Interim Evaluation of Integrated Voluntary Sector Mental Health Support for SPA and Adult Recovery Services

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INTRODUCTION

This report evaluates a collective approach towards service design that integrates Voluntary and Community Sector (VCS) community-based mental health support with the Sheffield Health and Social Care (SHSC) Single Point of Access (SPA) and Adult Recovery Services (appendix 1 & 2). This has provided insights about how to:

- Reduce pressures on services and waiting lists.
- Increase the wellbeing of people waiting for support.
- Supporting people back into the community following discharge.

It has potential if rolled out further and scaled up, to reduce pressure on services on a longer-term basis. The work unlocks some understanding about how in Sheffield we can develop a more integrated model to collectively address the growing levels of health inequalities and increased demand for mental health support needs that cannot be sustained by SHSC alone.

Supported by Alex Bugg, researcher in the Physical Activity, Wellbeing and Public Health Research Group at Sheffield Hallam University. A mixed methods approach was undertaken, evaluating ReQol score changes alongside interviews with stakeholders and people receiving support.

Lessons are highlighted about the timeframe, commissioning process and areas for strengthening the process going forward. Importantly it draws out some key insights that demonstrate the benefits this model has brought to people receiving support and to the demand for statutory services.

Recommendations are made that focus on improving the referral process, maximising VCS capacity to participate in this model, developing the systems and approach taken internally in SHSC and considers what would enable this to be further rolled out.

KEY RECOMMENDATIONS AND LEARNING

Improvements in Quality of Life and Health

People referred through the project experienced increases in their quality of life and other improvements in their health. People felt more in control of their healthcare, engaged in services and satisfied with their support.

Equitable Access to Mental Health Support

This project evidences the ability of VCS organisations to offer wider mental health support to communities who were previously disconnected from help, whilst still being able to support referrals from SHSC.

VCS Capacity and More VCS Organisations

There is a short window of opportunity to continue the benefits of this work and embed it into practice. Looking at options for sustained investment in organisations and working with the VCS to expand the offer to further meet the needs of people should be a priority.

Referral Process & Internal SHSC Systems

There are real opportunities for SHSC to explore options to make processes easier for staff to navigate. Internal management systems could look to be co-produced with staff and learn from the person-centred approach taken to triage in this project.

Commissioning Process

The process was a notable shift that could be replicated in future commissioning practices. VCS organisations were encouraged and welcomed by the easiness of the initial bid submission but parts of the process presented barriers to doing more.

Project Coordination

Complexities during the inception and implementation of the project required more resources than initially expected to embed this new joint way of working. More consideration should be given to the coordination of the work by VAS.

EVALUATION AND RESULTS

Improvements in Quality of Life and Health

ReQoL is a Patient Reported Outcome Measure (PROM) that has been developed to assess the quality of life for people with different mental health conditions. Changes in ReQol scores indicate there was a significant difference after completion of a VCS intervention people resulted in an improvement in their quality of life (appendix 2 & 3).

"I'd been waiting for any contact for a good few months, so when I got this call, I was over the moon. The staff on the phone was very kind and sensitive to my needs. Then when I had my first session with the organisation this carried on- I immediately felt like I belonged" (Person, 003)

People referred to the project have reported being happier with the service they have received and have expressed how the referral process has been smooth and person-centred. This illustrates that they felt heard and seen, leading people to no longer need SHSC intervention or reducing the level of support from SHSC.

"Through the support offered I am now aware of the techniques I need to be able to manage my stress and anxiety, I feel more open and willing to talk to people." (Person 001)

VCS staff members have reported better engagement from patients than is experienced elsewhere in their services. The person-centred approach taken could be a factor that enabled this increase.

