomed counselling as somewhere safe, away from the education and care systems, where she could speak openly. ‘I like you,’ she said early on to her counsellor. ‘If I didn’t, I’d tell you.’

She was angry with the involvement of social workers in her life. She had significant trust issues with nearly everyone she met. At school, she felt rejected because of her identity as a member of the travelling community.

Trust was gradually developed through her counselling sessions at school. At first, it was a question of settling her in the counselling room. She was gradually able to speak about some of her surface anxieties, related to upcoming exams, for example, and the break-up of a recent relationship. She felt safe enough to bring some of her favourite soft toys into the counselling room and describe how they helped calm herself down. She allowed herself to be vulnerable. Eventually, she was able to start talking about how hard she found it to relinquish her parenting role with her siblings, with whom she was still living in foster care. Eventually, she was able to discuss her own tendency to self-harm and explore how she was going to use different strategies to manage her own emotions.

Sarah and her counsellor found common contact points, related to hair care, on a superficial level, and ‘otherness’ in a more profound exploration of identity. Her attitude in school started to improve, her sense of control in her own life increased through more open discussions with her social worker. When she was asked to explain what she liked about her counselling, she replied, with characteristic directness, that ‘I can speak rubbish and its fine.’ She could say what she needed to say and feel heard without any filtering or fear of judgement.

CLD Trust – Counselling Adults

Emma was in her late forties and accessed the service following a significant traumatic event involving her teenage daughter, an event that left Emma feeling responsible and failing as a parent.

Emma was hyper vigilant, over-thinking every aspect of her life. She was emotionally overwhelmed, prone to anxiety, irritation and suffering from very poor sleep patterns. She had experienced periods of depression earlier in her life. She described her husband as authoritarian and not always helpful, particularly when it came to their daughter’s complex emotional needs. Emma had a strong sense that ‘it’s all my fault.’ She had some suicidal ideation, but no specific plan, although when she herself was a teenager, she had also had an emotional crisis which her daughter’s recent incident seemed to echo.

She attended counselling in this low state, full of self-blame and a sense of hopelessness. She quickly responded to ideas explored in her counselling session related to Mindfulness and was keen to practice some of the techniques between sessions. Instead of being overwhelmed by her feelings, she tried being curious about them, and through this approach learned that she didn’t have to led by them. Some psychoeducation about different systems in the mind and body helped her gain a sense of perspective and learn to ‘read’ herself better.

Her thoughts, she started to learn, were not always true. The counsellor pointed out that ‘what we dwell upon we become,’ and that some simple physical exercises, used at the right time, could help to ground her. Her problems at home, of course, did not simply disappear. But by week four she was able to say that, even after a tough week, she was able to use the techniques explored in the session and apply them to her own feelings and the inevitable stresses and strains of family life.

The counselling also looked at unhelpful habitual patterns of thinking, employing perspectives drawn from CBT. Alongside this work, the counsellor explored with her the importance of developing a kinder and more forgiving attitude towards herself, with less judgement and self-condemnation.

Later sessions focussed upon body scanning, helping her to ground herself more successfully. She was able to explore how we have a choice how we respond to external stimuli; an opportunity to pay attention to the current moment rather than dwelling on the past or focussing upon worries about the future.

The numerical clinical ratings used by CLD were extremely positive, showing just how far she had come in a short time. Emma reported that her relationship with her daughter had improved. She remained realistic: she knew there would be further ups and downs, but she felt positive that she now had some new approaches to help maintain her mental and emotional health. To her immense credit, Emma was very responsive to learning how the mind works and was interested in exploring materials sent between the counselling sessions to try out her new skills.

The Cart Shed

'Contacting the Crisis Team' – a recent example of the challenges of running a community based, non-NHS funded organisation in Herefordshire.

At a session of Young Cart Shed, one of the participants (E a young man aged 21) confided in our Mental Health Nurse that he had tried drinking bleach 2 days previously and wanted to end his life. Knowing E and knowing how impulsive he was she was immediately concerned and, having spoken to him for longer and assessed the risk as high, she tried calling the Crisis Team for support.

She called the Crisis Team based in Hereford who informed her that they could only take a referral from E's GP and asked her to contact them instead.

The records for E in the office gave his GP as being HMG – the Mental Health Nurse called several time. Each time she was either more than 30th in the queue or the phone call was cut off due to there being too many people already waiting. After trying for more than 30 minutes she rang 111 with after choosing option 2 for MH it gave her 6 options to choose from which then took her back to the crisis team. She wait on the call to find out if this was a different crisis line, deciding instead to pursue the GP route further. It was not user friendly particularly for someone feeling suicidal. She then (with permission from E), called his mother who let her know that they had moved doctors to Belmont without telling us. So she rang there. There was then a 3 hour wait before the GP called back. Had they not moved surgery from HMG it would have been even longer to get hold of a doctor.

