

Small changes, Big difference

How small changes in mental health
provision can have big impact for
vulnerable people

Contents

Executive Summary.....	1
Recommendations	2
1. Introduction	3
2. Background & Rationale	3
3. Methodology.....	3
4. Results	4
5. Key Findings	10

Executive Summary

1. Healthwatch Manchester were commissioned by Manchester City Council to conduct interviews with citizens who are living in supported accommodation and have accessed floating support services.

2. Interviews were conducted over the telephone and in person by Healthwatch Manchester staff and trained volunteers. Participants also had the option of filling out the survey themselves online.

3. Following the conclusion of our interviews and the analysis of the responses, a total of 2 key findings were identified. These key findings can be summarised as follows:

- The overall satisfaction of service users is high.
- However, the delivery of the service, specifically relating to consistency and access, could be improved.

Recommendations

1. Where appropriate, there should be an increase in the frequency and consistency of service delivery to help improve quality and overall satisfaction. Delivery should occur on a regular timetable to give service users the security of knowing when a visit will take place.
2. There should be an increase in the number of options and the accessibility of social activities available to service users both 'in-house' and in the local community.

1. Introduction

1.1 Healthwatch Manchester were commissioned by Manchester City Council (MCC) to conduct interviews with citizens living in supported accommodation who access floating support services.

1.2 The report is aimed at highlighting the experiences, both positive and negative, of citizens in order to improve services in the future.

2. Background & Rationale

2.1 Manchester City Council provide housing support to people who are struggling to maintain or set up a stable home environment. A person may need support in their own home or in supported accommodation, for example a hostel or sheltered housing. The support might be needed for a wide range of reasons, and is tailored to address the issues they are facing.

2.2 The onset of the COVID-19 pandemic in March 2020 and the subsequent restrictions led to a number of changes to the way in which health and social care services are delivered.

2.3 Manchester City Council commissioned Healthwatch Manchester to find out the views of people who have had recent experience of accessing floating support services.

3. Methodology

3.1 Work commenced in November 2021 through an initial meeting between Healthwatch Manchester and Manchester City Council, with a planned project start date of mid-December 2021. However, the onset of the COVID-19 Omicron variant late in 2021 caused a hiatus, which led to the work being delayed. Once appropriate, the project was picked up again in January 2022 with the first site visits only occurring in February 2022.

3.2 A survey was designed for service users by Healthwatch Manchester staff and volunteers along with Manchester City Council to allow citizens to fully outline their experiences. The survey contained 17 questions (excluding demographic questions) and on average took 15 minutes to complete. A survey was also designed for use during the interviews with the managers.

3.3 Once work on the project began, meetings were convened between Healthwatch Manchester and the service managers to canvass support for the project. This was well received by the centre managers and the survey was deployed digitally, in paper form and through site visits by Healthwatch Manchester staff and volunteers. In total, 35 service users and 3 managers were interviewed. Surveys were collected from the centres for supported accommodation for input.

3.4 All of our participants consented to their experiences being used in this report. A demographic breakdown of our participants (service users) is as follows:

- Gender breakdown: Men (21), Women (9), Did not say (5)
- Age breakdown: 18-29 (9), 30-44 (11), 45-59 (9), 60+ (2), Did not say (3)

