

Step Up to Great Mental Health Consultation Report of Findings

Leicester, Leicestershire and Rutland CCG

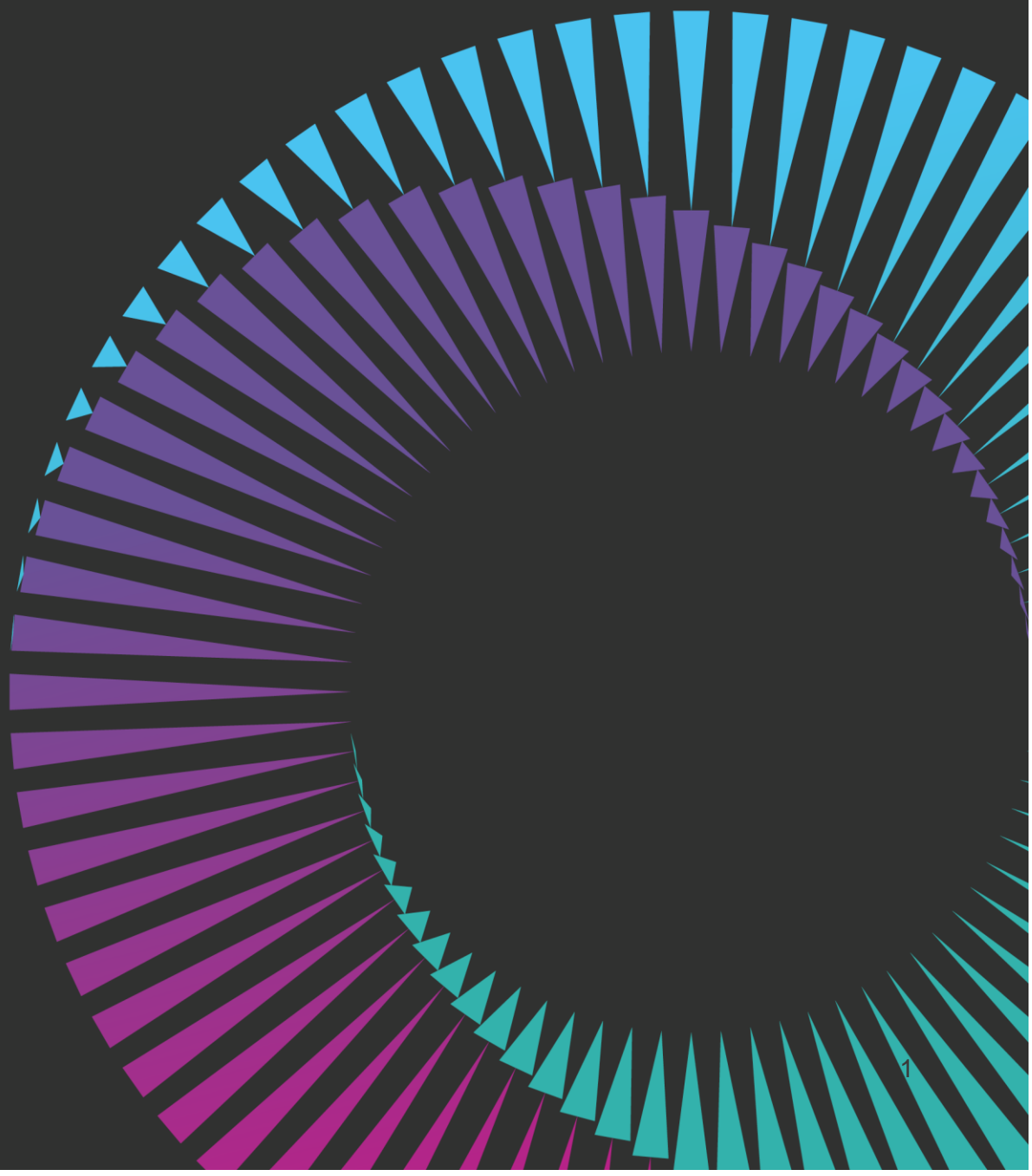


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1 Executive summary

1.1 Executive summary: Introduction

This consultation was led by NHS Leicester City Clinical Commissioning Group (CCG), NHS West Leicestershire CCG and NHS East Leicestershire and Rutland CCG.

The consultation was about proposals to invest in and improve adult mental health services for people in Leicester, Leicestershire and Rutland when their need is urgent, or they need planned care and treatment.

Mental health problems represent the largest single cause of disability in the UK. One in four adults experience at least one diagnosable mental health problem in any given year. The CCGs have been listening to what people want from their local mental health services.

The CCGs recognised that some of our services needed improvement and they know that some people are waiting far too long for treatment. The CCGs want more integrated services, so people's care is more streamlined. This applies to mental health services, and to the links between mental health and physical health services and social services.

The CCGs want information, advice and guidance on mental health to be more easily available to support people's self-care. The CCGs also want people to be able to access mental health crisis care more quickly and easily, in the community, at home, in emergency departments, inpatient services or transport by ambulance.

1.2 Executive summary: Overview of Step up to Great Mental Health proposals

1.2.1 Overview of Step up to Great Mental Health proposals

This section is from the Step up to Great Mental Health consultation document.

The proposals for mental health services are just one part of a much wider health and care improvement programme that is being delivered through a partnership of NHS organisations working with local councils and others.

This public consultation is about some of the mental health services delivered by Leicestershire Partnership NHS Trust. These plans are specifically designed to:

- improve support to people who need mental health support urgently in an emergency
- provide more services closer to home.

1.2.2 Building self-help guidance and support

Various ways to access information, depending on a service user's preference, have been proposed. This could include:

- calling the Central Access Point
- call-back service through the Central Access Point – a service user could talk to a recovery worker first and be transferred to an appropriate person or team for clinical support. If this is not possible immediately, a call-back would be arranged

- online instant messaging with staff, who would direct users to the most appropriate information or solution
- introduction of Chathealth instant and text messaging, which would be suggested to service users as a way of discussing their mental health concerns
- accessibility features, such as British Sign Language, as well as language interpretation facilities, which are being incorporated into the planning of these services.

1.2.3 Introducing a Central Access Point

When individuals need more help, it is recognised that having a place to contact 24 hours a day, seven days a week is important. This may be by phone, text message, or using British Sign Language or interpretation facilities.

In April 2020, during the first wave of the COVID-19 pandemic, a new contact point was introduced in Leicester, Leicestershire and Rutland to help people who wanted support with their mental health. It is proposed to continue this service, 24 hours a day, seven days a week.

1.2.4 Strengthening the role of Crisis Cafés

Crisis Cafés offer a safe space where people can get help if they are experiencing a mental health crisis. Crisis Cafés offer a safe space and support for people who do not need immediate medical assessment. Support is tailored to a person's needs, with immediate coaching, guidance and targeted interventions. It is proposed to open a further 22 Crisis Cafés for people in Leicester, Leicestershire and Rutland.

1.2.5 Improving the Crisis Service

When individuals are in a mental health crisis and need help in their homes, the around-the-clock Crisis Service provides help. Early in the COVID-19 pandemic, improvements were made to the Crisis Service, enabling people to seek help directly through the Central Access Point without having to contact their GP. This gave them easier access to a specialist, if needed.

It is proposed that the existing unscheduled care team and in-reach team for older people come together as part of the adult and older people crisis service to provide targeted support for older people in care homes and the community, including for people with dementia.

1.2.6 Expanding use of the Triage Car

A Triage Car has been in place for some time. It takes calls from police incidents and advises on how to manage the situation. Triage Car staff also go out to incidents to support people when there is an immediate mental health crisis.

In March 2020, the service was extended to run from 8am to 2am. It is proposed to make these hours of service permanent and to add a second Triage Car.

1.2.7 Introducing a Mental Health Urgent Care Hub

There are times that individuals need more intensive support. During the COVID-19 pandemic, a Mental Health Urgent Care Hub was introduced. It is proposed to make this permanent.

The Hub is at the Bradgate Unit, on the site of Glenfield Hospital, and is staffed by mental health practitioners with the expertise to treat people of all ages; this includes mental health nurses, support workers, and consultants. It is specifically for people with mental health needs that don't need any physical health support from an emergency department.

There are plans to invest in the long-term future of the Hub and the hope is that, over time, it would reduce the number of people going to the emergency department.

1.2.8 Introducing an Acute Mental Health Liaison Service

This new service was introduced in April 2021 and is provided by a mix of teams at Glenfield Hospital. It is proposed to create an Acute Mental Health Liaison Service by joining together existing teams and basing them at Leicester Royal Infirmary, near the emergency department, to support people efficiently and to support inpatients. The service will be available 24 hours a day, seven days a week.

1.2.9 Joining up support for vulnerable groups

At the moment, there is duplication and triplication of services provided by the Homeless Service, the Proactive Vulnerability Engagement Team and the Liaison and Diversion Service. It is proposed that all three work together to provide a more dedicated service to people who are vulnerable. This would mean that care would be provided more efficiently and effectively, and the service would be able to support more people. People accessing these services would benefit from the closer working partnership, the streamlined support, and won't have to repeat their story as often.

1.2.10 Working with the community to provide more mental health services locally

Nationally there is a community framework that sets out a range of services that should be locally available to people. It is believed that by implementing the services outlined in the framework across Leicester, Leicestershire and Rutland, it will help solve some of the long-term problems. Through the proposed changes, there would be a reduction in the excessive number of handovers between people and services which has contributed to some people becoming more unwell.

It would also reduce lengthy waits to access services. Mental health services would also be situated in local communities making them simpler to access and navigate with a strong emphasis on psychological care and treatment.

The proposed changes include bringing together eight teams working in local areas supporting adults and working alongside other teams to support the needs of older people. These teams will be supported with experience in the care of:

- Women who want to conceive a baby supporting them pre-conception to 24 months after birth
- Individuals with complex needs associated with personality disorder
- Individuals who have had a first presentation of psychosis
- Individuals with complex needs who require enhanced rehabilitation and recovery support
- Individuals who are having difficulties with memory.

The proposed changes would:

- Create eight teams each based in a local area to support adult's mental health needs. They would work alongside eight teams focused on the needs of older people.

- Offer a wider range of therapies for people with personality disorders which would support the majority of individuals within the new Community Treatment and Recovery Teams.
- Increase access to perinatal services that support women with moderate to severe perinatal mental health difficulties. This would be from pre-conception to 24 months after birth (up from the current 12 months).
- Develop a new maternal outreach service to support women who are experiencing a trauma or loss in relation to their maternity experience.
- Improve assessment for people who may need Psychosis Intervention and Early Recovery service so they get the right support first time.
- Improve the Memory Service by offering online consultations to reduce unnecessary exposure of vulnerable people into a hospital setting.
- Provide community rehabilitation support to help people recover from complex psychosis.

1.2.11 Proposal summary

In summary, the proposals are to:

- Join up mental health services provided to people when it is urgent or in an emergency making them easier to access through one point of access
- Coordinate mental and physical health and wider social services to improve the health and wellbeing of the local population
- Provide more mental health care in the community and in people's homes, in emergency departments, inpatient services and on an ambulance
- Reduce long waits to services and reduce the number of people in inpatient facilities
- Improve the assessment of needs and develop care plans with service users and their family and carers that meet those needs
- Reduce handovers from one part of the system to another. If there is a handover of care, people will not have to be reassessed and repeat their story.

1.3 Executive Summary: Communications and Engagement

In this section, an overview is provided of the communications and engagement approach for the consultation. Full details of the communications and engagement approach can be found on the Step up to great mental health website.

1.3.1 Engagement collateral

The consultation team developed a range of collateral to support the engagement. Below this collateral has been summarised. Please see consultation website for full details and more information¹

1.3.1.1 Consultation documents

- Full consultation document (plus large print version)
- Summary consultation document (plus large print version and HTML)
- Easy read step up to great mental health consultation document
- Eight-page leaflet (plus HTML)
- Consultation poster (plus HTML)
- Presentations.

1.3.1.2 Audio and Visual resources

- One video resource explaining the consultation (8:09 in length)
- One video resource explaining the consultation – shortened version (1:25 in length)
- One British sign language video (1:25 in length)
- Five video resources translated in languages other than English (including: Gujarati, Hindi, Punjabi, Polish and Somali)
- 14 case study animations

1.3.1.3 Additional key resources

- NHS long term plan
- Links to Leicester City CCG, East Leicestershire and Rutland CCG and West Leicestershire CCG websites
- Links to Leicestershire Partnership NHS Trust and University Hospitals of Leicester NHS Trust websites
- Links to Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland websites
- Link to the NHS England website
- Pre-Consultation Business Case

¹ Consultation website: <https://www.greatmentalhealthllr.nhs.uk/>

- Regional panel report
- Clinical Senate review
- Equality Impact Assessment
- Equality Impact Assessment demographic analysis
- EM Clinical Senate review response
- Minutes from the Leicester, Leicestershire and Rutland Health Overview and Scrutiny Committee.

1.3.2 Communications channels

Table 1 provides an overview of the responses received to the consultation by channel.

Table 1. Consultation responses by channel

Channel	Number
Survey responses (this includes 3,635 submitted online, 212 submitted by paper response)	3,847
Easy read survey responses (this includes 205 submitted online, 41 submitted by paper)	246
Correspondence (email and letter)	41
Number of event participants across 164 events	2,516
Total response to the consultation	6,650

1.3.2.1 Telephone calls, emails and briefings

There were a total of 28 telephone calls received by the consultation team. The calls were individuals requesting paper copies of the consultation survey. Additionally, one individual also requested promotional materials (leaflets and posters).

There were a total of 14 emails received by the consultation team. The emails were individuals requesting paper copies of the consultation survey. Additionally, one individual also requested a translated version of the consultation survey and two individuals also requested promotional materials.

Staff briefings and written communications shared with staff across Leicester, Leicestershire and Rutland. This included CCGs, University Hospitals Leicester and Leicestershire Partnership NHS Trust reaching circa 6,000 staff.

1.3.2.2 Leaflets, posters and business cards

Posters and information were sent to approximately 159 organisations and outlets including supermarkets, local shops, hair salons and beauty clinics, vaccination centres and community venues throughout Leicester, Leicestershire and Rutland.

1.3.2.3 Correspondence

Individuals and organisations also responded to the consultation by sending through direct correspondence. Table 2 shows the volume of feedback received through correspondence by stakeholder type.

Table 2. Overview of correspondence received.

Stakeholder type	Number
Patient or member of the public	21
Behalf of another voluntary group charity or organisation	12
Behalf of an NHS organisation	5
MP	1
NHS employee	1
Other public sector organisation	1
<i>Total</i>	<i>41</i>

1.3.2.4 Social media and online promotion

There was widespread utilisation of social media during the consultation which included local NHS-owned platforms and paid for advertising targeting Facebook, Instagram, Snapchat and Twitter users in Leicester, Leicestershire and Rutland. Activity and reach across the main social media platforms for both paid and organic content, and other online advertising, was around 3,648,001 users.

Content was also added to around 115 Facebook communities, including Spotted pages across Leicester, Leicestershire and Rutland with a combined reach of around 628,000 people.

Targeted TV advertising, using smart technology, of residents aged 25 and above, 35 and above, 45 and above and 55 and above and those less likely to be digitally enabled or regular users of social media was used. This activity over a seven-week period reached an anticipated 129,594 households across Leicester, Leicestershire and Rutland.

Email marketing was used to engage with over 1,000 voluntary and community sector groups, schools and key businesses across Leicester, Leicestershire and Rutland.

1.3.2.5 Press, public relations and advertising

There was extensive media coverage in county-wide and locality specific media including the Leicester Mercury, BBC Radio Leicester and BBC East Midlands Today as well as local weekly newspapers.

Full page advertorials featured in a number of community magazines and newspapers across Leicester, Leicestershire and Rutland with a circulation of circa 50,500 people. These include Swift Flash, Glenfield Gazette, Birstall Post, Roundabout Hinckley and Roundabout the Villages.

An extensive six-week radio advertising campaign was commissioned across cultural and community specific radio stations with a combined listenership of approximately 210,000 people. Adverts supported by numerous in-depth feature discussions on the proposals, lasting up to one hour. Stations include Sabras Sound, EAVA, Kohinoor, Sanskar and Seer. Shows include Caribbean Vibes show, Polish show, Community Lunch show (English / Somali), Breakfast Health show (Hindi / English), South Asian Community show (Hindi / Punjabi) and East Africa show (Somali / Swahili).

In addition, an extensive four-week radio advertising across local commercial and community radio stations with a combined listenership of 377,000 people was commissioned. These include Capital FM, Fosseyway, 103 The Eye, Hermitage FM and HFM.

1.3.2.6 Events (one-to-one interviews, focus groups and public events)

164 events were held during this consultation, with a total of 2,516 participants. Of these, 22 events were public events hosted by the CCGs, with a total of 186 participants. For a detailed overview of the events, please see Appendix A.

The CCGs took steps to run an inclusive consultation which reached out to all individuals in Leicester, Leicestershire and Rutland to make them aware of the consultation and how to get involved. This work included reaching people who are vulnerable and those with protected characteristics.

To support this, the CCG commissioned the support of 40 voluntary and community sector (VCS) organisations to communicate with their groups and/or communities and gather insights and feedback. These organisations did not promote support for the consultation proposals, but rather they promoted the consultation and the process itself. They were tasked with informing key communities of the consultation by sharing the proposals for the reconfiguration of the mental health services and encouraging them to have their say. They were also asked to give their organisations and individual views separately from this process.

Selected VCS organisations were required to:

- Promote the consultation as far and as wide as possible
- Share, distribute and display information on the consultation (with consideration to social distancing measures)
- Encourage and facilitate their communities and groups to have their voices heard
- Support and encourage individuals to complete the survey online utilising their IT resources wherever possible
- Demonstrate how, when and where they have engaged their groups and communities on the consultation
- Signpost to appropriate feedback mechanisms.

The voluntary and community sector organisations who hosted 142 events including one-to-one interviews and focus groups. The tables below show an overview of how these events were conducted.

Table 3. Overview of voluntary / community sector hosted events: event participant number

Event participant number	Number
One-to-one interview	45
Small group / event (up to 8 participants)	50
Large event (more than 8 participants)	47
<i>Total</i>	<i>142</i>

Table 4. Overview of voluntary / community sector hosted events: method of delivery

Event method	Number
Virtual (e.g. Zoom, MS Teams, etc.)	62
Face to face	57
Telephone	1
Other	19
Unknown	3
<i>Total</i>	<i>142</i>

The table below shows the number of events that were targeted to different stakeholder types.

Table 5. Overview of events targeted to different stakeholders.

Stakeholder type	Number of events
Ethnicity (not white British)	30
Disability	21
Religion / belief	19
Carers	14
Sexuality	13
Addiction / recovery	10
Gender (women)	8
General	8
Age (young people)	6
Councillors	6
Armed forces veterans	3
Staff	2
Homeless	1
Maternity / pregnancy	1
<i>Total</i>	<i>142</i>

The table below shows the target geography of the voluntary and community organisations hosting the events.

Table 6. Overview of voluntary / community organisation target geography.

Target geography	Number of events
Leicester	73
Leicester, Leicestershire and Rutland	44
Leicestershire	17
Rutland	7
Unknown	1
<i>Total</i>	<i>142</i>

1.3.2.7 Attendance at additional meetings and events

Additionally, 103 events were held with healthcare staff across the area. The tables in Appendix A provide a detailed overview of these events that took place. They were hosted by Leicester Partnership Trust, many in partnership with a range of organisations and bodies. The purpose of these meetings and events were to promote the consultation, raise awareness around the feedback channels available and where appropriate ask the groups to utilise their links and networks to promote the consultation.

1.4 Executive Summary: Numbers of respondents and participants

Table 7 provides an overview of the responses received to the consultation by channel.

Table 7. Consultation responses by channel

Channel	Number
Survey responses (this includes 3,635 submitted online, 212 submitted by paper response)	3,847
Easy read survey responses (this includes 205 submitted online, 41 submitted by paper)	246
Correspondence (email and letter)	41
Number of event participants across 164 events	2,516
Total response to the consultation	6,650

Below is an overview of the geographical and demographic profile of consultation survey responses. For further detail, please see the profiling section.

- Geography: 31% (1278) respondents were from Leicestershire North and West, 28% (1157) were from Leicester City Council area, 26% (1061) were from Leicestershire South and East, 3% (123) from Rutland, and 12% (474) from outside of the area or postcode provided / unable to profile
- Ethnicity: 80% (3,227) were White, 8% (339) were Asian, 3% (126) respondents were Black, 2% (75) were from Mixed/Multiple ethnic groups and 1% (30) were from other ethnic groups
- Age: 51% (2105) of respondents were aged under 50
- Religion: 42% (1654) of respondents did not have a religious affiliation and 39% (1549) were Christian
- Sex: 76% (3088) respondents were female and 19% (759) were male
- Sexual orientation: 80% (3202) of respondents were heterosexual
- Relationship status: 44% (1757) of respondents were married
- Health problem or disability: 53% (2106) did not have any disabilities and 41% (1654) had a health problem or disability limiting day-to-day activities
- Carers: 65% (2599) were not carers.

1.5 Executive Summary: Findings

This section presents a summary of the findings on each of the proposals in the consultation.

1.5.1 Executive Summary: Building self-help guidance and support

This section presents feedback on the proposal on building self-help guidance and support. Feedback is presented from the questionnaire, followed by events and then correspondence.

1.5.1.1 Building self-help guidance and support: Questionnaire

Respondents were asked the following questions:

- Q1 To what extent do you agree or disagree with this proposal – answered by 4058 respondents
- Q2 Please tell us why – answered by 911 respondents
- Q3 In your opinion, what self-help and guidance would support people (e.g. you, your family or friends) in managing their own condition? - answered by 823 respondents.

1.5.1.1.1 Responses to question 1: To what extent do you agree or disagree with this proposal

Tables 8 and 9 show the response to the question: To what extent do you agree or disagree with this proposal. 83% (3372) of all respondents agreed and 8% (306) disagreed with the proposal on building self-help guidance and support.

Table 8. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3372	83%	83%	84%	84%	74%	82%	83%	83%	84%	84%	74%
Neither agree nor disagree	361	9%	9%	8%	12%	12%	7%	9%	9%	8%	12%	12%
Total disagree	306	8%	7%	7%	4%	14%	10%	8%	7%	7%	4%	14%
N/A	19	1%	1%	0.4%	-	-	2%	1%	1%	0.4%	-	-
Base	4058		3283	468	25	74	135	1142	122	1058	1270	466

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 9. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer.

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3372	83%	82%	85%	83%	81%	85%	73%
Neither agree nor disagree	361	9%	9%	8%	9%	10%	8%	13%
Total disagree	306	8%	8%	7%	8%	8%	6%	13%
N/A	19	1%	1%	0.3%	1%	0.3%	0.4%	1%
Base	4058		1240	1156	1355	1165	2580	224

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- A significant proportion of respondents from Leicestershire South and East (85% / 899) and Leicestershire North and West (84% / 1071) were in agreement with this proposal compared to respondents from the Leicester City Council area (81% / 925)
- A significant proportion of respondents from Leicester City Council area (9% / 101) were in disagreement with this proposal compared to respondents from Leicestershire South and East (7% / 70) and Leicestershire North and West (7% / 87).

1.5.1.1.2 Responses from question 2: Please tell us why

911 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Quality of care, General, Access, Service provision, Cost and efficiency, Information support, Specific groups, Communication, Technology, Integration, Crisis Cafés, Equality, Confidentiality, Staff, Education, Quality of information.

Across the main themes, seven sub-themes were in agreement with the proposal, 11 sub-themes were in disagreement with the proposal and 33 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (34% / 306)
2. General - Agreement with proposal (10% / 92)
3. Integration - Proposal will improve integration between mental health services providers (1% / 10).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Technology - Concern over lack of access to technology or knowledge how to use them (22% / 199)
2. General - Concern over mental health patients' capacity to understand information and engage (e.g. patient deny problems, too ill) (10% / 89)
3. General - Self-help guidance is useful only as an supplementary tool (e.g. should not replace professional help) (4% / 33).

The top three observation sub-themes raised by survey respondents were:

1. Service provision - Mental health patients require human interaction (e.g. face-to-face support, somebody to listen, advice from familiar person) (11% / 99)
2. Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (8% / 74)
3. Quality of information - Ensure that information provided in self-help guidance is appropriate (e.g. up to date, detailed, clear, accessible language) (6% / 51).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicestershire North and West:
 - Observation sub-theme: Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (11% / 28).

1.5.1.1.3 Responses from question 3: In your opinion, what self-help and guidance would support people (e.g. you, your family or friends) in managing their own condition?

823 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Service provision, Quality of care, Information support, General, Access, Cost and efficiency, Communication, Specific groups, Technology, Staff, Education, Collaboration, Confidentiality, Quality of information, Central Access Point.

Across the main themes, three sub-themes were in agreement with the proposal, nine sub-themes were in disagreement with the proposal and 55 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Self-help guidance will support patients to access the appropriate information and services (e.g. quicker, better signposting) (3% / 21)
2. General - Self-help guidance will help to look after yourself and manage mental health problems (0.4% / 3)
3. Cost and efficiency - Proposal will free-up resources for other needs (0.1% / 1)

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. General - Self-help guidance is useful only as a supplementary tool (e.g. back up of professional staff/mentor is needed, initial triage is needed) (6% / 46)
2. Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (5% / 41)
3. Quality of care - Self-help guidance is not suitable for all mental health patients (e.g. complex mental health issues, crisis) (2% / 19).

The top three observation sub-themes raised by survey respondents were:

1. Information support - Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time) (16% / 131)
2. Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (15% / 126)
3. Service provision - Mental health patients require support of professional staff (e.g. counsellor, social prescriber, nurse) (11% / 88).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (18% / 48).
- Respondents from Rutland County Council area:
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (13% / 3)
 - Observation sub-theme: Information support - Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time) (17% / 4); Service provision - Mental health patients require support of professional staff (e.g. counsellor, social prescriber, nurse) (17% / 4); Service provision - Consider the need for support groups (e.g. peer support, social inclusion groups) (17% / 4); Service provision - Mental health patients require human interaction (e.g. face-to-face, someone to talk) (17% / 4).
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (8% / 15)
 - Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (15% / 30).

1.5.1.2 Building self-help guidance and support: One-to-one interview, focus group and public events

1.5.1.2.1 Responses from question: Please tell us why you agree or disagree with this proposal

The main theme areas raised by event participants were: General, Access, Cost and efficiency, Information support, Quality of care, Service provision, Specific groups, Staff, Technology, Confidentiality, Communication.

Across the main themes, four sub-themes were in agreement with the proposal, seven sub-themes were in disagreement with the proposal and 18 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (48% / 31)
2. Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (25% / 16)
3. Cost and efficiency - Proposal will help to reduce pressure on mental health services (2% / 1); Crisis Cafés - Crisis Cafés are good idea (2% / 1).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (e.g. would not use it) (19% / 12)

2. Technology - Concern over lack of access to technology or knowledge how to use them (16% / 10)
3. General - Concern over mental health patients' capacity to understand information and engage (e.g. patient deny problems, too ill) (8% / 5).

The top three observation sub-themes raised by event participants were:

1. Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (33% / 21)
2. Specific groups - Consider the needs of vulnerable groups (e.g. complex needs, elderly, deaf community) (23% / 15)
3. Observation - Communication - Utilise different channels to promote and advertise self-help guidance (e.g. health care settings, public places, charities) (8% / 5); Technology - Consider provision of support on how to access self-help guidance and navigate through it (8% / 5).

1.5.1.2.2 Responses from question: In your opinion, what self-help and guidance would support people (e.g. you, your family or friends) in managing their own condition?

The main theme areas raised by event participants were: Service provision, Quality of care, Specific groups, Access, Information support, Communication, General, Technology, Central Access Point, Education, Quality of information, Staff.

Across the main themes, one sub-theme was in agreement with the proposal, five sub-themes were in disagreement with the proposal and 36 sub-themes were observations.

The top sub-theme raised by event participants in agreement with this proposal was:

1. Access - Self-help guidance will support patients to access the appropriate information and services (e.g. quicker, better signposting) (18% / 10)

The top sub-themes raised by event participants in disagreement with this proposal were:

1. Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (5% / 3); Technology - Concern over lack of access and knowledge around technology (5% / 3)
2. Central Access Point - Central Access Point provides poor quality of care (3% / 1); General - Self-help guidance is useful only as an supplementary tool (e.g. back up of professional staff/mentor is needed, initial triage is needed) (3% / 1); Quality of care - Self-help guidance may have negative impact on patients' health (e.g. escalate problems, wrong self-diagnosis) (3% / 1).

The top three observation sub-themes raised by event participants were:

1. Access - Ensure that information is accessible for everyone (e.g. hard copies, video, leaflets, BSL videos) (25% / 14)
2. Specific groups - Reflect the needs of vulnerable groups of patients (e.g. disabled, elderly, autism, dementia, complex needs, deaf people) (18% / 10)
3. Information support - Provide information about different mental health conditions (e.g. list of symptoms) (14% / 8).

1.5.1.3 Building self-help guidance and support: Correspondence

The main theme areas from the correspondence were: Access, service provision, Information support, Technology, Specific groups, Quality of information, Quality of care, General, Collaboration.

Across the main themes, one sub-theme was in agreement with the proposal, one sub-theme was in disagreement with the proposal and 10 sub-themes were observations.

The top sub-themes raised in the correspondence received in agreement, disagreement and observation about this proposal were:

- In agreement: Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (33% / 1)
- In disagreement: Technology - Concern over lack of access and knowledge around technology (67% / 2)
- In observation: Specific groups - Ensure that self-help guidance reflects the needs of the diverse community (e.g. multiple languages) (100% / 3).

1.5.2 Executive Summary: Introducing a Central Access Point

This section presents feedback on the introducing a Central Access Point proposal. Feedback is presented from the questionnaire, followed by events and then correspondence.

1.5.2.1 Introducing a Central Access Point: Questionnaire

Respondents were asked the following questions:

- Q4. To what extent do you agree or disagree with these changes– answered by 4043 respondents
- Q5. Please tell us why – answered by 840 respondents

1.5.2.2 Responses to question 4: To what extent do you agree or disagree with these changes

Table 10 and 11 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 88% (3549) of all respondents agreed and 5% (188) disagreed with the proposal on introducing a Central Access Point.

Table 10. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography.

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3549	88%	88%	87%	92%	87%	84%	87%	90%	88%	89%	85%
Neither agree nor disagree	287	7%	7%	7%	-	5%	7%	7%	8%	7%	7%	9%
Total disagree	188	5%	4%	6%	8%	7%	7%	5%	2%	5%	5%	5%
N/A	19	1%	0.4%	0.2%	-	1%	2%	1%	-	0.3%	0.1%	2%
Base	4043		3270	468	24	74	135	1139	120	1054	1262	468

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 11. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3549	88%	87%	90%	87%	87%	90%	74%
Neither agree nor disagree	287	7%	7%	6%	8%	8%	6%	13%
Total disagree	188	5%	6%	3%	5%	5%	4%	11%
N/A	19	1%	0.4%	1%	0.2%	0.3%	0.4%	2%
Base	4043		1242	1155	1341	1162	2570	223

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- There were no significant differences between sub-groups.

1.5.2.2.1 Responses from question 5: Please tell us why

840 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Access, Service provision, Quality of care, General, Specific groups, Cost and efficiency, Technology, Communication, Staff, Integration, Information support, Confidentiality, COVID, Education.

Across the main themes, seven sub-themes were in agreement with the proposal, 14 sub-themes were in disagreement with the proposal and 48 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal improves access to appropriate mental health support (e.g. quicker, easier) (19% / 162)
2. General - Agreement with proposal (16% / 135)
3. Specific groups - Online instant messaging service will benefit specific groups of patients (e.g. with social anxiety, afraid to call) (10% / 82).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Quality of care - Central Access Point provides poor quality of services (e.g. unsafe, not useful) (6% / 50)
2. Technology - Virtual support is not suitable for mental health patients (e.g. can't pick up all clues, physical examination is required) (3% / 27)
3. Technology - Concern over lack of access and knowledge around technology (3% / 26).

The top three observation sub-themes raised by survey respondents were:

1. Communication - Consider greater promotion of Central Access Point services (e.g. unaware about it) (13% / 107)
2. Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (10% / 82)
3. Access - Consider the need for a response time threshold (e.g. immediate response for patient in crisis, threshold for call-back) (6% / 51).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (15% / 4)
 - Disagreement theme: Technology - Virtual support is not suitable for mental health patients (e.g. can't pick up all clues, physical examination is required) (7% / 2).

1.5.2.3 Introducing a Central Access Point: One-to-one interview, focus group and public events

The main theme areas raised by event participants were: Access, Quality of care, Specific groups, Communication, Cost and efficiency, General, Service provision, Integration, Technology, Staff, Confidentiality, Education.

Across the main themes, eight sub-themes were in agreement with the proposal, seven sub-themes were in disagreement with the proposal and 27 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (57% / 43)
2. Access - Proposal improves access to appropriate mental health support (e.g. quicker, easier) (17% / 13)
3. Specific groups - Online instant messaging service will benefit specific groups of patients (e.g. with social anxiety, afraid to call) (8% / 6).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (13% / 10)

2. Cost and efficiency - Concern over lack of capacity and resources to cope with demand (4% / 3); Technology - Concern over lack of access and knowledge around technology (4% / 3)
3. Access - Concern that mental health patients will not use the service (e.g. staff should be proactive, hard to speak to a stranger) (3% / 2); Quality of care - Concern over effectiveness of interpreter services (e.g. establishing rapport with patients) (3% / 2).

The top three observation sub-themes raised by event participants were:

1. Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (24% / 18)
2. Specific groups - Ensure that service is accessible for vulnerable patients (e.g. learning disabilities, hearing difficulties, ethnic minorities, deaf people) (16% / 12)
3. Communication - Consider greater promotion of Central Access Point services (e.g. unaware about it) (11% / 8).

1.5.2.4 Introducing a Central Access Point: Correspondence

The main theme areas from the correspondence were: Access, Technology, Staff, Cost and efficiency, Communication, Specific groups, General, Integration.

Across the main themes, three sub-themes were in agreement with the proposal, one sub-theme was in disagreement with the proposal and 10 sub-themes were observations.

The top three sub-themes from the correspondence were:

- In agreement: Access - Proposal improves access to appropriate mental health support (e.g. quicker, easier) (40% / 2)
- In disagreement: Technology - Concern over lack of access and knowledge around technology (40% / 2)
- In observation: Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (40% / 2).

1.5.3 Executive Summary: Strengthening the role of Crisis Cafés

This section presents feedback on the proposal on strengthening the role of Crisis Cafés. Feedback is presented from the questionnaire, followed by events and then correspondence.

1.5.3.1 Strengthening the role of Crisis Cafés: Questionnaire

Respondents were asked the following questions:

- Q6 To what extent do you agree or disagree with these changes– answered by 4049 respondents
- Q7 Please tell us why – answered by 838 respondents
- Q8 Please tell us where you would like the new Crisis Cafés to be located? – answered by 749 respondents
- Q9 Please tell us what mental health support services should be provided in the new Crisis Cafés? - answered by 736 respondents.

1.5.3.1.1 Responses to question 6: To what extent do you agree or disagree with these changes

Table 12 and 13 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 85% (3420) of all respondents agreed and 5% (205) disagreed with the proposal on strengthening the role of Crisis Cafés.

Table 12. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography.

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3420	85%	85%	82%	88%	88%	85%	83%	88%	85%	85%	84%
Neither agree nor disagree	406	10%	10%	12%	8%	7%	6%	10%	10%	10%	11%	9%
Total disagree	205	5%	5%	6%	4%	5%	8%	6%	3%	5%	5%	5%
N/A	18	0.4%	0.4%	1%	-	-	1%	0.4%	-	0.2%	0.2%	2%
Base	4049		3278	466	25	74	135	1141	121	1057	1265	465

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 13. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3420	85%	83%	87%	83%	83%	86%	76%
Neither agree nor disagree	406	10%	11%	9%	11%	11%	9%	13%
Total disagree	205	5%	6%	4%	5%	6%	4%	10%
N/A	18	0.4%	0.3%	0.3%	1%	0.3%	1%	1%
Base	4049		1243	1155	1346	1166	2572	224

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- There were no significant differences between sub-groups.

1.5.3.1.2 Responses from question 7: Please tell us why

838 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Service provision, Quality of care, Access, General, Specific groups, Communication, Cost and efficiency, Staff, Equality, Technology and Confidentiality.

Across the main themes, seven sub-themes were in agreement with the proposal, 13 sub-themes were in disagreement with the proposal and 38 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will help patients to access the appropriate support (26% / 214)
2. General - Agreement with proposal (14% / 120)
3. Quality of care - Proposal will allow service users to connect with others (e.g. lessen isolation) (12% / 101).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (2% / 17); Cost and efficiency - Proposal is not good use of NHS money and resources (e.g. invest in treatment) (2% / 17)
2. Quality of care - Concern about the ability of Crisis Cafés to deal with complex mental health issues (1% / 12)
3. General - Disagreement with the proposal (1% / 11).

The top three observation sub-themes raised by survey respondents were:

1. General - Crisis Cafés are not for everyone (e.g. people would not attend, not for severe mental health and patients with social anxiety) (19% / 162)
2. Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (15% / 122)
3. General - More details about proposal are required (e.g. who can access the service) (8% / 70).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (3% / 7)
 - Observation sub-theme: Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (18% / 48).
- Respondents from Rutland County Council area:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Ensure Crisis Cafés are accessible (e.g. location, transport) (18% / 5).
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (3% / 6).
- Respondents from Leicestershire North and West:
 - Disagreement sub-theme: Quality of care - Concern about the ability of Crisis Cafés to deal with complex mental health issues (3% / 7).

1.5.3.1.3 Responses from question 8: Please tell us where you would like the new Crisis Cafés to be located?

749 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Location, Access, General, Service provision, Specific groups, Cost and efficiency, Quality of care, Communication, Staff, Integration.

Across the main themes, one sub-theme was in agreement with the proposal, eight sub-themes were in disagreement with the proposal and 70 sub-themes were observations.

The top sub-theme raised by survey respondents in agreement with this proposal was:

1. Quality of care - Proposal will allow service users to connect with others (e.g. lessen isolation) (0.1% / 1)

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Service provision - Crisis Cafés are not needed (1% / 8)
2. General - Concern that people in crisis will not attend Crisis Cafés (1% / 4)
3. General - Disagreement with proposal about Crisis Cafés (e.g. no need) (0.3% / 2).

The top three observation sub-themes raised by survey respondents were:

1. Access - Ensure easy access to a Crisis Café in each local area / borough (e.g. spread out) (23% / 172)
2. Location - Central location (e.g. city centre) (18% / 133)
3. Access - Ensure provision in the county and rural areas (e.g. villages, less travel time) (14% / 104).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - Agreement sub-theme: No agreement sub-themes raised.
- Respondents from Rutland County Council area:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Location – Oakham (59% / 16).
- Respondents from Leicestershire South and East:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Service provision - Crisis Cafés are not needed (1% / 1); General - Concern that people in crisis will not attend Crisis Cafés (1% / 1); Cost and efficiency - Concern over people who do not have money to buy anything in such cafés (1% / 1); General - Concern over stigma to attend Crisis Cafés (1% / 1); Quality of care - Mental health patients need private space (1% / 1).
- Respondents from Leicestershire North and West:
 - Agreement sub-theme: No agreement sub-themes raised.

1.5.3.1.4 Responses from question 9: Please tell us what mental health support services should be provided in the new Crisis Cafés?

736 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Service provision, General, Specific groups, Quality of care, Communication, Estate and facilities, Access, Staff, Cost and efficiency, Confidentiality, Technology, Integration, Education, Equality.

Across the main themes, one sub-theme was in agreement with the proposal, six sub-themes were in disagreement with the proposal and 61 sub-themes were observations.

The top sub-theme raised by survey respondents in agreement with this proposal was:

1. General - As many services as possible should be provided at Crisis Cafés (2% / 12)

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 6); General - Disagreement with proposal (1% / 6)
2. General - Concern that people will not use the service (e.g. not private, too ill to go there) (1% / 5)
3. Cost and efficiency - Proposal is not good use of NHS money (0.4% / 3).

The top three observation sub-themes raised by survey respondents were:

1. Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (22% / 165)
2. Service provision - Service should signpost and refer to other services when required (21% / 157); Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (21% / 157)
3. Service provision - Provide both talking and listening services (e.g. a person to talk to, a person to listen to me) (16% / 116).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 2).
- Respondents from Rutland County Council area:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 2)
 - Observation sub-theme: Service provision - Service should signpost and refer to other services when required (28% / 50).
- Respondents from Leicestershire North and West:
 - Disagreement sub-theme: General - Concern that people will not use the service (e.g. not private, too ill to go there) (2% / 3)
 - Observation sub-theme: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (25% / 49); Staff -

Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (25% / 49).

1.5.3.2 Strengthening the role of Crisis Cafés: One-to-one interview, focus group and public events

1.5.3.2.1 Responses from question: Please tell us why you agree or disagree with this proposal

The main theme areas raised by event participants were: Service provision, Access, General, Communication, Quality of care, Staff, Cost and efficiency, Specific groups, Confidentiality.

Across the main themes, five sub-themes were in agreement with the proposal, four sub-themes were in disagreement with the proposal and 21 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (38% / 30)
2. Access - Proposal will help patients to access the appropriate support (18% / 14)
3. Access - Proposal will ensure timely access to support (e.g. less waiting time) (5% / 4); Quality of care - Proposal will allow service users to connect with others (e.g. lessen isolation) (5% / 4).

The top two sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with the proposal (4% / 3)
2. Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (1% / 1); Access - Concern over the stigma of attending Crisis Cafés (e.g. everyone knows it's for mental health) (1% / 1); Service provision - Concern over Crisis Cafés removing or replacing existing services (1% / 1).

The top three observation sub-themes raised by event participants were:

1. General - More details about proposal are required (e.g. who can access the service) (23% / 18)
2. Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (17% / 13); Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (17% / 13)
3. Access - Consider access to support out of hours (8% / 6); Specific groups - Consider the needs of diverse ethnic and religious groups (e.g. single sex cafés, multiple languages) (8% / 6).

1.5.3.2.2 Responses from question: Please tell us what mental health support services should be provided in the new Crisis Cafés?

The main theme areas raised by event participants were: Location, Access, Service provision, General, Specific groups, Communication.

Across the main themes, there were no sub-themes in agreement with the proposal, two sub-themes were in disagreement with the proposal and 39 sub-themes were observations.

The top sub-theme raised by event participants in disagreement with this proposal was:

1. General - Concern over stigma to attend Crisis Cafés (2% / 1); General - Concern that people in crisis will not attend Crisis Cafés (2% / 1).

The top three observation sub-themes raised by event participants were:

1. Location - Community settings (e.g. community centres, libraries, shopping centres, high streets, faith centres) (33% / 18)
2. Access - Ensure easy access to a Crisis Café in each local area / borough (e.g. spread out) (26% / 14)
3. Access - Ensure provision in the county and rural areas (e.g. villages, less travel time) (22% / 12); Location - Central location (e.g. city centre) (22% / 12).

1.5.3.2.3 Responses from question: Please tell us why you agree or disagree with this proposal

The main theme areas raised by event participants were: Service provision, Specific groups, Quality of care, Communication, Access, Estate and facilities, General, Confidentiality, Staff, Location.

Across the main themes, there were no sub-themes in agreement with the proposal, one sub-theme was in disagreement with the proposal and 39 sub-themes were observations.

The top sub-theme raised by event participants in disagreement with this proposal was:

1. Confidentiality - Concern over lack of confidentiality at Crisis Cafés (2% / 1)

The top three observation sub-themes raised by event participants were:

1. Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (25% / 16)
2. Service provision - Service should signpost and refer to other services when required (23% / 15)
3. Observation - Service provision - Consider the need to provide support in groups (e.g. social support, peer support, befriending) (17% / 11); Service provision - Provide both talking and listening services (e.g. a person to talk to, a person to listen to me) (17% / 11).

1.5.3.3 Strengthening the roles of Crisis Cafés: Correspondence

The main theme areas from the correspondence were: Location, Access, Communication, Cost and efficiency, Service provision, Quality of care, General, Staff, Confidentiality.

Across the main themes, one sub-theme was in agreement with the proposal, two sub-themes were in disagreement with the proposal and 15 sub-themes were observations.

The top three sub-themes from the correspondence were:

- In agreement: Access - Proposal will help patients to access the appropriate support (14% / 1)
- In disagreement: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (14% / 1); Quality of care - Crisis Cafés are useful only for social support, but not in crisis (14% / 1)
- In observation: General - Crisis Cafés are not for everyone (e.g. people would not attend, not for severe mental health and patients with social anxiety) (43% / 3).

1.5.4 Executive Summary: Improving the crisis service

This section presents feedback on the proposal on improving the crisis services. Feedback is presented from the questionnaire, followed by events and then correspondence.

1.5.4.1 Improving the crisis service: Questionnaire

Respondents were asked the following questions:

- Q10. To what extent do you agree or disagree with these changes– answered by 4036 respondents
- Q11. Please tell us why – answered by 763 respondents.

1.5.4.1.1 Responses to question 10: To what extent do you agree or disagree with these changes

Tables 14 and 15 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 87% (3503) of all respondents agreed and 5% (202) disagreed with the proposal on improving the crisis service.

Table 14. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3503	87%	87%	84%	92%	92%	81%	84%	93%	88%	89%	84%
Neither agree nor disagree	308	8%	7%	10%	-	6%	9%	9%	7%	7%	7%	9%
Total disagree	202	5%	5%	6%	8%	3%	8%	6%	-	5%	4%	5%
N/A	23	1%	1%	0.4%	-	-	3%	1%	-	0.2%	0.2%	2%
Base	4036		3270	465	24	72	134	1136	120	1054	1266	460

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 15. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3503	87%	85%	91%	85%	87%	88%	73%
Neither agree nor disagree	308	8%	8%	6%	9%	8%	7%	14%
Total disagree	202	5%	7%	3%	5%	5%	4%	11%
N/A	23	1%	1%	0.4%	1%	0.2%	1%	2%
Base	4036		1243	1147	1345	1162	2564	223

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- A significant proportion of respondents from the Rutland County Council area (93% / 112) were in agreement with this proposal compared to respondents from the Leicester City Council area (84% / 958)
- A significant proportion of respondents from Leicester City Council area (6% / 73) were in disagreement with this proposal compared to respondents from the Rutland County Council area (0% / 0).

1.5.4.1.2 Responses from question 11: Please tell us why

763 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Quality of care, Access, Service provision, Cost and efficiency, General, Specific groups, Communication, Staff, Technology, Integration, COVID.

Across the main themes, eight sub-themes were in agreement with the proposal, 16 sub-themes were in disagreement with the proposal and 44 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits) (32% / 247)
2. General - Agreement with proposal (13% / 98)
3. Cost and efficiency - Crisis service will help to reduce pressure on other services (e.g. hospital, GP) (3% / 25).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Quality of care - Crisis service and CAP provided poor quality of services (e.g. not useful, lack of continuity) (7% / 54)
2. Access - Concern over poor access to the Central Access Point (e.g. unanswered calls, no call-back) (5% / 38)
3. Cost and efficiency - Concern over lack of GP involvement in mental health patient's pathway (e.g. inappropriate self-referrals, GPs know patients) (2% / 18).

The top three observation sub-themes raised by survey respondents were:

1. Staff - Ensure appropriate staffing (e.g. more staff, proficient and trained staff) (9% / 71)
2. Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (9% / 68)
3. Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (6% / 43).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (20% / 8)
- Respondents from Rutland County Council area:
 - No disagreement sub-themes raised
- Respondents from Leicestershire North and West:

- Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (12% / 24).

1.5.4.2 Improving the crisis service: One-to-one interview, focus group and public events

The main theme areas raised by event participants were: Access, Specific groups, General, Quality of care, Staff, Communication, Cost and efficiency, Education, Integration.

Across the main themes, three sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and 19 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (56% / 30)
2. Access - Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits) (17% / 9)
3. Specific groups - Home visits will benefit vulnerable groups (e.g. disabled) (7% / 4).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (9% / 5)
2. Access - Concern that mental health patients will not use the service (e.g. staff should be proactive) (4% / 2)
3. Quality of care - Concern that proposal will lead to quick discharge from hospital (e.g. reducing hospital beds) (2% / 1).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Ensure that service reflects the needs of deaf people (e.g. accessible for them) (20% / 11)
2. General - More details are required to comment on this proposal (13% / 7)
3. Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (11% / 6).

1.5.4.3 Improving the crisis service: Correspondence

The main theme areas from the correspondence were: Cost and efficiency, Service provision, Access, Quality of care, Specific groups, Staff, General.

Across the main themes, two sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and seven sub-themes were observations.

The top three sub-themes from the correspondence were:

- In agreement: Access - Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits) (67% / 2)
- In disagreement: Cost and efficiency - Concern that direct access to CAP will increase volume of referrals for mild degree psychiatric disorders (33% / 1); Cost and efficiency - Concern over lack of GP involvement in mental health patient's pathway (e.g. inappropriate self-referrals, GPs know patients) (33% / 1); Access - Concern that mental health patients will not use the service (e.g. staff should be proactive) (33% / 1)
- In observation: Quality of care - Consider the need for continuous and consistent mental health support (e.g. after crisis, follow-up) (33% / 1); Quality of care - Consider improving

quality of care provided by crisis team before expanding its role (33% / 1); Service provision - Consider the need for crisis team in each CMHT (33% / 1); Service provision - Consider provision of support for carers and families (33% / 1); General - More details are required to comment on this proposal (33% / 1); Specific groups - Ensure the services reflects the needs of the diverse community (e.g. language, culture) (33% / 1); Staff - Ensure appropriate staffing (e.g. more staff, proficient and trained staff) (33% / 1).

1.5.5 Executive Summary: Expanding the use of the Triage Car

This section presents feedback on the proposal on expanding the use of the Triage Car. Feedback is presented from the questionnaire, followed by events and then correspondence.

1.5.5.1 Expanding the use of the Triage Car: Questionnaire

Respondents were asked the following questions:

- Q12. To what extent do you agree or disagree with these changes– answered by 4052 respondents
- Q13. Please tell us why – answered by 549 respondents.

1.5.5.1.1 Responses to question 12: To what extent do you agree or disagree with these changes

Tables 16 and 17 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 92% (3713) of all respondents agreed and 2% (85) disagreed with the proposal on expanding the use of the Triage Car.

Table 16. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3713	92%	92%	89%	100%	95%	93%	90%	93%	92%	93%	89%
Neither agree nor disagree	225	6%	5%	8%	-	4%	2%	7%	7%	5%	4%	7%
Total disagree	85	2%	2%	3%	-	1%	2%	2%	-	2%	2%	2%
N/A	29	1%	1%	0.2%	-	-	2%	1%	1%	0.4%	0.4%	2%
<i>Base</i>	<i>4052</i>		<i>3279</i>	<i>469</i>	<i>25</i>	<i>74</i>	<i>135</i>	<i>1139</i>	<i>121</i>	<i>1056</i>	<i>1270</i>	<i>466</i>

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 17. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3713	92%	91%	94%	90%	93%	92%	86%
Neither agree nor disagree	225	6%	6%	4%	6%	6%	5%	7%
Total disagree	85	2%	3%	1%	2%	1%	2%	5%
N/A	29	1%	0.4%	0.4%	1%	0.4%	1%	2%
Base	4052		1244	1156	1348	1166	2574	225

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- A significant proportion of respondents from Leicestershire North and West (93% / 1184) were in agreement with this proposal compared to respondents from the Leicester City Council area (90% / 1028)

1.5.5.1.2 Responses from question 13: Please tell us why

549 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Quality of care, Cost and efficiency, General, Access, Service provision, Staff, Communication, Specific groups, Integration, COVID, Education, Information support.

Across the main themes, eight sub-themes were in agreement with the proposal, 10 sub-themes were in disagreement with the proposal and 35 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (21% / 115)
2. Access - Proposal will improve access to mental health support (e.g. easier, quicker) (18% / 97)
3. Quality of care - Proposal will improve quality of care of patients in crisis (e.g. provides correct support) (11% / 60).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Quality of care - Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users) (11% / 58)
2. Access - Concern over managing the calls through the Central Access Point (e.g. separate line is needed, use 999 or NHS 111, police should have direct access to support) (2% / 12)
3. General - Disagreement with proposal (1% / 4).

The top three observation sub-themes raised by survey respondents were:

1. Access - Service should be available 24/7 (16% / 87)
2. Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (11% / 60)
3. Staff - Ensure appropriate staffing (e.g. more staff, trained staff, representative of communities they work in) (6% / 31).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Rutland County Council area:
 - Observation sub-theme: Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (25% / 4).

1.5.5.2 Expanding the use of the Triage Car: One-to-one interview, focus group and public events

The main theme areas raised by event participants were: Quality of care, Cost and efficiency, General, Access, Service provision, Specific groups, Staff, Communication, Confidentiality.

Across the main themes, six sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and 12 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (58% / 29)
2. Access - Proposal will improve access to mental health support (e.g. easier, quicker) (12% / 6)
3. Quality of care - Proposal will improve quality of care of patients in crisis (e.g. provides correct support) (10% / 5).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (12% / 6)
2. Quality of care - Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users) (4% / 2)
3. Cost and efficiency - Expanding the service is not good use of resources (e.g. spend the money on hiring more psychiatrists) (2% / 1).

The top three observation sub-themes raised by event participants were:

1. Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (22% / 11); Specific groups - Ensure that service reflects the needs of vulnerable patients (e.g. autism, learning disabilities, deaf people) (22% / 11)
2. Access - Service should be available 24/7 (12% / 6); Staff - Ensure appropriate staffing (e.g. more staff, trained staff, representative of communities they work in) (12% / 6)
3. General - More details about the proposal are required (e.g. what is a Triage Car) (8% / 4).

1.5.5.3 Expanding the use of the Triage Car: Correspondence

The main theme areas from the correspondence were: Access, Service provision, Cost and efficiency, COVID, Quality of care.

Across the main themes, no sub-themes were in agreement with the proposal, one sub-theme was in disagreement with the proposal and five sub-themes were observations.

The top three sub-themes from the correspondence were:

- In agreement: No agreement sub-themes raised

- In disagreement: Access - Concern over managing the calls through the Central Access Point (e.g. separate line is needed, use 999 or NHS 111, police should have direct access to support) (33% / 1)
- In observation: Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (67% / 2).

1.5.6 Executive Summary: Mental Health Urgent Care Hub

This section presents feedback on the proposal for Mental Health Urgent Care Hub. Feedback is presented from the questionnaire, followed by events and then correspondence.

1.5.6.1 Mental Health Urgent Care Hub: Questionnaire

Respondents were asked the following questions:

- Q14. To what extent do you agree or disagree with these changes– answered by 4048 respondents
- Q15. Please tell us why – answered by 594 respondents.

1.5.6.1.1 Responses to question 14: To what extent do you agree or disagree with these changes

Tables 18 and 19 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 90% (3650) of all respondents agreed and 3% (112) disagreed with the proposal on the Mental Health Urgent Care Hub.

Table 18. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3650	90%	91%	90%	92%	95%	87%	90%	89%	90%	91%	90%
Neither agree nor disagree	262	7%	6%	7%	8%	3%	8%	7%	7%	7%	6%	7%
Total disagree	112	3%	3%	3%	-	3%	3%	3%	4%	3%	3%	2%
N/A	24	1%	1%	1%	-	-	2%	1%	-	1%	1%	1%
Base	4048		3278	465	25	73	135	1140	121	1054	1268	465

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 19. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3650	90%	88%	94%	89%	90%	91%	82%
Neither agree nor disagree	262	7%	8%	4%	7%	7%	6%	10%
Total disagree	112	3%	4%	1%	3%	3%	3%	7%
N/A	24	1%	0.5%	1%	1%	0.2%	1%	1%
Base	4048		1242	1155	1346	1166	2570	225

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- There were no significant differences between sub-groups.

1.5.6.1.2 Responses from question 15: Please tell us why

594 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Quality of care, Access, General, Service provision, Cost and efficiency, Communication, Specific groups, Staff, Integration, Estate and facilities, COVID, Technology, Central Access Point.

Across the main themes, eight sub-themes were in agreement with the proposal, 12 sub-themes were in disagreement with the proposal and 43 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access) (18% / 106)
2. General - Agreement with proposal (16% / 96)
3. Cost and efficiency - Proposal will reduce pressure on other services (e.g. emergency services, hospitals) (4% / 26).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (8% / 47)
2. Quality of care - Bradgate Unit provided poor quality of services (e.g. unhelpful) (6% / 34)
3. General - Bradgate Mental Health Unit is not fit for purpose (e.g. has bad reputation, claustrophobic, should be shut down, patients will not go) (3% / 15).

The top three observation sub-themes raised by survey respondents were:

1. Service provision - Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care) (8% / 50)
2. Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (8% / 48)
3. Staff - Ensure appropriate staffing (e.g. more staff, trained staff, BSL skills) (6% / 35).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - Disagreement sub-theme: Quality of care - Bradgate Unit provided poor quality of services (e.g. unhelpful) (9% / 17)
 - Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (8% / 16).
- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (14% / 4).
- Respondents from Leicestershire South and East:
 - Agreement sub-theme: General - Agreement with proposal (18% / 24)
 - Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (10% / 13).

1.5.6.2 Mental Health Urgent Care Hub: One-to-one interview, focus group and public events

The main theme areas raised by event participants were: General, Service provision, Specific groups, Access, Cost and efficiency, Staff, Communication, Quality of care, Confidentiality, COVID, Estate and facilities.

Across the main themes, three sub-themes were in agreement with the proposal, five sub-themes were in disagreement with the proposal and 15 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (63% / 31)
2. Access - Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access) (16% / 8)
3. Cost and efficiency - Proposal will reduce pressure on other services (e.g. emergency services, hospitals) (2% / 1).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (e.g. unachievable) (16% / 8)
2. Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (6% / 3)
3. Service provision - Concern that proposal will lead to the removal of existing services (e.g. Assertive Outreach services) (4% / 2).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Consider the needs of vulnerable people (e.g. people with special educational needs, dementia, deaf people) (22% / 11)
2. Staff - Ensure appropriate staffing (e.g. more staff, trained staff, BSL skills) (18% / 9)
3. Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (12% / 6).

1.5.6.3 Mental Health Urgent Care Hub: Correspondence

The main theme areas from the correspondence were: Quality of care, Cost and efficiency. General, Communication, Access, Service provision, Staff.

Across the main themes, two sub-themes were in agreement with the proposal, five sub-themes were in disagreement with the proposal and five sub-themes were observations.

The top three sub-themes from the correspondence were:

- In agreement: Access - Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access) (50% / 2)
- In disagreement: Cost and efficiency - Concern over lack of capacity and resources to meet targets and demand (e.g. lack of hospital beds) (50% / 2)
- In observation: General - More details about the proposal are required (25% / 1); General - Consider changing the image of the Bradgate Unit (e.g. bad association) (25% / 1); Communication - Consider the need for clear guidance and service specification (25% / 1); Communication - Consider improving communication with service users and their families (e.g. listen) (25% / 1); service provision - Consider the need to increase number of hospital beds for mental health patients (25% / 1).

1.5.7 Executive Summary: Improving the Acute Mental Health Liaison Service

This section presents feedback on the proposal on the improving Acute Mental Health Liaison Service. Feedback is presented from the questionnaire, followed by events and then correspondence.

1.5.7.1 Improving the Acute Mental Health Liaison Service: Questionnaire

Respondents were asked the following questions:

- Q16. To what extent do you agree or disagree with these changes– answered by 4038 respondents
- Q17. Please tell us why – answered by 539 respondents.

1.5.7.1.1 Responses to question 16: To what extent do you agree or disagree with these changes

Tables 20 and 21 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 89% (3572) of all respondents agreed and 4% (143) disagreed with the proposal on improving the Acute Mental Health Liaison Service.

Table 20. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3572	89%	89%	84%	96%	92%	85%	88%	91%	89%	90%	85%
Neither agree nor disagree	287	7%	7%	10%	-	5%	8%	8%	4%	7%	6%	10%
Total disagree	143	4%	3%	5%	4%	3%	3%	3%	5%	4%	4%	4%
N/A	36	1%	1%	1%	-	-	4%	2%	-	0.4%	1%	2%
Base	4038		3270	464	24	75	136	1137	121	1053	1264	463

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 21. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3572	89%	88%	92%	86%	89%	90%	72%
Neither agree nor disagree	287	7%	7%	5%	9%	7%	6%	14%
Total disagree	143	4%	4%	2%	4%	3%	3%	11%
N/A	36	1%	1%	0.4%	1%	1%	1%	3%
Base	4038		1241	1151	1342	1162	2567	224

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- There were no significant differences between sub-groups.

1.5.7.1.2 Responses from question 17: Please tell us why

539 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Quality of care, General, Access, Specific groups, Cost and efficiency, Communication, Service provision, Staff, Integration, Estate and facilities, COVID, Mental Health Urgent Care Hub.

Across the main themes, 10 sub-themes were in agreement with the proposal, 14 sub-themes were in disagreement with the proposal and 40 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (19% / 100)

2. Access - Proposal will improve access to appropriate mental health support (e.g. shorter waiting time, easy to access) (14% / 73)
3. Quality of care - Co-location of mental health services with emergency one will improve quality of care (3% / 18).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Specific groups - Concern over restricted access to the service for older adults (16% / 88)
2. General - A&E is not a suitable place for mental health patients (3% / 15)
3. Service provision - Concern that proposal will lead to removal of existing services (e.g. psycho oncology team, FOPAL) (2% / 12).

The top three observation sub-themes raised by survey respondents were:

1. Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (16% / 88)
2. Staff - Ensure appropriate staffing (e.g. staffing levels, skills mix, BSL skills) (7% / 38)
3. Access - Consider improving waiting time for response to patients (e.g. meet one-hour target, 24 hours is too long) (6% / 33).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Rutland County Council area:
 - Disagreement sub-theme: Access - Proposal disadvantages residents of the county (e.g. too centralised) (33% / 7)
 - Observation sub-theme: Access - Consider improving waiting time for response to patients (e.g. meet one-hour target, 24 hours is too long) (14% / 3).

1.5.7.2 Improving the Acute Mental Health Liaison Service: One-to-one interview, focus group and public events

The main theme areas raised by event participants were: Access, General, Quality of care, Specific groups, Communication, Staff, Service provision, Cost and efficiency.

Across the main themes, two sub-themes were in agreement with the proposal, five sub-themes were in disagreement with the proposal and 15 sub-themes were observations.

The top two sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (61% / 23)
2. Quality of care - Co-location of mental health services with emergency one will improve quality of care (5% / 2).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. Specific groups - Concern over restricted access to the service for older adults (18% / 7)
2. General - Disagreement with proposal (16% / 6)
3. Access - Proposal disadvantages residents of the county (e.g. too centralised) (3% / 1);
Quality of care - Proposal will reduce quality of care (e.g. lost specialist skills) (3% / 1);
Specific group - Concern over lack of specialist service to support Deaf people in Leicester (3% / 1).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Consider the needs of vulnerable patients (e.g. dementia, mobility problems, elderly, deaf people) (29% / 11)
2. Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (18% / 7)
3. Staff - Ensure appropriate staffing (e.g. staffing levels, skills mix, BSL skills) (16% / 6).

1.5.7.3 Improving the Acute Mental Health Liaison Service: Correspondence

The main theme areas from the correspondence were: Access, Quality of care, Specific groups, Equality, General.

Across the main themes, two sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and two sub-themes were observations.

The top three sub-themes from the correspondence were:

- In agreement: Access - Proposal will improve access to appropriate mental health support (e.g. shorter waiting time, easy to access) (33% / 1); Quality of care - Proposal will help improve patient's outcome (e.g. save lives) (33% / 1)
- In disagreement: Specific groups - Concern over restricted access to the service for older adults (67% / 2)
- In observation: Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (33% / 1); General - Data analysis is required to support this proposal (33% / 1).

1.5.8 Executive Summary: Joining up support for vulnerable groups

This section presents feedback on the proposal on joining up support for vulnerable groups. Feedback is presented from the questionnaire, followed by events and then correspondence.

1.5.8.1 Joining up support for vulnerable groups: Questionnaire

Respondents were asked the following questions:

- Q18. To what extent do you agree or disagree with these changes— answered by 4024 respondents
- Q19. Please tell us why – answered by 616 respondents.

1.5.8.1.1 Responses to question 18: To what extent do you agree or disagree with these changes

Tables 22 and 23 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 72% (2904) of all respondents agreed and 9% (371) disagreed with the proposal on joining up support for vulnerable groups.

Table 22. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	2904	72%	72%	70%	92%	78%	72%	71%	73%	72%	74%	73%
Neither agree nor disagree	703	18%	18%	19%	4%	12%	15%	18%	18%	19%	16%	17%
Total disagree	371	9%	9%	10%	4%	10%	11%	11%	8%	9%	9%	8%
N/A	46	1%	1%	1%	-	-	2%	1%	1%	1%	1%	3%
Base	4024		3261	462	24	74	133	1136	120	1053	1259	456

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 23. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	2904	72%	70%	75%	71%	72%	73%	60%
Neither agree nor disagree	703	18%	19%	17%	18%	17%	17%	24%
Total disagree	371	9%	10%	8%	9%	10%	9%	14%
N/A	46	1%	1%	1%	2%	1%	1%	2%
Base	4024		1241	1146	1336	1153	2564	225

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- A significant proportion of respondents from Leicestershire North and West (74% / 931) were in agreement with this proposal compared to respondents from the Leicester City Council area (71% / 801)
- A significant proportion of respondents from the Leicester City Council area (11% / 123) were in disagreement with this proposal compared to respondents from Leicestershire South and East (9% / 90).

1.5.8.1.2 Responses from question 19: Please tell us why

616 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: General, Service provision, Cost and efficiency, Quality of care, Specific groups, Access, Staff, Communication, Collaboration, Integration, Confidentiality.

Across the main themes, four sub-themes were in agreement with the proposal, 12 sub-themes were in disagreement with the proposal and 33 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (15% / 90)
2. Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (11% / 66)
3. Cost and efficiency - Proposal will improve service efficiency (e.g. less duplication) (5% / 29).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Quality of care - Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs) (26% / 162)
2. Staff - Concern over staff reduction due to merger of the services (e.g. increase staff workload) (10% / 64)
3. General - Concern over merging services for vulnerable people with criminal justice service (e.g. homeless people are not criminals) (10% / 60).

The top three observation sub-themes raised by survey respondents were:

1. General - More details are required to comment on this question (8% / 49)
2. Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (5% / 28)
3. Collaboration - Ensure effective collaboration of these teams (4% / 26); Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (4% / 26).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Rutland County Council area:
 - Observation sub-theme: Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (17% / 3)
- Respondents from Leicestershire North and West:
 - Observation sub-theme: Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (7% / 13).

1.5.8.2 Joining up support for vulnerable groups: One-to-one interview, focus group and public events

The main theme areas raised by event participants were: General, Access, Cost and efficiency, Quality of care, Service provision, Staff, Specific groups, Integration.

Across the main themes, four sub-themes were in agreement with the proposal, eight sub-themes were in disagreement with the proposal and four sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (40% / 19)
2. Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (9% / 4); Quality of care - Proposal will improve quality of services for vulnerable groups (e.g. coherent service) (9% / 4)

3. Cost and efficiency - Proposal will improve service efficiency (e.g. less duplication) (6% / 3).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. Quality of care - Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs) (23% / 11)
2. General - Disagreement with proposal (21% / 10)
3. Specific groups - Ensure that service reflects the needs of deaf people (13% / 6).

The top three observation sub-themes raised by event participants were:

1. General - More details are required to comment on this question (9% / 4)
2. Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (6% / 3)
3. Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (4% / 2).

1.5.8.3 Joining up support for vulnerable groups: Correspondence

The main theme areas from the correspondence were: Quality of care, Access, Cost and efficiency, General, Service provision, Staff.

Across the main themes, three sub-themes were in agreement with the proposal, one sub-theme was in disagreement with the proposal and three sub-themes were observations.

The top three sub-themes from the correspondence were:

- In agreement: Quality of care - Proposal will improve quality of services for vulnerable groups (e.g. coherent service) (33% / 1); Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (33% / 1); Cost and efficiency - Proposal will improve service efficiency (e.g. less duplication) (33% / 1)
- In disagreement: Quality of care - Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs) (67% / 2)
- In observation: General - More details are required to comment on this question (33% / 1); Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (33% / 1); Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (33% / 1).

1.5.9 Executive Summary: Working with the community to provide more mental health services locally

This section presents feedback on the proposal on working with community to provide more mental health services locally. Feedback is presented from the questionnaire, followed by events and then correspondence.

1.5.9.1 Working with the community to provide more mental health services locally: Questionnaire

Respondents were asked the following questions:

- Q20a To what extent do you agree or disagree with these changes: Create eight teams each based in a local area to support adult's mental health needs – answered by 3971 respondents
- Q21a Please tell us why – answered by 369 respondents

- Q20b To what extent do you agree or disagree with these changes: Offer a wider range of therapies for people with personality disorders – answered by 3976 respondents
- Q21b Please tell us why – answered by 306 respondents
- Q20c To what extent do you agree or disagree with these changes: Increase access to perinatal services that support women with moderate to severe perinatal mental health difficulties - answered by 3967 respondents
- Q21c Please tell us why – answered by 229 respondents
- Q20d To what extent do you agree or disagree with these changes: Develop a new maternal outreach service – answered by 3964 respondents
- Q21d Please tell us why – answered by 215 respondents
- Q20e To what extent do you agree or disagree with these changes: Improve assessment for people who may need Psychosis Intervention and Early Recovery service – answered by 3940 respondents
- Q21e Please tell us why – answered by 228 respondents
- Q20f To what extent do you agree or disagree with these changes: Improve the Memory Service by offering online consultations – answered by 3940 respondents
- Q21f Please tell us why – answered by 321 respondents
- Q20g To what extent do you agree or disagree with these changes: Provide community rehabilitation support – answered by 3949 responses
- Q21g Please tell us why – answered by 274 respondents.

1.5.9.1.1 Responses to question 20a: To what extent do you agree or disagree with these changes: Create eight teams each based in a local area to support adult’s mental health needs

Tables 24 and 25 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 89% (3532) of all respondents agreed and 3% (114) disagreed with the proposal.

Table 24. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3532	89%	90%	81%	100%	92%	87%	88%	92%	89%	91%	84%
Neither agree nor disagree	300	8%	7%	12%	-	7%	7%	8%	7%	9%	6%	9%
Total disagree	114	3%	2%	6%	-	-	3%	3%	2%	3%	2%	5%
N/A	25	1%	1%	0.4%	-	1%	3%	1%	-	0.3%	0.2%	2%
Base	3971		3211	464	25	74	130	1119	122	1038	1244	448

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 25. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3532	89%	90%	89%	88%	90%	90%	75%
Neither agree nor disagree	300	8%	7%	8%	9%	7%	7%	18%
Total disagree	114	3%	3%	3%	3%	3%	2%	5%
N/A	25	1%	1%	0.2%	1%	0.4%	1%	2%
Base	3971		1220	1131	1324	1141	2528	221

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- A significant proportion of respondents from Leicestershire North and West (91% / 1137) were in agreement with this proposal compared to respondents from the Leicester City Council area (88% / 986).

1.5.9.1.2 Responses from question 21a: Please tell us why

369 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Quality of care, General, Service provision, Cost and efficiency, Access, Specific groups, Staff, Integration, Capacity, Communication, COVID, Estate and facilities.

Across the main themes, eight sub-themes were in agreement with the proposal, nine sub-themes were in disagreement with the proposal and 32 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (19% / 71)
2. Access - Proposal improves access to mental health support locally (15% / 56)
3. Quality of care - Proposal will improve quality of care for old people (5% / 18).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Service provision - Concern over the removal of existing services (e.g. Assertive Outreach services, MH Integrated Team) (12% / 44)
2. Quality of care - Proposal will have a negative impact on patients of Assertive Outreach services (e.g. psychotic illness) (6% / 22)
3. Quality of care - Proposal will have a negative impact on quality of care (e.g. inconsistency, lose specialisms) (4% / 13).

The top three observation sub-themes raised by survey respondents were:

1. General - More details about proposal are required (e.g. capacity, type of support) (12% / 43)
2. Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (10% / 37)
3. Integration - Ensure effective collaboration of these teams (10% / 35); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (10% / 35).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (18% / 2); Access - Proposal improves access to mental health support locally (18% / 2)
 - Disagreement sub-theme: Quality of care - Proposal will have a negative impact on patients of Assertive Outreach services (e.g. psychotic illness) (9% / 1); General - Disagreement with the proposal (9% / 1); Cost and efficiency - Proposal is not good use of NHS money (e.g. increase cost) (9% / 1)
 - Observation sub-theme: General - More details about proposal are required (e.g. capacity, type of support) (9% / 1); Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (9% / 1); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (9% / 1); Access - Consider improving waiting times for mental health support (9% / 1); Specific groups - Ensure that teams reflect the needs of patients with specific health conditions (e.g. eating disorders, complex physical health problems) (9% / 1); Specific groups - Ensure that local teams reflect the needs of the diverse community (9% / 1).
- Respondents from Leicestershire South and East:
 - Agreement sub-theme: Access - Proposal improves access to mental health support locally (21% / 18)
 - Observation sub-theme: Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (12% / 10).
- Respondents from Leicestershire North and West:
 - Agreement sub-theme: General - Agreement with proposal (16% / 15); Access - Proposal improves access to mental health support locally (16% / 15).

1.5.9.1.3 Responses to question 20b: To what extent do you agree or disagree with these changes: Offer a wider range of therapies for people with personality disorders

Tables 26 and 27 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 91% (3632) of all respondents agreed and 2% (76) disagreed with the proposal.

Table 26. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3632	91%	92%	89%	100%	91%	87%	91%	92%	91%	93%	88%
Neither agree nor disagree	225	6%	6%	5%	-	7%	7%	6%	6%	6%	5%	5%
Total disagree	76	2%	2%	5%	-	-	2%	2%	1%	2%	2%	4%
N/A	43	1%	1%	0.4%	-	3%	4%	2%	2%	1%	0.3%	3%
Base	3976		3215	464	25	74	130	1116	121	1040	1252	447

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 27. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3632	91%	3632	91%	3632	91%	3632	91%
Neither agree nor disagree	225	6%	225	6%	225	6%	225	6%
Total disagree	76	2%	76	2%	76	2%	76	2%
N/A	43	1%	43	1%	43	1%	43	1%
Base	3976		1224	1127	1328	1143	2533	221

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- There were no significant differences between sub-groups.

1.5.9.1.4 Responses from question 21b: Please tell us why

306 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Quality of care, General, Service provision, Access, Specific groups, Cost and efficiency, Capacity, Staff, Integration, Communication, Information support.

Across the main themes, five sub-themes were in agreement with the proposal, four sub-themes were in disagreement with the proposal and 24 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will improve access to support for people with personality disorders (31% / 94)

2. General - Agreement with proposal (22% / 67)
3. Quality of care - Proposal will improve quality of care for people with personality disorders (14% / 42).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Capacity - Concern over lack of capacity and resources to meet demand for this service (4% / 13); Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (4% / 13)
2. Service provision - Concern that proposal discriminates against other people with a serious mental illness (e.g. individuals with severe mental illness, psychosis) (2% / 5)
3. General - Disagreement with proposal (1% / 4).

The top three observation sub-themes raised by survey respondents were:

1. Quality of care - Consider improving quality of care for people with personality disorders (e.g. dynamic psychotherapy, evidence-based therapy, individual approach, alternative therapies) (11% / 32)
2. Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (8% / 23)
3. Access - Consider reducing waiting time for mental health services (7% / 22).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (3% / 3)
- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (25% / 2)
 - Disagreement sub-theme: Capacity - Concern over lack of capacity and resources to meet demand for this service (13% / 1)
 - Observation sub-theme: Quality of care - Consider improving quality of care for people with personality disorders (e.g. dynamic psychotherapy, evidence-based therapy, individual approach, alternative therapies) (13% / 1); Access - Consider reducing waiting time for mental health services (13% / 1); Integration - Consider greater integration between mental health services and other services (e.g. police, physical health services, children's services) (13% / 1); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (13% / 1); Service provision - Consider improved provision of local services across the county (13% / 1).

1.5.9.1.5 Responses to question 20c: To what extent do you agree or disagree with these changes: Increase access to perinatal services that support women with moderate to severe perinatal mental health difficulties

Tables 28 and 29 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 91% (3627) of all respondents agreed and 1% (46) disagreed with the proposal.

Table 28. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3627	91%	92%	91%	100%	93%	89%	91%	86%	92%	93%	88%
Neither agree nor disagree	224	6%	6%	7%	-	6%	5%	6%	12%	5%	5%	7%
Total disagree	46	1%	1%	2%	-	-	2%	1%	-	1%	1%	2%
N/A	70	2%	2%	1%	-	1%	5%	2%	3%	1%	2%	3%
Base	3967		3207	465	25	73	131	1117	121	1035	1246	448

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 29. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3627	91%	91%	93%	90%	93%	91%	86%
Neither agree nor disagree	224	6%	5%	5%	6%	5%	6%	9%
Total disagree	46	1%	2%	1%	1%	1%	1%	4%
N/A	70	2%	2%	1%	3%	2%	2%	2%
Base	3967		1219	1132	1321	1143	2524	223

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- A significant proportion of respondents from Leicestershire North and West (93% / 1152) were in agreement with this proposal compared to respondents from Rutland (86% / 104).

1.5.9.1.6 Responses from question 21c: Please tell us why

229 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: General, Access, Service provision, Quality of care, Cost and efficiency, Specific groups, Staff, Communication, Integration.

Across the main themes, five sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and 24 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Quality of care - Proposal will help to improve the mental health of service users (35% / 79)

2. General - Agreement with proposal (21% / 47)
3. Access - Proposal will improve access to perinatal mental health support (17% / 39).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. General - Disagreement with the proposal (2% / 4)
2. Cost and efficiency - The service should be a part of Community Treatment and Recovery Teams (e.g. no need for specialised service) (1% / 3)
3. Cost and efficiency - Assertive Outreach team provides this support (e.g. no need for this service) (0.4% / 1).

The top three observation sub-themes raised by survey respondents were:

1. Access - Consider extending time for service provision after birth (9% / 21)
2. Specific groups - Ensure that the service reflects the needs of the diverse community (4% / 10)
3. General - More details about proposal are required (e.g. capacity, type of support) (2% / 5); Service provision - More mental health services are required (2% / 5); Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (2% / 5)

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - No disagreement sub-themes raised.
- Respondents from Rutland County Council area:
 - No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that the service reflects the needs of the diverse community (20% / 1); Specific groups - Consider provision of support for war veterans (20% / 1).

1.5.9.1.7 Responses to question 20d: To what extent do you agree or disagree with these changes: Develop a new maternal outreach service

Tables 30 and 31 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 91% (3622) of all respondents agreed and 1% (46) disagreed with the proposal.

Table 30. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3622	91%	92%	90%	96%	95%	90%	92%	84%	92%	92%	89%
Neither agree nor disagree	225	6%	6%	7%	-	4%	5%	5%	12%	5%	6%	6%
Total disagree	46	1%	1%	2%	4%	-	2%	1%	2%	1%	1%	1%
N/A	71	2%	2%	2%	-	1%	4%	2%	3%	1%	2%	4%
Base	3964		3203	465	25	74	130	1116	121	1033	1246	448

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 31. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3622	91%	92%	93%	90%	92%	91%	89%
Neither agree nor disagree	225	6%	6%	5%	6%	5%	6%	7%
Total disagree	46	1%	1%	1%	1%	1%	1%	2%
N/A	71	2%	2%	1%	3%	2%	2%	2%
Base	3964		1219	1129	1320	1145	2519	223

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- A significant proportion of respondents from Leicestershire South and East (92% / 953) and the Leicester City Council area (92% / 1027) were in agreement with this proposal compared to respondents from Rutland (84% / 101).

1.5.9.1.8 Responses from question 21d: Please tell us why

215 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Service provision, General, Specific groups, Quality of care, Access, Cost and efficiency, Communication, Staff, Integration.

Across the main themes, four sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and 38 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will improve access to mental health support (33% / 71)
2. General - Agreement with proposal (17% / 37)
3. Quality of Care - Proposal will allow service users to connect with others (e.g. lessen isolation) (1% / 3).

The top two sub-themes raised by survey respondents in disagreement with this proposal were:

1. General - Disagreement with the proposal (2% / 5)
2. Service provision - Concern over the removal of existing services (e.g. Assertive Outreach services, MH Integrated Team) (1% / 1); Cost and efficiency - Concern that the proposal will be implemented at expense of other services (1% / 1).

The top three observation sub-themes raised by survey respondents were:

1. Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (5% / 11)
2. Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (5% / 10)
3. Service provision - This service should be available for all family members and carers (4% / 8).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - Observation sub-theme: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (5% / 4); Specific groups - Consider the need to research multicultural practices and incorporating them (e.g. multicultural work plan) (5% / 4).
- Respondents from Rutland County Council area:
 - No disagreement sub-themes raised
 - Observation sub-theme: Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (20% / 1); Service provision - This service should be available for all family members and carers (20% / 1).
- Respondents from Leicestershire South and East:
 - Observation sub-theme: Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (7% / 3); Integration - Ensure close integration between maternal outreach service and other services (e.g. health visitors, GP, maternity services, schools, voluntary and community sector) (7% / 3); Service provision - Consider the need for midwives and health visitors to provide this support (7% / 3).
- Respondents from Leicestershire North and West:
 - Agreement sub-theme: General - Agreement with proposal (27% / 14)
 - No disagreement sub-themes raised.