The GP said that another time we should take someone straight to A&E – a difficult solution for us as this would have left the group he was with without adequate numbers of staff. Purely giving E contact details for support lines was not useful or safe. He then spoke to E himself (by this time E had left The Cart Shed and was at home). The GP immediately realised the need to contact the Crisis Team and did so. This was about 4 hours since E had shown the need for urgent support and during this time our staff were supervising and trying to keep him safe whilst feeling they had no support from mental health services.

Since that point we have been in contact with the Suicide Prevention officer for Herefordshire and had contact with the Operational Manager of the Crisis Team who suggested the number for the 24/7 Helpline. When we called the helpline to speak to them about what should have happened, we were informed it was for Worcestershire only and they could contact the Herefordshire Crisis Team for us but could not help us themselves.

Our Mental Health Nurse has 40 years of experience, much of it working for Worcestershire CAMHS. She therefore has significant expertise in assessing risk as well as being able to support people in significant distress. We have suggested it might be useful to enable the 3 or 4 Herefordshire VCSE organisations who are expert in mental health to have direct and timely access to the crisis team to best support their participants.

When we spoke with the GP he said it was perfectly reasonable for us not to speak directly with the crisis team as ‘you don’t let people contact an ENT surgeon when they have a sore throat’. Whilst understanding that, it would be useful if people with expertise were acknowledged as knowing more than the general public. Those working with people needing mental health support and qualified to do so should be able to share their concerns and get support.

Living with ADHD in Herefordshire: Emma's Story (Healthwatch Herefordshire)

Emma, a 46-year-old mother, shared her journey of raising her son, ANON, who has ADHD. This is a story of challenges, resilience, and the ongoing quest for better support.

Emma first noticed that ANON was different from her other children when he was about three or four years old. His intense focus and fixation during play and interactions with his siblings were unlike anything she had seen before. Seeking answers, Emma approached her GP, only to be told that ANON's behaviour was likely just a phase in his development. Trusting the professionals, she continued with mainstream schooling for ANON, hoping things would improve.

However, as ANON began his first year at Primary School, problems quickly surfaced. Emma recalled a serious safeguarding issue, which prompted her to move ANON to a smaller rural primary school. The larger school had been dismissive, attributing ANON's behaviour to Emma's recent status as a single parent. In contrast, the new school recognised early on that ANON might have some form of neurodiversity and suggested a referral for assessment.

Armed with the school's support, Emma approached her GP again. This time, with tangible evidence, she managed to secure a referral. By the time ANON was six years old, he was diagnosed with ADHD, and soon after, he received support from CAHMS and SEND services. The new school provided a nurturing environment with personalised interventions such as quiet rooms, communication flash cards, and 1-2-1 support, even before the formal Educational Health Care Plan (EHCP) was in place.

Despite the support at primary school, secondary school posed new challenges. ANON's mental health deteriorated as the secondary school struggled to cater to his needs. The sporadic and unreliable CAHMS appointments further complicated matters, with Emma noting that they saw only one CAHMS doctor in seven years. This lack of consistent support and the increasing difficulty in obtaining medication prompted Emma to take a drastic step. She decided to home school ANON, prioritising his mental well-being over mainstream education.

Home schooling was not without its challenges. Emma found local support for home education lacking, forcing her to turn to national groups and platforms. She tailored ANON's education around his interests, such as cooking, which boosted his confidence and reduced his anxiety. This personalised approach paid off, and ANON recently started attending college three days a week, pursuing cooking courses. Emma believes that home schooling played a pivotal role in his positive development, social confidence, and overall demeanour.

As ANON transitions into adulthood, Emma is acutely aware of the new challenges that lie ahead. The inconsistency in accessing medication remains a significant issue, often disrupting ANON's sleep and focus, which affects his college performance. Emma can only get ANON's medication from one pharmacy in Hereford city, and the ongoing UK shortages exacerbate the problem. Additionally, as ANON approaches adulthood, the support from mental health services is diminishing, raising concerns about his future well-being.

Reflecting on her journey, Emma acknowledges the adaptations she has made as a parent, which have come at a personal cost. Her dedication to ANON's needs has left her with little time for herself and has impacted her ability to pursue her career. Emma suggests that tailored ADHD parenting courses would be immensely beneficial, noting that many parents on her initial parenting course also had children with ADHD.

Emma suggests improving medical facilities by making appointments and environments more ADHD-friendly and providing information in easily understandable formats like bullet points and short-term support plans. She also recommends using local social media platforms, such as closed groups, to share tips and advice, which can significantly help individuals with ADHD transitioning into adulthood.

Stakeholder Engagement

Chapter summary

- ### Stakeholder interviews

- A total of 23 interviews were conducted with stakeholders between December 2023 and April 2024 to gain insights on potential mental health and wellbeing issues and support provision.

- Themes emerging from the interviews were grouped into four categories: a) challenges with services, b) family and community support, c) mental health and wellbeing problems or conditions, and d) what is missing or lacking to improve their mental health and wellbeing.