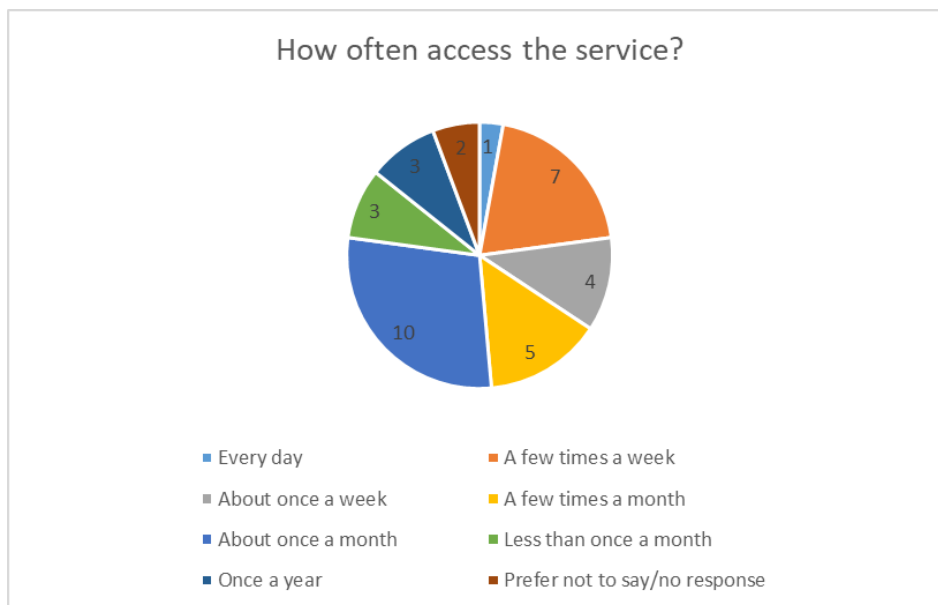
- Does the participant have a disability: Yes (20), No (10), Prefer not to say (5)
- Ethnic origin: White British (13), Black African (including sub-Saharan & Somali) (4), Other Black (4), White & Black Caribbean (3), White Irish (2), Other Mixed (2), Other White (1), Black Caribbean (1), Pakistani (1), Prefer not to say (4)
- Sexual orientation: Heterosexual (29), Bisexual (1), Prefer not to say (5)

4. Results

4.1 First, we asked our participants if they are accessing any NHS mental health services or getting any support from their GP.

- Yes (30)
- No (4)
- Prefer not to say/no response (1)

4.2 We then asked participants how often they used these service (NHS mental health services or their GP).



4.3 We then wanted to know the specific services they had used.

Participants accessed a wide range of services with the most commonly used being the mental health team/service, local GPs and the early intervention team/service.

Below is a selection of the comments we received:

- *Community Mental Health service*
- *Early Intervention*
- *GP*
- *Early Intervention service & Eating Disorder service*
- *Psychiatrist*
- *Community Mental Health team*
- *I use my GP practice a few times each year. I use my pharmacist for support in accessing medication that is vital to me. There is no care coordinator at the centre.*

- *GP support is provided to me (monitoring and treating hypertension and cholesterol) I see a community mental health team officer (this is my care coordinator). I have moved to a new catchment area (Withington) as I had issues as a vulnerable adult, being coerced by a local resident (financial abuse). My GP was unresponsive (not related), so I have moved to new support service and changed GP.*
- *Care coordinator, I see them about once per month. This is not frequent enough to meet my needs.*

4.4 Next, we asked the participants to rate the quality of the service they receive on a scale of 1-5. The average score recorded was 4.2 out of 5.



4.5 We then asked respondents to give a reason for their score.

Overall, the comments we received were very positive, which is highlighted by the average score. One area that received a lot of positive feedback was the staff, with many people very keen to highlight the excellent support they had been given and how friendly everyone was. Comments such as “great team”, “very friendly service and nice staff” and “excellent care” are representative of the feedback we received towards the staff.

Below is a selection of the comments we received.