1.5.9.1.9 Responses to question 20e: To what extent do you agree or disagree with these changes: Improve assessment for people who may need Psychosis Intervention and Early Recovery service

Tables 32 and 33 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 95% (3736) of all respondents agreed and 1% (33) disagreed with the proposal.

Table 32. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3736	95%	95%	94%	100%	92%	92%	94%	96%	96%	96%	92%
Neither agree nor disagree	136	4%	3%	4%	-	6%	3%	4%	3%	3%	3%	6%
Total disagree	33	1%	1%	2%	-	1%	2%	1%	-	1%	1%	0.4%
N/A	35	1%	1%	1%	-	1%	3%	1%	1%	1%	0.2%	2%
Base	3940		3184	460	25	72	132	1106	121	1026	1241	446

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 33. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3736	95%	96%	95%	95%	95%	95%	91%
Neither agree nor disagree	136	4%	3%	4%	4%	4%	3%	5%
Total disagree	33	1%	1%	1%	1%	1%	1%	2%
N/A	35	1%	1%	0.4%	1%	1%	1%	2%
Base	3940		1211	1123	1310	1136	2502	223

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- A significant proportion of respondents from Leicestershire South and East (96% / 985) were in agreement with this proposal compared to respondents from the Leicester City Council area (94% / 1039)

1.5.9.1.10 Responses from question 21e: Please tell us why

228 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Quality of care, General, Specific groups, Service provision, Access, Staff, Integration, Communication, Cost and efficiency.

Across the main themes, three sub-themes were in agreement with the proposal, five sub-themes were in disagreement with the proposal and 24 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Quality of care - Proposal will have positive impact on mental health outcomes of service users (e.g. prevent crisis, early recovery) (31% / 70)
2. General - Agreement with proposal (26% / 59)
3. Access - Proposal will improve access to appropriate support (10% / 22).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. General - Psychosis Intervention and Early Recovery team works well (e.g. no need for changes) (4% / 10)
2. Quality of care - Assertive Outreach services provide better support for such patients (4% / 8)
3. General - Disagreement with the proposal (3% / 6).

The top three observation sub-themes raised by survey respondents were:

1. Quality of care - Consider improving quality of care for patients with psychosis (11% / 24)
2. Quality of care - Consider improving assessment of patients (e.g. avoid irrelevant questions) (4% / 9)
3. Access - Consider improving waiting time for assessment and referrals (4% / 8); Quality of care - Consider the need for continuity and consistency of care for patients with psychosis (4% / 8); Quality of care - Consider the need for early intervention for other mental health issues (e.g. anxiety, eating disorders, suicide) (4% / 8); Specific groups - Concern over patients who do not accept the diagnosis and don't engage (4% / 8).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - Disagreement sub-theme: General - Disagreement with the proposal (5% / 4)
 - Observation sub-theme: Quality of care - Consider improving quality of care for patients with psychosis (5% / 4); Quality of care - Consider improving assessment of patients (e.g. avoid irrelevant questions) (5% / 4).
- Respondents from Rutland County Council area:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Consider improving waiting time for assessment and referrals (20% / 1); Service provision - Consider improved provision of mental health services locally (e.g. Rutland) (20% / 1).
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: Quality of care - Assertive Outreach services provide better support for such patients (8% / 4).
- Respondents from Leicestershire North and West:
 - Agreement sub-theme: General - Agreement with proposal (39% / 22).

1.5.9.1.11 Responses to question 20f: To what extent do you agree or disagree with these changes: Improve the Memory Service by offering online consultations

Tables 34 and 35 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 83% (3276) of all respondents agreed and 6% (219) disagreed with the proposal.

Table 34. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3276	83%	84%	77%	96%	82%	80%	82%	78%	83%	84%	83%
Neither agree nor disagree	407	10%	10%	14%	-	10%	12%	11%	15%	10%	10%	10%
Total disagree	219	6%	5%	8%	4%	7%	5%	5%	7%	6%	5%	4%
N/A	38	1%	1%	1%	-	1%	3%	1%	-	1%	1%	3%
Base	3940		3183	461	25	73	131	1111	120	1031	1236	442

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 35. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3276	83%	84%	84%	82%	83%	84%	74%
Neither agree nor disagree	407	10%	10%	10%	11%	10%	10%	14%
Total disagree	219	6%	6%	6%	6%	6%	5%	11%
N/A	38	1%	1%	0.4%	1%	1%	1%	1%
Base	3940		1213	1125	1306	1136	2507	222

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- There were no significant differences between sub-groups.

1.5.9.1.12 Responses from question 21f: Please tell us why

321 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Quality of care, General, Service provision, Access, Cost and efficiency, Specific groups, Patient’s choice, Integration, Staff, Technology, COVID.

Across the main themes, five sub-themes were in agreement with the proposal, nine sub-themes were in disagreement with the proposal and 27 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (18% / 57)
2. Quality of care - Proposal will help to reduce stress and anxiety of service users (4% / 13)

3. Access - Proposal will improve access to services (e.g. quicker) (3% / 10).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Access - Concern over lack of access to technology or knowledge of how to use it (25% / 80)
2. Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (23% / 73)
3. General - Disagreement with proposal (6% / 18%); Quality of care - Physical examination is required to provide effective care (6% / 18).

The top three observation sub-themes raised by survey respondents were:

1. Specific groups - Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people) (9% / 29)
2. Service provision - Consider provision of memory services out of hospital (e.g. community settings) (8% / 27)
3. Service provision - Consider provision of assessment at patient's home (6% / 18).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (10% / 1); Quality of care - Proposal will improve safety of care (10% / 1)
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (30% / 3)
 - Observation sub-theme: Specific groups - Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people) (10% / 1); Service provision - Consider provision of assessment at patient's home (10% / 1); General - More details about the proposal are required (10% / 1); Quality of care - Online consultations may be suitable depending on the medical issue (10% / 1); Service provision - Consider provision of memory services locally (10% / 1); Service provision - Consider provision of IT support for service users who need it (10% / 1).
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (26% / 21)
 - Observation sub-theme: Service provision - Consider provision of memory services out of hospital (e.g. community settings) (9% / 7); Service provision - Consider provision of assessment at patient's home (9% / 7).

1.5.9.1.13 Responses to question 20g: To what extent do you agree or disagree with these changes: Improve the Memory Service by offering online consultations

Tables 36 and 37 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 90% (3571) of all respondents agreed and 2% (88) disagreed with the proposal.

Table 36. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3571	90%	90%	90%	100%	93%	90%	90%	89%	90%	92%	88%
Neither agree nor disagree	258	7%	7%	6%	-	5%	5%	6%	9%	7%	6%	8%
Total disagree	88	2%	2%	3%	-	-	2%	3%	2%	2%	2%	2%
N/A	32	1%	1%	1%	-	1%	3%	1%	-	1%	0.2%	2%
Base	3949		3187	463	25	74	133	1107	118	1030	1246	448

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 37. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3571	90%	91%	91%	90%	92%	91%	83%
Neither agree nor disagree	258	7%	7%	6%	7%	6%	6%	12%
Total disagree	88	2%	2%	3%	2%	2%	2%	3%
N/A	32	1%	1%	1%	1%	0.4%	1%	2%
Base	3949		1214	1127	1309	1136	2513	222

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- There were no significant differences between sub-groups.

1.5.9.1.14 Responses from question 21g: Please tell us why

274 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: General, Quality of care, Service provision, Access, Specific groups, Cost and efficiency, Staff, Support, Communication and Integration.

Across the main themes, five sub-themes were in agreement with the proposal, eight sub-themes were in disagreement with the proposal and 23 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (34% / 94)

2. Access - Proposal improves access to mental health support (e.g. local, reduced waiting times) (9% / 24)
3. Quality of care - Proposal will provide preventative services for mental health issues (4% / 12).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Service provision - The service is already being provided (e.g. Assertive Outreach team, has been renamed) (13% / 36)
2. Service provision - Concern over the removal of existing services (e.g. out of community care) (4% / 11)
3. General - Disagreement with the proposal (3% / 7).

The top three observation sub-themes raised by survey respondents were:

1. Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (5% / 14)
2. General - Consider the need to implement proposal effectively (4% / 12)
3. General - More details about proposal are required (4% / 11); Quality of care - Ensure continuity of care (e.g. regular support) (4% / 11).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - Observation sub-theme: General - Consider the need to implement proposal effectively (4% / 4); Quality of care - Ensure continuity of care (e.g. regular support) (4% / 4); Specific groups - Ensure that the service reflects the needs of the diverse community (4% / 4).
- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (29% / 2); Access - Proposal improves access to mental health support (e.g. local, reduced waiting times) (29% / 2).
- Respondents from Leicestershire South and East:
 - Observation sub-theme: General - Consider the need to implement proposal effectively (6% / 4); Quality of care - Consider the safety of caring for those with complex psychosis within the community (6% / 4).

1.5.9.2 Working with the community to provide more mental health services locally: One-to-one interview, focus group and public events

1.5.9.2.1 Create eight teams each based in a local area to support adult's mental health needs

The main theme areas raised by event participants were: General, Access, Staff, Quality of care, Integration, Service provision, Communication, Cost and efficiency.

Across the main themes, four sub-themes were in agreement with the proposal, one sub-theme was in disagreement with the proposal and seven sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (62% / 28)
2. Access - Proposal improves access to mental health support locally (4% / 2)
3. Access - Proposal reduces waiting time for mental health support (2% / 1); Cost and efficiency - Proposal helps to reduce pressure on other services (e.g. hospitals) (2% / 1).

The top sub-theme raised by event participants in disagreement with this proposal was:

1. General - Disagreement with the proposal (7% / 3).

The top three observation sub-themes raised by event participants were:

1. Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (18% / 8)
2. General - More details about proposal are required (e.g. capacity, type of support) (7% / 3); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (7% / 3)
3. Communication - Consider improving communication with service users (2% / 1); General - Consider the need to implement proposal effectively (2% / 1); Integration - Ensure effective collaboration of these teams (2% / 1); Service provision - More than eight teams are required (e.g. in rural area) (2% / 1).

1.5.9.2.2 Offer a wider range of therapies for people with personality disorders

The main theme areas raised by event participants were: Specific groups, General, Access, Cost and efficiency, Capacity, Staff, Communication, Service provision.

Across the main themes, three sub-themes were in agreement with the proposal, one sub-theme was in disagreement with the proposal and five sub-themes were observations.

The top two sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (86% / 37)
2. Access - Proposal will improve access to support for people with personality disorders (2% / 1); Cost and efficiency - Proposal will help to reduce pressure on other services (e.g. A&E) (2% / 1).

The top sub-theme raised by event participants in disagreement with this proposal were:

1. Capacity - Concern over lack of capacity and resources to meet demand for this service (2% / 1)

The top two observation sub-themes raised by event participants were:

1. Specific groups - Consider the needs of deaf people (5% / 2); Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (5% / 2)
2. Communication - Consider improving communication with service users (2% / 1); Service provision - Consider provision of services for people experiencing trauma (2% / 1); Specific groups - Ensure that proposal reflects the needs of the diverse community (2% / 1).

1.5.9.2.3 Increase access to perinatal services

Across the main themes, four sub-themes were in agreement with the proposal, there were no sub-themes in disagreement with the proposal and nine sub-themes were observations.

The top two sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (76% / 37)
2. Access - Proposal will improve access to perinatal mental health support (4% / 2); General - Proposal will have positive impact on family members (4% / 2); Quality of care - Proposal will help to improve the mental health of service users (4% / 2).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Ensure that the service reflects the needs of the diverse community (6% / 3)
2. Access - Consider extending time for service provision after birth (4% / 2); Service provision - This service should be available for all family members and carers (4% / 2); Specific groups - Consider the needs of deaf women (4% / 2); Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (4% / 2)
3. Communication - Consider greater promotion of perinatal mental health services (2% / 1); General - Further consultation about the proposal is required (e.g. staff opinion) (2% / 1); General - More details about proposal are required (e.g. capacity, type of support) (2% / 1); Integration - Ensure collaboration of this service with other services (e.g. midwives, health visitors, GPs) (2% / 1).

1.5.9.2.4 Develop a new maternal outreach service

Across the main themes, three sub-themes were in agreement with the proposal, there were no sub-themes in disagreement with the proposal and 14 sub-themes were observations.

The top two sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (86% / 38)
2. Access - Proposal will improve access to mental health support (2% / 1); Quality of care - Proposal will help to prevent longer-term adverse effects of unprocessed trauma (e.g. improve outcomes for mothers and families) (2% / 1).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities) (14% / 6); Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (14% / 6)
2. Specific groups - Consider the needs of disabled women (11% / 5)
3. Specific groups - Ensure that the service reflects the needs of the diverse community (9% / 4).

1.5.9.2.5 Improve assessment for people who may need Psychosis Intervention and Early Recovery service

The main theme areas raised by event participants were: Specific groups, Access, General, Quality of care, Staff.

Across the main themes, three sub-themes were in agreement with the proposal, there were no sub-themes in disagreement with the proposal and four sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (75% / 30)
2. Quality of care - Proposal will have positive impact on mental health outcomes of service users (e.g. prevent crisis, early recovery) (8% / 3)

3. Access - Proposal will improve access to appropriate support (3% / 1).

The top three observation sub-themes raised by event participants were:

1. Staff - Ensure adequate staffing (e.g. staffing levels, trained staff) (10% / 4)
2. Specific groups - Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities) (5% / 2)
3. Observation - Access - Consider improving waiting time for assessment and referrals (3% / 1); Specific groups - Consider improving mental health services for young people (3% / 1).

1.5.9.2.6 Improve the Memory Service by offering online consultations

The main theme areas raised by event participants were: Quality of care, Service provision, Specific groups, Access, General, Cost and efficiency, Patient choice, Staff.

Across the main themes, three sub-themes were in agreement with the proposal, four sub-themes were in disagreement with the proposal and 16 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (62% / 29)
2. Access - Proposal will improve access to services (e.g. quicker) (9% / 4)
3. Cost and efficiency - Virtual appointments will help to improve service efficiency (2% / 1).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (13% / 6)
2. Access - Concern over lack of access to technology or knowledge of how to use it (11% / 5)
3. General - Disagreement with proposal (9% / 4).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people) (17% / 8)
2. Service provision - Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone) (13% / 6)
3. Patient choice - Consider the need for patients to choose the type of consultation (11% / 5).

1.5.9.2.7 Provide community rehabilitation support

The main theme areas raised by event participants were: General, Staff, Specific groups.

Across the main themes, one sub-theme was in agreement with the proposal, there were no sub-themes in disagreement with the proposal and four sub-themes were observations.

The top sub-theme raised by event participants in agreement with this proposal was:

1. General - Agreement with proposal (74% / 26)

The top three observation sub-themes raised by event participants were:

1. Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (14% / 5)
2. General - More details about proposal are required (9% / 3); Specific groups - Ensure that the service reflects the needs of the diverse community (9% / 3)
3. General - Consider the need to implement proposal effectively (3% / 1).

1.5.9.3 Working with the community to provide more mental health services locally: Correspondence

The main theme areas from the correspondence were: Access, Quality of care, Cost and efficiency, Service provision, Specific groups, General, Staff, Patient choice.

Across the main themes, five sub-themes were in agreement with the proposal, seven sub-themes were in disagreement with the proposal and 17 sub-themes were observations.

The top three sub-themes from the correspondence were:

- In agreement: Access - Proposal will improve access to support for people with personality disorders (33% / 2)
- In disagreement: Access - Concern over lack of access to technology or knowledge of how to use it (33% / 2)
- In observation: Limited feedback received.

1.5.10 Executive Summary: Telephone and video call appointments

This section presents feedback on the proposal for telephone and video call appointments. Feedback is presented from the questionnaire, followed by events and then correspondence.

1.5.10.1 Telephone and video call appointments: Questionnaire

Respondents were asked the following questions:

- Q22. To what extent do you agree or disagree with these changes– answered by 4041 respondents
- Q23. Please tell us why – answered by 1079 respondents.

1.5.10.1.1 Responses to question 22: To what extent do you agree or disagree with this proposal

Tables 38 and 39 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 69% (2795) of all respondents agreed and 15% (619) disagreed with the proposal on telephone and video appointments.

Table 38. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	2795	69%	69%	71%	84%	71%	63%	68%	63%	68%	72%	68%
Neither agree nor disagree	617	15%	15%	14%	12%	16%	16%	16%	16%	16%	14%	16%
Total disagree	619	15%	15%	15%	4%	13%	18%	15%	22%	17%	14%	15%
N/A	10	0.2%	0.2%	0.2%	-	-	2%	0.3%	-	0.1%	0.1%	1%
Base	4041		3273	465	25	75	134	1141	121	1053	1265	461

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 39. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	2795	69%	69%	72%	67%	68%	71%	56%
Neither agree nor disagree	617	15%	13%	15%	17%	15%	15%	21%
Total disagree	619	15%	18%	13%	15%	17%	14%	22%
N/A	10	0.2%	0.2%	0.3%	0.1%	0.2%	0.2%	1%
Base	4041		1239	1157	1342	1161	2568	226

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Geographical sub-group analysis by significance

- A significant proportion of respondents from Leicestershire North and West (72% / 913) were in agreement with this proposal compared to respondents from Rutland (63% / 76)
- A significant proportion of respondents from Rutland (22% / 26) were in disagreement with this proposal compared to respondents from Leicestershire North and West (14% / 176).

1.5.10.1.2 Responses from question 23: Please tell us why

1079 survey respondents provided additional comments on this proposal. The main theme areas raised by survey respondents were: Quality of care, Service provision, Access, General, Specific groups, COVID, Cost and efficiency, Staff, Equality, Capacity, Patient’s choice, Confidentiality, Communication, Integration.

Across the main themes, eight sub-themes were in agreement with the proposal, 18 sub-themes were in disagreement with the proposal and 28 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (11% / 116)
2. Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (8% / 89)
3. Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (8% / 81).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (12% / 130)
2. Access - Concern over lack of access to digital technology (11% / 123)
3. Quality of care - Virtual appointments are not suitable for mental health patients (e.g. need human interaction) (11% / 118).

The top three observation sub-themes raised by survey respondents were:

1. Patient choice - Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video) (21% / 231)
2. Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (13% / 143)
3. General - Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option) (11% / 118).

Geographical sub-group analysis

The top sub-theme by agreement, disagreement and observation raised by geographical groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

- Respondents from Leicester City Council area:
 - Agreement sub-theme: Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (11% / 33)
- Respondents from Rutland County Council area:
 - Agreement sub-theme: Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (11% / 5)
 - Observation sub-theme: Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (16% / 7)
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: Quality of care - Virtual appointments are not suitable for mental health patients (e.g. need human interaction) (12% / 32)

1.5.10.2 Telephone and video call appointments: One-to-one interview, focus group and public events

The main theme areas raised by event participants were: Quality of care, Access, General, COVID, Specific groups, Service provision, Cost and efficiency, Communication, Confidentiality, Patient choice.

Across the main themes, six sub-themes were in agreement with the proposal, 13 sub-themes were in disagreement with the proposal and 13 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (29% / 16)
2. Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (14% / 8); Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (14% / 8)
3. Quality of care - Technology allows observation of patients in their home environment (e.g. patients are relaxed at home) (4% / 2).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (29% / 16)
2. Specific groups - Concern over patients who require face-to-face appointments (e.g. hearing problems, elderly, deaf people) (25% / 14)
3. Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (18% / 10).

The top three observation sub-themes raised by event participants were:

1. General - Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option) (14% / 8)
2. Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (11% / 6)
3. Patient choice - Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video) (9% / 5).

1.5.10.3 Telephone and video call appointments: Correspondence

The main theme areas from the correspondence were: Access, Quality of care, Specific groups, COVID, Patient choice.

Across the main themes, two sub-themes were in agreement with the proposal, six sub-themes were in disagreement with the proposal and two sub-themes were observations.

The top three sub-themes from the correspondence were:

- In agreement: Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (25% / 1); Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (25% / 1)
- In disagreement: Quality of care - Virtual appointments are not suitable for mental health patients (e.g. need human interaction) (75% / 3)
- In observation: Specific groups - Ensure that service reflects the needs of the diverse communities (e.g. languages) (25% / 1); Patient choice - Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video) (25% / 1).

1.5.11 Executive summary: New ideas outside the proposals

Table 40 summarises the new ideas raised outside the proposals.

Table 40. New ideas

Main theme	Sub-theme
Service provision	Consider broadening access to the Triage Car service to include firefighters
	Consider extending volunteer transport services
	Consider increased provision of Crisis Houses
	Consider provision of a Triage Car for children
	Consider provision of Crisis Cafés at police stations
	Consider provision of listening service
	Consider provision of perimenopause and menopause support
	Consider provision of services for children and young people who leave home
	Consider provision of wellbeing cafés instead of Crisis Cafes
	Consider separating the Central Access Point into a crisis and emotional support line (e.g. different specialist phone lines for different issues)
	Consider the need for chronic pain centres
	Consider the need for outreach system for schools to support children before they present with mental health problems
	Consider training hairdressers and barbers to provide mental health services
	Consider training hairdressers and barbers to provide mental health services
	Ensure sufficient number of beds in crisis centres to meet demand
Consider provision of 'Happy bench' in parks to support people who need to talk	
Cost and efficiency	Consider expansion of personal health budgets to give patients more control in management their mental health
	Provide training for police officers to identify different mental health conditions and deal with them instead of extending the Triage Car service
Staff	Consider the need for community champions
Training	Consider provision of training to raise mental health awareness among hairdressers and barbers
Access	Introduce a texting service for people without access to Internet

2 Introduction

This consultation was led by NHS Leicester City Clinical Commissioning Group (CCG), NHS West Leicestershire CCG and NHS East Leicestershire and Rutland CCG.

The consultation was about proposals to invest in and improve adult mental health services for people in Leicester, Leicestershire and Rutland when their need is urgent, or they need planned care and treatment.

Mental health problems represent the largest single cause of disability in the UK. One in four adults experience at least one diagnosable mental health problem in any given year. The CCGs have been listening to what people want from their local mental health services.

The CCGs recognised that some of our services needed improvement and they know that some people are waiting far too long for treatment. The CCGs want more integrated services, so people's care is more streamlined. This applies to mental health services, and to the links between mental health and physical health services and social services.

The CCGs want information, advice and guidance on mental health to be more easily available to support people's self-care. The CCGs also want people to be able to access mental health crisis care more quickly and easily, in the community, at home, in emergency departments, inpatient services or transport by ambulance.

This consultation proposed to join up mental health services with physical health and social services to improve the health and wellbeing of local people. The proposals consider how best to improve care – in people's homes, the community and hospital. Wherever possible, the CCGs want people to be seen at home or in the community to avoid them being admitted to hospital.

The CCGs wanted this consultation to help shape our future mental health services to make sure people get the right care, in the right place, at the right time.

2.1 Overview of the consultation

The consultation ran from 24 May to 15 August 2021. The people of Leicestershire, Leicester and Rutland were asked to submit their views in the following ways:

- Consultation survey available online and in hardcopy format
- An easy read version of the survey available online and in hardcopy format
- By email
- By attending an online event
- By telephone and completing the questionnaire and/or giving views.

In total, there were 4,093 respondents to the questionnaires, 2,516 participants at the events and 41 pieces of correspondence (by email and post).

2.2 Aims of the involvement

This section is from the Step up to Great Mental Health consultation document².

The consultation aimed to:

- Understand the views of service users, staff, carers and the public on the proposed solutions to improve services when the need is urgent and in an emergency, including the impact of any changes

² Consultation document is available here: <https://www.greatmentalhealthllr.nhs.uk/key-documents-and-links/>

- Understand the views on different aspects of the proposals:
 - The point of access into services
 - Support provided if people find themselves in the emergency department or in a hospital bed receiving care for a physical condition
 - A hub where people may be referred to if they have engaged with 999 services, NHS 111, the ambulance service or police
 - Services provided in different communities when it is a crisis
 - Services for the most vulnerable
 - Self-help, when people need guidance and support
 - Services closer to where people live and that work closely with the local GPs
 - Services for specific conditions: personality disorder, dementia, perinatal health difficulties, post-traumatic stress due to maternity experience, complex psychosis.

2.3 Overview of Step up to Great Mental Health proposals

This section is from the Step up to Great Mental Health consultation document.

The proposals for mental health services are just one part of a much wider health and care improvement programme that is being delivered through a partnership of NHS organisations working with local councils and others.

This public consultation is about some of the mental health services delivered by Leicestershire Partnership NHS Trust. These plans are specifically designed to:

1. improve support to people who need mental health support urgently in an emergency
2. provide more services closer to home.

2.3.1 Building self-help guidance and support

Various ways to access information, depending on a service user's preference have been proposed. This could include:

- calling the Central Access Point
- call-back service through the Central Access Point – a service user could talk to a recovery worker first and be transferred to an appropriate person or team for clinical support. If this is not possible immediately, a call-back would be arranged
- online instant messaging with staff, who would direct users to the most appropriate information or solution
- introduction of Chathealth instant and text messaging, which would be suggested to service users as a way of discussing their mental health concerns
- accessibility features, such as British Sign Language, as well as language interpretation facilities, which are being incorporated into the planning of these services.

2.3.2 Introducing a Central Access Point

When individuals need more help, it is recognised that having a place to contact 24 hours a day, seven days a week is important. This may be by phone, text message, or using British Sign Language or interpretation facilities.

In April 2020, during the first wave of the COVID-19 pandemic, a new contact point was introduced in Leicester, Leicestershire and Rutland to help people who wanted support with their mental health. It is proposed to continue this service, 24 hours a day, seven days a week.

2.3.3 Strengthening the role of Crisis Cafés

Crisis Cafés offer a safe space where people can get help if they are experiencing a mental health crisis. Crisis Cafés offer a safe space and support for people who do not need immediate medical assessment. Support is tailored to a person's needs, with immediate coaching, guidance and targeted interventions. It is proposed to open a further 22 Crisis Cafés for people in Leicester, Leicestershire and Rutland.

2.3.4 Improving the Crisis Service

When individuals are in a mental health crisis and need help in their homes, the around-the-clock Crisis Service provides help. Early in the COVID-19 pandemic, improvements were made to the Crisis Service, enabling people to seek help directly through the Central Access Point without having to contact their GP. This gave them easier access to a specialist, if needed.

It is proposed that the existing unscheduled care team and in-reach team for older people come together as part of the adult and older people crisis service to provide targeted support for older people in care homes and the community, including for people with dementia.

2.3.5 Expanding use of the Triage Car

A Triage Car has been in place for some time. It takes calls from police incidents and advises on how to manage the situation. Triage Car staff also go out to incidents to support people when there is an immediate mental health crisis.

In March 2020, the service was extended to run from 8am to 2am. It is proposed to make these hours of service permanent and to add a second Triage Car.

2.3.6 Introducing a Mental Health Urgent Care Hub

There are times that individuals need more intensive support. During the COVID-19 pandemic, a Mental Health Urgent Care Hub was introduced. It is proposed to make this permanent.

The Hub is at the Bradgate Unit, on the site of Glenfield Hospital, and is staffed by mental health practitioners with the expertise to treat people of all ages; this includes mental health nurses, support workers, and consultants. It is specifically for people with mental health needs that don't need any physical health support from an emergency department.

There are plans to invest in the long-term future of the Hub and the hope is that, over time, it would reduce the number of people going to the emergency department.

2.3.7 Introducing an Acute Mental Health Liaison Service

This new service was introduced in April 2021, and is provided by a mix of teams at Glenfield Hospital. It is proposed to create an Acute Mental Health Liaison Service by joining together existing teams and basing them at Leicester Royal Infirmary, near the emergency department to support

people efficiently and to support inpatients. The service will be available 24 hours a day, seven days a week.

2.3.8 Joining up support for vulnerable groups

At the moment, there is duplication and triplication of services provided by the Homeless Service, the Proactive Vulnerability Engagement Team and the Liaison and Diversion Service. It is proposed that all three work together to provide a more dedicated service to people who are vulnerable. This would mean that care would be provided more efficiently and effectively and the service would be able to support more people. People accessing these services would benefit from the closer working partnership, the streamlined support, and won't have to repeat their story as often.

2.3.9 Working with the community to provide more mental health services locally

Nationally there is a community framework that sets out a range of services that should be locally available to people. It is believed that by implementing the services outlined in the framework across Leicester, Leicestershire and Rutland, it will help solve some of the long-term problems. Through the proposed changes, there would be a reduction in the excessive number of handovers between people and services which has contributed to some people becoming more unwell.

It would also reduce lengthy waits to access services. Mental health services would also be situated in local communities making them simpler to access and navigate with a strong emphasis on psychological care and treatment.

The proposed changes include bringing together eight teams working in local areas supporting adults and working alongside other teams to support the needs of older people. These teams will be supported with experience in the care of:

- women who want to conceive a baby supporting them pre-conception to 24 months after birth
- individuals with complex needs associated with personality disorder
- individuals who have had a first presentation of psychosis
- individuals with complex needs who require enhanced rehabilitation and recovery support
- individuals who are having difficulties with memory.
- The proposed changes would:
 - Create eight teams each based in a local area to support adult's mental health needs. They would work alongside eight teams focused on the needs of older people.
 - Offer a wider range of therapies for people with personality disorders which would support the majority of individuals within the new Community Treatment and Recovery Teams.
 - Increase access to perinatal services that support women with moderate to severe perinatal mental health difficulties. This would be from pre-conception to 24 months after birth (up from the current 12 months).
 - Develop a new maternal outreach service to support women who are experiencing a trauma or loss in relation to their maternity experience.
 - Improve assessment for people who may need Psychosis Intervention and Early Recovery service so they get the right support first time.
 - Improve the Memory Service by offering online consultations to reduce unnecessary exposure of vulnerable people into a hospital setting.
 - Provide community rehabilitation support to help people recover from complex psychosis.

2.3.10 Proposal summary

In summary, the proposals are to:

- Join up mental health services provided to people when it is urgent or in an emergency making them easier to access through one point of access
- Coordinate mental and physical health and wider social services to improve the health and wellbeing of the local population
- Provide more mental health care in the community and in people's homes, in emergency departments, inpatient services and on an ambulance
- Reduce long waits to services and reduce the number of people in inpatient facilities
- Improve the assessment of needs and develop care plans with service users and their family and carers that meet those needs
- Reduce handovers from one part of the system to another. If there is a handover of care, people will not have to be reassessed and repeat their story.

2.4 Report authors

NHS Leicester City Clinical Commissioning Group (CCG), NHS West Leicestershire CCG and NHS East Leicestershire and Rutland CCG commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU's) Communications and Engagement Service to coordinate the independent analysis of the feedback from the consultation and produce this report.

2.5 Report structure

The report is structured as follows:

- Executive summary
- Introduction
- Communications and engagement
- Respondent profiling
- Findings
- Conclusion
- Appendix.

3 Communications and engagement

In this section, an overview is provided of the communications and engagement approach for the consultation. Full details of the communications and engagement approach can be found on the Step up to great mental health website.

3.1 Engagement collateral

The consultation team developed a range of collateral to support the engagement. Below this collateral has been summarised. Please see consultation website for full details and more information³

3.1.1 Consultation documents

- Full consultation document (plus large print version)
- Summary consultation document (plus large print version and HTML)
- Easy read step up to great mental health consultation document
- Eight-page leaflet (plus HTML)
- Consultation poster (plus HTML)
- Presentations.

3.1.2 Audio and Visual resources

- One video resource explaining the consultation (8:09 in length)
- One video resource explaining the consultation – shortened version (1:25 in length)
- One British sign language video (1:25 in length)
- Five video resources translated in languages other than English (including: Gujarati, Hindi, Punjabi, Polish and Somali)
- 14 case study animations

3.1.3 Additional key resources

- NHS long term plan
- Links to Leicester City CCG, East Leicestershire and Rutland CCG and West Leicestershire CCG websites
- Links to Leicestershire Partnership NHS Trust and University Hospitals of Leicester NHS Trust websites
- Links to Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland websites
- Link to the NHS England website
- Pre-Consultation Business Case
- Regional panel report

³ Consultation website: <https://www.greatmentalhealthllr.nhs.uk/>

- Clinical Senate review
- Equality Impact Assessment
- Equality Impact Assessment demographic analysis
- EM Clinical Senate review response
- Minutes from the Leicester, Leicestershire and Rutland Health Overview and Scrutiny Committee.

3.2 Communications channels

Table 41 provides an overview of the responses received to the consultation by channel.

Table 41. consultation responses by channel

Channel	Number
Survey responses (this includes 3,635 submitted online, 212 submitted by paper response)	3,847
Easy read survey responses (this includes 205 submitted online, 41 submitted by paper)	246
Correspondence (email and letter)	41
Number of event participants across 164 events	2,516
Total response to the consultation	6,650

3.2.1 Telephone calls, emails and briefings

There were a total of 28 telephone calls received by the consultation team. The calls were individuals requesting paper copies of the consultation survey. Additionally, one individual also requested promotional materials (leaflets and posters).

There were a total of 14 emails received by the consultation team. The emails were individuals requesting paper copies of the consultation survey. Additionally, one individual also requested a translated version of the consultation survey and two individuals also requested promotional materials.

Staff briefings and written communications shared with staff across Leicester, Leicestershire and Rutland. This included the CCGs, University Hospitals Leicester and Leicestershire Partnership NHS Trust reaching circa 6,000 staff.

3.2.2 Leaflets, posters and business cards

Posters and information were sent to approximately 159 organisations and outlets including supermarkets, local shops, hair salons and beauty clinics, COVID-19 vaccination centres and community venues throughout Leicester, Leicestershire and Rutland.

3.2.3 Correspondence

Individuals and organisations also responded to the consultation by sending through direct correspondence. The table below show the volume of feedback received through correspondence by stakeholder type.

Table 42. Overview of correspondence received.

Stakeholder type	Number
Patient or member of the public	21
Behalf of another voluntary group charity or organisation	12
Behalf of an NHS organisation	5
MP	1
NHS employee	1
Other public sector organisation	1
<i>Total</i>	<i>41</i>

3.2.4 Social media and online promotion

There was widespread utilisation of social media during the consultation which included local NHS-owned platforms and paid for advertising targeting Facebook, Instagram, Snapchat and Twitter users in Leicester, Leicestershire and Rutland. Activity and reach across the main social media platforms for both paid and organic content, and other online advertising, was around 3,648,001 users.

Content was also added to around 115 Facebook communities, including Spotted pages across Leicester, Leicestershire and Rutland with a combined reach of around 628,000 people.

Targeted TV advertising was used, using smart technology, targeting residents aged 25 and above, 35 and above, 45 and above and 55 and above and those less likely to be digitally enabled or regular users of social media. This activity over a seven-week period reached an anticipated 129,594 households across Leicester, Leicestershire and Rutland.

Email marketing was used to engage with over 1,000 voluntary and community sector groups, schools and key businesses across Leicester, Leicestershire and Rutland.

3.2.5 Press, public relations and advertising

There was extensive media coverage in county-wide and locality specific media including the Leicester Mercury, BBC Radio Leicester and BBC East Midlands Today as well as local weekly newspapers.

Full page advertorials featured in a number of community magazines and newspapers across Leicester, Leicestershire and Rutland with a circulation of circa 50,500 people. These include Swift Flash, Glenfield Gazette, Birstall Post, Roundabout Hinckley and Roundabout the Villages.

An extensive six-week radio advertising campaign was commissioned across cultural and community specific radio stations with a combined listenership of approximately 210,000 people. Adverts supported by numerous in-depth feature discussions on the proposals, lasting up to one hour. Stations include Sabras Sound, EAVA, Kohinoor, Sanskar and Seer. Shows include Caribbean Vibes show, Polish show, Community Lunch show (English / Somali), Breakfast Health show (Hindi / English), South Asian Community show (Hindi / Punjabi) and East Africa show (Somali / Swahili).

In addition, an extensive four-week radio advertising campaign was commissioned across local commercial and community radio stations with a combined listenership of 377,000 people. These included Capital FM, Fosseyway, 103 The Eye, Hermitage FM and HFM.

3.2.6 Events (one-to-one interviews, focus groups and public events)

164 events were held during this consultation, with a total of 2,516 participants. Of these, 22 events were public events hosted by the CCGs, with a total of 186 participants. For a detailed overview of the events, please see Appendix A.

The CCGs took steps to run an inclusive consultation which reached out to all individuals in Leicester, Leicestershire and Rutland to make them aware of the consultation and how to get involved. This work included reaching people who are vulnerable and those with protected characteristics.

To support this, the CCG commissioned the support of 40 voluntary and community sector (VCS) organisations to communicate with their groups and/or communities and gather insights and feedback. These organisations did not promote support for the consultation proposals, but rather they

promoted the consultation and the process itself. They were tasked with informing key communities of the consultation by sharing the proposals for the reconfiguration of the mental health services and encouraging them to have their say. They were also asked to give their organisations and individual views separately from this process.

Selected VCS organisations were required to:

- Promote the consultation as far and as wide as possible
- Share, distribute and display information on the consultation (with consideration to social distancing measures)
- Encourage and facilitate their communities and groups to have their voices heard
- Support and encourage individuals to complete the survey online utilising their IT resources wherever possible
- Demonstrate how, when and where they have engaged their groups and communities on the consultation
- Signpost to appropriate feedback mechanisms.

The voluntary and community sector organisations who hosted 142 events including one-to-one interviews and focus groups. The tables below show an overview of how these events were conducted.

Table 43. Overview of voluntary / community sector hosted events: event participant number

Event participant number	Number
One-to-one interview	45
Small group / event (up to 8 participants)	50
Large event (more than 8 participants)	47
<i>Total</i>	<i>142</i>

Table 44. Overview of voluntary / community sector hosted events: method of delivery

Event method	Number
Virtual (e.g. Zoom, MS Teams, etc.)	62
Face to face	57
Telephone	1
Other	19
Unknown	3
<i>Total</i>	<i>142</i>

The table below shows the number of events that were targeted to different stakeholder types.

Table 45. Overview of events targeted to different stakeholders.

Stakeholder type	Number of events
Ethnicity (not white British)	30
Disability	21
Religion / belief	19
Carers	14
Sexuality	13
Addiction / recovery	10
Gender (women)	8
General	8
Age (young people)	6
Councillors	6
Armed forces veterans	3
Staff	2
Homeless	1
Maternity / pregnancy	1
<i>Total</i>	<i>142</i>

The table below shows the target geography of the voluntary and community organisations hosting the events.

Table 46. Overview of voluntary / community organisation target geography.

Target geography	Number of events
Leicester	73
Leicester, Leicestershire and Rutland	44
Leicestershire	17
Rutland	7
Unknown	1
<i>Total</i>	<i>142</i>

3.2.7 Attendance at additional meetings and events

Additionally, 103 events were held with healthcare staff across the area. The tables in Appendix A provide a detailed overview of these events that took place. They were hosted by Leicester Partnership Trust, many in partnership with a range of organisations and bodies. The purpose of these meetings and events were to promote the consultation, raise awareness around the feedback channels available and where appropriate ask the groups to utilise their links and networks to promote the consultation.

4 Respondent profiling

This section presents a profile of survey respondents and event participants.

4.1 Respondent types

Table 47 shows the different respondent types responding to the consultation survey.

Table 47. Respondent type

	Total	
	No.	%
As a service user or member of the public	3310	82%
As an NHS employee	469	12%
On behalf of another voluntary group, charity or organisation	106	3%
On behalf of another public sector organisation	75	2%
On behalf of a patient representative organisation	31	1%
On behalf of an NHS organisation	25	1%
<i>Base</i>	<i>4016</i>	

4.2 Demographic profiling

Table 48 presents a demographic profile of survey participants and event participants.

Table 48. Demographic profiling – survey respondents and event participants combined

Ethnicity			Sexual orientation		
White: English/Welsh/Scottish/Northern Irish/British	3085	74%	Heterosexual	3346	80%
Asian/Asian British: Indian	309	7%	Bisexual	217	5%
White: Any other White background	168	4%	Gay	64	2%
Black/African/Caribbean/Black British: African	92	2%	Lesbian	73	2%
Asian/Asian British: Pakistani	26	1%	Other	75	2%
White: Irish	57	1%	Prefer not to say	406	10%
Asian/Asian British: Other	17	0.4%	Base	4181	
Any other Mixed/Multiple ethnic background	22	1%	Relationship status		
Mixed/Multiple ethnic groups: White and Black Caribbean	22	1%	Married	1835	44%
Mixed/Multiple ethnic groups: White and Asian	29	1%	Single	992	24%
Asian/Asian Bangladeshi	33	1%	Lives with partner	516	12%
Black/African/Caribbean/Black British: Caribbean	24	1%	Divorced	276	7%
Arab	7	0.2%	Widowed	117	3%
Asian/Asian British: Chinese	9	0.2%	Separated	102	2%
Mixed/Multiple ethnic groups: White and Black African	11	0.3%	Civil partnership	39	1%
Black/African/Caribbean/Black British: Other	26	1%	Other	54	1%
White: Gypsy or Irish Traveller	6	0.1%	Prefer not to say	267	6%
Any other ethnic group	27	1%	Base	4198	
Prefer not to say	216	5%	Pregnant currently		
Base	4186		Yes	38	1%
Age category			No	3952	96%
16 - 19	70	2%	Prefer not to say	147	4%
20 - 24	204	5%	Base	4137	
25 - 29	287	7%	Recently given birth		
30 - 34	328	8%	Yes	25	1%
35 - 49	1320	31%	No	3958	96%
50 - 54	578	14%	Prefer not to say	144	3%
55 - 59	462	11%	Base	4127	
60 - 64	350	8%	Health problem or disability		
65 - 69	212	5%	Yes, limited a lot	683	16%
70 - 74	159	4%	Yes, limited a little	1034	25%
75 - 79	67	2%	No	2207	53%
80 and over	24	1%	Prefer not to say	229	6%
Prefer not to say	167	4%	Base	4153	
Base	4228		Disability		
Religion			Long term illness	465	12%
Christian	1625	39%	Physical disability	485	13%
Muslim	221	5%	Mental health need	1199	32%
Hindu	136	3%	Sensory disability	150	4%
Sikh	39	1%	Learning disability or difficulty	210	6%
Buddhist	37	1%	Blind, visually impaired	37	1%
Jewish	10	0.2%	Deaf or hard of hearing	-	-
No religion	1690	41%	Head / brain injury	-	-
Any other	114	3%	None	1623	43%
Prefer not to say	282	7%	Other	52	1%
Base	4154		Prefer not to say	393	10%
			Base	3787	
Armed services			Carer		
Yes	127	3%	Yes - person(s) 24 years or under	560	13%
No	3922	94%	Yes - adult(s) aged 25 to 49 years of age	273	7%
Prefer not to say	138	3%	Yes - older person(s) aged over 50 years of age	537	13%
Base	4187		No	2721	65%
Sex			Prefer not to say	227	5%
Female	3186	76%	Base	4167	
Male	832	20%	Gender identity		
Intersex	4	0.1%	Yes*	148	4%
Non-binary	34	1%	No	3596	88%
Other	7	0.2%	Prefer not to say	329	8%
Prefer not to say	154	4%	Base	4073	
Base	4217		*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance, and the way you dress, taking hormones or having gender confirming surgery)		

Table 49 presents a demographic profile of the event participants that completed the demographic profiling questionnaire.

Table 49. Demographic profiling – event participants

Ethnicity			Sexual orientation		
White: English/Welsh/Scottish/Northern Irish/British	71	41%	Heterosexual	144	84%
Asian/Asian British: Indian	40	23%	Bisexual	3	2%
Black/African/Caribbean/Black British: African	14	8%	Gay	9	5%
Arab	-	-	Lesbian	2	1%
Asian/Asian British: Pakistani	4	2%	Other	2	1%
Asian/Asian Bangladeshi	10	6%	Prefer not to say	12	7%
Asian/Asian British: Chinese	1	1%	Base	172	
Asian/Asian British: Any other Asian background	-	-	Relationship status		
Black/African/Caribbean/Black British: Caribbean	2	1%	Married	78	45%
Black/African/Caribbean/Black British: Other	-	-	Single	52	30%
Mixed/Multiple ethnic groups: White and Black Caribbean	3	2%	Lives with partner	9	5%
Mixed/Multiple ethnic groups: White and Black African	1	1%	Divorced	7	4%
Mixed/Multiple ethnic groups: White and Asian	2	1%	Widowed	2	1%
Any other Mixed/Multiple ethnic background	3	2%	Separated	5	3%
White: Irish	4	2%	Civil partnership	1	1%
White: Gypsy or Irish Traveller	-	-	Other	7	4%
White: Any other White background	14	8%	Prefer not to say	11	6%
Any other ethnic group	4	2%	Base	172	
Base	173		Pregnant currently		
Age category			Yes	2	1%
16 - 19	13	8%	No	166	98%
20 - 24	19	11%	Prefer not to say	1	1%
25 - 29	14	8%	Base	169	
30 - 34	15	9%	Recently given birth		
35 - 49	43	25%	Yes	1	1%
50 - 54	20	12%	No	169	99%
55 - 59	13	8%	Prefer not to say	1	1%
60 - 64	11	6%	Base	171	
65 - 69	7	4%	Health problem or disability		
70 - 74	13	8%	Yes, limited a lot	32	19%
75 - 79	1	1%	Yes, limited a little	31	19%
80 and over	3	2%	No	101	61%
Prefer not to say	1	1%	Prefer not to say	3	2%
Base	173		Base	167	
Religion			Disability		
Christian	76	44%	Long term illness	12	13%
Muslim	28	16%	Physical disability	16	17%
Hindu	16	9%	Mental health need	25	26%
Sikh	9	5%	Sensory disability	23	24%
Buddhist	-	-	Learning disability or difficulty	8	8%
Jewish	-	-	Blind, visually impaired	2	2%
No religion	36	21%	Other	7	7%
Any other	7	4%	Prefer not to say	22	23%
Base	172		Base	95	
Armed services			Carer		
Yes	19	11%	Yes - person(s) 24 years or under	21	12%
No	148	88%	Yes - adult(s) aged 25 to 49 years of age	11	7%
Prefer not to say	2	1%	Yes - older person(s) aged over 50 years of age	19	11%
Base	169		No	122	72%
Sex			Prefer not to say	1	1%
Female	98	57%	Base	169	
Male	73	42%	Gender identity		
Intersex	-	-	Yes*	9	5%
Non-binary	1	1%	No	151	90%
Other	-	-	Prefer not to say	8	5%
Prefer not to say	1	1%	Base	168	
Base	173		*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance, and the way you dress, taking hormones or having gender confirming surgery)		

Table 50 presents a demographic profile of survey respondents.

Table 50. Demographic profiling – survey respondents

Ethnicity			Sexual orientation	
White: English/Welsh/Scottish/Northern Irish/British	3014	75%	Heterosexual	3202 80%
Asian/Asian British: Indian	269	7%	Bisexual	214 5%
White: Other	154	4%	Gay	55 1%
Black/African/Caribbean/Black British: African	78	2%	Lesbian	71 2%
Asian/Asian British: Pakistani	22	1%	Other	73 2%
White: Irish	53	1%	Prefer not to say	394 10%
Asian/Asian British: Any other Asian background	17	0.4%	Base	4009
Any other Mixed/Multiple ethnic background	19	1%	Relationship status	
Mixed/Multiple ethnic groups: White and Black Caribbean	19	1%	Married	1757 44%
Mixed/Multiple ethnic groups: White and Asian	27	1%	Single	940 23%
Asian/Asian British: Bangladeshi	23	1%	Lives with partner	507 13%
Black/African/Caribbean/Black British: Caribbean	22	1%	Divorced	269 7%
Arab	7	0.2%	Widowed	115 3%
Asian/Asian British: Chinese	8	0.2%	Separated	97 2%
Mixed/Multiple ethnic groups: White and Black African	10	0.2%	Civil partnership	38 1%
Black/African/Caribbean/Black British: Other	26	1%	Other	47 1%
White: Gypsy or Irish Traveller	6	0.1%	Prefer not to say	256 6%
Any other ethnic group	23	1%	Base	4026
Prefer not to say	216	5%	Pregnant currently	
Base	4013		Yes	36 1%
			No	3786 95%
Age category			Prefer not to say	146 4%
16 - 19	57	1%	Base	3968
20 - 24	185	5%	Recently given birth	
25 - 29	273	7%	Yes	24 1%
30 - 34	313	8%	No	3789 96%
35 - 49	1277	32%	Prefer not to say	143 4%
50 - 54	558	14%	Base	3956
55 - 59	449	11%	Health problem or disability	
60 - 64	339	8%	Yes, limited a lot	651 16%
65 - 69	205	5%	Yes, limited a little	1003 25%
70 - 74	146	4%	No	2106 53%
75 - 79	66	2%	Prefer not to say	226 6%
80 and over	21	1%	Base	3986
Prefer not to say	166	4%	Disability	
Base	4055		Long term illness	453 12%
			Physical disability	469 13%
Religion			Mental health need	1174 32%
Christian	1549	39%	Sensory disability	127 3%
Muslim	193	5%	Learning disability or difficulty	202 6%
Hindu	120	3%	Blind, visually impaired	35 1%
Sikh	30	1%	Deaf or hard of hearing	- -
Buddhist	37	1%	Head / brain injury	- -
Jewish	10	0.3%	None	1623 44%
No religion	1654	42%	Other	45 1%
Prefer not to say	282	7%	Prefer not to say	371 10%
Any other	107	3%	Base	3692
Base	3982		Armed services	
			Carer	
Yes	108	3%	Yes - person(s) aged younger than 24 years of age	539 14%
No	3774	94%	Yes - adult(s) aged 25 to 49 years of age	262 7%
Prefer not to say	136	3%	Yes - older person(s) aged over 50 years of age	518 13%
Base	4018		No	2599 65%
Sex			Prefer not to say	226 6%
Male	759	19%	Base	3998
Female	3088	76%	Gender identity	
Intersex	4	0.1%	Yes*	139 4%
Non-binary	33	1%	No	3445 88%
Other	7	0.2%	Prefer not to say	321 8%
Prefer not to say	153	4%	Base	3905
Base	4044		*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance, and the way you dress, taking hormones or having gender confirming surgery)	

4.2.1 Ethnicity profile of consultation survey respondents

Table 51 shows the number of consultation survey responses received in each geography and the proportion of responses from those stating they were of white ethnicity and those stating they were from a non-white BME ethnic group.

Table 51. Ethnicity profile of survey respondents

	Total No.	White ethnicities		BME / other ethnicities (all non-white cohorts)		Unknown ethnicity	
		No.	%	No.	%	No.	%
Leicester City Council	1157	718	62%	350	30%	89	8%
Rutland County Council	123	115	94%	2	2%	6	5%
Leicestershire South and East	1061	924	87%	71	7%	66	6%
Leicestershire North and West	1278	1147	90%	56	4%	75	6%
Outside of area / no postcode provided / verified	474	323	68%	91	19%	60	13%
<i>Base</i>	<i>4093</i>	<i>3227</i>		<i>570</i>		<i>296</i>	

4.3 Mapping respondents

Figures 1 and 2 map the postcodes of survey respondents. Figure 1 provides an overview of the location of respondents across the whole Leicester, Leicestershire and Rutland area while Figure 2 focusses on the Leicester area specifically.

4.4 Index of Multiple Deprivation (IMD)

Table 52 shows the IMD decile of survey respondents' and event participants' postcodes. The Index of Multiple Deprivation is the official measure of relative deprivation for small areas in England. The IMD ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). Deciles are calculated by ranking the 32,844 neighbourhoods in England from most deprived to least deprived and dividing them into 10 equal groups. These range from the most deprived 10% of neighbourhoods nationally (decile 1) to the least deprived 10% (decile 10).

Table 52. Index of Multiple Deprivation analysis

IMD decile	No.	%
1	250	6%
2	190	4%
3	382	9%
4	264	6%
5	383	9%
6	358	8%
7	376	9%
8	507	12%
9	473	11%
10	471	11%
No postcode provided	402	9%
Postcode unable to be profiled	212	5%
<i>Base</i>	<i>4268</i>	

5 Findings

5.1 Feedback on proposals for Building self-help guidance and support

This section presents feedback on the proposal on building self-help guidance and support. Feedback is presented from the questionnaire, followed by events and then correspondence.

5.1.1 Building self-help guidance and support: questionnaire

Respondents were asked the following questions:

- Q1. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Q2. Please explain why?
- Q3. In your opinion, what self-help and guidance would support people (e.g. you, your family or friends) in managing their own condition?

5.1.1.1 Response to the question 1: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Tables 53 and 54 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 83% (3372) of all respondents agreed and 8% (306) disagreed with the proposal on building self-help guidance and support.

Table 53. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3372	83%	83%	84%	84%	74%	82%	83%	83%	84%	84%	74%
Neither agree nor disagree	361	9%	9%	8%	12%	12%	7%	9%	9%	8%	12%	12%
Total disagree	306	8%	7%	7%	4%	14%	10%	8%	7%	7%	4%	14%
N/A	19	1%	1%	0.4%	-	-	2%	1%	1%	0.4%	-	-
Base	4058		3283	468	25	74	135	1142	122	1058	1270	466

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 54. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3372	83%	82%	85%	83%	81%	85%	73%
Neither agree nor disagree	361	9%	9%	8%	9%	10%	8%	13%
Total disagree	306	8%	8%	7%	8%	8%	6%	13%
N/A	19	1%	1%	0.3%	1%	0.3%	0.4%	1%
Base	4058		1240	1156	1355	1165	2580	224

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- A significant proportion of NHS employees (84% / 394) and patients and members of the public (83% / 2734) were in agreement with this proposal compared to other public sector organisation respondents (74% / 55)
- A significant proportion of other public sector organisation respondents (14% / 10) were in disagreement with this proposal compared to NHS employees (7% / 33) and patients and members of the public (7% / 242).

Service user

- There were no significant differences between sub-groups.

Carer

- A significant proportion of non-carers (85% / 2202) were in agreement with this proposal compared to carers (81% / 946)
- A significant proportion of carers (8% / 98) were in disagreement with this proposal compared to non-carers (6% / 164).

Geography

- A significant proportion of respondents from Leicestershire South and East (85% / 899) and Leicestershire North and West (84% / 1071) were in agreement with this proposal compared to respondents from the Leicester City Council area (81% / 925)
- A significant proportion of respondents from Leicester City Council area (9% / 101) were in disagreement with this proposal compared to respondents from Leicestershire South and East (7% / 70) and Leicestershire North and West (7% / 87).

Index of multiple deprivation

- A significant proportion of respondents in the least deprived areas (86%) were in agreement with this proposal compared to respondents in the most deprived areas (80%)
- A significant proportion of respondents in the most deprived areas (10%) were in disagreement with this proposal compared to respondents in the least deprived areas (6%).

Urban / rural

- A significant proportion of town respondents (87% / 447) were in agreement with this proposal compared to urban respondents (83% / 2308)
- A significant proportion of urban respondents (8% / 219) were in disagreement with this proposal compared to town respondents (5% / 24).

Age

- A significant proportion of respondents aged 16-29 (87% / 443) were in agreement with this proposal compared to respondents aged 50-69 (83% / 1274)
- A significant proportion of respondents aged 50-69 (8% / 117) were in disagreement with this proposal compared to respondents aged 16-29 (4% / 22).

Gender

- A significant proportion of male respondents (9% / 69) were in disagreement with this proposal compared to female respondents (6% / 197).

Race

- A significant proportion of Black/Black British respondents (91% / 114) were in agreement with this proposal compared to respondents from mixed/multiple ethnic groups (80% / 59)
- A significant proportion of respondents from any other ethnic groups (20% / 6) were in disagreement with this proposal compared to Black/Black British respondents (3% / 4).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.1.1.2 Response to the question 2: Please explain why?

911 survey respondents provided additional comments on this proposal. Table 55 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Quality of care, General, Access, Service provision, Cost and efficiency, Information support, Specific groups, Communication, Technology, Integration, Crisis Cafés, Equality, Confidentiality, Staff, Education, Quality of information.

Across the main themes, seven sub-themes were in agreement with the proposal, 11 sub-themes were in disagreement with the proposal and 33 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (34% / 306)
2. General - Agreement with proposal (10% / 92)
3. Integration - Proposal will improve integration between mental health services providers (1% / 10).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Technology - Concern over lack of access to technology or knowledge how to use them (22% / 199)
2. General - Concern over mental health patients' capacity to understand information and engage (e.g. patient deny problems, too ill) (10% / 89)
3. General - Self-help guidance is useful only as an supplementary tool (e.g. should not replace professional help) (4% / 33).

The top three observation sub-themes raised by survey respondents were:

1. Service provision - Mental health patients require human interaction (e.g. face-to-face support, somebody to listen, advice from familiar person) (11% / 99)
2. Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (8% / 74)
3. Quality of information - Ensure that information provided in self-help guidance is appropriate (e.g. up to date, detailed, clear, accessible language) (6% / 51).

Table 55. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public organisation	Patient rep. organisation, voluntary group / charity
Quality of care – agreement	Self-help guidance helps to improve people's self-care	19	6	1%	5	1	-	-	-
	Agreement - Quality of care - Proposal will help to reduce stigma of asking about mental health support	23	2	0.2%	-	2	-	-	-
Quality of care – disagreement	Self-help guidance may have negative impact on patients' health (e.g. incorrect diagnoses, delay help)	17	8	1%	7	-	-	-	-
Quality of care - observation	Consider improving quality of mental health care (e.g. holistic approach)	9	33	4%	31	-	1	-	1
	Consider that each mental health patient requires different support (e.g. triage is needed)	15	10	1%	9	1	-	-	-
	Consider the need for continuity and consistency of care	17	8	1%	8	-	-	-	-
	Assertive Outreach team provided good quality of care	20	5	1%	3	-	-	-	1
	Consider the need to reduce the stigma of asking for mental health support	22	3	0.3%	3	-	-	-	-
	Consider the need for preventive measures and early intervention	23	2	0.2%	2	-	-	-	-
General - agreement	Agreement with proposal	4	92	10%	76	8	-	-	3
General – disagreement	Concern over mental health patients' capacity to understand information and engage (e.g. patient deny problems, too ill)	5	89	10%	73	13	-	1	1
	Self-help guidance is useful only as an supplementary tool (e.g. should not replace professional help)	9	33	4%	29	2	-	2	-
	Disagreement with proposal (e.g. would not use it)	13	13	1%	11	-	-	-	1
	Self-help guidance is not required (e.g. already exists, not useful)	13	13	1%	11	2	-	-	-
General – observation	More details about the proposal are required	14	11	1%	9	2	-	-	-
	Consider the need to implement proposal effectively (e.g. review effectiveness)	19	6	1%	4	1	-	-	1
	Comment about the survey	21	4	0.4%	4	-	-	-	-
	Comment about consultation	24	1	0.1%	1	-	-	-	-

Access - agreement	Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting)	1	306	34%	247	31	-	7	9
Access - observation	Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos)	6	74	8%	57	8	1	1	5
	Consider improving access to mental health support (e.g. waiting time, referral process)	8	46	5%	42	1	-	1	1
	Consider provision of telephone support (e.g. helpline, call-back)	16	9	1%	8	-	-	-	1
	Consider the need for a user-friendly website	20	5	1%	3	1	-	1	-
Service provision - disagreement	Concern over the removal of existing services (e.g. Assertive Outreach services)	20	5	1%	5	-	-	-	-
Service provision - observation	Mental health patients require human interaction (e.g. face-to-face support, somebody to listen, advice from familiar person)	3	99	11%	86	5	-	-	5
	Mental health patients require support of professional staff	11	20	2%	17	1	-	1	1
	Consider increased provision of mental health services across the county	17	8	1%	8	-	-	-	-
	Consider the need for support groups (e.g. peer support, social inclusion groups)	24	1	0.1%	1	-	-	-	-
Cost and efficiency - agreement	Proposal helps the NHS identify gaps in service provision	24	1	0.1%	-	1	-	-	-
Cost and efficiency - disagreement	Concern that proposal is about saving money not improving quality of mental health care	16	9	1%	9	-	-	-	-
	Proposal is not good use of NHS money (e.g. should be spent on improving services)	18	7	1%	6	-	-	-	-
Cost and efficiency - observation	Consider the need for more funding and resources to support mental health services	20	5	1%	3	1	-	-	1
Information support - observation	Provide details on how to access mental health support available (e.g. including resources outside of the NHS)	20	5	1%	5	-	-	-	-
	Provide information on how to maintain mental health and manage mental health problems	21	4	0.4%	4	-	-	-	-
	Consider provision support for families and carers of mental health patients	23	2	0.2%	2	-	-	-	-
	Provide information about commonly used medications (e.g. side effects)	24	1	0.1%	1	-	-	-	-
Specific groups - observation	Ensure that self-help guidance reflects the needs of the diverse community (e.g. multiple languages)	10	29	3%	15	7	1	2	4
	Consider the needs of vulnerable groups (e.g. complex needs, elderly, deaf community)	12	17	2%	9	4	-	1	2
	Consider improving access to mental health service for children and teenagers	22	3	0.3%	3	-	-	-	-

Communication - observation	Utilise different channels to promote and advertise self-help guidance (e.g. health care settings, public places, charities)	12	17	2%	14	3	-	-	-
	Consider improving communication with patients and their families and carers	19	6	1%	5	-	-	-	1
Technology - disagreement	Concern over lack of access to technology or knowledge how to use them	2	199	22%	146	30	-	5	14
Technology - observation	Consider provision of support on how to access self-help guidance and navigate through it	24	1	0.1%	1	-	-	-	-
Integration - agreement	Proposal will improve integration between mental health services providers	15	10	1%	7	-	1	1	1
Integration - observation	Consider the need for greater integration with other services (e.g. substance misuse services)	21	4	0.4%	3	1	-	-	-
Crisis Cafés - agreement	Crisis Cafés are good idea	23	2	0.2%	2	-	-	-	-
Equality - disagreement	Concern that proposal will increase health inequalities (e.g. discriminating)	16	9	1%	3	5	-	1	-
Confidentiality - disagreement	Concern over confidentiality of using online sources	18	7	1%	6	-	-	-	-
Staff - observation	Ensure appropriate staffing for mental health services (e.g. staffing levels, trained staff)	15	10	1%	7	2	-	-	1
Education - observation	Consider the need to raise awareness about mental health (e.g. how to recognise issues)	22	3	0.3%	1	-	-	1	1
Quality of information - observation	Ensure that information provided in self-help guidance is appropriate (e.g. up to date, detailed, clear, accessible language)	7	51	6%	40	8	-	-	2
	Unsure (e.g. don't know)	21	4	0.4%	3	-	-	1	-
	No comment	22	3	0.3%	1	-	-	-	-
	Other	11	20	2%	17	-	-	-	2
<i>Base</i>			911		739	88	2	18	36

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-theme, it has not been shown.

Stakeholder type

- Individual NHS employees:
 - Observation sub-theme: Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (9% / 8), Quality of information - Ensure that information provided in self-help guidance is appropriate (e.g. up to date, detailed, clear, accessible language) (9% / 8).
- NHS organisations:
 - Agreement sub-theme: Integration - Proposal will improve integration between mental health services providers (50% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (50% / 1); Quality of care - Consider improving quality of mental health care (e.g. holistic approach) (50% / 1); Specific groups - Ensure that self-help guidance reflects the needs of the diverse community (e.g. multiple languages) (50% / 1).
- Other public sector organisation:
 - Observation sub-theme: Specific groups - Ensure that self-help guidance reflects the needs of the diverse community (e.g. multiple languages) (11% / 2)
- Patient representative organisation, voluntary group or charities:
 - Observation sub-theme: Service provision - Mental health patients require human interaction (e.g. face-to-face support, somebody to listen, advice from familiar person) (14% / 5); Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (14% / 5).

Service user

- Non-service users:
 - Observation sub-theme: Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (12% / 23).

Geography

- Respondents from Leicestershire North and West:
 - Observation sub-theme: Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (11% / 28).

Urban / rural

- Town:
 - Observation sub-theme: Service provision - Mental health patients require human interaction (e.g. face-to-face support, somebody to listen, advice from familiar person) (10% / 8); Access - Consider improving access to mental health support (e.g. waiting time, referral process) (10% / 8).

Age

- 16 – 29:
 - Disagreement sub-theme: Technology - Concern over lack of access to technology or knowledge how to use them (15% / 12); General - Concern over mental health patients' capacity to understand information and engage (e.g. patient deny problems, too ill) (15% / 12).

- 70 and over:
 - Observation sub-theme: Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (13% / 8).

Gender

- Other (including non-binary and intersex):
 - Disagreement sub-theme: General - Self-help guidance is useful only as an supplementary tool (e.g. should not replace professional help) (13%/ 1); Cost and efficiency - Concern that proposal is about saving money not improving quality of mental health care (13% / 1)
 - Observation sub-theme: Quality of information - Ensure that information provided in self-help guidance is appropriate (e.g. up to date, detailed, clear, accessible language) (25% / 2).

Ethnicity

- Asian/Asian British:
 - Observation sub-theme: Specific groups - Ensure that self-help guidance reflects the needs of the diverse community (e.g. multiple languages) (21% / 15).
- Black/Black British:
 - Observation sub-theme: Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (8%/ 3); Specific groups - Ensure that self-help guidance reflects the needs of the diverse community (e.g. multiple languages) (8% / 3).
- Mixed/Multiple ethnic groups:
 - Observation sub-theme: Service provision - Mental health patients require human interaction (e.g. face-to-face support, somebody to listen, advice from familiar person) (12% / 3); Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (12% / 3).
- Any other ethnic group:
 - Agreement sub-theme: Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (13% / 2); General - Agreement with proposal (13% / 2).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.1.1.3 Response to the question 3: In your opinion, what self-help and guidance would support people in managing their own condition?

823 survey respondents provided feedback on this question. Table 56 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Service provision, Quality of care, Information support, General, Access, Cost and efficiency, Communication, Specific groups, Technology, Staff, Education, Collaboration, Confidentiality, Quality of information, Central Access Point.

Across the main themes, three sub-themes were in agreement with the proposal, nine sub-themes were in disagreement with the proposal and 55 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Self-help guidance will support patients to Access the appropriate information and services (e.g. quicker, better signposting) (3% / 21)
2. General - Self-help guidance will help to look after yourself and manage mental health problems (0.4% / 3)
3. Cost and efficiency - Proposal will free-up resources for other needs (0.1% / 1).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. General - Self-help guidance is useful only as an supplementary tool (e.g. back up of professional staff/mentor is needed, initial triage is needed) (6% / 46)
2. Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (5% / 41)
3. Quality of care - Self-help guidance is not suitable for all mental health patients (e.g. complex mental health issues, crisis) (2% / 19).

The top three observation sub-themes raised by survey respondents were:

1. Information support - Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time) (16% / 131)
2. Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (15% / 126)
3. Service provision - Mental health patients require support of professional staff (e.g. counsellor, social prescriber, nurse) (11% / 88).

Table 56. In your opinion, what self-help and guidance would support people in managing their own condition?

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Service provision - observation	Mental health patients require support of professional staff (e.g. counsellor, social prescriber, nurse)	3	88	11%	75	5	-	1	3
	Consider the need for support groups (e.g. peer support, social inclusion groups)	4	85	10%	72	7	-	1	3
	Mental health patients require human interaction (e.g. face-to-face, someone to talk)	6	69	8%	58	3	1	1	5
	Support for carers and families of mental health patients is required	10	41	5%	34	2	-	2	3
	Consider provision of online support (e.g. live chat, webinars)	12	31	4%	24	4	-	1	1
	Consider provision of wellness classes (e.g. meditation, yoga, free activities, self-defence course)	14	24	3%	18	1	-	4	-
	Consider increased provision of mental health support (e.g. in the community)	17	19	2%	17	1	-	-	1
	Consider provision of telephone support (e.g. helpline with simple phone number)	18	18	2%	17	-	-	-	1
	Consider provision of one-to-one support	25	10	1%	10	-	-	-	-
	Consider provision of self-diagnosis (e.g. self-assessment form)	25	10	1%	9	1	-	-	-
	Consider greater involvement of GP in mental health care (e.g. first point of contact, training about mental health)	26	9	1%	6	2	-	-	1
	Consider the need for support of Assertive Outreach team	26	9	1%	8	-	-	-	1
	Consider improving provision of crisis care	31	3	0.4%	3	-	-	-	-
	A mixture of home care and support outside the home is needed	33	1	0.1%	1	-	-	-	-
	Consider provision of support on how to access self-help guidance and navigate through it	33	1	0.1%	1	-	-	-	-
	Consider the need for chronic pain centres	33	1	0.1%	1	-	-	-	-
	Consider training hairdressers and barbers to provide mental health services	33	1	0.1%	1	-	-	-	-
Quality of care - disagreement	Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill)	10	41	5%	33	3	1	-	2
	Self-help guidance is not suitable for all mental health patients (e.g. complex mental health issues, crisis)	17	19	2%	18	1	-	-	-

	Self-help guidance may have negative impact on patients' health (e.g. escalate problems, wrong self-diagnosis)	31	3	0.4%	3	-	-	-	-
Quality of care - observation	Consider the need to improve quality of mental health care (e.g. talking therapy, less medicalised care, regular review)	12	31	4%	27	4	-	-	-
	Consider the need to reduce the stigma of asking for mental health support (e.g. advice how to ask for help)	21	15	2%	11	1	-	1	-
	Consider the need for continuity and consistency of care	25	10	1%	8	2	-	-	-
	Consider the need for early intervention and prevention	28	6	1%	4	-	-	1	1
	Consider that each mental health patient requires different support	32	2	0.2%	1	-	-	-	-
	Let's Talk service is ineffective	33	1	0.1%	-	-	-	-	-
	Information support - observation	Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time)	1	131	16%	93	21	-	6
Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets)		2	126	15%	100	14	-	4	3
Provide information about different mental health conditions (e.g. list of symptoms)		7	56	7%	45	5	-	2	1
Provide information about different therapies (e.g. alternative therapies)		16	20	2%	14	3	-	1	-
Provide information about medications (e.g. side effects, order online)		16	20	2%	15	3	-	-	1
Consider the need for guidance on how to get support from services outside of mental health (e.g. social care, housing, financial)		21	15	2%	11	1	1	1	-
Consider provision of information about care delivered by each service		29	5	1%	5	-	-	-	-
Consider the need for guidance for patients and employer on how to engage with employers/employees about mental health problems		30	4	1%	4	-	-	-	-
Consider provision of information on social prescribing		32	2	0.2%	-	1	-	1	-
Provide links to places to get out in the community		33	1	0.1%	-	-	-	-	-
General - agreement	Self-help guidance will help to look after yourself and manage mental health problems	31	3	0.4%	3	-	-	-	-
General - disagreement	Self-help guidance is useful only as an supplementary tool (e.g. back up of professional staff/mentor is needed, initial triage is needed)	8	46	6%	41	2	-	1	1
	Self-help guidance is not required (e.g. already exists, not useful)	25	10	1%	8	2	-	-	-
General - observation	Consider that people rely on support of family and friends	23	12	2%	9	1	-	-	2
	Comment about the survey (e.g. too broad question)	31	3	0.4%	3	-	-	-	-
	Further consultation about the proposal is required (e.g. more clinical input, ask service users)	31	3	0.4%	2	-	1	-	-
	More details about the proposal are required	32	2	0.2%	1	1	-	-	-
Access - agreement	Self-help guidance will support patients to access the appropriate information and services (e.g. quicker, better signposting)	15	21	3%	18	1	-	-	1
Access - observation	Consider the need to improve access to mental health support (e.g. reduce waiting time, out of hours, drop-in service, home visits)	5	73	9%	70	1	-	1	-

Access - observation	Ensure that information is accessible for everyone (e.g. hard copies, video, leaflets, BSL videos)	11	35	4%	22	9	-	1	3
	Consider the need for a user-friendly website	30	4	1%	2	1	-	1	-
	Consider the need for self-referrals	31	3	0.4%	3	-	-	-	-
	Consider the need for mental health support 24/7	32	2	0.2%	2	-	-	-	-
Cost and efficiency - agreement	Proposal will free-up resources for other needs	33	1	0.1%	-	-	-	-	1
Cost and efficiency - disagreement	Proposal is not good use of NHS money (e.g. investment in a team of mental health first aiders)	32	2	0.2%	2	-	-	-	-
	Proposal is about saving money not improving quality of care	33	1	0.1%	1	-	-	-	-
Cost and efficiency - observation	Mental health services should be free	32	2	0.2%	2	-	-	-	-
	More investment in mental health services is required	33	1	0.1%	1	-	-	-	-
Communication - observation	Consider improving communication with patients and their families and carers	22	13	2%	11	1	-	-	1
	Consider promotion of information about healthy lifestyles (e.g. life skills)	25	10	1%	7	-	-	3	-
	Utilise different channels to promote and advertise self-help guidance	30	4	1%	2	2	-	-	-
Specific groups - observation	Reflect the needs of vulnerable groups of patients (e.g. disabled, elderly, autism, dementia, complex needs, deaf people)	20	16	2%	15	1	-	-	-
	Ensure that guidance reflects the needs of the diverse community (e.g. different languages, culturally appropriate)	23	12	2%	4	3	-	-	5
	Consider the need to improve mental health support for children and young people	27	8	1%	6	-	-	1	1
Central Access Point - disagreement	Central Access Point provides poor quality of care	33	1	0.1%	1	-	-	-	-
Technology - disagreement	Concern over lack of access and knowledge around technology	33	1	0.1%	1	-	-	-	-
Staff - observation	Ensure adequate staffing of mental health services (e.g. more staff, friendly staff, trained staff, staff from different communities)	18	18	2%	16	1	-	-	-
Education - observation	Consider the need for mental health education (e.g. workshops)	24	11	1%	7	3	-	1	-
Collaboration - observation	Consider collaboration with other organisations in development of self-help guidance (e.g. Recovery College)	31	3	0.4%	2	-	-	1	-
Confidentiality - observation	Ensure confidentiality of service users	33	1	0.1%	1	-	-	-	-
Quality of information - observation	Ensure that provided information is appropriate (e.g. up to date, evidence-based, clear, practical)	9	42	5%	31	8	-	-	3
	Unsure (e.g. don't know)	19	17	2%	16	1	-	-	-
	No comment (N/A)	25	10	1%	4	2	-	-	1
	Other	13	27	3%	20	4	-	-	2
<i>Base</i>			823		668	74	2	17	35

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Patients or members of the public:
 - Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (15% / 100).
- Individual NHS employees:
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (4% / 3).
- NHS organisations:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (50% / 1)
 - Observation sub-theme: Service provision - Mental health patients require human interaction (e.g. face-to-face, someone to talk) (50% / 1); Information support - Consider the need for guidance on how to get support from services outside of mental health (e.g. social care, housing, financial) (50% / 1); General - Further consultation about the proposal is required (e.g. more clinical input, ask service users) (50% / 1).
- Other public sector organisation:
 - Agreement sub-theme: No agreement sub-themes raised.
- Patient representative organisation, voluntary group or charities:
 - Agreement sub-theme: Access - Self-help guidance will support patients to access the appropriate information and services (e.g. quicker, better signposting) (3% / 1); Cost and efficiency - Proposal will free-up resources for other needs (3% / 1)
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (6% / 2)
 - Observation sub-theme: Information support - Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time) (14% / 5); Service provision - Mental health patients require human interaction (e.g. face-to-face, someone to talk) (14% / 5); Specific groups - Ensure that guidance reflects the needs of the diverse community (e.g. different languages, culturally appropriate) (14% / 5).

Service user

- Non-service users:
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (6% / 10).

Carer

- Non-carers:
 - Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (17% / 76).

Geography

- Respondents from Leicester City Council area:
 - Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (18% / 48).
- Respondents from Rutland County Council area:
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (13% / 3)

- Observation sub-theme: Information support - Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time) (17% / 4); Service provision - Mental health patients require support of professional staff (e.g. counsellor, social prescriber, nurse) (17% / 4); Service provision - Consider the need for support groups (e.g. peer support, social inclusion groups) (17% / 4); Service provision - Mental health patients require human interaction (e.g. face-to-face, someone to talk) (17% / 4).
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (8% / 15)
 - Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (15% / 30).

Index of multiple deprivation

- Respondents from the most deprived areas:
 - Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (14% / 47).

Urban / rural

- Urban:
 - Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (16% / 92).
- Town:
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (5% / 4)
 - Observation theme: Information support - Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time) (19% / 14); Access - Consider the need to improve access to mental health support (e.g. reduce waiting time, out of hours, drop-in service, home visits) (19% / 14).
- Village / hamlet:
 - Disagreement sub-theme: General - Self-help guidance is useful only as an supplementary tool (e.g. back up of professional staff/mentor is needed, initial triage is needed) (5% / 4); Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (5% / 4).

Age

- 16 – 29:
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (4% / 3)
 - Observation theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (27% / 19%).
- 50 – 69:
 - Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (15% / 55).
- 70 and over:
 - Disagreement theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (10% / 5).

- Observation sub-theme: Service provision - Mental health patients require human interaction (e.g. face-to-face, someone to talk) (17% / 9).

Gender

- Other (including non-binary and intersex):
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Information support - Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time) (38% / 3); Service provision - Consider the need for support groups (e.g. peer support, social inclusion groups) (38% / 3).

Ethnicity

- Asian/Asian British:
 - Agreement sub-theme: No agreement sub-themes raised.
- Black/Black British:
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (3% / 1); Quality of care - Self-help guidance may have negative impact on patients' health (e.g. escalate problems, wrong self-diagnosis) (3% / 1)
 - Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (18% / 7).
- Mixed/Multiple ethnic groups:
 - Agreement sub-theme: General - Self-help guidance will help to look after yourself and manage mental health problems (5% / 1)
 - Disagreement sub theme: No disagreement sub-themes raised
 - Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (24% / 5).
- Any other ethnic group:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Quality of care - Self-help guidance is not suitable for all mental health patients (e.g. complex mental health issues, crisis) (8% / 1)
 - Observation sub-theme: Quality of information - Ensure that provided information is appropriate (e.g. up to date, evidence-based, clear, practical) (23% / 3).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.1.2 Building self-help guidance and support: one-to-one interviews, focus groups and public events

Event participants were asked the following questions:

- Please tell us why do you agree or disagree with this proposal?
- In your opinion, what self-help and guidance would support people (e.g. you, your family or friends) in managing their own condition?
- General feedback.

5.1.2.1 Responses to question: Please tell us why do you agree or disagree with this proposal?

Table 57 summarises the sub-themes raised by event participants on the proposal to build self-help guidance and support in response to the question: Please tell us why do you agree or disagree with this proposal?

The main theme areas raised by event participants were: General, Access, Cost and efficiency, Information support, Quality of care, Service provision, Specific groups, Staff, Technology, Confidentiality, Communication.

Across the main themes, four sub-themes were in agreement with the proposal, seven sub-themes were in disagreement with the proposal and 18 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (48% / 31)
2. Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (25% / 16)
3. Cost and efficiency - Proposal will help to reduce pressure on mental health services (2% / 1); Crisis Cafés - Crisis Cafés are good idea (2% / 1).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (e.g. would not use it) (19% / 12)
2. Technology - Concern over lack of access to technology or knowledge how to use them (16% / 10)
3. General - Concern over mental health patients' capacity to understand information and engage (e.g. patient deny problems, too ill) (8% / 5).

The top three observation sub-themes raised by event participants were:

1. Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (33% / 21)
2. Specific groups - Consider the needs of vulnerable groups (e.g. complex needs, elderly, deaf community) (23% / 15)
3. Communication - Utilise different channels to promote and advertise self-help guidance (e.g. health care settings, public places, charities) (8% / 5); Technology - Consider provision of support on how to access self-help guidance and navigate through it (8% / 5).