- Regarding challenges with services, stakeholders discussed the limited capacity of services, the challenge of rurality on services, the disparities between offerings in Herefordshire and Worcestershire, and issues regarding an inappropriate referral system and a lack of services to refer into.

- With respect to family and community support, stakeholders reported a need for focussing on addressing wider determinants of health that impact mental health, focussing on early help and intervention in the community, WEST available in every school, and more support and guidance needed for parents to help them understand and support their child. They also described the challenges that people who may use substances due to their mental ill health face when trying to access support.

- Regarding mental health and wellbeing problems or conditions, depression and anxiety was most commonly reported by the people stakeholders worked with, as well as loneliness and social isolation. Stakeholders also remarked that the complexity of mental health conditions had increased post COVID-19, paired with an increase in demand for support.

- With respect to what stakeholders thought was missing or lacking to improve mental health and wellbeing, they cited a lack of knowledge about Talking Therapies, more support needed for neurodivergent people, a lack of funding, a need for a collaborative approach, and a lack of local specialist services.

- ### Stakeholder survey

- A total of 69 representatives from stakeholder organisations and services completed an online survey between June and July 2024 to help map mental health care and support provision in Herefordshire.

- Among the survey questions where some free-text questions to gain further insight into the needs of the people they work with, what they thought the gaps were in service or care provision for mental health and wellbeing, and to identify population subgroups with unmet need.

- When asked why people they work with are referred or signposted on to another service, a third of responses mentioned that people were referred or signposted on to another service for mental health support, while 16% of responses mentioned because they needed support that the service or organisation did not provide themselves or in-house. Fifteen percent of responses reported referring or signposting on because of a need for specialist support.

- When asked what they though the current gaps were in service/care provision around mental health and wellbeing, there were various responses that can be broadly categorised under the themes of access and availability of support and services, service delivery and coordination, and suggestions related to specific populations, including various CYP groups, parents and carers of individuals with mental health issues, and people with dual diagnoses.

- When asked whether they could identify any particular groups of people with significant unmet needs and what those needs were, the groups most frequently mentioned were people with autism and/or ADHD and CYP broadly from the varied responses that were received. With respect to needs, mental health support and assessments, services, and support for people with autism or ADHD were most commonly mentioned.

Stakeholder interviews

In order to achieve the aims of the MHNA, interviews were held with stakeholders to gain insights on potential mental health and wellbeing issues and support provision. A total of 23 interviews were conducted over Microsoft Teams or in person by a public health registrar with one or two representatives from stakeholder organisations. Interviews took place between December 2023 and April 2024. The list of stakeholders interviewed is shared in Appendix 1.

Other stakeholders (not listed) were also contacted, but did not respond to requests for interviews. Interviews lasted on average about one hour, and were transcribed live by the registrar. The interviews were semi-structured, with the following questions prepared:

1. Can you describe the people you engage with?
2. What problems or conditions are they dealing with?
3. What are people telling you are their mental health and wellbeing priorities?
4. What are they missing or need more of to improve their mental health and wellbeing?
5. What data do you collect and can you share any data with me (privately or publicly) to help inform the MHNA?
6. Do you think the people you engage with would be willing to talk to me?

Most (though often not all) of these questions were asking during the interviews, and were followed by probing questions based on stakeholder responses. Two other members of the Council public health team reviewed the transcripts and identified themes from individual interviews. These were then summarised into broader themes that were evident across all the interviews that are presented here. Themes have been grouped into four categories: a) challenges with services, b) family and community support, c) mental health and wellbeing problems or conditions, and d) what is missing or lacking to improve their mental health and wellbeing.

- ### Challenges with services

Limited capacity of services

Several stakeholders reported challenges due to limited capacity of services, both with respect to their own service as well as the capacity of other services or organisations they work with. This limits the opportunities for people to access and receive the support they need in a timely way to prevent illness or the deterioration of their health.

Challenge of rurality on services

The challenge of rurality was also mentioned by stakeholders, a common and well-established problem affecting many in Herefordshire in various ways. Stakeholders reported that rurality meant not everyone has access to the same support, such as the varying support available for neurodiverse CYP across different schools based on location. Similarly, some services were less accessible for those people who lived further away from sites where services were being delivered (e.g. services/organisation who work out of limited and/or central locations). The challenges of rurality in addition to the County's poor transport links also mean people with accommodation needs wish to be housed centrally within Hereford rather than nearby market towns or further afield. Greater rurality may also be compounded with greater deprivation, meaning those who may have the greatest need face relatively greater challenges to accessing the support they need.

Disparities between offerings in Herefordshire and Worcestershire

Despite secondary care for mental health being provided by a single Trust (Herefordshire and Worcestershire Health and Care Trust) across both regions, stakeholders have reported Herefordshire having comparatively less resources and services available. Herefordshire is reported to have a very limited inpatient bed provision (6 beds for its roughly 180,000 population), with many beds lost to Worcestershire patients. Services are also set up differently and teams work differently across the two regions, with some offerings in Worcestershire not available for Herefordshire residents. Herefordshire was described as having a small voice in comparison to Worcestershire when it came to funding provisions.