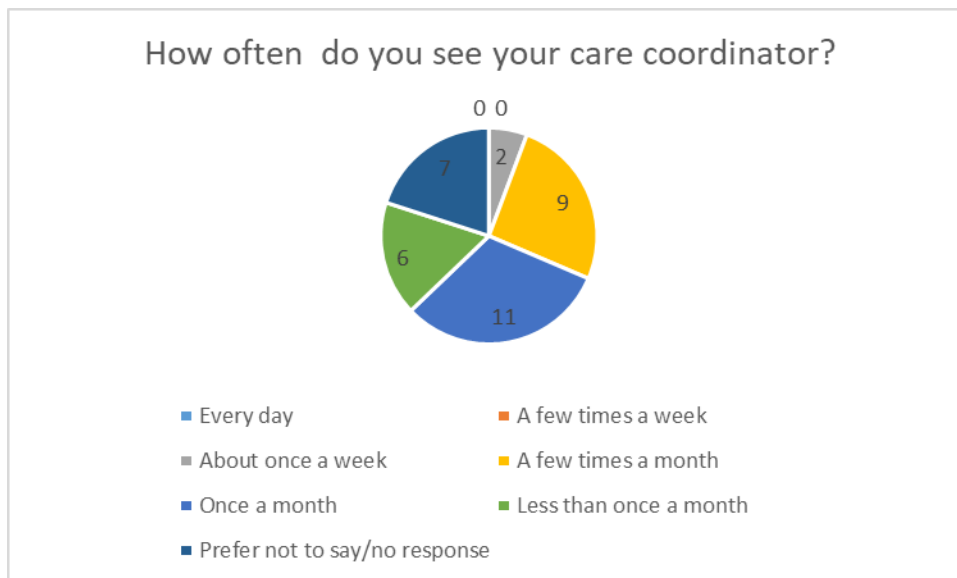
- *Staff seem really concerned about my well-being.*
- *The staff are quite interactive.*
- *Very friendly service. Nice staff.*
- *Good service. Nice, friendly environment.*
- *Been with CAMHS as a child, and have been asking for therapy for years, mental health, however feel they only want to dish out medication, which does not work for me. Particularly as I have a personality disorder.*
- *Very concerned with the pharmacy and issues with accessing medication, but extremely happy with services, as the staff are friendly, welcoming and always help.*
- *If I use my pharmacy, they will help me immediately. This is a brilliant local service.*
- *My care coordinator has been very helpful and is very kind. She helped me move to a new support service.*
- *I don't see them often enough, and the coordinator changes quite often, so there is a lot of repetition and wasted time during support meetings. They sometimes get information wrong which I find very stressful.*

- *It could be better, but it's pretty good. I didn't see my care coordinator for 2 years, as my CC didn't come and visit me during the Covid-19 pandemic. I was sat waiting for them.*
- *They care about aspects of my health that I usually ignore and help improve my well-being.*
- *Allows you to talk to people. Support is 24/7. They even help financially.*
- *Excellent care.*

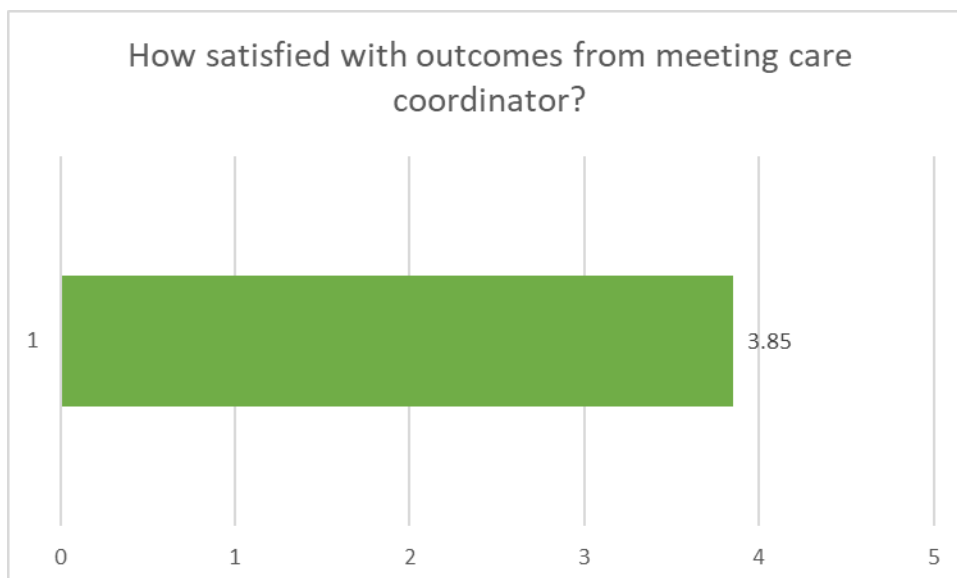
4.6 We then asked participants if they had a designated care coordinator.