Table 57. Please tell us why do you agree or disagree with this proposal? Event feedback

Main theme	Sub-theme	Rank	Total	
			No.	%
General – agreement	Agreement with proposal	1	31	48%
General – disagreement	Disagreement with proposal (e.g. would not use it)	5	12	19%
	Concern over mental health patients' capacity to understand information and engage (e.g. patient deny problems, too ill)	7	5	8%
	Self-help guidance is useful only as an supplementary tool (e.g. should not replace professional help)	9	3	5%
	More details about the proposal are required	9	3	5%
General – observation	Further consultation about the proposal is required (e.g. with community led charities and partner organisations, GPs)	10	2	3%
	Consider the need to implement proposal effectively (e.g. review effectiveness)	11	1	2%
	Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting)	3	16	25%
Access - agreement	Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos)	2	21	33%
	Consider the need for a user-friendly website	10	2	3%
	Consider improving access to mental health support (e.g. waiting time, referral process)	11	1	2%
	Consider provision of telephone support (e.g. helpline, call-back)	11	1	2%
Access - observation	Proposal will help to reduce pressure on mental health services	11	1	2%
Cost and efficiency - agreement	Consider the need for more funding and resources to support mental health services	11	1	2%
Cost and efficiency - observation	Provide details on how to access mental health support available (e.g. including resources outside of the NHS)	9	3	5%
	Consider provision support for families and carers of mental health patients	10	2	3%
Information support - observation	Self-help guidance may have negative impact on patients' health (e.g. incorrect diagnoses, delay help)	11	1	2%
Quality of care - disagreement	Ensure that information provided in self-help guidance is appropriate (e.g. up to date, detailed, clear, accessible language)	9	3	5%
Quality of care - observation	Mental health patients require human interaction (e.g. face-to-face support, somebody to listen, advice from familiar person)	10	2	3%
	Mental health patients require support of professional staff	10	2	3%
Service provision - observation	Consider the needs of vulnerable groups (e.g. complex needs, elderly, deaf community)	4	15	23%
	Ensure that self-help guidance reflects the needs of the diverse community (e.g. multiple languages)	8	4	6%
Specific groups - observation	Disagreement - Staff - Concern that proposal will increase staff workload	11	1	2%
Staff - disagreement	Ensure appropriate staffing for mental health services (e.g. staffing levels, trained staff)	11	1	2%
Staff - observation	Concern over lack of access to technology or knowledge how to use them	6	10	16%
Technology - disagreement	Consider provision of support on how to access self-help guidance and navigate through it	7	5	8%
Technology - observation	Crisis Cafés are good idea	11	1	2%
Crisis Cafes - agreement	Concern over confidentiality of using online sources	11	1	2%
Confidentiality - disagreement	Observation - Communication - Utilise different channels to promote and advertise self-help guidance (e.g. health care settings, public places, charities)	7	5	8%
Communication - observation	Unsure (e.g. don't know)	9	3	5%
Base			64	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Utilise different channels to promote and advertise self-help guidance (e.g. health care settings, public places, charities) (11% / 1)
- Age (young people)
 - Agreement sub-theme: Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (80% / 4)
 - Disagreement sub-theme: Technology - Concern over lack of access to technology or knowledge how to use them (20% / 1)
 - Observation sub-theme: Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (20% / 1); Communication - Utilise different channels to promote and advertise self-help guidance (e.g. health care settings, public places, charities) (20% / 1); Quality of information - Ensure that information provided in self-help guidance is appropriate (e.g. up to date, detailed, clear, accessible language) (20% / 1); Access - Consider the need for a user-friendly website (20% / 1)
- Armed forces veterans
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Technology - Concern over lack of access to technology or knowledge how to use them (100% / 1)
 - Observation sub-theme: No observation sub-themes raised
- Carers:
 - Disagreement sub-theme: General - Concern over mental health patients' capacity to understand information and engage (e.g. patient deny problems, too ill) (31% / 4)
- Councillors:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: General - More details about the proposal are required (100% / 1).
- Disability:
 - Observation sub-theme: Specific groups - Consider the needs of vulnerable groups (e.g. complex needs, elderly, deaf community) (73% / 11).
- Ethnicity (not white British):
 - Agreement sub-theme: General - Agreement with proposal (25% / 1); Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (25% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: General - Further consultation about the proposal is required (e.g. with community led charities and partner organisations, GP's) (50% / 2).
- Gender (women):
 - Disagreement sub-theme: General - Disagreement with proposal (e.g. would not use it) (25% / 1); Confidentiality - Concern over confidentiality of using online sources (25% / 1).
- General:
 - Technology - Concern over lack of access to technology or knowledge how to use them (50% / 2).
- Homeless:
 - No feedback provided.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.

- Sexuality:
 - Disagreement sub-theme: General - Disagreement with proposal (e.g. would not use it) (29% / 2); Technology - Concern over lack of access to technology or knowledge how to use them (29% / 2)
 - Observation sub-theme: Technology - Consider provision of support on how to access self-help guidance and navigate through it (29% / 2); Information support - Provide details on how to access mental health support available (e.g. including resources outside of the NHS) (29% / 2).
- Staff:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Technology - Concern over lack of access to technology or knowledge how to use them (100% / 1)
 - Observation sub-theme: No observation sub-themes raised.

Geography

- Leicestershire:
 - Agreement sub-theme: General - Agreement with proposal (100% / 1); Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (100% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- LLR:
 - Disagreement sub-theme: Technology - Concern over lack of access to technology or knowledge how to use them (21% / 4).
- Rutland:
 - Agreement sub-theme: General - Agreement with proposal (33% / 2); Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (33% / 2)
 - Disagreement sub-theme: Technology - Concern over lack of access to technology or knowledge how to use them (17% / 1); General - Concern over mental health patients' capacity to understand information and engage (e.g. patient deny problems, too ill) (17% / 1)
 - Observation sub-theme: Quality of information - Ensure that information provided in self-help guidance is appropriate (e.g. up to date, detailed, clear, accessible language) (33% / 2).

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.1.2.2 Responses to question: In your opinion, what self-help and guidance would support people (e.g. you, your family or friends) in managing their own condition?

Table 58 summarises the sub-themes raised by event participants on the proposal to build self-help guidance and support in response to the question: In your opinion, what self-help and guidance would support people (e.g. you, your family or friends) in managing their own condition?

The main theme areas raised by event participants were: Service provision, Quality of care, Specific groups, Access, Information support, Communication, General, Technology, Central Access Point, Education, Quality of information, Staff.

Across the main themes, one sub-theme was in agreement with the proposal, five sub-themes were in disagreement with the proposal and 36 sub-themes were observations.

The top sub-theme raised by event participants in agreement with this proposal was:

1. Access - Self-help guidance will support patients to access the appropriate information and services (e.g. quicker, better signposting) (18% / 10).

The top two sub-themes raised by event participants in disagreement with this proposal were:

1. Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (5% / 3); Technology - Concern over lack of access and knowledge around technology (5% / 3)
2. Central Access Point - Central Access Point provides poor quality of care (3% / 1); General - Self-help guidance is useful only as a supplementary tool (e.g. back up of professional staff/mentor is needed, initial triage is needed) (3% / 1); Quality of care - Self-help guidance may have negative impact on patients' health (e.g. escalate problems, wrong self-diagnosis) (3% / 1).

The top three observation sub-themes raised by event participants were:

1. Access - Ensure that information is accessible for everyone (e.g. hard copies, video, leaflets, BSL videos) (25% / 14)
2. Specific groups - Reflect the needs of vulnerable groups of patients (e.g. disabled, elderly, autism, dementia, complex needs, deaf people) (18% / 10)
3. Information support - Provide information about different mental health conditions (e.g. list of symptoms) (14% / 8).

Table 58. In your opinion, what self-help and guidance would support people (e.g. you, your family or friends) in managing their own condition? Event feedback

Main theme	Sub-theme	Rank	Total	
			No.	%
Service provision - observation	Consider the need for support groups (e.g. peer support, social inclusion groups)	5	6	11%
	Consider provision of online support (e.g. live chat, webinars)	7	3	5%
	Mental health patients require human interaction (e.g. face-to-face, someone to talk)	7	3	5%
	Consider greater involving of GP on mental health care (e.g. first point of contact, training about mental health)	8	2	4%
	Support for carers and families of mental health patients is required	8	2	4%
	Consider provision of one-to-one support	9	1	2%
	Consider provision of support on how to access self-help guidance and navigate through it	9	1	2%
	Consider provision of telephone support (e.g. helpline with simple phone number)	9	1	2%
	Consider provision of wellness classes (e.g. meditation, yoga, free activities, self-defence course)	9	1	2%
Quality of care - disagreement	Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill)	7	3	5%
	Self-help guidance may have negative impact on patients' health (e.g. escalate problems, wrong self-diagnosis)	9	1	2%
Quality of care - observation	Consider that each mental health patient requires different support	7	3	5%
	Consider the need for continuity and consistency of care	8	2	4%
	Consider the need for early intervention and prevention	8	2	4%
	Consider the need to improve quality of mental health care (e.g. talking therapy, less medicalised care, regular review)	9	1	2%
	Consider the need to reduce the stigma of asking for mental health support (e.g. advice how to ask for help)	9	1	2%
Specific groups - observation	Reflect the needs of vulnerable groups of patients (e.g. disabled, elderly, autism, dementia, complex needs, deaf people)	2	10	18%
	Ensure that guidance reflects the needs of the diverse community (e.g. different languages, culturally appropriate)	4	7	12%
	Consider the need to improve mental health support for children and young people	9	1	2%
	Ensure that self-help reflects the needs of LGBT+ community	9	1	2%
	Ensure that self-help reflects the needs of trans community	9	1	2%
Access - agreement	Self-help guidance will support patients to access the appropriate information and services (e.g. quicker, better signposting)	2	10	18%
Access - observation	Ensure that information is accessible for everyone (e.g. hard copies, video, leaflets, BSL videos)	1	14	25%
	Consider the need for a user-friendly website	8	2	4%
	Consider the need for mental health support 24/7	9	1	2%
	Consider the need to improve access to mental health support (e.g. reduce waiting time, out of hours, drop-in service, home visits)	9	1	2%
Information support - observation	Provide information about different mental health conditions (e.g. list of symptoms)	3	8	14%

	Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets)	4	7	12%
	Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time)	6	4	7%
	Provide information about different therapies (e.g. alternative therapies)	9	1	2%
	Provide information about medications (e.g. side effects, order online)	9	1	2%
Communication - observation	Consider promotion of information about healthy lifestyles (e.g. life skills)	8	2	4%
	Consider improving communication with patients and their families and carers	9	1	2%
	Utilise different channels to promote and advertise self-help guidance	9	1	2%
General - disagreement	Self-help guidance is useful only as an supplementary tool (e.g. back up of professional staff/mentor is needed, initial triage is needed)	9	1	2%
General - observation	Further consultation about the proposal is required (e.g. more clinical input, ask service users)	9	1	2%
	More details about the proposal are required	9	1	2%
Technology - disagreement	Concern over lack of access and knowledge around technology	7	3	5%
Central Access Point - disagreement	Central Access Point provides poor quality of care	9	1	2%
Education - observation	Consider the need for mental health education (e.g. workshops)	7	3	5%
Quality of information - observation	Ensure that provided information is appropriate (e.g. up to date, evidence-based, clear, practical)	5	6	11%
Staff - observation	Ensure adequate staffing of mental health services (e.g. more staff, friendly staff, trained staff, staff from different communities)	8	2	4%
<i>Base</i>				57

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Disagreement sub-theme: Technology - Concern over lack of access and knowledge around technology (11% / 1); Central Access Point - Central Access Point provides poor quality of care (11% / 1)
 - Observation sub-theme: Information support - Provide information about different mental health conditions (e.g. list of symptoms) (11% / 1); Quality of information - Ensure that provided information is appropriate (e.g. up to date, evidence-based, clear, practical) (11% / 1); Information support - Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time) (11% / 1); Quality of care - Consider that each mental health patient requires different support (11% / 1); Service provision - Mental health patient require human interaction (e.g. face-to-face, someone to talk) (11% / 1); Access - Consider the need to improve access to mental health support (e.g. reduce waiting time, out of hours, drop-in service, home visits) (11% / 1).
- Age (young people):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that guidance reflects the needs of the diverse community (e.g. different languages, culturally appropriate) (40% / 2); Service provision - Consider provision of online support (e.g. live chat, webinars) (40% / 2).
- Armed forces veterans:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Consider the need for support groups (e.g. peer support, social inclusion groups) (100% / 1).
- Carers:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Technology - Concern over lack of access and knowledge around technology (10% / 1)
 - Observation sub-theme: Information support - Provide information about different mental health conditions (e.g. list of symptoms) (50% / 5).
- Councillors:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that guidance reflects the needs of the diverse community (e.g. different languages, culturally appropriate) (100% / 1); Quality of care - Consider the need for early intervention and prevention (100% / 1); Service provision - Consider greater involving of GP on mental health care (e.g. first point of contact, training about mental health) (100% / 1).
- Disability:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Technology - Concern over lack of access and knowledge around technology (7% / 1).
- Ethnicity (not white British):
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Consider the need for support groups (e.g. peer support, social inclusion groups) (75% / 3).
- Gender (women):
 - No feedback provided.
- General:

- Disagreement sub-theme: No disagreement sub-themes raised
- Observation sub-theme: Information support - Provide information about different mental health conditions (e.g. list of symptoms) (20% / 1); Service provision - Consider the need for support groups (e.g. peer support, social inclusion groups) (20% / 1); Quality of care - Consider the need for early intervention and prevention (20% / 1); Quality of care - Consider the need to improve quality of mental health care (e.g. talking therapy, less medicalised care, regular review) (20% / 1); Quality of care - Consider the need to reduce the stigma of asking for mental health support (e.g. advice how to ask for help) (20% / 1); Specific groups - Consider the need to improve mental health support for children and young people (20% / 1).
- Homeless
 - No feedback provided.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (43% / 3)
 - Observation sub-theme: Access - Ensure that information is accessible for everyone (e.g. hard copies, video, leaflets, BSL videos) (14% / 1); Specific groups - Reflect the needs of vulnerable groups of patients (e.g. disabled, elderly, autism, dementia, complex needs, deaf people) (14% / 1); Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (14% / 1); Information support - Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time) (14% / 1); Education - Consider the need for mental health education (e.g. workshops) (14% / 1); Quality of care - Consider that each mental health patient requires different support (14% / 1); Service provision - Mental health patient require human interaction (e.g. face-to-face, someone to talk) (14% / 1); Staff - Ensure adequate staffing of mental health services (e.g. more staff, friendly staff, trained staff, staff from different communities) (14% / 1); Access - Consider the need for mental health support 24/7 (14% / 1); Communication - Consider improving communication with patients and their families and carers (14% / 1); General - More details about the proposal are required (14% / 1); Service provision - Consider provision of support on how to access self-help guidance and navigate through it (14% / 1); Specific groups - Ensure that self-help reflects the needs of LGBT+ community (14% / 1); Specific groups - Ensure that self-help reflects the needs of trans community (14% / 1).
- Staff:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that guidance reflects the needs of the diverse community (e.g. different languages, culturally appropriate) (100% / 1); Quality of information - Ensure that provided information is appropriate (e.g. up to date, evidence-based, clear, practical) (100% / 1); Access - Consider the need for a user-friendly website (100% / 1); Communication - Consider promotion of information about healthy lifestyles (e.g. life skills) (100% / 1).

Geography

- Leicester:
 - Disagreement sub-theme: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (9% / 3).
- Leicestershire:

- Agreement sub-theme: No agreement sub-themes raised
- Disagreement sub-theme: No disagreement sub-themes raised
- Observation sub-theme: Information support - Provide information on prevention and managing of mental health problems (e.g. coping strategy, loss and grief assistance, self-help leaflets) (100% / 1); Service provision - Consider the need for support groups (e.g. peer support, social inclusion groups) (100% / 1); Service provision - Consider provision of online support (e.g. live chat, webinars) (100% / 1); Quality of care - Consider the need for continuity and consistency of care (100% / 1).
- LLR
 - Disagreement sub-theme: Technology - Concern over lack of access and knowledge around technology (6% / 1)
 - Observation sub-theme: Information support - Provide information about different mental health conditions (e.g. list of symptoms) (29% / 5).
- Rutland:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that guidance reflects the needs of the diverse community (e.g. different languages, culturally appropriate) (17% / 1); Service provision - Consider the need for support groups (e.g. peer support, social inclusion groups) (17% / 1); Quality of care - Consider that each mental health patient requires different support (17% / 1); Quality of care - Consider the need for continuity and consistency of care (17% / 1); Quality of care - Consider the need for early intervention and prevention (17% / 1); Service provision - Consider greater involving of GP on mental health care (e.g. first point of contact, training about mental health) (17% / 1).

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.1.2.3 General feedback

Table 59 summarises the general feedback raised by event participants on the proposal to Build self-help guidance and support.

Table 59. Building self-help guidance and support: Event general feedback

Main theme	Sub-theme	Rank	Total	
			No.	%
Access - agreement	Self-help guidance will support patients to access the appropriate information and services (e.g. quicker, better signposting)	1	3	14%
Access - observation	Consider improving access to mental health support (e.g. waiting time, referral process)	3	1	5%
	Consider the need for a user-friendly website	3	1	5%
Communication - observation	Consider changing the name of Crisis Cafés (e.g. call Empowerment Café)	3	1	5%
	Utilise different channels to promote and advertise self-help guidance (e.g. health care settings, public places)	3	1	5%
Service provision - observation	Consider provision of support for patients while they are waiting for treatments (e.g. online, booklets, telephone calls)	3	1	5%
	Mental health patients require support of professional staff	3	1	5%
Specific groups - observation	Ensure that self-help guidance reflects the needs of the diverse community (e.g. multiple languages)	2	2	9%
	Consider the need to improve mental health support for children and young people (e.g. transition from young person/ adult mental health services)	3	1	5%
Quality of information - observation	Ensure that information provided in self-help guidance is appropriate (e.g. up to date, detailed, clear)	1	3	14%
Quality of care - observation	Consider the need to reduce the stigma of asking for mental health support	3	1	5%
Staff - observation	Ensure that staff are aware about inclusion and diversity (e.g. LGBT+ and trans people needs)	2	2	9%
Training - observation	Consider provision of training to raise mental health awareness among hairdressers and barbers	3	1	5%
Confidentiality - observation	Ensure confidentiality of service users	3	1	5%
General - observation	Consider recommendation provided in the independent review Modernising the mental health act 2017	3	1	5%
Information support - observation	Consider provision support for families and carers of mental health patients	3	1	5%
	No comment (e.g. N/A)	1	3	14%
Base			22	

5.1.3 Building self-help guidance and support: correspondence

Table 60 summarises the sub-themes raised in the correspondence received on the proposal to Building self-help guidance and support.

Across the main themes, one sub-theme was in agreement with the proposal, one sub-theme was in disagreement with the proposal and 10 sub-themes were observations.

Table 60. Correspondence feedback: Building self-help guidance and support

Main theme	Sub-theme	Rank	Total		Stakeholder type					
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Member of Parliament
Access - agreement	Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting)	3	1	33%	-	-	1	-	-	-
Access - observation	Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos)	3	1	33%	-	-	1	-	-	-
Service provision - observation	Consider provision of IT support for patients who need it	3	1	33%	-	-	1	-	-	-
	Consider the need for support groups (e.g. peer support, social inclusion groups)	3	1	33%	-	-	1	-	-	-
Information support - observation	Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time)	3	1	33%	-	-	1	-	-	-
	Provide information about different therapies (e.g. alternative therapies)	3	1	33%	-	-	1	-	-	-
Technology - disagreement	Concern over lack of access and knowledge around technology	2	2	67%	-	-	1	-	1	-
Specific groups - observation	Ensure that self-help guidance reflects the needs of the diverse community (e.g. multiple languages)	1	3	100%	-	-	1	-	1	1
Quality of information - observation	Ensure that provided information about mental health is appropriate (e.g. up to date, evidence-based, clear, practical)	2	2	67%	-	-	1	-	1	-
Quality of care - observation	Consider that each mental health patient requires different support	3	1	33%	-	-	1	-	-	-
General - observation	More details about proposal is required	3	1	33%	-	-	-	-	1	-
Collaboration - observation	Consider collaboration with other organisations in development of self-help guidance (e.g. Recovery College)	3	1	33%	-	-	-	-	1	-
<i>Base</i>			3				1		1	1

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from correspondence. For further details see communications and engagement section of this report.

5.1.4 Building self-help guidance and support: New ideas suggested outside of the proposal

The table below shows the additional ideas raised by survey respondents, event participants and the correspondence received.

Table 61. Additional ideas

Main theme	Sub-theme	Total	Channel		
		No.	Survey	Events	Correspondence
Service provision	Consider the need for chronic pain centres	1	1	-	-
	Consider training hairdressers and barbers to provide mental health services	1	1	-	-
Training	Consider provision of training to raise mental health awareness among hairdressers and barbers	1	-	1	-
<i>Base</i>		<i>3-911</i>	<i>823-911</i>	<i>22-64</i>	<i>3</i>

5.2 Feedback on proposals for Introducing a Central Access Point

This section presents feedback on the proposal on introducing a Central Access Point. Feedback is presented from the questionnaire, followed by events and then correspondence.

5.2.1 Introducing a Central Access Point: questionnaire

Respondents were asked the following questions:

- Q4. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Q5. Please explain why?

5.2.1.1 Response to the question 4: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Tables 62 and 63 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 88% (3549) of all respondents agreed and 5% (188) disagreed with this proposal.

Table 62. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3549	88%	88%	87%	92%	87%	84%	87%	90%	88%	89%	85%
Neither agree nor disagree	287	7%	7%	7%	-	5%	7%	7%	8%	7%	7%	9%
Total disagree	188	5%	4%	6%	8%	7%	7%	5%	2%	5%	5%	5%
N/A	19	1%	0.4%	0.2%	-	1%	2%	1%	-	0.3%	0.1%	2%
<i>Base</i>	<i>4043</i>		<i>3270</i>	<i>468</i>	<i>24</i>	<i>74</i>	<i>135</i>	<i>1139</i>	<i>120</i>	<i>1054</i>	<i>1262</i>	<i>468</i>

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 63. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3549	88%	87%	90%	87%	87%	90%	74%
Neither agree nor disagree	287	7%	7%	6%	8%	8%	6%	13%
Total disagree	188	5%	6%	3%	5%	5%	4%	11%
N/A	19	1%	0.4%	1%	0.2%	0.3%	0.4%	2%
Base	4043		1242	1155	1341	1162	2570	223

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- A significant proportion of NHS employees (6% / 30) were in disagreement with this proposal compared to patients or members of the public (4% / 141).

Service user

- A significant proportion of non-service users (90% / 1039) were in agreement with this proposal compared to service users (87% / 1080)
- A significant proportion of service users (6% / 71) were in disagreement with this proposal compared to non-service users (3% / 36).

Carer

- A significant proportion of non-carers (90% / 2301) were in agreement with this proposal compared to carers (87% / 1012).

Geography

- There were no significant differences between sub-groups.

Index of multiple deprivation

- A significant proportion of respondents in the least deprived areas (89% / 1912) were in agreement with this proposal compared to respondents in the most deprived areas (86% / 1191)
- A significant proportion of respondents in the most deprived areas (6% / 77) were in disagreement with this proposal compared to respondents in the least deprived areas (4% / 86).

Urban / rural

- There were no significant differences between sub-groups.

Age

- A significant proportion of respondents aged 16-29 (91% / 466) were in agreement with this proposal compared to respondents aged 50-69 (87% / 1333) and 70 and over (87% / 199)

- A significant proportion of respondents aged 50-69 (5% / 81) were in disagreement with this proposal compared to respondents aged 30-49 (4% / 58).

Gender

- A significant proportion of female respondents (90% / 2736) were in agreement with this proposal compared to male respondents (85% / 639)
- A significant proportion of male respondents (6% / 42) were in disagreement with this proposal compared to female respondents (4% / 118).

Race

- A significant proportion of Black / Black British respondents (94% / 115) were in agreement with this proposal compared to respondents from other ethnic groups not listed (79% / 23)
- A significant proportion of respondents from mixed / multiple ethnic groups (8% / 6) were in disagreement with this proposal compared to Black / Black British respondents (2% / 2).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.2.1.2 Response to the question 5: Please explain why?

840 survey respondents provided additional comments on this proposal. Table 64 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Access, Service provision, Quality of care, General, Specific groups, Cost and efficiency, Technology, Communication, Staff, Integration, Information support, Confidentiality, COVID, Education.

Across the main themes, seven sub-themes were in agreement with the proposal, 14 sub-themes were in disagreement with the proposal and 48 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal improves access to appropriate mental health support (e.g. quicker, easier) (19% / 162)
2. General - Agreement with proposal (16% / 135)
3. Specific groups - Online instant messaging service will benefit specific groups of patients (e.g. with social anxiety, afraid to call) (10% / 82).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Quality of care - Central Access Point provides poor quality of services (e.g. unsafe, not useful) (6% / 50)
2. Technology - Virtual support is not suitable for mental health patients (e.g. can't pick up all clues, physical examination is required) (3% / 27)
3. Technology - Concern over lack of access and knowledge around technology (3% / 26).

The top three observation sub-themes raised by survey respondents were:

1. Communication - Consider greater promotion of Central Access Point services (e.g. unaware about it) (13% / 107)
2. Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (10% / 82)
3. Access - Consider the need for a response time threshold (e.g. immediate response for patient in crisis, threshold for call-back) (6% / 51).

Table 64. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Access – agreement	Proposal improves access to appropriate mental health support (e.g. quicker, easier)	1	162	19%	125	19	-	3	5
Access - disagreement	Concern that mental health patients will not use the service (e.g. staff should be proactive, hard to speak to a stranger)	16	19	2%	12	6	-	-	1
	Central Access Point creates an extra obstacle in patient pathway (e.g. GP should signpost)	25	5	1%	3	2	-	-	-
Access – observation	Consider the need for a response time threshold (e.g. immediate response for patient in crisis, threshold for call-back)	5	51	6%	36	11	1	2	1
	Consider poor access to Central Access Point (e.g. calls are unanswered, no call-back)	6	50	6%	39	5	1	2	3
	Ensure support is available 24/7	7	39	5%	34	1	-	1	2
	Consider improving access to mental health services (e.g. waiting time is too long, access to treatment)	13	25	3%	21	2	1	-	1
	Ensure effective referral process from and to CAP (e.g. too slow, allow online referral, criteria to be referred)	15	22	3%	9	11	-	1	1
	Consider the need for family or carers to refer mental health patients (e.g. without their consent)	25	5	1%	3	2	-	-	-
	Consider the need for one simple telephone number to access CAP	27	3	0.4%	3	-	-	-	-
	Introduce a texting service for people without access to Internet	29	1	0.1%	1	-	-	-	-
Service provision – disagreement	Concern over removal of other services (e.g. psycho oncology)	26	4	1%	3	-	-	-	1
Service provision – observation	Mental health patients need human interaction not message machine (e.g. needs to talk to someone, help of professional staff)	15	22	3%	20	1	-	-	1
	Consider increased provision of mental health services across the county (e.g. in Rutland)	26	4	1%	3	1	-	-	-
	Consider separating this service into a crisis and emotional support line (e.g. different specialist phone lines for different issues)	26	4	1%	2	1	-	1	-

	Consider the need to use recognised number for call-back	27	3	0.4%	2	-	-	-	1
	Support for carers and families of mental health patients is required	27	3	0.4%	2	1	-	-	-
	Consider provision of non-medical support for mental health patients (e.g. physical activities, support groups)	28	2	0.2%	1	-	-	-	1
	Mental health services should reflect the needs of different local areas	28	2	0.2%	2	-	-	-	-
	Call-back service should be optional (e.g. patient choice)	29	1	0.1%	-	1	-	-	-
	Consider provision support and guidance for volunteers	29	1	0.1%	1	-	-	-	-
	Ensure sufficient number of beds in crisis centres to meet demand	29	1	0.1%	1	-	-	-	-
	More helplines for mental health patients are required	29	1	0.1%	1	-	-	-	-
Quality of care - agreement	Central Access Point provides good quality of care	17	17	2%	14	1	-	-	1
Quality of care - disagreement	Central Access Point provides poor quality of services (e.g. unsafe, not useful)	6	50	6%	38	7	-	1	4
	Concern that proposal will reduce quality of care (e.g. less personal contact)	25	5	1%	5	-	-	-	-
	Concern over effectiveness of interpreter services (e.g. establishing rapport with patients)	29	1	0.1%	1	-	-	-	-
Quality of care - observation	Consider the need for face-to-face care	8	36	4%	33	1	-	1	1
	Ensure appropriate triage and navigation of patients	9	34	4%	22	12	-	-	-
	Consider the need for continuity and consistency of care	15	22	3%	15	5	-	1	-
	Consider improving quality of mental health care (e.g. meet patient needs)	19	14	2%	13	-	-	-	1
	Consider the need for preventive measures and early intervention	25	5	1%	5	-	-	-	-
	Assertive Outreach team provided good quality of services	26	4	1%	4	-	-	-	-
	Proposal will help to reduce stigma of asking about mental health support	29	1	0.1%	1	-	-	-	-
General - agreement	Agreement with proposal	2	135	16%	109	18	-	3	5
General - disagreement	Disagreement with proposal	23	8	1%	5	2	-	-	-
	Central Access Point works well, and no improvement is required	29	1	0.1%	1	-	-	-	-
General - observation	More details about these services are required	12	26	3%	23	2	-	-	1
	Consider the need to implement the proposal effectively	18	16	2%	12	3	-	-	-
	CAP is appropriate only for people experiencing problems for the first time	28	2	0.2%	2	-	-	-	-
	Comment about the survey	29	1	0.1%	-	-	-	-	1
	Consider changing name of the service (e.g. already have Single Point of Access)	29	1	0.1%	-	1	-	-	-
Cost and efficiency - agreement	Proposal helps to reduce pressure on other services (e.g. emergency services, carers)	25	5	1%	3	2	-	-	-
Cost and efficiency - disagreement	Concern over lack of capacity and resources to cope with demand	14	24	3%	16	6	-	-	2
	Proposal is not good use of NHS money	24	7	1%	5	2	-	-	-
	Proposal is focused on reducing cost rather than improving quality of mental health care	28	2	0.2%	2	-	-	-	-
	CAP duplicates the services delivered by the voluntary sector	29	1	0.1%	1	-	-	-	-

Cost and efficiency – observation	Consider the need for more funding and resources to support mental health services	28	2	0.2%	2	-	-	-	-
	Mental health services should be free (e.g. helpline)	28	2	0.2%	2	-	-	-	-
Specific groups - agreement	Online instant messaging service will benefit specific groups of patients (e.g. with social anxiety, afraid to call)	4	82	10%	75	5	-	1	-
	British Sign Language and language interpretation services will ensure equal access to services for vulnerable groups	10	29	4%	25	2	-	1	-
Specific groups - observation	Ensure that service is accessible for vulnerable patients (e.g. learning disabilities, hearing difficulties, ethnic minorities, deaf people)	20	13	2%	10	3	-	-	-
	Ensure that service reflects the needs of the diverse community (e.g. language, culturally sensitive, staff should understand minority groups)	20	13	2%	7	-	1	1	4
	Consider the need to improve mental health support for children and young people (e.g. through CAP)	25	5	1%	3	1	-	1	-
	Consider the needs of patients with autism	28	2	0.2%	2	-	-	-	-
	Consider the needs of people experiencing homelessness	29	1	0.1%	-	-	-	-	1
Communication - agreement	Proposal will help to improve communication between healthcare professionals and service users	27	3	0.4%	2	-	-	-	1
Communication - observation	Consider greater promotion of Central Access Point services (e.g. unaware about it)	3	107	13%	98	4	-	1	3
	Ensure appropriate communication with service users and their families (e.g. be sympathetic, listen)	16	19	2%	18	-	-	-	-
Technology - disagreement	Virtual support is not suitable for mental health patients (e.g. can't pick up all clues, physical examination is required)	11	27	3%	20	5	-	-	1
	Concern over lack of access and knowledge around technology	12	26	3%	15	6	1	1	2
Technology - observation	Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone, multi-access point is needed)	16	19	2%	14	2	-	2	1
Staff - observation	Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL)	4	82	10%	52	25	-	1	4
Integration - observation	Consider the need to improve integration between Central Access Point and other services (e.g. GP, support groups, multi-disciplinary teams)	21	11	1%	6	3	-	1	1
Information support - observation	Consider provision of information about support provided by this service (e.g. what is not available, criteria who can use the service)	25	5	1%	3	2	-	-	-
Confidentiality - observation	Confidentiality - Ensure confidentiality of service users (e.g. security)	26	4	1%	3	1	-	-	-
COVID - observation	Consider the impact of COVID-19 on people's mental health	26	4	1%	3	-	-	-	1
Education - observation	Consider the need to raise awareness about mental health issues (e.g. starting in school, ethnic minorities)	29	1	0.1%	-	1	-	-	-
	No comment (e.g. as above, N/A)	22	10	1%	6	-	-	-	1
	Other	17	17	2%	13	-	-	1	2
<i>Base</i>			840		664	96	4	14	41

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Individual NHS employees:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (26% / 25).
- NHS organisations:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Technology - Concern over lack of access and knowledge around technology (25% / 1)
 - Observation sub-theme: Access - Consider the need for a response time threshold (e.g. immediate response for patient in crisis, threshold for call-back) (25% / 1); Access - Consider poor access to Central Access Point (e.g. calls are unanswered, no call-back) (25% / 1); Access - Consider improving access to mental health services (e.g. waiting time is too long, access to treatment) (25% / 1); Specific groups - Ensure that service reflects the needs of the diverse community (e.g. language, culturally sensitive, staff should understand minority groups) (25% / 1).
- Other public sector organisation:
 - Agreement sub-theme: Access - Proposal improves access to appropriate mental health support (e.g. quicker, easier) (21% / 3); General - Agreement with proposal (21% / 3)
 - Disagreement sub-theme: Quality of care - Central Access Point provides poor quality of services (e.g. unsafe, not useful) (7% / 1); Technology - Concern over lack of access and knowledge around technology (7% / 1)
 - Observation sub-theme: Access - Consider the need for a response time threshold (e.g. immediate response for patient in crisis, threshold for call-back) (14% / 2); Access - Consider poor access to Central Access Point (e.g. calls are unanswered, no call-back) (14% / 2); Technology - Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone, multi-access point is needed) (14% / 2).
- Patient representative organisation, voluntary group or charities:
 - Agreement sub-theme: Access - Proposal improves access to appropriate mental health support (e.g. quicker, easier) (12% / 5); General - Agreement with proposal (12% / 5)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (10% / 4); Specific groups - Ensure that service reflects the needs of the diverse community (e.g. language, culturally sensitive, staff should understand minority groups) (10% / 4).

Service user

- Service users:
 - Agreement sub-theme: Specific groups - Online instant messaging service will benefit specific groups of patients (e.g. with social anxiety, afraid to call) (16% / 36).
- Non-service users:
 - Disagreement sub-theme: Technology - Concern over lack of access and knowledge around technology (5% / 9); Access - Concern that mental health patients will not use the service (e.g. staff should be proactive, hard to speak to a stranger) (5% / 9).

Geography

- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (15% / 4)
 - Disagreement theme: Technology - Virtual support is not suitable for mental health patients (e.g. can't pick up all clues, physical examination is required) (7% / 2).

Urban / rural

- Town:
 - Disagreement sub-theme: Technology - Concern over lack of access and knowledge around technology (6% / 5).
- Village / hamlet:
 - Disagreement sub-theme: Access - Concern that mental health patients will not use the service (e.g. staff should be proactive, hard to speak to a stranger) (5% / 4).

Age

- 16 – 29:
 - Agreement sub-theme: General - Agreement with proposal (24% / 21)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (11% / 10).
- 70 and over:
 - Disagreement theme: Technology - Concern over lack of access and knowledge around technology (6% / 3)
 - Observation sub-theme: Access - Ensure support is available 24/7 (10% / 5).

Gender

- Other (including non-binary and intersex)
 - Agreement sub-theme: Specific groups - Online instant messaging service will benefit specific groups of patients (e.g. with social anxiety, afraid to call) (27% / 3)
 - Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (36% / 4).

Ethnicity

- Asian/Asian British:
 - Disagreement sub-theme: Technology - Concern over lack of access and knowledge around technology (3% / 2); Cost and efficiency - Concern over lack of capacity and resources to cope with demand (3% / 2)
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point services (e.g. unaware about it) (8% / 5); Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (8% / 5).
- Black/Black British:
 - Disagreement sub-theme: Technology - Virtual support is not suitable for mental health patients (e.g. can't pick up all clues, physical examination is required) (4% / 1); Access - Concern that mental health patients will not use the service (e.g. staff should be proactive, hard to speak to a stranger) (4% / 1); Quality of care - Concern that proposal will reduce quality of care (e.g. less personal contact) (4% / 1).
- Mixed/Multiple ethnic groups:
 - Agreement sub-theme: General - Agreement with proposal (25% / 4)
 - Disagreement sub-theme: Quality of care - Central Access Point provides poor quality of services (e.g. unsafe, not useful) (6% / 1); Technology - Virtual support is not suitable for mental health patients (e.g. can't pick up all clues, physical examination is required) (6% / 1); Cost and efficiency - Concern over lack of capacity and resources to cope with demand (6% / 1); Access - Concern that mental health patients will not use the service (e.g. staff should be proactive, hard to speak to a stranger) (6% / 1); Quality of care - Concern over effectiveness of interpreter services (e.g. establishing rapport with patients) (6% / 1).
- Any other ethnic group
 - Agreement sub-theme: Access - Proposal improves access to appropriate mental health support (e.g. quicker, easier) (9% / 1); General - Agreement with proposal (9% / 1); Specific

- groups - Online instant messaging service will benefit specific groups of patients (e.g. with social anxiety, afraid to call) (9% / 1)
- Observation sub-theme: Specific groups - Ensure that service reflects the needs of the diverse community (e.g. language, culturally sensitive, staff should understand minority groups) (18% / 2).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.2.2 Introducing a Central Access Point: one-to-one interviews, focus groups and public events

Event participants were asked the following questions:

- Please tell us why do you agree or disagree with this proposal?
- General feedback.

5.2.2.1 Responses to question: Please tell us why do you agree or disagree with this proposal?

Table 65 summarises the sub-themes raised by event participants on the proposal to introduce a Central Access Point in response to the question: Please tell us why do you agree or disagree with this proposal?

The main theme areas raised by event participants were: Access, Quality of care, Specific groups, Communication, Cost and efficiency, General, Service provision, Integration, Technology, Staff, Confidentiality, Education.

Across the main themes, eight sub-themes were in agreement with the proposal, seven sub-themes were in disagreement with the proposal and 27 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (57% / 43)
2. Access - Proposal improves access to appropriate mental health support (e.g. quicker, easier) (17% / 13)
3. Specific groups - Online instant messaging service will benefit specific groups of patients (e.g. with social anxiety, afraid to call) (8% / 6).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (13% / 10)
2. Cost and efficiency - Concern over lack of capacity and resources to cope with demand (4% / 3); Technology - Concern over lack of access and knowledge around technology (4% / 3)
3. Access - Concern that mental health patients will not use the service (e.g. staff should be proactive, hard to speak to a stranger) (3% / 2); Quality of care - Concern over effectiveness of interpreter services (e.g. establishing rapport with patients) (3% / 2).

The top three observation sub-themes raised by event participants were:

1. Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (24% / 18)
2. Specific groups - Ensure that service is accessible for vulnerable patients (e.g. learning disabilities, hearing difficulties, ethnic minorities, deaf people) (16% / 12)
3. Communication - Consider greater promotion of Central Access Point services (e.g. unaware about it) (11% / 8).

Table 65. Please tell us why do you agree or disagree with this proposal? Event feedback

Main theme	Sub-theme	Rank	Total	
			No.	%
Access – agreement	Proposal improves access to appropriate mental health support (e.g. quicker, easier)	3	13	17%
Access - disagreement	Concern that mental health patients will not use the service (e.g. staff should be proactive, hard to speak to a stranger)	12	2	3%
Access - observation	Consider the need for a response time threshold (e.g. immediate response for patient in crisis, threshold for call-back)	7	7	9%
	Ensure support is available 24/7	8	6	8%
	Consider poor access to Central Access Point (e.g. calls are unanswered, no call-back)	10	4	5%
	Consider improving access to mental health services (e.g. waiting time is too long, access to treatment)	11	3	4%
	Consider the need for one simple telephone number to access CAP	11	3	4%
	Introduce a texting service for people without access to Internet	12	2	3%
Quality of care - agreement	Central Access Point provides good quality of care	13	1	1%
	Proposal will have positive impact on health outcome (e.g. prevent problems)	13	1	1%
Quality of care - disagreement	Concern over effectiveness of interpreter services (e.g. establishing rapport with patients)	12	2	3%
	Central Access Point provides poor quality of services (e.g. unsafe, not useful)	13	1	1%
Quality of care - observation	Consider improving quality of mental health care (e.g. meet patient needs)	12	2	3%
	Consider the need for face-to-face care	12	2	3%
	Consider the need for continuity and consistency of care	13	1	1%
Specific groups - agreement	Online instant messaging service will benefit specific groups of patients (e.g. with social anxiety, afraid to call)	8	6	8%
	British Sign Language and language interpretation services will ensure equal access to services for vulnerable groups	11	3	4%
Specific groups - observation	Ensure that service is accessible for vulnerable patients (e.g. learning disabilities, hearing difficulties, ethnic minorities, deaf people)	4	12	16%
	Ensure that service reflects the needs of LGBT+ community	10	4	5%
	Ensure that service reflects the needs of the diverse community (e.g. language, culturally sensitive, staff should understand minority groups)	11	3	4%
Communication - agreement	Proposal will help to improve communication between healthcare professionals and service users	13	1	1%
Communication - observation	Consider greater promotion of Central Access Point services (e.g. unaware about it)	6	8	11%
	Consider the need to use various communication methods to interact with service users (e.g. interactive app)	9	5	7%
	Consider the need to promote the service as a social support not medical	13	1	1%
	Ensure appropriate communication with service users and their families (e.g. be sympathetic, listen)	13	1	1%

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Cost and efficiency - agreement	Proposal helps to reduce pressure on other services (e.g. emergency services, carers)	12	2	3%
Cost and efficiency - disagreement	Concern over lack of capacity and resources to cope with demand	11	3	4%
	Proposal is focused on reducing cost rather than improving quality of mental health care	13	1	1%
Cost and efficiency - observation	Consider the need for more funding and resources to support mental health services	13	1	1%
General - agreement	Agreement with proposal	1	43	57%
General - disagreement	Disagreement with proposal	5	10	13%
General - observation	Consider the need to implement the proposal effectively	12	2	3%
	More details about these services are required	7	7	9%
Service provision - observation	Call-back service should be optional (e.g. patient choice)	13	1	1%
	Consider separating this service into a crisis and emotional support line (e.g. different specialist phone lines for different issues)	13	1	1%
	More helplines for mental health patients are required	13	1	1%
Integration - observation	Consider the need for CAP phonenumber be aligned with the national NHS one (e.g. NHS 111)	12	2	3%
	Consider the need to improve integration between Central Access Point and other services (e.g. GP, support groups, multi-disciplinary teams)	13	1	1%
Technology - disagreement	Concern over lack of access and knowledge around technology	11	3	4%
Staff - observation	Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL)	2	18	24%
Confidentiality - observation	Ensure confidentiality of service users (e.g. security)	11	3	4%
Education - observation	Consider the need to raise awareness about mental health issues (e.g. starting in school, ethnic minorities)	13	1	1%
	General - Unsure	9	5	7%
<i>Base</i>			75	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Consider the need for a response time threshold (e.g. immediate response for patient in crisis, threshold for call-back) (20% / 2).
- Age (young people):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Consider the need to use various communication methods to interact with service users (e.g. interactive app) (40% / 2).
- Armed forces veterans:
 - Disagreement sub-theme: General - Disagreement with proposal (25% / 1); Access - Concern that mental health patients will not use the service (e.g. staff should be proactive, hard to speak to a stranger) (25% / 1)
 - Observation sub-theme: Access - Consider the need for one simple telephone number to access CAP (50% / 2).
- Carers:
 - General - Disagreement with proposal (7% / 1); Technology - Concern over lack of access and knowledge around technology (7% / 1); Access - Concern that mental health patients will not use the service (e.g. staff should be proactive, hard to speak to a stranger) (7% / 1).
- Councillors:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to cope with demand (100% / 1)
 - Observation sub-theme: No observation sub-themes raised.
- Disability:
 - Observation sub-theme: Specific groups - Ensure that service is accessible for vulnerable patients (e.g. learning disabilities, hearing difficulties, ethnic minorities, deaf people) (75% / 12).
- Ethnicity (not white British):
 - Agreement sub-theme: Access - Proposal improves access to appropriate mental health support (e.g. quicker, easier) (43% / 3)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point services (e.g. unaware about it) (43% / 3).
- Gender (women):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Quality of care - Consider the need for face-to-face care (25% / 1).
- General:
 - Disagreement sub-theme: Technology - Concern over lack of access and knowledge around technology (25% / 1)
 - Observation sub-theme: Access - Consider the need for a response time threshold (e.g. immediate response for patient in crisis, threshold for call-back) (25% / 1); General - Consider the need to implement the proposal effectively (25% / 1);

Integration - Consider the need to improve integration between Central Access Point and other services (e.g. GP, support groups, multi-disciplinary teams) (25% / 1).

- Homeless:
 - No feedback provided.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to cope with demand (11% / 1); Cost and efficiency - Proposal is focused on reducing cost rather than improving quality of mental health care (11% / 1).
- Staff:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.

Geography

- Leicester:
 - Observation sub-theme: Specific groups - Ensure that service is accessible for vulnerable patients (e.g. learning disabilities, hearing difficulties, ethnic minorities, deaf people) (29% / 12).
- Leicestershire:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to cope with demand (17% / 1).
- LLR:
 - Disagreement sub-theme: Technology - Concern over lack of access and knowledge around technology (9% / 2).
- Rutland:
 - Disagreement sub-theme: General - Disagreement with proposal (17% / 1); Technology - Concern over lack of access and knowledge around technology (17% / 1); Access - Concern that mental health patients will not use the service (e.g. staff should be proactive, hard to speak to a stranger) (17% / 1)
 - Observation sub-theme: Communication - Consider the need to use various communication methods to interact with service users (e.g. interactive app) (33% / 2).

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.2.2.2 General feedback

Table 66 summarises the general feedback raised by event participants on the proposal to introduce a Central Access Point.

Table 66. Central Access Point. Event general feedback

Main theme	Sub-theme	Rank	Total	
			No.	%
Access - agreement	CAP improves access to appropriate mental health support (e.g. quicker, easier)	5	2	5%
Access - observation	Consider improving access to mental health support (e.g. easier pathway, less waiting time)	2	5	13%
	Consider the need for a response time threshold (e.g. immediate response for patient in crisis, threshold for call-back)	5	2	5%
	Ensure effective referral process from and to CAP (e.g. too slow, allow online referral, criteria to be referred)	5	2	5%
	Consider poor access to Central Access Point (e.g. calls are unanswered, no call-back)	6	1	3%
Service provision - observation	Consider provision support for families and carers of mental health patients	5	2	5%
	Consider increased provision of mental health services across the county (e.g. in Rutland)	6	1	3%
	Consider provision of support for patients while they are waiting for treatments (e.g. online, booklets, telephone calls)	6	1	3%
	Consider the need to improve mental health services for children and young people (e.g. CAMHS, transition to adult services)	6	1	3%
	Consider the need to use recognised number for call-back	6	1	3%
Specific groups - agreement	Online instant messaging service will benefit specific groups of patients (e.g. with social anxiety, afraid to call)	3	4	10%
Specific groups - observation	Ensure that service is accessible for vulnerable patients (e.g. learning disabilities, hearing difficulties, deaf people)	3	4	10%
	Ensure that proposals reflect the needs of the diverse community (e.g. language, cultural sensitivity, staff from community)	4	3	8%
	Consider the needs of people after military service	6	1	3%
Quality of care - disagreement	Central Access Point provides poor quality of services (e.g. unsafe, not useful)	4	3	8%
Quality of care - observation	Consider the need for continuity and consistency of care	5	2	5%
	Ensure appropriate triage and navigation of patients	6	1	3%
Communication - observation	Consider greater promotion of Central Access Point services (e.g. unaware about it)	3	4	10%
	Consider improving communication with patients and their families and carers (e.g. listen)	3	4	10%
Cost and efficiency – disagreement	Concern over lack of capacity and resources to implement proposals	5	2	5%
Cost and efficiency - observation	More investment in mental health services is required (e.g. charities)	6	1	3%
General - observation	Ensure that mental health services are accessible for everyone	4	3	8%
	More details about CAP are required	4	3	8%
Education - observation	Consider the need to raise awareness about mental health issues (e.g. starting in school)	6	1	3%
Integration - observation	Consider the need for greater integration between healthcare providers (e.g. primary and secondary care)	5	2	5%
	No comment	3	4	10%
Base			39	

5.2.3 Introducing a Central Access Point: correspondence

Table 67 summarises the sub-themes raised in the correspondence received on the proposal to introduce a central access point.

Across the main themes, three sub-themes were in agreement with the proposal, one sub-theme was in disagreement with the proposal and 10 sub-themes were observations.

Table 67. Correspondence feedback

Main theme	Sub-theme	Rank	Total		Stakeholder type					
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary	Member of Parliament
Access - agreement	Proposal improves access to appropriate mental health support (e.g. quicker, easier)	1	2	40%	-	-	1	-	-	1
Access - observation	Ensure effective referral process from and to CAP (e.g. criteria to be referred)	2	1	20%	-	1	-	-	-	-
	Consider poor access to Central Access Point (e.g. calls are unanswered, no call-back)	2	1	20%	-	-	1	-	-	-
	Consider the need for a response time threshold (e.g. immediate response for patient in crisis, threshold for call-back)	2	1	20%	-	-	1	-	-	-
Cost and efficiency - agreement	Proposal helps to reduce pressure on other services (e.g. emergency services, carers)	2	1	20%	-	-	-	-	1	-
Cost and efficiency - observation	Ensure sufficient capacity and resources to cope with demand	2	1	20%	-	-	1	-	-	-
	Consider the need to monitor quality of calls	2	1	20%	-	-	1	-	-	-
Communication - observation	Consider greater promotion of Central Access Point services (e.g. unaware about it)	2	1	20%	1	-	-	-	-	-
	Consider service users feedback about the service	2	1	20%	-	-	-	-	-	1
Specific groups - agreement	Online instant messaging service will benefit specific groups of patients (e.g. with social anxiety, afraid to call)	2	1	20%	-	-	1	-	-	-
Technology - disagreement	Concern over lack of access and knowledge around technology	1	2	40%	-	-	1	-	-	1
Staff - observation	Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL)	1	2	40%	-	-	1	-	-	1
General - observation	More details about proposal are required (e.g. definitions of 'urgent')	2	1	20%	-	-	-	-	1	-
Integration - observation	Consider the need to improve integration between Central Access Point and other healthcare providers	2	1	20%	-	-	1	-	-	-
Base			5		1	1	1		1	1

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from correspondence. For further details see communications and engagement section of this report.

5.2.4 Introducing a Central Access Point: New ideas suggested outside of the proposal

The table below shows the additional ideas raised by survey respondents, event participants and the correspondence received.

Table 68. Additional ideas

Main theme	Sub-theme	Total	Channel		
		No.	Survey	Events	Correspondence
Service provision	Consider separating this service into a crisis and emotional support line (e.g.different specialist phone lines for different issues)	5	4	1	-
	Ensure sufficient number of beds in crisis centres to meet demand	1	1	-	-
Access	Introduce a texting service for people without access to Internet	3	1	2	-
<i>Base</i>		<i>5-840</i>	<i>840</i>	<i>39-75</i>	<i>5</i>

5.3 Feedback on proposals for Strengthening the role of Crisis Cafés

This section presents feedback on the proposal on strengthening the role of Crisis Cafés. Feedback is presented from the questionnaire, followed by events and then correspondence.

5.3.1 Strengthening the role of Crisis Cafés: questionnaire

Respondents were asked the following questions:

- Q6. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Q7. Please explain why?
- Q8. Please tell us where you would like the new Crisis Cafés to be located?
- Q9. Please tell us what mental health support services should be provided in the new Crisis Cafés?

5.3.1.1 Response to the question 6: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Tables 69 and 70 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 85% (3420) of all respondents agreed and 5% (205) disagreed with the proposal on strengthening the role of crisis Cafés.

Table 69. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3420	85%	85%	82%	88%	88%	85%	83%	88%	85%	85%	84%
Neither agree nor disagree	406	10%	10%	12%	8%	7%	6%	10%	10%	10%	11%	9%
Total disagree	205	5%	5%	6%	4%	5%	8%	6%	3%	5%	5%	5%
N/A	18	0.4%	0.4%	1%	-	-	1%	0.4%	-	0.2%	0.2%	2%
Base	4049		3278	466	25	74	135	1141	121	1057	1265	465

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 70. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3420	85%	83%	87%	83%	83%	86%	76%
Neither agree nor disagree	406	10%	11%	9%	11%	11%	9%	13%
Total disagree	205	5%	6%	4%	5%	6%	4%	10%
N/A	18	0.4%	0.3%	0.3%	1%	0.3%	1%	1%
Base	4049		1243	1155	1346	1166	2572	224

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- There were no significant differences between sub-groups.

Service user

- A significant proportion of non-service users (87% / 1010) were in agreement with this proposal compared to service users (83% / 1029)
- A significant proportion of service users (6% / 76) were in disagreement with this proposal compared to non-service users (4% / 44).

Carer

- A significant proportion of non-carers (86% / 2216) were in agreement with this proposal compared to carers (83% / 968)
- A significant proportion of carers (6% / 65) were in disagreement with this proposal compared to non-carers (4% / 106).

Geography

- There were no significant differences between sub-groups.

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- A significant proportion of respondents in the most deprived areas (6% / 84) were in disagreement with this proposal compared to respondents in the least deprived areas (5% / 99).

Urban / rural

- A significant proportion of urban respondents (5% / 150) were in disagreement with this proposal compared to town respondents (4% / 18)

Age

- A significant proportion of respondents aged 16-29 (88% / 447) were in agreement with this proposal compared to respondents aged 70 and over (83% / 190).

Gender

- There were no significant differences between sub-groups.

Race

- A significant proportion of Asian / Asian British respondents (92% / 309) were in agreement with this proposal compared to White respondents (85% / 2719)
- A significant proportion of respondents from Mixed/Multiple ethnic groups (8% / 6) were in disagreement with this proposal compared to Asian/Asian British respondents (2% / 6).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.3.1.2 Response to the question 7: Please explain why?

838 survey respondents provided additional comments on this proposal. Table 71 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Service provision, Quality of care, Access, General, Specific groups, Communication, Cost and efficiency, Staff, Equality, Technology and Confidentiality.

Across the main themes, seven sub-themes were in agreement with the proposal, 13 sub-themes were in disagreement with the proposal and 38 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will help patients to access the appropriate support (26% / 214)
2. General - Agreement with proposal (14% / 120)
3. Quality of care - Proposal will allow service users to connect with others (e.g. lessen isolation) (12% / 101).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (2% / 17); Cost and efficiency - Proposal is not good use of NHS money and resources (e.g. invest in treatment) (2% / 17)
2. Quality of care - Concern about the ability of Crisis Cafés to deal with complex mental health issues (1% / 12)
3. General - Disagreement with the proposal (1% / 11).

The top three observation sub-themes raised by survey respondents were:

1. General - Crisis Cafés are not for everyone (e.g. people would not attend, not for severe mental health and patients with social anxiety) (19% / 162)
2. Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (15% / 122)
3. General - More details about proposal are required (e.g. who can access the service) (8% / 70).

Table 71. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Service provision – agreement	Proposal will provide support for managing mental health conditions (e.g. prevention, management of symptoms)	10	30	4%	20	5	-	-	3
Service provision - disagreement	Concern over Crisis Cafés removing or replacing existing services	20	10	1%	10	-	-	-	-
Service provision - observation	Crisis Cafés provide a safe place	11	28	3%	25	2	-	1	-
	More Crisis Cafés are needed (e.g. 22 is not enough)	13	20	2%	15	2	-	-	1
	Consider the need to provide one-to-one support	19	11	1%	8	1	-	-	1
	Concern about misuse of Crisis Cafés (e.g. used by people not in crisis)	21	9	1%	4	3	-	1	1
	Consider the need to signpost to other services when required	22	8	1%	5	1	-	-	2
	Mental health patients require face-to-face support	24	5	1%	3	1	-	-	-
	Consider co-location of other services with Crisis Cafés (e.g. counselling, addiction, debt)	25	4	1%	2	2	-	-	-
	Consider the need for support for carers and families of mental health patients	26	3	0.4%	1	-	-	-	-
	Consider the need to provide fun activities to occupy service users (e.g. arts and crafts, massage, knitting, gardening)	26	3	0.4%	2	-	-	-	-
	Consider the need to provide alternative therapy services (e.g. mindfulness, EFT)	27	2	0.2%	2	-	-	-	-
	Consider utilisation of Community hubs for Crisis Cafés	27	2	0.2%	1	-	-	1	-
	Crisis Cafés should be like a normal place to go 'out' (e.g. provide support without drawing attention)	28	1	0.1%	1	-	-	-	-
	Crisis Cafés should provide mental health assessment	28	1	0.1%	1	-	-	-	-
Quality of care – agreement	Proposal will allow service users to connect with others (e.g. lessen isolation)	5	101	12%	82	10	-	-	4
	Crisis Cafés will provide short-term support	26	3	0.4%	2	1	-	-	-

Quality of care - disagreement	Concern about the ability of Crisis Cafés to deal with complex mental health issues	18	12	1%	9	-	-	-	3
	Concern that Crisis Cafés will have negative impact on mental health patients (e.g. not safe care)	24	5	1%	4	-	-	-	1
Quality of care - observation	Ensure safeguarding measures are in place (e.g. when further care is needed)	16	15	2%	7	3	-	1	4
	Mental health patients require help of professional staff	18	12	1%	11	-	-	-	1
	Consider improving quality of mental health care	26	3	0.4%	3	-	-	-	-
	Assertive Outreach team provided good quality of services	28	1	0.1%	-	-	-	-	-
	Consider the need for continuity of care	28	1	0.1%	1	-	-	-	-
	Consider the need for prevention and early intervention	28	1	0.1%	-	1	-	-	-
	Consider the need to improve access to mental health services now	28	1	0.1%	-	1	-	-	-
Access - agreement	Proposal will help patients to access the appropriate support	1	214	26%	172	16	1	7	11
	Proposal will ensure timely access to support (e.g. less waiting time)	12	25	3%	19	3	-	-	1
Access - disagreement	Concern over the stigma of attending Crisis Cafés (e.g. everyone knows it's for mental health)	25	4	1%	4	-	-	-	-
	Concern that proposal will lead to restricted access to other mental health services (e.g. delay treatment)	26	3	0.4%	3	-	-	-	-
	Concern over lack of support for mild and moderate mental health conditions (e.g. focus on crisis)	28	1	0.1%	-	1	-	-	-
	Concern over the need to be referred to the Crisis Cafés	28	1	0.1%	1	-	-	-	-
Access - observation	Ensure Crisis Cafés are accessible (e.g. location, transport)	7	64	8%	53	6	-	2	2
	Consider access to support out of hours	14	18	2%	16	1	-	-	1
	Consider improving access to mental health services (e.g. waiting time)	28	1	0.1%	1	-	-	-	-
General - agreement	Agreement with proposal	4	120	14%	99	10	1	-	7
General - disagreement	Disagreement with the proposal	19	11	1%	9	1	-	-	1
	Concern about length of time to implement proposal	24	5	1%	4	-	1	-	-
	Fewer Crisis Cafés are needed (e.g. 22 is too many)	28	1	0.1%	1	-	-	-	-
General - observation	Crisis Cafés are not for everyone (e.g. people would not attend, not for severe mental health and patients with social anxiety)	2	162	19%	133	14	-	3	9
	More details about proposal are required (e.g. who can access the service)	6	70	8%	55	12	-	-	3
	Consider the need to implement proposal effectively	23	6	1%	4	1	-	-	1
Specific groups - observation	Consider the needs of disabled service users (e.g. access)	21	9	1%	7	-	-	-	2
	Consider the needs of diverse ethnic and religious groups (e.g. single sex cafés, multiple languages)	22	8	1%	5	1	-	-	2
	Consider the needs of domestic violence victims	27	2	0.2%	1	1	-	-	-
	Consider the needs of patients with personality disorders	28	1	0.1%	1	-	-	-	-
Staff - observation	Ensure appropriate staffing (e.g. trained, sympathetic)	8	46	6%	31	10	-	-	5

	Consider staffing with volunteers who have used the service before (e.g. peer support)	17	13	2%	8	3	-	-	2
	Consider the need for security at Crisis Cafés	27	2	0.2%	2	-	-	-	-
Cost and efficiency - agreement	Crisis Cafés will reduce pressure on other health services	26	3	0.4%	3	-	-	-	-
Cost and efficiency - disagreement	Concern over lack of capacity and resources to implement this proposal	15	17	2%	11	6	-	-	-
	Proposal is not good use of NHS money and resources (e.g. invest in treatment)	15	17	2%	11	4	-	2	-
Communication - observation	Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them)	3	122	15%	105	10	1	1	5
	Consider changing the name of Crisis Cafés (e.g. negative associations of crisis)	9	32	4%	24	4	-	2	1
	Crisis Cafés will support the removal of stigma around seeking help	20	10	1%	9	-	-	1	-
Equality - disagreement	Proposal will encourage social exclusion and discrimination	28	1	0.1%	1	-	-	-	-
Technology - observation	Consider provision of online support for service users	27	2	0.2%	2	-	-	-	-
Confidentiality - observation	Ensure confidentiality of users of the service	19	11	1%	7	2	-	-	2
	No comment (e.g. N/A)	22	8	1%	7	-	-	-	-
	Other	22	8	1%	7	-	-	1	-
<i>Base</i>			838		677	77	2	18	41

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Individual NHS employees:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (8% / 6).
- NHS organisations:
 - Agreement sub-theme: Access - Proposal will help patients to access the appropriate support (50% / 1); General - Agreement with proposal (50% / 1)
 - Disagreement sub-theme: General - Concern about length of time to implement proposal (50% / 1)
 - Observation sub-theme: Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (50% / 1).
- Other public sector organisation:
 - Disagreement sub-theme: Cost and efficiency - Proposal is not good use of NHS money and resources (e.g. invest in treatment) (11% / 2)
- Patient representative organisation, voluntary group or charities:
 - Disagreement sub-theme: Quality of care - Concern about the ability of Crisis Cafés to deal with complex mental health issues (7% / 3).

Service user

- Service users:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (3% / 6); Cost and efficiency - Proposal is not good use of NHS money and resources (e.g. invest in treatment) (3% / 6); Quality of care - Concern about the ability of Crisis Cafés to deal with complex mental health issues (3% / 6).
- Non-service users:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (5% / 8).

Carer

- Carers:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (2% / 6).
- Non-carers:
 - Disagreement sub-theme: Cost and efficiency - Proposal is not good use of NHS money and resources (e.g. invest in treatment) (2% / 9).

Geography

- Respondents from Leicester City Council area:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (3% / 7)
 - Observation sub-theme: Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (18% / 48).
- Respondents from Rutland County Council area:
 - Disagreement sub-theme: No disagreement sub-themes raised

- Observation sub-theme: Access - Ensure Crisis Cafés are accessible (e.g. location, transport) (18% / 5).
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (3% / 6).
- Respondents from Leicestershire North and West:
 - Disagreement sub-theme: Quality of care - Concern about the ability of Crisis Cafés to deal with complex mental health issues (3% / 7).

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- Respondents from the most deprived areas:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (2% / 7).

Urban / rural

- Urban:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (3% / 15).
- Town:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (1% / 1); Cost and efficiency - Proposal is not good use of NHS money and resources (e.g. invest in treatment) (1% / 1); Quality of care - Concern about the ability of Crisis Cafés to deal with complex mental health issues (1% / 1); General - Disagreement with the proposal (1% / 1); Access - Concern that proposal will lead to restricted access to other mental health services (e.g. delay treatment) (1% / 1).
- Village / hamlet:
 - Disagreement sub-theme: Service provision - Concern over Crisis Cafés removing or replacing existing services (3% / 3).

Age

- 16 – 29:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (5% / 4)
 - Observation sub-theme: Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (26% / 20).
- 30 – 49:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (2% / 7).
- 50 – 69:
 - Disagreement sub-theme: Cost and efficiency - Proposal is not good use of NHS money and resources (e.g. invest in treatment) (1% / 5).
- 70 and over:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (2% / 1); Quality of care - Concern about the ability of Crisis Cafés to deal with complex mental health issues (2% / 1); General - Disagreement with the proposal (2% / 1); General - Concern about length of time to implement proposal (2% / 1); Quality of care - Concern that Crisis Cafés will have negative impact on mental health patients (e.g. not safe care) (2% / 1).

Gender

- Male:
 - Disagreement sub-theme: General - Disagreement with the proposal (2% / 4).
- Female:
 - Disagreement sub-theme: Cost and efficiency - Proposal is not good use of NHS money and resources (e.g. invest in treatment) (2% / 12).
- Other (including non-binary and intersex)
 - Agreement sub-theme: Access - Proposal will help patients to access the appropriate support (11% / 1); Quality of care - Proposal will allow service users to connect with others (e.g. lessen isolation) (11% / 1)
 - Disagreement sub-theme: Quality of care - Concern that Crisis Cafés will have negative impact on mental health patients (e.g. not safe care) (11% / 1).

Ethnicity

- Asian/Asian British:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (3% / 2)
 - Observation sub-theme: Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (13% / 8).
- Black/Black British:
 - Disagreement sub-theme: Quality of care - Concern about the ability of Crisis Cafés to deal with complex mental health issues (6% / 2).
- Mixed/Multiple ethnic groups:
 - Agreement sub-theme: General - Agreement with proposal (26% / 5)
 - Observation theme: Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (21% / 4).
- White ethnic group:
 - Disagreement sub-theme: Cost and efficiency - Proposal is not good use of NHS money and resources (e.g. invest in treatment) (2% / 10).
- Any other ethnic group:
 - Disagreement sub-theme: Cost and efficiency - Proposal is not good use of NHS money and resources (e.g. invest in treatment) (7% / 1); General - Disagreement with the proposal (7% / 1)
 - Observation sub-theme: Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (14% / 2); Access - Ensure Crisis Cafés are accessible (e.g. location, transport) (14% / 2).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.3.1.3 Response to the question 8: Please tell us where you would like the new Crisis Cafés to be located?

749 survey respondents provided additional comments on this proposal. Table 72 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Location, Access, General, Service provision, Specific groups, Cost and efficiency, Quality of care, Communication, Staff, Integration.

Across the main themes, one sub-theme was in agreement with the proposal, eight sub-themes were in disagreement with the proposal and 70 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Quality of care - Proposal will allow service users to connect with others (e.g. lessen isolation) (0.1% / 1)

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Service provision - Crisis Cafés are not needed (1% / 8)
2. General - Concern that people in crisis will not attend Crisis Cafés (1% / 4)
3. General - Disagreement with proposal about Crisis Cafés (e.g. no need) (0.3% / 2).

The top three observation sub-themes raised by survey respondents were:

1. Access - Ensure easy access to a Crisis Café in each local area / borough (e.g. spread out) (23% / 172)
2. Location - Central location (e.g. city centre) (18% / 133)
3. Access - Ensure provision in the county and rural areas (e.g. villages, less travel time) (14% / 104).

Table 72. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Location – observation	Central location (e.g. city centre)	2	133	18%	90	12	12	2	10
	Community settings (e.g. community centres, libraries, shopping centres, high streets, faith centres)	4	88	12%	66	10	-	6	4
	Hinckley	6	51	7%	45	4	-	-	1
	Market Harborough	7	36	5%	31	1	1	2	1
	Coalville	8	32	4%	28	2	-	1	-
	Fosse Park / Blaby area / Glen Parva	9	30	4%	26	1	1	1	1
	Loughborough (e.g. student population at the university)	9	30	4%	23	1	-	3	3
	Melton Mowbray	10	29	4%	27	1	-	-	1
	Consider a discreet location (e.g. no stigma attached, GP surgeries, health centres)	11	28	4%	21	3	-	1	3
	Rutland	13	24	3%	17	4	-	-	3
	Oakham	14	23	3%	21	-	-	-	2
	Wigston	15	22	3%	18	2	1	1	-
	Lutterworth	16	19	3%	17	1	-	1	-
	Oadby	17	17	2%	12	1	1	1	1
	Beaumont Leys	18	16	2%	13	1	-	-	1
	Consider providing some services near or in healthcare setting (e.g. hospitals, near GP surgeries)	19	15	2%	12	1	-	-	1
	Ashby-de-la-Zouch	21	11	2%	11	-	-	-	-
	Highfields	22	10	1%	8	1	-	-	1
	Aylestone	23	9	1%	6	-	-	-	2
	Belgrave	23	9	1%	9	-	-	-	-
	Narborough Road	23	9	1%	7	-	-	1	-
	Earl Shilton	24	8	1%	7	-	-	1	-
	Shepshed	24	8	1%	6	1	-	1	-
Syston	24	8	1%	6	1	-	-	1	

	Braunstone	25	7	1%	6	-	-	-	-
	New Parks	25	7	1%	5	-	-	1	-
	Glenfield	26	6	1%	4	1	-	-	-
	South of county	26	6	1%	6	-	-	-	-
	Barwell	27	5	1%	4	-	-	1	-
	Burbage	28	4	1%	3	-	-	-	1
	Consider the need for this service in secondary schools/colleges	28	4	1%	2	-	-	-	2
	Thurmaston	28	4	1%	4	-	-	-	-
	Uppingham	28	4	1%	4	-	-	-	-
	Bosworth	29	3	0.4%	3	-	-	-	-
	Enderby	30	2	0.3%	2	-	-	-	-
	Highcross shopping centre	30	2	0.3%	2	-	-	-	-
	Outside of city centre	30	2	0.3%	2	-	-	-	-
	Abbey Park	31	1	0.1%	1	-	-	-	-
	Consider provision of Crisis Cafés in all towns	31	1	0.1%	1	-	-	-	-
	Falcon Centre	31	1	0.1%	-	-	-	-	1
	Garden centres or parks	31	1	0.1%	1	-	-	-	-
	Hathhen	31	1	0.1%	1	-	-	-	-
	Next to schools	31	1	0.1%	1	-	-	-	-
	Sileby	31	1	0.1%	1	-	-	-	-
	Southfields	31	1	0.1%	1	-	-	-	-
	Thurnby Lodge	31	1	0.1%	1	-	-	-	-
	Westcotes	31	1	0.1%	1	-	-	-	-
Access - observation	Ensure easy access to a Crisis Café in each local area / borough (e.g. spread out)	1	172	23%	139	22	2	1	7
	Ensure provision in the county and rural areas (e.g. villages, less travel time)	3	104	14%	77	17	1	1	8
	Consider accessibility to Crisis Cafés (e.g. public transport, main road)	5	75	10%	65	5	-	3	1
	Consider the need to provide parking (e.g. free parking, direct access)	20	14	2%	12	1	-	-	1
	Consider a mobile service (e.g. pop-up Cafés in villages)	22	10	1%	7	2	-	-	-
	Ensure service is open out of hours	28	4	1%	3	1	-	-	-
	Ensure accessibility for student populations	29	3	0.4%	2	-	-	-	1
General - disagreement	Concern that people in crisis will not attend Crisis Cafés	28	4	1%	3	-	-	-	1
	Disagreement with proposal about Crisis Cafés (e.g. no need)	30	2	0.3%	1	1	-	-	-
	Concern over stigma to attend Crisis Cafés	31	1	0.1%	1	-	-	-	-
General - observation	More details are required	23	9	1%	7	2	-	-	-

	Consider the need for approval of local population for provision of Crisis Cafés	30	2	0.3%	1	1	-	-	-
	Consider the need for informal environment (e.g. Dear Albert, Turning Point)	30	2	0.3%	1	1	-	-	-
	Observation - General - More details about Crisis Cafés are required (e.g. provided services)	30	2	0.3%	2	-	-	-	-
Service provision - disagreement	Crisis Cafés are not needed	24	8	1%	5	-	-	-	2
Service provision - observation	Consider where there is the greatest need	12	27	4%	18	4	-	1	4
	Consider providing a wellness café on wheels	28	4	1%	2	2	-	-	-
	Consider provision of wellness hubs in communities to support people more widely (e.g. not only in crisis)	28	4	1%	3	1	-	-	-
Specific groups - observation	Consider the needs of diverse ethnic and religious groups	21	11	2%	7	-	-	-	4
	Consider areas with the greatest social deprivation	22	10	1%	6	2	-	-	2
	Consider providing services close to the elderly population	30	2	0.3%	2	-	-	-	-
	Consider people who cannot drive (e.g. provide volunteer transport)	31	1	0.1%	1	-	-	-	-
Cost and efficiency - disagreement	22 Crisis Cafés is too many (e.g. 4-5 is enough)	31	1	0.1%	1	-	-	-	-
	Concern over people who do not have money to buy anything in such cafés	31	1	0.1%	1	-	-	-	-
	Crisis Cafés are not good use of NHS money	31	1	0.1%	1	-	-	-	-
Quality of care - agreement	Proposal will allow service users to connect with others (e.g. lessen isolation)	31	1	0.1%	-	-	-	-	1
Quality of care - disagreement	Mental health patients need private space	31	1	0.1%	1	-	-	-	-
Quality of care - observation	Consider the need to improve quality of mental health care	31	1	0.1%	1	-	-	-	-
Communication - observation	Consider changing the name of Crisis Cafés (e.g. negative associations of crisis)	28	4	1%	2	2	-	-	-
	Further promotion of Crisis Cafés is needed	28	4	1%	3	1	-	-	-
Staff - observation	Appropriate staffing is more important than location of Crisis Cafés	31	1	0.1%	-	-	-	-	1
Integration - observation	Consider integration of Crisis Cafés with other services	31	1	0.1%	-	-	-	1	-
	Don't know (e.g. not sure)	20	14	2%	9	4	-	-	-
	No comment (e.g. as above, N/A)	12	27	4%	23	1	-	-	1
	Other	9	30	4%	26	1	-	1	1
<i>Base</i>			749		594	60	15	19	41

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Patients or members of the public:
 - Agreement sub-theme: No agreement sub-themes raised.
- Individual NHS employees:
 - Agreement sub-theme: No agreement sub- theme raised
 - Disagreement sub-theme: General - Disagreement with proposal about Crisis Cafés (e.g. no need) (2% / 1).
- NHS organisations:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Location - Central location (e.g. city centre) (80% / 12).
- Other public sector organisation:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Location - Community settings (e.g. community centres, libraries, shopping centres, high streets, faith centres) (32% / 6).
- Patient representative organisation, voluntary group or charities:
 - Observation sub-theme: Location - Central location (e.g. city centre) (24% / 10).

Service user

- Service user:
 - Agreement sub-theme: No agreement sub-themes raised.
- Non-service users:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Service provision - Crisis Cafés are not needed (1% / 1); General - Disagreement with proposal about Crisis Cafés (e.g. no need) (1% / 1); Cost and efficiency - Concern over people who do not have money to buy anything in such cafés (1% / 1); Quality of care - Mental health patients need private space (1% / 1).

Carer

- Carers:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: General - Concern that people in crisis will not attend Crisis Cafés (1% / 3).

Geography

- Respondents from Leicester City Council area:
 - Agreement sub-theme: No agreement sub-themes raised.
- Respondents from Rutland County Council area:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Location – Oakham (59% / 16).
- Respondents from Leicestershire South and East:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Service provision - Crisis Cafés are not needed (1% / 1); General - Concern that people in crisis will not attend Crisis Cafés (1% / 1); Cost and

efficiency - Concern over people who do not have money to buy anything in such cafés (1% / 1); General - Concern over stigma to attend Crisis Cafés (1% / 1); Quality of care - Mental health patients need private space (1% / 1).

- Respondents from Leicestershire North and West:
 - Agreement sub-theme: No agreement sub-themes raised.

Index of multiple deprivation

- Respondents from the most deprived areas:
 - Agreement sub-theme: No agreement sub-themes raised.
- Respondents from the least deprived areas:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: General - Concern that people in crisis will not attend Crisis Cafés (1% / 2).

Urban / rural

- Urban:
 - Agreement sub-theme: No agreement sub-themes raised.
- Town:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: General - Disagreement with proposal about Crisis Cafés (e.g. no need) (1% / 1); General - Concern over stigma to attend Crisis Cafés (1% / 1)
 - Observation sub-theme: Access - Ensure provision in the county and rural areas (e.g. villages, less travel time) (22% / 16).
- Village / hamlet:
 - Agreement sub-theme: No agreement sub-themes raised
 - Observation sub-theme: Location - Market Harborough (16% / 12).

Age

- 16 – 29:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Service provision - Crisis Cafés are not needed (2% / 1); Cost and efficiency - 22 Crisis Cafés is too many (e.g. 4-5 is enough) (2% / 1).
- 30 – 49:
 - Disagreement sub-theme: General - Concern that people in crisis will not attend Crisis Cafés (1% / 3).
- 50 – 69:
 - Agreement sub-theme: No agreement sub-themes raised.
- 70 and over:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: General - Concern that people in crisis will not attend Crisis Cafés (2% / 1).

Gender

- Male:
 - Agreement sub-theme: No agreement sub-themes raised
 - Observation sub-theme: Location - Central location (e.g. city centre) (27% / 41).
- Female:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: General - Concern that people in crisis will not attend Crisis Cafés (1% / 4).

- Other (including non-binary and intersex)
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Consider accessibility to Crisis Cafés (e.g. public transport, main road) (33% / 2); Specific groups - Consider the needs of diverse ethnic and religious groups (33% / 2).

Ethnicity

- Asian/Asian British:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Location - Central location (e.g. city centre) (41% / 31).
- Black/Black British:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Location - Central location (e.g. city centre) (48% / 15).
- Mixed/Multiple ethnic groups:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Location - Central location (e.g. city centre) (45% / 9).
- White:
 - Agreement sub-theme: No agreement sub-themes raised
- Any other ethnic group:
 - Agreement sub-theme: No agreement sub-themes raised
 - Observation sub-theme: Location - Central location (e.g. city centre) (31% / 4).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.3.1.4 Response to the question 9: Please tell us what mental health support services should be provided in the new Crisis Cafés?

736 survey respondents provided additional comments on this proposal. Table 73 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Service provision, General, Specific groups, Quality of care, Communication, Estate and facilities, Access, Staff, Cost and efficiency, Confidentiality, Technology, Integration, Education, Equality.

Across the main themes, one sub-theme was in agreement with the proposal, six sub-themes were in disagreement with the proposal and 61 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - As many services as possible should be provided at Crisis Cafés (2% / 12)

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 6); General - Disagreement with proposal (1% / 6)
2. General - Concern that people will not use the service (e.g. not private, too ill to go there) (1% / 5)

3. Cost and efficiency - Proposal is not good use of NHS money (0.4% / 3).

The top three observation sub-themes raised by survey respondents were:

1. Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (22% / 165)
2. Service provision - Service should signpost and refer to other services when required (21% / 157); Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (21% / 157)
3. Service provision - Provide both talking and listening services (e.g. a person to talk to, a person to listen to me) (16% / 116).