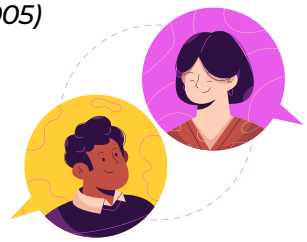
"As the leader of a therapy service and the most positive case study is client engagement. This is good it is strong 80%-90%. That is not common. Therefore, there is something about the way this project is run that is working for clients" (VCS Staff Member 002)

Equitable Access to Mental Health Support

"What we've been able to do is expand our community support, in the time since we received the money. We've been able to support 15 people in our community who without this support would have gone into mental health crisis" (VCS Staff Member 003)

VCS organisations have been able to branch out their services to reach even more members of their community. This community work brings added value to the mental health offer in the city, providing culturally competent and appropriate support to people that statutory services consider "hard to reach" as they are not accessing SHSC support until crisis. Organisations that are trusted by communities have been able to prevent people from reaching crisis, as such reducing pressure on SHSC services. This wider benefit could be built into a future funding offer which would lead to more equitable access to mental health support. The actual number of community contacts can be seen in appendix 5.

"This project has helped us to widen our knowledge base. Our staff has been able to work with 5 new service users, in 1 month, from the African-Caribbean community who wouldn't engage with mental health services. Some of the work we are able to do in our community is able to supplement the work SHSC do" (VCS Staff Member 005)



VCS Capacity and Expanding VCS Offer

Several organisations have either reached the deadline for service delivery or are nearing the end date submitted in their proposal. There is an opportunity to ensure continuity by exploring investment options to address differences in delivery timescales. An estimation of costs, to the end of the current financial year, has been collated. This would address any financial shortfall for the year (appendix 6).

"Obviously there was a delay in the project starting, we needed realistic timescales. The pressure on us to get started was unrealistic" (VCS Staff Member 004)

Insight from VCS organisations shows that messaging lacked clarity and timescales were not realistic. Learning can be taken from this, with earlier recognition and pre-planning given to projects where VCS involvement is crucial.

"We would have optimised our service offer, if we'd had more of a understanding of the type of support SHSC were after. I felt a bit in the dark about how they prioritised their services" (VCS Staff Member 006)

There is a need to expand the VCS offer to include other specialist mental health services that were unable to submit proposals at the time of asking. A commitment to further investment into VSC organisations will align with the NHS movement for prevention and the move towards community-powered and person-centred healthcare.

"Having a link to many sectors which can add value to the quality of life to our service users is invaluable and is nothing that can be recreated in secondary care. It would benefit us a lot if we could get more access to the great organisations in the VCS" (SHSC Staff Member 002)

Referral Process & Internal SHSC Systems

There have been 61 referrals from SPA through the project and 3 from the Adult Recovery Service (appendix 5). Referrals have increased steadily since inception, and the differentiation between SPA and Adult Recovery Services is likely down to two factors.

- SPA employed a "Voluntary Care Support Senior Practitioner" who is the liaison for the VCS and manages the triage of patients. This has been critical to the success of the project for SPA.

- Workforce changes and complexities of discharge from recovery services have taken more time than originally thought to get the correct mechanisms in place to support patients. More time should be given for this to embed into recovery services practice.

Another reason for the slower than expected referral rate is the time it takes to complete the triage process. Although time-consuming, the process does produce greater increases in patient satisfaction. Work could be done to try to shorten this method whilst still keeping people at its core.

"The process of referring an individual into service takes longer than perhaps one would consider; there is the need to review the last triage, risk history, previous episodes, contact the service user, re-triage, review suitability for service options and, at times, discuss their suitability with the service before referring in and completing ReQol. All of these stages need consideration to enable a thorough referral." (SHSC Staff Member 001)

In the pilot phase, a spreadsheet was created to manage referrals. Whilst this has been successful to manage the small number of referrals, a more comprehensive system will need to be implemented to manage the complexity of the project.

"It is not a quick task and there is a lot of work behind the scenes to get to the referral which is inevitably time-consuming." (SHSC Staff Member 001)

Commissioning Process

The single-page free-form bid process has worked well for organisations. When asked to populate and answer some basic questions and if they can quickly increase their capacity, organisations found this approach much easier and less resource heavy than traditional bid submissions.

"Bid process was fine and so describing what we could provide was that easy because we're already providing. The idea to write up a couple of paragraphs, one-page max was refreshing." (VCS Staff Member 007)

SHSC and VCS staff were frustrated with how long the payment process took. Having to find two different fund holders to comply with procurement policies created delays in delivery. Future projects should look at how to overcome this issue.