Issues regarding an inappropriate referral system, and lack of services to refer into

Stakeholders have suggested that GPs need resources on what good practice is with respect to prescribing mental health medication, and to help them understand what services are available to them. It was also reported that sometimes GPs made inappropriate referrals to CAMHS, cited as a possible training issue. Another said GPs sometimes send referrals to anyone, expecting them to be moved to the right team. However it is also acknowledged that sometimes services that are required to provide more specialist support are absent or at capacity.

- ### Family and community support

Focus needed on addressing wider determinants of health that impact mental health

Stakeholders highlighted that more work was needed to support the wider determinants of mental health, including social issues, housing, and the cost of living.

Focus on early help and intervention needed in the community

Stakeholders reported that better links and support was needed for the provision of early help. They noted patients who are managed in the community often have to wait until crisis point to get help. As such, they stressed that more prevention and early help is required. Specific suggestions included high intensity short term cognitive therapy for children with anxiety or neurodiversity. This was in response current waiting lists that were too long, contributing to difficulties becoming too entrenched when people were finally able to access help.

WEST in each school

As discussed in the context of the challenges of rurality, mental health support offers in schools vary. WEST is still embedding with the aim of creating a whole school approach to emotional wellbeing. This is supported by staggered funding over 3 years, as part of a green paper national pilot. However, there were also barriers faced in the implementation of WEST across schools and colleges. CYP across the County should have access to tiered mental health services in every school, like WEST, instead of having to go via CAMHS.

People may use substances due to their problems, rendering it harder to access support

Stakeholders suggested that children often don’t want to talk about their feelings and may use substances to make them feel better. However, a child using substances in this way will be refused support by CAMHS, who will claim this is substance misuse issue when it is not. Service users of alcohol and substance misuse treatment services are limited in what mental health treatments they can access, depending on nature and degree of their substance misuse.

More support & guidance needs to be given to parents to help them understand their child

Stakeholders have suggested that a holistic family approach is needed to support mental health, supporting CYP who may be experiencing poor mental health and wellbeing as well as their parents, who themselves may also be struggling. They reported that parents need help and guidance to help them understand their child. Stakeholders also expressed a need for local family therapy, and parenting support for parents of children with neurodiversity or learning difficulties.

○ Mental health and wellbeing problems or conditions

Depression and anxiety

Stakeholders reported depression and anxiety (of varying severity) as the most common mental health problems experienced by people they work with, among both CYP and adults. Other problems or conditions reported include personality disorders, bipolar disorder, trauma, self-harm, and suicidal thoughts.

Loneliness and social isolation

Stakeholders reported isolation among people from all age groups, particularly the elderly, younger people & single mothers with young children. It was also indicated that the COVID-19 pandemic further increased isolation. They also suggested that a large majority of the people they work with are lonely and live by themselves, leading to mental health problems. Stakeholders also acknowledged that the transition to making most things digital may lead to digital exclusion, a known challenge in Herefordshire, compounding social isolation and loneliness.

Complexity of mental health conditions and increase in demand post COVID-19

Stakeholders consistently reported that the complexity of mental health conditions had increased, as did the demand for support, following the COVID-19 pandemic. Stakeholders also reported a large increase in the demand for neurodiversity assessments. Notably, there have also been changes to policy in response to increasing demands on services. Such was the case with the introduction of the ‘Most Appropriate Agency’ policy.

○ What is missing or lacking to improve mental health and wellbeing

Lack of knowledge about Talking Therapies

Stakeholders acknowledged that there was a lack of knowledge among the general population about Talking Therapies. As a result, it was described as underutilised because not everyone knew it was available. Feedback from the Orange Button scheme corroborated this, with button wearers reporting that the people they were supporting had never heard of Talking Therapies.

More support needed for neurodivergent people

Stakeholders reported that more support was needed for neurodivergent people, citing a lack of referral pathways as well as a lack of understanding from and support available in schools. Stakeholders indicated that undiagnosed neurodivergence was affecting schooling, with CYP having no EHCP in place when they may benefit from it. They highlighted the over 52 week waiting list for assessment. They reported that neurodiverse people need increased support, as well as further identification of their support needs. This included needing more schooling provisions, including special settings for those with neurodiversity to meet their needs and support them in education. Importantly, they also indicated that more accessible support for people without a formal diagnosis would be beneficial. Stakeholders also highlighted the different presentations of neurodiversity between boys and girls. They suggested that more awareness is needed around this so that it can be picked up, enabling children to receive the extra support through school that they need. Stakeholders reported that work needs to be done around a whole school approach to mental health, particularly around SEND and neurodivergence.

Lack of funding

Stakeholders reported limited funding and resources for courses and services, which in turn limits innovation. They also indicated there was not enough funding in schools for Education, health and care plan (EHCP)/Special educational needs support (SEN). EHCPs align with available funding, so criteria was very strict while there is a large undiagnosed population. Stakeholders also reported that more funding was needed for counselling in schools. They also indicated that with more funding, their services could do so much more. More funding was also needed for new staff to be trained or educated to grow the workforce.