Table 73. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Service provision – agreement	Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice)	1	165	22%	125	15	7	5	8
	Service should signpost and refer to other services when required	2	157	21%	129	14	2	6	5
	Provide both talking and listening services (e.g. a person to talk to, a person to listen to me)	3	116	16%	97	8	-	3	2
	Consider provision of support in groups (e.g. social support, peer support, befriending)	4	107	15%	85	13	-	3	5
	Consider the need to provide specialist services (e.g. counsellors, psychiatrists, social prescribers, social care advisers)	5	102	14%	83	7	1	2	7
	Consider the need to provide fun activities to occupy service users (e.g. arts and crafts, massage, knitting, gardening)	6	88	12%	71	5	-	2	6
	Provide accessible written and digital guidance to take away (e.g. leaflets, local services, telephone numbers)	7	72	10%	58	6	1	2	5
	Consider the need to provide advice on how to manage symptoms of mental health (e.g. coping strategy)	9	48	7%	33	5	-	4	4
	Consider providing alternative therapy services (e.g. mindfulness, EFT)	10	47	6%	35	3	-	3	6
	Provide financial support services (e.g. benefits, debt)	12	41	6%	33	4	1	-	2
	Provide practical support for daily life (e.g. housing)	14	34	5%	26	4	1	1	2
	Consider the need to provide wellness classes (e.g. yoga, pilates, healthy eating)	16	30	4%	20	2	1	1	5
	Provide employment support (e.g. finding a job, help with CV)	19	20	3%	17	1	1	-	1
	Consider providing support for carers and families of mental health patients (e.g. drop-in sessions, information)	22	13	2%	11	1	-	-	1
	Provide face-to-face support	23	12	2%	10	1	-	-	1
	Consider providing support for different groups separately (e.g. women-only and men-only days, different age groups)	24	10	1%	8	2	-	-	-
	Provide services that focus on personal growth (e.g. confidence building, generating interests)	26	8	1%	8	-	-	-	-
Provide bereavement support services	29	4	1%	3	1	-	-	-	

	Provide childcare services (e.g. creche)	29	4	1%	2	1	-	-	1
	Concern over removal of existing services (e.g. Assertive Outreach team)	30	3	0.4%	2	1	-	-	-
	The service should provide the same support as Crisis teams	30	3	0.4%	2	1	-	-	-
	Consider provision of telephone support	31	2	0.3%	2	-	-	-	-
	Provide services which work well in other Crisis Cafés	31	2	0.3%	1	-	-	1	-
	Consider provision of beauty services	32	1	0.1%	1	-	-	-	-
	Consider provision of wellbeing cafés instead	32	1	0.1%	-	-	-	1	-
	Each Crisis Café should cater for different mental health conditions	32	1	0.1%	1	-	-	-	-
General - agreement	As many services as possible should be provided at Crisis Cafés	23	12	2%	8	1	-	2	1
General - disagreement	Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés)	27	6	1%	5	1	-	-	-
	Disagreement with proposal	27	6	1%	4	1	-	-	1
	Concern that people will not use the service (e.g. not private, too ill to go there)	28	5	1%	4	1	-	-	-
General - observation	More details about proposal are required	22	13	2%	8	3	-	-	2
	Proposal will have positive impact on family members	31	2	0.3%	2	-	-	-	-
	Comment about consultation	32	1	0.1%	1	-	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	32	1	0.1%	1	-	-	-	-
Specific groups - observation	Consider the needs of diverse ethnic and religious groups (e.g. multiple languages)	26	8	1%	7	-	-	-	1
	Consider providing support for people at risk of suicide	28	5	1%	5	-	-	-	-
	Consider the needs of patients with autism	29	4	1%	3	1	-	-	-
	Consider improved provision of services for patients who find it hard to engage	32	1	0.1%	1	-	-	-	-
	Consider improving access for disabled people	32	1	0.1%	1	-	-	-	-
	Consider the needs of domestic violence victims	32	1	0.1%	-	-	-	-	1
	Consider the needs of trauma patients	32	1	0.1%	-	1	-	-	-
Quality of care - disagreement	Crisis Cafés are useful only for social support, but not in crisis	31	2	0.3%	1	1	-	-	-
Quality of care - observation	Provide one-to-one support	8	61	8%	49	4	-	1	4
	Crisis Cafés should carry out mental health assessments (e.g. triage)	15	32	4%	25	3	1	-	2
	Offer support for a wide range of mental health conditions (e.g. depression, anxiety, personality disorder)	18	21	3%	14	3	-	1	3
	Consider the need for continuity and consistency of support (e.g. same staff)	27	6	1%	4	-	-	-	2
	Consider the need to improve quality of mental health care (e.g. meet patient needs)	32	1	0.1%	-	-	-	-	1
	Crisis Cafés will support the removal of stigma around seeking help	30	3	0.4%	3	-	-	-	-

Communication - observation	Consider changing the name of Crisis Cafés (e.g. negative associations of crisis)	31	2	0.3%	1	1	-	-	-
	Consider the need for greater promotion of Crisis Cafés	31	2	0.3%	2	-	-	-	-
	Ensure service user feedback is used to improve the service	31	2	0.3%	2	-	-	-	-
	Utilise different channels to communicate with services users (e.g. text messages, email)	31	2	0.3%	2	-	-	-	-
Estate and facilities - observation	Ensure refreshment facilities are available at Crisis Cafés (e.g. free food, food bank)	11	44	6%	38	4	-	-	2
	Consider the need to provide different spaces for different services (e.g. areas to sit alone, meeting areas)	13	37	5%	32	1	2	-	-
	Ensure the building provides a therapeutic environment	24	10	1%	5	-	-	4	-
	Consider provision of space for overnight stay	32	1	0.1%	1	-	-	-	-
Access - observation	Crisis Cafés should be able to provide immediate help if required (e.g. first aid)	22	13	2%	10	3	-	-	-
	Ensure service is open out of hours	28	5	1%	4	-	-	-	1
	Consider the need to reduce waiting time for mental health services	32	1	0.1%	1	-	-	-	-
Staff - observation	Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers)	2	157	21%	127	15	3	3	9
	Consider staffing with volunteers who have used the service before	28	5	1%	2	1	-	1	-
	Ensure appropriate staffing level in mental health services	32	1	0.1%	1	-	-	-	-
Cost and efficiency - disagreement	Proposal is not good use of NHS money	30	3	0.4%	2	-	-	-	1
Confidentiality - disagreement	Concern over lack of confidentiality at Crisis Cafés	31	2	0.3%	1	1	-	-	-
Technology - observation	Consider the need to provide IT services for service users	21	17	2%	16	1	-	-	-
Integration - observation	Consider greater integration of Crisis Cafés with other services and organisations (e.g. council, housing, universities, refugee services)	28	5	1%	3	-	-	2	-
Education - observation	Consider the need to raise awareness about mental health	30	3	0.4%	1	1	-	-	1
Equality - observation	Ensure equality in the service (e.g. inclusivity)	32	1	0.1%	-	-	-	-	1
	Unsure (e.g. don't know)	25	9	1%	9	-	-	-	-
	No comment (e.g. N/A, as above)	20	18	2%	14	-	-	-	1
	Other	17	24	3%	19	3	-	-	1
<i>Base</i>			736		575	60	15	19	43

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Patients or members of the public:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 5)
 - Observation sub-theme: Service provision - Service should signpost and refer to other services when required (22% / 129)
- Individual NHS employees:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (2% / 1); General - Disagreement with proposal (2% / 1); General - Concern that people will not use the service (e.g. not private, too ill to go there) (2% / 1); Confidentiality - Concern over lack of confidentiality at Crisis Cafés (2% / 1); Quality of care - Crisis Cafés are useful only for social support, but not in crisis (2% / 1)
 - Observation sub-theme: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (25% / 15); Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (25% / 15)
- NHS organisations:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
- Other public sector organisation:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Service should signpost and refer to other services when required (32% / 6)
- Patient representative organisation, voluntary group or charities:
 - Disagreement sub-theme: Cost and efficiency - Proposal is not good use of NHS money (2% / 1); General - Disagreement with proposal (2% / 1)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (21% / 9).

Service user

- Service users:
 - Disagreement sub-theme: General - Concern that people will not use the service (e.g. not private, too ill to go there) (1% / 2); Cost and efficiency - Proposal is not good use of NHS money (1% / 2).
- Non-service users:
 - Disagreement sub-theme: General - Disagreement with proposal (2% / 2)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (25% / 34).

Carer

- Carers:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 3).
- Non-carers:
 - Disagreement sub-theme: General - Disagreement with proposal (1% / 4).

Geography

- Respondents from Leicester City Council area:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 2).

- Respondents from Rutland County Council area:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 2)
 - Observation sub-theme: Service provision - Service should signpost and refer to other services when required (28% / 50).
- Respondents from Leicestershire North and West:
 - Disagreement sub-theme: General - Concern that people will not use the service (e.g. not private, too ill to go there) (2% / 3)
 - Observation sub-theme: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (25% / 49); Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (25% / 49).

Index of multiple deprivation

- Respondents from the most deprived areas:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (2% / 4).
- Respondents from the least deprived areas:
 - Disagreement sub-theme: General - Concern that people will not use the service (e.g. not private, too ill to go there) (1% / 3)
 - Observation sub-theme: Service provision - Service should signpost and refer to other services when required (25% / 84).

Urban / rural

- Urban:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 5); General - Concern that people will not use the service (e.g. not private, too ill to go there) (1% / 5).
- Town:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 1).
- Village / hamlet:
 - Disagreement sub-theme: General - Disagreement with proposal (3% / 2)
 - Observation sub-theme: Service provision - Service should signpost and refer to other services when required (32% / 23).

Age

- 16 – 29:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Cost and efficiency - Proposal is not good use of NHS money (3% / 2)
 - Observation sub-theme: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (18% / 11); Service provision - Consider provision of support in groups (e.g. social support, peer support, befriending) (18% / 11); Service provision - Consider the need to provide fun activities to occupy service users (e.g. arts and crafts, massage, knitting, gardening) (18% / 11).
- 30 – 49:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 3).

- 50 – 69:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 3)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (23% / 73).
- 70 and over:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: General - Concern that people will not use the service (e.g. not private, too ill to go there) (2% / 1); Confidentiality - Concern over lack of confidentiality at Crisis Cafés (2% / 1)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (28% / 14).

Gender

- Male:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (2% / 3)
 - Observation sub-theme: Service provision - Service should signpost and refer to other services when required (22% / 33).
- Female:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (24% / 128).
- Other (including non-binary and intersex)
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (29% / 2); Quality of care - Provide one-to-one support (29% / 2).

Ethnicity

- Asian/Asian British:
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Black/Black British:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Service should signpost and refer to other services when required (26% / 7).
- Mixed/Multiple ethnic groups:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (25% / 5); Service provision - Service should signpost and refer to other services when required (25% / 5); Service provision - Consider provision of support in groups (e.g. social support, peer support, befriending) (25% / 5).
- White:
 - Disagreement sub-theme: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 6)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (24% / 125).
- Any other ethnic group
 - Agreement sub-theme: No agreement sub-themes raised

- Disagreement sub-theme: General - Disagreement with proposal (10% / 1)
- Observation sub-theme: Service provision - Service should signpost and refer to other services when required (30% / 3); Service provision - Consider provision of support in groups (e.g. social support, peer support, befriending) (30% / 3); Estates and facilities - Ensure refreshment facilities are available at Crisis Cafés (e.g. free food, food bank) (30% / 3).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.3.2 Strengthening the role of Crisis Cafés: one-to-one interviews, focus groups and public events

Event participants were asked the following questions:

- Please tell us why do you agree or disagree with this proposal?
- Please tell us where you would like the new Crisis Cafés to be located?
- Please tell us what mental health support services should be provided in the new Crisis Cafés?
- General feedback.

5.3.2.1 Responses to question: Please tell us why do you agree or disagree with this proposal?

Table 74 summarises the sub-themes raised by event participants on the proposal to strengthen the role of Crisis Cafés in response to the question: Please tell us why do you agree or disagree with this proposal?

The main theme areas raised by event participants were: Service provision, Access, General, Communication, Quality of care, Staff, Cost and efficiency, Specific groups, Confidentiality.

Across the main themes, five sub-themes were in agreement with the proposal, four sub-themes were in disagreement with the proposal and 21 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (38% / 30)
2. Access - Proposal will help patients to access the appropriate support (18% / 14)
3. Access - Proposal will ensure timely access to support (e.g. less waiting time) (5% / 4); Quality of care - Proposal will allow service users to connect with others (e.g. lessen isolation) (5% / 4).

The top two sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with the proposal (4% / 3)
2. Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (1% / 1); Access - Concern over the stigma of attending Crisis Cafés (e.g. everyone knows it's for mental health) (1% / 1); Service provision - Concern over Crisis Cafés removing or replacing existing services (1% / 1).

The top three observation sub-themes raised by event participants were:

1. General - More details about proposal are required (e.g. who can access the service) (23% / 18)
2. Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (17% / 13); Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (17% / 13)
3. Access - Consider access to support out of hours (8% / 6); Specific groups - Consider the needs of diverse ethnic and religious groups (e.g. single sex cafés, multiple languages) (8% / 6).

Table 74. Please tell us why do you agree or disagree with this proposal?

Main theme	Sub-theme	Rank	Total	
			No.	%
Service provision - agreement	Proposal will provide support for managing mental health conditions (e.g. prevention, management of symptoms)	9	2	3%
Service provision - disagreement	Concern over Crisis Cafés removing or replacing existing services	10	1	1%
Service provision - observation	More Crisis Cafés are needed (e.g. 22 is not enough)	6	5	6%
	Consider co-location of other services with Crisis Cafés (e.g. counselling, addiction, debt)	10	1	1%
	Consider the need for support for carers and families of mental health patients	10	1	1%
	Consider the need to signpost to other services when required	10	1	1%
	Consider utilisation of Community hubs for Crisis Cafés	10	1	1%
	Ensure that Crisis Cafés are available at high-risk areas	10	1	1%
	Ensure that Crisis Cafés are available in high-risk areas	10	1	1%
Access - agreement	Proposal will help patients to access the appropriate support	3	14	18%
	Proposal will ensure timely access to support (e.g. less waiting time)	7	4	5%
Access - disagreement	Concern over the stigma of attending Crisis Cafés (e.g. everyone knows it's for mental health)	10	1	1%
Access - observation	Consider access to support out of hours	5	6	8%
	Ensure Crisis Cafés are accessible (e.g. location, transport)	7	4	5%
General - agreement	Agreement with proposal	1	30	38%
General - disagreement	Disagreement with the proposal	8	3	4%
General - observation	More details about proposal are required (e.g. who can access the service)	2	18	23%
	Crisis Cafés are not for everyone (e.g. people would not attend, not for severe mental health and patients with social anxiety)	6	5	6%
	Consider the need to implement proposal effectively	10	1	1%
Communication - observation	Consider changing the name of Crisis Cafés (e.g. negative associations of crisis)	4	13	17%
	Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them)	4	13	17%
	Crisis Cafés will support the removal of stigma around seeking help	10	1	1%
Quality of care - agreement	Proposal will allow service users to connect with others (e.g. lessen isolation)	7	4	5%
Quality of care - observation	Consider the need for continuity of care	10	1	1%
	Consider the need for prevention and early intervention	10	1	1%
Staff - observation	Ensure appropriate staffing (e.g. trained, sympathetic)	8	3	4%
	Consider staffing with volunteers who have used the service before (e.g. peer support)	9	2	3%
Cost and efficiency - disagreement	Concern over lack of capacity and resources to implement this proposal	10	1	1%
Specific groups - observation	Consider the needs of diverse ethnic and religious groups (e.g. single sex cafés, multiple languages)	5	6	8%
Confidentiality - observation	Ensure confidentiality of users of the service	9	2	3%
Base			79	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- **Addiction / recovery:**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (22% / 2).
- **Age (young people):**
 - Agreement sub-theme: General - Agreement with proposal (50% / 2); Access - Proposal will help patients to access the appropriate support (50% / 2)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (25% / 1); Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (25% / 1); Service provision - More Crisis Cafés are needed (e.g. 22 is not enough) (25% / 1).
- **Armed forces veterans:**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (100% / 3).
- **Carers:**
 - Disagreement sub-theme: General - Disagreement with the proposal (7% / 1); Service provision - Concern over Crisis Cafés removing or replacing existing services (7% / 1)
 - Observation sub-theme: General - More details about proposal are required (e.g. who can access the service) (14% / 2); Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (14% / 2); Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (14% / 2); Access - Consider access to support out of hours (14% / 2).
- **Councillors:**
 - Agreement sub-theme: Access - Proposal will ensure timely access to support (e.g. less waiting time) (100% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (100% / 1); Communication - Crisis Cafés will support the removal of stigma around seeking help (100% / 1); Quality of care - Consider the need for prevention and early intervention (100% / 1); Service provision - Consider the need for support for carers and families of mental health patients (100% / 1).
- **Ethnicity (not white British):**
 - Agreement sub-theme: General - Agreement with proposal (29% / 2); Access - Proposal will help patients to access the appropriate support (29% / 2)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Consider the needs of diverse ethnic and religious groups (e.g. single sex cafés, multiple languages) (57% / 4).
- **Gender (women):**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Consider utilisation of Community hubs for Crisis Cafés (25% / 1).
- **General:**
 - Agreement sub-theme: Access - Proposal will help patients to access the appropriate support (33% / 3)

- Disagreement sub-theme: Access - Concern over the stigma of attending Crisis Cafés (e.g. everyone knows it's for mental health) (11% / 1)
- Observation sub-theme: Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (33% / 3); Access - Ensure Crisis Cafés are accessible (e.g. location, transport) (33% / 3).
- Homeless:
 - Agreement sub-theme: Access - Proposal will help patients to access the appropriate support (100% / 1); Quality of care - Proposal will allow service users to connect with others (e.g. lessen isolation) (100% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - Agreement sub-theme: Access - Proposal will help patients to access the appropriate support (25% / 2)
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (13% / 1)
 - Observation sub-theme: Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (50% / 4).
- Staff:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: General - More details about proposal are required (e.g. who can access the service) (100% / 1); Service provision - More Crisis Cafés are needed (e.g. 22 is not enough) (100% / 1).

Geography

- Leicestershire:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (20% / 1); Communication - Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them) (20% / 1); Specific groups - Consider the needs of diverse ethnic and religious groups (e.g. single sex cafés, multiple languages) (20% / 1); General - Crisis Cafés are not for everyone (e.g. people would not attend, not for severe mental health and patients with social anxiety) (20% / 1); Service provision - More Crisis Cafés are needed (e.g. 22 is not enough) (20% / 1); Communication - Crisis Cafés will support the removal of stigma around seeking help (20% / 1); General - Consider the need to implement proposal effectively (20% / 1); Quality of care - Consider the need for prevention and early intervention (20% / 1); Service provision - Consider the need for support for carers and families of mental health patients (20% / 1); Service provision - Ensure that Crisis Cafés are available at high-risk areas (20% / 1); Service provision - Ensure that Crisis Cafés are available in high-risk areas (20% / 1).
- LLR:
 - Disagreement sub-theme: General - Disagreement with the proposal (3% / 1); Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (3% / 1); Access - Concern over the stigma of attending Crisis Cafés (e.g. everyone knows it's for

mental health) (3% / 1); Service provision - Concern over Crisis Cafés removing or replacing existing services (3% / 1)

- Observation sub-theme: Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (28% / 8).
- Rutland:
 - Agreement sub-theme: Access - Proposal will help patients to access the appropriate support (60% / 3)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (40% / 2).

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.3.2.2 Responses to question: Please tell us where you would like the new Crisis Cafés to be located?

Table 75 summarises the sub-themes raised by event participants on the proposal to strengthen Crisis Cafés in response to the question: Please tell us where you would like the new Crisis Cafés to be located?

The main theme areas raised by event participants were: Location, Access, Service provision, General, Specific groups, Communication.

Across the main themes, there were no sub-themes in agreement with the proposal, two sub-themes were in disagreement with the proposal and 39 sub-themes were observations.

The top sub-themes raised by event participants in disagreement with this proposal was:

1. General - Concern over stigma to attend Crisis Cafés (2% / 1); General - Concern that people in crisis will not attend Crisis Cafés (2% / 1).

The top three observation sub-themes raised by event participants were:

1. Location - Community settings (e.g. community centres, libraries, shopping centres, high streets, faith centres) (33% / 18)
2. Access - Ensure easy access to a Crisis Café in each local area / borough (e.g. spread out) (26% / 14)
3. Access - Ensure provision in the county and rural areas (e.g. villages, less travel time) (22% / 12); Location - Central location (e.g. city centre) (22% / 12).

Table 75. Please tell us where you would like the new Crisis Cafés to be located?

Main theme	Sub-theme	Rank	Total	
			No.	%
Location - observation	Community settings (e.g. community centres, libraries, shopping centres, high streets, faith centres)	1	18	33%
	Central location (e.g. city centre)	3	12	22%
	Consider provision of Crisis Cafés in all towns	4	5	9%
	Fosse Park / Blaby area / Glen Parva	4	5	9%
	Oakham	5	4	7%
	Rutland	5	4	7%
	Coalville	6	3	6%
	Consider a discreet location (e.g. no stigma attached, GP surgeries, health centres)	7	2	4%
	Consider the need for this service in secondary schools/colleges	7	2	4%
	Loughborough (e.g. student population at the university)	7	2	4%
	Market Harborough	7	2	4%
	Oadby	7	2	4%
	Uppingham	7	2	4%
	Ashby-de-la-Zouch	8	1	2%
	Aylestone	8	1	2%
	Beaumont Leys	8	1	2%
	Belgrave	8	1	2%
	Braunstone	8	1	2%
	Consider providing some services near or in healthcare setting (e.g. hospitals, near GP surgeries)	8	1	2%
	Lutterworth	8	1	2%
Melton Mowbray	8	1	2%	
Thurmaston	8	1	2%	
Wigston	8	1	2%	
Access - observation	Ensure easy access to a Crisis Café in each local area / borough (e.g. spread out)	2	14	26%
	Ensure provision in the county and rural areas (e.g. villages, less travel time)	3	12	22%
	Consider accessibility to Crisis Cafés (e.g. public transport, main road)	4	5	9%
	Ensure service is open out of hours	6	3	6%
	Consider a mobile service (e.g. pop-up Cafés in villages)	8	1	2%
	Consider provision of support out of hours	8	1	2%
	Ensure accessibility for student populations	8	1	2%
Service provision - observation	Consider provision of Café for deaf people	7	2	4%
	Consider where there is the greatest need	7	2	4%
	Consider providing a wellness café on wheels	8	1	2%
	Consider provision of wellness hubs in communities to support people more widely (e.g. not only in crisis)	8	1	2%
General - disagreement	Concern over stigma to attend Crisis Cafés	8	1	2%

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	Concern that people in crisis will not attend Crisis Cafés	8	1	2%
General - observation	More details about Crisis Cafés are required (e.g. provided services)	8	1	2%
Specific groups - observation	Consider the needs of diverse ethnic and religious groups	5	4	7%
	Consider areas with the greatest social deprivation	7	2	4%
Communication - observation	Consider changing the name of Crisis Cafés (e.g. negative associations of crisis)	6	3	6%
	Further promotion of Crisis Cafés is needed	8	1	2%
	Other	8	1	2%
<i>Base</i>				54

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- **Addiction / recovery:**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Location - Central location (e.g. city centre) (67% / 6).
- **Age (young people):**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Ensure easy access to a Crisis Café in each local area / borough (e.g. spread out) (75% / 3).
- **Armed forces veterans:**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Location - Consider provision of Crisis Cafés in all towns (50% / 1); Location – Oakham (50% / 1); Location – Coalville (50% / 1).
- **Carers:**
 - Disagreement sub-theme: No disagreement sub-themes raised.
- **Councillors:**
 - Disagreement sub-theme: General - Concern over stigma to attend Crisis Cafés (50% / 1)
 - Observation sub-theme: Access - Ensure provision in the county and rural areas (e.g. villages, less travel time) (50% / 1); Location – Rutland (50% / 1); Communication - Consider changing the name of Crisis Cafés (e.g. negative associations of crisis) (50% / 1).
- **Disability:**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Ensure provision in the county and rural areas (e.g. villages, less travel time) (33% / 2); Service provision - Consider provision of Café for deaf people (33% / 2).
- **Ethnicity (not white British):**
 - Disagreement sub-theme: No disagreement sub-themes raised.
- **Gender (women):**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Location - Community settings (e.g. community centres, libraries, shopping centres, high streets, faith centres) (50% / 1); Location - Central location (e.g. city centre) (50% / 1).
- **General:**
 - Disagreement sub-theme: General - Concern that people in crisis will not attend Crisis Cafés (50% / 1)
 - Observation sub-theme: Location - Community settings (e.g. community centres, libraries, shopping centres, high streets, faith centres) (50% / 1); Location – Oakham (50% / 1); Access - Ensure service is open out of hours (50% / 1); Location – Uppingham (50% / 1); General - More details about Crisis Cafés are required (e.g. provided services) (50% / 1).
- **Homeless:**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Ensure provision in the county and rural areas (e.g. villages, less travel time) (100% / 1); Location - Consider provision of Crisis Cafés in all towns (100% / 1).
- **Maternity / pregnancy:**
 - No feedback provided.
- **Religion / belief:**
 - No feedback provided.
- **Sexuality:**

- Disagreement sub-theme: No disagreement sub-theme provided
- Observation sub-theme: Location - Community settings (e.g. community centres, libraries, shopping centres, high streets, faith centres) (50% / 4); Access - Ensure easy access to a Crisis Café in each local area / borough (e.g. spread out) (50% / 4); Access - Ensure provision in the county and rural areas (e.g. villages, less travel time) (50% / 4).
- Staff:
 - No feedback provided.

Geography

- Leicester:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Ensure easy access to a Crisis Café in each local area / borough (e.g. spread out) (42% / 11); Location - Central location (e.g. city centre) (42% / 11).
- Leicestershire:
 - Disagreement sub-theme: No disagreement sub-themes raised.
- LLR:
 - Disagreement sub-theme: General - Concern that people in crisis will not attend Crisis Cafés (5% / 1).
- Rutland:
 - Disagreement sub-theme: General - Concern over stigma to attend Crisis Cafés (25% / 1)
 - Observation sub-theme: Location – Oakham (75% / 3).

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.3.2.3 Responses to question: Please tell us what mental health support services should be provided in the new Crisis Cafés?

Table 76 summarises the sub-themes raised by event participants on the proposal to strengthen the role of crisis Cafés in response to the question: Please tell us what mental health support services should be provided in the new Crisis Cafés?

The main theme areas raised by event participants were: Service provision, Specific groups, Quality of care, Communication, Access, Estate and facilities, General, Confidentiality, Staff, Location.

Across the main themes, there were no sub-themes in agreement with the proposal, one sub-theme was in disagreement with the proposal and 39 sub-themes were observations.

The top sub-theme raised by event participants in disagreement with this proposal was:

1. Confidentiality - Concern over lack of confidentiality at Crisis Cafés (2% / 1).

The top three observation sub-themes raised by event participants were:

1. Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (25% / 16)
2. Service provision - Service should signpost and refer to other services when required (23% / 15)
3. Observation - Service provision - Consider the need to provide support in groups (e.g. social support, peer support, befriending) (17% / 11); Service provision - Provide both talking and listening services (e.g. a person to talk to, a person to listen to me) (17% / 11).

Table 76. Please tell us what mental health support services should be provided in the new Crisis Cafés?

Main theme	Sub-theme	Rank	Total	
			No.	%
Service provision - observation	Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice)	1	16	25%
	Service should signpost and refer to other services when required	2	15	23%
	Consider the need to provide support in groups (e.g. social support, peer support, befriending)	3	11	17%
	Provide both talking and listening services (e.g. a person to talk to, a person to listen to me)	3	11	17%
	Consider the need to provide fun activities to occupy service users (e.g. arts and crafts, massage, knitting, gardening)	6	8	13%
	Consider the need to provide specialist services (e.g. counsellors, psychiatrists, social prescribers, social care advisers)	9	4	6%
	Consider provision of telephone support	11	2	3%
	Consider the need to provide alternative therapy services (e.g. mindfulness, EFT)	11	2	3%
	Consider the need to provide wellness classes (e.g. yoga, pilates, healthy eating)	11	2	3%
	Provide accessible written and digital guidance to take away (e.g. leaflets, local services, telephone numbers)	11	2	3%
	Provide financial support services (e.g. benefits, debt)	11	2	3%
	Consider providing support for carers and families of mental health patients (e.g. drop-in sessions, information)	12	1	2%
	Consider providing support for different groups separately (e.g. women-only and men-only days, different age groups)	12	1	2%
	Provide childcare services (e.g. creche)	12	1	2%
	Provide employment support (e.g. finding a job, help with CV)	12	1	2%
Provide practical support for daily life (e.g. housing)	12	1	2%	
Provide support for single parents	12	1	2%	
Specific groups - observation	Consider the needs of diverse ethnic and religious groups (e.g. multiple languages)	7	7	11%
	Consider the needs of deaf people (e.g. specific time for them, BSL interpreter)	10	3	5%
	Consider improving access for disabled people	12	1	2%
	Consider providing support for people at risk of suicide	12	1	2%
	Consider provision support for drug and alcohol addicted people	12	1	2%
	Consider the needs of domestic violence victims	12	1	2%
	Ensure that Cafés reflect the needs of different groups of people (e.g. veterans, farmers)	12	1	2%
Quality of care - observation	Provide one-to-one support	4	10	16%
	Offer support for a wide range of mental health conditions (e.g. depression, anxiety, personality disorder)	9	4	6%
	Crisis Cafés should carry out mental health assessments (e.g. triage)	10	3	5%
	Consider the need to improve quality of mental health care (e.g. meet patient needs)	12	1	2%
Communication - observation	Consider changing the name of Crisis Cafés (e.g. negative associations of crisis)	10	3	5%
	Consider the need for greater promotion of Crisis Cafés	12	1	2%
	Crisis Cafés will support the removal of stigma around seeking help	12	1	2%
Access - observation	Crisis Cafés should be able to provide immediate help if required (e.g. first aid)	10	3	5%
	Ensure service is open out of hours	12	1	2%
	Consider the need to provide different spaces for different services (e.g. areas to sit alone, meeting areas)	8	5	8%

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Estates and facilities - observation	Ensure refreshment facilities are available at Crisis Cafés (e.g. free food, food bank)	10	3	5%
General - observation	More details about proposal are required	11	2	3%
	Proposal will have positive impact on family members	12	1	2%
Confidentiality - disagreement	Concern over lack of confidentiality at Crisis Cafés	12	1	2%
Staff - observation	Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers)	5	9	14%
Location - observation	Consider provision of Crisis Cafés in schools	12	1	2%
	No comment (e.g. N/A, as above)	12	1	2%
<i>Base</i>				64

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- **Addiction / recovery:**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Quality of care - Provide one-to-one support (67% / 6).
- **Age (young people):**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (50% / 2); Estates and facilities - Consider the need to provide different spaces for different services (e.g. areas to sit alone, meeting areas) (50% / 2).
- **Armed forces veterans:**
 - Disagreement sub-theme: No disagreement sub-themes raised
- **Carers:**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (30% / 3); Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (30% / 3).
- **Councillors:**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Consider providing support for different groups separately (e.g. women-only and men-only days, different age groups) (100% / 1); Specific groups - Ensure that Cafés reflect the needs of different groups of people (e.g. veterans, farmers) (100% / 1).
- **Disability:**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Service should signpost and refer to other services when required (44% / 8).
- **Ethnicity (not white British):**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Consider the needs of diverse ethnic and religious groups (e.g. multiple languages) (50% / 3).
- **Gender (women):**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Provide both talking and listening services (e.g. a person to talk to, a person to listen to me) (50% / 1); Service provision - Provide financial support services (e.g. benefits, debt) (50% / 1); Service provision - Provide support for single parents (50% / 1); Specific groups - Consider the needs of domestic violence victims (50% / 1).
- **General:**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (33% / 1); Service provision - Service should signpost and refer to other services when required (33% / 1); Service provision - Provide both talking and listening services (e.g. a person to talk to, a person to listen

to me) (33% / 1); Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (33% / 1); Quality of care - Offer support for a wide range of mental health conditions (e.g. depression, anxiety, personality disorder) (33% / 1); Communication - Consider the need for greater promotion of Crisis Cafés (33% / 1).

- Homeless:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Service should signpost and refer to other services when required (100% / 1); Service provision - Provide accessible written and digital guidance to take away (e.g. leaflets, local services, telephone numbers) (100% / 1).
- Maternity / pregnancy
 - No feedback provided.
- Religion / belief
 - No feedback provided.
- Sexuality:
 - Observation sub-theme: Specific groups - Consider the needs of diverse ethnic and religious groups (e.g. multiple languages) (43% / 3).
- Staff:
 - No feedback provided.

Geography

- Leicester:
 - Observation sub-theme: Service provision - Service should signpost and refer to other services when required (31% / 11).
- Leicestershire:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Consider the needs of diverse ethnic and religious groups (e.g. multiple languages) (67% / 2).
- LLR:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (25% / 5); Staff - Ensure appropriate staffing (e.g. knowledgeable, compassionate, trained, not volunteers) (25% / 5).
- Rutland
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (40% / 2); Service provision - Service should signpost and refer to other services when required (40% / 2); Service provision - Provide both talking and listening services (e.g. a person to talk to, a person to listen to me) (40% / 2).

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.3.2.4 General feedback

Table 77 summarises the general feedback raised by event participants on the proposal to strengthen the role of crisis Cafés

Table 77. Strengthen the role of crisis Cafés. Event general feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
Service provision - observation	Consider the need for support for carers and families of mental health patients	3	3	10%
	Consider the need to provide support in groups (e.g. social support, peer support, befriending)	4	2	7%
	Consider drop-in centre instead of Crisis Cafés	5	1	3%
	Consider providing support for different groups separately (e.g. women-only and men-only days, different age groups)	5	1	3%
	Consider provision of support for patients while they are waiting for treatments (e.g. online, booklets, telephone calls)	5	1	3%
Specific groups - observation	Consider the needs of veterans (e.g. after combat)	3	3	10%
	Consider the needs of diverse ethnic and religious groups (e.g. single sex cafés, multiple languages)	4	2	7%
	Consider improving mental health services for children and young people	5	1	3%
	Ensure that Crisis Cafés reflect the needs of deaf people	5	1	3%
Access - agreement	Crisis Cafés will help patients to access the appropriate support	5	1	3%
Access - disagreement	Concern that mental health patients will not use the service (e.g. staff should be proactive)	5	1	3%
Access - observation	Ensure service is open out of hours (e.g. 24/7)	5	1	3%
Cost and efficiency - disagreement	Concern over lack of capacity and resources to implement this proposal	5	1	3%
	Proposal is not good use of NHS money	5	1	3%
Cost and efficiency - observation	Consider more investment in preventive measures and early intervention	5	1	3%
General - agreement	Agreement with the proposal about Crisis Cafés	5	1	3%
General - observation	More details about Crisis Cafés are required (e.g. who can access the service, locations)	3	3	10%
	Comment about the survey (e.g. unclear questions)	5	1	3%
Communication - observation	Consider greater promotion of Crisis Cafés (e.g. signposting from GP, not heard of them, publicise on local Asian radio stations)	1	8	27%
	Consider changing the name of Crisis Cafés (e.g. negative associations of crisis, rename EMPOWERMENT CAFÉ)	3	3	10%
Quality of care - disagreement	Crisis Cafés provided poor quality of care (e.g. useless)	5	1	3%
Education - observation	Consider the need to raise awareness about mental health issues (e.g. starting in school)	5	1	3%
Integration - observation	Consider integration of Crisis Cafés with other services (e.g. charities)	5	1	3%
	No comment	2	5	17%
	Other	5	1	3%
Base			30	

5.3.3 Strengthening the role of Crisis Cafés: correspondence

Table 78 summarises the sub-themes raised in the correspondence received on the proposal to strengthen the role of crisis Cafés.

Across the main themes, one sub-theme was in agreement with the proposal, two sub-themes were in disagreement with the proposal and 15 sub-themes were observations.

Table 78. Correspondence feedback

Main theme	Sub-theme	Rank	Total		Stakeholder type					
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Member of Parliament
Location - observation	Consider providing some services near or in healthcare setting (e.g. hospitals, near GP surgeries)	2	2	29%	-	-	1	-	1	-
	Belgrave	2	2	29%	-	-	1	-	1	-
	Consider provision of Crisis Café in Hinckley	2	2	29%	-	-	-	-	2	-
	Central location (e.g. city centre)	3	1	14%	-	-	1	-	-	-
Access - agreement	Proposal will help patients to access the appropriate support	3	1	14%	-	-	1	-	-	-
Access - observation	Ensure Crisis Cafés are accessible (e.g. location, transport)	3	1	14%	-	-	1	-	-	-
	Ensure easy access to a Crisis Café in each local area / borough (e.g. spread out)	3	1	14%	-	-	1	-	-	-
General - disagreement	Crisis Cafés are not for everyone (e.g. people would not attend, not for severe mental health and patients with social anxiety)	1	3	43%	-	-	1	-	1	1
General - observation	More details about proposal are required (e.g. who can access the service)	2	2	29%	-	-	1	-	1	-
	Consider involving of ex-service users and volunteers in development and running of mental health services (e.g. Crisis Cafés)	3	1	14%	-	-	1	-	-	-
Cost and efficiency - disagreement	Concern over lack of capacity and resources to implement this proposal	3	1	14%	-	-	-	-	1	-
Cost and efficiency - observation	Data analysis is required to identify if service should be extended (e.g. performance of existing Crisis Cafés)	3	1	14%	-	-	-	-	-	1
Service provision - observation	Consider the need to provide specialist services (e.g. counsellors, psychiatrists, social prescribers, social care advisers)	3	1	14%	-	-	1	-	-	-
	Consider the need to provide support in groups (e.g. social support, peer support, befriending)	3	1	14%	-	-	1	-	-	-

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Quality of care - disagreement	Crisis Cafés are useful only for social support, but not in crisis	3	1	14%	1	-	-	-	-	-
Communication - observation	Consider changing the name of Crisis Cafés (e.g. negative associations of crisis)	2	2	29%	-	-	1	-	1	-
Confidentiality - observation	Ensure confidentiality of users of the service	3	1	14%	-	-	1	-	-	-
Staff - observation	Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce)	3	1	14%	-	-	1	-	-	-
<i>Base</i>			7		1		1		4	1

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from correspondence. For further details see communications and engagement section of this report.

5.3.4 Strengthening the role of Crisis Cafés: New ideas suggested outside of the proposal

The table below shows the additional ideas raised by survey respondents, event participants and the correspondence received.

Table 79. Additional ideas

Main theme	Sub-theme	Total	Channel		
		No.	Survey	Events	Correspondence
Service provision	Consider provision of wellbeing cafés instead	1	1	-	-
Base		7-838	736-838	30-79	7

5.4 Feedback on proposals for Improving the crisis service

This section presents feedback on the proposal on improving the crisis service. Feedback is presented from the questionnaire, followed by events and then correspondence.

5.4.1 Improving the crisis service: questionnaire

Respondents were asked the following questions:

- Q10. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Q11. Please explain why?

5.4.1.1 Response to the question 10: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Table 80 and 81 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 87% (3503) of all respondents agreed and 5% (202) disagreed with the proposal on improving the crisis service.

Table 80. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3503	87%	87%	84%	92%	92%	81%	84%	93%	88%	89%	84%
Neither agree nor disagree	308	8%	7%	10%	-	6%	9%	9%	7%	7%	7%	9%
Total disagree	202	5%	5%	6%	8%	3%	8%	6%	-	5%	4%	5%
N/A	23	1%	1%	0.4%	-	-	3%	1%	-	0.2%	0.2%	2%
Base	4036		3270	465	24	72	134	1136	120	1054	1266	460

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 81. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3503	87%	85%	91%	85%	87%	88%	73%
Neither agree nor disagree	308	8%	8%	6%	9%	8%	7%	14%
Total disagree	202	5%	7%	3%	5%	5%	4%	11%
N/A	23	1%	1%	0.4%	1%	0.2%	1%	2%
Base	4036		1243	1147	1345	1162	2564	223

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- A significant proportion of patients and members of the public (87% / 2859) were in agreement with this proposal compared to NHS employees (84% / 390).

Service user

- A significant proportion of non-service users (91% / 1044) were in agreement with this proposal compared to service users (85% / 1059)
- A significant proportion of service users (7% / 81) were in disagreement with this proposal compared to non- service user (3% / 33).

Carer

- There were no significant differences between sub-groups.

Geography

- A significant proportion of respondents from the Rutland County Council area (93% / 112) were in agreement with this proposal compared to respondents from the Leicester City Council area (84% / 958)
- A significant proportion of respondents from Leicester City Council area (6% / 73) were in disagreement with this proposal compared to respondents from the Rutland County Council area (0% / 0).

Index of multiple deprivation

- A significant proportion of respondents in the least deprived areas (89% / 1913) were in agreement with this proposal compared to respondents in the most deprived areas (85% / 1161)
- A significant proportion of respondents in the most deprived areas (6% / 87) were in disagreement with this proposal compared to respondents in the least deprived areas (4% / 91)

Urban / rural

- A significant proportion of town respondents (91% / 464) were in agreement with this proposal compared to urban respondents (86% / 2394)
- A significant proportion of urban respondents (6% / 156) were in disagreement with this proposal compared to town respondents (3% / 17).

Age

- There were no significant differences between sub-groups.

Gender

- A significant proportion of female respondents (88% / 2695) were in agreement with this proposal compared to male respondents (86% / 639)
- A significant proportion of respondents who preferred not to say (9%) were in disagreement with this proposal compared to female respondents (5%).

Race

- A significant proportion of Black/Black British respondents (90% / 111) were in agreement with this proposal compared to respondents from any other ethnic group not listed (73% / 22).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.4.1.2 Response to the question 11: Please explain why?

763 survey respondents provided additional comments on this proposal. Table 82 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Quality of care, Access, Service provision, Cost and efficiency, General, Specific groups, Communication, Staff, Technology, Integration, COVID.

Across the main themes, eight sub-themes were in agreement with the proposal, 16 sub-themes were in disagreement with the proposal and 44 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits) (32% / 247)
2. General - Agreement with proposal (13% / 98)
3. Cost and efficiency - Crisis service will help to reduce pressure on other services (e.g. hospital, GP) (3% / 25).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Quality of care - Crisis service and CAP provided poor quality of services (e.g. not useful, lack of continuity) (7% / 54)
2. Access - Concern over poor access to the Central Access Point (e.g. unanswered calls, no call-back) (5% / 38)
3. Cost and efficiency - Concern over lack of GP involvement in mental health patient's pathway (e.g. inappropriate self-referrals, GPs know patients) (2% / 18).

The top three observation sub-themes raised by survey respondents were:

1. Staff - Ensure appropriate staffing (e.g. more staff, proficient and trained staff) (9% / 71)
2. Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (9% / 68)
3. Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (6% / 43).

Table 82. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Quality of care – agreement	Proposal will have a positive impact on patient health outcomes (e.g. quicker recovery, save lives)	12	24	3%	20	1	1	1	1
	Crisis service and CAP provided good quality of services	14	20	3%	16	2	-	-	2
	Proposal will help to improve quality of mental health services	21	8	1%	7	-	-	-	-
Quality of care – disagreement	Crisis service and CAP provided poor quality of services (e.g. not useful, lack of continuity)	5	54	7%	46	2	1	2	3
	Concern that proposal will lead to quick discharge from hospital (e.g. reducing hospital beds)	19	10	1%	8	-	-	-	2
	Concern that home visits will not work (e.g. doesn't work in crisis, could have negative impact)	25	4	1%	4	-	-	-	-
	Proposal will reduce quality of services (e.g. dilute specialisms)	28	1	0.1%	1	-	-	-	-
Quality of care - observation	Consider the need for continuous and consistent mental health support (e.g. after crisis, follow-up)	9	37	5%	29	5	-	1	2
	Consider provision of face-to-face support/assessment (e.g. more home visits)	10	28	4%	19	4	-	2	3
	Ensure appropriate triage and navigation of patients (e.g. proper assessment)	12	24	3%	17	5	-	1	1
	Consider improving quality of mental health care (e.g. use Open Dialogue model)	15	19	3%	18	1	-	-	-
	Assertive Outreach provided high quality of care	25	4	1%	4	-	-	-	-
	Consider the need to reconsider criteria for who are patients in crisis	25	4	1%	4	-	-	-	-
	Consider the need for prevention and early intervention (e.g. regular monitoring)	26	3	0.4%	1	2	-	-	-
	Consider the need to monitor response time and phone calls	26	3	0.4%	2	1	-	-	-
Consider improving quality of care provided by crisis team before expanding its role	27	2	0.3%	1	-	-	-	-	
Access - agreement	Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits)	1	247	32%	208	17	1	8	7

Access - disagreement	Concern over poor access to the Central Access Point (e.g. unanswered calls, no call-back)	8	38	5%	28	6	1	1	2
	Concern that mental health patients will not use the service (e.g. staff should be proactive)	23	6	1%	4	2	-	-	-
	Concern over restricted access to Crisis service for new service users (e.g. require referral from GP)	26	3	0.4%	3	-	-	-	-
Access - observation	Consider improving response time (e.g. 4 hours and 24 hours are too long)	6	43	6%	34	6	-	-	3
	Consider improving access to mental health support before and after crisis (e.g. waiting time for therapy)	11	25	3%	24	-	-	-	1
	Consider improving access to mental health specialists (e.g. locally)	20	9	1%	4	2	-	-	2
	Mental health services should be available 24/7	21	8	1%	8	-	-	-	-
	Consider improving referral process (e.g. from CAP and Crisis service, hospital should refer)	23	6	1%	4	1	-	1	-
	Consider the need for family or carers to refer mental health patients without their consent	25	4	1%	2	1	-	-	-
	Response time should depend on patient needs	26	3	0.4%	3	-	-	-	-
	Consider the need for other services to refer to CAP/Crisis service (e.g. social workers, teachers, support workers)	27	2	0.3%	1	-	-	1	-
	Consider the need for simple phone number to access mental health support	27	2	0.3%	2	-	-	-	-
	Consider the need for access standards for non-urgent patients	28	1	0.1%	1	-	-	-	-
	Ensure that Crisis service is available for everyone (e.g. elderly people)	28	1	0.1%	1	-	-	-	-
	Cost and efficiency - agreement	Crisis service will help to reduce pressure on other services (e.g. hospital, GP)	11	25	3%	22	2	-	-
Proposal will improve service efficiency		28	1	0.1%	1	-	-	-	-
Cost and efficiency - disagreement	Concern over lack of GP involvement in mental health patient's pathway (e.g. inappropriate self-referrals, GPs know patients)	16	18	2%	13	4	-	-	-
	Proposal is focused on reducing cost rather than improving quality of mental health care	23	6	1%	6	-	-	-	-
	Concern that services will be run by private companies	27	2	0.3%	2	-	-	-	-
	Proposal will lead to duplication of services (e.g. don't need this)	27	2	0.3%	-	1	-	-	-
Cost and efficiency - observation	Ensure sufficient capacity and resources to cope with demand (e.g. local capacity, more hospital beds)	7	42	6%	35	6	-	1	-
	More resources and funding are required to improve the service (e.g. community services)	21	8	1%	7	1	-	-	-
Service provision - disagreement	Concern over the removal of existing services (e.g. Assertive Outreach services, exterior day care facilities)	21	8	1%	8	-	-	-	-
Service provision - observation	Consider provision of support for carers and families	22	7	1%	6	1	-	-	-
	More mental health services are needed	27	2	0.3%	1	1	-	-	-
	Consider improving other services to tackle mental health problems (e.g. housing)	28	1	0.1%	1	-	-	-	-
	Consider increased provision of Crisis Houses	28	1	0.1%	1	-	-	-	-

	Consider provision of services for people with dementia by Crisis service	28	1	0.1%	-	1	-	-	-
	Consider the need for emergency department in mental health hospitals	28	1	0.1%	-	-	-	-	1
	Use recognised telephone number for telephone appointments	28	1	0.1%	1	-	-	-	-
General – agreement	Agreement with proposal	2	98	13%	77	11	1	3	3
General disagreement	Disagreement with proposal	19	10	1%	9	-	-	1	-
	Crisis team is not fit for purpose	25	4	1%	4	-	-	-	-
General - observation	Consider the need to implement proposal effectively (e.g. be transparent)	12	24	3%	19	4	-	-	1
	More details are required to comment on this proposal	13	23	3%	17	6	-	-	-
	Consider the need for further consultation about the proposal	27	2	0.3%	1	1	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	28	1	0.1%	1	-	-	-	-
Specific groups - agreement	Home visits will benefit vulnerable groups (e.g. disabled)	25	4	1%	2	-	-	-	2
Specific groups - disagreement	Concern over lack of services for psycho oncology patients	28	1	0.1%	-	-	-	-	1
Specific groups - observation	Consider improving mental health services for children and young people (e.g. expand CAP to children’s service)	24	5	1%	1	1	1	2	-
	Ensure the services reflects the needs of the diverse community (e.g. language, culture)	26	3	0.4%	2	-	1	-	-
	Consider the needs of patients with autism	28	1	0.1%	1	-	-	-	-
Communication - observation	Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it)	4	68	9%	64	3	-	-	-
	Consider improving communication with service users and their families (e.g. listen, discuss care after discharge)	18	12	2%	10	-	-	-	2
	Consider the need for clear guidance and definitions (e.g. urgent and non-urgent cases, services specifications)	26	3	0.4%	2	1	-	-	-
Staff - observation	Ensure appropriate staffing (e.g. more staff, proficient and trained staff)	3	71	9%	51	16	-	1	3
	Consider raising GP awareness about mental health issues	25	4	1%	4	-	-	-	-
Technology - disagreement	Concern over lack of access to technology or knowledge how to use it (e.g. concern over elderly people)	22	7	1%	7	-	-	-	-
Technology - observation	Consider greater use of virtual consultations (e.g. they work well)	25	4	1%	4	-	-	-	-
Integration - observation	Ensure integration between Crisis service and other services (e.g. GP, schools, charities)	17	15	2%	10	2	-	1	2
COVID - observation	Consider impact of COVID on mental health	27	2	0.3%	1	1	-	-	-
	Unsure (e.g. don't know)	25	4	1%	4	-	-	-	-
	No comment (e.g. see above, N/A)	19	10	1%	5	2	-	-	-
	Other	15	19	3%	15	1	-	-	1
<i>Base</i>			763		618	73	6	15	31

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Patients or members of the public:
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (10% / 64).
- Individual NHS employees:
 - Disagreement sub-theme: Access - Concern over poor access to the Central Access Point (e.g. unanswered calls, no call-back) (8% / 6).
- NHS organisations:
 - Agreement sub-theme: Access - Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits) (17% / 1); General - Agreement with proposal (17% / 1); Quality of care - Proposal will have a positive impact on patient health outcomes (e.g. quicker recovery, save lives) (17% / 1)
 - Disagreement sub-theme: Quality of care - Crisis service and CAP provided poor quality of services (e.g. not useful, lack of continuity) (17% / 1); Access - Concern over poor access to the Central Access Point (e.g. unanswered calls, no call-back) (17% / 1)
 - Observation sub-theme: Specific groups - Consider improving mental health services for children and young people (e.g. expand CAP to children's service) (17% / 1); Specific groups - Ensure the services reflects the needs of the diverse community (e.g. language, culture) (17% / 1).
- Other public sector organisation:
 - Observation sub-theme: Quality of care - Consider provision of face-to-face support/assessment (e.g. more home visits) (13% / 2); Specific groups - Consider improving mental health services for children and young people (e.g. expand CAP to children's service) (13% / 2).
- Patient representative organisation, voluntary group or charities:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. more staff, proficient and trained staff) (10% / 3); Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (10% / 3); Quality of care - Consider provision of face-to-face support/assessment (e.g. more home visits) (10% / 3).

Service user

- Service users:
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (14% / 33).
- Non-service users:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of GP involvement in mental health patient's pathway (e.g. inappropriate self-referrals, GPs know patients) (4% / 5)
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (11% / 14).

Carer

- Carers:
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (11% / 28).
- Non-carers:
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (9% / 36).

Geography

- Respondents from Leicester City Council area:

- Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (20% / 8).
- Respondents from Rutland County Council area:
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Respondents from Leicestershire North and West:
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (12% / 24).

Index of multiple deprivation

- Respondents from the most deprived areas:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. more staff, proficient and trained staff) (8% / 25); Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (8% / 25).

Urban / rural

- Urban:
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (10% / 53).
- Town:
 - Observation sub-theme: Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (11% / 8).

Age

- 16 – 29:
 - Observation sub-theme: Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (8% / 7); Quality of care - Consider the need for continuous and consistent mental health support (e.g. after crisis, follow-up) (8% / 7).
- 30 – 49:
 - Disagreement sub-theme: Quality of care - Crisis service and CAP provided poor quality of services (e.g. not useful, lack of continuity) (5% / 14); Access - Concern over poor access to the Central Access Point (e.g. unanswered calls, no call-back) (5% / 14).
- 50 – 69:
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (10% / 30).
- 70 and over:
 - Disagreement sub-theme: Quality of care - Crisis service and CAP provided poor quality of services (e.g. not useful, lack of continuity) (5% / 2); Quality of care - Concern that proposal will lead to quick discharge from hospital (e.g. reducing hospital beds) (5% / 2)
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (9% / 4).

Gender

- Female:
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (10% / 57).
- Other (including non-binary and intersex)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. more staff, proficient and trained staff) (20% / 2); Access - Consider improving access to mental health support before and after crisis (e.g. waiting time for therapy) (20% / 2); General - Consider the need to implement proposal effectively (e.g. be transparent) (20% / 2).

Ethnicity

- Asian/Asian British:
 - Disagreement sub-theme: Access - Concern over poor access to the Central Access Point (e.g. unanswered calls, no call-back) (7% / 4)
 - Observation sub-theme: Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (11% / 6).
- Black/Black British:
 - Disagreement sub-theme: Quality of care - Concern that proposal will lead to quick discharge from hospital (e.g. reducing hospital beds) (7% / 2)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. more staff, proficient and trained staff) (4% / 1); Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (4% / 1); Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (4% / 1); Quality of care - Consider provision of face-to-face support/assessment (e.g. more home visits) (4% / 1); Access - Consider improving access to mental health support before and after crisis (e.g. waiting time for therapy) (4% / 1); General - Consider the need to implement proposal effectively (e.g. be transparent) (4% / 1); Quality of care - Ensure appropriate triage and navigation of patients (e.g. proper assessment) (4% / 1).
- Mixed/Multiple ethnic groups:
 - Observation sub-theme: Communication - Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it) (16% / 3).
- Any other ethnic group
 - Disagreement sub-theme: Quality of care - Crisis service and CAP provided poor quality of services (e.g. not useful, lack of continuity) (7% / 1); General - Disagreement with proposal (7% / 1); Technology - Concern over lack of access to technology or knowledge how to use it (e.g. concern over elderly people) (7% / 1); Access - Concern over restricted access to Crisis service for new service users (e.g. require referral from GP) (7% / 1)
 - Observation sub-theme: Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (13% / 2); Cost and efficiency - Ensure sufficient capacity and resources to cope with demand (e.g. local capacity, more hospital beds) (13% / 2); Quality of care - Consider provision of face-to-face support/assessment (e.g. more home visits) (13% / 2).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.4.2 Improving the crisis service: one-to-one interviews, focus groups and public events

Event participants were asked the following questions:

- Please tell us why do you agree or disagree with this proposal?
- General feedback.

5.4.2.1 Responses to question: Please tell us why do you agree or disagree with this proposal?

Table 83 summarises the sub-themes raised by event participants on the proposal to improve the crisis service in response to the question: Please tell us why do you agree or disagree with this proposal?

The main theme areas raised by event participants were: Access, Specific groups, General, Quality of care, Staff, Communication, Cost and efficiency, Education, Integration.

Across the main themes, three sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and 19 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (56% / 30)
2. Access - Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits) (17% / 9)
3. Specific groups - Home visits will benefit vulnerable groups (e.g. disabled) (7% / 4).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (9% / 5)
2. Access - Concern that mental health patients will not use the service (e.g. staff should be proactive) (4% / 2)
3. Quality of care - Concern that proposal will lead to quick discharge from hospital (e.g. reducing hospital beds) (2% / 1).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Ensure that service reflects the needs of deaf people (e.g. accessible for them) (20% / 11)
2. General - More details are required to comment on this proposal (13% / 7)
3. Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (11% / 6).

Table 83. Please tell us why do you agree or disagree with this proposal? Event feedback

Main theme	Sub-theme	Rank	Total	
			No.	%
Access - agreement	Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits)	3	9	17%
Access- disagreement	Concern that mental health patients will not use the service (e.g. staff should be proactive)	9	2	4%
Access - observation	Consider improving response time (e.g. 4 hours and 24 hours are too long)	5	6	11%
	Mental health services should be available 24/7	9	2	4%
	Consider improving access to mental health support before and after crisis (e.g. waiting time for therapy)	10	1	2%
	Consider the need for family or carers to refer mental health patients without their consent	10	1	2%
	Consider the need for other services to refer to CAP/Crisis service (e.g. social workers, teachers, support workers)	10	1	2%
Specific groups - agreement	Home visits will benefit vulnerable groups (e.g. disabled)	7	4	7%
Specific groups - observation	Ensure that service reflects the needs of deaf people (e.g. accessible for them)	2	11	20%
	Ensure the services reflects the needs of the diverse community (e.g. language, culture)	7	4	7%
	Consider improving mental health services for children and young people (e.g. expand CAP to children's service)	10	1	2%
	Ensure that service reflects the needs of trans people	10	1	2%
General - agreement	Agreement with proposal	1	30	56%
General - disagreement	Disagreement with proposal	6	5	9%
General - observation	More details are required to comment on this proposal	4	7	13%
	Consider the need for further consultation about the proposal	8	3	6%
	Consider the need to implement proposal effectively (e.g. be transparent)	10	1	2%
Quality of care - disagreement	Concern that proposal will lead to quick discharge from hospital (e.g. reducing hospital beds)	10	1	2%
Quality of care - observation	Consider the need for prevention and early intervention (e.g. regular monitoring)	8	3	6%
	Consider the need for continuous and consistent mental health support (e.g. after crisis, follow-up)	10	1	2%
Staff - observation	Ensure appropriate staffing (e.g. more staff, proficient and trained staff)	6	5	9%
Communication - observation	Consider greater promotion of Central Access Point and Crisis service (e.g. unaware about it)	9	2	4%
Cost and efficiency - observation	Ensure sufficient capacity and resources to cope with demand (e.g. local capacity, more hospital beds)	9	2	4%
Education - observation	Consider the need to raise awareness about mental health issues among ethnic minorities	10	1	2%
Integration - observation	Ensure integration between Crisis service and other services (e.g. GP, schools, charities)	10	1	2%
	Unsure (e.g. don't know)	9	2	4%
	Other	8	3	6%
Base			54	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: General - Consider the need to implement proposal effectively (e.g. be transparent) (33% / 1).
- Age (young people):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (100% / 3).
- Armed forces veterans:
 - Disagreement sub-theme: Access - Concern that mental health patients will not use the service (e.g. staff should be proactive) (33% / 1)
 - Observation sub-theme: No observation sub-themes raised.
- Carers:
 - Disagreement sub-theme: Access - Concern that mental health patients will not use the service (e.g. staff should be proactive) (11% / 1)
 - Observation sub-theme: General - More details are required to comment on this proposal (22% / 2).
- Councillors:
 - No feedback provided.
- Ethnicity (not white British):
 - Agreement sub-theme: General - Agreement with proposal (40% / 2); Access - Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits) (40% / 2)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Quality of care - Consider the need for prevention and early intervention (e.g. regular monitoring) (40% / 2).
- Gender (women):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. more staff, proficient and trained staff) (25% / 1); Specific groups - Ensure the services reflects the needs of the diverse community (e.g. language, culture) (25% / 1); Cost and efficiency - Ensure sufficient capacity and resources to cope with demand (e.g. local capacity, more hospital beds) (25% / 1); Access - Consider improving access to mental health support before and after crisis (e.g. waiting time for therapy) (25% / 1); Integration - Ensure integration between Crisis service and other services (e.g. GP, schools, charities) (25% / 1); Specific groups - Consider improving mental health services for children and young people (e.g. expand CAP to children's service) (25% / 1).
- Homeless:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised

- Observation sub-theme: Quality of care - Consider the need for continuous and consistent mental health support (e.g. after crisis, follow-up) (100% / 1).
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - Disagreement sub-theme: Quality of care - Concern that proposal will lead to quick discharge from hospital (e.g. reducing hospital beds) (17% / 1)
 - Observation sub-theme: Access - Consider improving response time (e.g. 4 hours and 24 hours are too long) (50% / 3).
- Staff:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.

Geography

- Leicestershire:
 - Agreement sub-theme: Access - Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits) (100% / 2)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- LLR:
 - Disagreement sub-theme: Access - Concern that mental health patients will not use the service (e.g. staff should be proactive) (13% / 2)
 - Observation sub-theme: General - More details are required to comment on this proposal (13% / 2); Quality of care - Consider the need for prevention and early intervention (e.g. regular monitoring) (13% / 2).
- Rutland:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Mental health services should be available 24/7 (25% / 1); Cost and efficiency - Ensure sufficient capacity and resources to cope with demand (e.g. local capacity, more hospital beds) (25% / 1).

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.4.2.2 General feedback

Table 84 summarises the general feedback raised by event participants on the proposal to improve the crisis service.

Table 84. Improving the crisis service. Event general feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
Quality of care - disagreement	Crisis service and CAP provided poor quality of services (e.g. not useful, lack of continuity)	3	2	9%
Quality of care - observation	Consider the need for prevention and early intervention (e.g. regular monitoring)	4	1	5%
	Observation - Quality of care - Consider the need to improve quality of mental health care	4	1	5%
	Ensure appropriate triage and navigation of patients (e.g. proper assessment)	4	1	5%
	GPs provided good quality of care	4	1	5%
Specific groups - agreement	Home visits will benefit vulnerable groups (e.g. disabled)	4	1	5%
Specific groups - observation	Ensure the services reflects the needs of the diverse community (e.g. language, culture)	1	4	18%
	Consider the needs of veterans	3	2	9%
	Consider the needs of deaf people (e.g. BSL interpreters)	4	1	5%
Access - agreement	Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits)	3	2	9%
Access - disagreement	Concern over poor access to the Central Access Point (e.g. unanswered calls, no call-back)	4	1	5%
Access - observation	Consider improving access to mental health support before and after crisis (e.g. waiting time for therapy)	2	3	14%
Communication - observation	Consider greater promotion of available mental health services and support	2	3	14%
	Consider improving communication with service users and their families (e.g. listen, discuss care after discharge)	4	1	5%
General - disagreement	Concern over mental health patients' capacity to engage (e.g. too ill, staff should be proactive)	3	2	9%
Technology - disagreement	Concern over lack of access to technology or knowledge how to use it (e.g. concern over elderly people)	4	1	5%
Information support - observation	Provide details on how to access mental health support available	3	2	9%
Service provision - observation	Consider the need for support groups (e.g. peer support, social inclusion groups)	4	1	5%
Integration - observation	Consider improving integration between mental health providers and other services (e.g. community services)	4	1	5%
	No comment (e.g. N/A)	4	1	5%
	Other	4	1	5%
<i>Base</i>			22	

5.4.3 Improving the crisis service: correspondence

Table 85 summarises the sub-themes raised in the correspondence received on the proposal to improve the crisis service.

Across the main themes, two sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and seven sub-themes were observations.

Table 85. Correspondence feedback

Main theme	Sub-theme	Rank	Total		Stakeholder type					
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Member of Parliament
Cost and efficiency - agreement	Crisis service will help to reduce pressure on other services (e.g. hospital, GP)	2	1	33%	-	-	1	-	-	-
Cost and efficiency - disagreement	Concern that direct access to CAP will increase volume of referrals for mild degree psychiatric disorders	2	1	33%	-	1	-	-	-	-
	Concern over lack of GP involvement in mental health patient's pathway (e.g. inappropriate self-referrals, GPs know patients)	2	1	33%	-	-	-	-	-	1
Access - agreement	Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits)	1	2	67%	-	-	1	-	-	1
Access - disagreement	Concern that mental health patients will not use the service (e.g. staff should be proactive)	2	1	33%	-	-	-	-	-	1
Quality of care - observation	Consider the need for continuous and consistent mental health support (e.g. after crisis, follow-up)	2	1	33%	-	-	1	-	-	-
	Consider improving quality of care provided by crisis team before expanding its role	2	1	33%	-	-	1	-	-	-
Service provision - observation	Consider the need for crisis team in each CMHT	2	1	33%	-	1	-	-	-	-
	Consider provision of support for carers and families	2	1	33%	-	-	1	-	-	-
General - observation	More details are required to comment on this proposal	2	1	33%	-	-	1	-	-	-
Specific groups - observation	Ensure the services reflects the needs of the diverse community (e.g. language, culture)	2	1	33%	-	-	-	-	-	1
Staff - observation	Ensure appropriate staffing (e.g. more staff, proficient and trained staff)	2	1	33%	-	-	1	-	-	-
<i>Base</i>			3			1	1			1

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from correspondence. For further details see communications and engagement section of this report.

5.4.4 Improving the crisis service: New ideas suggested outside of the proposal

The table below shows the additional ideas raised by survey respondents, event participants and the correspondence received.

Table 86. Additional ideas

Main theme	Sub-theme	Total	Channel		
		No.	Survey	Events	Correspondence
Service provision	Consider increased provision of Crisis Houses	1	1	-	-
Base		3-763	763	22-54	3

5.5 Feedback on proposals for Expanding the use of the Triage Car

This section presents feedback on the proposal on expanding the use of the Triage Car. Feedback is presented from the questionnaire, followed by events and then correspondence.

5.5.1 Expanding the use of the Triage Car: questionnaire

Respondents were asked the following questions:

- Q12. To what extent do you agree or disagree with these changes where 5 is strongly agree and 1 is strongly disagree?
- Q13. Please explain why?

5.5.1.1 Response to the question 12: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Table 87 and 88 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 92% (3713) of all respondents agreed and 2% (85) disagreed with the proposal on expanding the use of the Triage Car.

Table 87. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3713	92%	92%	89%	100%	95%	93%	90%	93%	92%	93%	89%
Neither agree nor disagree	225	6%	5%	8%	-	4%	2%	7%	7%	5%	4%	7%
Total disagree	85	2%	2%	3%	-	1%	2%	2%	-	2%	2%	2%
N/A	29	1%	1%	0.2%	-	-	2%	1%	1%	0.4%	0.4%	2%
Base	4052		3279	469	25	74	135	1139	121	1056	1270	466

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 88. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3713	92%	91%	94%	90%	93%	92%	86%
Neither agree nor disagree	225	6%	6%	4%	6%	6%	5%	7%
Total disagree	85	2%	3%	1%	2%	1%	2%	5%
N/A	29	1%	0.4%	0.4%	1%	0.4%	1%	2%
Base	4052		1244	1156	1348	1166	2574	225

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- A significant proportion of patients and members of the public (92% / 3013) were in agreement with this proposal compared to NHS employees (89% / 419).

Service user

- A significant proportion of non-service users (94% / 1087) were in agreement with this proposal compared to service users (91% / 1128)
- A significant proportion of service users (3% / 34) were in disagreement with this proposal compared to non-service users (1% / 15).

Carer

- A significant proportion of non-carers (2% / 55) were in disagreement with this proposal compared to carers (1% / 15).

Geography

- A significant proportion of respondents from Leicestershire North and West (93% / 1184) were in agreement with this proposal compared to respondents from the Leicester City Council area (90% / 1028)

Index of multiple deprivation

- A significant proportion of respondents in the least deprived areas (93% / 2009) were in agreement with this proposal compared to respondents in the most deprived areas (90% / 1238)
- A significant proportion of respondents in the most deprived areas (3% / 37) were in disagreement with this proposal compared to respondents in the least deprived areas (2% / 37).

Urban / rural

- A significant proportion of respondents from villages / hamlets (95% / 359) were in agreement with this proposal compared to urban respondents (91% / 2537)
- A significant proportion of urban respondents (2% / 64) were in disagreement with this proposal compared to respondents from villages or hamlets (1% / 3).

Age

- There were no significant reportable differences between sub-groups.

Gender

- A significant proportion of female respondents (93% / 2852) were in agreement with this proposal compared to male respondents (89% / 666).

Race

- There were no significant reportable differences between sub-groups.

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.5.1.2 Response to the question 13: Please explain why?

549 survey respondents provided additional comments on this proposal. Table 89 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Quality of care, Cost and efficiency, General, Access, Service provision, Staff, Communication, Specific groups, Integration, COVID, Education, Information support.

Across the main themes, eight sub-themes were in agreement with the proposal, 10 sub-themes were in disagreement with the proposal and 35 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (21% / 115)
2. Access - Proposal will improve access to mental health support (e.g. easier, quicker) (18% / 97)
3. Quality of care - Proposal will improve quality of care of patients in crisis (e.g. provides correct support) (11% / 60).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Quality of care - Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users) (11% / 58)
2. Access - Concern over managing the calls through the Central Access Point (e.g. separate line is needed, use 999 or NHS 111, police should have direct access to support) (2% / 12)
3. General - Disagreement with proposal (1% / 4).

The top three observation sub-themes raised by survey respondents were:

1. Access - Service should be available 24/7 (16% / 87)
2. Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (11% / 60)
3. Staff - Ensure appropriate staffing (e.g. more staff, trained staff, representative of communities they work in) (6% / 31).

Table 89. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Quality of care – agreement	Proposal will improve quality of care of patients in crisis (e.g. provides correct support)	4	60	11%	52	4	-	1	3
	Proposal will have a positive impact on health outcome for patients (e.g. save lives)	9	24	4%	19	2	-	-	2
	Triage Car provided good quality of care	12	15	3%	10	3	-	1	1
Quality of care – disagreement	Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users)	5	58	11%	52	4	-	-	2
	Concern over lack of prevention and early intervention	21	3	1%	3	-	-	-	-
	Concern that proposal is about saving money not improving quality of care	23	1	0.2%	1	-	-	-	-
	Concern that proposal will lead to using Serenity Integrated Mentoring approach	23	1	0.2%	1	-	-	-	-
	Triage Car provided poor quality of care	23	1	0.2%	1	-	-	-	-
Quality of care - observation	Consider the need for continuous and consistent mental health support (e.g. followed-up referrals)	17	8	2%	5	2	-	-	1
	Ensure appropriate triage and navigation of service users	18	6	1%	4	1	1	-	-
	Consider improving quality of mental health care	19	5	1%	5	-	-	-	-
	Assertive Outreach team provided good services	23	1	0.2%	1	-	-	-	-
	Non-uniform police officers would be better in some instances	23	1	0.2%	1	-	-	-	-
Cost and efficiency - agreement	Triage Car service helps to reduce pressure on other services (e.g. emergency services, police, hospitals)	6	42	8%	34	4	-	-	3
	Proposal will help to improve safety in community (e.g. reduce crime)	20	4	1%	4	-	-	-	-
Cost and efficiency - disagreement	Expanding the service is not good use of resources (e.g. spend the money on hiring more psychiatrists)	21	3	1%	2	1	-	-	-
	Concern that proposal will increase pressure on ambulance	23	1	0.2%	1	-	-	-	-
Cost and efficiency - observation	Data analysis is required to identify if service should be extended	11	16	3%	7	8	-	1	-
	Ensure sufficient capacity and resources to meet demand	15	11	2%	10	-	-	1	-

	Provide training for police officers to identify different mental health conditions and deal with them instead of extending the Triage Car service	18	6	1%	4	1	-	-	-
	More investment in mental health services is required (e.g. invest in secondary and tertiary care)	21	3	1%	2	1	-	-	-
	Consider the need to use Triage Car appropriately	23	1	0.2%	1	-	-	-	-
General - agreement	Agreement with proposal	1	115	21%	93	11	-	4	4
General - disagreement	Disagreement with proposal	20	4	1%	2	2	-	-	-
General - observation	More details about the proposal are required (e.g. what is a Triage Car)	10	18	3%	14	2	-	1	1
	Mental health services require improvement	21	3	1%	3	-	-	-	-
	Mental health crisis emergency service is as important as a physical crisis emergency service	22	2	0.4%	2	-	-	-	-
	Comment about consultation	22	2	0.4%	1	1	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	23	1	0.2%	1	-	-	-	-
Access - agreement	Proposal will improve access to mental health support (e.g. easier, quicker)	2	97	18%	78	5	-	1	7
Access - disagreement	Concern over managing the calls through the Central Access Point (e.g. separate line is needed, use 999 or NHS 111, police should have direct access to support)	14	12	2%	9	2	-	-	-
	The service is not accessible currently	23	1	0.2%	1	-	-	-	-
Access - observation	Service should be available 24/7	3	87	16%	78	8	-	1	-
	Ensure appropriate response time from Triage Car team (e.g. current waiting time is too long)	18	6	1%	5	1	-	-	-
	Consider the need for CAP to refer patients directly	23	1	0.2%	-	1	-	-	-
Service provision - observation	Consider increased provision of Triage Car service across the county (e.g. more Triage Cars)	4	60	11%	54	2	-	1	2
	Consider the need for clinical psychiatrist in Triage Car	22	2	0.4%	2	-	-	-	-
	Consider the need for provision of face-to-face support	22	2	0.4%	2	-	-	-	-
	Consider broadening access to the service to include firefighters	23	1	0.2%	1	-	-	-	-
	Consider extending volunteer transport services	23	1	0.2%	-	-	-	-	1
	Consider provision of a Triage Car for children	23	1	0.2%	-	-	1	-	-
Staff - observation	Ensure appropriate staffing (e.g. more staff, trained staff, representative of communities they work in)	7	31	6%	25	4	-	2	-
	Consider provision of training for public emergency services on mental health (e.g. paramedics)	15	11	2%	9	2	-	-	-
	Ensure safety of staff	21	3	1%	3	-	-	-	-
Communication - agreement	Proposal will help to create trust between the community and the police	22	2	0.4%	1	-	-	-	-
Communication - observation	Consider greater promotion of Triage Car service (e.g. don't know about it)	16	9	2%	8	-	-	-	-
	Consider improving communication with carers and families of the person in crisis (e.g. listen)	21	3	1%	2	1	-	-	-

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Specific groups - observation	Ensure that service reflects the needs of vulnerable patients (e.g. autism, learning disabilities)	19	5	1%	3	1	-	1	-
	Ensure that service reflects the needs of diverse communities (e.g. culturally sensitive, bad relations between the police and BAME communities)	20	4	1%	3	-	-	1	-
Integration - observation	Ensure effective collaboration between Triage Car Service and other services (e.g. police, ambulance, fire services, social care)	8	25	5%	17	5	-	1	1
COVID - observation	Consider increased demand on mental health services due to COVID-19	22	2	0.4%	2	-	-	-	-
Education - observation	Consider the need to raise awareness of mental health issues to public	23	1	0.2%	-	-	-	-	-
Information support - observation	Consider provision of information on how to access the service	23	1	0.2%	1	-	-	-	-
	No comment (e.g. N/A)	16	9	2%	7	-	-	-	-
	Other	13	13	2%	12	-	-	1	-
<i>Base</i>			549		447	53	1	12	20

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Individual NHS employees:
 - Observation sub-theme: Access - Service should be available 24/7 (15% / 8); Cost and efficiency - Data analysis is required to identify if service should be extended (15% / 8).
- NHS organisations:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Quality of care - Ensure appropriate triage and navigation of service users (100% / 1); Service provision - Consider provision of a Triage Car for children (100% / 1).
- Other public sector organisation:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. more staff, trained staff, representative of communities they work in) (17% / 2).
- Patient representative organisation, voluntary group or charities:
 - Agreement sub-theme: Access - Proposal will improve access to mental health support (e.g. easier, quicker) (35% / 7)
 - Observation sub-theme: Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (10% / 2).

Geography

- Respondents from Rutland County Council area:
 - Observation sub-theme: Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (25% / 4).

Urban / rural

- Village / hamlet:
 - Observation sub-theme: Access - Service should be available 24/7 (19% / 10); Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (19% / 10).

Age

- 16 – 29:
 - Agreement sub-theme: Quality of care - Proposal will improve quality of care of patients in crisis (e.g. provides correct support) (20% / 13)
 - Observation sub-theme: Access - Service should be available 24/7 (13% / 8); Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (13% / 8).
- 50 – 69:
 - Agreement sub-theme: General - Agreement with proposal (19% / 45); Access - Proposal will improve access to mental health support (e.g. easier, quicker) (19% / 45).
- 70 and over:
 - Agreement sub-theme: Access - Proposal will improve access to mental health support (e.g. easier, quicker) (23% / 7)
 - Observation sub-theme: Communication - Consider greater promotion of Triage Car service (e.g. don't know about it) (10% / 3).

Ethnicity

- Asian/Asian British:

- Agreement sub-theme: Access - Proposal will improve access to mental health support (e.g. easier, quicker) (41% / 16)
- Observation sub-theme: Specific groups - Ensure that service reflects the needs of diverse communities (e.g. culturally sensitive, bad relations between the police and BAME communities) (5% / 2).
- Black/Black British:
 - Agreement sub-theme: Access - Proposal will improve access to mental health support (e.g. easier, quicker) (29% / 6)
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Mixed/Multiple ethnic groups:
 - Observation sub-theme: Access - Service should be available 24/7 (8% / 1); Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (8% / 1); Staff - Ensure appropriate staffing (e.g. more staff, trained staff, representative of communities they work in) (8% / 1); Cost and efficiency - Ensure sufficient capacity and resources to meet demand (8% / 1).
- Any other ethnic group
 - Disagreement sub-theme: Quality of care - Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users) (8% / 1); Access - Concern over managing the calls through the Central Access Point (e.g. separate line is needed, use 999 or NHS 111, police should have direct access to support) (8% / 1); Cost and efficiency - Expanding the service is not good use of resources (e.g. spend the money on hiring more psychiatrists) (8% / 1).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.5.2 Expanding the use of the Triage Car: one-to-one interviews, focus groups and public events

Event participants were asked the following question:

- Please tell us why do you agree or disagree with this proposal?
- General feedback.

5.5.2.1 Responses to question: Please tell us why do you agree or disagree with this proposal?

Table 90 summarises the sub-themes raised by event participants on the proposal to expand the use of the Triage Car in response to the question: Please tell us why do you agree or disagree with this proposal?.

The main theme areas raised by event participants were: Quality of care, Cost and efficiency, General, Access, Service provision, Specific groups, Staff, Communication, Confidentiality.

Across the main themes, six sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and 12 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (58% / 29)
2. Access - Proposal will improve access to mental health support (e.g. easier, quicker) (12% / 6)
3. Quality of care - Proposal will improve quality of care of patients in crisis (e.g. provides correct support) (10% / 5).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (12% / 6)
2. Quality of care - Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users) (4% / 2)
3. Cost and efficiency - Expanding the service is not good use of resources (e.g. spend the money on hiring more psychiatrists) (2% / 1).

The top three observation sub-themes raised by event participants were:

1. Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (22% / 11); Specific groups - Ensure that service reflects the needs of vulnerable patients (e.g. autism, learning disabilities, deaf people) (22% / 11)
2. Access - Service should be available 24/7 (12% / 6); Staff - Ensure appropriate staffing (e.g. more staff, trained staff, representative of communities they work in) (12% / 6)
3. General - More details about the proposal are required (e.g. what is a Triage Car) (8% / 4).

Table 90. Please tell us why do you agree or disagree with this proposal?

Main theme	Sub-theme	Rank	Total	
			No.	%
Quality of care - agreement	Proposal will improve quality of care of patients in crisis (e.g. provides correct support)	4	5	10%
	Proposal will have a positive impact on health outcome for patients (e.g. save lives)	7	2	4%
	Triage Car provided good quality of care	8	1	2%
Quality of care - disagreement	Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users)	7	2	4%
Quality of care - observation	Observation - Quality of care - Consider improving quality of mental health care	6	3	6%
Cost and efficiency - agreement	Triage Car service helps to reduce pressure on other services (e.g. emergency services, police, hospitals)	5	4	8%
Cost and efficiency - disagreement	Expanding the service is not good use of resources (e.g. spend the money on hiring more psychiatrists)	8	1	2%
Cost and efficiency - observation	More investment in mental health services is required (e.g. invest in secondary and tertiary care)	8	1	2%
General - agreement	Agreement with proposal	1	29	58%
General - disagreement	Disagreement with proposal	3	6	12%
General - observation	More details about the proposal are required (e.g. what is a Triage Car)	5	4	8%
Access - agreement	Proposal will improve access to mental health support (e.g. easier, quicker)	3	6	12%
Access - observation	Service should be available 24/7	3	6	12%
Service provision - observation	Consider increased provision of Triage Car service across the county (e.g. more Triage Cars)	2	11	22%
	Consider provision of Crisis Cafés at police stations	8	1	2%
Specific groups - observation	Ensure that service reflects the needs of vulnerable patients (e.g. autism, learning disabilities, deaf people)	2	11	22%
	Ensure that the services reflect the needs of LGBT+ community	8	1	2%
Staff - observation	Ensure appropriate staffing (e.g. more staff, trained staff, representative of communities they work in)	3	6	12%
	Consider provision of training for public emergency services on mental health (e.g. paramedics)	6	3	6%
Communication - observation	Consider greater promotion of Triage Car service (e.g. don't know about it)	6	3	6%
Confidentiality - observation	Ensure confidentiality of service users (e.g. privacy)	8	1	2%
	Neither agree or disagree	5	4	8%
<i>Base</i>				50

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Age (young people)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (100% / 3).
- Armed forces veterans:
 - Agreement sub-theme: General - Agreement with proposal (100% / 2); Quality of care - Proposal will have a positive impact on health outcome for patients (e.g. save lives) (100% / 2)
 - Disagreement sub-theme: Quality of care - Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users) (50% / 1)
 - Observation sub-theme: Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (50% / 1); General - More details about the proposal are required (e.g. what is a Triage Car) (50% / 1).
- Carers:
 - Disagreement sub-theme: Quality of care - Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users) (9% / 1)
 - Observation sub-theme: Access - Service should be available 24/7 (27% / 3).
- Councillors:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: General - More details about the proposal are required (e.g. what is a Triage Car) (50% / 1); Cost and efficiency - More investment in mental health services is required (e.g. invest in secondary and tertiary care) (50% / 1).
- Disability:
 - Observation sub-theme: Specific groups - Ensure that service reflects the needs of vulnerable patients (e.g. autism, learning disabilities, deaf people) (85% / 11)
- Ethnicity (not white British):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Consider greater promotion of Triage Car service (e.g. don't know about it) (75% / 3).
- Gender (women):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (50% / 1).
- Homeless:
 - Agreement sub-theme: General - Agreement with proposal (100% / 1); Quality of care - Proposal will improve quality of care of patients in crisis (e.g. provides correct support)

- (100% / 1); Cost and efficiency - Triage Car service helps to reduce pressure on other services (e.g. emergency services, police, hospitals) (100% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief
 - No feedback provided.
- Sexuality:
 - Disagreement sub-theme: Cost and efficiency - Expanding the service is not good use of resources (e.g. spend the money on hiring more psychiatrists) (14% / 1)
 - Observation sub-theme: Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (71% / 5).
- Staff:
 - No feedback provided.

Geography

- Leicester:
 - Observation sub-theme: Specific groups - Ensure that service reflects the needs of vulnerable patients (e.g. autism, learning disabilities, deaf people) (38% / 11).
- Leicestershire:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: General - More details about the proposal are required (e.g. what is a Triage Car) (33% / 1); Cost and efficiency - More investment in mental health services is required (e.g. invest in secondary and tertiary care) (33% / 1).
- LLR:
 - Disagreement sub-theme: Quality of care - Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users) (7% / 1)
 - Observation sub-theme: Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (20% / 3); Access - Service should be available 24/7 (20% / 3).
- Rutland:
 - Disagreement sub-theme: Quality of care - Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users) (33% / 1)
 - Observation sub-theme: No observation sub-themes raised.

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.5.2.2 General feedback

Table 91 summarises the general feedback raised by event participants on the proposal to expand the use of the Triage Car.