"Unless the trust had got the people in place that we need to engage with unless they'd got the people ready, triaged if you like, to send over then that pressure that was on us to start immediately didn't make sense" (VCS Staff Member 003)

Project Coordination

A new way of working could pose challenges to all stakeholders. To continue building this project into current practice, it is important to recognise the effort required to coordinate the many moving parts of a partnership-focused model. From the initial pilot conversation, through the commissioning process and now into the delivery phase, unpaid time has supported the project to be implemented and address issues faced. Moving forward extra capacity should look to be built into VAS to reflect the previous work done and allows for any future coordination including any potential scaling up of the project (appendix 5)

"I've done a lot of work in the background to help build a way of working that puts people first and passes power to VCS organisations. It's taken a lot of time and continues to do so, Working with SHSC services to get the project to fit operationally." (Project Coordinator 001)

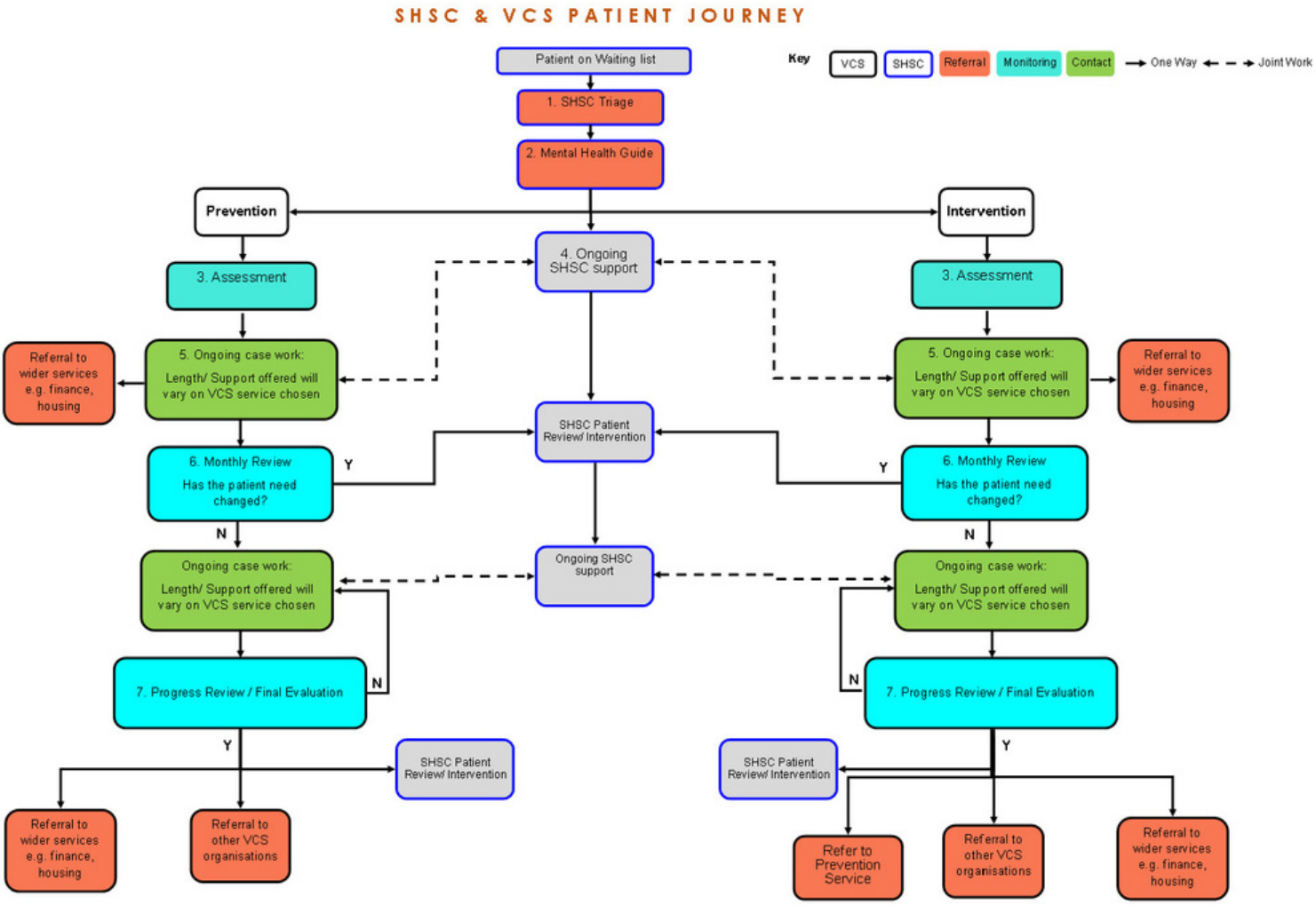
Other Notable Findings

- Increases in reciprocal understanding between SHSC and VCS organisations.
- Opportunities for SHSC staff to be based in VCS organisations and communities.
- Increases in staff wellbeing and motivations to work collaboratively.

Conclusion

This learning provides a great opportunity to continue to build a transformative person-centred approach to addressing mental health in Sheffield. However, there is an immediate need for sustained investment to ensure continuity of the project and not undermine the progress to date. If this is addressed there continue to be opportunities to further understand the benefits of this work whilst increasing learning that could offer insight to further integrate the VCS and SHSC.

APPENDIX 1- EXAMPLE PATIENT JOURNEY



Additional Information

1. **SHSC Triage**- At triage stage, dedicated staff members from either the Adult Recovery Team or Single Point of Access in SHSC will identify people who could benefit from VCS support. At this stage SHSC staff will complete the ReQoL assessment to get a baseline measure for the patient and the patient will be introduced to My Toolkit, so the patient is able to manage their support journey. It is important to note that patients are not removed from the waiting list if they access a Voluntary Community Sector (VCS) intervention.
2. **Mental Health Guide**- SHSC staff will use the search term "SHSC Waiting List" in the search bar drop-down list to identify services they can refer too. SHSC staff will contact the VCS organisations referral method e.g. referral form or email.