Need for a collaborative approach

Stakeholders reported the need for more collaboration between teams across organisations. Collaboration was recommended for various lines of work, including service delivery, commissioning, and applications for funding.

Lack of local specialist services

Stakeholders highlighted the lack of some specialist services and infrastructure in Herefordshire. These included gaps in providing specialist forensic services, neurodiversity pathways, specialist inpatient facilities (e.g. for perinatal mental health and learning disability patients), NHS substance misuse and addiction services, criminal justice liaison, Tier 4 CAMHS, and Psychiatric Intensive Care Unit (PICU) beds in area. They also noted there was no dedicated children's learning disability service in Herefordshire and Worcestershire, though this was needed.

Stakeholder survey

As part of stakeholder engagement, stakeholders were also surveyed to allow mental health care and support provision in Herefordshire to be mapped. The survey asked questions to gain varied information, including whether services or organisations worked with children or adults (or both), whether people could self-refer for support, what type of mental health and wellbeing support they offered, how they interact with people, waiting list durations, and what other organisations they send referrals to or accept referrals from. The full survey is shown in Appendix 2.

The survey was open for responses from 4 June – 15 July 2024. It received 69 responses from individuals on behalf of the stakeholders listed in Appendix 3.

Among the survey questions where some free-text questions to gain further insight into the needs of the people they work with, what they thought the gaps were in service or care provision for mental health and wellbeing, and to identify population subgroups with unmet need. The responses to each question are summarised in the following sections

○ What are the common reasons people you work with are referred or signposted on to another service?

There were 67 responses to this question. A third (22) of responses mentioned that people were referred or signposted on to another service for mental health support, while 11 responses (16%) mentioned because they needed support that the service or organisation did not provide themselves or in-house. Ten responses (15%) reported referring or signposting on because of a need for specialist support, while both affordable safe housing and anxiety were reported in four responses (6%) each. Other responses included mention of other types of support (physical health, financial, social care, diet and lifestyle, etc.), patients needing neurodiversity assessments, lack of resources, need for long term support, and challenging behaviour or violence.

○ Thinking about the people you work with, what do you think the current gaps are in service/care provision around mental health and wellbeing?

There were 66 responses to this question. Responses highlighted significant challenges in mental health and wellbeing service or care provision, particularly in relation to CYP. Responses can be broadly summarised into the following themes:

Access and availability

Stakeholders reported there being limited access to mental health support, especially in rural areas and for specific groups like people with learning disabilities, autism, and neurodivergent individuals. They also mentioned long waiting times for assessments, diagnoses, and therapy, leading to increased stress for individuals and families. Stakeholders reported insufficient services at various levels of care, particularly for Tier 2 support. They also cited a lack of crisis support and appropriate emergency housing.

Service delivery and coordination

Stakeholders reported inconsistency in service provision and communication between different agencies. They also noted shortages of resources and staff, affecting service quality and capacity. They cited a need for improved coordination and information sharing between services. Stakeholders indicated a lack of early intervention and preventative measures, as well as limited understanding of local needs by commissioners. They also mentioned a lack of training provision.

Specific populations

With respect to specific populations, stakeholders reported significant gaps in support for CYP, including those who do not meet thresholds, CAMHS access, transition to adult services, and support for specific conditions like ADHD, autism, and eating disorders. They also cited insufficient support for parents and carers of individuals with mental health issues. Stakeholders also reported challenges faced by people with learning disabilities and people with dual diagnoses (e.g. mental health support for substance users), and the need for more support for people with trauma.

○ Can you identify any particular group(s) of people with significant unmet needs and, if so, what are those needs?

There were 55 responses to this question. The groups most frequently mentioned were people with autism and/or ADHD (6 responses) and CYP broadly (5 responses). Groups mentioned in three responses each were patients with dual diagnosis, substance misusers, people with physical disability, people with history of trauma (including sexual trauma), and patients with complex emotional needs. With respect to needs, mental health support (4 responses), services beyond autism or ADHD diagnosis (3 responses), specialist services for people with autism or ADHD that don’t have long waiting times (3 responses), and autism and ADHD assessments (2 responses) were most commonly mentioned. Other needs that were mentioned include services for other specific groups (e.g. learning disabilities, SEND, carers, etc.), housing and rehabilitation facilities for homeless people and substance users, and youth clubs, activities and volunteering for young people.

Chapter 4. Recommendations

Take a whole systems approach to mental wellbeing across the life-course in Herefordshire.

- Use the Mental health needs assessment to inform strategy development.

- Continue to support the Adult Better Mental Health Partnership Board.

- Strengthen the link with children and young people emotional health and wellbeing partnership.

- Continue to develop the Good Mental Wellbeing across the lifetime action plan.

- Take forward the prevention concordat application to the Adult Better MH partnership board.