- Yes (23)
- No (11)
- Prefer not to say/no response (1)

4.7 Following the previous question, we asked how often they saw their care coordinator.



4.8 We then asked participants how satisfied they were with the outcome of the meetings with their care coordinator. The average score recorded was 3.85.



4.9 We asked our participants to give a reason for their score.

The majority of the comments we received were positive about the outcome of their meeting and of their overall experience with their care coordinator. As with previous questions, there were a lot of comments praising the staff and the support they had provided. However, we did receive a small number of negative responses, which ranged from concerns about a lack of contact to problems when moving from one coordinator to another.

Below is a selection of the responses we received:

- *They are not so concerned about my side effects.*
- *The meetings are quite helpful; times are quite flexible.*
- *Lack of contact.*
- *The service is helpful.*
- *Good friendly service.*
- *Always check on me and show concern for my mental health. Give advice on how to manage my mental health and suggest activities.*
- *Have had three different care coordinators since moving to Morris Court. Feel no consistency and varying levels of expertise.*
- *I used to have a care coordinator who I saw once per week. This service has now stopped and I am happy with this as I am okay.*
- *My care coordinator has been very helpful and is very kind. She helped me move to a new support service. She is very prompt in her responses and helps me as much as she can.*
- *Very friendly, always try their best to help me when I meet them. I feel listened to.*



- *I feel my Care Coordinator is very motivated and genuinely cares what happens to me.*
- *Staff provide the right care and support. Short sessions - long way to travel for 5/10 minutes.*
- *Excellent care.*

4.10 Next, we asked what improvements or changes the participants would make to the service.

We received a wide range of responses to this question, which covered a number of different areas from staff management to the frequency of visits. One of the concerns raised by respondents was how often care coordinators change and how this negatively impacts their experience.

Below is a selection of the responses we received:

- *Explore options, looking wider to leaving care, and returning to as normal a life as possible.*
- *Communicate.*
- *More contact.*
- *To still have a care coordinator.*
- *Come more often. Irregular visits.*
- *Experienced staff, as feel some don't know how to support someone in a crisis.*
- *Somewhere to go that is safe. I would like to be able to meet people and do activities in my leisure time.*
- *Come more often as this will provide me with consistency.*
- *Please come around more often - I would like services to be available every 2 weeks, not once per month.*
- *To have the same Care Coordinator throughout the service.*
- *Care co-ordinators change too often - hard to build rapport when they change frequently. Can be hard to contact sometimes. (Had 4-5 in last two and a half years). Prefer more face-to-face.*
- *More experienced staff when hiring as most new staff are using this place as a stepping stone to something else. I feel we don't get the best out of them.*
- *Longer sessions.*

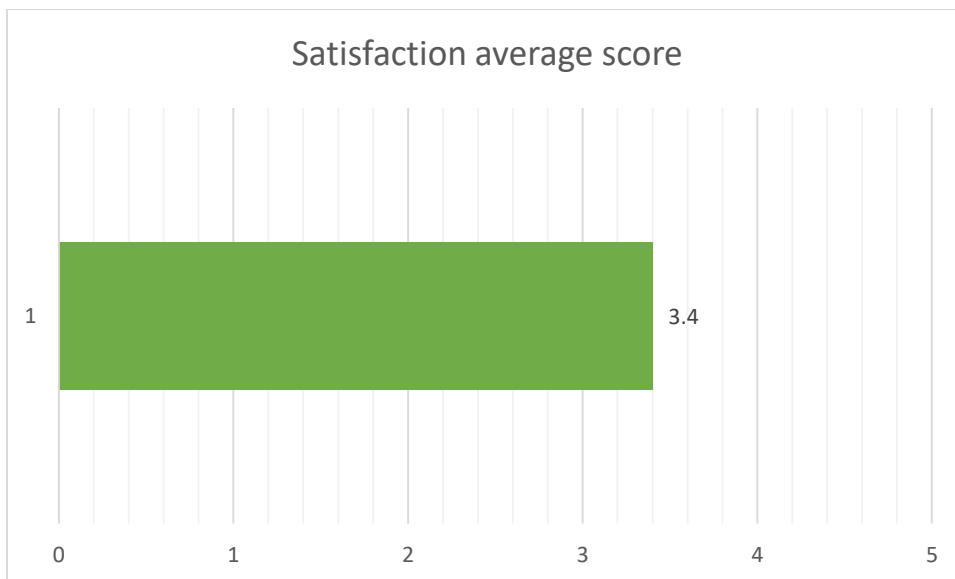
4.11 We then asked people if they have been put in touch with any other local support services, such as a local drop-in, community centre or charity.