3. **Assessment**- Once the VCS organisation has received the referral a member of staff will contact the patient to start the service. It is at this point the VCS staff member will complete their organisations monitoring. The length of support a patient receives varies- it is dependent on the service accessed e.g. a time-bound 12-week activity or ongoing weekly support group, as well as the patients need.
4. **Ongoing Case Work**- A patient will begin/ continue their VCS service. To deliver a holistic service, where appropriate patients could be offered other support such as referrals to housing, financial support etc.
5. **Ongoing SHSC Support**- As mentioned patients will not be removed from the waiting list if they access VCS support. SHSC will be able to review and support (if needed) patients via the monthly review meetings.
6. **Monthly Review**- For the duration of the project there will be a monthly review between VCS organisations and SHSC staff. This will be held the same day each month (date tbc), it will be a space to review how the referral process is going, any issues or concerns and opportunity to share learning.
7. **Monthly Progress Review / Final Evaluation**- Dependant on the patient this stage will either be a monthly review (point 6) or the final evaluation. The final evaluation will happen once a patient has finished their support with the VCS organisation, exit monitoring has been completed and SHSC staff to complete ReQol After which a decision will be made to whether the patient needs to remain on the waiting list or if further support is still needed.

Safeguarding

Mental Health Crisis- https://www.shsc.nhs.uk/services/single-point-access

Other safeguarding concern- https://www.sheffieldasp.org.uk/sasp/sasp/for-professionals/professionals-report-an-adult-safeguarding-concern

APPENDIX 2- LIST OF VCS ORGANISATIONS INVOLVED IN THE PROJECT

Sheffield Mind

- Sheffield Mind offers a number of different services across the city for people who are experiencing mental health problems as well as for the carers supporting them. Services are available to people who are 18+ and living in Sheffield.

Firvale Community Hub

- Firvale Community Hub (formerly Pakistan Advice and Community Association – PACA) is a community hub based in the heart of the Firvale area. They run a number of different projects for community benefit, and mental health is one of their key service areas.

No Panic Sheffield

- No Panic Sheffield offers a number of self-help support groups that meet regularly in Sheffield. Their aim is to support individuals with anxiety related conditions.