Use and gather data more intelligently, to inform local planning, prioritisation and reduce inequalities

- Investigate the accuracy and understand the context of data at a more local level, particularly where Herefordshire is substantially significantly different than the national average.

- Collaborate with stakeholders to facilitate the collection of Herefordshire and sharing of relevant and timely data.

- Continue supporting the delivery of local Children and Young People's Quality of Life and Herefordshire Community Wellbeing surveys to collect rich and crucial local data on, and associated with, the mental health and wellbeing of the population, the prevalence of health risk and protective factors and inequalities, and to address knowledge gaps.

- Prioritise data collection for the most vulnerable and hard-to-reach groups in order to improve support for these communities, particularly where needs would otherwise go unmeasured.

- Consider all data collection methods, including qualitative, from across the system and how these may complement one another in building a more complete picture.

- Link the projected epidemiological findings to current service provision, in order to better establish unknown and unmet need and prioritise future planning.

- Routinely build data collection and research into service provision.

Incorporate the needs of the whole population when designing, commissioning and improving services

- Prioritise increased support for those groups with identified unmet need e.g. Neurodivergent.

- Ensure equality of access for the most vulnerable and hard-to-reach groups by identifying, mitigating and removing physical and conceptual barriers e.g. rurality, transport, opening hours, means of delivery & digital exclusion, stigma etc.

- Ensure communications are delivered in a variety of formats to increase service awareness and consider use of behavioural insights to increase service uptake.

- Listen to the voices of service users and experts and build this experience and feedback into service design and evaluation.

Ensure joined-up working across services, in order to create more effective referrals, clear transition processes and efficient provision

- Streamline referral pathways and the transfer process between services, particularly for children into adult services and those with multiple or complex needs.

- Build consensus among service providers on the balance between constrained referral criteria vs leaving certain individuals with nowhere to go; particularly the most vulnerable and already marginalised e.g. neurodivergent, substance misuse etc.

- Build a system of strategic oversight across services to maximise capacity, efficiency and quality. Understand where overlaps, oversubscription or redundancy in services or resources lie and consider a ‘holistic co-ordinator’ role within this.

- Facilitate centralised education and training opportunities for MH staff & volunteers.

- Provide a contemporaneous resource bank for appropriate pathways to be available to primary care staff and referring health professionals as well as between services.

Take a holistic, person-centred, family approach in the community to support wellbeing

- Continue to support an education wellbeing offer through, Healthy schools, to include sharing information (grants), training (Solihull) and best practice.

- Create a communications plan for the promotion of our local 'Making Every Contact Count' offer.
- Provide community support, signposting, engagement and capacity building, through the Talk Community offer.
- Ensure well-being promotion is considered from an early age at every opportunity, such as parenting education and support or family therapy.
- Tackle loneliness and isolation through schemes that build networking and social capital and enhance community cohesion e.g. social prescribing.
- Help schools tackle the key wider determinants and consequences of CYP mental-wellbeing such as stigma, smart phones & social media (bullying, self-harm and eating disorders) and school absence rate strategies.

Utilise local and national support where relevant

- Share local funding opportunities and work in partnership where possible through place-based partnerships.
- Utilise national opportunities where relevant, including resources and guidance.
- Ensure online information is current and practitioners have access to updates.
- Better liaison between MH and other local authority services to target the wider determinants i.e. housing, employment etc.

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Appendices

Appendix 1 – Stakeholder services and organisations whose representatives participated in interviews

- Herefordshire and Worcestershire Integrated Care Board
- Herefordshire and Worcestershire Health and Care Trust (x2)
- Herefordshire and Worcestershire Health and Care Trust Perinatal Mental Health Team
- Herefordshire and Worcestershire Child and Adolescent Mental Health Services (CAMHS)
- General Practitioner Mental Health Lead
- NHS Herefordshire & Worcestershire Talking Therapies
- Turning Point
- Herefordshire and Worcestershire Suicide Prevention Programme
- Herefordshire Council Approved Mental Health Professional (AMHP) Team
- Herefordshire Council Educational Psychologists
- Herefordshire Council Commissioners
- Community First/ Herefordshire and Worcestershire Wellbeing and Recovery College
- Mental health pharmacist
- CLD Trust
- The Cart Shed
- Herefordshire Mind
- We are Farming Minds
- Vennture
- Talk Community
- Wye Valley Trust School Nursing
- West Mercia Youth Justice Service
- West Mercia Police

Appendix 2 – Stakeholder survey

Mental Health Needs Assessment 2024
Stakeholder Engagement Survey

As an organisation that supports mental wellbeing in Herefordshire you have received this survey to support the development of our local needs assessment. Herefordshire Council Public Health team are conducting this survey as part of the Herefordshire Mental Health Needs Assessment (MHNA) to gain more insight into who the local stakeholders for mental health are, who they support, and which other stakeholders they work with. The MHNA aims to review the mental health and wellbeing issues experienced by Herefordshire residents, map and engage with local providers and stakeholders, and produce recommendations that will support the improvement of health, prevention of illness, and reduction of inequalities. This survey will allow us to map the local mental health care and support offer for the public and stakeholders alike, facilitating future signposting and referrals. Your participation will help to ensure the information we have about your service or organisation is accurate and include

The MHNA aims to review the mental health and wellbeing issues experienced by Herefordshire residents, map and engage with local providers and stakeholders, and produce recommendations that will support the improvement of health, prevention of illness, and reduction of inequalities. This survey will allow us to map the local mental health care and support offer for the public and stakeholders alike, facilitating future signposting and referrals. Your participation will help to ensure the information we have about your service or organisation is accurate and included as appropriate in future outputs.