- Yes (16)
- No (17)
- Prefer not to say/no response (2)

4.12 For those participants who had used one of these other local support services, we asked how often they had accessed them.

- Every day (0)
- A few times a week (3)
- Once a week (2)
- A few times a month (2)
- Once a month (6)
- Less than once a month (6)
- Prefer not to say/no response (16)

4.13 We asked participants to rate how satisfied they were with the service(s) on a scale of 1 to 5. The average score recorded was 3.4.



4.14 We then asked participants to provide a reason for their particular score.

As with previous questions, the majority of responses were positive with respondents reporting a high level of satisfaction with the service. Some respondents spoke about social activities they were part of and how much they enjoyed them, whilst others focussed on the quality of the staff. However, a number of responses did raise some concerns. One issue raised by a few respondents centred around the availability of staff, with one respondent stating that they “aren’t always available”.

Below is a selection of the comments we received:

- *More often contact.*
- *Staff are not available 24/7 and some staff only work part time and don't offer much mental health support.*
- *This was a local service which I went to for coffee, socialising, etc. Happy to meet new people and socialise.*
- *I used a lunch club twice a week, but now it is closed down. It was nice having somewhere to go.*
- *I didn't really enjoy the services provided to me.*
- *I've been involved with gardening and cooking projects, which have taught me new skills. I'm waiting for these services to be resumed.*
- *They're not always available.*
- *They have helped me with a lot of issues.*
- *Went a few times with support but anxiety stopped me attending. Would have been better if there were people I knew there.*
- *Very good support is here when you need it.*

4.15 Next, we asked what changes they would recommend to the services they are provided with.

We received a small number of comments that related to the specific circumstances of that participant rather a system-wide issue. However, we did receive comments expressing a desire for a greater level (and variety) of the social activities on offer.

Below is a selection of the comments we received:

- *Listen and get involved with activities.*

- *More activities in the day.*
- *Continue how they are.*
- *All good.*
- *More access to staff mental health support.*
- *Happy with live-in care.*
- *We would like a communal area, where we can socialise comfortably (outdoor if possible). Things have improved since Jacob arrived as the new support worker.*
- *More local activities and support links that are easy for me to access.*
- *Provide us with some more services. Although I'm looking forward to the digital advocacy classes (helping us to use computers, etc.).*
- *None needed in my opinion.*
- *The support before moving out and since has been great.*
- *More facilities for in-house projects (art/culture, etc.).*
- *More experienced and dedicated staff. More time spent on groups.*
- *Can't think of anything.*
- *Nothing needs changing. On-site staff are great.*

4.16 We then asked our participants what they would say to someone who was about to use these services.

The overwhelming majority of responses were positive and highlighted how well our participants valued the services they accessed. Again, many of the responses focussed on the excellent support being given by staff.

Below is selection of the responses we received:

- *Just be yourself and relax, things will get better.*
- *I would recommend it. They will help you in any way possible.*
- *Staff are nice.*
- *The staff are very helpful. Ask about what services are available.*
- *Go with the flow. Get the holistic service. Get involved in activities.*
- *Relax into things, you'll be fine. People are very kind here. It's clean and well kept.*
- *The staff are great, I can't fault them at all. The service is good.*
- *Use the staff - the support is great from the staff.*

4.17 Finally, we asked our participants if there were any other comments that they would like to make.

Below is a selection of the responses received:

- *I like how you continue to make us feel involved here.*
- *Not really, everyone can be different.*
- *New resident. Only moved in two days ago.*
- *Good service and staff.*
- *Caring staff - excellent.*
- *Very happy with the service provided.*
- *It's been very positive so far.*
- *I get harassed by some other residents - they take advantage of my kindness in terms of borrowing money and cigarettes. I have had to start withdrawing less money out now and been firmer with people and told staff about this. Living here overall is a 4 out of 5, good experience.*

- *I've enjoyed my time here, we get freedom. This place is allowing me to be myself and keep out of the hospital.*
- *I would have liked this service before going into hospital and it has helped talking to staff and being reassured. I have also been in touch with family due to support from staff who have spoken to them on my behalf.*
- *Psychology at Laureate House is great. Big need for improved accessibility to mental health services (psychotherapy).*
- *Very caring and professional. Very friendly staff. Very reassuring.*

5. Key Findings

5.1 Overall, our participants felt very satisfied with the services they accessed and were particularly complimentary about the staff who had supported them.

5.2 However, the delivery of the service, specifically relating to consistency and access, could be improved. A number of people raised concerns about the negative impact upon them when their care coordinator is changed, and how they would prefer to remain with the same person. Others raised concerns about the frequency of visits, both in terms of the gap between visits and the regularity of them. A number of participants indicated that they would like to see their care coordinator more often with a more regular visit timetable.

6. Feedback from Managers of Supported Accommodation

6.1 Healthwatch Manchester interviewed three managers based at three separate providers of supported accommodation. These are recorded as Manager A, Manager B and Manager C. Each provider was visited and spoken with prior to the interviews with service users.

The interviews included four questions around the experiences of service users from the perspective of the provider and in the context of the pandemic and its lockdowns.

6.2 How have the pandemic and the lockdowns affected your service users?

Manager A - It was very difficult. We are working with people who are already socially isolated. For some people this was fine. For others, extremely difficult e.g., we had a heavy drinker who went into withdrawal due to pub closure, had a psychotic episode and was sectioned. It was a massive change in care and support where we were trying to minimise risk and phoning rather than providing face-to-face support. This, along with the lack of input from external services, made it difficult for people and added to some people's anxiety. We had one person with COVID in all the lockdown period even though people didn't always change their behaviour because they struggled to follow the rules. The level of dependency which is present hasn't increased due to lockdown and people have moved on successfully into the stepdown service. We do three-monthly health and safety checks in people's flats and this was rather an adjustment for people having someone round but this has not proven problematic.

Manager B - It greatly impacted them. We have service users who have no other relationships apart from with professionals. They have become very isolated and have experienced deteriorations in mental health. Some people have not been taking medication. People haven't known who to speak to. Some people have had a number of care coordinators (CCs) - one person has had three separate CCs since 2020 or no CC at all since the pandemic but were not informed they weren't going to get one. If it wasn't for a phone call from Floating Support (FS) they wouldn't have known that; firstly they didn't have a CC

assigned, secondly they needed to apply for one and how to do that or thirdly that they weren't going to be given one and then had to explore how to get other support from CMHT in place of this. Some people were told their CC was no longer there or that they have no CC and to keep phoning and told 'you're going to be waiting a while'. When crisis occurs and there's no named CC it's a massive issue for the FS provider. It's still really unclear and we're still in this situation.

Manager C - I came into post in November 2020, so seven months into lockdown. There was an impact, in that day-to-day activities had been suspended so there was a lot less for customers to do. One customer in particular was affected severely as he required a routine and looked forward to visiting a recreational activity. This had a severe impact on his mental health which was deteriorating and he began exhibiting new behaviour which surfaced and was about damaging possessions. This has now changed and improved as there are now groups coming in doing cooking and so on. Feedback from customers has been very good and there's now a noticeable change in the appearance and wellbeing of our customers.

6.3 What are the challenges facing your service users as we come out of the pandemic?

Manager A - For us it feels like we've been out of it for a while. Community interaction and facilities has been the main issue and things outside the service such as drop-ins and so on. The cost of living has had an impact and this has decreased the opportunity for drop-ins and other support services where people are not entitled and have to pay. It's difficult for people getting back into a routine, having to see people again with more people around. COVID is still impacting with staffing levels in e.g. the CMHTs. We have unallocated people who have been in this situation for months. There is a loss of confidence and trust in the CC service e.g., we've had 8 different CCs for one person in the past two and a half years. The CC's themselves are mostly fine as providers of the service, it's the system.