SACMHA Health & Social Care

- SACMHA Health & Social Care is a charity that support the mental health needs of people of anyone from any BAME (Black, Asian, Minority Ethnic) background. At present they offer support to people in need of health and social care assistance because of their age, youth, disability, financial hardship or social disadvantage.

Sheffield Occupational Health Advisory Service (SOHAS)

- Sheffield Occupational Health Advisory Service (SOHAS) helps people to improve their conditions at work, to help and support them to keep their job.

Survivors of Depression in Transition (SODIT)

- SoDiT are a small peer led non-profit charitable organisation that provide a holistic/family centred perspective in dealing with depression & mental health distress. They provide support for women and those who identify as women, who have/had depression or related mental health distress and wish to move on.

Space to Breathe

- Space to Breathe provide wellbeing and self-care support for individuals, communities and organisations in Sheffield and South Yorkshire. They use art, simple spirituality, mindfulness and positive psychology to help start conversations around wellbeing and then provide practical self-care tools accessible for everyone.

ACT Sheffield

- ACT Sheffield (Aspiring Communities Together) is a community organisation for Black and Minority Ethnic (BME) communities across Sheffield. They deliver services that aim to tackle the persistent social and economic disadvantages, and educational barriers that BME people face.

Grow

- Grow is a youth development charity working with those aged 16-24. They combine coaching with nature based projects that aim to help combat isolation, boost wellbeing and develop employability skills.

Manor and Castle Development Trust

- MCDT deliver regeneration activity to the communities of Manor and Castle. Key themes include unemployment, poor health, run-down environment, crime and poor housing.

APPENDIX 3- REQOL PRE AND POST INTERVENTION SCORES

Reqol baseline	Most recent ReQol/Discharge ReQol
16	9
11	12
15	20
12	27
21	26
20	37
20	30
15	26
16	16
7	4
14	19
9	18
18	30
11	17
19	20
24	27
13	18
7	2
9	17
26	25
20	17
9	9

Appendix 3 outlines the ReQol score changes for people referred into the project from SPA.

Colour Code:
Blue= Increase in ReQol scores
Green= No change in ReQol scores
Yellow= Decrease in ReQol scores

APPENDIX 4- SPSS ANALSYS OF REQOL SCORES

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	reqolbaseline	15.0909	22	5.44154	1.16014
	mostrecentdischargereqol	19.3636	22	8.76435	1.86857

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	reqolbaseline & mostrecentdischargereqol	22	.685	.000

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Pair 1	reqolbaseline - mostrecentdischargereqol	-4.27273	6.40819	1.36623	-7.11396	-1.43149	-3.127	21	.005

A paired samples t-test was performed to compare the ReQol scores pre and post-VCS intervention.
Appendix 4 displays the results from the pre-test (M = 15.1, SD = 5.4) and post-test (M = 19.4, SD = 9.7)
ReQol scores indicate there was a significant difference after completion of a VCS intervention. Patients resulted in an improvement in their quality of life , t(21) = -3.127, p = .005.

APPENDIX 5- VCS REFERRAL NUMBERS

Referrer	Number
SPA	61
Adult Recovery	6
Community Support	89
Total	156

Appendix 5 displays referral numbers from SPA and Adult Recovery services. Community support referrals are the people supported using this investment that would not access SHSC mental health services. During the first 5 months of the project a total of 156 people have been able to access mental health support.

APPENDIX 6- ESTIMATED PROJECT COSTS

Organisation	Costing	Patient No.
VCS	£ 94,332.00	170
VAS	£ 7,945.61	n/a
Total	£ 102,277.61	170

Appendix 6 outlines the estimated total costs to continue the project in it's current form until 31st March 2023. The total figure is inclusive of organisational rates for; staff costs, operational costs, office costs, volunteer costs, capital costs and other associate costs. There is a separate row highlighting the cost of the coordination of the project. This would be equal to 1 day per week until March 2023

This extra capacity would increase the referral number by 175 more people, bringing the total to 465 people who are able to receive support through the project. There would also be an increase in community referrals with this extra resource.