Table 91. Expanding the use of the Triage Car. Event general feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
Access - disagreement	Concern that mental health patients will not use the service	3	1	9%
Access - observation	Consider the need for family, carers or member of public to refer mental health patients without their consent	3	1	9%
	Triage Car should be available 24/7	3	1	9%
General - agreement	Agreement with proposal about Triage Car	3	1	9%
General - observation	Further consultation about proposals is required (e.g. more engagement in communities)	1	3	27%
Specific groups - observation	Consider the needs of LGBT+ community	3	1	9%
	Consider the needs of trans community	3	1	9%
Cost and efficiency - observation	Observation - Cost and efficiency - Data analysis is required to identify demand	3	1	9%
Education - observation	Consider the need to raise awareness about mental health issues (e.g. starting in school)	3	1	9%
Quality of care - disagreement	Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users)	3	1	9%
Quality of information - observation	Ensure that provided information about mental health is appropriate (e.g. up to date, evidence-based, clear, practical)	3	1	9%
Staff - observation	Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities)	3	1	9%
Integration - observation	Ensure effective collaboration between mental health services and other services (e.g. police, ambulance)	3	1	9%
	Other	2	2	18%
<i>Base</i>			11	

5.5.3 Expanding the use of the Triage Car: correspondence

Table 92 summarises the sub-themes raised in the correspondence received on the proposal to expand the use of the Triage Car.

Across the main themes, no sub-themes were in agreement with the proposal, one sub-theme was in disagreement with the proposal and five sub-themes were observations.

Table 92. Correspondence feedback

Main theme	Sub-theme	Rank	Total		Stakeholder type					
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Member of Parliament
Access - disagreement	Concern over managing the calls through the Central Access Point (e.g. separate line is needed, use 999 or NHS 111, police should have direct access to support)	2	1	33%	-	-	1	-	-	-
Access - observation	Service should be available 24/7	2	1	33%	-	-	1	-	-	-
Service provision - observation	Consider increased provision of Triage Car service across the county (e.g. more Triage Cars)	1	2	67%	1	-	1	-	-	-
Cost and efficiency - observation	Data analysis is required to identify if service should be extended	2	1	33%	-	-	-	-	-	1
COVID – observation.	Consider increased demand on mental health services due to COVID-19	2	1	33%	-	-	1	-	-	-
Quality of care - observation	Non-uniform police officers would be better in some instances	2	1	33%	-	-	1	-	-	-
<i>Base</i>			3		1		1			1

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from correspondence. For further details see communications and engagement section of this report.

5.5.4 Expanding the use of the Triage Car: New ideas suggested outside of the proposal

The table below shows the additional ideas raised by survey respondents, event participants and the correspondence received.

Table 93. Additional ideas

Main theme	Sub-theme	Total	Channel		
		No.	Survey	Events	Correspondence
Service provision	Consider extending volunteer transport services	1	1	-	-
	Consider provision of a Triage Car for children	1	1	-	-
	Consider broadening access to the service to include firefighters	1	1	-	-
	Consider provision of Crisis Cafés at police stations	1	-	1	-
Cost and efficiency	Provide training for police officers to identify different mental health conditions and deal with them instead of extending the Triage Car service	6	6	-	-
Base		3-549	549	11-50	3

5.6 Feedback on proposals for the Mental Health Urgent Care Hub

This section presents feedback on the proposal for the Mental Health Urgent Care Hub. Feedback is presented from the questionnaire, followed by events and then correspondence.

5.6.1 Mental Health Urgent Care Hub: questionnaire

Respondents were asked the following questions:

- Q14. To what extent do you agree or disagree with these changes where 5 is strongly agree and 1 is strongly disagree?
- Q15. Please explain why?

5.6.1.1 Response to the question 14: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Tables 94 and 95 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 90% (3650) of all respondents agreed and 3% (112) disagreed with the proposal on the Mental Health Urgent Care Hub.

Table 94. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3650	90%	91%	90%	92%	95%	87%	90%	89%	90%	91%	90%
Neither agree nor disagree	262	7%	6%	7%	8%	3%	8%	7%	7%	7%	6%	7%
Total disagree	112	3%	3%	3%	-	3%	3%	3%	4%	3%	3%	2%
N/A	24	1%	1%	1%	-	-	2%	1%	-	1%	1%	1%
Base	4048		3278	465	25	73	135	1140	121	1054	1268	465

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 95. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3650	90%	88%	94%	89%	90%	91%	82%
Neither agree nor disagree	262	7%	8%	4%	7%	7%	6%	10%
Total disagree	112	3%	4%	1%	3%	3%	3%	7%
N/A	24	1%	0%	1%	1%	0%	1%	1%
Base	4048		1242	1155	1346	1166	2570	225

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- There were no significant differences between sub-groups.

Service user

- A significant proportion of non-service users (94% / 1086) were in agreement with this proposal compared to service users (88% / 1093)
- A significant proportion of service users (4% / 49) were in disagreement with this proposal compared to non-service users (1% / 16).

Carer

- There were no significant differences between sub-groups.

Geography

- There were no significant differences between sub-groups.

Index of multiple deprivation

- A significant proportion of respondents in the most deprived areas (4% / 48) were in disagreement with this proposal compared to respondents in the least deprived areas (3% / 53).

Urban / rural

- A significant proportion of town respondents (94% / 482) were in agreement with this proposal compared to urban respondents (90% / 2495).

Age

- There were no significant differences between sub-groups.

Gender

- A significant proportion of female respondents (92% / 2810) were in agreement with this proposal compared to male respondents (88% / 652).

Race

- A significant proportion of Asian/Asian British respondents (93% / 310) were in agreement with this proposal compared to respondents from other ethnicities not listed (75% / 21).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.6.1.2 Response to the question 15: Please explain why?

594 survey respondents provided additional comments on this proposal. Table 96 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Quality of care, Access, General, Service provision, Cost and efficiency, Communication, Specific groups, Staff, Integration, Estate and facilities, COVID, Technology, Central Access Point.

Across the main themes, eight sub-themes were in agreement with the proposal, 12 sub-themes were in disagreement with the proposal and 43 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access) (18% / 106)
2. General - Agreement with proposal (16% / 96)
3. Cost and efficiency - Proposal will reduce pressure on other services (e.g. emergency services, hospitals) (4% / 26).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (8% / 47)
2. Quality of care - Bradgate Unit provided poor quality of services (e.g. unhelpful) (6% / 34)
3. General - Bradgate Mental Health Unit is not fit for purpose (e.g. has bad reputation, claustrophobic, should be shut down, patients will not go) (3% / 15).

The top three observation sub-themes raised by survey respondents were:

1. Service provision - Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care) (8% / 50)
2. Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (8% / 48)
3. Staff - Ensure appropriate staffing (e.g. more staff, trained staff, BSL skills) (6% / 35).

Table 96. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Quality of care – agreement	Mental Health Urgent Care Hub provided good quality of services (e.g. good team)	10	22	4%	20	1	-	-	1
	Proposal will improve quality of mental health care (e.g. safer)	11	21	4%	16	1	-	1	1
	Proposal will improve patient health outcome (e.g. save lives)	14	16	3%	14	-	-	1	-
	Proposal will improve patients' experience	14	16	3%	11	5	-	-	-
Quality of care - disagreement	Bradgate Unit provided poor quality of services (e.g. unhelpful)	7	34	6%	30	1	-	-	3
	Concern that Mental Health Urgent Care Hub will inappropriately prevent patients being admitted to hospital	28	1	0.2%	1	-	-	-	-
Quality of care – observation	Consider improving quality of mental health care (e.g. meet patient needs)	13	17	3%	16	-	-	-	1
	Consider the need for continuous and consistent mental health support (e.g. follow-up care)	17	13	2%	12	-	-	-	1
	Ensure appropriate triage and navigation of patients to this service	20	10	2%	10	-	-	-	-
	Consider the need to reduce the stigma of asking for mental health support (e.g. shame to come to a mental hospital)	23	6	1%	4	2	-	-	-
	Consider the need for preventive measures and early intervention	24	5	1%	4	1	-	-	-
	Ensure safe discharge	26	3	1%	1	-	-	-	2
	Quality of care is more important than meeting targets	27	2	0.3%	2	-	-	-	-
	Assertive Outreach team provided good services	28	1	0.2%	1	-	-	-	-
Access - agreement	Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access)	1	106	18%	83	7	-	4	5
Access - disagreement	Concern over access to Glenfield Hospital (e.g. poor public transport, too far)	5	47	8%	45	2	-	-	-
	Concern over accessibility of this service for patients who cannot travel (e.g. offer home visits)	22	7	1%	7	-	-	-	-
	Concern over poor signposting of the unit	26	3	1%	3	-	-	-	-

	Concern that having the hub and services within A&E will cause confusion for patients and carers	28	1	0.2%	-	1	-	-	-
Access - observation	Consider the need to improve referral process (e.g. self or carer referrals, walk-in centre, drop in service, criteria for referrals)	8	33	6%	23	6	-	2	2
	Consider the need to improve access to mental health support and treatment (e.g. waiting time)	16	14	2%	12	1	-	-	-
	Service should be available 24/7	23	6	1%	4	1	-	-	1
	Consider other location for Mental Health Urgent Care Hub (e.g. Arnold Lodge, more central location)	24	5	1%	5	-	-	-	-
	Consider the need to improve parking at Glenfield Hospital (e.g. parking fees)	25	4	1%	4	-	-	-	-
	Consider the need for family or carers to refer mental health patients without their consent	27	2	0.3%	1	-	-	-	1
General - agreement	Agreement with proposal	2	96	16%	78	6	-	2	6
General - disagreement	Bradgate Mental Health Unit is not fit for purpose (e.g. has bad reputation, claustrophobic, should be shut down, patients will not go)	15	15	3%	11	2	-	-	1
	Disagreement with proposal (e.g. unachievable)	25	4	1%	2	1	-	-	1
General - observation	More details about the proposal are required	12	18	3%	16	2	-	-	-
	Consider the need to implement proposal effectively	16	14	2%	13	-	-	-	-
	Ensure that hub reflects the needs of patients of all age groups	25	4	1%	4	-	-	-	-
	Consider changing the image of the Bradgate Unit	26	3	1%	2	-	-	-	-
	Comment about the consultation (e.g. not clear)	28	1	0.2%	1	-	-	-	-
	Comment about the survey	28	1	0.2%	1	-	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	28	1	0.2%	1	-	-	-	-
	Ensure appropriate use of this service	28	1	0.2%	1	-	-	-	-
Service provision – disagreement	Concern that proposal will lead to the removal of existing services (e.g. Assertive Outreach services)	24	5	1%	3	2	-	-	-
	Concern over provision of services for children in the hub (e.g. should be separate from adult)	27	2	0.3%	2	-	-	-	-
Service provision - observation	Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care)	3	50	8%	45	3	-	-	1
	Consider the need for provision of specialists care at this hub (e.g. psychiatry service)	21	8	1%	6	2	-	-	-
	Consider co-location of Mental Health Urgent Care Hub with other services (e.g. emergency department, substance misuse team, inpatient)	25	4	1%	3	1	-	-	-
	Mental Health Urgent Care Hub should be available at all hospitals	25	4	1%	3	-	-	-	1
	Consider provision support for carers of mental health patients	28	1	0.2%	1	-	-	-	-
Cost and efficiency - agreement	Proposal will reduce pressure on other services (e.g. emergency services, hospitals)	9	26	4%	18	5	-	-	1
	Proposal will save the NHS money	28	1	0.2%	1	-	-	-	-

Cost and efficiency – disagreement	Concern over lack of capacity and resources to meet demand (e.g. lack of beds)	18	12	2%	10	1	-	-	1
	Mental Health Urgent Care Hub duplicates existing services (e.g. Crisis service)	22	7	1%	6	1	-	-	-
Cost and efficiency - observation	Consider the need to meet two-hour target (e.g. does not meet it currently)	19	11	2%	9	-	-	-	2
	Consider the need for external review of the service (e.g. its efficiency, clinical outcome)	22	7	1%	5	1	1	-	-
	More resources and funding are required to improve mental health services	26	3	1%	3	-	-	-	-
Communication - observation	Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it)	4	48	8%	43	1	-	1	1
	Consider improving communication with service users and their families (e.g. listen)	21	8	1%	6	-	-	-	2
	Consider the need for clear guidance and service specification	26	3	1%	-	3	-	-	-
Specific groups - observation	Consider the needs of vulnerable people (e.g. people with special educational needs, dementia, deaf people)	23	6	1%	4	1	-	-	1
	Ensure that the hub reflects the needs of the diverse community	28	1	0.2%	-	-	-	-	1
Staff - observation	Ensure appropriate staffing (e.g. more staff, trained staff, BSL skills)	6	35	6%	30	4	-	-	1
	Consider provision of training in mental health for all urgent care staff	28	1	0.2%	1	-	-	-	-
Integration - observation	Consider improving integration between Mental Health Urgent Care Hub and other services (e.g. hospitals, housing, police, social care)	16	14	2%	11	1	-	1	1
Estate and facilities - observation	Consider improving facilities for patients at Bradgate Unit (e.g. patient-friendly, accommodation to stay, waiting area)	21	8	1%	6	1	-	1	-
COVID - observation	Observation - COVID - Consider the impact of COVID-19 on mental health	27	2	0.3%	2	-	-	-	-
Technology - observation	Consider greater use of technology (e.g. video chat)	28	1	0.2%	1	-	-	-	-
Central Access Point - observation	Consider the need for a response time threshold (e.g. schedule for call-back)	28	1	0.2%	1	-	-	-	-
	No comment (e.g. as above)	14	16	3%	11	2	-	-	1
	Other	12	18	3%	16	2	-	-	-
<i>Base</i>			594		488	48	1	8	30

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Individual NHS employees:
 - Disagreement sub-theme: Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (4% / 2); General - Bradgate Mental Health Unit is not fit for purpose (e.g. has bad reputation) (4% / 2); Service provision - Concern that proposal will lead to the removal of existing services (e.g. Assertive Outreach services) (4% / 2)
 - Observation sub-theme: Access - Consider the need to improve referral process (e.g. self or carer referrals, walk-in centre, drop in service, criteria for referrals) (13% / 6).
- NHS organisations:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Cost and efficiency - Consider the need for external review of the service (e.g. its efficiency, clinical outcome) (100% / 1).
- Other public sector organisation:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Consider the need to improve referral process (e.g. self or carer referrals, walk-in centre, drop in service, criteria for referrals) (25% / 2).
- Patient representative organisation, voluntary group or charities:
 - Agreement sub-theme: General - Agreement with proposal (20% / 6)
 - Disagreement sub-theme: Quality of care - Bradgate Unit provided poor quality of services (e.g. unhelpful) (10% / 3)
 - Observation sub-theme: Access - Consider the need to improve referral process (e.g. self or carer referrals, walk-in centre, drop in service, criteria for referrals) (7% / 2); Cost and efficiency - Consider the need to meet two-hour target (e.g. does not meet it currently) (7% / 2); Communication - Consider improving communication with service users and their families (e.g. listen) (7% / 2); Quality of care - Ensure safe discharge (7% / 2).

Service user

- Service user:
 - Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (10% / 17).
- Non-service users:
 - Agreement sub-theme: Access - Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access) (19% / 17); General - Agreement with proposal (19% / 17)
 - Observation sub-theme: Service provision - Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care) (11% / 10); Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (11% / 10).

Carer

- Carers:
 - Agreement sub-theme: General - Agreement with proposal (36% / 17).
- Non-carers:
 - Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (9% / 29).

Geography

- Respondents from Leicester City Council area:

- Disagreement sub-theme: Quality of care - Bradgate Unit provided poor quality of services (e.g. unhelpful) (9% / 17)
- Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (8% / 16).
- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (14% / 4)
- Respondents from Leicestershire South and East:
 - Agreement sub-theme: General - Agreement with proposal (18% / 24)
 - Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (10% / 13).

Index of multiple deprivation

- Respondents from the most deprived areas:
 - Disagreement sub-theme: Quality of care - Bradgate Unit provided poor quality of services (e.g. unhelpful) (8% / 19)
 - Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (8% / 19).
- Respondents from the least deprived areas:
 - Agreement sub-theme: General - Agreement with proposal (16% / 47).

Urban / rural

- Urban:
 - Disagreement sub-theme: Quality of care - Bradgate Unit provided poor quality of services (e.g. unhelpful) (7% / 30)
 - Observation sub-theme: Service provision - Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care) (8% / 33); Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (8% / 33).
- Town:
 - Agreement sub-theme: General - Agreement with proposal (14% / 8)
 - Observation sub-theme: Service provision - Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care) (9% / 5); Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (9% / 5); Staff - Ensure appropriate staffing (e.g. more staff, trained staff, BSL skills) (9% / 5).

Age

- 16 – 29:
 - Disagreement sub-theme: Quality of care - Bradgate Unit provided poor quality of services (e.g. unhelpful) (6% / 4); General - Bradgate Mental Health Unit is not fit for purpose (e.g. has bad reputation, claustrophobic, should be shut down, patients will not go) (6% / 4)
 - Observation sub-theme: Access - Consider the need to improve referral process (e.g. self or carer referrals, walk-in centre, drop in service, criteria for referrals) (11% / 8).
- 30 – 49:
 - Agreement sub-theme: General - Agreement with proposal (18% / 36)
 - Observation sub-theme: Service provision - Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care) (10% / 21); Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (10% / 21).
- 50 – 69:

- Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (9% / 21).
- 70 and over:
 - Agreement sub-theme: General - Agreement with proposal (24% / 11).

Gender

- Male:
 - Disagreement sub-theme: Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (6% / 8); Quality of care - Bradgate Unit provided poor quality of services (e.g. unhelpful) (6% / 8).
- Female:
 - Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (9% / 38).
- Other (including non-binary and intersex)
 - Agreement sub-theme: General - Agreement with proposal (50% / 4)
 - Disagreement sub-theme: Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (25% / 2); General - Bradgate Mental Health Unit is not fit for purpose (e.g. has bad reputation, claustrophobic, should be shut down, patients will not go) (25% / 2)
 - Observation sub-theme: Service provision - Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care) (13% / 1); Staff - Ensure appropriate staffing (e.g. more staff, trained staff, BSL skills) (13% / 1); Access - Consider the need to improve referral process (e.g. self or carer referrals, walk-in centre, drop in service, criteria for referrals) (13% / 1); General - More details about the proposal are required (13% / 1); Specific groups - Consider the needs of vulnerable people (e.g. people with special educational needs, dementia, deaf people) (13% / 1); Access - Consider the need to improve parking at Glenfield Hospital (e.g. parking fees) (13% / 1); General - Ensure that hub reflects the needs of patients of all age groups (13% / 1); Cost and efficiency - More resources and funding are required to improve mental health services (13% / 1); General - Consider changing the image of the Bradgate Unit (13% / 1).

Ethnicity

- Black/Black British:
 - Disagreement sub-theme: General - Bradgate Mental Health Unit is not fit for purpose (e.g. has bad reputation, claustrophobic, should be shut down, patients will not go) (5% / 1)
 - Observation sub-theme: Service provision - Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care) (5% / 1); Cost and efficiency - Consider the need to meet two-hour target (e.g. does not meet it currently) (5% / 1).
- Mixed/Multiple ethnic groups:
 - Agreement sub-theme: General - Agreement with proposal (25% / 3)
 - Disagreement sub-theme: Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (8% / 1); Quality of care - Bradgate Unit provided poor quality of services (e.g. unhelpful) (8% / 1); Cost and efficiency - Concern over lack of capacity and resources to meet demand (e.g. lack of beds) (8% / 1); Access - Concern over accessibility of this service for patients who cannot travel (e.g. offer home visits) (8% / 1)
 - Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (17% / 2).
- Any other ethnic group
 - Observation sub-theme: Service provision - Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care) (8% / 1); Staff -

Ensure appropriate staffing (e.g. more staff, trained staff, BSL skills) (8% / 1); Estate and facilities - Consider improving facilities for patients at Bradgate Unit (e.g. patient-friendly, accommodation to stay, waiting area) (8% / 1); Access - Consider other location for Mental Health Urgent Care Hub (e.g. Arnold Lodge, more central location) (8% / 1); COVID - Consider the impact of COVID-19 on mental health (8% / 1).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.6.2 Mental Health Urgent Care Hub: one-to-one interviews, focus groups and public events

Event participants were asked the following questions:

- Please tell us why do you agree or disagree with this proposal?
- General feedback.

5.6.2.1 Responses to question: Please tell us why do you agree or disagree with this proposal?

Table 97 summarises the sub-themes raised by event participants on the proposal for the Mental Health Urgent Care Hub in response to the question: Please tell us why do you agree or disagree with this proposal?

The main theme areas raised by event participants were: General, Service provision, Specific groups, Access, Cost and efficiency, Staff, Communication, Quality of care, Confidentiality, COVID, Estate and facilities.

Across the main themes, three sub-themes were in agreement with the proposal, five sub-themes were in disagreement with the proposal and 15 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (63% / 31)
2. Access - Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access) (16% / 8)
3. Cost and efficiency - Proposal will reduce pressure on other services (e.g. emergency services, hospitals) (2% / 1).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (e.g. unachievable) (16% / 8)
2. Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (6% / 3)
3. Service provision - Concern that proposal will lead to the removal of existing services (e.g. Assertive Outreach services) (4% / 2).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Consider the needs of vulnerable people (e.g. people with special educational needs, dementia, deaf people) (22% / 11)
2. Staff - Ensure appropriate staffing (e.g. more staff, trained staff, BSL skills) (18% / 9)
3. Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (12% / 6).

Table 97. Please tell us why do you agree or disagree with this proposal? Event feedback

Main theme	Sub-theme	Rank	Total	
			No.	%
General - agreement	Agreement with proposal	1	31	63%
General - disagreement	Disagreement with proposal (e.g. unachievable)	4	8	16%
General - observation	More details about the proposal are required	6	5	10%
	Consider the need to implement proposal effectively	9	1	2%
	The service is not fast (e.g. remove word 'urgent')	9	1	2%
Service provision - disagreement	Concern over provision of services for children in the hub (e.g. should be separate from adult)	9	1	2%
	Concern that proposal will lead to the removal of existing services (e.g. Assertive Outreach services)	8	2	4%
Service provision - observation	Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care)	9	1	2%
	Consider provision support for carers of mental health patients	9	1	2%
Specific groups - observation	Consider the needs of vulnerable people (e.g. people with special educational needs, dementia, deaf people)	2	11	22%
	Ensure that service reflects the needs of LGBT+ community	9	1	2%
	Ensure that service reflects the needs of trans people	9	1	2%
Access - agreement	Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access)	4	8	16%
Access - disagreement	Concern over access to Glenfield Hospital (e.g. poor public transport, too far)	7	3	6%
Access - observation	Observation - Access - Consider the need to improve referral process (e.g. self or carer referrals, walk-in centre, drop in service, criteria for referrals)	8	2	4%
Cost and efficiency - agreement	Proposal will reduce pressure on other services (e.g. emergency services, hospitals)	9	1	2%
Cost and efficiency - disagreement	Concern over lack of capacity and resources to meet demand (e.g. lack of beds)	9	1	2%
Staff - observation	Ensure appropriate staffing (e.g. more staff, trained staff, BSL skills)	3	9	18%
Communication - observation	Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it)	5	6	12%
Quality of care - observation	Consider improving quality of mental health care (e.g. meet patient needs)	9	1	2%
Confidentiality - observation	Ensure confidentiality of services users	9	1	2%
COVID - observation	Consider the impact of COVID-19 on mental health	9	1	2%
Estate and facilities - observation	Consider improving facilities for patients at Bradgate Unit (e.g. patient-friendly, accommodation to stay, waiting area)	9	1	2%
	Neither agree nor disagree	9	1	2%
	Other	8	2	4%
Base			49	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Observation sub-theme: No observation sub-themes raised.
- Age (young people):
 - Disagreement sub-theme: Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (33% / 1)
 - Observation sub-theme: General - The service is not fast (e.g. remove word 'urgent') (33% / 1); Service provision - Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care) (33% / 1).
- Armed forces veterans:
 - Disagreement sub-theme: Cost and efficiency - Concern over lack of capacity and resources to meet demand (e.g. lack of beds) (50% / 1)
 - Observation sub-theme: No observation sub-themes raised.
- Carers:
 - Disagreement sub-theme: Service provision - Concern over provision of services for children in the hub (e.g. should be separate from adult) (8% / 1)
 - Observation sub-theme: General - More details about the proposal are required (25% / 3).
- Councillors:
 - No feedback provided.
- Ethnicity (not white British):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (100% / 4).
- Gender (women):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - Disagreement sub-theme: Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (33% / 1)
 - Observation sub-theme: No observation sub-themes raised.
- Homeless:
 - No feedback provided.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - Disagreement sub-theme: Service provision - Concern that proposal will lead to the removal of existing services (e.g. Assertive Outreach services) (29% / 2)
 - Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (29% / 2); General - More details about the proposal are required (29% / 2).
- Staff:
 - Disagreement sub-theme: No disagreement sub-themes raised

- Observation sub-theme: No observation sub-themes raised.

Geography

- Leicestershire:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Communication - Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it) (50% / 1).
- LLR:
 - Disagreement sub-theme: Service provision - Concern over provision of services for children in the hub (e.g. should be separate from adult) (7% / 1)
 - Observation sub-theme: General - More details about the proposal are required (20% / 3).
- Rutland:
 - Disagreement sub-theme: Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (25% / 1); Cost and efficiency - Concern over lack of capacity and resources to meet demand (e.g. lack of beds) (25% / 1)
 - Observation sub-theme: No observation sub-themes raised.

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.6.2.2 General feedback

Table 98 summarises the general feedback raised by event participants on the proposal for the Mental Health Urgent Care Hub.

Table 98. Mental Health Urgent Care Hub. Event general feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
General - observation	Comment about consultation (e.g. impact of COVID on process)	2	1	7%
	Consider changing the image of the Bradgate Unit	2	1	7%
	Further consultation about the proposal is required (e.g. with community based faith and self-help organisations)	2	1	7%
	More details about Mental Health Urgent Care Hub proposal are required	2	1	7%
Quality of care - observation	Consider the need to improve quality of care (e.g. holistic approach)	2	1	7%
	Consider the need to reduce the stigma of asking for mental health support (e.g. shame to come to a mental hospital)	2	1	7%
	Consider the need for preventive measures and early intervention	2	1	7%
Access - agreement	Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access)	2	1	7%
Access - observation	Service of Mental Health Urgent Care Hub should be available 24/7	2	1	7%
Cost and efficiency - agreement	Proposal will reduce pressure on other services (e.g. emergency services, hospitals)	2	1	7%
Cost and efficiency - observation	Consider the need to recognise and support voluntary mental health services provided in community	2	1	7%
Specific groups - observation	Consider improving mental health services for children and young people (e.g. waiting time, transition to adult services)	2	1	7%
	Consider the needs of deaf people	2	1	7%
Service provision - disagreement	Concern over lack of services for moderate mental health problems	2	1	7%
Communication - observation	Consider greater promotion of Mental Health Urgent Care Hub (e.g. don't know about it)	1	3	21%
Staff - observation	Ensure appropriate staffing (e.g. more staff, trained staff)	2	1	7%
Integration - observation	Consider improving integration between Mental Health Urgent Care Hub and other services (e.g. community services)	2	1	7%
	No comment (e.g. N/A_	2	1	7%
<i>Base</i>			14	

5.6.3 Mental Health Urgent Care Hub: correspondence

Table 99 summarises the sub-themes raised in the correspondence received on the proposal for the Mental Health Urgent Care Hub.

Across the main themes, two sub-themes were in agreement with the proposal, five sub-themes were in disagreement with the proposal and five sub-themes were observations.

Table 99. Correspondence feedback

Main theme	Sub-theme	Rank	Total		Stakeholder type					
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Member of Parliament
General - disagreement	Bradgate Mental Health Unit is not fit for purpose (e.g. has bad reputation, claustrophobic, should be shut down, patients will not go)	2	1	25%	-	-	1	-	-	-
General - observation	More details about the proposal are required	2	1	25%	-	-	1	-	-	-
	Consider changing the image of the Bradgate Unit (e.g. bad association)	2	1	25%	-	-	1	-	-	-
Cost and efficiency - agreement	Proposal will reduce pressure on other services (e.g. emergency services, hospitals)	2	1	25%	-	-	-	-	-	1
Cost and efficiency - disagreement	Concern over lack of capacity and resources to meet targets and demand (e.g. lack of hospital beds)	1	2	50%	-	-	1	-	-	1
Communication - observation	Consider the need for clear guidance and service specification	2	1	25%	-	-	1	-	-	-
	Consider improving communication with service users and their families (e.g. listen)	2	1	25%	-	-	1	-	-	-
Quality of care - disagreement	Bradgate Unit provided poor quality of services (e.g. unhelpful, designed to prevent hospital admissions)	2	1	25%	1	-	-	-	-	-
	Concern that Mental Health Urgent Care Hub will inappropriately prevent patients being admitted to hospital	2	1	25%	1	-	-	-	-	-
Access - agreement	Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access)	1	2	50%	-	-	1	-	-	1
Service provision - observation	Consider the need to increase number of hospital beds for mental health patients	2	1	25%	-	-	-	-	-	1
Staff - disagreement	Concern over staff attitude toward patients at Bradgate Unit	2	1	25%	1	-	-	-	-	-
Base			4		2		1			1

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from correspondence. For further details see communications and engagement section of this report.

5.7 Feedback on proposals for Improving the Acute Mental Health Liaison Service

This section presents feedback on the proposal on improving the Acute Mental Health Liaison Service. Feedback is presented from the questionnaire, followed by events and then correspondence.

5.7.1 Improving the Acute Mental Health Liaison Service: questionnaire

Respondents were asked the following questions:

- Q16. To what extent do you agree or disagree with these changes where 5 is strongly agree and 1 is strongly disagree?
- Q17. Please explain why?

5.7.1.1 Response to the question 16: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Tables 100 and 101 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 89% (3572) of all respondents agreed and 4% (143) disagreed with the proposal on improving the Acute Mental Health Liaison Service.

Table 100. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep., organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3572	89%	89%	84%	96%	92%	85%	88%	91%	89%	90%	85%
Neither agree nor disagree	287	7%	7%	10%	-	5%	8%	8%	4%	7%	6%	10%
Total disagree	143	4%	3%	5%	4%	3%	3%	3%	5%	4%	4%	4%
N/A	36	1%	1%	1%	-	-	4%	2%	-	0.4%	1%	2%
Base	4038		3270	464	24	75	136	1137	121	1053	1264	463

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 101. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3572	89%	88%	92%	86%	89%	90%	72%
Neither agree nor disagree	287	7%	7%	5%	9%	7%	6%	14%
Total disagree	143	4%	4%	2%	4%	3%	3%	11%
N/A	36	1%	1%	0.4%	1%	1%	1%	3%
Base	4038		1241	1151	1342	1162	2567	224

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- A significant proportion of patients and members of the public (89% / 2913) were in agreement with this proposal compared to NHS employees (84% / 391)
- A significant proportion of NHS employees (5% / 24) were in disagreement with this proposal compared to patients and members of the public (3% / 111).

Service user

- A significant proportion of non-service users (92% / 1057) were in agreement with this proposal compared to service users (88% / 1092)
- A significant proportion of service users (4% / 53) were in disagreement with this proposal compared to non-service users (2% / 27).

Carer

- There were no significant differences between sub-groups.

Geography

- There were no significant differences between sub-groups.

Index of multiple deprivation

- A significant proportion of respondents in the least deprived areas (90%) were in agreement with this proposal compared to respondents in the most deprived areas (87%).

Urban / rural

- A significant proportion of town respondents (91% / 459) were in agreement with this proposal compared to urban respondents (88% / 2453).

Age

- There were no significant differences between sub-groups.

Gender

- A significant proportion of female respondents (90% / 2758) were in agreement with this proposal compared to male respondents (86% / 644).

Race

- A significant proportion of respondents from mixed/multiple ethnic groups (93% / 68) were in agreement with this proposal compared to respondents from any other ethnic groups not listed (73% / 22)
- A significant proportion of white respondents (3% / 106) were in disagreement with this proposal compared to respondents from mixed/multiple ethnic groups (1% / 1)

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.7.1.2 Response to the question 17: Please explain why?

539 survey respondents provided additional comments on this proposal. Table 102 summarises the sub-themes raised by survey respondents on the proposal on improving the Acute Mental Health Liaison Service.

The main theme areas raised by survey respondents were: Quality of care, General, Access, Specific groups, Cost and efficiency, Communication, Service provision, Staff, Integration, Estate and facilities, COVID, Mental Health Urgent Care Hub.

Across the main themes, 10 sub-themes were in agreement with the proposal, 14 sub-themes were in disagreement with the proposal and 40 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (19% / 100)
2. Access - Proposal will improve access to appropriate mental health support (e.g. shorter waiting time, easy to access) (14% / 73)
3. Quality of care - Co-location of mental health services with emergency one will improve quality of care (3% / 18).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Specific groups - Concern over restricted access to the service for older adults (16% / 88)
2. General - A&E is not a suitable place for mental health patients (3% / 15)
3. Service provision - Concern that proposal will lead to removal of existing services (e.g. psycho oncology team, FOPAL) (2% / 12).

The top three observation sub-themes raised by survey respondents were:

1. Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (16% / 88)
2. Staff - Ensure appropriate staffing (e.g. staffing levels, skills mix, BSL skills) (7% / 38)
3. Access - Consider improving waiting time for response to patients (e.g. meet one-hour target, 24 hours is too long) (6% / 33).

Table 102. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Quality of care – agreement	Co-location of mental health services with emergency one will improve quality of care	9	18	3%	13	1	-	-	2
	Proposal will help improve patient's outcome (e.g. save lives)	14	11	2%	10	-	-	-	-
	Acute Mental Health Liaison provided good services	19	5	1%	4	-	-	-	-
Quality of care – disagreement	Acute Mental Health Liaison Service provided poor quality of care	18	6	1%	6	-	-	-	-
	Proposal will reduce quality of care (e.g. lost specialists skills)	23	1	0.2%	1	-	-	-	-
Quality of care - observation	Consider improving quality of mental health care (e.g. meet patient needs)	8	19	4%	17	-	-	-	1
	Consider improving mental health support provided by A&E and inpatient departments (e.g. no support provided)	13	12	2%	9	1	-	-	2
	Consider the need for continuous and consistent mental health support (e.g. follow-up care)	16	9	2%	9	-	-	-	-
	Consider the need for preventive measure and early intervention	20	4	1%	3	-	-	-	1
	Consider the need for safe discharge	20	4	1%	3	-	-	1	-
	Consider improving other mental health services first (e.g. CAMHS)	22	2	0.4%	1	1	-	-	-
	Ensure appropriate triage and navigation of patients	22	2	0.4%	2	-	-	-	-
	Consider stopping onward referrals to social care	23	1	0.2%	1	-	-	-	-
Leicester Royal Infirmary provided poor mental health support	23	1	0.2%	1	-	-	-	-	
General - agreement	Agreement with proposal	1	100	19%	76	9	-	2	7
General – disagreement	A&E is not a suitable place for mental health patients	12	15	3%	14	-	-	-	1
	Concern that targets are unachievable (e.g. two hours is more realistic)	21	3	1%	3	-	-	-	-
	The services is not needed	21	3	1%	2	1	-	-	-
	Disagreement with proposal	23	1	0.2%	1	-	-	-	-
	More details about proposal are required (e.g. where staff are based)	6	25	5%	20	5	-	-	-

General - observation	Consider the need to implement the proposal effectively (e.g. be transparent)	14	11	2%	9	1	-	-	1
	Further consultation about this proposal is required (e.g. take into account plans for the Mental Health Urgent Care Hub, ask frontline staff, service users)	19	5	1%	3	2	-	-	-
	Mental health needs to be treated the same as physical health	20	4	1%	4	-	-	-	-
	Comment about name of the service (e.g. too long)	22	2	0.4%	-	1	-	-	1
	Consider recommendations of The Independent Review of the Mental Health Act 1983	23	1	0.2%	1	-	-	-	-
Access - agreement	Proposal will improve access to appropriate mental health support (e.g. shorter waiting time, easy to access)	3	73	14%	66	1	-	-	4
Access - disagreement	Proposal disadvantages residents of the county (e.g. too centralised)	17	8	2%	7	1	-	-	-
	Concern that having the Mental Health Urgent Care Hub and services within A&E will cause confusion for patients and carer	23	1	0.2%	-	1	-	-	-
	The service should be based in mental health hospital	23	1	0.2%	1	-	-	-	-
Access - observation	Acute Mental Health Liaison Service should be available 24/7 for everyone	2	88	16%	72	9	1	3	2
	Consider improving waiting time for response to patients (e.g. meet one-hour target, 24 hours is too long)	5	33	6%	28	2	-	1	2
	Consider extending access to the service for other groups of patients (e.g. children, young people)	11	16	3%	15	1	-	-	-
	Ensure that service is accessible (e.g. for people who cannot travel, provision at home)	18	6	1%	5	1	-	-	-
	Patients in a ward should be seen within six hours	23	1	0.2%	1	-	-	-	-
Specific groups - agreement	Proposal will help to improve access to mental health support for people experiencing homelessness	23	1	0.2%	1	-	-	-	-
Specific groups - disagreement	Concern over restricted access to the service for older adults	2	88	16%	68	16	-	1	3
Specific groups - observation	Consider the needs of vulnerable patients (e.g. dementia, mobility problems, elderly, deaf people)	17	8	2%	5	2	-	1	-
	Consider the needs of children and young people in crisis	19	5	1%	4	1	-	-	-
	Consider the need for specialist team for older people	22	2	0.4%	-	2	-	-	-
	Ensure that service reflects the needs of diverse communities (e.g. languages, ward is multiculturally based, appropriate food)	22	2	0.4%	2	-	-	-	-
	Consider the needs of patients with schizophrenia and bipolar disorder	23	1	0.2%	1	-	-	-	-
Cost and efficiency – agreement	Proposal helps to reduce pressure on other services	20	4	1%	3	1	-	-	-
	Proposal helps to save money for NHS and patients	23	1	0.2%	1	-	-	-	-
Cost and efficiency - disagreement	Acute Mental Health Liaison Service overlap with existing services (e.g. Mental Health Urgent Care Hub, FOPALS)	18	6	1%	3	3	-	-	-
	Concern that services will be run by private companies	23	1	0.2%	1	-	-	-	-

Cost and efficiency - observation	More resources and fundings are required to improve healthcare services	19	5	1%	2	2	-	-	1
	Consider the need for evidence that this system is working	20	4	1%	2	1	-	1	-
	Ensure sufficient funding to implement proposal	22	2	0.4%	1	-	-	1	-
Communication - agreement	Proposal will help to improve communication between different teams	23	1	0.2%	1	-	-	-	-
Communication - observation	Consider greater promotion of Acute Mental Health Liaison Service (e.g. GP unaware)	10	17	3%	15	-	-	-	2
	Consider improving communication with patients and their families	21	3	1%	2	-	-	1	-
	Consider improving communication between staff (e.g. joint working)	22	2	0.4%	1	1	-	-	-
	Consider the need for clear guidance and service specifications	22	2	0.4%	1	-	-	1	-
Service provision - disagreement	Concern that proposal will lead to removal of existing services (e.g. psycho oncology team, FOPAL)	13	12	2%	5	6	-	-	1
Service provision - observation	Consider increased provision of mental health services (e.g. crisis services, local services)	20	4	1%	3	1	-	-	-
	Consider provision support for carers and families of mental health patients	23	1	0.2%	1	-	-	-	-
	Mental health patients require one-to-one support	23	1	0.2%	1	-	-	-	-
Staff - disagreement	Concern that proposal will increase staff workload (e.g. lead to reduction of staff)	21	3	1%	3	-	-	-	-
Staff - observation	Ensure appropriate staffing (e.g. staffing levels, skills mix, BSL skills)	4	38	7%	30	4	-	1	2
	Consider involving volunteers in running this service	23	1	0.2%	-	-	-	-	1
Integration - observation	Consider greater integration between mental health services and social services (e.g. housing, benefits)	19	5	1%	4	-	-	1	-
Estate and facilities - observation	Consider separate area for mental health patients in A&E	21	3	1%	3	-	-	-	-
COVID - agreement	Proposal will help to meet increased demand on mental health services due to pandemic	23	1	0.2%	-	-	-	-	1
Mental Health Urgent Care Hub – observation	Mental Health Urgent Care Hub provided good quality of care	23	1	0.2%	-	1	-	-	-
	No comment (e.g. N/A, unsure)	15	10	2%	6	1	-	-	-
	Other	7	21	4%	15	2	-	-	3
<i>Base</i>			539		432	54	1	10	28

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- NHS organisations:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Patient representative organisation, voluntary group or charities:
 - Observation sub-theme: Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (7% / 2); Staff - Ensure appropriate staffing (e.g. staffing levels, skills mix, BSL skills) (7% / 2); Access - Consider improving waiting time for response to patients (e.g. meet one-hour target, 24 hours is too long) (7% / 2); Communication - Consider greater promotion of Acute Mental Health Liaison Service (e.g. GP unaware) (7% / 2); Quality of care - Consider improving mental health support provided by A&E and inpatient departments (e.g. no support provided) (7% / 2).

Service user

- Service users:
 - Agreement sub-theme: Access - Proposal will improve access to appropriate mental health support (e.g. shorter waiting time, easy to access) (19% / 27).

Geography

- Respondents from Rutland County Council area:
 - Disagreement sub-theme: Access - Proposal disadvantages residents of the county (e.g. too centralised) (33% / 7)
 - Observation sub-theme: Access - Consider improving waiting time for response to patients (e.g. meet one-hour target, 24 hours is too long) (14% / 3).

Age

- 16 – 29:
 - Agreement sub-theme: Access - Proposal will improve access to appropriate mental health support (e.g. shorter waiting time, easy to access) (18% / 8).
- 70 and over:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing levels, skills mix, BSL skills) (13% / 5).

Gender

- Other (including non-binary and intersex)
 - Agreement sub-theme: General - Agreement with proposal (20% / 1); Access - Proposal will improve access to appropriate mental health support (e.g. shorter waiting time, easy to access) (20% / 1).

Ethnicity

- Asian/Asian British:
 - Agreement sub-theme: Access - Proposal will improve access to appropriate mental health support (e.g. shorter waiting time, easy to access) (23% / 10)
 - Observation sub-theme: Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (9% / 4); Staff - Ensure appropriate staffing (e.g. staffing levels, skills mix, BSL skills) (9% / 4).
- Black/Black British:
 - Observation sub-theme: Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (5% / 1); Access - Consider improving waiting time for response to patients (e.g. meet one-hour target, 24 hours is too long) (5% / 1)

- Mixed/Multiple ethnic groups:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (13% / 1); Staff - Ensure appropriate staffing (e.g. staffing levels, skills mix, BSL skills) (13% / 1); Quality of care - Consider improving mental health support provided by A&E and inpatient departments (e.g. no support provided) (13% / 1); Quality of care - Consider the need for continuous and consistent mental health support (e.g. follow-up care) (13% / 1); Service provision - Consider increased provision of mental health services (e.g. crisis services, local services) (13% / 1); Communication - Consider improving communication between staff (e.g. joint working) (13% / 1).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.7.2 Improving the Acute Mental Health Liaison Service: one-to-one interviews, focus groups and public events

Event participants were asked the following questions:

- Please tell us why do you agree or disagree with this proposal?
- General feedback.

5.7.2.1 Responses to question: Please tell us why do you agree or disagree with this proposal?

Table 103 summarises the sub-themes raised by event participants on the proposal to improve the Acute Mental Health Liaison Service in response to the question: Please tell us why do you agree or disagree with this proposal?

The main theme areas raised by event participants were: Access, General, Quality of care, Specific groups, Communication, Staff, Service provision, Cost and efficiency.

Across the main themes, two sub-themes were in agreement with the proposal, five sub-themes were in disagreement with the proposal and 15 sub-themes were observations.

The top two sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (61% / 23)
2. Quality of care - Co-location of mental health services with emergency one will improve quality of care (5% / 2).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. Specific groups - Concern over restricted access to the service for older adults (18% / 7)
2. General - Disagreement with proposal (16% / 6)
3. Access - Proposal disadvantages residents of the county (e.g. too centralised) (3% / 1); Quality of care - Proposal will reduce quality of care (e.g. lost specialist skills) (3% / 1); Specific group - Concern over lack of specialist service to support Deaf people in Leicester (3% / 1).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Consider the needs of vulnerable patients (e.g. dementia, mobility problems, elderly, deaf people) (29% / 11)
2. Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (18% / 7)
3. Staff - Ensure appropriate staffing (e.g. staffing levels, skills mix, BSL skills) (16% / 6).

Table 103. Please tell us why do you agree or disagree with this proposal?

Main theme	Sub-theme	Rank	Total	
			No.	%
Access - disagreement	Proposal disadvantages residents of the county (e.g. too centralised)	8	1	3%
Access - observation	Acute Mental Health Liaison Service should be available 24/7 for everyone	3	7	18%
	Consider extending access to the service for other groups of patients (e.g. children, young people)	7	2	5%
	Consider improving waiting time for response to patients (e.g. meet one-hour target, 24 hours is too long)	7	2	5%
	Ensure that service is accessible (e.g. for people who cannot travel, provision at home)	8	1	3%
General - agreement	Agreement with proposal	1	23	61%
General - disagreement	Disagreement with proposal	4	6	16%
General - observation	More details about proposal are required (e.g. where staff are based)	5	4	11%
	Consider the need to implement the proposal effectively (e.g. be transparent)	8	1	3%
	Mental health needs to be treated the same as physical health	8	1	3%
Quality of care - agreement	Co-location of mental health services with emergency one will improve quality of care	7	2	5%
Quality of care - disagreement	Proposal will reduce quality of care (e.g. lost specialists skills)	8	1	3%
Quality of care - observation	Consider improving mental health support provided by A&E and inpatient departments (e.g. no support provided)	8	1	3%
Specific groups - disagreement	Concern over restricted access to the service for older adults	3	7	18%
	Concern over lack of specialist service to support Deaf people in Leicester	8	1	3%
Specific groups - observation	Consider the needs of vulnerable patients (e.g. dementia, mobility problems, elderly, deaf people)	2	11	29%
Communication - observation	Consider greater promotion of Acute Mental Health Liaison Service (e.g. GP unaware)	7	2	5%
	Consider improving communication with patients and their families	8	1	3%
Staff - observation	Ensure appropriate staffing (e.g. staffing levels, skills mix, BSL skills)	4	6	16%
	Consider involving volunteers in running this service	8	1	3%
Service provision - observation	Consider increased provision of mental health services (e.g. crisis services, local services)	8	1	3%
Cost and efficiency - observation	Ensure sufficient funding to implement proposal	8	1	3%
	No comment (e.g. N/A, unsure)	6	3	8%
<i>Base</i>				38

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Age (young people):
 - Disagreement sub-theme: General - Disagreement with proposal (33% / 1); Quality of care - Proposal will reduce quality of care (e.g. lost specialists skills) (33% / 1)
 - Observation sub-theme: Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (67% / 2).
- Armed forces veterans:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Carers:
 - Observation sub-theme: Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (44% / 4).
- Councillors:
 - No feedback provided
- Disability:
 - Disagreement sub-theme: General - Disagreement with proposal (33% / 4).
- Ethnicity (not white British):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: General - More details about proposal are required (e.g. where staff are based) (67% / 2); Communication - Consider greater promotion of Acute Mental Health Liaison Service (e.g. GP unaware) (67% / 2).
- Gender (women):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - Disagreement sub-theme: Access - Proposal disadvantages residents of the county (e.g. too centralised) (50% / 1)
 - Observation sub-theme: Service provision - Consider increased provision of mental health services (e.g. crisis services, local services) (50% / 1).
- Homeless:
 - No feedback provided.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - Agreement - General - Agreement with proposal (33% / 1); Quality of care - Co-location of mental health services with emergency one will improve quality of care (33% / 1)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing levels, skills mix, BSL skills) (67% / 2); General - More details about proposal are required (e.g.

where staff are based) (67% / 2); Access - Consider improving waiting time for response to patients (e.g. meet one-hour target, 24 hours is too long) (67% / 2).

- Staff:
 - No feedback provided.

Geography

- Leicester:
 - Disagreement sub-theme: General - Disagreement with proposal (26% / 6).
- Leicestershire:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- LLR:
 - Observation sub-theme: Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (40% / 4).
- Rutland:
 - Disagreement sub-theme: Specific groups - Concern over restricted access to the service for older adults (25% / 1); Access - Proposal disadvantages residents of the county (e.g. too centralised) (25% / 1)
 - Observation sub-theme: Access - Consider extending access to the service for other groups of patients (e.g. children, young people) (25% / 1); Service provision - Consider increased provision of mental health services (e.g. crisis services, local services) (25% / 1).

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.7.2.2 General feedback

Table 104 summarises the general feedback raised by event participants on the proposal to improve the Acute Mental Health Liaison Service.

Table 104. Acute Mental Health Liaison Service. Event general feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
Specific groups - disagreement	Concern over restricted access to the service for older adults	2	1	9%
Specific groups - observation	Consider improving mental health services for children and young people (e.g. CAMHS too long to wait, transition to adult services)	2	1	9%
	Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities)	1	2	18%
	Ensure that the service reflects the needs of the diverse community (e.g. languages, culture)	2	1	9%
Access - agreement	Proposal will improve access to appropriate mental health support (e.g. shorter waiting time, easy to access)	2	1	9%
Access - observation	Consider extending access to the service for other groups of patients (e.g. children)	1	2	18%
Quality of care - observation	Consider improving quality of mental health care (e.g. meet patient needs, holistic approach)	2	1	9%
	Consider the need to reduce the stigma of asking for mental health support (e.g. shame to come to a mental hospital)	2	1	9%
Staff - observation	Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities)	2	1	9%
Education - observation	Consider the need to raise awareness about mental health issues (e.g. starting in school)	2	1	9%
	No comment (e.g. N/A)	2	1	9%
	Other	2	1	9%
<i>Base</i>			11	

5.7.3 Improving the Acute Mental Health Liaison Service: correspondence

Table 105 summarises the sub-themes raised in the correspondence received on the proposal to improve the Acute Mental Health Liaison Service.

Across the main themes, two sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and two sub-themes were observations.

Table 105. Correspondence feedback

Main theme	Sub-theme	Rank	Total		Stakeholder type					
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Member of Parliament
Access - agreement	Proposal will improve access to appropriate mental health support (e.g. shorter waiting time, easy to access)	2	1	33%	-	-	1	-	-	-
Access - observation	Acute Mental Health Liaison Service should be available 24/7 for everyone	2	1	33%	-	-	1	-	-	-
Quality of care - agreement	Proposal will help improve patient's outcome (e.g. save lives)	2	1	33%	-	-	1	-	-	-
Specific groups - disagreement	Concern over restricted access to the service for older adults	1	2	67%	-	-	1	-	1	-
Quality of care - disagreement	Proposal will reduce quality of care (e.g. lost specialists skills)	2	1	33%	-	-	-	-	-	1
Equality - disagreement	Concern that proposal will increase health inequalities	2	1	33%	-	-	-	-	-	1
General - observation	Data analysis is required to support this proposal	2	1	33%	-	-	-	-	-	1
<i>Base</i>			3				1		1	1

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from correspondence. For further details see communications and engagement section of this report.

5.8 Feedback on proposals for Joining up support for vulnerable groups

This section presents feedback on the proposal on joining up support for vulnerable groups. Feedback is presented from the questionnaire, followed by events and then correspondence.

5.8.1 Joining up support for vulnerable groups: questionnaire

Respondents were asked the following questions:

- Q18. To what extent do you agree or disagree with these changes where 5 is strongly agree and 1 is strongly disagree?
- Q19. Please explain why?

5.8.1.1 Response to the question 18: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Tables 106 and 107 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 72% (2904) of all respondents agreed and 9% (371) disagreed with the proposal on joining up support for vulnerable groups.

Table 106. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	2904	72%	72%	70%	92%	78%	72%	71%	73%	72%	74%	73%
Neither agree nor disagree	703	18%	18%	19%	4%	12%	15%	18%	18%	19%	16%	17%
Total disagree	371	9%	9%	10%	4%	10%	11%	11%	8%	9%	9%	8%
N/A	46	1%	1%	1%	-	-	2%	1%	1%	1%	1%	3%
Base	4024		3261	462	24	74	133	1136	120	1053	1259	456

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 107. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	2904	72%	70%	75%	71%	72%	73%	60%
Neither agree nor disagree	703	18%	19%	17%	18%	17%	17%	24%
Total disagree	371	9%	10%	8%	9%	10%	9%	14%
N/A	46	1%	1%	1%	2%	1%	1%	2%
Base	4024		1241	1146	1336	1153	2564	225

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- A significant proportion of NHS organisation respondents (92% / 22) were in agreement with this proposal compared to NHS employees (70% / 323).

Service user

- A significant proportion of non-service users (75% / 854) were in agreement with this proposal compared to service users (70% / 872).

Carer

- There were no significant differences between sub-groups.

Geography

- A significant proportion of respondents from Leicestershire North and West (74% / 931) were in agreement with this proposal compared to respondents from the Leicester City Council area (71% / 801)
- A significant proportion of respondents from the Leicester City Council area (11% / 123) were in disagreement with this proposal compared to respondents from Leicestershire South and East (9% / 90).

Index of multiple deprivation

- There were no significant differences between sub-groups.

Urban / rural

- There were no significant differences between sub-groups.

Age

- A significant proportion of respondents aged 50-69 (75% / 1138) were in agreement with this proposal compared to respondents aged 16-29 (69% / 355)
- A significant proportion of respondents aged 16-29 (12% / 63) were in disagreement with this proposal compared to respondents aged 50-69 (7% / 111).

Gender

- A significant proportion of female respondents (74% / 2254) were in agreement with this proposal compared to respondents who selected other (48% / 21)
- A significant proportion of respondents who selected other (23% / 10) were in disagreement with this proposal compared to female respondents (8% / 249).

Race

- A significant proportion of Asian/Asian British respondents (82% / 275) were in agreement with this proposal compared to white respondents (72% / 2296).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.8.1.2 Response to the question 19: Please explain why?

616 survey respondents provided additional comments on this proposal. Table 108 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: General, Service provision, Cost and efficiency, Quality of care, Specific groups, Access, Staff, Communication, Collaboration, Integration, Confidentiality.

Across the main themes, four sub-themes were in agreement with the proposal, 12 sub-themes were in disagreement with the proposal and 33 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (15% / 90)
2. Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (11% / 66)
3. Cost and efficiency - Proposal will improve service efficiency (e.g. less duplication) (5% / 29).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Quality of care - Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs) (26% / 162)
2. Staff - Concern over staff reduction due to merger of the services (e.g. increase staff workload) (10% / 64)
3. General - Concern over merging services for vulnerable people with criminal justice service (e.g. homeless people are not criminals) (10% / 60).

The top three observation sub-themes raised by survey respondents were:

1. General - More details are required to comment on this question (8% / 49)
2. Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (5% / 28)
3. Collaboration - Ensure effective collaboration of these teams (4% / 26); Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (4% / 26).

Table 108. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
General – agreement	Agreement with proposal	2	90	15%	66	12	-	4	3
General - disagreement	Concern over merging services for vulnerable people with criminal justice service (e.g. homeless people are not criminals)	5	60	10%	46	11	-	1	1
	Proposal will increase stigma of asking about support	13	19	3%	14	4	-	1	-
	Disagreement with proposal	18	6	1%	5	1	-	-	-
	These teams work well separately	22	2	0.3%	2	-	-	-	-
	The homeless service in Leicester works well and no improvements are required	23	1	0.2%	1	-	-	-	-
General – observation	More details are required to comment on this question	6	49	8%	40	7	-	1	1
	Consider the need to implement proposal effectively	15	11	2%	7	2	-	-	1
	Comment about the survey	23	1	0.2%	-	1	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	23	1	0.2%	1	-	-	-	-
Cost and efficiency - agreement	Proposal will improve service efficiency (e.g. less duplication)	9	29	5%	26	1	-	1	-
Cost and efficiency - disagreement	Concern that proposal is a cost-cutting exercise	7	42	7%	36	5	-	1	-
	Disagreement - Cost and efficiency - Proposal is not good use of NHS money	20	4	1%	4	-	-	-	-
Cost and efficiency - observation	Ensure sufficient capacity and resources to implement proposal	15	11	2%	8	2	-	-	-
	Consider increased funding for each team instead of merging them	16	8	1%	8	-	-	-	-
	Proposal will help to prevent crime	22	2	0.3%	1	-	-	-	-
	Ensure appropriate use of this service	23	1	0.2%	1	-	-	-	-
Service provision - disagreement	Concern that proposal will lead to removal of existing services	19	5	1%	4	-	-	-	1
Service provision - observation	Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough)	10	28	5%	21	3	-	3	1
	Consider provision of services for children and young people who leave home	22	2	0.3%	-	2	-	-	-

	Other service for vulnerable groups should be part of this joint service (e.g. children and young people, migrants)	22	2	0.3%	2	-	-	-	-
	Consider provision of one-to-one support	23	1	0.2%	1	-	-	-	-
	Homeless service should be moved into primary care	23	1	0.2%	-	1	-	-	-
	People experiencing homelessness need permanent homes not these services	23	1	0.2%	1	-	-	-	-
Specific groups - observation	Consider the needs of other vulnerable groups (e.g. military veterans, people with gambling problems, victims of domestic abuse)	16	8	1%	6	1	-	-	1
	Consider the needs of service users with learning disabilities and autism	20	4	1%	3	1	-	-	-
	Consider the needs of people with complex mental health needs	21	3	1%	1	1	1	-	-
	Consider improving mental health services for children and young people	22	2	0.3%	-	2	-	-	-
	Ensure that service reflects the needs of BAME communities	23	1	0.2%	1	-	-	-	-
	Ensure that service reflects the needs of LGBTQ community	23	1	0.2%	-	-	-	1	-
Quality of care - agreement	Proposal will improve quality of services for vulnerable groups (e.g. coherent service)	12	23	4%	15	5	-	1	2
Quality of care - disagreement	Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs)	1	162	26%	122	23	1	4	10
Quality of care - observation	Consider the need for continuous and consistent support for vulnerable groups (e.g. monitor former homeless people, probation service users)	15	11	2%	8	1	-	2	-
	Consider improving other mental health services (e.g. PTSD, autism)	17	7	1%	5	-	-	-	2
	Consider the need for prevention and early intervention	19	5	%	2	2	-	1	-
	Assertive Outreach services provided good quality of care	23	1	0.2%	1	-	-	-	-
Access - agreement	Proposal improves access to support for vulnerable groups (e.g. easier pathway)	3	66	11%	54	5	-	3	4
Access - disagreement	Concern that merged service will exclude some service users (e.g. asylum seekers and migrants)	15	11	2%	6	2	-	2	1
	Concern that proposal will reduce access to support (e.g. increase waiting time, create confusion)	22	2	0.3%	1	1	-	-	-
Access - observation	Service should be easy to access for people experiencing homelessness	22	2	0.3%	1	1	-	-	-
	The service should be available 24/7	23	1	0.2%	1	-	-	-	-
Staff - disagreement	Concern over staff reduction due to merger of the services (e.g. increase staff workload)	4	64	10%	56	7	-	-	1
Staff - observation	Ensure appropriate staffing (e.g. trained staff, staffing levels)	11	26	4%	19	5	-	1	-
	Consider the need for substance misuse workers within the staffing group	21	3	1%	2	1	-	-	-
Communication - observation	Consider the wider publicity of this service	23	1	0.2%	1	-	-	-	-
	Ensure appropriate communication with service users	23	1	0.2%	1	-	-	-	-
Collaboration - observation	Ensure effective collaboration of these teams	11	26	4%	22	3	1	-	-
Integration - observation	Consider greater integration between support for vulnerable groups and other services (e.g. housing, social care, substance misuse, ambulance)	13	19	3%	10	5	-	4	-

Confidentiality - observation	Ensure confidentiality of service users (e.g. safe space)	23	1	0.2%	1	-	-	-	-
	Unsure (e.g. don't know, N/A)	8	38	6%	30	2	-	1	1
	Other	14	15	2%	13	-	-	-	1
<i>Base</i>			616		479	71	3	20	27

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- NHS organisations:
 - Agreement sub-theme: No agreement sub-themes raised
 - Observation sub-theme: Collaboration - Ensure effective collaboration of these teams (33% / 1); Specific groups - Consider the needs of people with complex mental health needs (33% / 1).
- Other public sector organisation:
 - Observation sub-theme: Integration - Consider greater integration between support for vulnerable groups and other services (e.g. housing, social care, substance misuse, ambulance) (20% / 4).
- Patient representative organisation, voluntary group or charities:
 - Agreement sub-theme: Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (15% / 4)
 - Observation sub-theme: Quality of care - Consider improving other mental health services (e.g. PTSD, autism) (7% / 2).

Service user

- Service users:
 - Agreement sub-theme: General - Agreement with proposal (12% / 18); Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (12% / 18).

Geography

- Respondents from Rutland County Council area:
 - Observation sub-theme: Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (17% / 3).
- Respondents from Leicestershire North and West:
 - Observation sub-theme: Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (7% / 13).

Urban / rural

- Town:
 - Observation sub-theme: General - More details are required to comment on this question (10% / 6); Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (10% / 6).

Age

- 70 and over:
 - Observation sub-theme: General - More details are required to comment on this question (14% / 5); Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (14% / 5).

Gender

- Other (including non-binary and intersex)
 - Agreement sub-theme: No agreement sub-themes raised.

Ethnicity

- Asian/Asian British:
 - Agreement sub-theme: Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (14% / 6).
- Black/Black British:

- Agreement sub-theme: Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (24% / 5)
- Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs) (5% / 1); Staff - Concern over staff reduction due to merger of the services (e.g. increase staff workload) (5% / 1); Access - Concern that merged service will exclude some service users (e.g. asylum seekers and migrants) (5% / 1).
- Mixed/Multiple ethnic groups:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs) (14% / 2); Staff - Concern over staff reduction due to merger of the services (e.g. increase staff workload) (14% / 2); General - Proposal will increase stigma of asking about support (14% / 2)
 - Observation sub-theme: No observation sub-themes raised.
- Any other ethnic group
 - Agreement sub-theme: General - Agreement with proposal (11% / 1); Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (11% / 1)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (22% / 2).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.8.2 Joining up support for vulnerable groups: one-to-one interviews, focus groups and public events

Event participants were asked the following question:

- Please tell us why do you agree or disagree with this proposal?
- General feedback.

5.8.2.1 Responses to question: Please tell us why do you agree or disagree with this proposal?

Table 109 summarises the sub-themes raised by event participants on the proposal to join up support for vulnerable groups in response to the question: Please tell us why do you agree or disagree with this proposal?

The main theme areas raised by event participants were: General, Access, Cost and efficiency, Quality of care, Service provision, Staff, Specific groups, Integration.

Across the main themes, four sub-themes were in agreement with the proposal, eight sub-themes were in disagreement with the proposal and four sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (40% / 19)
2. Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (9% / 4); Quality of care - Proposal will improve quality of services for vulnerable groups (e.g. coherent service) (9% / 4)
3. Cost and efficiency - Proposal will improve service efficiency (e.g. less duplication) (6% / 3).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. Quality of care - Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs) (23% / 11)
2. General - Disagreement with proposal (21% / 10)
3. Specific groups - Ensure that service reflects the needs of deaf people (13% / 6).

The top three observation sub-themes raised by event participants were:

1. General - More details are required to comment on this question (9% / 4)
2. Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (6% / 3)
3. Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (4% / 2).

Table 109. Please tell us why do you agree or disagree with this proposal?

Main theme	Sub-theme	Rank	Total	
			No.	%
General - agreement	Agreement with proposal	1	19	40%
General - disagreement	Disagreement with proposal	3	10	21%
	These teams work well separately	8	1	2%
General - observation	More details are required to comment on this question	5	4	9%
Access - agreement	Proposal improves access to support for vulnerable groups (e.g. easier pathway)	5	4	9%
Access - disagreement	Concern that merged service will exclude some service users (e.g. asylum seekers and migrants)	8	1	2%
Cost and efficiency - agreement	Proposal will improve service efficiency (e.g. less duplication)	6	3	6%
Cost and efficiency - disagreement	Proposal is not good use of NHS money	8	1	2%
Quality of care - agreement	Proposal will improve quality of services for vulnerable groups (e.g. coherent service)	5	4	9%
Quality of care - disagreement	Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs)	2	11	23%
Service provision - disagreement	Concern that proposal will lead to removal of existing services	8	1	2%
Service provision - observation	Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough)	6	3	6%
Staff - disagreement	Concern over staff reduction due to merger of the services (e.g. increase staff workload)	5	4	9%
Staff - observation	Ensure appropriate staffing (e.g. trained staff, staffing levels)	7	2	4%
Specific groups - disagreement	Ensure that service reflects the needs of deaf people	4	6	13%
Integration - observation	Consider greater integration between support for vulnerable groups and other services (e.g. housing, social care, substance misuse, ambulance)	8	1	2%
	Unsure (e.g. don't know, N/A)	5	4	9%
	Other	6	3	6%
<i>Base</i>			47	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised
- Age (young people):
 - Disagreement sub-theme: Staff - Concern over staff reduction due to merger of the services (e.g. increase staff workload) (67% / 2)
 - Observation sub-theme: No observation sub-themes raised.
- Armed forces veterans:
 - Agreement sub-theme: General - Agreement with proposal (50% / 1); Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (50% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: General - More details are required to comment on this question (50% / 1); Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (50% / 1).
- Carers:
 - Disagreement sub-theme: Staff - Concern over staff reduction due to merger of the services (e.g. increase staff workload) (11% / 1); Service provision - Concern that proposal will lead to removal of existing services (11% / 1)
 - Observation sub-theme: General - More details are required to comment on this question (11% / 1); Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (11% / 1); Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (11% / 1); Integration - Consider greater integration between support for vulnerable groups and other services (e.g. housing, social care, substance misuse, ambulance) (11% / 1).
- Councillors:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Disability:
 - Disagreement sub-theme: General - Disagreement with proposal (73% / 8)
 - Observation sub-theme: General - More details are required to comment on this question (9% / 1); Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (9% / 1).
- Ethnicity (not white British):
 - Agreement sub-theme: Quality of care - Proposal will improve quality of services for vulnerable groups (e.g. coherent service) (50% / 4)
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Gender (women):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - Agreement sub-theme: No agreement sub-themes raised
 - Observation sub-theme: Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (33% / 1).

- Homeless:
 - No feedback provided.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - Agreement sub-theme: General - Agreement with proposal (25% / 1); Cost and efficiency - Proposal will improve service efficiency (e.g. less duplication) (25% / 1)
 - Observation sub-theme: No observation sub-themes raised.
- Staff:
 - No feedback provided.

Geography

- Leicester:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs) (39% / 9); General - Disagreement with proposal (39% / 9)
 - Observation sub-theme: General - More details are required to comment on this question (4% / 1); Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (4% / 1).
- Leicestershire:
 - Agreement sub-theme: Quality of care - Proposal will improve quality of services for vulnerable groups (e.g. coherent service) (75% / 3)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Rutland:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (25% / 1).

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.8.2.2 General feedback

Table 110 summarises the general feedback raised by event participants on the proposal to join up support for vulnerable groups.

Table 110. Join up support for vulnerable groups. Event general feedback

Main theme	Sub-theme	Rank	Total	
			No.	%
Specific groups - observation	Consider improving mental health services for children and young people	3	1	7%
	Consider the needs of farming community	3	1	7%
	Consider the needs of service users with learning disabilities and autism	3	1	7%
	Consider the needs of vulnerable patients (e.g. elderly)	3	1	7%
	Consider the needs to improve mental health support for males	3	1	7%
Quality of care - agreement	Proposal will improve quality of services for vulnerable groups (e.g. coherent service)	3	1	7%
Quality of care - disagreement	Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs)	3	1	7%
Quality of care - observation	Consider the need for continuous and consistent mental health support (e.g. follow-up care)	2	2	14%
Access - agreement	Proposal improves access to support for vulnerable groups (e.g. easier pathway)	2	2	14%
Access - disagreement	Concern that merged service will exclude some service users (e.g. asylum seekers and migrants)	3	1	7%
Integration - observation	Consider greater integration between support for vulnerable groups and other services (e.g. VCSE, diverse communities)	1	3	21%
	Consider greater integration between mental health services and social services (e.g. volunteer organisations)	3	1	7%
Service provision - observation	Consider the need for support groups (e.g. peer support, social centres)	3	1	7%
Communication - observation	Utilise different channels of communication to interact with service users (e.g. social media)	3	1	7%
General - observation	More details are required to comment on this question (e.g. definition of vulnerable groups)	3	1	7%
	No comment (e.g. N/A)	2	2	14%
	Other	3	1	7%
<i>Base</i>			14	

5.8.3 Joining up support for vulnerable groups: correspondence

Table 111 summarises the sub-themes raised in the correspondence received on the proposal to join up support for vulnerable groups.

Across the main themes, three sub-themes were in agreement with the proposal, one sub-theme was in disagreement with the proposal and three sub-themes were observations.

Table 111. Correspondence feedback

Main theme	Sub-theme	Rank	Total		Stakeholder type					
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Member of Parliament
Quality of care - agreement	Proposal will improve quality of services for vulnerable groups (e.g. coherent service)	2	1	33%	-	-	1	-	-	-
Quality of care - disagreement	Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs)	1	2	67%	1	-	1	-	-	-
Access - agreement	Proposal improves access to support for vulnerable groups (e.g. easier pathway)	2	1	33%	-	-	1	-	-	-
Cost and efficiency - agreement	Proposal will improve service efficiency (e.g. less duplication)	2	1	33%	-	-	1	-	-	-
General - observation	More details are required to comment on this question	2	1	33%	-	-	1	-	-	-
Service provision - observation	Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough)	2	1	33%	-	-	1	-	-	-
Staff - observation	Ensure appropriate staffing (e.g. trained staff, staffing levels)	2	1	33%	-	-	1	-	-	-
<i>Base</i>			3		1		2			

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from correspondence. For further details see communications and engagement section of this report.

5.8.4 Joining up support for vulnerable groups: New ideas suggested outside of the proposal

The table below shows the additional ideas raised by survey respondents, event participants and the correspondence received.

Table 112. Additional ideas

Main theme	Sub-theme	Total	Channel		
		No.	Survey	Events	Correspondence
Service provision	Consider provision of services for children and young people who leave home	2	2	-	-
<i>Base</i>		3-616	616	14-47	3

5.9 Feedback on proposals for Working with the community to provide more mental health services locally

This section presents feedback on the proposal on working with the community to provide more mental health services locally. Feedback is presented from the questionnaire, followed by events and then correspondence.

5.9.1 Working with the community to provide more mental health services locally: questionnaire

Respondents were asked the following questions:

- Q20a To what extent do you agree or disagree with these changes: Create eight teams each based in a local area to support adult's mental health needs
- Q21a Please tell us why
- Q20b To what extent do you agree or disagree with these changes: Offer a wider range of therapies for people with personality disorders
- Q21b Please tell us why
- Q20c To what extent do you agree or disagree with these changes: Increase access to perinatal services that support women with moderate to severe perinatal mental health difficulties.
- Q21c Please tell us why
- Q20d To what extent do you agree or disagree with these changes: Develop a new maternal outreach service
- Q21d Please tell us why
- Q20e To what extent do you agree or disagree with these changes: Improve assessment for people who may need Psychosis Intervention and Early Recovery service
- Q21e Please tell us why

- Q20f To what extent do you agree or disagree with these changes: Improve the Memory Service by offering online consultations
- Q21f Please tell us why
- Q20g To what extent do you agree or disagree with these changes: Provide community rehabilitation support
- Q21g Please tell us why

5.9.1.1 Response to the question 20a: To what extent do you agree or disagree with these changes: Create eight teams each based in a local area to support adult’s mental health needs

Tables 113 and 114 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 89% (3532) of all respondents agreed and 3% (114) disagreed with the proposal.

Table 113. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3532	89%	90%	81%	100%	92%	87%	88%	92%	89%	91%	84%
Neither agree nor disagree	300	8%	7%	12%	-	7%	7%	8%	7%	9%	6%	9%
Total disagree	114	3%	2%	6%	-	-	3%	3%	2%	3%	2%	5%
N/A	25	1%	1%	0.4%	-	1%	3%	1%	-	0.3%	0.2%	2%
<i>Base</i>	<i>3971</i>		<i>3211</i>	<i>464</i>	<i>25</i>	<i>74</i>	<i>130</i>	<i>1119</i>	<i>122</i>	<i>1038</i>	<i>1244</i>	<i>448</i>

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 114. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3532	89%	90%	89%	88%	90%	90%	75%
Neither agree nor disagree	300	8%	7%	8%	9%	7%	7%	18%
Total disagree	114	3%	3%	3%	3%	3%	2%	5%
N/A	25	1%	1%	0.2%	1%	0.4%	1%	2%
Base	3971		1220	1131	1324	1141	2528	221

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- A significant proportion of NHS organisation respondents (100% / 25) were in agreement with this proposal compared to NHS employees (81% / 377)
- A significant proportion of NHS employees (6% / 28) were in disagreement with this proposal compared to NHS organisation representatives (0% / 0).

Service user

- There were no significant differences between sub-groups.

Carer

- There were no significant differences between sub-groups.

Geography

- A significant proportion of respondents from Leicestershire North and West (91% / 1137) were in agreement with this proposal compared to respondents from the Leicester City Council area (88% / 986).

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- There were no significant differences between sub-groups.

Urban / rural

- A significant proportion of town respondents (93% / 470) were in agreement with this proposal compared to urban respondents (89% / 2425).

Age

- A significant proportion of respondents aged 70 and over (93% / 208) were in agreement with this proposal compared to respondents aged 50-69 (90% / 1341).

Gender

- A significant proportion of female respondents (91% / 2742) were in agreement with this proposal compared to male respondents (86% / 627)
- A significant proportion of male respondents (4% / 30) were in disagreement with this proposal compared to female respondents (2% / 70).

Race

- A significant proportion of white respondents (91% / 2848) were in agreement with this proposal compared to respondents from other ethnicities not listed (76% / 22).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.2 Response to the question 21a: Please explain why?

369 survey respondents provided additional comments on this proposal. Table 115 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Quality of care, General, Service provision, Cost and efficiency, Access, Specific groups, Staff, Integration, Capacity, Communication, COVID, Estate and facilities.

Across the main themes, eight sub-themes were in agreement with the proposal, nine sub-themes were in disagreement with the proposal and 32 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (19% / 71)
2. Access - Proposal improves access to mental health support locally (15% / 56)
3. Quality of care - Proposal will improve quality of care for old people (5% / 18).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Service provision - Concern over the removal of existing services (e.g. Assertive Outreach services, MH Integrated Team) (12% / 44)
2. Quality of care - Proposal will have a negative impact on patients of Assertive Outreach services (e.g. psychotic illness) (6% / 22)
3. Quality of care - Proposal will have a negative impact on quality of care (e.g. inconsistency, lose specialisms) (4% / 13).

The top three observation sub-themes raised by survey respondents were:

1. General - More details about proposal are required (e.g. capacity, type of support) (12% / 43)
2. Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (10% / 37)
3. Integration - Ensure effective collaboration of these teams (10% / 35); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (10% / 35).

Table 115. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Quality of care – agreement	Proposal will improve quality of care for old people	9	18	5%	14	1	-	-	2
	Proposal helps to improve patient outcomes (e.g. save lives)	15	11	3%	9	-	-	-	1
Quality of care - disagreement	Proposal will have a negative impact on patients of Assertive Outreach services (e.g. psychotic illness)	7	22	6%	8	12	-	-	1
	Proposal will have a negative impact on quality of care (e.g. inconsistency, lose specialisms)	13	13	4%	5	7	-	-	1
Quality of care - observation	Consider the need for continuous and consistent mental health support (e.g. ongoing support)	6	35	10%	24	5	-	1	3
	Consider improving quality of mental health care (e.g. meet patient needs, holistic approach)	17	9	2%	8	1	-	-	-
	Consider the need to reduce the stigma of asking for mental health support	20	6	2%	4	1	-	-	1
	Consider the need for preventive measures and early intervention	23	3	1%	2	-	-	-	1
General - agreement	Agreement with proposal	1	71	19%	58	4	-	3	2
General - disagreement	Eight teams is too many	16	10	3%	-	-	8	-	-
	Disagreement with the proposal	24	2	1%	2	-	-	-	-
General - observation	More details about proposal are required (e.g. capacity, type of support)	4	43	12%	32	8	1	-	2
	Consider the need to implement proposal effectively	21	5	1%	1	4	-	-	-
	Further consultation about the proposal is required (e.g. staff opinion)	23	3	1%	1	2	-	-	-
	Comment about survey	25	1	0.3%	1	-	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	25	1	0.3%	1	-	-	-	-
Service provision - disagreement	Concern over the removal of existing services (e.g. Assertive Outreach services, MH Integrated Team)	3	44	12%	25	14	-	-	2
Service provision - observation	More than eight teams are required (e.g. in rural area)	20	6	2%	3	-	3	-	-
	Consider provision of drugs and alcohol services by these teams	25	1	0.3%	1	-	-	-	-
	Consider provision of mental health services in Leicester General Hospital	25	1	0.3%	1	-	-	-	-

	Consider provision of support for carers and family of mental health patients	25	1	0.3%	1	-	-	-	-
	Consider the need for a mother and baby unit in Leicester	25	1	0.3%	1	-	-	-	-
	More support is needed for severe depression and chronic anxiety	25	1	0.3%	1	-	-	-	-
Cost and efficiency - agreement	Proposal will improve service efficiency	11	15	4%	12	1	-	-	-
	Proposal helps to reduce pressure on other services (e.g. hospitals)	24	2	1%	2	-	-	-	-
	Proposal will save patients money (e.g. travel cost)	25	1	0.3%	1	-	-	-	-
Cost and efficiency - disagreement	Proposal is not good use of NHS money (e.g. increase cost)	24	2	1%	2	-	-	-	-
	Proposal is about saving money, not improving quality of mental health care	25	1	0.3%	1	-	-	-	-
Cost and efficiency - observation	Ensure there is sufficient funding and resources to make these changes	17	9	2%	6	2	-	1	-
	Ensure that staff are spread across eight teams according to demand of areas	24	2	1%	2	-	-	-	-
Access - agreement	Proposal improves access to mental health support locally	2	56	15%	50	3	1	-	2
	Proposal reduces waiting time for mental health support	20	6	2%	4	2	-	-	-
Access - disagreement	Concern over ineffective referral process provided by Central Access Point (e.g. too slow, allow online referral)	23	3	1%	2	1	-	-	-
Access - observation	Consider improving waiting times for mental health support	10	16	4%	11	4	-	-	1
	Ensure equal access to these teams (e.g. no postcode lottery)	12	14	4%	6	5	1	1	1
	Consider extending working hours of these teams (e.g. out of hours, 24/7)	14	12	3%	10	2	-	-	-
Specific groups - observation	Ensure the teams reflect the needs of vulnerable patients (e.g. elderly people)	8	21	6%	15	5	-	-	1
	Consider improving mental health services for children and young people	17	9	2%	7	-	-	1	1
	Ensure that teams reflect the needs of patients with specific health conditions (e.g. eating disorders, complex physical health problems)	17	9	2%	7	2	-	-	-
	Ensure that local teams reflect the needs of the diverse community	19	7	2%	4	3	-	-	-
	Consider provision of services for war veterans	24	2	1%	2	-	-	-	-
Staff - observation	Ensure appropriate staffing (e.g. staffing levels, trained staff)	5	37	10%	26	10	-	1	-
	Consider the need for more support workers	24	2	1%	2	-	-	-	-
Integration - observation	Ensure effective collaboration of these teams	6	35	10%	20	10	1	-	1
	Consider the need to improve integration between these teams and other services (e.g. GP)	18	8	2%	3	4	-	1	-
Capacity – disagreement	Concern over lack of capacity to support these teams (e.g. long-term funding)	15	11	3%	7	4	-	-	-
Communication - observation	Consider improving communication with service users	20	6	2%	5	1	-	-	-
COVID - observation	Consider the impact of COVID-19 on mental health	22	4	1%	3	1	-	-	-
Estate and facilities - observation	Ensure adequate space and facilities for staff	25	1	0.3%	-	1	-	-	-
	No comment (e.g. as above, N/A)	21	5	1%	3	-	-	-	1
	Unsure (e.g. don't know)	23	3	1%	1	2	-	-	-
	Other	16	10	3%	7	1	-	-	2
<i>Base</i>			369		266	52	13	7	16

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Individual NHS employees:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (19% / 10); Integration - Ensure effective collaboration of these teams (19% / 10).
- NHS organisations:
 - Agreement sub-theme: Access - Proposal improves access to mental health support locally (8% / 1)
 - Disagreement sub-theme: General - Eight teams is too many (62% / 8)
 - Observation sub-theme: Service provision - More than eight teams are required (e.g. in rural area) (23% / 3).
- Other public sector organisation:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (14% / 1); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (14% / 1); Access - Ensure equal access to these teams (e.g. no postcode lottery) (14% / 1); Cost and efficiency - Ensure there is sufficient funding and resources to make these changes (14% / 1); Specific groups - Consider improving mental health services for children and young people (14% / 1); Integration - Consider the need to improve integration between these teams and other services (e.g. GP) (14% / 1).
- Patient representative organisation, voluntary group or charities:
 - Agreement sub-theme: General - Agreement with proposal (2% / 13); Access - Proposal improves access to mental health support locally (13% / 2); Quality of care - Proposal will improve quality of care for old people (13% / 2)
 - Observation sub-theme: Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (19% / 3).