Manager B - There is less out there for them than before the pandemic. Services are going online or via telephone only so that's very difficult for people. Getting things like a bus pass, which has a massive impact on people's wellbeing is very difficult due to restrictions which have come about or have been reinforced due to the pandemic. All this is falling to us to meet the gaps in service. Everything has been siloed. There are virtual sign-ups to properties e.g. thru housing associations which are very difficult for people with mental health issues such as anxiety. They need a face-to-face contact. Services need to be face-to-face again especially housing. Another example would be the Change Grow Live alcohol team doing assessments on the phone now and this is also very hard for someone with an addiction due to the very personal nature of their condition.

Manager C - Reintegration into activities. One of our customers was engaged in a college course which was stopped it will now be very difficult to support and motivate him into doing this again. Some are quite the opposite in that they are new to the service and are getting stuck in. The challenge is for people who have been here during lockdown. This isn't true for all but is the main area where we need to support people going forward.

6.4 What changes would you put in place to improve the system you operate in (in relation to accessing health and wellbeing/other support services)?

Manager A - There needs to be more staff in the CMHTs. They (GMMH) are commissioned for 16 CC's and they currently have 5 and they have over 200 people unallocated on their list. There needs to be more staff and the role needs to be more appealing as staff retention is an issue especially with no capped caseload and, for example, if 10 of their service users may be in crisis. There needs to be a review of the workforce and to make the role less

stressful in order to improve retention. Manchester Mental Health Trust had a review team which worked with supported accommodation and had expertise around this.

Manager B - I think there needs to be a clearer structure of who to turn to when we are struggling with CMHTs and which door to knock on. Getting an email address or telephone number is very difficult. We're having to go to commissioners and ask them to intervene. We work 50/50 with CMHT and the Early Intervention Service (EIS) and the two are very different. EIS are easy to resolve issues with. This can't be said for CMHT.

Our customers need to be communicated with better where there is a change to their service e.g., I had to take a young man to Harpurhey on a busy afternoon to find that his appointment had been cancelled. For 18 months he's had no CC and this is the second time it's been cancelled without notice. No letter sent. It takes a lot of motivation for someone with mental health issues to go to an appointment so this is a drain on our resources and on our morale. We have to support that person who's been let down and keep them motivated. It's very tiring and this lack of communication severely impacts on the level of trust between a service user and their mental health service provider. There also needs to be better communication between GP practices and pharmacy where we don't have to keep going back and forth to pharmacy where medication is lost in the system. This particular situation is highly dangerous to people's health as they may stop taking medication. They may end up in A&E as a result of this. Simple tasks such as the bus pass applications - can there be a communication with transport saying a signature from someone other than a GP, PCN, social worker is required to authorise? It has been done before, for example with food banks.

Manager C - The challenge for us is that we have been isolated we've had to fight for care coordinators in place. We're still isolated and not well connected and need the gaps in our knowledge filling and awareness raising of the services out there which we can make use of.

6.5 Is there anything else you'd like to mention as part of the interview?

Manager A - GMMH and the defunded system we operate in makes it difficult for us to deliver our service.

Manager B - We are cautiously optimistic with the new commissioning team in place and it's good to see things followed through.

Manager C - On a positive note we are in a different place from 12 months ago. We are far better engaged with commissioning and there is a sense of moving in the right direction.

Acknowledgements

Healthwatch Manchester would like to thank Manchester Local Care Organisation for their cooperation and help with this investigation.

We also want to thank all the volunteers who took part in this work:

Stuart Spencer



Canada House
Chepstow Street
Manchester
M1 5FW

0161 228 1344

info@healthwatchmanchester.co.uk

www.healthwatchmanchester.co.uk

Company Limited by Guarantee registered in England No. 8465025