If you have any queries or require the survey in an alternative format, please contact michael.dalili@herefordshire.gov.uk.(opens in new window)

Thank you for your contribution to this work to help identify and meet the mental health and wellbeing needs of the people of Herefordshire.

How will this information be used?

Any information you provide will be held and used in accordance with the Data Protection Act 2018 for the purposes set out above. The information you provide us will be collated by Herefordshire Council. We may share results with our stakeholders however any comments you provide will be anonymised before publication.
For further information, please view the privacy notice for consultations.

1. Organisation/Service Name:

2. Your name: (Name of person filling out survey)

3. Your role/job title: (free text)

4. Does your service/organisation work with: (multiple choice)

- Children
- Adults

5. If both children and adults, approximately what proportion of your total are each?

(e.g. 50% children, 50% adults)

50%
adults
and 50%
children

6. On average, how many of the following do you see each year?

6.a) Children

6.b) Adults

7. How can people access your service/organisation? (multiple choice)

- Self-referral
- GP referral
- Referral from another service/organisation
- Other – please specify (free text)

8. How do you interact with people? (multiple choice)

- Face to face
- Online
- Telephone
- One to one
- Groups

9. What type of interventions do you provide? (multiple choice)

- Psychological interventions (e.g. CBT)
- Counselling interventions
- Psychotherapy
- Medication
- Arts and creative therapies
- Eco-therapy
- Complementary and alternative therapies
- Peer support groups
- Self-help groups
- Psychoeducation
- Other – please specify (free text)

10. What is the average amount of time a person is on your longest waiting list? (single choice)

- <2 weeks
- ≥2 weeks - <1 month
- ≥1 month - <3 months
- ≥3 months - <6 months
- ≥6 months - <12 months

- ≥12 months
- We do not have any waiting lists

11. What is that waiting list for?

Free text

12. What other services/organisations do you…

Herefordshire Council

Services	**12a. Accept referrals from?**	**12b. Send referrals to?**	**12c. Have attend your MDTs/regular meetings?**
Commissioners			
Public Health			
Adult social care			
Children's social care			
Multi-agency safeguarding hub (MASH) team			
Educational psychologists			
SEND team			
Approved Mental Health Professionals (AMHPs)			
Paediatric dieticians			
Bereaved by suicide service			
Herefordshire Armed Forces Covenant Partnership			
Talk Community			
- Healthy lifestyle trainers -			
Worcestershire County Council			

Herefordshire and Worcestershire Health and Care NHS Trust

Services	**12a. Accept referrals from?**	**12b. Send referrals to?**	**12c. Have attend your MDTs/regular meetings?**
Crisis resolution team			
Neighbourhood teams			
Perinatal team			
Early Intervention team			
Assertive outreach team			
Eating disorders team			
Community emotional needs service			
Mental health liaison team			
Older adult community mental health team			
Community Learning Disability Team			
Herefordshire Veterans & Families Mental Health Network			
Stonebow unit			
- Place of safety suite -			
Herefordshire Talking Therapies			
Herefordshire CAMHS			
CAMHS Complex and Vulnerable Service			
CAMHS Crisis and Home Treatment Team			
CAMHS Learning Disability Service			
Child and Adolescent Eating Disorder Service			
Early Intervention for Psychosis			
SEND (Special Educational Needs and Disability)			
Specialist CAMHS (Tier 3)			
Wellbeing and Emotional Support Teams (WEST) in Schools			

Services	**12a. Accept referrals from?**	**12b. Send referrals to?**	**12c. Have attend your MDTs/regular meetings?**
Youth Justice Service and CAMHS			
CAMHS Youth Team			

Wye Valley NHS Trust

Services	**12a. Accept referrals from?**	**12b. Send referrals to?**	**12c. Have attend your MDTs/regular meetings?**
Learning Disability Liaison Team			
Health visitors			
Midwives			
School nursing			

Other organisations

Services	**12a. Accept referrals from?**	**12b. Send referrals to?**	**12c. Have attend your MDTs/regular meetings?**
GPs			
Social prescribers			
Pharmacists			
Bespoke mentoring Schools, early years settings, and colleges			
Herefordshire Healthwatch			
Herefordshire Mind			
- Safe Haven -			
Herefordshire Samaritans			
CLD Trust			
Vennture			
The Cart Shed			