Service user

- Service users:
 - Agreement sub-theme: Access - Proposal improves access to mental health support locally (18% / 14).
- Non-service users:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (23% / 16).

Carer

- Non-carers:
 - Observation sub-theme: Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (10% / 21).

Geography

- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (18% / 2); Access - Proposal improves access to mental health support locally (18% / 2)

- Disagreement sub-theme: Quality of care - Proposal will have a negative impact on patients of Assertive Outreach services (e.g. psychotic illness) (9% / 1); General - Disagreement with the proposal (9% / 1); Cost and efficiency - Proposal is not good use of NHS money (e.g. increase cost) (9% / 1)
- Observation sub-theme: General - More details about proposal are required (e.g. capacity, type of support) (9% / 1); Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (9% / 1); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (9% / 1); Access - Consider improving waiting times for mental health support (9% / 1); Specific groups - Ensure that teams reflect the needs of patients with specific health conditions (e.g. eating disorders, complex physical health problems) (9% / 1); Specific groups - Ensure that local teams reflect the needs of the diverse community (9% / 1).
- Respondents from Leicestershire South and East:
 - Agreement sub-theme: Access - Proposal improves access to mental health support locally (21% / 18)
 - Observation sub-theme: Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (12% / 10).
- Respondents from Leicestershire North and West:
 - Agreement sub-theme: General - Agreement with proposal (16% / 15); Access - Proposal improves access to mental health support locally (16% / 15).

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- Respondents from the least deprived areas:
 - Agreement sub-theme: General - Agreement with proposal (17% / 28); Access - Proposal improves access to mental health support locally (17% / 28)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (13% / 22)

Urban / rural

- Town:
 - Observation sub-theme: General - More details about proposal are required (e.g. capacity, type of support) (15% / 5); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (15% / 5).
- Village / hamlet:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (10% / 4).

Age

- 30 – 49:
 - Observation sub-theme: Integration - Ensure effective collaboration of these teams (12% / 13).
- 50 – 69:
 - Agreement sub-theme: Access - Proposal improves access to mental health support locally (23% / 36).
- 70 and over:
 - Disagreement theme: Capacity - Concern over lack of capacity to support these teams (e.g. long-term funding) (8% / 2).

Gender

- Male:
 - Observation sub-theme: Integration - Ensure effective collaboration of these teams (11% / 10).
- Female:
 - Observation sub-theme: Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (13% / 31).
- Other (including non-binary and intersex)
 - Agreement sub-theme: Access - Proposal improves access to mental health support locally (3% / 60)
 - Disagreement sub-theme: Service provision - Concern over the removal of existing services (e.g. Assertive Outreach services, MH Integrated Team) (20% / 1); Quality of care - Proposal will have a negative impact on quality of care (e.g. inconsistency, lose specialisms) (20% / 1)
 - Observation sub-theme: General - More details about proposal are required (e.g. capacity, type of support) (20% / 1); Quality of care - Consider the need to reduce the stigma of asking for mental health support (20% / 1).

Ethnicity

- Asian/Asian British:
 - Agreement sub-theme: General - Agreement with proposal (15% / 6); Access - Proposal improves access to mental health support locally (15% / 6)
 - Disagreement sub-theme: General - Eight teams is too many (25% / 10)
 - Observation sub-theme: Integration - Ensure effective collaboration of these teams (18% / 7).
- Black/Black British:
 - Observation sub-theme: Integration - Ensure effective collaboration of these teams (15% / 2).
- Mixed/Multiple ethnic groups:
 - Observation sub-theme: Specific groups - Ensure the teams reflect the needs of vulnerable patients (e.g. elderly people) (13% / 1); Access - Consider improving waiting times for mental health support (13% / 1).
- White:
 - Observation sub-theme: Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (12% / 30).
- Any other ethnic group
 - Agreement sub-theme: Quality of care - Proposal will improve quality of care for old people (33% / 2); Cost and efficiency - Proposal will improve service efficiency (33% / 2)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (17% / 1); Integration - Ensure effective collaboration of these teams (17% / 1); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (17% / 1); Access - Consider extending working hours of these teams (e.g. out of hours, 24/7) (17% / 1); Quality of care - Consider improving quality of mental health care (e.g. meet patient needs, holistic approach) (17% / 1); Staff - Consider the need for more support workers (17% / 1); Service provision - Consider provision of mental health services in Leicester General Hospital (17% / 1).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.3 Response to the question 20b: To what extent do you agree or disagree with these changes: Offer a wider range of therapies for people with personality disorders

Table 116 and 117 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 91% (3632) of all respondents agreed and 2% (76) disagreed with the proposal.

Table 116. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3632	91%	92%	89%	100%	91%	87%	91%	92%	91%	93%	88%
Neither agree nor disagree	225	6%	6%	5%	-	7%	7%	6%	6%	6%	5%	5%
Total disagree	76	2%	2%	5%	-	-	2%	2%	1%	2%	2%	4%
N/A	43	1%	1%	0.4%	-	3%	4%	2%	2%	1%	0.3%	3%
Base	3976		3215	464	25	74	130	1116	121	1040	1252	447

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 117. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3632	91%	3632	91%	3632	91%	3632	91%
Neither agree nor disagree	225	6%	225	6%	225	6%	225	6%
Total disagree	76	2%	76	2%	76	2%	76	2%
N/A	43	1%	43	1%	43	1%	43	1%
Base	3976		1224	1127	1328	1143	2533	221

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- A significant proportion of patients and members of the public (92% / 2955) were in agreement with this proposal compared to NHS employees (89% / 413)
- A significant proportion of NHS employees (5% / 25) were in disagreement with this proposal compared to patients and members of the public (2% / 47).

Service user

- There were no significant differences between sub-groups.

Carer

- A significant proportion of non-carers (93% / 2345) were in agreement with this proposal compared to service users (91% / 1035)
- A significant proportion of carers (3% / 29) were in disagreement with this proposal compared to non-carers (1% / 32).

Geography

- There were no significant differences between sub-groups.

Index of multiple deprivation

- There were no significant differences between sub-groups.

Urban / rural

- There were no significant differences between sub-groups.

Age

- A significant proportion of respondents aged 16-29 (96% / 487) were in agreement with this proposal compared to respondents aged 70 and over (91% / 203).

Gender

- A significant proportion of female respondents (93% / 2801) were in agreement with this proposal compared to male respondents (89% / 649)

Race

- A significant proportion of Asian/Asian British respondents (94% / 309) were in agreement with this proposal compared to respondents from mixed/multiple ethnic groups (85% / 62).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.4 Response to the question 21b: Please explain why?

306 survey respondents provided additional comments on this proposal. Table 118 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Quality of care, General, Service provision, Access, Specific groups, Cost and efficiency, Capacity, Staff, Integration, Communication, Information support.

Across the main themes, five sub-themes were in agreement with the proposal, four sub-themes were in disagreement with the proposal and 24 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will improve access to support for people with personality disorders (31% / 94)
2. General - Agreement with proposal (22% / 67)
3. Quality of care - Proposal will improve quality of care for people with personality disorders (14% / 42).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Capacity - Concern over lack of capacity and resources to meet demand for this service (4% / 13); Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (4% / 13)
2. Service provision - Concern that proposal discriminates against other people with a serious mental illness (e.g. individuals with severe mental illness, psychosis) (2% / 5)
3. General - Disagreement with proposal (1% / 4).

The top three observation sub-themes raised by survey respondents were:

1. Quality of care - Consider improving quality of care for people with personality disorders (e.g. dynamic psychotherapy, evidence-based therapy, individual approach, alternative therapies) (11% / 32)
2. Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (8% / 23)
3. Access - Consider reducing waiting time for mental health services (7% / 22).

Table 118. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Quality of care – agreement	Proposal will improve quality of care for people with personality disorders	3	42	14%	30	5	-	1	3
Quality of care - disagreement	Proposal will reduce quality of services (e.g. lose specialisms)	9	13	4%	5	6	1	-	1
Quality of care - observation	Observation - Quality of care - Consider improving quality of care for people with personality disorders (e.g. dynamic psychotherapy, evidence-based therapy, individual approach, alternative therapies)	4	32	11%	21	9	-	-	1
Quality of care - observation	Consider improving quality of diagnosis of people with personality disorders	9	13	4%	10	2	1	-	-
	Consider the need for continuous and consistent mental health support (e.g. ongoing support)	10	12	4%	8	1	-	2	1
	Consider the need for early intervention and prevention	15	3	1%	1	-	-	2	-
	Consider the need to reduce the stigma of asking for mental health support	17	1	0.3%	1	-	-	-	-
	Consider the need to recognise Pathological Demand Avoidance and screen adults for this condition	17	1	0.3%	1	-	-	-	-
General - agreement	Agreement with proposal	2	67	22%	45	6	11	1	2
	Proposal will have a positive impact on family members	15	3	1%	3	-	-	-	-
General - disagreement	Disagreement with proposal	14	4	1%	3	1	-	-	-
General - observation	More details about proposal are required (e.g. capacity, type of support, evidence that it's needed)	11	11	4%	7	3	-	-	-
	Comment about the survey (e.g. question is too broad)	17	1	0.3%	1	-	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	17	1	0.3%	1	-	-	-	-
	Further consultation about the proposal is required (e.g. staff opinions)	17	1	0.3%	1	-	-	-	-

Service provision - disagreement	Concern that proposal discriminates against other people with a serious mental illness (e.g. individuals with severe mental illness, psychosis)	13	5	2%	3	2	-	-	-
Service provision - observation	Consider provision of services for people experiencing trauma	11	11	4%	3	4	-	3	1
	Consider that group therapy does not fit for everyone (e.g. one-to-one support is needed)	12	6	2%	3	2	-	1	-
	Consider improved provision of local services across the county	15	3	1%	3	-	-	-	-
	Consider the need to provide support in groups	16	2	1%	1	-	-	-	1
	Consider the need to provide counselling services	17	1	0.3%	-	-	-	-	1
	Consider provision of support for patients while they are waiting for treatments (e.g. online, booklets, telephone calls)	17	1	0.3%	-	1	-	-	-
Access - agreement	Proposal will improve access to support for people with personality disorders	1	94	31%	68	13	1	4	4
Access - observation	Consider reducing waiting time for mental health services	6	22	7%	16	4	-	1	-
	Mental health services should be available 24/7	16	2	1%	2	-	-	-	-
Specific groups - observation	Ensure that proposal reflects the needs of the diverse community	14	4	1%	1	2	-	-	1
	Consider improving mental health services for children and young people	16	2	1%	1	1	-	-	-
Cost and efficiency - agreement	Proposal will help to reduce pressure on other services (e.g. A&E)	16	2	1%	1	1	-	-	-
Capacity - disagreement	Concern over lack of capacity and resources to meet demand for this service	9	13	4%	5	5	1	-	1
Staff - observation	Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT)	5	23	8%	10	11	-	-	1
Integration - observation	Consider greater integration between mental health services and other services (e.g. police, physical health services, children's services)	8	14	5%	9	4	-	-	1
Communication - observation	Consider improving communication with service users	14	4	1%	4	-	-	-	-
Information support - observation	People need to know the range of personality disorders covered	17	1	0.3%	1	-	-	-	-
	Unsure (e.g. don't know)	13	5	2%	5	-	-	-	-
	No comment (e.g. as above, N/A)	7	20	7%	15	-	-	-	1
	Other	10	12	4%	8	2	-	-	2
<i>Base</i>			306		210	48	13	6	15

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Individual NHS employees:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (13% / 6)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (23% / 11)
- NHS organisations:
 - Agreement sub-theme: General - Agreement with proposal (85% / 11)
 - Observation sub-theme: Quality of care - Consider improving quality of diagnosis of people with personality disorders (8% / 1)
- Other public sector organisation:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Consider provision of services for people experiencing trauma (50% / 3)
- Patient representative organisation, voluntary group or charities:
 - Observation sub-theme: Quality of care - Consider improving quality of care for people with personality disorders (e.g. dynamic psychotherapy, evidence-based therapy, individual approach, alternative therapies) (7% / 1); Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (7% / 1); Integration - Consider greater integration between mental health services and other services (e.g. police, physical health services, children's services) (7% / 1); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (7% / 1); Service provision - Consider provision of services for people experiencing trauma (7% / 1); Specific groups - Ensure that proposal reflects the needs of the diverse community (7% / 1); Service provision - Consider the need to provide support in groups (7% / 1); Service provision - Consider the need to provide counselling services (7% / 1);

Service user

- Service users:
 - Disagreement sub-theme: Capacity - Concern over lack of capacity and resources to meet demand for this service (5% / 3)
 - Observation sub-theme: Access - Consider reducing waiting time for mental health services (19% / 12)
- Non-service users:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (10% / 5)

Carer

- Carers:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (6% / 5)
- Non-carers:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (4% / 7)

Geography

- Respondents from Leicester City Council area:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (3% / 3)
- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (25% / 2)
 - Disagreement sub-theme: Capacity - Concern over lack of capacity and resources to meet demand for this service (13% / 1)
 - Observation sub-theme: Quality of care - Consider improving quality of care for people with personality disorders (e.g. dynamic psychotherapy, evidence-based therapy, individual approach, alternative therapies) (13% / 1); Access - Consider reducing waiting time for mental health services (13% / 1); Integration - Consider greater integration between mental health services and other services (e.g. police, physical health services, children's services) (13% / 1); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (13% / 1); Service provision - Consider improved provision of local services across the county (13% / 1)
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: Capacity - Concern over lack of capacity and resources to meet demand for this service (7% / 4)
- Respondents from Leicestershire North and West:
 - Observation sub-theme: Access - Consider reducing waiting time for mental health services (12% / 9)

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- Respondents from the most deprived areas:
 - Observation sub-theme: Access - Consider reducing waiting time for mental health services (9% / 10)

Urban / rural

- Town:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (11% / 3)
 - Observation sub-theme: Access - Consider reducing waiting time for mental health services (11% / 3)
- Village / hamlet:
 - Agreement sub-theme: Access - Proposal will improve access to support for people with personality disorders (27% / 9); General - Agreement with proposal (27% / 9)
 - Disagreement sub-theme: Capacity - Concern over lack of capacity and resources to meet demand for this service (6% / 2)
 - Observation sub-theme: Integration - Consider greater integration between mental health services and other services (e.g. police, physical health services, children's services) (12% / 4)

Age

- 16 – 29:
 - Disagreement sub-theme: Capacity - Concern over lack of capacity and resources to meet demand for this service (3% / 1)
 - Observation sub-theme: Access - Consider reducing waiting time for mental health services (23% / 8)
- 30 – 49:

- Disagreement sub-theme: Capacity - Concern over lack of capacity and resources to meet demand for this service (6% / 6)
- 50 – 69:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (5% / 6)
 - Observation sub-theme: Integration - Consider greater integration between mental health services and other services (e.g. police, physical health services, children's services) (8% / 9)
- 70 and over:
 - Agreement sub-theme: General - Agreement with proposal (21% / 4)
 - Disagreement sub-theme: Capacity - Concern over lack of capacity and resources to meet demand for this service (5% / 1)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (5% / 1); General - More details about proposal are required (e.g. capacity, type of support, evidence that it's needed) (5% / 1); Service provision - Consider that group therapy does not fit for everyone (e.g. one-to-one support is needed) (5% / 1); Communication - Consider improving communication with service users (5% / 1); Specific groups - Ensure that proposal reflects the needs of the diverse community (5% / 1); Specific groups - Consider improving mental health services for children and young people (5% / 1); Information support - People need to know the range of personality disorders covered (5% / 1)

Gender

- Male:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (4% / 3)
 - Observation sub-theme: Integration - Consider greater integration between mental health services and other services (e.g. police, physical health services, children's services) (8% / 6)
- Other (including non-binary and intersex)
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (20% / 1)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (20% / 1); Access - Consider reducing waiting time for mental health services (20% / 1); Quality of care - Consider improving quality of diagnosis of people with personality disorders (20% / 1); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (20% / 1)

Ethnicity

- Asian/Asian British:
 - Agreement sub-theme: General - Agreement with proposal (46% / 17)
 - Disagreement sub-theme: Capacity - Concern over lack of capacity and resources to meet demand for this service (3% / 1)
- Black/Black British:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (17% / 2)
- Mixed/Multiple ethnic groups:
 - Agreement sub-theme: General - Agreement with proposal (50% / 5)

- Disagreement sub-theme: General - Disagreement with proposal (10% / 1)
- Observation sub-theme: Quality of care - Consider improving quality of care for people with personality disorders (e.g. dynamic psychotherapy, evidence-based therapy, individual approach, alternative therapies) (10% / 1); Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (10% / 1); Access - Consider reducing waiting time for mental health services (10% / 1); Quality of care - Consider improving quality of diagnosis of people with personality disorders (10% / 1); Quality of care - Consider the need for early intervention and prevention (10% / 1)
- White:
 - Disagreement sub-theme: Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (5% / 10)
- Any other ethnic group:
 - Agreement sub-theme: General - Agreement with proposal (50% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Integration - Consider greater integration between mental health services and other services (e.g. police, physical health services, children's services) (50% / 1)

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.5 Response to the question 20c: To what extent do you agree or disagree with these changes: Increase access to perinatal services that support women with moderate to severe perinatal mental health difficulties.

Table 119 and 120 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 91% (3627) of all respondents agreed and 1% (46) disagreed with the proposal.

Table 119. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3627	91%	92%	91%	100%	93%	89%	91%	86%	92%	93%	88%
Neither agree nor disagree	224	6%	6%	7%	-	6%	5%	6%	12%	5%	5%	7%
Total disagree	46	1%	1%	2%	-	-	2%	1%	-	1%	1%	2%
N/A	70	2%	2%	1%	-	1%	5%	2%	3%	1%	2%	3%
Base	3967		3207	465	25	73	131	1117	121	1035	1246	448

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 120. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3627	91%	91%	93%	90%	93%	91%	86%
Neither agree nor disagree	224	6%	5%	5%	6%	5%	6%	9%
Total disagree	46	1%	2%	1%	1%	1%	1%	4%
N/A	70	2%	2%	1%	3%	2%	2%	2%
Base	3967		1219	1132	1321	1143	2524	223

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Stakeholder type

- There were no significant differences between sub-groups.

Service user

- A significant proportion of non-service users (93% / 1057) were in agreement with this proposal compared to service users (91% / 1114).

Carer

- There were no significant differences between sub-groups.

Geography

- A significant proportion of respondents from Leicestershire North and West (93% / 1152) were in agreement with this proposal compared to respondents from Rutland (86% / 104).

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- There were no significant differences between sub-groups.

Urban / rural

- There were no significant differences between sub-groups.

Age

- A significant proportion of respondents aged 16-29 (94% / 473) were in agreement with this proposal compared to respondents aged 70 and over (88% / 195).

Gender

- A significant proportion of female respondents (94% / 2825) were in agreement with this proposal compared to male respondents (85% / 612).

Race

- A significant proportion of Asian/Asian British respondents (93% / 309) were in agreement with this proposal compared to respondents from mixed/multiple ethnic groups (85% / 61).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.6 Response to the question 21c: Please explain why?

229 survey respondents provided additional comments on this proposal. Table 121 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: General, Access, Service provision, Quality of care, Cost and efficiency, Specific groups, Staff, Communication, Integration.

Across the main themes, five sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and 24 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Quality of care - Proposal will help to improve the mental health of service users (35% / 79)
2. General - Agreement with proposal (21% / 47)
3. Access - Proposal will improve access to perinatal mental health support (17% / 39).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. General - Disagreement with the proposal (2% / 4)
2. Cost and efficiency - The service should be a part of Community Treatment and Recovery Teams (e.g. no need for specialised service) (1% / 3)
3. Cost and efficiency - Assertive Outreach team provides this support (e.g. no need for this service) (0.4% / 1).

The top three observation sub-themes raised by survey respondents were:

1. Access - Consider extending time for service provision after birth (9% / 21)
2. Specific groups - Ensure that the service reflects the needs of the diverse community (4% / 10)
3. General - More details about proposal are required (e.g. capacity, type of support) (2% / 5); Service provision - More mental health services are required (2% / 5); Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (2% / 5)

Table 121. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
General – agreement	Agreement with proposal	2	47	21%	31	1	11	1	1
	Proposal will have positive impact on family members	6	11	5%	7	1	1	1	1
General - disagreement	Disagreement with the proposal	10	4	2%	2	2	-	-	-
General - observation	More details about proposal are required (e.g. capacity, type of support)	9	5	2%	4	-	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	13	1	0.4%	1	-	-	-	-
	Consider the need to implement proposal effectively	13	1	0.4%	1	-	-	-	-
	Further consultation about the proposal is required (e.g. staff opinion)	13	1	0.4%	1	-	-	-	-
Access - agreement	Proposal will improve access to perinatal mental health support	3	39	17%	32	2	-	1	1
Access - observation	Consider extending time for service provision after birth	5	21	9%	18	2	-	1	-
	Consider improving waiting times for mental health support	11	3	1%	2	1	-	-	-
	Mental health support should be provided 24/7	11	3	1%	3	-	-	-	-
	Consider the need to improve referral process (e.g. increase staff awareness about referrals)	13	1	0.4%	1	-	-	-	-
	There is no need for seven-day service	13	1	0.4%	1	-	-	-	-
Service provision - observation	More mental health services are required	9	5	2%	4	-	-	-	1
	Consider the need to reopen the mother and baby unit in Leicester	11	3	1%	3	-	-	-	-
	Consider expanding services for other groups (e.g. support for adults with post-adoption depression, people struggling to conceive)	12	2	1%	2	-	-	-	-
	This service should be available for all family members and carers	12	2	1%	1	1	-	-	-
	Consider provision of psychotherapist support	13	1	0.4%	-	1	-	-	-
Quality of care - agreement	Proposal will help to improve the mental health of service users	1	79	35%	60	8	1	3	3
	Perinatal services provided good quality of care	10	4	2%	3	1	-	-	-
Quality of care - observation	Consider the need to improve quality of care provided by perinatal services (e.g. up-to-date support)	12	2	1%	2	-	-	-	-
	Home-Start provided good support	13	1	0.4%	1	-	-	-	-

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Cost and efficiency - disagreement	The service should be a part of Community Treatment and Recovery Teams (e.g. no need for specialised service)	11	3	1%	2	1	-	-	-
	Assertive Outreach team provides this support (e.g. no need for this service)	13	1	0.4%	1	-	-	-	-
Cost and efficiency - observation	Data analysis is needed to support this proposal (e.g. percentage of people who need the service)	13	1	0.4%	1	-	-	-	-
	Ensure sufficient resources to implement proposal	13	1	0.4%	1	-	-	-	-
Specific groups - observation	Ensure that the service reflects the needs of the diverse community	7	10	4%	7	1	-	-	-
	Consider improving mental health services for children and young people	12	2	1%	-	2	-	-	-
	Consider provision of support for war veterans	13	1	0.4%	1	-	-	-	-
Staff - observation	Ensure appropriate staffing (e.g. staffing levels, trained staff)	9	5	2%	4	-	-	-	1
Communication - observation	Consider greater promotion of perinatal mental health services	10	4	2%	3	1	-	-	-
Integration - observation	Ensure collaboration of this service with other services (e.g. midwives, health visitors, GPs)	13	1	0.4%	-	1	-	-	-
	No comment (e.g. as above, N/A)	4	29	13%	23	1	-	-	1
	Unsure (e.g. don't know)	10	4	2%	3	1	-	-	-
	Other	8	8	4%	5	2	-	-	1
<i>Base</i>			229		170	22	12	4	8

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Patients or members of the public:
 - Disagreement sub-theme: General - Disagreement with the proposal (1% / 2); Cost and efficiency - The service should be a part of Community Treatment and Recovery Teams (e.g. no need for specialised service) (1% / 2).
- Individual NHS employees:
 - Observation sub-theme: Access - Consider extending time for service provision after birth (9% / 2); Specific groups - Consider improving mental health services for children and young people (9% / 2).
- NHS organisations:
 - Agreement sub-theme: General - Agreement with proposal (92% / 11)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Other public sector organisation:
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Patient representative organisation, voluntary group or charities:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - More mental health services are required (13% / 1); Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (13% / 1).

Service user

- Non-service users:
 - Disagreement sub-theme: General - Disagreement with the proposal (9% / 3); Cost and efficiency - The service should be a part of Community Treatment and Recovery Teams (e.g. no need for specialised service) (9% / 3).

Carer

- Non-carers:
 - Disagreement sub-theme: No disagreement sub-themes raised.

Geography

- Respondents from Leicester City Council area:
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Respondents from Rutland County Council area:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that the service reflects the needs of the diverse community (20% / 1); Specific groups - Consider provision of support for war veterans (20% / 1).

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- Respondents from the most deprived areas:
 - Disagreement sub-theme: No disagreement sub-themes raised.

Urban / rural

- Village / hamlet:
 - Disagreement sub-theme: No disagreement sub-themes raised

- Observation sub-theme: Communication - Consider greater promotion of perinatal mental health services (8% / 2); Service provision - Consider the need to reopen the mother and baby unit in Leicester (8% / 2).

Age

- 16 – 29:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Consider extending time for service provision after birth (5% / 1); Specific groups - Ensure that the service reflects the needs of the diverse community (5% / 1); Service provision - More mental health services are required (5% / 1); Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (5% / 1); Access - Consider improving waiting times for mental health support (5% / 1); Quality of care - Consider the need to improve quality of care provided by perinatal services (e.g. up-to-date support) (5% / 1); Service provision - This service should be available for all family members and carers (5% / 1); Access - Consider the need to improve referral process (e.g. increase staff awareness about referrals) (5% / 1); General - Consider the need to implement proposal effectively (5% / 1).
- 30 – 49:
 - Disagreement sub-theme: Cost and efficiency - Assertive Outreach team provides this support (e.g. no need for this service) (1% / 1).
- 50 – 69:
 - Disagreement sub-theme: Cost and efficiency - The service should be a part of Community Treatment and Recovery Teams (e.g. no need for specialised service) (2% / 2).
- 70 and over:
 - Agreement theme: Access - Proposal will improve access to perinatal mental health support (12% / 2)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Consider extending time for service provision after birth (12% / 2); General - More details about proposal are required (e.g. capacity, type of support) (12% / 2).

Gender

- Male:
 - Disagreement sub-theme: Cost and efficiency - The service should be a part of Community Treatment and Recovery Teams (e.g. no need for specialised service) (2% / 1)
 - Observation sub-theme: Access - Consider extending time for service provision after birth (2% / 1); Specific groups - Ensure that the service reflects the needs of the diverse community (2% / 1); Service provision - More mental health services are required (2% / 1); Communication - Consider greater promotion of perinatal mental health services (2% / 1); General - Consider recommendations of The Independent Review of the Mental Health Act 1983 (2% / 1); General - Further consultation about the proposal is required (e.g. staff opinion) (2% / 1).
- Female:
 - Disagreement sub-theme: General - Disagreement with the proposal (1% / 1); Cost and efficiency - The service should be a part of Community Treatment and Recovery Teams (e.g. no need for specialised service) (1% / 1); Cost and efficiency - Assertive Outreach team provides this support (e.g. no need for this service) (1% / 1).

- Other (including non-binary and intersex)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - More mental health services are required (33% / 1).

Ethnicity

- Asian/Asian British:
 - Agreement sub-theme: General - Agreement with proposal (52% / 17)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that the service reflects the needs of the diverse community (6% / 2); Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (6% / 2).
- Black/Black British:
 - Agreement sub-theme: Quality of care - Proposal will help to improve the mental health of service users (23% / 3); Access - Proposal will improve access to perinatal mental health support (23% / 3)
 - Disagreement sub-theme: Cost and efficiency - Assertive Outreach team provides this support (e.g. no need for this service) (8% / 1)
 - Observation sub-theme: Specific groups - Ensure that the service reflects the needs of the diverse community (23% / 3).
- Mixed/Multiple ethnic groups:
 - Agreement sub-theme: General - Agreement with proposal (29% / 2)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that the service reflects the needs of the diverse community (14% / 1); Service provision - This service should be available for all family members and carers (14% / 1).
- Any other ethnic group
 - Agreement sub-theme: General - Agreement with proposal (25% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Consider the need to reopen the mother and baby unit in Leicester (25% / 1); Cost and efficiency - Data analysis is needed to support this proposal (e.g. percentage of people who need the service) (25% / 1).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.7 Response to the question 20d: To what extent do you agree or disagree with these changes: Develop a new maternal outreach service

Table 122 and 123 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 91% (3622) of all respondents agreed and 1% (46) disagreed with the proposal.

Table 122. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3622	91%	92%	90%	96%	95%	90%	92%	84%	92%	92%	89%
Neither agree nor disagree	225	6%	6%	7%	-	4%	5%	5%	12%	5%	6%	6%
Total disagree	46	1%	1%	2%	4%	-	2%	1%	2%	1%	1%	1%
N/A	71	2%	2%	2%	-	1%	4%	2%	3%	1%	2%	4%
Base	3964		3203	465	25	74	130	1116	121	1033	1246	448

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 123. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3622	91%	92%	93%	90%	92%	91%	89%
Neither agree nor disagree	225	6%	6%	5%	6%	5%	6%	7%
Total disagree	46	1%	1%	1%	1%	1%	1%	2%
N/A	71	2%	2%	1%	3%	2%	2%	2%
Base	3964		1219	1129	1320	1145	2519	223

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- There were no significant differences between sub-groups.

Service user

- There were no significant differences between sub-groups.

Carer

- There were no significant differences between sub-groups.

Geography

- A significant proportion of respondents from Leicestershire South and East (92% / 953) and the Leicester City Council area (92% / 1027) were in agreement with this proposal compared to respondents from Rutland (84% / 101).

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- There were no significant differences between sub-groups.

Urban / rural

- There were no significant differences between sub-groups.

Age

- A significant proportion of respondents aged 16-29 (95% / 477) were in agreement with this proposal compared to respondents aged 70 and over (86% / 189)

Gender

- A significant proportion of female respondents (94% / 2818) were in agreement with this proposal compared to male respondents (84% / 615)
- A significant proportion of male respondents (2% / 13) were in disagreement with this proposal compared to female respondents (1% / 27)

Race

- A significant proportion of Asian/Asian British respondents (94% / 311) were in agreement with this proposal compared to respondents from mixed/multiple ethnic groups (84% / 611)
- A significant proportion of respondents from mixed/multiple ethnic groups (4% / 3) were in disagreement with this proposal compared to white respondents (1% / 26).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.8 Response to the question 21d: Please explain why?

215 survey respondents provided additional comments on this proposal. Table 124 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Service provision, General, Specific groups, Quality of care, Access, Cost and efficiency, Communication, Staff, Integration.

Across the main themes, four sub-themes were in agreement with the proposal, three sub-themes were in disagreement with the proposal and 38 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Access - Proposal will improve access to mental health support (33% / 71)
2. General - Agreement with proposal (17% / 37)
3. Quality of Care - Proposal will allow service users to connect with others (e.g. lessen isolation) (1% / 3).

The top two sub-themes raised by survey respondents in disagreement with this proposal were:

1. General - Disagreement with the proposal (2% / 5)
2. Service provision - Concern over the removal of existing services (e.g. Assertive Outreach services, MH Integrated Team) (1% / 1); Cost and efficiency - Concern that the proposal will be implemented at expense of other services (1% / 1).

The top three observation sub-themes raised by survey respondents were:

1. Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (5% / 11)

2. Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (5% / 10)
3. Service provision - This service should be available for all family members and carers (4% / 8).

Table 124. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Service provision – disagreement	Concern over the removal of existing services (e.g. Assertive Outreach services, MH Integrated Team)	13	1	1%	1	-	-	-	-
Service provision - observation	This service should be available for all family members and carers	6	8	4%	5	3	-	-	-
	More mental health services are required (e.g. for people with trauma)	8	6	3%	6	-	-	-	-
	Consider provision of interpreter services	9	5	2%	4	1	-	-	-
	Consider the need for midwives and health visitors to provide this support	9	5	2%	2	2	-	-	-
	Consider the need to improve mental health support for other groups (e.g. adoption, fostering and early trauma, women who cannot conceive)	11	3	1%	2	-	-	1	-
	Consider provision of group sessions	13	1	1%	-	-	-	-	1
	Consider provision of perimenopause and menopause support	13	1	1%	1	-	-	-	-
	Consider provision of psychotherapy services	13	1	1%	-	1	-	-	-
	Consider provision of training for carers	13	1	1%	-	1	-	-	-
	Consider specialist grief services for provision of this support rather than mental health services	13	1	1%	-	1	-	-	-
	Consider the need for clear service specifications (e.g. service needs to focus on priority areas)	13	1	1%	1	-	-	-	-
	This support should be provided in wards	13	1	1%	1	-	-	-	-
	Women should be seen by those of the same culture	13	1	1%	1	-	-	-	-
General - agreement	Agreement with proposal	2	37	17%	37	-	-	-	-
General - disagreement	Disagreement with the proposal	9	5	2%	2	3	-	-	-
General - observation	More details about proposal are required	7	7	3%	7	-	-	-	-
	Provide good grief and bereavement support to all	12	2	1%	1	-	-	-	1
	All cultures must be treated equally	13	1	1%	1	-	-	-	-
	Comment about the survey (e.g. good question)	13	1	1%	1	-	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	13	1	1%	1	-	-	-	-
	Consider service users' background and life experience	13	1	1%	1	-	-	-	-
	Consider the need to implement proposal effectively	13	1	1%	1	-	-	-	-

	Further consultation about the proposal is required (e.g. staff opinion)	13	1	1%	1	-	-	-	-
Specific groups - observation	Consider the need to research multicultural practices and incorporating them (e.g. multicultural work plan)	8	6	3%	4	1	-	1	-
	Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities)	10	4	2%	2	1	-	-	1
	Consider the needs of the trans community (e.g. don't use word 'mother')	12	2	1%	2	-	-	-	-
	Consider that maternity loss and risk of loss is higher in the Black and Afro-Caribbean communities	13	1	1%	1	-	-	-	-
	Consider the needs of disabled women	13	1	1%	1	-	-	-	-
	Ensure that the service reflects the needs of the diverse community	13	1	1%	1	-	-	-	-
	Proposal will allow service users to connect with others (e.g. lessen isolation)	11	3	1%	2	-	-	-	1
Quality of care - agreement	Proposal will help to prevent longer-term adverse effects of unprocessed trauma (e.g. improve outcomes for mothers and families)	12	2	1%	1	1	-	-	-
	Consider the need for continuity and consistency of care	13	1	1%	1	-	-	-	-
Quality of care - observation	Consider the need to improve quality of care provided by this service (e.g. up-to-date support)	13	1	1%	1	-	-	-	-
	Proposal will improve access to mental health support	1	71	33%	53	4	1	3	5
Access - agreement	Ensure appropriate referral process (e.g. strict timelines from referral to GP to psychiatrist)	12	2	1%	2	-	-	-	-
	Mental health support should be provided 24/7	12	2	1%	2	-	-	-	-
Access - observation	Proposal will improve access to mental health support	1	71	33%	53	4	1	3	5
Cost and efficiency - disagreement	Concern that the proposal will be implemented at expense of other services	13	1	1%	1	-	-	-	-
	Ensure sufficient capacity and resources to implement proposal	12	2	1%	1	1	-	-	-
Cost and efficiency - observation	Data analysis is needed to support this proposal (e.g. percentage of people who need the service)	13	1	1%	1	-	-	-	-
	Ensure appropriate communication with service users (e.g. listen)	9	5	2%	5	-	-	-	-
Communication - observation	Consider greater promotion of this service (e.g. GP surgeries, pharmacies, supermarkets)	12	2	1%	2	-	-	-	-
	Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities)	4	11	5%	8	2	-	-	1
Staff - observation	Ensure that staff are aware about cultural diversity (e.g. training for staff)	5	10	5%	9	1	-	-	-
	Ensure close integration between maternal outreach service and other services (e.g. health visitors, GP, maternity services, schools, voluntary and community sector)	7	7	3%	4	2	-	-	1
Integration - observation	Unsure (e.g. don't know)	13	1	1%	1	-	-	-	-
	No comment (e.g. as above, N/A)	3	30	14%	20	4	-	1	1
	Other	5	10	5%	8	1	-	-	1
<i>Base</i>			215		167	24	1	4	9

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Patients or members of the public:
 - Observation sub-theme: Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (5% / 9)
- Individual NHS employees:
 - Observation sub-theme: Service provision - This service should be available for all family members and carers (13% / 3)
- NHS organisations:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised
- Other public sector organisation:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Consider the need to research multicultural practices and incorporating them (e.g. multicultural work plan) (25% / 1); Service provision - Consider the need to improve mental health support for other groups (e.g. adoption, fostering and early trauma, women who cannot conceive) (25% / 1)
- Patient representative organisation, voluntary group or charities:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (11% / 1); Integration - Ensure close integration between maternal outreach service and other services (e.g. health visitors, GP, maternity services, schools, voluntary and community sector) (11% / 1); Specific groups - Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities) (11% / 1); General - Provide good grief and bereavement support to all (11% / 1); Service provision - Consider provision of group sessions (11% / 1)

Service user

- Non-service users:
 - Observation sub-theme: Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (10% / 3); Service provision - Consider the need for midwives and health visitors to provide this support (10% / 3)

Carer

- Carers:
 - Disagreement sub-theme: General - Disagreement with the proposal (1% / 1); Cost and efficiency - Concern that the proposal will be implemented at expense of other services (1% / 1)
 - Observation sub-theme: Service provision - This service should be available for all family members and carers (7% / 5)
- Non-carers:
 - Observation sub-theme: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (4% / 5); Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (4% / 5); Service provision - More mental health services are required (e.g. for people with trauma) (4%

/ 5); Specific groups - Consider the need to research multicultural practices and incorporating them (e.g. multicultural work plan) (4% / 5)

Geography

- Respondents from Leicester City Council area:
 - Observation sub-theme: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (5% / 4); Specific groups - Consider the need to research multicultural practices and incorporating them (e.g. multicultural work plan) (5% / 4)
- Respondents from Rutland County Council area:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (20% / 1); Service provision - This service should be available for all family members and carers (20% / 1)
- Respondents from Leicestershire South and East:
 - Observation sub-theme: Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (7% / 3); Integration - Ensure close integration between maternal outreach service and other services (e.g. health visitors, GP, maternity services, schools, voluntary and community sector) (7% / 3); Service provision - Consider the need for midwives and health visitors to provide this support (7% / 3)
- Respondents from Leicestershire North and West:
 - Agreement sub-theme: General - Agreement with proposal (27% / 14)
 - Disagreement sub-theme: No disagreement sub-themes raised

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- Respondents from the most deprived areas:
 - Disagreement sub-theme: General - Disagreement with the proposal (1% / 1); Service provision - Concern over the removal of existing services (e.g. Assertive Outreach services, MH Integrated Team) (1% / 1)
 - Observation sub-theme: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (4% / 4); Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (4% / 4); Service provision - More mental health services are required (e.g. for people with trauma) (4% / 4)

Urban / rural

- Town:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (19% / 3)
- Village / hamlet:
 - Agreement sub-theme: General - Agreement with proposal (23% / 6)
 - Observation sub-theme: Communication - Consider greater promotion of this service (e.g. GP surgeries, pharmacies, supermarkets) (8% / 2)

Age

- 16 – 29:
 - Disagreement sub-theme: Service provision - Concern over the removal of existing services (e.g. Assertive Outreach services, MH Integrated Team) (4% / 1)

- Observation sub-theme: Service provision - More mental health services are required (e.g. for people with trauma) (13% / 3)
- 30 – 49:
Observation sub-theme: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (6% / 4); Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (6% / 4); Service provision - Consider provision of interpreter services (6% / 4)
- 50 – 69:
 - Observation sub-theme: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (5% / 4); Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (5% / 4); General - More details about proposal are required (5% / 4); Integration - Ensure close integration between maternal outreach service and other services (e.g. health visitors, GP, maternity services, schools, voluntary and community sector) (5% / 4)
- 70 and over:
 - Agreement sub-theme: Access - Proposal will improve access to mental health support (12% / 2); General - Agreement with proposal (12% / 2)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Integration - Ensure close integration between maternal outreach service and other services (e.g. health visitors, GP, maternity services, schools, voluntary and community sector) (12% / 2)

Gender

- Male:
 - Observation sub-theme: Specific groups - Consider the need to research multicultural practices and incorporating them (e.g. multicultural work plan) (6% / 3); Service provision - Consider provision of interpreter services (6% / 3)
- Female:
 - Disagreement sub-theme: General - Disagreement with the proposal (1% / 1); Cost and efficiency - Concern that the proposal will be implemented at expense of other services (1% / 1)
- Other (including non-binary and intersex)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (33% / 1); Service provision - More mental health services are required (e.g. for people with trauma) (33% / 1); Communication - Consider greater promotion of this service (e.g. GP surgeries, pharmacies, supermarkets) (33% / 1); Specific groups - Consider the needs of the trans community (e.g. don't use word 'mother') (33% / 1); Service provision - Women should be seen by those of the same culture (33% / 1)

Ethnicity

- Asian/Asian British:
 - Observation sub-theme: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (10% / 2); Specific groups - Consider the need to research multicultural practices and incorporating them (e.g. multicultural work plan) (10% / 2); Service provision - Consider provision of interpreter services (10% / 2); Specific groups - Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities) (10% / 2)
- Black/Black British:

- Disagreement sub-theme: Service provision - Concern over the removal of existing services (e.g. Assertive Outreach services, MH Integrated Team) (6% / 1)
- Observation sub-theme: Staff - Ensure that staff are aware about cultural diversity (e.g. training for staff) (6% / 1); Service provision - This service should be available for all family members and carers (6% / 1); Service provision - More mental health services are required (e.g. for people with trauma) (6% / 1); Specific groups - Consider the need to research multicultural practices and incorporating them (e.g. multicultural work plan) (6% / 1); Communication - Ensure appropriate communication with service users (e.g. listen) (6% / 1); Service provision - Consider provision of interpreter services (6% / 1); Service provision - Consider provision of group sessions (6% / 1)
- Mixed/Multiple ethnic groups:
 - Agreement sub-theme: General - Agreement with proposal (33% / 2)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised
- Any other ethnic group
 - Agreement sub-theme: General - Agreement with proposal (25% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Integration - Ensure close integration between maternal outreach service and other services (e.g. health visitors, GP, maternity services, schools, voluntary and community sector) (25% / 1); Cost and efficiency - Data analysis is needed to support this proposal (e.g. percentage of people who need the service) (25% / 1)

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.9 Response to the question 20e: To what extent do you agree or disagree with these changes: Improve assessment for people who may need Psychosis Intervention and Early Recovery service

Tables 125 and 126 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 95% (3736) of all respondents agreed and 1% (33) disagreed with the proposal.

Table 125. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3736	95%	95%	94%	100%	92%	92%	94%	96%	96%	96%	92%
Neither agree nor disagree	136	4%	3%	4%	-	6%	3%	4%	3%	3%	3%	6%
Total disagree	33	1%	1%	2%	-	1%	2%	1%	-	1%	1%	0.4%
N/A	35	1%	1%	1%	-	1%	3%	1%	1%	1%	0.2%	2%
Base	3940		3184	460	25	72	132	1106	121	1026	1241	446

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 126. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3736	95%	96%	95%	95%	95%	95%	91%
Neither agree nor disagree	136	4%	3%	4%	4%	4%	3%	5%
Total disagree	33	1%	1%	1%	1%	1%	1%	2%
N/A	35	1%	1%	0.4%	1%	1%	1%	2%
Base	3940		1211	1123	1310	1136	2502	223

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- There were no significant differences between sub-groups.

Service user

- There were no significant differences between sub-groups.

Carer

- There were no significant differences between sub-groups.

Geography

- A significant proportion of respondents from Leicestershire South and East (96% / 985) were in agreement with this proposal compared to respondents from the Leicester City Council area (94% / 1039)

Index of multiple deprivation

- A significant proportion of respondents in the least deprived areas (96% / 2015) were in agreement with this proposal compared to respondents in the most deprived areas (94% / 1259)

Urban / rural

- A significant proportion of town respondents (97% / 487) were in agreement with this proposal compared to urban respondents (95% / 2564)

Age

- There were no significant differences between sub-groups.

Gender

- A significant proportion of female respondents (96% / 2878) were in agreement with this proposal compared to male respondents (92% / 660)
- A significant proportion of male respondents (2% / 12) were in disagreement with this proposal compared to female respondents (1% / 15)
- There were no significant differences between sub-groups.

Race

- There were no significant differences between sub-groups.

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.10 Response to the question 21e: Please explain why?

228 survey respondents provided additional comments on this proposal. Table 127 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Quality of care, General, Specific groups, Service provision, Access, Staff, Integration, Communication, Cost and efficiency.

Across the main themes, three sub-themes were in agreement with the proposal, five sub-themes were in disagreement with the proposal and 24 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. Quality of care - Proposal will have positive impact on mental health outcomes of service users (e.g. prevent crisis, early recovery) (31% / 70)
2. General - Agreement with proposal (26% / 59)
3. Access - Proposal will improve access to appropriate support (10% / 22).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. General - Psychosis Intervention and Early Recovery team works well (e.g. no need for changes) (4% / 10)
2. Quality of care - Assertive Outreach services provides better support for such patients (4% / 8)
3. General - Disagreement with the proposal (3% / 6).

The top three observation sub-themes raised by survey respondents were:

1. Quality of care - Consider improving quality of care for patients with psychosis (11% / 24)
2. Quality of care - Consider improving assessment of patients (e.g. avoid irrelevant questions) (4% / 9)
3. Access - Consider improving waiting time for assessment and referrals (4% / 8); Quality of care - Consider the need for continuity and consistency of care for patients with psychosis (4% / 8); Quality of care - Consider the need for early intervention for other mental health issues (e.g. anxiety, eating disorders, suicide) (4% / 8); Specific groups - Concern over patients who do not accept the diagnosis and don't engage (4% / 8).

Table 127. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary groups / charities
Quality of care – agreement	Proposal will have positive impact on mental health outcomes of service users (e.g. prevent crisis, early recovery)	1	70	31%	49	7	1	2	7
Quality of care - disagreement	Assertive Outreach services provides better support for such patients	8	8	4%	5	2	-	-	1
	Proposal will have a negative impact on quality of care (e.g. inconsistency, lose specialisms)	14	1	0.4%	-	1	-	-	-
	Care in the community does not work	14	1	0.4%	1	-	-	-	-
Quality of care - observation	Consider improving quality of care for patients with psychosis	3	24	11%	15	4	-	1	4
	Consider improving assessment of patients (e.g. avoid irrelevant questions)	7	9	4%	4	3	-	-	1
	Consider the need for continuity and consistency of care for patients with psychosis	8	8	4%	6	-	-	-	2
	Consider the need for early intervention for other mental health issues (e.g. anxiety, eating disorders, suicide)	8	8	4%	7	-	-	-	1
	Consider the need to look at roots of psychosis (e.g. living conditions)	13	2	1%	2	-	-	-	-
General – agreement	Agreement with proposal	2	59	26%	53	2	-	-	2
General - disagreement	Psychosis Intervention and Early Recovery team works well (e.g. no need for changes)	6	10	4%	3	7	-	-	-
	Disagreement with the proposal	9	6	3%	3	2	-	1	-
General - observation	More details about the proposal are required	9	6	3%	3	3	-	-	-
	Proposal will have positive impact on family members	10	5	2%	5	-	-	-	-
	More details about proposal are required	12	3	1%	2	1	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	14	1	0.4%	1	-	-	-	-
	Consider the need to implement proposal effectively	14	1	0.4%	1	-	-	-	-
	Further consultation about proposal is required (e.g. staff opinions)	14	1	0.4%	1	-	-	-	-
Specific groups - observation	Concern over patients who do not accept the diagnosis and don't engage	8	8	4%	5	3	-	-	-
	Consider improving mental health services for young people	12	3	1%	2	1	-	-	-

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	Consider improving service for severe and enduring mental health illness	14	1	0.4%	-	1	-	-	-
	Ensure that the service is accessible for people over 65	14	1	0.4%	-	1	-	-	-
Service provision - observation	More mental health services are required	13	2	1%	2	-	-	-	-
	Consider improved provision of mental health services locally (e.g. Rutland)	14	1	0.4%	1	-	-	-	-
	Consider the need to provide one-to-one support	14	1	0.4%	1	-	-	-	-
Access - agreement	Proposal will improve access to appropriate support	4	22	10%	15	1	-	1	3
Access - observation	Consider improving waiting time for assessment and referrals	8	8	4%	7	1	-	-	-
	Mental health support should be provided 24/7	13	2	1%	2	-	-	-	-
Staff - observation	Ensure adequate staffing (e.g. staffing levels, trained staff)	9	6	3%	6	-	-	-	-
Integration - observation	Ensure integration of this service with other services (e.g. police, GP)	11	4	2%	3	1	-	-	-
Communication - observation	Consider greater promotion of this service	13	2	1%	1	1	-	-	-
Cost and efficiency - observation	Ensure sufficient resources to implement this proposal	13	2	1%	2	-	-	-	-
	No comment (e.g. as above, N/A)	5	12	5%	8	-	-	-	-
	Unsure (e.g. don't know)	11	4	2%	4	-	-	-	-
	Other	7	9	4%	8	-	-	-	1
<i>Base</i>			228		171	28	1	3	14

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Patients or members of the public:
 - Agreement sub-theme: General - Agreement with proposal (31% / 53)
 - Disagreement sub-theme: Quality of care - Assertive Outreach services provides better support for such patients (3% / 5).
- NHS organisations:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Other public sector organisation:
 - Disagreement sub-theme: General - Disagreement with the proposal (33% / 1).
- Patient representative organisation, voluntary group or charities:
 - Disagreement sub-theme: Quality of care - Assertive Outreach services provides better support for such patients (7% / 1).

Service user

- Service users:
 - Disagreement sub-theme: Quality of care - Assertive Outreach services provides better support for such patients (4% / 2).
- Non-service users:
 - Observation sub-theme: Specific groups - Concern over patients who do not accept the diagnosis and don't engage (13% / 5).

Carer

- Carers:
 - Agreement sub-theme: Quality of care - Proposal will have positive impact on mental health outcomes of service users (e.g. prevent crisis, early recovery) (31% / 23); General - Agreement with proposal (31% / 23)
 - Disagreement sub-theme: General - Psychosis Intervention and Early Recovery team works well (e.g. no need for changes) (3% / 2); Quality of care - Assertive Outreach services provides better support for such patients (3% / 2); General - Disagreement with the proposal (3% / 2).

Geography

- Respondents from Leicester City Council area:
 - Disagreement sub-theme: General - Disagreement with the proposal (5% / 4)
 - Observation sub-theme: Quality of care - Consider improving quality of care for patients with psychosis (5% / 4); Quality of care - Consider improving assessment of patients (e.g. avoid irrelevant questions) (5% / 4).
- Respondents from Rutland County Council area:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Consider improving waiting time for assessment and referrals (20% / 1); Service provision - Consider improved provision of mental health services locally (e.g. Rutland) (20% / 1).
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: Quality of care - Assertive Outreach services provides better support for such patients (8% / 4).

- Respondents from Leicestershire North and West:
 - Agreement sub-theme: General - Agreement with proposal (39% / 22).

Index of multiple deprivation

- Respondents from the most deprived areas:
 - Disagreement sub-theme: Quality of care - Assertive Outreach services provides better support for such patients (3% / 3); General - Disagreement with the proposal (3% / 3).

Urban / rural

- Urban:
 - Disagreement sub-theme: Quality of care - Assertive Outreach services provides better support for such patients (3% / 5); General - Disagreement with the proposal (3% / 5).
- Town:
 - Agreement sub-theme: Quality of care - Proposal will have positive impact on mental health outcomes of service users (e.g. prevent crisis, early recovery) (37% / 7); General - Agreement with proposal (37% / 7)
 - Disagreement sub-theme: General - Psychosis Intervention and Early Recovery team works well (e.g. no need for changes) (5% / 1); Quality of care - Assertive Outreach services provides better support for such patients (5% / 1); General - Disagreement with the proposal (5% / 1).
- Village / hamlet:
 - Agreement sub-theme: General - Agreement with proposal (36% / 10).

Age

- 16 – 29:
 - Disagreement sub-theme: Quality of care - Assertive Outreach services provides better support for such patients (8% / 2)
 - Observation sub-theme: Quality of care - Consider improving quality of care for patients with psychosis (8% / 2); Access - Consider improving waiting time for assessment and referrals (8% / 2); Staff - Ensure adequate staffing (e.g. staffing levels, trained staff) (8% / 2).
- 30 – 49:
 - Agreement sub-theme: General - Agreement with proposal (29% / 20).
- 70 and over:
 - Agreement sub-theme: General - Agreement with proposal (29% / 5)
 - Disagreement sub-theme: Quality of care - Assertive Outreach services provides better support for such patients (6% / 1)
 - Observation sub-theme: Quality of care - Consider improving quality of care for patients with psychosis (6% / 1); Access - Consider improving waiting time for assessment and referrals (6% / 1); Quality of care - Consider the need for continuity and consistency of care for patients with psychosis (6% / 1); General - More details about the proposal are required (6% / 1); Integration - Ensure integration of this service with other services (e.g. police, GP) (6% / 1).

Gender

- Male:
 - Disagreement sub-theme: Quality of care - Assertive Outreach services provides better support for such patients (6% / 4); General - Disagreement with the proposal (6% / 4).
- Other (including non-binary and intersex)
 - Disagreement sub-theme: No disagreement theme raised
 - Observation sub-theme: No observation sub-themes raised.

Ethnicity

- Asian/Asian British:
 - Disagreement sub-theme: General - Psychosis Intervention and Early Recovery team works well (e.g. no need for changes) (5% / 1); Quality of care - Assertive Outreach services provides better support for such patients (5% / 1).
- Black/Black British:
 - Disagreement sub-theme: Quality of care - Assertive Outreach services provides better support for such patients (12% / 2)
 - Observation sub-theme: General - Proposal will have positive impact on family members (12% / 2).
- Mixed/Multiple ethnic groups:
 - Agreement sub-theme: General - Agreement with proposal (40% / 2)
 - Disagreement sub-theme: General - Disagreement with the proposal (20% / 1)
 - Observation sub-theme: Quality of care - Consider improving quality of care for patients with psychosis (20% / 1); Quality of care - Consider the need for continuity and consistency of care for patients with psychosis (20% / 1); Quality of care - Consider the need for early intervention for other mental health issues (e.g. anxiety, eating disorders, suicide) (20% / 1); General - Proposal will have positive impact on family members (20% / 1).
- Any other ethnic group
 - Agreement sub-theme: General - Agreement with proposal (33% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Consider improving waiting time for assessment and referrals (33% / 1).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.11 Response to the question 20f: To what extent do you agree or disagree with these changes: Improve the Memory Service by offering online consultations

Table 128 and 129 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 83% (3276) of all respondents agreed and 6% (219) disagreed with the proposal.

Table 128. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3276	83%	84%	77%	96%	82%	80%	82%	78%	83%	84%	83%
Neither agree nor disagree	407	10%	10%	14%	-	10%	12%	11%	15%	10%	10%	10%
Total disagree	219	6%	5%	8%	4%	7%	5%	5%	7%	6%	5%	4%
N/A	38	1%	1%	1%	-	1%	3%	1%	-	1%	1%	3%
Base	3940		3183	461	25	73	131	1111	120	1031	1236	442

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 129. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3276	83%	84%	84%	82%	83%	84%	74%
Neither agree nor disagree	407	10%	10%	10%	11%	10%	10%	14%
Total disagree	219	6%	6%	6%	6%	6%	5%	11%
N/A	38	1%	1%	0.4%	1%	1%	1%	1%
Base	3940		1213	1125	1306	1136	2507	222

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- A significant proportion of patients and members of the public (84% / 2675) were in agreement with this proposal compared to NHS employees (77% / 340)
- A significant proportion of NHS employees (8% / 37) were in disagreement with this proposal compared to patients and members of the public (5% / 165)

Service user

- There were no significant differences between sub-groups.

Carer

- There were no significant differences between sub-groups.

Geography

- There were no significant differences between sub-groups.

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- There were no significant differences between sub-groups.

Urban / rural

- There were no significant differences between sub-groups.

Age

- A significant proportion of respondents aged 16-29 (87% / 428) were in agreement with this proposal compared to respondents aged 50-69 (82% / 1231)
- A significant proportion of respondents aged 50-69 (6% / 90) were in disagreement with this proposal compared to respondents aged 70 and over (4% / 9)

Gender

- There were no significant differences between sub-groups.

Race

- A significant proportion of Asian/Asian British respondents (88% / 286) were in agreement with this proposal compared to respondents from mixed/multiple ethnic groups (78% / 57)
- A significant proportion of white respondents (6% / 172) were in disagreement with this proposal compared to Black/Black British respondents (1% / 1).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.12 Response to the question 21f: Please explain why?

321 survey respondents provided additional comments on this proposal. Table 130 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Quality of care, General, Service provision, Access, Cost and efficiency, Specific groups, Patient's choice, Integration, Staff, Technology, COVID.

Across the main themes, five sub-themes were in agreement with the proposal, nine sub-themes were in disagreement with the proposal and 27 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (18% / 57)
2. Quality of care - Proposal will help to reduce stress and anxiety of service users (4% / 13)
3. Access - Proposal will improve access to services (e.g. quicker) (3% / 10).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Access - Concern over lack of access to technology or knowledge of how to use it (25% / 80)
2. Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (23% / 73)

3. General - Disagreement with proposal (6% / 18%); Quality of care - Physical examination is required to provide effective care (6% / 18).

The top three observation sub-themes raised by survey respondents were:

1. Specific groups - Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people) (9% / 29)
2. Service provision - Consider provision of memory services out of hospital (e.g. community settings) (8% / 27)
3. Service provision - Consider provision of assessment at patient's home (6% / 18).

Table 130. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Quality of care – agreement	Proposal will help to reduce stress and anxiety of service users	9	13	4%	10	-	1	-	1
	Proposal will improve safety of care	16	2	1%	2	-	-	-	-
Quality of care - disagreement	Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed)	2	73	23%	57	10	-	2	3
	Physical examination is required to provide effective care	6	18	6%	13	5	-	-	-
	Proposal will have a negative impact on quality of care (e.g. inconsistency, lose specialisms)	16	2	1%	1	1	-	-	-
Quality of care - observation	Online consultations may be suitable depending on the medical issue	12	9	3%	5	3	-	1	-
	Community support for people with dementia is poor and requires improvement	17	1	0.3%	1	-	-	-	-
	Consider the need for regular assessment of elderly people	17	1	0.3%	1	-	-	-	-
	Consider the need for safeguarding measures	17	1	0.3%	-	1	-	-	-
	Consider the need to improve mental health services	17	1	0.3%	1	-	-	-	-
	Hospitals provided good quality of care for such patients	17	1	0.3%	1	-	-	-	-
General - agreement	Agreement with proposal	3	57	18%	49	3	1	1	2
General – disagreement	Disagreement with proposal	6	18	6%	15	2	-	-	1
	Proposal will increase isolation of service users	15	3	1%	3	-	-	-	-
General - observation	More details about the proposal are required	10	11	3%	11	-	-	-	-
	Consider the need to implement the proposal effectively	15	3	1%	2	1	-	-	-
	Proposal will have positive impact on family members	16	2	1%	1	-	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	17	1	0.3%	1	-	-	-	-
	Further consultation about the proposal is required (e.g. staff opinions)	17	1	0.3%	1	-	-	-	-
Service provision - disagreement	There are already numerous organisations dealing with older people and dementia	17	1	0.3%	1	-	-	-	-

Service provision - observation	Consider provision of memory services out of hospital (e.g. community settings)	5	27	8%	23	3	-	1	-
	Consider provision of assessment at patient's home	6	18	6%	12	5	-	1	-
	Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone)	8	16	5%	12	3	-	1	-
	Consider provision of memory Services locally	13	5	2%	5	-	-	-	-
	Consider provision of IT support for service users who need it	14	4	1%	4	-	-	-	-
	Consider expanding memory services for younger groups of population	15	3	1%	1	2	-	-	-
Access - agreement	Proposal will improve access to services (e.g. quicker)	11	10	3%	8	-	1	-	1
Access - disagreement	Concern over lack of access to technology or knowledge of how to use it	1	80	25%	65	9	-	1	-
Access - observation	Mental health services should be available 24/7	16	2	1%	2	-	-	-	-
	Consider improving waiting time for assessment and referrals	17	1	0.3%	-	1	-	-	-
	Ensure appropriate referrals to other services	17	1	0.3%	1	-	-	-	-
Cost and efficiency - agreement	Proposal will help to reduce pressure on hospitals	17	1	0.3%	-	-	-	-	-
Cost and efficiency - disagreement	Proposal is focused on reducing cost rather than improving quality of mental health care	14	4	1%	3	1	-	-	-
Cost and efficiency - observation	Ensure sufficient capacity to implement the proposal	14	4	1%	4	-	-	-	-
Specific groups - observation	Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people)	4	29	9%	24	4	-	-	1
	Ensure that the service reflects the needs of the diverse community	16	2	1%	-	1	-	-	1
Patient's choice - observation	Consider the need for patients to choose the type of consultation	12	9	3%	5	3	-	-	1
Integration - observation	Consider greater integration between mental health services	14	4	1%	2	2	-	-	-
Staff - observation	Ensure appropriate staffing (e.g. staffing levels, trained staff)	16	2	1%	1	1	-	-	-
Technology - observation	Consider greater use of technology in healthcare	17	1	0.3%	1	-	-	-	-
COVID - disagreement	Virtual appointments did not work well during pandemic	17	1	0.3%	-	-	-	1	-
	No comment, N/A (e.g. as above)	7	17	5%	11	1	-	-	1
	Other	9	13	4%	12	-	-	-	1
<i>Base</i>			321		251	37	1	7	12

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Individual NHS employees:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (27% / 10)
 - Observation sub-theme: Service provision - Consider provision of assessment at patient's home (14% / 5).
- NHS organisations:
 - Agreement sub-theme: Agreement - General - Agreement with proposal (100% / 1); Quality of care - Proposal will help to reduce stress and anxiety of service users (100% / 1); Access - Proposal will improve access to services (e.g. quicker) (100% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Other public sector organisation:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (29% / 2)
 - Observation sub-theme: Service provision - Consider provision of memory services out of hospital (e.g. community settings) (14% / 1); Service provision - Consider provision of assessment at patient's home (14% / 1); Service provision - Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone) (14% / 1); Quality of care - Online consultations may be suitable depending on the medical issue (14% / 1).
- Patient representative organisation, voluntary group or charities:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (25% / 3)
 - Observation sub-theme: Specific groups - Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people) (8% / 1); Patient choice - Consider the need for patients to choose the type of consultation (8% / 1); Specific groups - Ensure that the service reflects the needs of the diverse community (8% / 1).

Service user

- Service users:
 - Observation sub-theme: Service provision - Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone) (10% / 7).
- Non-service users:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (44% / 32)
 - Observation sub-theme: Service provision - Consider provision of memory services out of hospital (e.g. community settings) (14% / 10); Service provision - Consider provision of assessment at patient's home (14% / 10).

Carer

- Non-carers:
 - Observation sub-theme: Service provision - Consider provision of memory services out of hospital (e.g. community settings) (10% / 17).

Geography

- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (10% / 1); Quality of care - Proposal will improve safety of care (10% / 1)
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (30% / 3)
 - Observation sub-theme: Specific groups - Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people) (10% / 1); Service provision - Consider provision of assessment at patient's home (10% / 1); General - More details about the proposal are required (10% / 1); Quality of care - Online consultations may be suitable depending on the medical issue (10% / 1); Service provision - Consider provision of memory Services locally (10% / 1); Service provision - Consider provision of IT support for service users who need it (10% / 1).
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (26% / 21)
 - Observation sub-theme: Service provision - Consider provision of memory services out of hospital (e.g. community settings) (9% / 7); Service provision - Consider provision of assessment at patient's home (9% / 7).

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- Respondents from the least deprived areas:
 - Disagreement sub-theme: Access - Concern over lack of access to technology or knowledge of how to use it (29% / 46); Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (29% / 46).

Urban / rural

- Town:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (30% / 9)
 - Observation sub-theme: Service provision - Consider provision of memory services out of hospital (e.g. community settings) (10% / 3); Service provision - Consider provision of assessment at patient's home (10% / 3).
- Village / hamlet:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (33% / 14)
 - Observation sub-theme: Service provision - Consider provision of assessment at patient's home (9% / 4).

Age

- 16 – 29:
 - Observation sub-theme: Service provision - Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone) (12% / 3).
- 50 – 69:
 - Observation sub-theme: Service provision - Consider provision of memory services out of hospital (e.g. community settings) (10% / 15).
- 70 and over:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (31% / 8)
 - Observation sub-theme: General - More details about the proposal are required (15% / 4).

Gender

- Male:
 - Observation sub-theme: Service provision - Consider provision of memory services out of hospital (e.g. community settings) (14% / 10).
- Other (including non-binary and intersex)
 - Agreement sub-theme: Access - Proposal will improve access to services (e.g. quicker) (67% / 2)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.

Ethnicity

- Asian/Asian British:
 - Observation sub-theme: Service provision - Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone) (19% / 5).
- Black/Black British:
 - Agreement sub-theme: General - Agreement with proposal (14% / 2); Quality of care - Proposal will help to reduce stress and anxiety of service users (14% / 2)
 - Observation sub-theme: Service provision - Consider provision of memory services out of hospital (e.g. community settings) (14% / 2).
- Mixed/Multiple ethnic groups:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (20% / 1)
 - Observation sub-theme: Specific groups - Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people) (20% / 1); Service provision - Consider provision of memory services out of hospital (e.g. community settings) (20% / 1); Service provision - Consider provision of assessment at patient's home (20% / 1); Service provision - Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone) (20% / 1).
- Any other ethnic group
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (40% / 2)
 - Observation sub-theme: General - More details about the proposal are required (20% / 1).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.13 Response to the question 20g: To what extent do you agree or disagree with these changes: Provide community rehabilitation support

Table 131 and 132 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 90% (3571) of all respondents agreed and 2% (88) disagreed with the proposal.

Table 131. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	3571	90%	90%	90%	100%	93%	90%	90%	89%	90%	92%	88%
Neither agree nor disagree	258	7%	7%	6%	-	5%	5%	6%	9%	7%	6%	8%
Total disagree	88	2%	2%	3%	-	-	2%	3%	2%	2%	2%	2%
N/A	32	1%	1%	1%	-	1%	3%	1%	-	1%	0.2%	2%
Base	3949		3187	463	25	74	133	1107	118	1030	1246	448

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 132. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	3571	90%	91%	91%	90%	92%	91%	83%
Neither agree nor disagree	258	7%	7%	6%	7%	6%	6%	12%
Total disagree	88	2%	2%	3%	2%	2%	2%	3%
N/A	32	1%	1%	1%	1%	0.4%	1%	2%
Base	3949		1214	1127	1309	1136	2513	222

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- There were no significant differences between sub-groups.

Service user

- There were no significant differences between sub-groups.

Carer

- There were no significant differences between sub-groups.

Geography

- There were no significant differences between sub-groups.

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- There were no significant differences between sub-groups.

Urban / rural

- There were no significant differences between sub-groups.

Age

- A significant proportion of respondents aged 16-29 (94% / 470) were in agreement with this proposal compared to respondents aged 50-69 (89% / 1326)
- A significant proportion of respondents aged 30-49 (3% / 39) were in disagreement with this proposal compared to respondents aged 70 and over (0% / 0).

Gender

- A significant proportion of female respondents (92% / 2749) were in agreement with this proposal compared to male respondents (89% / 638).

Race

- There were no significant differences between sub-groups.

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.1.14 Response to the question 21g: Please explain why?

274 survey respondents provided additional comments on this proposal. Table 133 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: General, Quality of care, Service provision, Access, Specific groups, Cost and efficiency, Staff, Support, Communication and Integration.

Across the main themes, five sub-themes were in agreement with the proposal, eight sub-themes were in disagreement with the proposal and 23 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (34% / 94)
2. Access - Proposal improves access to mental health support (e.g. local, reduced waiting times) (9% / 24)
3. Quality of care - Proposal will provide preventative services for mental health issues (4% / 12).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Service provision - The service is already being provided (e.g. Assertive Outreach team, has been renamed) (13% / 36)
2. Service provision - Concern over the removal of existing services (e.g. out of community care) (4% / 11)
3. General - Disagreement with the proposal (3% / 7).

The top three observation sub-themes raised by survey respondents were:

1. Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (5% / 14)
2. General - Consider the need to implement proposal effectively (4% / 12)

3. General - More details about proposal are required (4% / 11); Quality of care - Ensure continuity of care (e.g. regular support) (4% / 11).

Table 133. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
General – agreement	Agreement with proposal	1	94	34%	76	3	1	4	6
General - disagreement	Disagreement with the proposal	8	7	3%	6	-	-	-	-
	Proposal will increase isolation of service users	14	1	0.4%	1	-	-	-	-
General - observation	Consider the need to implement proposal effectively	5	12	4%	9	2	-	-	-
	More details about proposal are required	6	11	4%	10	1	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	14	1	0.4%	1	-	-	-	-
	Further consultation about the proposal is required (e.g. staff and service users opinion)	14	1	0.4%	1	-	-	-	-
Quality of care – agreement	Proposal will provide preventative services for mental health issues	5	12	4%	8	1	-	-	3
Quality of care – disagreement	Proposal will have a negative impact on quality of care (e.g. inconsistency, lose specialisms)	13	2	1%	-	2	-	-	-
	Proposal could impact families negatively (e.g. pressured to keep family member at home)	14	1	0.4%	1	-	-	-	-
Quality of care - observation	Ensure continuity of care (e.g. regular support)	6	11	4%	10	1	-	-	-
	Consider the safety of caring for those with complex psychosis within the community	7	10	4%	7	3	-	-	-
	Consider the need for preventive measures and early intervention	14	1	0.4%	1	-	-	-	-
Service provision - disagreement	The service is already being provided (e.g. Assertive Outreach team, has been renamed)	2	36	13%	19	13	-	-	-
	Concern over the removal of existing services (e.g. out of community care)	6	11	4%	10	1	-	-	-
Service provision – observation	Consider provision of assessment at patient's home	9	6	2%	4	1	-	1	-
	Ensure that there are appropriate facilities to hospitalise if needed	13	2	1%	2	-	-	-	-
	Consider expanding services for younger age groups	14	1	0.4%	1	-	-	-	-
	Consider the need for greater community engagement for anyone living with a mental illness	14	1	0.4%	1	-	-	-	-

Access - agreement	Proposal improves access to mental health support (e.g. local, reduced waiting times)	3	24	9%	18	2	-	-	3
Access - disagreement	A seven-day service is not required	14	1	0.4%	1	-	-	-	-
Access - observation	Consider the need to provide easy access to the service	9	6	2%	5	-	1	-	-
	Consider extending working hours of these teams (e.g. out of hours, 24/7)	11	4	2%	3	1	-	-	-
	Ensure appropriate referral process	14	1	0.4%	1	-	-	-	-
Specific groups - observation	Consider the needs of those with substance addiction	8	7	3%	4	2	-	1	-
	Ensure that the service reflects the needs of the diverse community	9	6	2%	1	-	-	-	5
	Concern over patients who do not accept the diagnosis	10	5	2%	4	1	-	-	-
	Consider improving mental health support for children	14	1	0.4%	-	1	-	-	-
Cost and efficiency - agreement	Proposal helps to reduce pressure on other services (e.g. hospitals)	14	1	0.4%	1	-	-	-	-
Cost and efficiency - disagreement	Proposal is focused on reducing cost rather than improving quality of mental health care	10	5	2%	5	-	-	-	-
Cost and efficiency - observation	Ensure there is sufficient funding and resources to make these changes	7	10	4%	6	2	-	-	1
Staff - observation	Ensure appropriate staffing (e.g. trained staff, staffing levels)	4	14	5%	10	3	-	-	-
	Consider provision of training for staff	13	2	1%	1	1	-	-	-
Support - agreement	Agreement - Support - Proposal will allow family and friends to support when needed	11	4	2%	4	-	-	-	-
Communication - observation	Further promotion of community rehabilitation is required (e.g. leaflets, GP surgeries)	8	7	3%	5	2	-	-	-
Integration - observation	Consider the need to integrate with local organisations	12	3	1%	2	1	-	-	-
	No comment (e.g. as above, N/A)	4	14	5%	11	-	-	-	1
	Other	4	14	5%	11	2	-	-	1
<i>Base</i>			274		208	33	1	4	14

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Patients or members of the public:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (5% / 10); General - More details about proposal are required (5% / 10); Quality of care - Ensure continuity of care (e.g. regular support) (5% / 10)
- Individual NHS employees:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (9% / 3); Quality of care - Consider the safety of caring for those with complex psychosis within the community (9% / 3)
- NHS organisations:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Consider the need to provide easy access to the service (100% / 1)
- Other public sector organisation:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Consider the needs of those with substance addiction (25% / 1); Service provision - Consider provision of assessment at patient's home (25% / 1)
- Patient representative organisation, voluntary group or charities:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that the service reflects the needs of the diverse community (36% / 5)

Service user

- Service users:
 - Observation sub-theme: General - More details about proposal are required (8% / 4)
- Non-service users:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (10% / 5); General - Consider the need to implement proposal effectively (10% / 5)

Carer

- Non-carers:
 - Observation sub-theme: General - More details about proposal are required (8% / 7)

Geography

- Respondents from Leicester City Council area:
 - Observation sub-theme: General - Consider the need to implement proposal effectively (4% / 4); Quality of care - Ensure continuity of care (e.g. regular support) (4% / 4); Specific groups - Ensure that the service reflects the needs of the diverse community (4% / 4)
- Respondents from Rutland County Council area:
 - Agreement sub-theme: General - Agreement with proposal (29% / 2); Access - Proposal improves access to mental health support (e.g. local, reduced waiting times) (29% / 2)
- Respondents from Leicestershire South and East:

- Observation sub-theme: General - Consider the need to implement proposal effectively (6% / 4); Quality of care - Consider the safety of caring for those with complex psychosis within the community (6% / 4)

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- Respondents from the most deprived areas:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (5% / 5); General - More details about proposal are required (5% / 5); Cost and efficiency - Ensure there is sufficient funding and resources to make these changes (5% / 5)
- Respondents from the least deprived areas:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (7% / 8); Quality of care - Ensure continuity of care (e.g. regular support) (7% / 8)

Urban / rural

- Town:
 - Agreement sub-theme: Access - Proposal improves access to mental health support (e.g. local, reduced waiting times) (24% / 5)
 - Disagreement sub-theme: Service provision - Concern over the removal of existing services (e.g. out of community care) (10% / 2)
 - Observation sub-theme: Quality of care - Ensure continuity of care (e.g. regular support) (14% / 3)
- Village / hamlet:
 - Observation sub-theme: General - Consider the need to implement proposal effectively (8% / 3); Quality of care - Consider the safety of caring for those with complex psychosis within the community (8% / 3)

Age

- 16 – 29:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (8% / 2); General - Consider the need to implement proposal effectively (8% / 2)
- 30 – 49:
 - Observation sub-theme: General - More details about proposal are required (5% / 4); Quality of care - Ensure continuity of care (e.g. regular support) (5% / 4); Cost and efficiency - Ensure there is sufficient funding and resources to make these changes (5% / 4); Quality of care - Consider the safety of caring for those with complex psychosis within the community (5% / 4)
- 70 and over:
 - Disagreement sub-theme: Service provision - The service is already being provided (e.g. Assertive Outreach team, has been renamed) (5% / 1); General - Disagreement with the proposal (5% / 1)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (10% / 2); General - More details about proposal are required (10% / 2)

Gender

- Male:

- Observation sub-theme: Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (4% / 3); Quality of care - Consider the safety of caring for those with complex psychosis within the community (4% / 3)
- Other (including non-binary and intersex)
 - Agreement sub-theme: Access - Proposal improves access to mental health support (e.g. local, reduced waiting times) (20% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Quality of care - Consider the safety of caring for those with complex psychosis within the community (20% / 1); Communication - Further promotion of community rehabilitation is required (e.g. leaflets, GP surgeries) (20% / 1); Specific groups - Ensure that the service reflects the needs of the diverse community (20% / 1)

Ethnicity

- Asian/Asian British:
 - Observation sub-theme: Access - Consider the need to provide easy access to the service (10% / 3)
- Black/Black British:
 - Observation sub-theme: Specific groups - Ensure that the service reflects the needs of the diverse community (9% / 1)
- Mixed/Multiple ethnic groups:
 - Observation sub-theme: General - More details about proposal are required (17% / 1); Quality of care - Consider the safety of caring for those with complex psychosis within the community (17% / 1%); Service provision - Consider provision of assessment at patient's home (17% / 1)
- Any other ethnic group
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.9.2 Working with the community to provide more mental health services locally: one-to-one interviews, focus groups and public events

Event participants were asked the following questions:

- Please tell us why you agree or disagree with the proposal to create eight teams each based in a local area to support adult's mental health needs
- Please tell us why you agree or disagree with the proposal to offer a wider range of therapies for people with personality disorders
- Please tell us why you agree or disagree with the proposal to increase access to perinatal services that support women with moderate to severe perinatal mental health difficulties.
- Please tell us why you agree or disagree with the proposal to develop a new maternal outreach service
- Please tell us why you agree or disagree with the proposal to improve assessment for people who may need Psychosis Intervention and Early Recovery service
- Please tell us why you agree or disagree with the proposal to improve the Memory Service by offering online consultations
- Please tell us why you agree or disagree with the proposal to provide community rehabilitation support
- General feedback.

5.9.2.1 Responses to question: Please tell us why you agree or disagree with the proposal to create eight teams each based in a local area to support adult's mental health needs

Table 134 summarises the sub-themes raised by event participants on the proposal to create eight teams each based in a local area to support adult's mental health needs.

The main theme areas raised by event participants were: General, Access, Staff, Quality of care, Integration, Service provision, Communication, Cost and efficiency.

Across the main themes, four sub-themes were in agreement with the proposal, one sub-theme was in disagreement with the proposal and seven sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (62% / 28)
2. Access - Proposal improves access to mental health support locally (4% / 2)
3. Access - Proposal reduces waiting time for mental health support (2% / 1); Cost and efficiency - Proposal helps to reduce pressure on other services (e.g. hospitals) (2% / 1).

The top sub-theme raised by event participants in disagreement with this proposal was:

1. General - Disagreement with the proposal (7% / 3).

The top three observation sub-themes raised by event participants were:

1. Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (18% / 8)
2. General - More details about proposal are required (e.g. capacity, type of support) (7% / 3); Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (7% / 3)
3. Communication - Consider improving communication with service users (2% / 1); General - Consider the need to implement proposal effectively (2% / 1); Integration - Ensure effective collaboration of

these teams (2% / 1); Service provision - More than eight teams are required (e.g. in rural area) (2% / 1).

Table 134. Please tell us why you agree or disagree with the proposal to create eight teams each based in a local area to support adult's mental health needs. Event feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
General - agreement	Agreement with proposal	1	28	62%
General - observation	More details about proposal are required (e.g. capacity, type of support)	3	3	7%
	Consider the need to implement proposal effectively	5	1	2%
General - disagreement	Disagreement with the proposal	3	3	7%
Access - agreement	Proposal improves access to mental health support locally	4	2	4%
	Proposal reduces waiting time for mental health support	5	1	2%
Staff - observation	Ensure appropriate staffing (e.g. staffing levels, trained staff)	2	8	18%
Quality of care - observation	Consider the need for continuous and consistent mental health support (e.g. ongoing support)	3	3	7%
Integration - observation	Ensure effective collaboration of these teams	5	1	2%
Service provision - observation	More than eight teams are required (e.g. in rural area)	5	1	2%
Communication - observation	Consider improving communication with service users	5	1	2%
Cost and efficiency - agreement	Proposal helps to reduce pressure on other services (e.g. hospitals)	5	1	2%
	No comment (e.g. as above, N/A)	5	1	2%
	Unsure (e.g. don't know)	5	1	2%
<i>Base</i>			45	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Age (young people)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Armed forces veterans:
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Carers:
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Councillors:
 - No feedback provided.
- Ethnicity (not white British):
 - Observation sub-theme: Quality of care - Consider the need for continuous and consistent mental health support (e.g. ongoing support) (38% / 3).
- Gender (women):
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - Agreement sub-theme: Access - Proposal improves access to mental health support locally (100% / 1)

- Disagreement sub-theme: No disagreement sub-themes raised
- Observation sub-theme: No observation sub-themes raised.
- Homeless:
 - No feedback provided.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief
 - No feedback provided.
- Sexuality:
 - No feedback provided.
- Staff:
 - No feedback provided.

Geography

- Leicestershire:
 - Observation sub-theme: General - Consider the need to implement proposal effectively (25% / 1); Integration - Ensure effective collaboration of these teams (25% / 1).
- LLR:
 - Disagreement sub-theme: No disagreement sub-themes raised.
- Rutland:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (33% / 1); General - More details about proposal are required (e.g. capacity, type of support) (33% / 1).

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.9.2.2 Responses to question: Please tell us why you agree or disagree with the proposal to offer a wider range of therapies for people with personality disorders

Table 135 summarises the sub-themes raised by event participants on the proposal to offer a wider range of therapies for people with personality disorders.

The main theme areas raised by event participants were: Specific groups, General, Access, Cost and efficiency, Capacity, Staff, Communication, Service provision.

Across the main themes, three sub-themes were in agreement with the proposal, one sub-theme was in disagreement with the proposal and five sub-themes were observations.

The top two sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (86% / 37)
2. Access - Proposal will improve access to support for people with personality disorders (2% / 1); Cost and efficiency - Proposal will help to reduce pressure on other services (e.g. A&E) (2% / 1).

The top sub-theme raised by event participants in disagreement with this proposal was:

1. Capacity - Concern over lack of capacity and resources to meet demand for this service (2% / 1)

The top two observation sub-themes raised by event participants were:

1. Specific groups - Consider the needs of deaf people (5% / 2); Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (5% / 2)

2. Communication - Consider improving communication with service users (2% / 1); Service provision - Consider provision of services for people experiencing trauma (2% / 1); Specific groups - Ensure that proposal reflects the needs of the diverse community (2% / 1).

Table 135. Please tell us why you agree or disagree with the proposal to offer a wider range of therapies for people with personality disorders. Event feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
Specific groups - observation	Consider the needs of deaf people	3	2	5%
	Ensure that proposal reflects the needs of the diverse community	4	1	2%
General - agreement	Agreement with proposal	1	37	86%
Access - agreement	Proposal will improve access to support for people with personality disorders	4	1	2%
Cost and efficiency - agreement	Proposal will help to reduce pressure on other services (e.g. A&E)	4	1	2%
Capacity - disagreement	Concern over lack of capacity and resources to meet demand for this service	4	1	2%
Staff - observation	Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT)	3	2	5%
Communication - observation	Consider improving communication with service users	4	1	2%
Service provision - observation	Observation - Service provision - Consider provision of services for people experiencing trauma	4	1	2%
	No comment (e.g. as above, N/A)	2	4	9%
Base			43	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Age (young people):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Armed forces veterans:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Carers:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- Councillors:
 - No feedback provided.
- Disability:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Consider the needs of deaf people (18% / 2); Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (18% / 2).
- Ethnicity (not white British)
 - Observation sub-theme: Communication - Consider improving communication with service users (14% / 1); Specific groups - Ensure that proposal reflects the needs of the diverse community (14% / 1).

- Gender (women):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Consider provision of services for people experiencing trauma (100% / 1).
- Homeless:
 - No feedback provided.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - No feedback provided.
- Staff:
 - No feedback provided.

Geography

- Leicester:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Consider the needs of deaf people (9% / 2); Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (9% / 2).
- Leicestershire:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- LLR:
 - Observation sub-theme: Communication - Consider improving communication with service users (7% / 1); Service provision - Consider provision of services for people experiencing trauma (7% / 1).
- Rutland:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.9.2.3 Responses to question: Please tell us why you agree or disagree with the proposal to increase access to perinatal services that support women with moderate to severe perinatal mental health difficulties

Table 136 summarises the sub-themes raised by event participants on the proposal to increase access to perinatal services that support women with moderate to severe perinatal mental health difficulties.

The main theme areas raised by event participants were: General, Access, Specific groups, Quality of care, Staff, Service provision, Integration, Communication.

Across the main themes, four sub-themes were in agreement with the proposal, there were no sub-themes in disagreement with the proposal and nine sub-themes were observations.

The top two sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (76% / 37)
2. Access - Proposal will improve access to perinatal mental health support (4% / 2); General - Proposal will have positive impact on family members (4% / 2); Quality of care - Proposal will help to improve the mental health of service users (4% / 2)

The top three sub-themes raised by event participants in disagreement with this proposal were:

No disagreement sub-themes raised

The top three observation sub-themes raised by event participants were:

1. Specific groups - Ensure that the service reflects the needs of the diverse community (6% / 3)
2. Access - Consider extending time for service provision after birth (4% / 2); Service provision - This service should be available for all family members and carers (4% / 2); Specific groups - Consider the needs of deaf women (4% / 2); Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (4% / 2)
3. Communication - Consider greater promotion of perinatal mental health services (2% / 1); General - Further consultation about the proposal is required (e.g. staff opinion) (2% / 1); General - More details about proposal are required (e.g. capacity, type of support) (2% / 1); Integration - Ensure collaboration of this service with other services (e.g. midwives, health visitors, GPs) (2% / 1).

Table 136. Please tell us why you agree or disagree with the proposal to increase access to perinatal services that support women with moderate to severe perinatal mental health difficulties. Event feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
General - agreement	Agreement with proposal	1	37	76%
	Proposal will have positive impact on family members	4	2	4%
General - observation	Further consultation about the proposal is required (e.g. staff opinion)	5	1	2%
	More details about proposal are required (e.g. capacity, type of support)	5	1	2%
Access - agreement	Proposal will improve access to perinatal mental health support	4	2	4%
Access - observation	Consider extending time for service provision after birth	4	2	4%
Specific groups - observation	Ensure that the service reflects the needs of the diverse community	3	3	6%
	Consider the needs of deaf women	4	2	4%
Quality of care - agreement	Proposal will help to improve the mental health of service users	4	2	4%
Staff - observation	Ensure appropriate staffing (e.g. staffing levels, trained staff)	4	2	4%
Service provision - observation	This service should be available for all family members and carers	4	2	4%
Integration - observation	Ensure collaboration of this service with other services (e.g. midwives, health visitors, GPs)	5	1	2%
Communication - observation	Consider greater promotion of perinatal mental health services	5	1	2%
	No comment (e.g. as above, N/A)	2	4	8%
<i>Base</i>			49	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Observation sub-theme: No observation sub-themes raised.
- Age (young people):
 - Observation sub-theme: No observation sub-themes raised.
- Armed forces veterans:
 - Observation sub-theme: No observation sub-themes raised.
- Carers:
 - Observation sub-theme: Access - Consider extending time for service provision after birth (9% / 1); Service provision - This service should be available for all family members and carers (9% / 1); General - More details about proposal are required (e.g. capacity, type of support) (9% / 1).
- Councillors:
 - No feedback provided.
- Disability:
 - Observation sub-theme: Specific groups - Consider the needs of deaf women (18% / 2).
- Gender (women):
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - Agreement sub-theme: No agreement sub-themes raised
 - Observation sub-theme: Integration - Ensure collaboration of this service with other services (e.g. midwives, health visitors, GPs) (100% / 1).
- Homeless:
 - No feedback provided
- Maternity / pregnancy:
 - Observation sub-theme: Service provision - This service should be available for all family members and carers (50% / 1); Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (50% / 1).
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - No feedback provided.
- Staff:
 - No feedback provided.

Geography

- Leicester:
 - Observation sub-theme: Specific groups - Consider the needs of deaf women (8% / 2).
- LLR:
 - Observation sub-theme: Specific groups - Ensure that the service reflects the needs of the diverse community (11% / 2); Service provision - This service should be available for all family members and carers (11% / 2).
- Rutland:
 - Observation sub-theme: No observation sub-themes raised.

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.9.2.4 Responses to question: Please tell us why you agree or disagree with the proposal to develop a new maternal outreach service

Table 137 summarises the sub-themes raised by event participants on the proposal to develop a new maternal outreach service.

The main theme areas raised by event participants were: Service provision, Specific groups, Access, General, Staff, Quality of care and Integration.

Across the main themes, three sub-themes were in agreement with the proposal, there were no sub-themes in disagreement with the proposal and 14 sub-themes were observations.

The top two sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (86% / 38)
2. Access - Proposal will improve access to mental health support (2% / 1); Quality of care - Proposal will help to prevent longer-term adverse effects of unprocessed trauma (e.g. improve outcomes for mothers and families) (2% / 1).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities) (14% / 6); Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (14% / 6)
2. Specific groups - Consider the needs of disabled women (11% / 5)
3. Specific groups - Ensure that the service reflects the needs of the diverse community (9% / 4).

Table 137. Please tell us why you agree or disagree with the proposal to develop a new maternal outreach service. Event general feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
Service provision - observation	Consider provision of interpreter services	6	1	2%
	Consider the need for midwives and health visitors to provide this support	6	1	2%
	Consider the need to improve mental health support for other groups (e.g. adoption, fostering and early trauma, women who cannot conceive)	6	1	2%
	This service should be available for all family members and carers	6	1	2%
Specific groups - observation	Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities)	2	6	14%
	Consider the needs of disabled women	3	5	11%
	Ensure that the service reflects the needs of the diverse community	4	4	9%
Access - agreement	Proposal will improve access to mental health support	6	1	2%
Access - observation	Consider the need for culturally appropriate location of the service	6	1	2%
	Ensure appropriate signposting to the service (e.g. through GPs)	6	1	2%
General - agreement	Agreement with proposal	1	38	86%
General - observation	More details about proposal are required	6	1	2%
	Provide good grief and bereavement support to all	6	1	2%
Staff - observation	Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities)	2	6	14%
	Ensure that staff are aware about cultural diversity (e.g. training for staff)	5	3	7%
Quality of care - agreement	Proposal will help to prevent longer-term adverse effects of unprocessed trauma (e.g. improve outcomes for mothers and families)	6	1	2%
Integration - observation	Ensure close integration between maternal outreach service and other services (e.g. health visitors, GP, maternity services, schools, voluntary and community sector)	6	1	2%
	No comment (e.g. as above, N/A)	6	1	2%
Base			44	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Observation sub-theme: No observation sub-themes raised.
- Age (young people):
 - Observation sub-theme: Specific groups - Ensure that the service reflects the needs of the diverse community (33% / 1).
- Armed forces veterans:
 - Observation sub-theme: No observation sub-themes raised.
- Carers:
 - Observation sub-theme: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (36% / 4).
- Councillors:
 - No feedback provided.
- Disability:
 - Observation sub-theme: Specific groups - Consider the needs of disabled women (46% / 5)
- Ethnicity (not white British):
 - Observation sub-theme: Specific groups - Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities) (56% / 5).
- Gender (women):
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - No feedback provided.
- Homeless:
 - No feedback provided.
- Maternity / pregnancy:
 - Observation sub-theme: No observation sub-theme provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - Observation sub-theme: No observation sub-themes raised.
- Staff:
 - No feedback provided.

Geography

- Leicester:
 - Observation sub-theme: Specific groups - Consider the needs of disabled women (23% / 5).
- Leicestershire:
 - Observation sub-theme: Specific groups - Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities) (67% / 2).
- LLR:
 - Observation sub-theme: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (38% / 6).
- Rutland:
 - Observation sub-theme: No observation sub-themes raised.

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.9.2.5 Responses to question: Please tell us why you agree or disagree with the proposal to improve assessment for people who may need Psychosis Intervention and Early Recovery service

Table 138 summarises the sub-themes raised by event participants on the proposal to improve assessment for people who may need Psychosis Intervention and Early Recovery service.

The main theme areas raised by event participants were: Specific groups, Access, General, Quality of care, Staff.

Across the main themes, three sub-themes were in agreement with the proposal, there were no sub-themes in disagreement with the proposal and four sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (75% / 30)
2. Quality of care - Proposal will have positive impact on mental health outcomes of service users (e.g. prevent crisis, early recovery) (8% / 3)
3. Access - Proposal will improve access to appropriate support (3% / 1).

The top three sub-themes raised by event participants in disagreement with this proposal were:

No disagreement sub-them raised.

The top three observation sub-themes raised by event participants were:

1. Staff - Ensure adequate staffing (e.g. staffing levels, trained staff) (10% / 4)
2. Specific groups - Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities) (5% / 2)
3. Observation - Access - Consider improving waiting time for assessment and referrals (3% / 1);
Specific groups - Consider improving mental health services for young people (3% / 1).

Table 138. Please tell us why you agree or disagree with the proposal to improve assessment for people who may need Psychosis Intervention and Early Recovery service. Event feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
Specific groups - observation	Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities)	4	2	5%
	Consider improving mental health services for young people	5	1	3%
Access - agreement	Proposal will improve access to appropriate support	5	1	3%
Access - observation	Consider improving waiting time for assessment and referrals	5	1	3%
General - agreement	Agreement with proposal	1	30	75%
Quality of care - agreement	Proposal will have positive impact on mental health outcomes of service users (e.g. prevent crisis, early recovery)	3	3	8%
Staff - observation	Ensure adequate staffing (e.g. staffing levels, trained staff)	2	4	10%
	No comment (e.g. as above, N/A)	2	4	10%
<i>Base</i>			40	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Observation sub-theme: No observation sub-themes raised.
- Age (young people):
 - Observation sub-theme: No observation sub-themes raised.
- Armed forces veterans:
 - Agreement sub-theme: Quality of care - Proposal will have positive impact on mental health outcomes of service users (e.g. prevent crisis, early recovery) (100% / 1)
 - Observation sub-theme: No observation sub-themes raised.
- Carers:
 - Observation sub-theme: No observation sub-themes raised.
- Councillors:
 - No feedback provided.
- Ethnicity (not white British):
 - Observation sub-theme: Specific groups - Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities) (33% / 2).
- Gender (women):
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - Observation sub-theme: Specific groups - Consider improving mental health services for young people (100% / 1).
- Homeless:
 - No feedback provided.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - No feedback provided.
- Staff:
 - No feedback provided.

Geography

- Leicestershire:
 - Agreement sub-theme: General - Agreement with proposal (50% / 1); Quality of care - Proposal will have positive impact on mental health outcomes of service users (e.g. prevent crisis, early recovery) (50% / 1); Proposal will improve access to appropriate support (50% / 1)
 - Observation sub-theme: No observation sub-themes raised.
- LLR:
 - Observation sub-theme: Specific groups - Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities) (14% / 2).
- Rutland:
 - Observation sub-theme: No observation sub-themes raised.

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.9.2.6 Responses to question: Please tell us why you agree or disagree with the proposal to improve the Memory Service by offering online consultations

Table 139 summarises the sub-themes raised by event participants on the proposal to improve the Memory Service by offering online consultations.

The main theme areas raised by event participants were: Quality of care, Service provision, Specific groups, Access, General, Cost and efficiency, Patient choice, Staff.

Across the main themes, three sub-themes were in agreement with the proposal, four sub-themes were in disagreement with the proposal and 16 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (62% / 29)
2. Access - Proposal will improve access to services (e.g. quicker) (9% / 4)
3. Cost and efficiency - Virtual appointments will help to improve service efficiency (2% / 1).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (13% / 6)
2. Access - Concern over lack of access to technology or knowledge of how to use it (11% / 5)
3. General - Disagreement with proposal (9% / 4).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people) (17% / 8)
2. Service provision - Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone) (13% / 6)
3. Patient choice - Consider the need for patients to choose the type of consultation (11% / 5).

Table 139. Please tell us why you agree or disagree with the proposal to improve the Memory Service by offering online consultations. Event feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
Quality of care - disagreement	Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed)	3	6	13%
	Physical examination is required to provide effective care	7	2	4%
Quality of care - observation	Online consultations may be suitable depending on the medical issue	7	2	4%
	Consider the need to improve mental health services	8	1	2%
	Hospitals provided good quality of care for such patients	8	1	2%
	Initial consultation should be face-to-face	8	1	2%
	Video consultation is better than telephone consultation	8	1	2%
Service provision - observation	Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone)	3	6	13%
	Consider expanding memory services for younger groups of population	8	1	2%
	Consider provision of assessment at patient's home	8	1	2%
	Consider provision of memory services out of hospital (e.g. community settings)	8	1	2%
Specific groups - observation	Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people)	2	8	17%
	Ensure that the service reflects the needs of the diverse community	7	2	4%
	Ensure that service reflects the needs of LGBT+ community	8	1	2%
Access - agreement	Proposal will improve access to services (e.g. quicker)	5	4	9%
Access - disagreement	Concern over lack of access to technology or knowledge of how to use it	4	5	11%
Access - observation	Mental health services should be available 24/7	8	1	2%
General - agreement	Agreement with proposal	1	29	62%
General - disagreement	Disagreement with proposal	5	4	9%
General - observation	Further consultation about the proposal is required (e.g. staff opinions, diverse communities)	6	3	6%
Cost and efficiency - agreement	Virtual appointments will help to improve service efficiency	8	1	2%
Patient choice - observation	Consider the need for patients to choose the type of consultation	4	5	11%
Staff - observation	Ensure appropriate staffing (e.g. staffing levels, trained staff, BSL skills)	7	2	4%
	Other	8	1	2%
<i>Base</i>				47

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Disagreement sub-theme: General - Disagreement with proposal (50% / 1)
 - Observation sub-theme: No observation sub-themes raised.
- Age (young people):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Service provision - Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone) (33% / 1).
- Armed forces veterans:

- Agreement sub-theme: No agreement sub-themes raised
- Observation sub-theme: No observation sub-themes raised.
- Carers:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (23% / 3); General - Disagreement with proposal (23% / 3)
 - Observation sub-theme: Patient choice - Consider the need for patients to choose the type of consultation (23% / 3).
- Councillors:
 - No feedback provided.
- Disability:
 - Disagreement sub-theme: No disagreement sub-themes raised
- Ethnicity (not white British):
 - Disagreement sub-theme: Access - Concern over lack of access to technology or knowledge of how to use it (11% / 1)
 - Observation sub-theme: General - Further consultation about the proposal is required (e.g. staff opinions, diverse communities) (33% / 3).
- Gender (women):
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - Disagreement sub-theme: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (100% / 1); Access - Concern over lack of access to technology or knowledge of how to use it (100% / 1)
 - Observation sub-theme: No observation sub-themes raised.
- Homeless:
 - No feedback raised.
- Maternity / pregnancy:
 - No feedback raised.
- Religion / belief:
 - No feedback raised.
- Sexuality:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Access - Concern over lack of access to technology or knowledge of how to use it (67% / 2)
 - Observation sub-theme: Service provision - Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone) (33% / 1); Access - Mental health services should be available 24/7 (33% / 1); Service provision - Consider provision of memory services out of hospital (e.g. community settings) (33% / 1); Specific groups - Ensure that service reflects the needs of LGBT+ community (33% / 1).
- Staff:
 - No feedback provided.

Geography

- Leicester:
 - Disagreement sub-theme: Access - Concern over lack of access to technology or knowledge of how to use it (9% / 2).
- Leicestershire:
 - Agreement sub-theme: Access - Proposal will improve access to services (e.g. quicker) (40% / 2)

- Disagreement sub-theme: Access - Concern over lack of access to technology or knowledge of how to use it (20% / 1)
- Observation sub-theme: Service provision - Type of support should depend on patient's needs (e.g. virtual consultation is not for everyone) (40% / 2); Patient choice - Consider the need for patients to choose the type of consultation (40% / 2).
- LLR:
 - Observation sub-theme: Patient choice - Consider the need for patients to choose the type of consultation (18% / 3).
- Rutland:
 - Observation sub-theme: No observation sub-themes raised.

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.9.2.7 Responses to question: Please tell us why you agree or disagree with the proposal to provide community rehabilitation support

Table 140 summarises the sub-themes raised by event participants on the proposal to provide community rehabilitation support.

The main theme areas raised by event participants were: General, Staff, Specific groups.

Across the main themes, one sub-theme was in agreement with the proposal, there were no sub-themes in disagreement with the proposal and four sub-themes were observations.

The top sub-theme raised by event participants in agreement with this proposal was:

1. General - Agreement with proposal (74% / 26)

The top three observation sub-themes raised by event participants were:

1. Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (14% / 5)
2. General - More details about proposal are required (9% / 3); Specific groups - Ensure that the service reflects the needs of the diverse community (9% / 3)
3. General - Consider the need to implement proposal effectively (3% / 1).

Table 140. Please tell us why you agree or disagree with the proposal to provide community rehabilitation support. Event feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
General - agreement	Agreement with proposal	1	26	74%
General - observation	More details about proposal are required	3	3	9%
	Consider the need to implement proposal effectively	4	1	3%
Staff - observation	Ensure appropriate staffing (e.g. trained staff, staffing levels)	2	5	14%
Specific groups - observation	Ensure that the service reflects the needs of the diverse community	3	3	9%
	No comment (e.g. as above, N/A)	2	5	14%
	Other	4	1	3%
<i>Base</i>			35	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Observation sub-theme: No observation sub-themes raised.
- Age (young people):
 - Observation sub-theme: No observation sub-themes raised.
- Armed forces veterans:
 - No feedback provided.
- Carers:
 - Observation sub-theme: General - More details about proposal are required (27% / 3).
- Councillors:
 - No feedback provided.
- Ethnicity (not white British):
 - Observation sub-theme: Specific groups - Ensure that the service reflects the needs of the diverse community (100% / 3).
- Gender (women):
 - Observation sub-theme: No observation sub-themes raised.
- General:
 - No feedback provided.
- Homeless:
 - No feedback provided.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - No feedback provided.
- Staff:
 - No feedback provided.

Geography

- Leicestershire:
 - Agreement sub-theme: No agreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that the service reflects the needs of the diverse community (100% / 1).
- LLR:
 - Observation sub-theme: General - More details about proposal are required (27% / 3).
- Rutland:
 - Observation sub-theme: No observation sub-themes raised.

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.9.2.8 General feedback

Table 141 summarises the general feedback raised by event participants on the proposal Working with the community to provide more mental health services locally.

Table 141. Working with the community to provide more mental health services locally. Event general feedback.

Main theme	Sub-theme	Rank	Total	
			No.	%
Quality of care - disagreement	Physical examination is required to provide effective care	8	1	3%
Quality of care - observation	Consider improving quality of mental health care (e.g. meet patient's needs)	6	3	9%
	Consider the need for continuous and consistent mental health support (e.g. ongoing support)	6	3	9%
	Consider the need for early intervention and prevention	6	3	9%
	Consider the need to reduce the stigma of asking for mental health support	7	2	6%
	Neville Centre provided poor memory services	8	1	3%
	The memory Café in Wigston is good	8	1	3%
Specific groups - observation	Ensure that local teams reflect the needs of the diverse communities (e.g. inclusive, services are culturally appropriate)	2	7	21%
	Ensure the community teams reflect the needs of vulnerable patients (e.g. elderly, deaf people)	4	5	15%
	Consider improving mental health services for children and young people (e.g. transition to adult services)	6	3	9%
	Consider improving services for people experiencing homelessness	8	1	3%
	Consider the need of people with ADHD	8	1	3%
	Ensure that services reflect the need of Black African communities	8	1	3%
	Ensure that services reflect the needs of LGBT+ community	8	1	3%
Service provision - disagreement	Concern over the removal of existing services (e.g. Assertive Outreach services)	8	1	3%
Service provision - observation	Consider provision of wellbeing sessions in community	5	4	12%
	Support for carers and families of mental health patients is required	7	2	6%
	Consider provision of interpreter services	8	1	3%
General - observation	Consider the need to implement proposals effectively	6	3	9%
	Comment about consultation process	8	1	3%
	Community support for people with dementia is poor and requires improvement	8	1	3%
	More details about proposal are required	8	1	3%
	Community teams will health to reduce pressure on other services (e.g. crisis team)	8	1	3%
Cost and efficiency - agreement	Community teams will health to reduce pressure on other services (e.g. crisis team)	8	1	3%
Cost and efficiency - observation	More resources are needed for community organizations (e.g. SAHA)	8	1	3%
Access - agreement	Working with the community improves access to mental health support locally	3	6	18%
Integration - observation	Consider the need to improve integration between community teams and other services (e.g. GP, VCSE groups, faith organisations)	1	9	27%
Information support - observation	Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time)	6	3	9%
Staff - observation	Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities)	7	2	6%
Communication - observation	Ensure appropriate communication with service users (e.g. be compassionate)	8	1	3%
Education - observation	Consider the need to raise awareness about mental health	8	1	3%
	No comment (e.g. N/A)	7	2	6%
	Other	6	3	9%
Base			33	

5.9.3 Working with the community to provide more mental health services locally: correspondence

Table 142 summarises the sub-themes raised in the correspondence received on the proposal to work with the community to provide more mental health services locally.

Across the main themes, five sub-themes were in agreement with the proposal, seven sub-themes were in disagreement with the proposal and 17 sub-themes were observations.

Table 142. Correspondence feedback

Services	Main theme	Sub-theme	Rank	Total		Stakeholder type					
				No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Member of Parliament
Working in community (general)	Quality of care - disagreement	Proposal will have a negative impact on quality of care (e.g. inconsistency, lose specialisms)	2	1	17%						1
	Cost and efficiency - disagreement	Concern that proposal is a cost-cutting exercise	2	1	17%						1
	Access - observation	Consider standardised time frames for community mental health teams depending on patient's needs	2	1	17%		1				
	Service provision - observation	Consider the need for CMHT to provide care with short, medium and long-term input	2	1	17%		1				
	Staff - observation	Consider the need to define the role and involvement degree of each member in CMHT	2	1	17%		1				
Memory services	Access - agreement	Proposal will improve access to services (e.g. quicker)	2	1	17%			1			
	Access - disagreement	Concern over lack of access to technology or knowledge of how to use it	1	2	33%	1				1	
	Quality of care - disagreement	Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed)	2	1	17%	1					
	Quality of care - disagreement	Physical examination is required to provide effective care (e.g. not accurate assessment)	2	1	17%			1			
	Patient choice - observation	Consider the need for patients to choose the type of consultation	2	1	17%			1			
	Specific groups - observation	Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people)	2	1	17%	1					
Psychosis services	Quality of care - agreement	Proposal will provide preventative services for mental health issues	2	1	17%			1			
	Quality of care - disagreement	Concern over effectiveness of psychiatric diagnosis of psychosis	2	1	17%	1					
		Consider human rights of patients	2	1	17%	1					

		Consider recent studies and research in diagnosis and treatment of psychosis	2	1	17%	1					
		Consider improving quality of care patients with psychosis (e.g. alternative therapy, holistic approach, less medications)	2	1	17%	1					
	Quality of care - observation	Consider that recommendation provided in Mental Health Act 1983 is outdated	2	1	17%	1					
		Ensure continuity of care (e.g. regular support)	2	1	17%			1			
		Ensure that services reflect the needs of people with long-term and more complex mental health conditions (e.g. holistic approach)	2	1	17%			1			
	General - disagreement	Concern over incorrect definition of psychosis (e.g. offensive)	2	1	17%			1			
	General - agreement	Proposal will have positive impact on family members	2	1	17%			1			
	General - observation	Consider the need to implement proposal effectively (e.g. together with The People's Council)	2	1	17%			1			
	Access - agreement	Proposal improves access to mental health support (e.g. local, reduced waiting times)	2	1	17%			1			
	Cost and efficiency - observation	Consider compensation for those who have been abused by forced psychiatry	2	1	17%	1					
	Specific groups - observation	Ensure that service reflects the needs of deaf people	2	1	17%			1			
Personality disorder services	Access - agreement	Proposal will improve access to support for people with personality disorders	1	2	33%			1			1
	Service provision - observation	Consider provision of services for people experiencing trauma (e.g. long-term counselling)	2	1	17%			1			
Perinatal services	Quality of care - agreement	Proposal will help to improve the mental health of service users	2	1	17%			1			
Creating eight teams	Access - observation	Ensure equal access to these teams (e.g. no postcode lottery)	2	1	17%			1			
Base				6		2	1	1		1	1

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from correspondence. For further details see communications and engagement section of this report.

5.10 Feedback on proposals for Telephone and video call appointments

This section presents feedback on the proposal on telephone and video call appointments. Feedback is presented from the questionnaire, followed by events and then correspondence.

5.10.1 Telephone and video call appointments: questionnaire

Respondents were asked the following questions:

- Q22. To what extent do you agree or disagree with these changes where 5 is strongly agree and 1 is strongly disagree?
- Q23. Please explain why?

5.10.1.1 Response to the question 22: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Tables 143 and 144 show the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 69% (2795) of all respondents agreed and 15% (619) disagreed with the proposal on telephone and video appointments.

Table 143. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – stakeholder type and geography

	Total		Stakeholder type					Geography				
	No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Leicester City	Rutland	Leicestershire S and E	Leicestershire N and W	Outside of area / No postcode
Total agree	2795	69%	69%	71%	84%	71%	63%	68%	63%	68%	72%	68%
Neither agree nor disagree	617	15%	15%	14%	12%	16%	16%	16%	16%	16%	14%	16%
Total disagree	619	15%	15%	15%	4%	13%	18%	15%	22%	17%	14%	15%
N/A	10	0.2%	0.2%	0.2%	-	-	2%	0.3%	-	0.1%	0.1%	1%
<i>Base</i>	<i>4041</i>		<i>3273</i>	<i>465</i>	<i>25</i>	<i>75</i>	<i>134</i>	<i>1141</i>	<i>121</i>	<i>1053</i>	<i>1265</i>	<i>461</i>

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Table 144. To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? – Service user and carer

	Total		Service user			Carer		
	No.	%	Service user	Non-service user	Unknown / prefer not to say / not answered	Yes	No	Prefer not to say
Total agree	2795	69%	69%	72%	67%	68%	71%	56%
Neither agree nor disagree	617	15%	13%	15%	17%	15%	15%	21%
Total disagree	619	15%	18%	13%	15%	17%	14%	22%
N/A	10	0.2%	0.2%	0.3%	0.1%	0.2%	0.2%	1%
Base	4041		1239	1157	1342	1161	2568	226

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

Sub-group analysis by significance

Stakeholder type

- A significant proportion of NHS organisation respondents (84% / 21) were in agreement with this proposal compared to patient representative organisations, voluntary group or charities (63% / 85).

Service user

- A significant proportion of service users (18% / 219) were in disagreement with this proposal compared to non-service users (13% / 147).

Carer

- A significant proportion of non-carers (71% / 1828) were in agreement with this proposal compared to carers (68% / 790)
- A significant proportion of carers (17% / 191) were in disagreement with this proposal compared to non-carers (14% / 356).

Geography

- A significant proportion of respondents from Leicestershire North and West (72% / 913) were in agreement with this proposal compared to respondents from Rutland (63% / 76)
- A significant proportion of respondents from Rutland (22% / 26) were in disagreement with this proposal compared to respondents from Leicestershire North and West (14% / 176).

Index of multiple deprivation

- A significant proportion of respondents in the least deprived areas (71% / 1522) were in agreement with this proposal compared to respondents in the most deprived areas (67% / 919)
- A significant proportion of respondents in the most deprived areas (17% / 236) were in disagreement with this proposal compared to respondents in the least deprived areas (14% / 310).

Urban / rural

- There were no significant differences between sub-groups.

Age

- A significant proportion of respondents aged 16-29 (74% / 376) were in agreement with this proposal compared to respondents aged (58% / 133)
- A significant proportion of respondents aged 70 and over (20% / 46) were in disagreement with this proposal compared to respondents aged 30-49 (12% / 195).

Gender

- A significant proportion of female respondents (72% / 2192) were in agreement with this proposal compared to male respondents (65% / 482)
- A significant proportion of male respondents (20% / 150) were in disagreement with this proposal compared to female respondents (13% / 402).

Race

- A significant proportion of Asian/Asian British respondents (76% / 257) were in agreement with this proposal compared to respondents from mixed/multiple ethnic groups (70% / 2242)
- A significant proportion of white respondents (15% / 462) were in disagreement with this proposal compared to Asian/Asian British (10% / 32).

For a full breakdown of the responses to this question by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.10.1.2 Response to the question 23: Please explain why?

1079 survey respondents provided additional comments on this proposal. Table 145 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Quality of care, Service provision, Access, General, Specific groups, COVID, Cost and efficiency, Staff, Equality, Capacity, Patient's choice, Confidentiality, Communication, Integration.

Across the main themes, eight sub-themes were in agreement with the proposal, 18 sub-themes were in disagreement with the proposal and 28 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposal (11% / 116)
2. Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (8% / 89)
3. Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (8% / 81).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (12% / 130)
2. Access - Concern over lack of access to digital technology (11% / 123)
3. Quality of care - Virtual appointments are not suitable for mental health patients (e.g. need human interaction) (11% / 118).

The top three observation sub-themes raised by survey respondents were:

1. Patient choice - Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video) (21% / 231)
2. Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (13% / 143)

3. General - Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option) (11% / 118).

Table 145. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Quality of care – agreement	Technology allows observation of patients in their home environment (e.g. patients are relaxed at home)	29	3	0.3%	3	-	-	-	-
Quality of care - disagreement	Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis)	3	130	12%	96	23	-	4	4
	Virtual appointments are not suitable for mental health patients (e.g. need human interaction)	5	118	11%	89	19	-	3	6
	Virtual appointments do not allow to pick up non-verbal and environmental cues (e.g. body language)	7	103	10%	80	17	-	3	2
	Virtual appointments are impersonal (e.g. adds to isolation and loneliness)	9	87	8%	73	8	-	1	3
	Virtual appointments could have negative impact on patient health (e.g. increased suicides, stress)	14	33	3%	23	7	-	2	1
	Concern over negative impact of virtual appointments on quality of care	20	15	1%	15	-	-	-	-
Quality of care - observation	Virtual appointments may be suitable depending on patient's needs (e.g. medical issues)	2	143	13%	109	21	1	2	6
	Video consultation is better than telephone consultation	15	24	2%	20	3	-	-	-
	Consider the need for continuous and consistent care	27	5	1%	4	-	-	-	1
	Initial appointment should be face-to-face	27	5	1%	4	1	-	-	-
	Ensure sufficient duration of virtual appointments	28	4	0%	3	1	-	-	-
	Direct and regular contact from Assertive Outreach services is required for service users	29	3	0.3%	2	-	-	-	-
	Quality of care is more important than the type of appointment	29	3	0.3%	1	1	-	-	1
	Appointments via technology only suitable for initial consultation	31	1	0.1%	1	-	-	-	-
Service provision – observation	Consider provision of IT support for patients who need it	22	11	1%	7	3	-	1	-
	Consider improving booking of virtual appointments (e.g. book call time)	24	9	1%	9	-	-	-	-
	Consider the need for home visits (e.g. for those with deteriorating mental health)	24	9	1%	8	1	-	-	-

	Consider provision of online messaging service (e.g. text services)	25	8	1%	7	1	-	-	-
	Safeguarding measures must be put in place	29	3	0.3%	1	1	-	-	1
	Consider improving access to local services	31	1	0.1%	-	-	-	-	-
	Consider informal environment for mental health appointments (e.g. parks, coffee shops)	31	1	0.1%	1	-	-	-	-
	Use recognised telephone number for telephone appointments	31	1	0.1%	1	-	-	-	-
Access - agreement	Technology improves access to services (e.g. reduce travel, reduce waiting time)	10	81	8%	69	6	-	1	2
Access - disagreement	Concern over lack of access to digital technology	4	123	11%	82	26	1	4	9
	Concern over lack of knowledge how to use technology	12	66	6%	51	12	-	3	-
	Concern that proposal will reduce availability of face-to-face appointments	21	13	1%	11	1	-	1	-
	Concern over reliability of technology (e.g. poor signal, frozen screen)	27	5	1%	3	-	-	1	1
Access - observation	Consider improving access to GP appointments	30	2	0.2%	2	-	-	-	-
	Consider improving access to mental health services (e.g. waiting time)	31	1	0.1%	1	-	-	-	-
General - agreement	Agreement with proposal	6	116	11%	95	14	1	2	2
General - disagreement	Disagreement with proposal	13	37	3%	31	2	-	1	-
General - observation	Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option)	5	118	11%	96	16	-	2	2
	More details about proposal are required	28	4	0.4%	2	2	-	-	-
	Comment about the survey (e.g. question unclear)	29	3	0.3%	3	-	-	-	-
Specific groups - agreement	Virtual appointments will benefit some patients (e.g. with social anxiety)	8	89	8%	77	5	-	3	3
Specific groups - disagreement	Concern over patients who require face-to-face appointments (e.g. hearing problems, elderly)	11	67	6%	58	7	-	2	-
	Telephone consultation is not suitable for young people	30	2	0.2%	2	-	-	-	-
Specific groups - observation	Ensure that service reflects the needs of the diverse communities (e.g. languages)	23	10	1%	6	1	-	-	3
COVID - agreement	Virtual appointments help to reduce infection transmission	19	17	2%	14	2	-	-	-
	Virtual appointments worked well during pandemic	19	17	2%	15	2	-	-	-
COVID - disagreement	Virtual appointments did not work well during pandemic	23	10	1%	6	1	-	-	3
	Virtual appointments are suitable only during the pandemic	25	8	1%	5	1	-	-	1
Cost and efficiency - agreement	Virtual appointments will help to improve service efficiency (e.g. allow more patients to be seen)	17	19	2%	12	4	-	1	1
	Proposal will help to save patients money	28	4	0.4%	3	1	-	-	-
Cost and efficiency - disagreement	Proposal is focused on reducing cost rather than improving quality of mental health care	20	15	1%	14	-	-	-	1
Staff - observation	Consider training for staff on how to conduct virtual appointments	27	5	1%	4	1	-	-	-
	Ensure appropriate staffing (e.g. trained staff)	29	3	0.3%	3	-	-	-	-
Equality - disagreement	Concern that proposal will increase health inequalities (e.g. not inclusive)	26	6	1%	3	2	1	-	-
Capacity - disagreement	Concern over poor NHS IT infrastructure to provide virtual appointments	30	2	0.2%	1	1	-	-	-

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Patient's choice - observation	Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video)	1	231	21%	169	40	-	7	11
Confidentiality - observation	Consider lack of patient confidentiality (e.g. no space at home for private conversation)	16	23	2%	18	4	-	-	1
Communication - observation	Consider opinions and suggestions of family members	30	2	0.2%	2	-	-	-	-
Integration - observation	Consider greater integration between mental health and other services (e.g. charities)	31	1	0.1%	1	-	-	-	-
	No comment (e.g. as above)	26	6	1%	4	-	-	-	-
	Other	18	18	2%	16	1	-	1	-
<i>Base</i>			1079		861	128	2	24	39

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Individual NHS employees:
 - Disagreement sub-theme: Access - Concern over lack of access to digital technology (20% / 26).
- NHS organisations:
 - Disagreement sub-theme: Access - Concern over lack of access to digital technology (50% / 1); Equality - Concern that proposal will increase health inequalities (e.g. not inclusive) (50% / 1)
 - Observation sub-theme: Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (50% / 1).
- Other public sector organisation:
 - Agreement sub-theme: Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (13% / 3)
 - Disagreement sub-theme: Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (17% / 4); Access - Concern over lack of access to digital technology (17% / 4).
- Patient representative organisation, voluntary group or charities:
 - Agreement sub-theme: Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (8% / 3)
 - Disagreement sub-theme: Access - Concern over lack of access to digital technology (23% / 9).

Carer

- Carers:
 - Disagreement sub-theme: Quality of care - Virtual appointments are not suitable for mental health patients (e.g. need human interaction) (11% / 39).

Geography

- Respondents from Leicester City Council area:
 - Agreement sub-theme: Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (11% / 33).
- Respondents from Rutland County Council area:
 - Agreement sub-theme: Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (11% / 5)
 - Observation sub-theme: Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (16% / 7).
- Respondents from Leicestershire South and East:
 - Disagreement sub-theme: Quality of care - Virtual appointments are not suitable for mental health patients (e.g. need human interaction) (12% / 32).

Urban / rural

- Town:
 - Agreement sub-theme: Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (8% / 11).
- Village / hamlet:
 - Agreement sub-theme: Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (11% / 12)
 - Disagreement sub-theme: Access - Concern over lack of access to digital technology (13% / 14).

Age

- 16 – 29:
 - Agreement sub-theme: Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (13% / 15)
- 50 – 69:
 - Disagreement sub-theme: Access - Concern over lack of access to digital technology (15% / 68)
- 70 and over:
 - Disagreement theme: Quality of care - Virtual appointments do not allow to pick up non-verbal and environmental cues (e.g. body language) (15% / 10).

Gender

- Male:
 - Disagreement sub-theme: Access - Concern over lack of access to digital technology (14% / 28)
- Other (including non-binary and intersex)
 - Agreement sub-theme: Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (42% / 5)
 - Disagreement sub-theme: Quality of care - Virtual appointments are impersonal (e.g. adds to isolation and loneliness) (17% / 2).

Ethnicity

- Asian/Asian British:
 - Agreement sub-theme: General - Agreement with proposal (9% / 6); Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (9% / 6)
 - Disagreement sub-theme: Quality of care - Virtual appointments are not suitable for mental health patients (e.g. need human interaction) (15% / 10)
 - Observation sub-theme: Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (15% / 10); General - Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option) (15% / 10).
- Black/Black British:
 - Agreement sub-theme: Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (14% / 4)
 - Disagreement sub-theme: Access - Concern over lack of access to digital technology (11% / 3)
 - Observation sub-theme: Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (7% / 2); General - Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option) (7% / 2).
- Mixed/Multiple ethnic groups:
 - Agreement sub-theme: Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (14% / 3)
 - Disagreement sub-theme: General - Disagreement with proposal (18% / 4)
 - Observation sub-theme: General - Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option) (23% / 5).
- Any other ethnic group:
 - Disagreement sub-theme: Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (15% / 2); Access - Concern over lack of access to digital technology (15% / 2); Quality of care - Virtual appointments are not suitable for mental health patients (e.g. need human interaction) (15% / 2)
 - Observation sub-theme: General - Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option) (15% / 2).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.10.2 Telephone and video appointments: one-to-one interviews, focus groups and public events

Event participants were asked the following questions:

- Please explain why you agree or disagree with this proposal?
- General feedback.

5.10.2.1 Responses to question: Please explain why you agree or disagree with this proposal?

Table 146 summarises the sub-themes raised by event participants on the proposal for telephone and video appointments.

The main theme areas raised by event participants were: Quality of care, Access, General, COVID, Specific groups, Service provision, Cost and efficiency, Communication, Confidentiality, Patient choice.

Across the main themes, six sub-themes were in agreement with the proposal, 13 sub-themes were in disagreement with the proposal and 13 sub-themes were observations.

The top three sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposal (29% / 16)
2. Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (14% / 8);
Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (14% / 8)
3. Quality of care - Technology allows observation of patients in their home environment (e.g. patients are relaxed at home) (4% / 2).

The top three sub-themes raised by event participants in disagreement with this proposal were:

1. General - Disagreement with proposal (29% / 16)
2. Specific groups - Concern over patients who require face-to-face appointments (e.g. hearing problems, elderly, deaf people) (25% / 14)
3. Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (18% / 10).

The top three observation sub-themes raised by event participants were:

1. General - Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option) (14% / 8)
2. Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (11% / 6)
3. Patient choice - Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video) (9% / 5).

Table 146. Please explain why you agree or disagree with this proposal?

Main theme	Sub-theme	Rank	Total	
			No.	%
Quality of care - agreement	Technology allows observation of patients in their home environment (e.g. patients are relaxed at home)	9	2	4%
Quality of care - disagreement	Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis)	3	10	18%
	Virtual appointments do not allow to pick up non-verbal and environmental cues (e.g. body language)	6	5	9%
	Virtual appointments are impersonal (e.g. adds to isolation and loneliness)	7	4	7%
	Virtual appointments could have negative impact on patient health (e.g. increased suicides, stress)	7	4	7%
	Virtual appointments are not suitable for mental health patients (e.g. need human interaction)	8	3	5%
	Virtual appointments may be suitable depending on patient's needs (e.g. medical issues)	5	6	11%
Quality of care - observation	Video consultation is better than telephone consultation	8	3	5%
	Initial appointment should be face-to-face	10	1	2%
Access - agreement	Technology improves access to services (e.g. reduce travel, reduce waiting time)	4	8	14%
Access - disagreement	Concern over lack of knowledge how to use technology	5	6	11%
	Concern over lack of access to digital technology	6	5	9%
	Concern over reliability of technology (e.g. poor signal, frozen screen)	8	3	5%
	Concern that proposal will reduce availability of face-to-face appointments	10	1	2%
General - agreement	Agreement with proposal	1	16	29%
General - disagreement	Disagreement with proposal	1	16	29%
General - observation	Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option)	4	8	14%
	Further consultation about the proposal is required (e.g. with Deaf Forum)	9	2	4%
	More details about proposal are required	10	1	2%
COVID - agreement	Virtual appointments help to reduce infection transmission	10	1	2%
	Virtual appointments worked well during pandemic	10	1	2%
COVID - disagreement	Virtual appointments are suitable only during the pandemic	10	1	2%
Specific groups - agreement	Virtual appointments will benefit some patients (e.g. with social anxiety)	4	8	14%
Specific groups - disagreement	Concern over patients who require face-to-face appointments (e.g. hearing problems, elderly, deaf people)	2	14	25%
Specific groups - observation	Ensure that service reflects the needs of the diverse communities (e.g. languages)	9	2	4%
Service provision - observation	Consider provision of IT support for patients who need it	9	2	4%
	Consider improving booking of virtual appointments (e.g. book call time)	10	1	2%
Cost and efficiency - disagreement	Proposal is focused on reducing cost rather than improving quality of mental health care	10	1	2%
Cost and efficiency - observation	Consider more investment in Leicester Deaf Centre to support deaf people	10	1	2%
Communication - observation	Consider opinions and suggestions of family members	10	1	2%
Confidentiality - observation	Consider lack of patient confidentiality (e.g. no space at home for private conversation)	10	1	2%
Patient choice - observation	Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video)	6	5	9%
	Other	10	1	2%
Base				56

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- Addiction / recovery:
 - Observation sub-theme: No observation sub-themes raised.
- Age (young people):
 - Agreement sub-theme: General - Agreement with proposal (50% / 2); Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (50% / 2)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: General - Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option) (25% / 1); Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (25% / 1); Patient choice - Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video) (25% / 1); Service provision - Consider provision of IT support for patients who need it (25% / 1).
- Armed forces veterans:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: General - Disagreement with proposal (100% / 1); Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (100% / 1)
 - Observation sub-theme: No observation sub-themes raised.
- Carers:
 - Agreement sub-theme: General - Agreement with proposal (29% / 4); Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (29% / 4)
 - Disagreement sub-theme: Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (50% / 7).
- Councillors:
 - No feedback provided.
- Disability:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Specific groups - Concern over patients who require face-to-face appointments (e.g. hearing problems, elderly, deaf people) (92% / 11)
 - Observation sub-theme: General - Further consultation about the proposal is required (e.g. with Deaf Forum) (17% / 2).
- Ethnicity (not white British):
 - Disagreement sub-theme: Access - Concern over lack of knowledge how to use technology (44% / 4)
 - Observation sub-theme: Specific groups - Ensure that service reflects the needs of the diverse communities (e.g. languages) (22% / 2).
- Gender (women):
 - Observation sub-theme: General - Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option) (14% / 1); Quality of care - Video consultation is better than telephone consultation (14% / 1).
- General:
 - Agreement sub-theme: No agreement sub-themes raised

- Disagreement sub-theme: Specific groups - Concern over patients who require face-to-face appointments (e.g. hearing problems, elderly, deaf people) (50% / 1); Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (50% / 1); Quality of care - Virtual appointments could have negative impact on patient health (e.g. increased suicides, stress) (50% / 1)
- Observation sub-theme: Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (50% / 1); Service provision - Consider improving booking of virtual appointments (e.g. book call time) (50% / 1).
- Homeless:
 - No feedback provided.
- Maternity / pregnancy:
 - No feedback provided.
- Religion / belief:
 - No feedback provided.
- Sexuality:
 - Observation sub-theme: General - Agreement with proposal (33% / 1); Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (33% / 1)
 - Disagreement sub-theme: General - Disagreement with proposal (33% / 1); Access - Concern over lack of access to digital technology (33% / 1); Quality of care - Virtual appointments are impersonal (e.g. adds to isolation and loneliness) (33% / 1); COVID - Virtual appointments are suitable only during the pandemic (33% / 1).
- Staff:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.

Geography

- Leicestershire:
 - Agreement sub-theme: Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (25% / 1)
 - Disagreement sub-theme: Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (25% / 1); Quality of care - Virtual appointments could have negative impact on patient health (e.g. increased suicides, stress) (25% / 1)
 - Observation sub-theme: Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (25% / 1); Patient choice - Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video) (25% / 1); Specific groups - Ensure that service reflects the needs of the diverse communities (e.g. languages) (25% / 1); General - More details about proposal are required (25% / 1).
- LLR:
 - Disagreement sub-theme: Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (30% / 6)
 - Observation sub-theme: Quality of care - Virtual appointments may be suitable depending on patient's needs (e.g. medical issues) (25% / 5).
- Rutland:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (100% / 2)
 - Observation sub-theme: No observation sub-themes raised.

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.10.2.2 General feedback

Table 147 summarises the general feedback raised by event participants on the proposal Telephone and video call appointments.

Table 147. Telephone and video call appointments

Main theme	Sub-theme	Rank	Total	
			No.	%
Quality of care - disagreement	Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis)	3	2	9%
	Virtual appointments are impersonal (e.g. hard to build trust)	4	1	5%
Quality of care - observation	Ensure sufficient duration of virtual appointments	4	1	5%
	Virtual appointments may be suitable depending on patient's needs (e.g. medical issues)	4	1	5%
Service provision - observation	Consider provision of IT support for patients who need it	2	3	14%
	Consider the need for home visits (e.g. for those with deteriorating mental health)	4	1	5%
	Consider provision of 'Happy bench' in parks to support people who need to talk	4	1	5%
Specific groups - agreement	Virtual appointments will benefit some patients (e.g. with social anxiety)	4	1	5%
Specific groups - disagreement	Concern over patients who require face-to-face appointments (e.g. deaf people)	3	2	9%
Specific groups - observation	Ensure that service reflects the needs of the diverse communities (e.g. languages)	4	1	5%
Access - agreement	Technology improves access to services (e.g. reduce travel, reduce waiting time)	4	1	5%
Access - disagreement	Concern over lack of access to digital technology	1	4	18%
	Concern over lack of knowledge how to use technology	1	4	18%
Confidentiality - observation	Consider lack of patient confidentiality (e.g. no space at home for private conversation, offer rooms in community)	4	1	5%
	Consider the need for carer to speak on behalf of patients	4	1	5%
General - disagreement	Disagreement with proposal about provision of digital consultations	2	3	14%
Communication - observation	Ensure appropriate communication with services users and carers (e.g. listen)	3	2	9%
Integration - observation	Consider greater integration between mental health and other services (e.g. charities)	4	1	5%
Staff - observation	Consider training for staff on how to conduct virtual appointments	4	1	5%
	No comment (e.g. N/A)	4	1	5%
	Other	2	3	14%
Base			22	

5.10.3 Telephone and video appointments: correspondence

Table 148 summarises the sub-themes raised in the correspondence received on the proposal to for telephone and video appointments.

Across the main themes, two sub-themes were in agreement with the proposal, six sub-themes were in disagreement with the proposal and two sub-themes were observations.

Table 148. Correspondence feedback

Main theme	Sub-theme	Rank	Total		Stakeholder type					
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Member of Parliament
Access - agreement	Technology improves access to services (e.g. reduce travel, reduce waiting time)	3	1	25%	-	-	1	-	-	-
Access - disagreement	Concern over lack of access to digital technology	3	1	25%	-	-	1	-	-	-
	Concern over lack of knowledge how to use technology	3	1	25%	-	-	1	-	-	-
	Concern over reliability of technology (e.g. poor signal, frozen screen)	3	1	25%	-	-	1	-	-	-
Quality of care - disagreement	Virtual appointments are not suitable for mental health patients (e.g. need human interaction)	1	3	75%	2	-	-	-	1	-
	Virtual appointments do not allow to pick up non-verbal and environmental cues (e.g. body language)	2	2	50%	1	-	-	-	1	-
Specific groups - agreement	Virtual appointments will benefit some patients (e.g. with social anxiety)	3	1	25%	-	-	1	-	-	-
Specific groups - observation	Ensure that service reflects the needs of the diverse communities (e.g. languages)	3	1	25%	-	-	1	-	-	-
COVID - disagreement	Virtual appointments did not work well during pandemic	3	1	25%	-	-	-	-	1	-
Patient choice - observation	Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video)	3	1	25%	-	-	1	-	-	-
Base			4		2		1		1	

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from correspondence. For further details see communications and engagement section of this report.

5.10.4 Telephone and video appointments: New ideas suggested outside of the proposal

The table below shows the additional ideas raised by survey respondents, event participants and the correspondence received.

Table 149. Additional ideas

Main theme	Sub-theme	Total	Channel		
		No.	Survey	Events	Correspondence
Service provision	Consider provision of 'Happy bench' in parks to support people who need to talk	1	-	1	-
Base		4-1079	1079	22-56	4

5.11 Other feedback on proposals

This section presents other feedback on the proposals. Feedback is presented from the questionnaire, followed by events and then correspondence.

5.11.1 Other comments: questionnaire

Respondents were asked the following question:

Q24. If you have any other specific comments about the proposed changes to the Mental Health Services, please use this space to tell us what they are.

5.11.1.1 Response to the question 24: If you have any other specific comments about the proposed changes to the Mental Health Services, please use this space to tell us what they are.

1428 survey respondents provided additional comments on this proposal. Table 150 summarises the sub-themes raised by survey respondents on the proposal on building self-help guidance and support.

The main theme areas raised by survey respondents were: Service provision, Specific groups, Quality of care, General, Access, Cost and efficiency, Technology, Staff, Crisis Cafés, Integration, Central Access Point, Communication, Crisis services, Mental Health Urgent Care Hub, Education, Estate and facilities, COVID, Crisis team, Maternal outreach service, Information support.

Across the main themes, eight sub-themes were in agreement with the proposal, 15 sub-themes were in disagreement with the proposal and 83 sub-themes were observations.

The top three sub-themes raised by survey respondents in agreement with this proposal were:

1. General - Agreement with proposals (10% / 146)
2. Access - Proposals improve access to mental health services and support (4% / 56)
3. Technology - Virtual appointments benefit some patients (e.g. with social anxiety) (1% / 13).

The top three sub-themes raised by survey respondents in disagreement with this proposal were:

1. Technology - Virtual appointments are not suitable for mental health patients (e.g. impersonal, risk of misdiagnosis) (6% / 83)
2. Service provision - Concern over removing existing services (e.g. Assertive Outreach services, MH Integrated Team, psycho oncology service) (3% / 37)
3. Technology - Concern over lack of access to technology or knowledge of how to use it (2% / 24).

The top three observation sub-themes raised by survey respondents were:

1. Access - Consider improving waiting time for mental health service (e.g. waiting time threshold) (11% / 161)
2. Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (11% / 152)
3. Quality of care - Consider improving quality of mental health care (e.g. meet patient needs, alternative therapies, reduce drug dependency) (10% / 142).

Table 150. Please explain why you agree or disagree with this proposal.

Main theme	Sub-theme	Rank	Total		Stakeholder type				
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity
Service provision - disagreement	Concern over removing existing services (e.g. Assertive Outreach services, MH Integrated Team, psycho oncology service)	18	37	3%	17	17	-	-	1
Service provision - observation	Consider the need to improve mental health services for children and young people (e.g. CAMHS, transition to adult services)	5	84	6%	73	5	-	3	3
	Consider increased provision of mental health services locally (e.g. in primary care settings, rural areas)	11	61	4%	46	8	-	2	4
	Consider increased support for carers and families of mental health patients	20	32	2%	28	3	-	1	-
	Consider provision of social support groups (e.g. more social prescribing services, wellness groups, peer support)	27	18	1%	15	1	-	-	1
	Consider improving services for patients with personality disorders	31	11	1%	9	1	-	-	1
	Consider increasing provision of services for patients with mild and moderate mental health difficulties	32	10	1%	6	4	-	-	-
	Consider increasing service provision for women after birth (e.g. parenting support)	32	10	1%	8	2	-	-	-
	Consider improving services for patients with depression and anxiety	33	9	1%	9	-	-	-	-
	Consider the needs of different local areas in provision of mental health services (e.g. south and south east of Leicestershire)	35	7	1%	7	-	-	-	-
	Consider improving services for PTSD and trauma	36	6	0.4%	5	-	-	-	1
	Consider the need to reinstate work of some mental health services (e.g. as before COVID, FDL, psycho oncology service)	37	5	0.4%	3	1	-	-	1
	Consider the need for outreach system for schools to support children before they present with mental health problems	38	4	0.3%	3	1	-	-	-
	Consider the need for provision support with life issues (e.g. debt, employment)	38	4	0.3%	4	-	-	-	-
	Consider the need to improve service for menopausal women	38	4	0.3%	4	-	-	-	-

	More hospital beds for mental health patients are required	38	4	0.3%	4	-	-	-	-
	Consider improving services for victims of abuse (e.g. domestic abuse, sexual abuse)	39	3	0.2%	3	-	-	-	-
	Consider improving prescriptions process (e.g. electronic prescription)	40	2	0.1%	2	-	-	-	-
	Consider provision of support for patients while they are waiting for treatment	40	2	0.1%	2	-	-	-	-
	Consider provision of self-diagnosis (e.g. self-assessment form)	41	1	0.1%	1	-	-	-	-
Specific groups - disagreement	Concern over lack of support for patients with schizophrenia and bipolar disorder	40	2	0.1%	1	1	-	-	-
	Concern over negative impacts of these proposals on acute patients	41	1	0.1%	1	-	-	-	-
Specific groups - observation	Consider the needs of vulnerable patients (e.g. complex needs, homeless people, asylum seekers and refugees, elderly people)	17	39	3%	21	10	2	1	4
	Consider the needs of patients with autism and ADHD (e.g. clear pathway is needed, better assessment)	26	19	1%	15	4	-	-	-
	Ensure that proposals reflect the needs of the diverse community (e.g. language, cultural sensitivity, staff from community)	28	16	1%	9	4	1	-	2
	Consider the needs of deaf people (e.g. BSL videos and interpreters)	34	8	1%	8	-	-	-	-
	Consider provision of service for patients who suffer from psychosis	38	4	0.3%	3	-	-	-	1
	Consider improving support for patients with eating disorders	39	3	0.2%	3	-	-	-	-
	Consider the needs of armed forces veterans	39	3	0.2%	2	-	-	1	-
	Consider provision of support for people at risk of suicide (e.g. other potential harmful behaviour to self or others)	40	2	0.1%	2	-	-	-	-
	Consider provision of mental health support for patients with life-long illness	41	1	0.1%	1	-	-	-	-
	Consider provision of support for people with gender dysphoria	41	1	0.1%	1	-	-	-	-
	Consider the needs of LGBT+ groups	41	1	0.1%	1	-	-	-	-
	Consider the needs of patients with neurological disorders	41	1	0.1%	1	-	-	-	-
	Consider the needs of street-based sex workers	41	1	0.1%	-	-	-	-	1
	Quality of care - agreement	Proposals will help to improve quality of mental health care	32	10	1%	8	-	-	-
Quality of care - disagreement	Proposals will reduce quality of mental health services (e.g. lose specialisms)	31	11	1%	5	5	-	-	1
	Police are not suitable to deal with mental health patients (e.g. lack of training)	39	3	0.2%	3	-	-	-	-
Quality of care - observation	Consider improving quality of mental health care (e.g. meet patient needs, alternative therapies, reduce drug dependency)	4	142	10%	123	11	-	3	4
	Consider the need for continuous and consistent mental health support (e.g. after crisis support, follow-up)	7	80	6%	63	11	1	2	2
	Consider the need for preventive measures and early intervention	14	52	4%	45	4	-	1	1
	Assertive Outreach services provide essential care (e.g. lack of the service will have negative impact on patients)	21	29	2%	14	13	-	-	1

	Consider the need to improve referral process to mental health services (e.g. criteria to be referred, self-referral online, referrals to counselling)	21	29	2%	21	6	-	-	2
	Consider improving triage and navigation of mental health patients	25	20	1%	13	5	-	1	1
	Consider the need for reducing stigma of asking for mental help	28	16	1%	14	1	-	-	-
	Consider improving addiction services (e.g. lack of crisis help)	35	7	1%	5	2	-	-	-
	Consider improving psychodynamic service	37	5	0.4%	4	1	-	-	-
	Consider improving discharge process (e.g. discharge is too fast)	40	2	0.1%	1	1	-	-	-
General - agreement	Agreement with proposals	3	146	10%	121	15	-	3	4
General - disagreement	Disagreement with proposals	36	6	0.4%	5	-	-	-	1
	Self-help guidance is useful only as a supplementary tool (e.g. should not replace professional help)	41	1	0.1%	1	-	-	-	-
General - observation	Consider the need to implement proposals effectively (e.g. regular audit and scrutiny)	13	56	4%	43	6	-	1	3
	More details about proposals are required	18	37	3%	23	10	-	2	1
	Comment about the survey (e.g. good survey, poorly designed)	30	13	1%	10	3	-	-	-
	Further consultation about the proposals is required (e.g. with frontline staff)	33	9	1%	5	4	-	-	-
	Mental health needs to be treated the same as physical health	38	4	0.3%	4	-	-	-	-
	Comment about the consultation	40	2	0.1%	1	1	-	-	-
	Consider recommendations of The Independent Review of the Mental Health Act 1983	40	2	0.1%	2	-	-	-	-
	More research is needed on mental health problems	41	1	0.1%	1	-	-	-	-
Access - agreement	Proposals improve access to mental health services and support	13	56	4%	47	6	-	1	1
Access - disagreement	Concern that mental health patients will not contact the services (e.g. staff should be proactive)	36	6	0.4%	5	1	-	-	-
Access - observation	Consider improving waiting time for mental health service (e.g. waiting time threshold)	1	161	11%	145	10	-	1	3
	Consider improving access to mental health services (e.g. home visits, easier pathway, accessible locations, more services)	9	75	5%	70	4	-	1	-
	Consider extending working hours for all mental health services (e.g. 24/7)	28	16	1%	15	1	-	-	-
	Consider increased provision of face-to-face support	28	16	1%	11	2	-	-	2
	Consider the need for family, carers or public to refer mental health patients (e.g. without their consent)	36	6	0.4%	5	-	-	-	1
	Ensure equal access to mental health services (e.g. no postcode lottery)	36	6	0.4%	4	2	-	-	-
	Consider the need for simple phone number to access mental health support (e.g. free number)	39	3	0.2%	3	-	-	-	-
	Consider improving access to other services (e.g. GP)	40	2	0.1%	2	-	-	-	-
Cost and efficiency - agreement	Proposal will improve service efficiency (e.g. reduce pressure on other services)	36	6	0.4%	3	2	-	1	-

Cost and efficiency - disagreement	Concern that proposals are focused on reducing cost rather than improving quality of mental health care	25	20	1%	17	2	-	-	1
	Concern over privatisation of NHS	40	2	0.1%	2	-	-	-	-
Cost and efficiency - observation	Ensure sufficient capacity and funding to implement proposals	12	57	4%	46	7	-	1	2
	More investment in mental health services is required	22	25	2%	23	-	-	1	1
	Consider the need to use NHS money appropriately (e.g. evaluate spending)	32	10	1%	6	4	-	-	-
	Mental health services should be free	37	5	0.4%	4	1	-	-	-
	Ensure that NHS services are used appropriately	41	1	0.1%	1	-	-	-	-
Technology - agreement	Virtual appointments benefit some patients (e.g. with social anxiety)	30	13	1%	13	-	-	-	-
	Virtual appointments improve access to services (e.g. save time)	34	8	1%	7	1	-	-	-
Technology - disagreement	Virtual appointments are not suitable for mental health patients (e.g. impersonal, risk of misdiagnosis)	6	83	6%	72	9	-	1	1
	Concern over lack of access to technology or knowledge of how to use it	23	24	2%	17	5	-	-	2
Technology - observation	Virtual appointments should be an option (e.g. not replace face-to-face, depends on patient's needs)	16	47	3%	40	5	-	-	2
	Consider provision of online services (e.g. by email, online chat, online therapy)	33	9	1%	8	-	-	-	1
	Video consultation is better than telephone consultation	40	2	0.1%	2	-	-	-	-
	Ensure adequate IT infrastructure to provide online consultations	41	1	0.1%	1	-	-	-	-
Staff - disagreement	Concern that proposals will increase pressure on staff	38	4	0.3%	2	2	-	-	-
Staff - observation	Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce)	2	152	11%	106	29	1	2	11
	Consider provision of training for staff in mental health (e.g. new therapies, training for GPs)	24	22	2%	17	3	-	2	-
	Consider improving working conditions for staff (e.g. staff recognition)	32	10	1%	4	6	-	-	-
Crisis Cafés - agreement	Crisis Cafés are a good idea	36	6	0.4%	4	-	-	-	2
Crisis Cafés - disagreement	Crisis Cafés are not for everyone	39	3	0.2%	2	-	-	-	1
Crisis Cafés - observation	Consider involving of ex-service users and volunteers in development and running of mental health services (e.g. Crisis Cafés)	34	8	1%	4	1	-	1	2
Integration - observation	Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing)	8	76	5%	50	12	1	8	5
	Consider the need for an Information Sharing Protocol between organisations and teams	37	5	0.4%	5	-	-	-	-
Central Access Point - agreement	The CAP provides good quality of services	41	1	0.1%	1	-	-	-	-
Central Access Point - observation	Consider improving services provided by Central Access Point services (e.g. call queue system)	35	7	1%	6	1	-	-	-

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Communication - observation	Consider greater promotion of available mental health services and support	10	71	5%	62	5	-	-	4
	Consider improving communication with patients and their families (e.g. keep informed, listen)	13	56	4%	45	4	-	4	3
Crisis services - disagreement	The crisis team is not fit for purpose	35	7	1%	5	1	-	1	-
Mental Health Urgent Care Hub - observation	Consider improving services provided by Mental Health Urgent Care Hub (e.g. Bradgate Unit provided poor service, poor access to service)	25	20	1%	16	2	-	1	1
Education - observation	Consider the need to raise awareness about mental health (e.g. starting in school)	29	14	1%	9	3	-	-	2
Estate and facilities - observation	Consider improving facilities for mental health patients (e.g. in hospitals, clinic rooms, hospital food, separate area in A&E)	34	8	1%	6	2	-	-	-
COVID - observation	Consider the impact of COVID-19 on mental health	35	7	1%	6	1	-	-	-
Crisis team - observation	Consider improving access for crisis team (e.g. waiting time, response for phone call)	36	6	0.4%	5	1	-	-	-
Maternal outreach service - observation	Maternal outreach service should be available for all family members who lost a baby	38	4	0.3%	4	-	-	-	-
Information support - observation	Provide information about commonly used medications and managing mental health problems	39	3	0.2%	3	-	-	-	-
	No comment (e.g. as above)	15	48	3%	41	3	1	1	-
	Other	19	35	3%	27	3	-	2	2
<i>Base</i>			1428		1149	172	4	26	55

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the questionnaire. For further details see the communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Stakeholder type

- Individual NHS employees:
 - Disagreement sub-theme: Service provision - Concern over removing existing services (e.g. Assertive Outreach services, MH Integrated Team, psycho oncology service) (10% / 17)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (17% / 29).
- NHS organisations:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Consider the needs of vulnerable patients (e.g. complex needs, homeless people, asylum seekers and refugees, elderly people) (50% / 2).
- Other public sector organisation:
 - Disagreement sub-theme: Technology - Virtual appointments are not suitable for mental health patients (e.g. impersonal, risk of misdiagnosis) (4% / 1); Crisis services - The crisis team is not fit for purpose (4% / 1)
 - Observation sub-theme: Integration - Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing) (31% / 8).
- Patient representative organisation, voluntary group or charities:
 - Disagreement sub-theme: Technology - Concern over lack of access to technology or knowledge of how to use it (4% / 2)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (20% / 11).

Service user

- Non-service users:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (10% / 36).

Carer

- Non-carers:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (11% / 93).

Geography

- Respondents from Rutland County Council area:
 - Observation sub-theme: Service provision - Consider increased provision of mental health services locally (e.g. in primary care settings, rural areas) (15% / 7).

Urban / rural

- Village / hamlet:
 - Observation sub-theme: Access - Consider improving waiting time for mental health service (e.g. waiting time threshold) (10% / 15); Quality of care - Consider improving quality of mental health care (e.g. meet patient needs, alternative therapies, reduce drug dependency) (10% / 15).

Age

- 50 – 69:
 - Observation sub-theme: Quality of care - Consider improving quality of mental health care (e.g. meet patient needs, alternative therapies, reduce drug dependency) (12% / 67).

- 70 and over:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (10% / 11).

Gender

- Male:
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (8% / 22).
- Other (including non-binary and intersex)
 - Agreement sub-theme: General - Agreement with proposals (5% / 1); Technology - Virtual appointments improve access to services (e.g. save time) (5% / 1)
 - Disagreement sub-theme: Technology - Virtual appointments are not suitable for mental health patients (e.g. impersonal, risk of misdiagnosis) (5% / 1); General - Disagreement with proposals (5% / 1); Quality of care - Police are not suitable to deal with mental health patients (e.g. lack of training) (5% / 1).

Ethnicity

- Asian/Asian British:
 - Disagreement sub-theme: Technology - Virtual appointments are not suitable for mental health patients (e.g. impersonal, risk of misdiagnosis) (3% / 4); Service provision - Concern over removing existing services (e.g. Assertive Outreach services, MH Integrated Team, psycho oncology service) (3% / 4).
- Black/Black British:
 - Disagreement sub-theme: Service provision - Concern over removing existing services (e.g. Assertive Outreach services, MH Integrated Team, psycho oncology service) (3% / 1)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (16% / 5).
- Mixed/Multiple ethnic groups:
 - Disagreement sub-theme: Technology - Virtual appointments are not suitable for mental health patients (e.g. impersonal, risk of misdiagnosis) (4% / 1); Service provision - Concern over removing existing services (e.g. Assertive Outreach services, MH Integrated Team, psycho oncology service) (4% / 1); Technology - Concern over lack of access to technology or knowledge of how to use it (4% / 1); Quality of care - Proposals will reduce quality of mental health services (e.g. lose specialisms) (4% / 1); Crisis services - The crisis team is not fit for purpose (4% / 1); General - Disagreement with proposals (4% / 1).
- Any other ethnic group
 - Disagreement sub-theme: Service provision - Concern over removing existing services (e.g. Assertive Outreach services, MH Integrated Team, psycho oncology service) (9% / 1)
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (9% / 1); Quality of care - Consider improving quality of mental health care (e.g. meet patient needs, alternative therapies, reduce drug dependency) (9% / 1); Quality of care - Consider the need for continuous and consistent mental health support (e.g. after crisis support, follow-up) (9% / 1); Communication - Consider improving communication with patients and their families (e.g. keep informed, listen) (9% / 1); Quality of care - Consider the need for preventive measures and early intervention (9% / 1); Technology - Virtual appointments should be an option (e.g. not replace face-to-face, depends on patient's needs) (9% / 1); General - More details about proposals are required (9% / 1); Quality of care - Assertive Outreach services provide essential care (e.g. lack of the service will have negative impact on patients) (9% / 1); Access - Consider increased provision of face-to-face support (9% / 1); Staff - Consider improving working

conditions for staff (e.g. staff recognition) (9% / 1); General - Further consultation about the proposals is required (e.g. with frontline staff) (9% / 1); Service provision - Consider provision of self-diagnosis (e.g. self-assessment form) (9% / 1).

For a full list of sub-themes raised by these groups and other groups (sexuality, religion / belief, relationship status, sexual orientation and pregnancy / recently given birth) please see the Excel Appendix tables.

5.11.2 Other comments: one-to-one interviews, focus groups and public events

Event participants were asked the following questions:

- Q24. If you have any other specific comments about the proposed changes to the Mental Health Services, please use this space to tell us what they are.
- General feedback.

5.11.2.1 Responses to question 24. If you have any other specific comments about the proposed changes to the Mental Health Services, please use this space to tell us what they are.

Table 151 summarises the other comments raised by event participants.

The main theme areas raised by event participants were: Service provision, Specific groups, Access, Quality of care, General, Cost and efficiency, Communication, Technology, Integration, Staff, Education, Confidentiality, Central Access Point, COVID, Crisis Cafés.

Across the main themes, two sub-themes were in agreement with the proposal, two sub-themes were in disagreement with the proposal and 53 sub-themes were observations.

The top two sub-themes raised by event participants in agreement with this proposal were:

1. General - Agreement with proposals (23% / 13)
2. Access - Proposals improve access to mental health services and support (5% / 3).

The top sub-theme raised by event participants in disagreement with this proposal was:

1. Access - Concern that mental health patients will not use the service (e.g. don't recognise problem) (2% / 1); Technology - Concern over lack of access to technology or knowledge of how to use it (2% / 1).

The top three observation sub-themes raised by event participants were:

1. Specific groups - Ensure that proposals reflect the needs of the diverse community (e.g. language, cultural sensitivity, staff from community) (21% / 12)
2. Integration - Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing) (19% / 11)
3. Quality of care - Consider the need for reducing stigma of asking for mental help (18% / 10); Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (18% / 10).

Table 151. If you have any other specific comments about the proposed changes to the Mental Health Services

Main theme	Sub-theme	Rank	Total	
			No.	%
Service provision - observation	Consider increased support for carers and families of mental health patients	5	8	14%
	Consider the need to improve mental health services for children and young people (e.g. CAMHS, transition to adult services)	7	5	9%
	Consider increased provision of mental health services locally (e.g. in primary care settings, rural areas)	8	4	7%
	Consider improving services for PTSD and trauma	10	2	4%
	Consider improving services for patients with personality disorders	11	1	2%
	Consider providing support for different groups separately (e.g. women-only and men-only days, different age groups)	11	1	2%
	Consider provision mental health and bereavement support for people who have experienced deaths due to COVID-19	11	1	2%
	Consider provision of interpreter services	11	1	2%
	Consider provision of social support groups (e.g. more social prescribing services, wellness groups, peer support)	11	1	2%
	Consider visits to workplaces to get to those hard to reach	11	1	2%
Specific groups - observation	Ensure that proposals reflect the needs of the diverse community (e.g. language, cultural sensitivity, staff from community)	2	12	21%
	Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities)	8	4	7%
	Consider the needs of LGBT+ groups	9	3	5%
	Consider the needs of armed forces veterans	10	2	4%
	Consider the needs of trans people	10	2	4%
	Consider the needs of vulnerable patients (e.g. complex needs, homeless people, asylum seekers and refugees, elderly people)	10	2	4%
	Concern over lack of mental health support in prison	11	1	2%
	Consider provision of BSL helpline	11	1	2%
	Consider the need to discuss men's mental health	11	1	2%
Consider the needs of patients with autism and ADHD (e.g. clear pathway is needed, better assessment)	11	1	2%	
Access - agreement	Proposals improve access to mental health services and support	9	3	5%
Access - disagreement	Concern that mental health patients will not use the service (e.g. don't recognise problem)	11	1	2%
Access - observation	Consider improving access to mental health services (e.g. home visits, easier pathway, accessible locations, more services)	7	5	9%
	Consider improving waiting time for mental health service (e.g. waiting time threshold)	7	5	9%
	Concern over access to Glenfield Hospital (e.g. poor public transport, too far)	11	1	2%
	Consider improving access to other services (e.g. GP)	11	1	2%
	Consider the need for simple phone number to access mental health support (e.g. free number)	11	1	2%
	Ensure equal access to mental health services (e.g. no postcode lottery)	11	1	2%
Quality of care - observation	Consider the need for reducing stigma of asking for mental help	4	10	18%

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	Consider improving quality of mental health care (e.g. meet patient needs, alternative therapies, reduce drug dependency)	6	6	11%
	Consider the need for continuous and consistent mental health support (e.g. after crisis support, follow-up)	9	3	5%
	Consider the need for preventive measures and early intervention	10	2	4%
	Consider improving triage and navigation of mental health patients	11	1	2%
	Consider the need to improve referral process to mental health services (e.g. criteria to be referred, self-referral online, referrals to counselling)	11	1	2%
General - agreement	Agreement with proposals	1	13	23%
General - observation	More details about proposals are required	5	8	14%
	Consider the need to implement proposals effectively (e.g. regular audit and scrutiny)	8	4	7%
	Further consultation about the proposals is required (e.g. with frontline staff)	10	2	4%
	A&E is not a suitable place for mental health patients	11	1	2%
	Comment about the survey	11	1	2%
Cost and efficiency - observation	Consider greater support of voluntary sector and community groups by NHS	10	2	4%
	Ensure sufficient capacity and funding to implement proposals	10	2	4%
	Mental health services should be free	11	1	2%
	More investment in mental health services is required	11	1	2%
Communication - observation	Consider greater promotion of available mental health services and support	5	8	14%
	Consider improving communication with patients and their families (e.g. keep informed, listen)	6	6	11%
	Consider changing the name of Crisis Cafés (e.g. negative associations of crisis)	11	1	2%
Technology - disagreement	Concern over lack of access to technology or knowledge of how to use it	11	1	2%
Technology - observation	Virtual appointments should be an option (e.g. not replace face-to-face, depends on patient's needs)	10	2	4%
Integration - observation	Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing)	3	11	19%
	Consider the need for an Information Sharing Protocol between organisations and teams	10	2	4%
Staff - observation	Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce)	4	10	18%
Education - observation	Consider the need to raise awareness about mental health (e.g. starting in school)	7	5	9%
Confidentiality - observation	Consider lack of patient confidentiality	10	2	4%
Central Access Point - observation	Consider improving services provided by Central Access Point services (e.g. call queue system)	11	1	2%
COVID - observation	Consider the impact of COVID-19 on mental health	11	1	2%
Crisis Cafés - observation	Consider involving of ex-service users and volunteers in development and running of mental health services (e.g. Crisis Cafés)	11	1	2%
	No comment (e.g. as above)	11	1	2%
	Other	10	2	4%
<i>Base</i>				57

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from the events. For further details see communications and engagement section of this report.

The top sub-theme by agreement, disagreement and observation raised by groups by exception. Therefore, where the sub-theme is the same as the overall top sub-themes they have not been shown.

Targeted stakeholder type

- **Addiction / recovery**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (25% / 1); General - More details about proposals are required (25% / 1); General - Consider the need to implement proposals effectively (e.g. regular audit and scrutiny) (25% / 1); Cost and efficiency - Ensure sufficient capacity and funding to implement proposals (25% / 1); Quality of care - Consider the need to improve referral process to mental health services (e.g. criteria to be referred, self-referral online, referrals to counselling) (25% / 1).
- **Age (young people):**
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Access - Consider improving access to mental health services (e.g. home visits, easier pathway, accessible locations, more services) (67% / 2); Service provision - Consider increased provision of mental health services locally (e.g. in primary care settings, rural areas) (67% / 2).
- **Armed forces veterans:**
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Quality of care - Consider the need for reducing stigma of asking for mental help (100% / 2).
- **Carers:**
 - Disagreement sub-theme: Technology - Concern over lack of access to technology or knowledge of how to use it (8% / 1)
 - Observation sub-theme: Communication - Consider greater promotion of available mental health services and support (23% / 3).
- **Councillors:**
 - Agreement sub-theme: Access - Proposals improve access to mental health services and support (33% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Integration - Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing) (67% / 2).
- **Disability:**
 - Disagreement sub-theme: Access - Concern that mental health patients will not use the service (e.g. don't recognise problem) (25% / 1)
 - Observation sub-theme: Specific groups - Ensure that proposals reflect the needs of the diverse community (e.g. language, cultural sensitivity, staff from community) (25% / 1); Integration - Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing) (25% / 1); Quality of care - Consider the need for reducing stigma of asking for mental help (25% / 1); Communication - Consider greater promotion of available mental health services and support (25% / 1); Quality of care - Consider improving quality of mental health care (e.g. meet patient needs, alternative therapies, reduce drug

- dependency) (25% / 1); Access - Consider improving access to mental health services (e.g. home visits, easier pathway, accessible locations, more services) (25% / 1); Access - Consider improving waiting time for mental health service (e.g. waiting time threshold) (25% / 1); Service provision - Consider the need to improve mental health services for children and young people (e.g. CAMHS, transition to adult services) (25% / 1); Service provision - Consider increased provision of mental health services locally (e.g. in primary care settings, rural areas) (25% / 1); Confidentiality - Consider lack of patient confidentiality (25% / 1); Cost and efficiency - Consider greater support of voluntary sector and community groups by NHS (25% / 1); Crisis Cafés - Consider involving of ex-service users and volunteers in development and running of mental health services (e.g. Crisis Cafés) (25% / 1); Service provision - Consider provision of social support groups (e.g. more social prescribing services, wellness groups, peer support) (25% / 1); Service provision - Consider visits to workplaces to get to those hard to reach (25% / 1); Specific groups - Consider provision of BSL helpline (25% / 1).
- Ethnicity (not white British):
 - Disagreement sub-theme: No disagreement sub-themes raised.
 - Gender (women):
 - Agreement sub-theme: Access - Proposals improve access to mental health services and support (100% / 1)
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: No observation sub-themes raised.
 - General:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Integration - Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing) (43% / 3); Service provision - Consider increased support for carers and families of mental health patients (43% / 3).
 - Homeless:
 - No feedback provided.
 - Maternity / pregnancy:
 - No feedback provided.
 - Religion / belief:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that proposals reflect the needs of the diverse community (e.g. language, cultural sensitivity, staff from community) (100% / 2); Integration - Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing) (100% / 2); General - More details about proposals are required (100% / 2); Communication - Consider improving communication with patients and their families (e.g. keep informed, listen) (100% / 2); Education - Consider the need to raise awareness about mental health (e.g. starting in school) (100% / 2); Service provision - Consider the need to improve mental health services for children and young people (e.g. CAMHS, transition to adult services) (100% / 2).
 - Sexuality:
 - Agreement sub-theme: No agreement sub-themes raised.
 - Disagreement sub-theme: No disagreement sub-themes raised

- Observation sub-theme: Specific groups - Consider the needs of LGBT+ groups (43% / 3).
- Staff:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Specific groups - Ensure that proposals reflect the needs of the diverse community (e.g. language, cultural sensitivity, staff from community) (100% / 1); Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (100% / 1); General - More details about proposals are required (100% / 1); Service provision - Consider increased support for carers and families of mental health patients (100% / 1); Communication - Consider improving communication with patients and their families (e.g. keep informed, listen) (100% / 1); Access - Consider improving waiting time for mental health service (e.g. waiting time threshold) (100% / 1); General - Consider the need to implement proposals effectively (e.g. regular audit and scrutiny) (100% / 1); Service provision - Consider improving services for PTSD and trauma (100% / 1); Specific groups - Consider the needs of vulnerable patients (e.g. complex needs, homeless people, asylum seekers and refugees, elderly people) (100% / 1); Service provision - Consider improving services for patients with personality disorders (100% / 1).