Services	**12a. Accept referrals from?**	**12b. Send referrals to?**	**12c. Have attend your MDTs/regular meetings?**
We are Farming Minds			
Borderlands Rural Chaplaincy			
Beacon Maternal Mental Health Service			
Herefordshire and Worcestershire Wellbeing and Recovery College (Community First)			
Turning Point			
West Mercia Police			
West Mercia Youth Justice Service			
Op Courage West Midlands			
Herefordshire Veteran Support Centre			
St Michael’s Hospice			
Herefordshire Young and Young Adult Carers CIC			
National Autistic Society's Herefordshire branch			
Autism West Midlands Herefordshire and Worcestershire Community Hub			
Hereford and Worcester Dyslexia Association			
Marches Family Network			
Age UK Herefordshire & Worcestershire			
Parent Carer Voice Herefordshire			
CarerLinks Herefordshire			
Herefordshire Carers			
Herefordshire City of Sanctuary			
Diocese of Hereford			
Ledbury Refugee Support			
Herefordshire Community Foundation			
Herefordshire Disability United			

Services	**12a. Accept referrals from?**	**12b. Send referrals to?**	**12c. Have attend your MDTs/regular meetings?**
Accessible Herefordshire			
West Mercia Rape & Sexual Abuse Support Centre			
West Mercia Women's Aid			
Sexual Health Services 4 Herefordshire			
Aspire Living			
Echo Herefordshire			
Other – please specify (free text)			

13. What are the common reasons people you work with are referred or signposted on to another service?

Free text

14. Thinking about the people you work with, what do you think the current gaps are in service/care provision around mental health and wellbeing?

Free text

15. Can you identify any particular group(s) of people with significant unmet needs and, if so, what are those needs?

Free text

16. Please provide your email below if you are willing to be potentially contacted for the opportunity to participate in follow-up research.

Free text

Appendix 3 - Stakeholder services and organisations whose representatives completed the survey

- We are Farming Minds
- Vennture
- Turning Point
- Cruse Bereavement
- Herefordshire Mind
- Herefordshire and Worcestershire Health and Care NHS Trust Wellbeing & Emotional Support Teams (WEST)
- Herefordshire Council Adult Social Care
- Herefordshire Council SENDIASS
- Community First
- Herefordshire and Worcestershire Health and Care NHS Trust Neighbourhood Mental Health Teams
- Herefordshire General Practitioner (GP)
- Talk Community Healthy Lifestyle Service
- Victim Support
- Herefordshire and Worcestershire Health and Care NHS Trust Perinatal Mental Health Team
- Herefordshire Community Learning Disability Team
- The Cart Shed
- Herefordshire and Worcestershire Health and Care NHS Trust Pharmacist
- Herefordshire and Worcestershire Health and Care NHS Trust Stonebow Unit
- Herefordshire Council Virtual School
- Herefordshire and Worcestershire Health and Care NHS Trust CAMHS Learning Disability Team
- West Mercia Police (x3)
- Herefordshire and Worcestershire Health and Care NHS Trust CAMHS Crisis Team
- West Mercia Youth Justice Service
- Herefordshire and Worcestershire Suicide Prevention Programme
- Herefordshire Council Approved Mental Health Professional (AMHP) Team
- South Wye Development Trust at the Kindle Centre
- Choices Foundation CIC
- Herefordshire Council Multi-Agency Safeguarding Hub (MASH) team
- Herefordshire Council Armed Forces Covenant
- Wye Valley NHS Trust Learning Disability Liaison Team
- Wye Valley NHS Trust Midwife
- CLD Trust
- Wye Valley NHS Trust School Nursing

- Herefordshire & Worcestershire Health and Care NHS Trust Locality Service Manager
- Herefordshire Mind Safe Haven
- Solutions4Health Ltd (Sexual Health Services 4 Herefordshire)
- Healthwatch Herefordshire
- Hereford & Worcester Dyslexia Association
- Friends of Mortimer Forest
- Public Health Nursing (Community Paediatric Services)
- Midlands Op Courage (NHS)
- Herefordshire Veteran Support Centre
- Ethos - Extending the hand of support
- Herefordshire and Worcestershire Health and Care NHS Trust CAMHS Youth Team
- Borderlands Rural Chaplaincy
- Herefordshire Council Locality Manager
- Parent Carer Voice Herefordshire
- Herefordshire Council All Age Commissioning
- Herefordshire Council Making Every Adult Matter (M.E.A.M) Multi Agency Strategic Lead
- NHS Herefordshire & Worcestershire Talking Therapies
- Herefordshire Council Corporate Parenting
- Herefordshire Council Educational Psychology Service
- Phoenix Bereavement Support Services
- Educational settings
    - St Thomas Cantilupe
    - St James Primary School
    - Kington Primary School
    - Mordiford Church of England Primary School
    - Luston Primary
    - Shobdon Primary School
    - Earl Mortimer College
    - Luston and Shobdon Federation
    - St Mary's Roman Catholic High School
    - Weobley High School
    - St Francis Xavier's Roman Catholic Primary School