Geography

- Leicester:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Integration - Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing) (18% / 4); Quality of care - Consider the need for reducing stigma of asking for mental help (18% / 4); Staff - Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce) (18% / 4); General - More details about proposals are required (18% / 4); Education - Consider the need to raise awareness about mental health (e.g. starting in school) (18% / 4).
- Leicestershire:
 - Disagreement sub-theme: No disagreement sub-themes raised
 - Observation sub-theme: Integration - Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing) (60% / 3).
- LLR:
 - Disagreement sub-theme: Technology - Concern over lack of access to technology or knowledge of how to use it (4% / 1).
- Rutland:
 - Agreement sub-theme: No agreement sub-themes raised
 - Disagreement sub-theme: Access - Concern that mental health patients will not use the service (e.g. don't recognise problem) (33% / 1)
 - Observation sub-theme: Quality of care - Consider the need for reducing stigma of asking for mental help (100% / 3).

For a full list of sub-themes raised by these groups please see the Excel Appendix tables.

5.11.2.2 General feedback

Table 152 summarises the other comments raised by event participants.

Table 152. Other comments

Main theme	Sub-theme	Rank	Total	
			No.	%
Service provision - observation	Consider the need to improve mental health services for children and young people (e.g. CAMHS, transition to adult services)	6	11	13%
	Consider increased support for carers and families of mental health patients	11	5	6%
	Consider improving services for patients with personality disorders	15	1	1%
	Consider the need to provide fun activities to occupy service users (e.g. arts and crafts, massage, knitting, gardening)	15	1	1%
	More Crisis Cafés are needed (e.g. 22 is not enough)	15	1	1%
	Consider provision of listening service	15	1	1%
Specific groups - observation	Ensure that proposals reflect the needs of the diverse community (e.g. language, cultural sensitivity, staff from community)	2	21	25%
	Consider the needs of vulnerable patients (e.g. prisoners, elderly, armed forces, domestic violence)	3	17	20%
	Consider the needs of patients with autism and ADHD (e.g. clear pathway is needed, better assessment)	13	3	4%
	Consider provision of service for patients who suffer from psychosis	14	2	2%
	Consider the needs of LGBT+ groups	15	1	1%
Staff - observation	Consider provision of training for staff in mental health (e.g. new therapies, training for GPs, police)	8	9	11%
	Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce)	9	8	10%
	Consider involving of ex-service users and volunteers in development and running of mental health services	11	5	6%
	Consider the need for community champions	12	4	5%
Quality of care - observation	Consider improving quality of mental health care (e.g. holistic approach)	6	11	13%
	Consider the need for reducing stigma of asking for mental help	8	9	11%
	Consider the need for preventive measures and early intervention	12	4	5%
Access - agreement	Proposals improve access to mental health services and support	14	2	2%
Access - disagreement	Concern that mental health patients will not contact the services (e.g. staff should be proactive)	13	3	4%
Access - observation	Consider improving access to mental health services (e.g. home visits, easier pathway, accessible locations, more services)	1	25	30%
Communication - observation	Consider the need for accessible information on the proposals (e.g. translated into Gujarati)	5	13	16%
	Consider changing the name of Crisis Cafés (e.g. negative associations of crisis)	14	2	2%
	Utilise different channels of communication to interact with service users (e.g. social media)	15	1	1%

Cost and efficiency - disagreement	Concern over lack of capacity and resources to cope with demand	15	1	1%
Cost and efficiency - observation	Consider greater support of voluntary sector and community groups by NHS	12	4	5%
	More investment in mental health services is required	15	1	1%
General - agreement	Agreement with proposals	7	10	12%
General - observation	More details about proposals are required	8	9	11%
	Further consultation about the proposals is required (e.g. with frontline staff)	11	5	6%
Technology - disagreement	Virtual appointments are not suitable for mental health patients (e.g. impersonal, risk of misdiagnosis)	14	2	2%
COVID - observation	Consider the impact of COVID-19 on mental health	7	10	12%
Education - observation	Consider the need to raise awareness about mental health (e.g. starting in school)	7	10	12%
Integration - observation	Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing)	10	6	7%
Information support - observation	Consider the need for guidance for patients and employer on how to engage with employers/employees about mental health problems	15	1	1%
	Other	4	15	18%
<i>Base</i>			84	

5.11.3 Other comments: correspondence

Table 153 summarises the other comments raised in the correspondence.

Across the main themes, two sub-themes were in agreement with the proposal, seven sub-themes were in disagreement with the proposal and 54 sub-themes were observations.

Table 153. Correspondence feedback

Main theme	Sub-theme	Rank	Total		Stakeholder type					
			No.	%	Patient / public	NHS staff	NHS organisation	Other public sector organisation	Patient rep. organisation, voluntary group / charity	Member of Parliament
Service provision - disagreement	Concern over removing existing services (e.g. day care and respite facilities, Psycho-Oncology Service)	7	2	5%	1	-	-	-	-	1
	Concern that proposals do not address the development of At Risk Mental State services	8	1	2%	-	-	1	-	-	-
	Concern that Acute Day Units not been considered in the consultation	8	1	2%	-	-	-	-	-	1
	Concern over removal mental health services from Leicester General Hospital after its downgrading	8	1	2%	-	-	-	-	-	1
Service provision - observation	Consider increased provision of mental health services locally (e.g. in primary care settings, rural areas)	3	6	15%	3	-	-	-	3	-
	Consider provision of social support groups (e.g. more social prescribing services, wellness groups, peer support)	5	4	10%	1	-	-	-	3	-
	Consider provision of support for patients while they are waiting for treatment	6	3	7%	1	-	1	-	1	-
	Consider increased support for carers and families of mental health patients (e.g. provide training)	6	3	7%	1	-	-	-	2	-
	Psychosis Intervention & Early Recovery team should continue operating as a standalone service	7	2	5%	-	-	2	-	-	-
	Consider increasing provision of services for patients with mild and moderate mental health difficulties	8	1	2%	1	-	-	-	-	-

	Consider provision of perimenopause and menopause support	8	1	2%	-	-	-	-	1	-
	Clarity around Psychosis Intervention & Early Recovery team work after implementation of proposals is needed	8	1	2%	-	-	1	-	-	-
	Consider improving services for patients with depression and anxiety	8	1	2%	1	-	-	-	-	-
	Consider training hairdressers and barbers to provide mental health services	8	1	2%	1	-	-	-	-	-
Quality of care - agreement	Proposals will help to improve quality of mental health care	8	1	2%	-	-	1	-	-	-
Quality of care - observation	Consider the need to improve quality of mental health services (e.g. meet patient's needs, holistic approach)	1	11	27%	8	1	1	-	1	-
	Consider the need for continuous and consistent mental health support (e.g. after crisis support, follow-up)	5	4	10%	2	-	-	1	1	-
	Ensure appropriate triage and navigation of patients	6	3	7%	1	1	-	-	1	-
	Consider the need for prevention and early intervention	7	2	5%	1	-	-	-	1	-
	Consider the need for reducing stigma of asking for mental help	7	2	5%	-	-	-	-	2	-
	Current mental health services are not fit for purpose	8	1	2%	1	-	-	-	-	-
	NHS 111 provided good quality of services	8	1	2%	-	-	-	-	1	-
	Consider the need to improve wellbeing of population (e.g. provision of wellbeing classes)	8	1	2%	-	-	1	-	-	-
	Consider improving discharge process (e.g. discharge is too fast, discharge of non-engaged patients)	8	1	2%	-	-	1	-	-	-
	Consider the need to prioritise patients with severe mental health conditions	8	1	2%	1	-	-	-	-	-
	Assertive Outreach services provide essential care (e.g. lack of the service will have negative impact on patients)	8	1	2%	1	-	-	-	-	-
	Consider improving addiction services (e.g. 12 Step Recovery programme)	8	1	2%	1	-	-	-	-	-
	General - disagreement	A&E is not a suitable place for mental health patients	8	1	2%	-	-	1	-	-
General - observation	Comment about the survey (e.g. cannot leave a comment, too complicated for service users, cannot return to a previous question)	5	4	10%	2	-	2	-	-	-
	Comment about the consultation (e.g. not accessible for minority groups and people with special needs, not aware about the consultation)	6	3	7%	2	-	1	-	-	-
	Further consultation about the proposals is required (e.g. with frontline staff, partner organisations, specialists, about PIER)	7	2	5%	-	-	1	-	-	1
	Consider the need to implement proposals effectively (e.g. regular audit and scrutiny)	8	1	2%	1	-	-	-	-	-
	Comment about ineffective work of Leicestershire Partnership NHS Trust	8	1	2%	1	-	-	-	-	-
	Data analysis is required to support these proposals (e.g. demographic analysis)	8	1	2%	-	-	-	-	-	1
Specific groups - observation	Consider the need to improve mental health support for children and young people (e.g. support at school)	6	3	7%	2	-	-	-	1	-

	Ensure that mental health services reflect the needs of the diverse community (e.g. language, cultural sensitivity, staff from community)	6	3	7%	-	-	-	-	3	-
	Consider the needs of patients with autism and ADHD (e.g. clear pathway is needed, better assessment)	7	2	5%	1	-	-	1	-	-
	Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities)	8	1	2%	-	-	-	-	1	-
	Consider improving support for patients with eating disorders	8	1	2%	-	-	-	-	1	-
	Consider provision of mental health support in prison	8	1	2%	1	-	-	-	-	-
	NHS mental health services should provide parity of access for the student population	8	1	2%	-	-	-	1	-	-
Access - disagreement	Concern over different timescale to access mental health services across Leicestershire	8	1	2%	-	-	-	-	1	-
Access - observation	Consider the need to improve access to mental health services (e.g. clear pathway, reduce waiting time)	1	11	27%	9	-	1	-	1	-
	Consider the need for family, carers or public to refer mental health patients (e.g. without their consent)	7	2	5%	-	-	-	-	2	-
	Consider extending working hours for all mental health services (e.g. 24/7)	8	1	2%	1	-	-	-	-	-
Staff - observation	Ensure appropriate staffing (e.g. staffing level, diverse staff, qualified staff, culturally representative workforce)	2	7	17%	3	-	-	-	4	-
	Concern over low morale of mental health service staff (e.g. staff retention)	8	1	2%	1	-	-	-	-	-
	Ensure that staff are aware about cultural diversity (e.g. training for staff)	8	1	2%	-	-	-	-	1	-
	Consider provision of training for public emergency services on mental health (e.g. paramedics)	8	1	2%	1	-	-	-	-	-
Communication - observation	Consider the need to improve communication with service users (e.g. keep informed)	4	5	12%	2	-	1	1	1	-
	Consider greater promotion of available mental health services and support (e.g. national campaign)	7	2	5%	1	-	-	-	1	-
	Consider improving communication with carers and families of mental health patients (e.g. listen)	7	2	5%	-	-	-	1	1	-
Cost and efficiency - agreement	Proposals will improve service efficiency (e.g. reduce pressure on other services)	8	1	2%	-	-	1	-	-	-
Cost and efficiency - disagreement	Concern over lack of capacity and resources to meet demand (e.g. lack of support in community)	7	2	5%	1	-	-	1	-	-
Cost and efficiency - observation	Consider expansion of personal health budgets to give patients more control in management their mental health	8	1	2%	-	-	1	-	-	-
COVID - observation	Consider the impact of COVID-19 on mental health	7	2	5%	-	-	-	1	-	1
	Concern over lack of mental health support during pandemic	8	1	2%	1	-	-	-	-	-
	Consider improving integration between mental health services providers	5	4	10%	1	-	1	1	1	-

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Integration - observation	Consider improving integration between mental health providers and other services (e.g. social care, GP, substance misuse, voluntary sector, housing, universities)	5	4	10%	1	-	1	1	1	-
Education - observation	Consider the need to raise awareness about mental health issues (e.g. starting in school, youth clubs, mental health events)	5	4	10%	2	-	1	-	1	-
Equality - observation	Consider the need to reduce inequality in mental health	7	2	5%		-	1	-	-	1
Information support observation	Consider the need for guidance for patients and employer on how to engage with employers/employees about mental health problems	8	1	2%	1	-	-	-	-	-
Technology - observation	Consider greater use of technology in provision of healthcare	8	1	2%	1	-	-	-	-	-
	Other	4	5	12%	1	-	-	1	3	
<i>Base</i>			41		21	1	5	1	12	1

N.B. The consultation received 6,650 responses. These were received from the questionnaires (4,093), the events (2,516 participants across 164 events) and the correspondence (41). This table shows response from correspondence. For further details see communications and engagement section of this report.

5.11.4 Other comments: New ideas suggested outside of the proposal

The table below shows the additional ideas raised by survey respondents, event participants and the correspondence received.

Table 154. Additional ideas

Main theme	Sub-theme	Total	Channel		
		No.	Survey	Events	Correspondence
Service provision	Consider the need for outreach system for schools to support children before they present with mental health problems	4	4	-	-
	Consider training hairdressers and barbers to provide mental health services	1	-	-	1
	Consider provision of perimenopause and menopause support	1	-	-	1
	Consider provision of listening service	1	-	1	-
Staff	Consider the need for community champions	4	-	4	-
Cost and efficiency	Consider expansion of personal health budgets to give patients more control in management their mental health	1	-	-	1
<i>Base</i>		<i>41-1428</i>	<i>1428</i>	<i>57-84</i>	<i>41</i>

6 Conclusion

6.1 General comments

This report of findings provides an in-depth analysis and presentation of the feedback received during the consultation on mental health services held between 24 May and 15 August 2021.

A general overview of the main themes raised within the feedback is presented below. The main themes raised across feedback on all the proposals included:

Table 155. Main themes

Main themes			
Access	Cost and efficiency	Staff	Education
Quality of care	Technology	Confidentiality	Quality of information
Service provision	Communication	COVID	Information support
Specific groups	Integration	General	Central Access Point
Equality	Location	Estate and facilities	Mental Health Urgent Care Hub
Collaboration	Capacity	Patient choice	Crisis Cafes
Support	Crisis services	Maternal outreach service	

There are a set of sub-themes within each of these main themes. These sub-themes fall into three categories:

- Comments in agreement with the proposal
- Comments in disagreement with the proposal
- Comments making observations about the proposal.

In the subsequent sections, an overview is provided of the key findings by each proposal.

6.2 Feedback by proposal

Respondents were asked to what extent they agreed or disagreed with each proposal. They were then asked to explain the rating they provided and give more detail.

6.2.1 Building self-help guidance and support

Respondents were asked the following questions:

- To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Please explain why?
- In your opinion, what self-help and guidance would support people (e.g. you, your family or friends) in managing their own condition?

6.2.1.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 156 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 83% (3372) of all respondents agreed and 8% (306) disagreed with the proposal on building self-help guidance and support.

Table 156. Building self-help guidance and support: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	1829	45%
Agree	1543	38%
Neither agree nor disagree	361	9%
Disagree	184	5%
Strongly disagree	122	3%
N/A	19	1%
Base	4058	

6.2.1.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (34% / 306)
- Events: General - Agreement with proposal (48% / 31).

In disagreement:

- Survey: Technology - Concern over lack of access to technology or knowledge how to use them (22% / 199)
- Events: General - Disagreement with proposal (e.g. would not use it) (19% / 12)

In observation:

- Survey: Service provision - Mental health patients require human interaction (e.g. face-to-face support, somebody to listen, advice from familiar person) (11% / 99)
- Events: Access - Ensure that information is accessible for everyone (e.g. hard copies at GP surgeries, libraries, BSL videos) (33% / 21).

6.2.1.3 Responses to question: In your opinion, what self-help and guidance would support in managing their own condition?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: Access - Self-help guidance will support patients to Access the appropriate information and services (e.g. quicker, better signposting) (3% / 21)
- Events: Access - Self-help guidance will support patients to access the appropriate information and services (e.g. quicker, better signposting) (18% / 10).

In disagreement:

- Survey: General - Self-help guidance is useful only as an supplementary tool (e.g. back up of professional staff/mentor is needed, initial triage is needed) (6% / 46)
- Events: Quality of care - Concern over mental health patients' capacity to understand information and engage (e.g. deny illness, too ill) (5% / 3); Technology - Concern over lack of access and knowledge around technology (5% / 3).

In observation:

- Survey: Information support - Provide details on how to access mental health support available (e.g. support outside of LPT, waiting time) (16% / 131)
- Events: Access - Ensure that information is accessible for everyone (e.g. hard copies, video, leaflets, BSL videos) (25% / 14).

6.2.1.4 Key themes from other channels

The top sub-themes raised in the correspondence received in agreement, disagreement and observation about this proposal were:

- In agreement: Access - Proposal will support patients to access the appropriate information and services (e.g. quicker, better signposting) (33% / 1)
- In disagreement: Technology - Concern over lack of access and knowledge around technology (67% / 2)
- In observation: Specific groups - Ensure that self-help guidance reflects the needs of the diverse community (e.g. multiple languages) (100% / 3).

6.2.2 Introducing a Central Access Point

Respondents were asked the following questions:

- To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Please explain why?

6.2.2.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 157 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 88% (3549) of all respondents agreed and 5% (188) disagreed with the proposal on introducing a Central Access Point

Table 157. Introducing a Central Access Point: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2256	56%
Agree	1293	32%
Neither agree nor disagree	287	7%
Disagree	96	2%
Strongly disagree	92	2%
N/A	19	1%
Base	4043	

6.2.2.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: Access - Proposal improves access to appropriate mental health support (e.g. quicker, easier) (19% / 162)
- Events: General - Agreement with proposal (57% / 43)

In disagreement:

- Survey: Quality of care - Central Access Point provides poor quality of services (e.g. unsafe, not useful) (6% / 50)
- Events: General - Disagreement with proposal (13% / 10)

In observation:

- Survey: Communication - Consider greater promotion of Central Access Point services (e.g. unaware about it) (13% / 107)
- Events: Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (24% / 18)

6.2.2.3 Key themes from other channels

The top sub-themes raised in the correspondence received in agreement, disagreement and observation about this proposal were:

- In agreement: Access - Proposal improves access to appropriate mental health support (e.g. quicker, easier) (40% / 2)
- In disagreement: Technology - Concern over lack of access and knowledge around technology (40% / 2)
- In observation: Staff - Ensure appropriate staffing (e.g. staffing level, trained staff, diverse staff who speak different languages, skill mix, specialist BSL) (40% / 2).

6.2.3 Strengthening the role of Crisis Cafés

Respondents were asked the following questions:

- To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

- Please explain why?
- Please tell us where you would like the new Crisis Cafés to be located?
- Please tell us what mental health support services should be provided in the new Crisis Cafés?

6.2.3.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 158 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 85% (3420) of all respondents agreed and 5% (205) disagreed with the proposal on strengthening the role of crisis Cafés.

Table 158. Strengthening the role of Crisis Cafés: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2246	56%
Agree	1174	29%
Neither agree nor disagree	406	10%
Disagree	124	3%
Strongly disagree	81	2%
N/A	18	0.4%
Base	4049	

6.2.3.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: Access - Proposal will help patients to access the appropriate support (26% / 214)
- Events: General - Agreement with proposal (38% / 30).

In disagreement:

- Survey: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (2% / 17); Cost and efficiency - Proposal is not good use of NHS money and resources (e.g. invest in treatment) (2% / 17)
- Events: General - Disagreement with the proposal (4% / 3).

In observation:

- Survey: General - Crisis Cafés are not for everyone (e.g. people would not attend, not for severe mental health and patients with social anxiety) (19% / 162)
- Events: General - More details about proposal are required (e.g. who can access the service) (23% / 18).

6.2.3.3 Responses to question: Please tell us where you would like the new Crisis Cafés to be located?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: Quality of care - Proposal will allow service users to connect with others (e.g. lessen isolation) (0.1% / 1)
- Events: No agreement sub-themes raised.

In disagreement:

- Survey: Service provision - Crisis Cafés are not needed (1% / 8)
- Events: General - Concern over stigma to attend Crisis Cafés (2% / 1); General - Concern that people in crisis will not attend Crisis Cafés (2% / 1).

In observation:

- Survey: Access - Ensure easy access to a Crisis Café in each local area / borough (e.g. spread out) (23% / 172)
- Events: Location - Community settings (e.g. community centres, libraries, shopping centres, high streets, faith centres) (33% / 18).

6.2.3.4 Responses to question: Please tell us what mental health support services should be provided in the new Crisis Cafés?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: General - As many services as possible should be provided at Crisis Cafés (2% / 12)
- Events: No agreement sub-themes raised

In disagreement:

- Survey: General - Café is not a suitable place to provide mental health services (e.g. should be in clinical setting, no need for cafés) (1% / 6); General - Disagreement with proposal (1% / 6)
- Events: Confidentiality - Concern over lack of confidentiality at Crisis Cafés (2% / 1).

In observation:

- Survey: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (22% / 165)
- Events: Service provision - Crisis Cafés should provide a safe space (e.g. a place to talk, safe place to stay, somewhere to get advice) (25% / 16).

6.2.3.5 Key themes from other channels

The top sub-themes raised in the correspondence received in agreement, disagreement and observation about this proposal were:

- In agreement: Access - Proposal will help patients to access the appropriate support (14% / 1)
- In disagreement: Cost and efficiency - Concern over lack of capacity and resources to implement this proposal (14% / 1); Quality of care - Crisis Cafés are useful only for social support, but not in crisis (14% / 1)
- In observation: General - Crisis Cafés are not for everyone (e.g. people would not attend, not for severe mental health and patients with social anxiety) (43% / 3).

6.2.4 Improving the crisis service

Respondents were asked the following questions:

- To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Please explain why?

6.2.4.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 159 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 87% (3503) of all respondents agreed and 5% (202) disagreed with the proposal on improving the crisis service.

Table 159. Improving the crisis service: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2207	55%
Agree	1296	32%
Neither agree nor disagree	308	8%
Disagree	101	3%
Strongly disagree	101	3%
N/A	23	1%
Base	4036	

6.2.4.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: Access - Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits) (32% / 247)
- Events: General - Agreement with proposal (56% / 30).

In disagreement:

- Survey: Quality of care - Crisis service and CAP provided poor quality of services (e.g. not useful, lack of continuity) (7% / 54)
- Events: General - Disagreement with proposal (9% / 5).

In observation:

- Survey: Staff - Ensure appropriate staffing (e.g. more staff, proficient and trained staff) (9% / 71)
- Events: Specific groups - Ensure that service reflects the needs of deaf people (e.g. accessible for them) (20% / 11).

6.2.4.3 Key themes from other channels

The top sub-themes raised in the correspondence received in agreement, disagreement and observation about this proposal were:

- In agreement: Access - Proposal will improve access to mental health support (e.g. easy pathway, no need for GP referral, home visits) (67% / 2)
- In disagreement: Cost and efficiency - Concern that direct access to CAP will increase volume of referrals for mild degree psychiatric disorders (33% / 1); Cost and efficiency - Concern over lack of GP involvement in mental health patient's pathway (e.g. inappropriate self-referrals, GPs know patients) (33% / 1); Access - Concern that mental health patients will not use the service (e.g. staff should be proactive) (33% / 1)
- In observation: Quality of care - Consider the need for continuous and consistent mental health support (e.g. after crisis, follow-up) (33% / 1); Quality of care - Consider improving quality of care provided by crisis team before expanding its role (33% / 1); Service provision - Consider the need for crisis team in each CMHT (33% / 1); Service provision - Consider provision of support for carers and families (33% / 1); General - More details are required to comment on this proposal (33% / 1); Specific groups - Ensure the services reflects the needs of the diverse community (e.g. language, culture) (33% / 1); Staff - Ensure appropriate staffing (e.g. more staff, proficient and trained staff) (33% / 1).

6.2.5 Expanding the use of the Triage Car

Respondents were asked the following questions:

- To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Please explain why?

6.2.5.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 160 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 92% (3713) of all respondents agreed and 2% (85) disagreed with the proposal on expanding the use of the Triage Car.

Table 160. Expanding the use of the Triage Car: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2552	63%
Agree	1161	29%
Neither agree nor disagree	225	6%
Disagree	49	1%
Strongly disagree	36	1%
N/A	29	1%
Base	4052	

6.2.5.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: General - Agreement with proposal (21% / 115)
- Events: General - Agreement with proposal (58% / 29)

In disagreement:

- Survey: Quality of care - Police are not suitable to deal with mental health patients (e.g. lack of training, could frighten potential users) (11% / 58)
- Events: General - Disagreement with proposal (12% / 6)

In observation:

- Survey: Access - Service should be available 24/7 (16% / 87)
- Events: Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (22% / 11); Specific groups - Ensure that service reflects the needs of vulnerable patients (e.g. autism, learning disabilities, deaf people) (22% / 11)

6.2.5.3 Key themes from other channels

The top sub-themes raised in the correspondence received in agreement, disagreement and observation about this proposal were:

- In agreement: No agreement sub-themes raised
- In disagreement: Access - Concern over managing the calls through the Central Access Point (e.g. separate line is needed, use 999 or NHS 111, police should have direct access to support) (33% / 1)
- In observation: Service provision - Consider increased provision of Triage Car service across the county (e.g. more Triage Cars) (67% / 2).

6.2.6 Mental Health Urgent Care Hub

Respondents were asked the following questions:

- To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Please explain why?

6.2.6.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 161 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 90% (3650) of all respondents agreed and 3% (112) disagreed with the proposal on the Mental Health Urgent Care Hub.

Table 161. Mental Health Urgent Care Hub: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2452	61%
Agree	1198	30%
Neither agree nor disagree	262	7%
Disagree	60	2%
Strongly disagree	52	1%
N/A	24	1%
Base	4048	

6.2.6.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: Access - Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access) (18% / 106)
- Events: General - Agreement with proposal (63% / 31)

In disagreement:

- Survey: Access - Concern over access to Glenfield Hospital (e.g. poor public transport, too far) (8% / 47)
- Events: General - Disagreement with proposal (e.g. unachievable) (16% / 8)

In observation:

- Survey: Service provision - Consider increased provision of mental health urgent care across the county (e.g. rural area, Rutland, community care) (8% / 50)
- Events: Specific groups - Consider the needs of vulnerable people (e.g. people with special educational needs, dementia, deaf people) (22% / 11)

6.2.6.3 Key themes from other channels

The top sub-themes raised in the correspondence received in agreement, disagreement and observation about this proposal were:

- In agreement: Access - Proposal will improve access to appropriate mental health support (e.g. less waiting time, easy to access) (50% / 2)

- In disagreement: Cost and efficiency - Concern over lack of capacity and resources to meet targets and demand (e.g. lack of hospital beds) (50% / 2)
- In observation: General - More details about the proposal are required (25% / 1); General - Consider changing the image of the Bradgate Unit (e.g. bad association) (25% / 1); Communication - Consider the need for clear guidance and service specification (25% / 1); Communication - Consider improving communication with service users and their families (e.g. listen) (25% / 1); service provision - Consider the need to increase number of hospital beds for mental health patients (25% / 1).

6.2.7 Improving the Acute Mental Health Liaison Service

Respondents were asked the following questions:

- To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Please explain why?

6.2.7.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 162 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 89% (3572) of all respondents agreed and 4% (143) disagreed with the proposal on improving the Acute Mental Health Liaison Service.

Table 162. Improving the Acute Mental Health Liaison Service: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2309	57%
Agree	1263	31%
Neither agree nor disagree	287	7%
Disagree	84	2%
Strongly disagree	59	2%
N/A	36	1%
Base	4038	

6.2.7.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: General - Agreement with proposal (19% / 100)
- Events: General - Agreement with proposal (61% / 23).

In disagreement:

- Survey: Specific groups - Concern over restricted access to the service for older adults (16% / 88)
- Events: Specific groups - Concern over restricted access to the service for older adults (18% / 7).

In observation:

- Survey: Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (16% / 88)
- Events: Specific groups - Consider the needs of vulnerable patients (e.g. dementia, mobility problems, elderly, deaf people) (29% / 11).

6.2.7.3 Key themes from other channels

The top sub-themes raised in the correspondence received in agreement, disagreement and observation about this proposal were:

- In agreement: Access - Proposal will improve access to appropriate mental health support (e.g. shorter waiting time, easy to access) (33% / 1); Quality of care - Proposal will help improve patient's outcome (e.g. save lives) (33% / 1)
- In disagreement: Specific groups - Concern over restricted access to the service for older adults (67% / 2)
- In observation: Access - Acute Mental Health Liaison Service should be available 24/7 for everyone (33% / 1); General - Data analysis is required to support this proposal (33% / 1).

6.2.8 Joining up support for vulnerable groups

Respondents were asked the following questions:

- To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Please explain why?

6.2.8.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 163 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 72% (2904) of all respondents agreed and 9% (371) disagreed with the proposal on joining up support for vulnerable groups.

Table 163. *Joining up support for vulnerable groups: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?*

	Total	
	No.	%
Strongly agree	1724	43%
Agree	1180	29%
Neither agree nor disagree	703	18%
Disagree	254	6%
Strongly disagree	117	3%
N/A	46	1%
Base	4024	

6.2.8.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: General - Agreement with proposal (15% / 90)
- Events: General - Agreement with proposal (40% / 19).

In disagreement:

- Survey: Quality of care - Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs) (26% / 162)
- Events: Quality of care - Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs) (23% / 11).

In observation:

- Survey: General - More details are required to comment on this question (8% / 49)
- Events: General - More details are required to comment on this question (9% / 4).

6.2.8.3 Key themes from other channels

The top sub-themes raised in the correspondence received in agreement, disagreement and observation about this proposal were:

- In agreement: Quality of care - Proposal will improve quality of services for vulnerable groups (e.g. coherent service) (33% / 1); Access - Proposal improves access to support for vulnerable groups (e.g. easier pathway) (33% / 1); Cost and efficiency - Proposal will improve service efficiency (e.g. less duplication) (33% / 1)
- In disagreement: Quality of care - Proposal will reduce quality of services (e.g. dilute specialisms, increase bureaucracy, service users have different needs) (67% / 2)
- In observation: General - More details are required to comment on this question (33% / 1); Service provision - Consider expanding provision of services for vulnerable across the county (e.g. Rutland, Loughborough) (33% / 1); Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (33% / 1).

6.2.9 Working with the community to provide more mental health services locally

Respondents were asked the following questions:

- To what extent do you agree or disagree with these changes: Create eight teams each based in a local area to support adult’s mental health needs
- Please tell us why
- To what extent do you agree or disagree with these changes: Offer a wider range of therapies for people with personality disorders
- Please tell us why
- To what extent do you agree or disagree with these changes: Increase access to perinatal services that support women with moderate to severe perinatal mental health difficulties.
- Please tell us why
- To what extent do you agree or disagree with these changes: Develop a new maternal outreach service
- Please tell us why
- To what extent do you agree or disagree with these changes: Improve assessment for people who may need Psychosis Intervention and Early Recovery service
- Please tell us why
- To what extent do you agree or disagree with these changes: Improve the Memory Service by offering online consultations
- Please tell us why
- To what extent do you agree or disagree with these changes: Provide community rehabilitation support
- Please tell us why

6.2.9.1 Create eight teams each based in a local area to support adult’s mental health needs

6.2.9.1.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 164 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 89% (3532) of all respondents agreed and 3% (114) disagreed with the proposal.

Table 164. Create eight teams each based in a local area to support adult’s mental health needs: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2190	55%
Agree	1342	34%
Neither agree nor disagree	300	8%
Disagree	56	1%
Strongly disagree	58	2%
N/A	25	1%
Base	3971	

6.2.9.1.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: General - Agreement with proposal (19% / 71)
- Events: General - Agreement with proposal (62% / 28).

In disagreement:

- Survey: Service provision - Concern over the removal of existing services (e.g. Assertive Outreach services, MH Integrated Team) (12% / 44)
- Events: General - Disagreement with the proposal (7% / 3).

In observation:

- Survey: General - More details about proposal are required (e.g. capacity, type of support) (12% / 43)
- Events: Staff - Ensure appropriate staffing (e.g. staffing levels, trained staff) (18% / 8).

6.2.9.2 Offer a wider range of therapies for people with personality disorders

6.2.9.2.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 165 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 91% (3632) of all respondents agreed and 2% (76) disagreed with the proposal.

Table 165. Offer a wider range of therapies for people with personality disorders: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2513	63%
Agree	1119	28%
Neither agree nor disagree	225	6%
Disagree	34	1%
Strongly disagree	42	1%
N/A	43	1%
Base	3976	

6.2.9.2.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: Access - Proposal will improve access to support for people with personality disorders (31% / 94)
- Events: General - Agreement with proposal (86% / 37).

In disagreement:

- Survey: Capacity - Concern over lack of capacity and resources to meet demand for this service (4% / 13); Quality of care - Proposal will reduce quality of services (e.g. lose specialisms) (4% / 13)
- Events: Capacity - Concern over lack of capacity and resources to meet demand for this service (2% / 1).

In observation:

- Survey: Quality of care - Consider improving quality of care for people with personality disorders (e.g. dynamic psychotherapy, evidence-based therapy, individual approach, alternative therapies) (11% / 32)
- Events: Specific groups - Consider the needs of deaf people (5% / 2); Staff - Ensure appropriate staffing (e.g. staffing level, proficient staff, team experienced in DBT) (5% / 2).

6.2.9.3 Increase access to perinatal services

6.2.9.3.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 166 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 91% (3627) of all respondents agreed and 1% (46) disagreed with the proposal.

Table 166. Increase access to perinatal services: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2550	64%
Agree	1077	27%
Neither agree nor disagree	224	6%
Disagree	32	1%
Strongly disagree	14	0.4%
N/A	70	2%
Base	3967	

6.2.9.3.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: Quality of care - Proposal will help to improve the mental health of service users (35% / 79)
- Events: General - Agreement with proposal (76% / 37).

In disagreement:

- Survey: General - Disagreement with the proposal (2% / 4)
- Events: No disagreement sub-themes raised.

In observation:

- Survey: Access - Consider extending time for service provision after birth (9% / 21)
- Events: Specific groups - Ensure that the service reflects the needs of the diverse community (6% / 3).

6.2.9.4 Develop a new maternal outreach service

6.2.9.4.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 167 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 91% (3622) of all respondents agreed and 1% (46) disagreed with the proposal.

Table 167. Develop a new maternal outreach service: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2581	65%
Agree	1041	26%
Neither agree nor disagree	225	6%
Disagree	31	1%
Strongly disagree	15	0.4%
N/A	71	2%
Base	3964	

6.2.9.4.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: Access - Proposal will improve access to mental health support (33% / 71)
- Events: General - Agreement with proposal (86% / 38)

In disagreement:

- Survey: General - Disagreement with the proposal (2% / 5)
- Events: No disagreement sub-themes raised.

In observation:

- Survey: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (5% / 11)
- Events: Specific groups - Consider the need for consulting with diverse communities regarding provision of the service (e.g. ethnic minorities) (14% / 6); Staff - Ensure adequate staffing (e.g. staffing levels, trained staff, recruit experts from diverse and trans communities) (14% / 6).

6.2.9.5 Improve assessment for people who may need Psychosis Intervention and Early Recovery service

6.2.9.5.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 168 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 95% (3736) of all respondents agreed and 1% (33) disagreed with the proposal.

Table 168. Improve assessment for people who may need Psychosis Intervention and Early Recovery service: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2752	70%
Agree	984	25%
Neither agree nor disagree	136	4%
Disagree	12	0.3%
Strongly disagree	21	1%
N/A	35	1%
Base	3940	

6.2.9.5.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: Quality of care - Proposal will have positive impact on mental health outcomes of service users (e.g. prevent crisis, early recovery) (31% / 70)
- Events: General - Agreement with proposal (75% / 30).

In disagreement:

- Survey: General - Psychosis Intervention and Early Recovery team works well (e.g. no need for changes) (4% / 10)
- Events: No disagreement sub-them raised.

In observation:

- Survey: Quality of care - Consider improving quality of care for patients with psychosis (11% / 24)
- Events: Staff - Ensure adequate staffing (e.g. staffing levels, trained staff) (10% / 4)

6.2.9.6 Improve the Memory Service by offering online consultations

6.2.9.6.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 169 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 83% (3276) of all respondents agreed and 6% (219) disagreed with the proposal.

Table 169. Improve the Memory Service by offering online consultations: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2143	54%
Agree	1133	29%
Neither agree nor disagree	407	10%
Disagree	147	4%
Strongly disagree	72	2%
N/A	38	1%
Base	3940	

6.2.9.6.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: General - Agreement with proposal (18% / 57)
- Events: General - Agreement with proposal (62% / 29).

In disagreement:

- Survey: Access - Concern over lack of access to technology or knowledge of how to use it (25% / 80)
- Events: Quality of care - Online consultations are not suitable for users of Memory Service (e.g. face-to-face needed) (13% / 6).

In observation:

- Survey: Specific groups - Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people) (9% / 29)
- Events: Specific groups - Consider the needs of vulnerable service users (e.g. elderly, patients with dementia, deaf people) (17% / 8).

6.2.9.7 Provide community rehabilitation support

6.2.9.7.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 170 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 90% (3571) of all respondents agreed and 2% (88) disagreed with the proposal.

Table 170. Provide community rehabilitation support: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	2421	61%
Agree	1150	29%
Neither agree nor disagree	258	7%
Disagree	44	1%
Strongly disagree	44	1%
N/A	32	1%
Base	3949	

6.2.9.7.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: General - Agreement with proposal (34% / 94)
- Events: General - Agreement with proposal (74% / 26).

In disagreement:

- Survey: Service provision - The service is already being provided (e.g. Assertive Outreach team, has been renamed) (13% / 36)
- Events: No disagreement sub-themes raised.

In observation:

- Survey: Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (5% / 14)
- Events: Staff - Ensure appropriate staffing (e.g. trained staff, staffing levels) (14% / 5).

6.2.9.8 Key themes from other channels

The top sub-themes raised in the correspondence received in agreement, disagreement and observation about this proposal were:

- In agreement: Access - Proposal will improve access to support for people with personality disorders (33% / 2)
- In disagreement: Access - Concern over lack of access to technology or knowledge of how to use it (33% / 2)
- In observation: Limited feedback received.

6.2.10 Telephone and video appointments

Respondents were asked the following questions:

- To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?
- Please explain why?

6.2.10.1 Responses to question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

Most respondents were in agreement with this proposal

Table 171 shows the response to the question: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree? 69% (2795) of all respondents agreed and 15% (619) disagreed with the proposal on telephone and video appointments.

Table 171. Telephone and video appointments: To what extent do you agree or disagree with this proposal where 5 is strongly agree and 1 is strongly disagree?

	Total	
	No.	%
Strongly agree	1641	41%
Agree	1154	29%
Neither agree nor disagree	617	15%
Disagree	340	8%
Strongly disagree	279	7%
N/A	10	0.2%
Base	4041	

6.2.10.2 Responses to question: Please explain why?

The top sub-themes raised by survey respondents and event participants in agreement, disagreement and observation about this proposal were:

In agreement:

- Survey: General - Agreement with proposal (11% / 116)
- Events: General - Agreement with proposal (29% / 16)

In disagreement:

- Survey: Quality of care - Face-to-face assessment is required to provide effective care (e.g. potential for misdiagnosis) (12% / 130)
- Events: General - Disagreement with proposal (29% / 16)

In observation:

- Survey: Patient choice - Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video) (21% / 231)
- Events: General - Virtual appointments should be in addition to face-to-face appointments (e.g. not replace them or be default option) (14% / 8)

6.2.10.3 Key themes from other channels

The top sub-themes raised in the correspondence received in agreement, disagreement and observation about this proposal were:

- In agreement: Access - Technology improves access to services (e.g. reduce travel, reduce waiting time) (25% / 1); Specific groups - Virtual appointments will benefit some patients (e.g. with social anxiety) (25% / 1)

- In disagreement: Quality of care - Virtual appointments are not suitable for mental health patients (e.g. need human interaction) (75% / 3)
- In observation: Specific groups - Ensure that service reflects the needs of the diverse communities (e.g. languages) (25% / 1); Patient choice - Consider the need for the patient, not the clinician to choose the type of appointment (e.g. face-to-face, telephone, video) (25% / 1).

7 Appendix

7.1 Appendix A: Event details

Table 172. Overview of CCG hosted engagement events conducted during the consultation

Event date	Organisation hosting the event	Stakeholder type engaged	Participants	Stakeholder type targeted	Target geography
01/06/2021	Leicester, Leicestershire and Rutland CCG	General public	17	General	LLR
10/06/2021	Leicester, Leicestershire and Rutland CCG	General Public	14	General	LLR
12/06/2021	Leicester, Leicestershire and Rutland CCG	General public	8	General	LLR
15/06/2021	Leicester, Leicestershire and Rutland CCG	General Public	8	General	LLR
19/06/2021	Leicester, Leicestershire and Rutland CCG	General Public	4	General	LLR
22/06/2021	Leicester, Leicestershire and Rutland CCG	service users (incl. 3 carers)	4	Carers	LLR
23/06/2021	Leicester, Leicestershire and Rutland CCG	General Public	13	General	LLR
30/06/2021	Leicester, Leicestershire and Rutland CCG	Yes	6	General	LLR
01/07/2021	Leicester, Leicestershire and Rutland CCG	PPG Members	22	General	LLR
08/07/2021	Leicester, Leicestershire and Rutland CCG	General public	4	General	LLR
10/07/2021	Leicester, Leicestershire and Rutland CCG	general public	1	General	LLR
12/07/2021	Leicester, Leicestershire and Rutland CCG	Councillors	19	Councillors	Rutland
14/07/2021	Leicester, Leicestershire and Rutland CCG	General public	1	Maternity / pregnancy	LLR
17/07/2021	Leicester, Leicestershire and Rutland CCG	General public	5	General	LLR
22/07/2021	Leicester, Leicestershire and Rutland CCG	General Public	7	General	LLR
28/07/2021	Leicester, Leicestershire and Rutland CCG	Yes	7	General	LLR
01/08/2021	Leicester, Leicestershire and Rutland CCG	Veterans	14	Armed forces veterans	LLR
02/08/2021	Leicester, Leicestershire and Rutland CCG	Yes	7	Disability	LLR
02/08/2021	Leicester, Leicestershire and Rutland CCG	Yes	7	Disability	LLR
04/08/2021	Leicester, Leicestershire and Rutland CCG	Yes	5	General	LLR
09/08/2021	Leicester, Leicestershire and Rutland CCG	Yes	5	Staff	LLR
10/08/2021	Leicestershire CCG's	General Public	13	General	Leicestershire

The table below provides a detailed overview of the voluntary and community sector organisations hosted engagement events that took place during the consultation

Table 173. Overview of the voluntary and community sector organisation hosted events conducted during the consultation

Event date	Organisation hosting the event	Stakeholder type engaged	Participants	stakeholder type targeted	Target geography
23/06/2021	Dear Albert	Recovery	1	Addiction / recovery	Leicester
23/06/2021	Dear Albert - The Stairway Project	Recovery	1	Addiction / recovery	Leicester
23/06/2021	Dear Albert-Stairway project	Recovery	1	Addiction / recovery	Leicester
24/06/2021	Dear Albert/The Stairway Project	Recovery	1	Addiction / recovery	Leicester
28/07/2021	Dear Albert Recovery Consultancy	Recovery	1	Addiction / recovery	Leicester
05/08/2021	Dear Albert	Recovery Service User	1	Addiction / recovery	Leicester
05/08/2021	Dear Albert	Recovery Service User	1	Addiction / recovery	Leicester
06/08/2021	Dear Albert	Recovery community	6	Addiction / recovery	Leicester
09/08/2021	Dear Albert	Recovery	1	Addiction / recovery	Leicester

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12/08/2021	Dear Albert	Recovery Community	1	Addiction / recovery	Leicester
06/07/2021	LPT	Young People	8	Age (young people)	LLR
18/07/2021	ASHIOMA CONSULTS	RCCG YOUTH GROUP	70	Age (young people)	LLR
23/07/2021	EAVA FM	Young People	8	Age (young people)	Leicester
23/07/2021	EAVA FM	Young people	7	Age (young people)	Leicester
28/07/2021	RCV	Young people in employment	6	Age (young people)	Rutland
05/08/2021	Eava FM	General Public 19-26	9	Age (young people)	Leicester
04/08/2021	Stocken Prison	Veterans	8	Armed forces veterans	Rutland
07/08/2021	Veterans Club	Veterans	35	Armed forces veterans	Rutland
08/08/2021	Leicester Service mens Club	Veterans	18	Armed forces veterans	Leicester
16/06/2021	VASL	Carers	11	Carers	Leicestershire
19/06/2021	RCV	Carer	1	Carers	Rutland
24/06/2021	The Carers Centre	Carers	1	Carers	LLR
28/06/2021	The Carers Centre	Carers	1	Carers	LLR
28/06/2021	The Carers Centre	Carers	1	Carers	LLR
28/06/2021	The Carers Centre	Carers	1	Carers	LLR
30/06/2021	The Carers Centre	Carers	1	Carers	LLR
02/07/2021	The Carers Centre	Carers	9	Carers	LLR
06/07/2021	The Carers Centre	Carers	1	Carers	LLR
06/07/2021	The Carers Centre	Carers	4	Carers	LLR
07/07/2021	The Carers Centre	Carers	1	Carers	LLR
13/07/2021	The Carers Centre	Carers	1	Carers	LLR
14/07/2021	The Carers Centre	Carers	1	Carers	LLR
16/07/2021	The Carers Centre	Carers	1	Carers	LLR
18/06/2021	Hinckley and Bosworth District Council	Councillors and local organisations	22	Councillors	Leicestershire
28/06/2021	NW Leicestershire Council	Councillors	12	Councillors	Leicestershire
30/06/2021	Melton Borough Council	Councillors	Not recorded	Councillors	Leicestershire
30/06/2021	Charnwood Borough Council	Councillors	12	Councillors	Leicestershire
20/07/2021	Leicestershire County Council	Councillors	23	Councillors	Leicestershire
Not recorded	Harborough Borough Council	Councillors	12	Councillors	Leicestershire
09/06/2021	Leicester Deaf Forum	Deaf Community	3	Disability	Leicester
17/06/2021	RCV	Existing Service User	1	Disability	Rutland
21/06/2021	Dear Albert - The Stairway Project	Lyndon Lodge (Sanctuary supportive living)	5	Disability	Leicester
24/06/2021	Adhar Project	Adhar Project Team	8	Disability	Leicester
25/06/2021	Adhar Project	Service User Support Group	4	Disability	Leicester
01/07/2021	Leicester Deaf Forum	Deaf community	5	Disability	Leicester
09/07/2021	Leicestershire Partnership NHS Trust	Users of LPT services	7	Disability	LLR
13/07/2021	Leicester Deaf Action Group	Deaf people	1	Disability	Leicester
13/07/2021	Leicester BSL Tutor group	Deaf people	1	Disability	Leicester
13/07/2021	Leicester Deaf Club	Deaf people	1	Disability	Leicester
15/07/2021	Leicester Deaf Asian	Deaf people	1	Disability	Leicester
16/07/2021	Leicester over 50 club	Deaf people	1	Disability	Leicester
16/07/2021	Leicester Open House	Deaf people	1	Disability	Leicester
16/07/2021	Leicester Deaf Forum	Deaf people	1	Disability	Leicester
22/07/2021	Leicester Uni/Julian Harrison	Service users and general public	19	Disability	Leicester
23/07/2021	Leicester Deaf Church	Deaf people	2	Disability	Leicester
05/08/2021	Leicestershire Partnership NHS Trust	Service Users of LPT services	1	Disability	LLR
05/08/2021	Rutland Out of Hours Club	Young adults with additional learning needs	15	Disability	Rutland
05/08/2021	Voluntary Action Leicestershire	Voluntary Sector (MH Group)	1	Disability	LLR

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09/08/2021	Jamila's Legacy	MH volunteers	12	Disability	Leicester
13/08/2021	Leicester Open House	Deaf people	1	Disability	Leicester
27/05/2021	Equality Action	BAME	1	Ethnicity (not white British)	Leicestershire
27/05/2021	The Race Equality Centre	BME / Refugees and Asylum seekers / new arrivals	15	Ethnicity (not white British)	LLR
01/06/2021	Equality Action	BAME	1	Ethnicity (not white British)	Leicestershire
03/06/2021	The Race Equality Centre	Refugees / New arrivals / BME	8	Ethnicity (not white British)	LLR
07/06/2021	The Race Equality Centre	BME; Women; Refugees; Asylum Seekers; New arrivals	6	Ethnicity (not white British)	LLR
08/06/2021	The Race Equality Centre	BAME, TREC Members & general public	Not recorded	Ethnicity (not white British)	LLR
13/06/2021	Project Polska	Polish Community	5	Ethnicity (not white British)	LLR
25/06/2021	Adhar Project	Adhar Project service users (BAME Community)	3	Ethnicity (not white British)	Leicester
28/06/2021	Project Polska	Polish Community	4	Ethnicity (not white British)	LLR
02/07/2021	Equality Action	BAME (Sikh Woman)	1	Ethnicity (not white British)	Leicestershire
10/07/2021	Project Polska	general public, Polish community	15	Ethnicity (not white British)	LLR
12/07/2021	Equality Action	BAME	1	Ethnicity (not white British)	Leicestershire
14/07/2021	For Leicester Ageing Together Community and Belgrave Lunch Club	South Asian	75	Ethnicity (not white British)	Leicester
18/07/2021	Ashiedu Joel	Black African Community	95	Ethnicity (not white British)	LLR
22/07/2021	Ashioma consults / African network	members of the various African communities	30	Ethnicity (not white British)	LLR
29/07/2021	The Race Equality Centre	BAME	Not recorded	Ethnicity (not white British)	LLR
29/07/2021	SAHA with Jain Bhagini and Shree Sanatan Mandir	South Asian Women	115	Ethnicity (not white British)	LLR
30/07/2021	ASHIOMA CONSULTS	GENERAL PUBLIC - AFRICAN COMMUNITY REPS	5	Ethnicity (not white British)	LLR
02/08/2021	Project Polska	Polish women	5	Ethnicity (not white British)	LLR
02/08/2021	Equality Action	BAME	1	Ethnicity (not white British)	Leicestershire
03/08/2021	Hashim Duale	Somali Community	28	Ethnicity (not white British)	LLR
04/08/2021	The Race Equality Centre	BAME / Refugees and asylum seekers and new arrivals	3	Ethnicity (not white British)	LLR
09/08/2021	Equality Action	BAME	1	Ethnicity (not white British)	Leicestershire
10/08/2021	The Race Equality Centre	BAME / Refugees and asylum seekers and new arrivals	11	Ethnicity (not white British)	LLR
10/08/2021	The Race Equality Centre	BAME / Refugees and asylum seekers and new arrivals	8	Ethnicity (not white British)	LLR
11/08/2021	The Race Equality Centre	BAME / Refugees and asylum seekers and new arrivals	9	Ethnicity (not white British)	LLR
12/08/2021	Equality Action	BAME	2	Ethnicity (not white British)	Leicestershire
12/08/2021	SAHA and community partners	South Asian	10	Ethnicity (not white British)	LLR
13/08/2021	The Race Equality Centre	BAME / refugees / asylum seekers / new arrivals	33	Ethnicity (not white British)	LLR
27/08/2021	The Race Equality Centre	BAME / Refugees and asylum seekers and new arrivals	11	Ethnicity (not white British)	LLR

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22/06/2021	Shama Women's Centre	General public	5	Gender (women)	Leicester
22/06/2021	Shama Women's Centre	General public	5	Gender (women)	Leicester
23/06/2021	Shama Womens Centre	Service users	7	Gender (women)	Leicester
23/06/2021	Shama Womens Centre	Service Users	3	Gender (women)	Leicester
29/06/2021	Shama Womens Centre	Service Users	6	Gender (women)	Leicester
01/07/2021	Shama Women's Centre	Service users	8	Gender (women)	Leicester
28/07/2021	Shama Women's Centre	General public	4	Gender (women)	Leicester
14/08/2021	ASHIOMA CONSULTS	Women who have experienced mental health issues	10	Gender (women)	LLR
22/06/2021	Dear Albert – The Stairway Project	General Public (drop-in)	1	General	Leicester
15/07/2021	Healthwatch LLR	Yes	1	General	Leicester
20/07/2021	Voluntary Action Leicestershire	General Public	6	General	LLR
22/07/2021	NA	Public	1	General	Unknown
22/07/2021	Voluntary Action Leicestershire	General Public	1	General	Leicestershire
30/07/2021	RCV	Employed People aged 35-55	2	General	Rutland
10/08/2021	Equality Action	General public	Not recorded	General	Leicestershire
12/08/2021	Equally Action	General	1	General	Leicestershire
22/06/2021	Dear Albert	Homeless	6	Homeless	Leicester
24/06/2021	Maternity Voices Partnership	Mothers, health professionals, maternity advocates	11	Maternity / pregnancy	LLR
27/05/2021	Leicester Council of Faiths	Faith Leaders	80	Religion / belief	Leicester
28/05/2021	Leicester Council of Faiths	Faith Leaders	80	Religion / belief	Leicester
04/06/2021	Leicester Council of Faiths	Faith leaders	80	Religion / belief	Leicester
04/06/2021	Leicester Council of Faiths	Faith Leaders	80	Religion / belief	Leicester
10/06/2021	Leicester Council of Faiths	Faith Leaders	25	Religion / belief	Leicester
11/06/2021	Leicester Council of Faiths	Faith Leaders	80	Religion / belief	Leicester
17/06/2021	Leicester Council of Faiths	Faith Leaders	80	Religion / belief	Leicester
22/06/2021	Leicester Council of Faiths	Faith Leaders	80	Religion / belief	Leicester
24/06/2021	Leicester Council of Faiths	Faith Leaders	12	Religion / belief	Leicester
01/07/2021	Leicester Council of Faiths	Faith leaders	80	Religion / belief	Leicester
12/07/2021	Leicester Jain Temple	Members of Jain Faith	150	Religion / belief	Leicester
21/07/2021	Leicester City Council	Faith members	13	Religion / belief	Leicester
21/07/2021	Leicester Council of Faiths	Faith Leaders	80	Religion / belief	Leicester
27/07/2021	Leicester Council of Faiths	Faith leaders	80	Religion / belief	Leicester
28/07/2021	Leicester Council of Faiths	Faith Leaders	80	Religion / belief	Leicester
29/07/2021	Leicester Council of Faiths	Young people from faith communities	24	Religion / belief	Leicester
09/08/2021	Leicester Council of Faiths	Faith Leaders	80	Religion / belief	Leicester
11/08/2021	Adhar Project	Iskcon Leicester (Temple) - Mental Wellbeing Team	6	Religion / belief	Leicester
12/08/2021	Adhar Project	St. Peter's Church - congregation members and service users	11	Religion / belief	Leicester
25/06/2021	Trade Sexual Health	South Asian LGBT	6	Sexuality	Leicester
01/07/2021	Trade Sexual Health	Volunteers	3	Sexuality	LLR
05/07/2021	Leicester LGBT Centre	LGBT+	5	Sexuality	Leicester
19/07/2021	Leicester LGBT Centre	LGBT+	5	Sexuality	Leicester

21/07/2021	Trade Sexual Health	Gay and bisexual men living with HIV	4	Sexuality	LLR
21/07/2021	Leicester LGBT Centre	LGBT+	5	Sexuality	Leicester
21/07/2021	Leicester LGBT Centre	LGBT	5	Sexuality	Leicester
28/07/2021	Leicester LGBT Centre	LGBT+	5	Sexuality	Leicester
04/08/2021	Leicester LGBT Centre	LGBT	5	Sexuality	Leicester
10/08/2021	Leicester LGBT Centre	LGBT+	6	Sexuality	Leicester
11/08/2021	Leicester LGBT Centre	LGBT	2	Sexuality	Leicester
11/08/2021	Leicester LGBT Centre	LGBT+	1	Sexuality	Leicester
11/08/2021	Leicester LGBT Centre	LGBT+	1	Sexuality	Leicester
16/06/2021	Leicester City CCG	GP's	71	Staff	Leicester
04/08/2021	LPT	LPT Staff	29	Staff	LLR

The table below provides a detailed overview of the additional events hosted by Leicester Partnership Trust to engage healthcare staff and promote the consultation.

Event date	Name of the event	Organisation hosting the event	Stakeholder type engaged
08/04/2021	ICL SMT - service managers	Helen Perfect HOS	U&E care pathway staff
13/04/2021	Medical Psychology	Helen Perfect HOS	U&E care pathway staff
14/04/2021	Mental health liaison service	Helen Perfect HOS	U&E care pathway staff
16/04/2021	Admin service	Helen Perfect HOS	U&E care pathway staff
22/04/2021	MHSOP central referral hub and unscheduled Care service	Helen Perfect HOS	U&E care pathway staff
22/04/2021	MHSOP in reach team	Helen Perfect HOS	U&E care pathway staff
23/04/2021	Belvoir ward	Helen Perfect HOS	U&E care pathway staff
24/04/2021	Rehab unit - Stuart House & willows	Helen Perfect HOS	U&E care pathway staff
26/04/2021	Community Forensic Team	Helen Perfect HOS	U&E care pathway staff
28/04/2021	Crisis Team - 80 staff	Helen Perfect HOS	U&E care pathway staff
28/04/2021	Enhanced recovery pathway RK	Helen Perfect HOS	U&E care pathway staff
30/04/2021	Access bed management	Helen Perfect HOS	U&E care pathway staff
30/04/2021	Phoenix Ward	Helen Perfect HOS	U&E care pathway staff
04/05/2021	The Homeless Service	Helen Perfect HOS	U&E care pathway staff
04/05/2021	Dual diagnosis service	Helen Perfect HOS	U&E care pathway staff
04/05/2021	West Leicestershire MHSOP Team	Helen Perfect HOS	U&E care pathway staff
05/05/2021	MHSOP central referral hub and unscheduled Care service	Helen Perfect HOS	U&E care pathway staff
10/05/2021	Recovery services	Helen Perfect HOS	U&E care pathway staff
10/05/2021	Acute recovery team	Helen Perfect HOS	U&E care pathway staff
10/05/2021	liaison and diversion team	Helen Perfect HOS	U&E care pathway staff
11/05/2021	Neuropsychology CK	Helen Perfect HOS	U&E care pathway staff
13/05/2021	Crisis Team	Helen Perfect HOS	U&E care pathway staff
14/05/2021	Phoenix Ward	Helen Perfect HOS	U&E care pathway staff
17/05/2021	ICL SMT - service managers	Helen Perfect HOS	U&E care pathway staff
17/05/2021	Mental Health Urgent Care Hub x 30 & Liaison service (core 24)	Helen Perfect HOS	U&E care pathway staff
17/05/2021	West Leicestershire MHSOP Team	Helen Perfect HOS	U&E care pathway staff
18/05/2021	Mental Health Urgent Care Hub x 30 & Liaison service (core 24)	Helen Perfect HOS	U&E care pathway staff
18/05/2021	Rehab Unit Willows	Helen Perfect HOS	U&E care pathway staff
21/05/2021	Mental Health Urgent Care Hub x 30 & Liaison service (core 24)	Helen Perfect HOS	U&E care pathway staff
21/05/2021	Rehab unit Stewart House	Helen Perfect HOS	U&E care pathway staff
24/05/2021	Community Forensic Team	Helen Perfect HOS	U&E care pathway staff
26/05/2021	Rehab unit- Stuart House & willows	Helen Perfect HOS	U&E care pathway staff
26/05/2021	MHSOP Inpatients	Helen Perfect HOS	U&E care pathway staff
01/06/2021	CERT Team	Helen Perfect HOS	U&E care pathway staff
07/06/2021	liaison and diversion team	Helen Perfect HOS	U&E care pathway staff
08/06/2021	The Homeless Service	Helen Perfect HOS	U&E care pathway staff
09/06/2021	MHSOP in reach team	Helen Perfect HOS	U&E care pathway staff
23/06/2021	Recovery services	Helen Perfect HOS	U&E care pathway staff
25/06/2021	Crisis Team	Helen Perfect HOS	U&E care pathway staff
30/06/2021	Inpatient psychology team at the Bradgate unit	Helen Perfect HOS	U&E care pathway staff
02/07/2021	Admin service	Helen Perfect HOS	U&E care pathway staff

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08/07/2021	Rehab unit Stewart House	Helen Perfect HOS	U&E care pathway staff
16/01/2021	North West Leicestershire CMHT	Jules Galbraith HOS	Planned treatment staff
09/04/2021	Community Staffing Update	Jules Galbraith HOS	Planned treatment staff
14/04/2021	PIER	Jules Galbraith HOS	Planned treatment staff
15/04/2021	Assertive outreach	Jules Galbraith HOS	Planned treatment staff
22/04/2021	MHSOP Community Team	Jules Galbraith HOS	Planned treatment staff
28/04/2021	City West CMHT	Jules Galbraith HOS	Planned treatment staff
28/04/2021	Therapy Services for People with Personality Disorder	Jules Galbraith HOS	Planned treatment staff
29/04/2021	North West Leicestershire CMHT	Jules Galbraith HOS	Planned treatment staff
04/05/2021	East Leicestershire CMHT (Melton & Rutland)	Jules Galbraith HOS	Planned treatment staff
07/05/2021	Charnwood CMHT	Jules Galbraith HOS	Planned treatment staff
13/05/2021	City Central CMHT	Jules Galbraith HOS	Planned treatment staff
13/05/2021	City East CMHT	Jules Galbraith HOS	Planned treatment staff
13/05/2021	South Leicestershire CMHT	Jules Galbraith HOS	Planned treatment staff
14/05/2021	memory service - east and west	Jules Galbraith HOS	Planned treatment staff
20/05/2021	Assertive outreach	Jules Galbraith HOS	Planned treatment staff
27/05/2021	City Central CMHT	Jules Galbraith HOS	Planned treatment staff
09/06/2021	Therapy Services for People with Personality Disorder	Jules Galbraith HOS	Planned treatment staff
09/06/2021	PIER	Jules Galbraith HOS	Planned treatment staff
10/06/2021	South Leicestershire CMHT	Jules Galbraith HOS	Planned treatment staff
10/06/2021	MHSOP Community Team	Jules Galbraith HOS	Planned treatment staff
11/06/2021	Community Staffing Update	Jules Galbraith HOS	Planned treatment staff
11/06/2021	Charnwood CMHT	Jules Galbraith HOS	Planned treatment staff
15/06/2021	memory service - east and west	Jules Galbraith HOS	Planned treatment staff
21/06/2021	North West Leicestershire CMHT	Jules Galbraith HOS	Planned treatment staff
29/06/2021	PIER	Jules Galbraith HOS	Planned treatment staff
02/07/2021	Community Staffing Update	Jules Galbraith HOS	Planned treatment staff
02/07/2021	City West CMHT	Jules Galbraith HOS	Planned treatment staff
06.05.2021	Employment Service	Jules Galbraith HOS	Planned treatment staff
26.05.2021	City West CMHT	Jules Galbraith HOS	Planned treatment staff
26/04/2021	Dynamic Psychotherapy Service Staff - 13	Psychology	Psychology staff
27/04/2021	Adult Psychology	Psychology	Psychology staff
10/05/2021	Dynamic Psychotherapy Service Staff - 13	Psychology	Psychology staff
29/06/2021	Adult Psychology	Psychology	Psychology staff
30/06/2021	Psychology	Psychology	Psychology staff
11/05/2021	Professional nursing and AHP (Integrated Nursing / Professional and Clinical Governance Team Meeting)	Clinical governance	Clinical Staff DMH
17/05/2021	Clinical gov team	Clinical governance	Clinical Staff DMH
15/06/2021	Clinical gov team	Clinical governance	Clinical Staff DMH
21/06/2021	Professional nursing and AHP (Integrated Nursing / Professional and Clinical Governance Team Meeting)	Clinical governance	Clinical Staff DMH
27/04/2021	LD Ops Meeting	LD Team	LD staff
27/05/2021	LD Ops Meeting	LD Team	LD staff
29/06/2021	LD Ops Meeting	LD team	LD staff
24/02/2021	Extended SMT	DMH Senior staff	DMH staff
12/03/2021	DMH Clinicians	Clinicians	DMH staff
18/03/2021	DMH Clinicians	Clinicians	DMH staff
15/04/2021	MH Staff Partnership Forum	Staff partnership	DMH staff
19/05/2021	Senior Leadership Forum. 150 LPT Leaders.	LPT leadership	LPT Staff
26/05/2021	Chief Exec All staff	All LPT	LPT Staff
27/05/2021	DMH all staff event	AMH all staff	DMH staff
16/07/2021	Senior Leadership Forum. 150 LPT Leaders.	LPT leadership	LPT Staff
04/08/2021	AMH all staff consultation event - Feedback event into consultation	AMH all staff	DMH staff
23/02/2021	The People's council	Patient Experience	Service Users

16/04/2021	The People's council	Patient Experience	Service Users
27/05/2021	Peer Support Workers	DMH	Service users moving into working for LPT
14/06/2021	The People's council	Patient Experience	Service Users
09/07/2021	virtual recovery café	Patient Experience	Service users
19/07/2021	The People's council	Patient Experience	Service Users
05/08/2021	Service user Consultation event. Feedback event into consultation	Patient Experience	Service users
11/05/2021	Black Asian and Minority Ethnic Network	Staff groups	Group supporting BAME staff
11/05/2021	Spectrum LGBT Network	Staff groups	Group supporting LGBT staff
11/05/2021	Mental and Physical Life experience Network (Maple)	Staff groups	Group supporting staff with mental health and hidden disabilities
12/05/2021	Carers Network	Staff groups	Support network for staff with Caring responsibilities

7.2 Appendix B: Verbatim quotes

Building self-help guidance and support

Please tell us why you agree or disagree with this proposal?		
<p><i>“It can be difficult to find information about current provision online and since there are so many services, it can be difficult to work out which one is relevant. I have also found that because of the stigma of mental health treatment, details of professionals involved in the services and the types of treatments offered are not readily shared with the public - I think this is wrong and actually increases the stigma around services and being a “service user”. I'd like to be able to go online and see what a service is like, who delivers it, what the aims and outcomes of it are.”</i></p> <p>(Main survey, area: Leicester City Council)</p>	<p><i>“IT IS EASIER TO ACCESS IF THE INFO IS ALL IN ONE PLACE. WHEN YOU FEEL ANXIOUS OR DEPRESSED YOU CAN'T BE BOTHERED TO SEARCH THE WEB OVER AND OVER AGAIN.”</i></p> <p>(Easy read survey, area: Leicestershire North and West)</p>	<p><i>“What about literacy, education, and abilities. There's No personal contact at all, and more and more, you become a piece of paper, or script. No thank you”</i></p> <p>(Main survey, area: Leicester City Council)</p>
<p><i>“This may be helpful for some people but the patient group that I work with our older and some have cognitive change. Many do not have access to the internet or the skills/confidence to utilise it”</i></p> <p>(Main survey, area: Leicestershire North and West)</p>	<p><i>“All people are different, some people would like to read up, other people may not want to know or deny that they have an issue. Also, some people do not have the facilities to look on the internet, some people prefer the face to face approach.”</i></p> <p>(Main survey, area: Leicestershire North and West)</p>	<p><i>“Agree with reservations you assume everyone has access to a computer. Many don't, you also assume self help is the main answer. Not everyone is the same, so a one size fits all is 'blinker' some people need practical help, companionship, exercise to improve their mental health, loneliness and being sat at home doing everything yourself feeds poor mental health in a number of cases.”</i></p> <p>(Main survey, area: Leicestershire South and East)</p>

In your opinion, what self-help and guidance would support people (e.g. you, your family or friends) in managing their own condition?		
<p><i>“Have as much information as possible, easy to understand and in one website, so that people can be informed on their own symptoms, have useful information to signpost others</i></p>	<p><i>“Knowing that you can self refer for mental health services was not something that I knew about. The resources I have been guided to through my therapy</i></p>	<p><i>“Self help is often far too late - in our family case it required professional help to diagnose mental health issues. We had</i></p>

<p><i>to. If people can be informed on their own mental health they can take steps to ensure their mental health is protected, nurtured and recognise early signs of any illness or condition.”</i></p> <p>(Main survey, area: Rutland County Council)</p>	<p><i>would be great to be out in the general public”</i></p> <p>(Main survey, area: Leicestershire North and West)</p>	<p><i>no idea dad's 'strange' behaviours was mental health”</i></p> <p>(Main survey, area: Leicestershire North and East)</p>
<p><i>“There needs to be initial triage and general education on signs and symptoms. Expectations need to be managed. Changing behaviour takes time.”</i></p> <p>(Main survey, area: Rutland County Council)</p>	<p><i>“I think having a single hub might be a good place, with advice for various different situations and also links to other places (e.g. charitable organisations) where help might be offered beyond the realm of the NHS. What I'm uncomfortable with the idea of is people being directed to a hub instead of receiving help from a medical professional.”</i></p> <p>(Main survey, area: Leicestershire North and West)</p>	<p><i>“Information about all the mental health projects and what they do, self-help methods and how to do them. Advice on which help is best for particular cases and what they do.”</i></p> <p>(Easy read survey, area: Leicester City council)</p>

Introducing a Central Access Point

<p>Please tell us why do you agree or disagree with this proposal?</p>		
<p><i>“There's nothing worse than having no one to talk to when you're alone, it's the middle of the night and you've got to wait until the morning to talk to someone. By the way I knew nothing about this service until I started doing this survey so you need to advertise it better.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>“Did not even know there was a central access point in the first place. Considering there is one now it would help many including myself further access MH services when required.”</i></p> <p>(Main survey, area: Leicester City Council)</p>	<p><i>“Confused messages exist about what this number is about. GPs believe it to be 'The Crisis Team' - Not 'Turning Point' used last year and (1) struggled to get through (2) mixed messages.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>
<p><i>“I have concerns about phone lines where you can't see body language, the physical condition of someone. Also I have not seen anything about this during</i></p>	<p><i>“So how were people supposed to know this, I didn't even know there was mental health support during the pandemic. I have to assume that only those already 'in the system' were informed about this. To have known this</i></p>	<p><i>“I have concerns about phone lines where you can't see body language, the physical condition of someone. Also I have not seen anything about this during</i></p>

<i>covid so wonder at the publicity in Rutland at least."</i>	<i>would have saved me going through so much hell."</i>	<i>covid so wonder at the publicity in Rutland at least."</i>
(Main survey, Area: Rutland County Council)	(Main Survey, Area: Leicestershire North and West)	(Main survey, Area: Rutland County Council)

Strengthening the role of Crisis Cafe

Please tell us why do you agree or disagree with this proposal?		
<i>"It is important for people to get the help when they need it, waiting times are too long and crisis services only deal with people with plans to complete suicide. Prevention is so important and having somewhere to go without a wait, and not an A&E department is a leap forward."</i>	<i>"This is important for people who do not have a family or friends to turn to. Someone who may need more help than they realise may go there and can be sent to the hospital etc if they require it. There is no advertising for the current crisis cafes anywhere that I have seen, they need more promotion."</i>	<i>"I would never use this in crisis. I want to be alone with a health professional. This is such a waste of money use the money to hire more psychiatrists please."</i>
(Main survey, Area: Leicestershire South and East)	(Main Survey, Area: Leicester City Council)	(Main Survey, Area: Leicester City Council)
<i>"if it is not for people who require an immediate assessment then don't call it a crisis cafe. May help with isolation for some but no substitute for personal and individual care which is where money should go."</i>	<i>"I feel once people who need support get to know where these places are, it would help them greatly, but that of course depends on how ill they are and how much more support they need!"</i>	<i>"Although some people wouldn't feel comfortable with attending something face to face, I know there are so many people who are lonely at the moment and this would really help them."</i>
(Main Survey, Area: Leicestershire North and West)	(Easy read, Area: Leicestershire North and West)	(Main Survey, Area: Leicestershire North and West)

Please tell us where you would like the new Crisis Cafes to be located?		
<i>"Because it helps people to get together and talk about their problems"</i>	<i>"We don't need them. What we need is proper Psychiatric Assessment, treatment and therapy"</i>	<i>"Crisis cafe is a silly idea. I do not want to go to places where other people are struggling as well"</i>
(Main survey, Area: Outside of area / No postcode provided / unable to profile)	(Main Survey, Area: Leicestershire North and West)	(Main Survey, Area: Leicester City Council)

<p><i>"We don't need them. What we need is proper Psychiatric Assessment, treatment and therapy"</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>"I would like to see them throughout Leicester especially in areas with diverse communities. In some communities mental health is a taboo subject and people feel that they can't openly talk to anyone at home. So these cafes would be great help and maybe even help someone before they feel worse and then need medical help."</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>"One in each local area sounds really good. Helpful it is easy to travel to and that there are minimal barriers to get help. Think local population should be involved in agreeing location"</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>

Please tell us what mental health support services should be provided in the new Crisis Cafes?		
<p><i>"Immediate coping strategies and help for those living with people in MH crisis. Good resources available from all sectors of MH support"</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>"DBT. The full DBT. Not just skills group. One on one DBT with a trained DBT therapist"</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>"I don't believe they would work. People need to be able to see and get help from their GPs, which is what they aren't getting at the moment."</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>
<p><i>"Do not open these cafes they will not be used."</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>"Somewhere for people to feel safe and able to talk things through with someone. To be able to trust."</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>"A listening ear, hot drink, somewhere to socialise, keep people safe."</i></p> <p>(Easy read, Area: Leicestershire South and East)</p>

Improving the crisis service

Please tell us why do you agree or disagree with this proposal?		
<p><i>"It removes extra barriers- especially important because"</i></p>	<p><i>"Absolutely totally agree ... mental health crisis is so in the"</i></p>	<p><i>"I have been a service user of this, when referred to crisis"</i></p>

<p><i>those with mental health issues don't always have the energy, capacity to go through a long process to get the help they need"</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>moment where the person cannot see a future let alone a time span for an appointment .. this would be fantastic"</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>team, I was told a 24 response. I was contacted after 2 weeks. This did not help at the point of crisis"</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>
<p><i>"My sister received home visits after being discharged after a suicide attempt. To be honest the service was useless and when she got worse and I was worried she was going to try and take her life again I didn't even get a call back."</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>"If you are in a crisis the service is not set up to help you despite the best efforts of staff You never see the same person twice and visits are cancelled / they don't have enough time / need more skilled staff and not kids or support workers"</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>"This would be a huge improvement if there is adequate staffing to ensure that it is available across the whole of Leicester, Leicestershire & Rutland - as usual I suspect that isn't the case for the 'remote' areas eg Rutland"</i></p> <p>(Main survey, Area: Rutland County Council)</p>

Expanding the use of the Triage Car

<p>Please tell us why do you agree or disagree with this proposal?</p>		
<p><i>"I really like this, especially the addition to ambulance crews. The times I have had to call 999 for my partners mental health involved paramedics. It would have been nice if they had MH support."</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>"I strongly agree with this Idea because most mental health incidents happen during the night when the troubled person becomes more traumatic and stressed as their minds are not able to see the reality when in fear of the anxiety they are going through."</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>"Triage Cars are such an important initiative as often police services don't have appropriate training to manage an individuals safety in a person centred way - I've heard from many individuals who have been scared and traumatised by the way police have handled situations so having a proper practitioner available to support them will improve patient experience"</i></p> <p>(Main Survey, Area: Leicester City Council)</p>
<p><i>"This should be avoidable at all times. If police are involved they should be given help from mental services to deal with the</i></p>	<p><i>"It feels like more Triage Cars are needed or could there be triage workers assigned to the police so they could go out with</i></p>	<p><i>"Good idea in theory, more cars needed. Maybe offices should have some training in mental health illness across the board,</i></p>

<p><i>patient showing signs of mental illness and they should no way be taken to a police station and left in a cell all night. Police do not have the medical knowledge to deal with a very disturbed person who is hearing voices, and should have medical help until they get the patient calmed.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>them as and when needed as opposed to just two cars for the entire or Leicestershire .”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>maybe this would be quicker in responding and more cost effected.”</i></p> <p>(Easy read, Area: Leicestershire North and West)</p>
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Mental health urgent care hub

Please tell us why do you agree or disagree with this proposal?		
<p><i>“Waiting in A&E for up to 8 hours sometimes is EXTREMELY DISTRESSING. Having this care hub would mean the majority of this stress would be taken away and you’d be direct to professionals who are TRAINED in mental health straight away.”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>“Brilliant idea, badly needed, 999 and the hospitals need to know where to take people instead of A&E.mental illness is so different from normal emergence s”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“Glenfield is distant and difficult to get to for Rutland residents, especially if dependant on public services for travel. A more local service would be much preferable.”</i></p> <p>(Main survey, Area: Rutland County Council)</p>
<p><i>“You need services like this to be more accessible and not just at one site. Please think about the costs associated with people getting to such a site as well as the difficulties that some may face if disabled in reaching this site.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>“Glenfield is about as far away as you can get from rutland asks difficult to get to. You need somewhere this side of the country as well. PLEASE”</i></p> <p>(Main survey, Area: Rutland County Council)</p>	<p><i>“More focus should be put on community based care. I believe individuals, where possible, should be treated in their own homes and not in hospitals surrounded by other people with mental illness.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>

Improving the Acute Mental Health Liaison Service

Please tell us why do you agree or disagree with this proposal?

<p><i>“As with the previous changes this is absolutely vital to manage and help individuals and their families. But I believe all mental health services should be 24/7. It’s a great first leap.”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>“I agree that making these changes permanent is completely justified and appropriate to service the needs of the people of LLR.”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“I am unclear why we wouldn’t support older adults 24/7 in the same way we do those of ‘working age’. This feels like a decision made on age not need and so potentially discriminatory”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>
<p><i>“I don’t agree with the provision of services being reduced for ‘older adults’ and people of working age. People should receive services according to their individual need regardless of age.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>“All ages should treated the same. Because you are older does not mean you need any less support than younger people. It is ageist to think so! All ages need 7 day a week access to services. Why would the older persons problems stop at 5 pm!”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“I feel services should not limit themselves between a 9-5pm service, when there are needs afterwards that still require a service response.”</i></p> <p>(Easy read, Area: Leicester City Council)</p>

Joining up support for vulnerable groups

<p>Please tell us why do you agree or disagree with this proposal?</p>		
<p><i>“This would make so much sense. Everyone needs access to said persons records. It means their treatment is quicker , and not having to go over what the problem is, with different people who are just there to listen, and quite frankly not always help.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>“Sounds really positive, really hope it happens, difficulties can occur with care pathways when different teams involved, even with clear goals and outcomes defined-trained differently.”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“These are three very different problems, so why only one service. Its like putting cancer, diabetes and heart disease into a common pathway. Bonkers.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>
<p><i>“I feel like the bringing together the different groups, whilst providing a sense of uniformity and continuity takes away from the different aims and strategies required with working for these different vulnerable groups and I</i></p>	<p><i>“If it is still three separate branches it would be a good idea, but if not people from one of those 3 groups would not necessarily have access to somebody as used to dealing</i></p>	<p><i>“I do not think I have enough information to have a view on this. I would be concerned if it resulted in less resources being available to support these</i></p>

<p><i>feel its important to differentiate between them. Not all vulnerable people need the same things.”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>with, or specialising in, the group they are a part of”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>vulnerable people, especially homeless people.”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>
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Working with the community to provide more mental health services locally

<p>Create eight teams each based in a local area to support adult’s mental health needs. They would work alongside eight teams focused on the needs of older people. - Please explain why you agree or disagree with this proposal.</p>		
<p><i>“I strongly agree with all these i just believe more needs to be done too what about severe depression chronic anxiety acrophobia there needs to be more support for children whos parents suffer with this”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“i myself and family members have mental health and never had local resources other then my GP. which is very hard to get a appointment with out calling first thing in the morning. which then is not always guaranteed.”</i></p> <p>(Easy read, Area: Leicestershire North and West)</p>	<p><i>“This involves closing services such as assertive outreach. Clients with serve & enduring mental illness will not get the service they currently recieve. Clients with history on non engagement will be discharge from services as they want engage or not able to attend team bases”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>
<p><i>“I’ve been with Assertive outreach for many years and I would feel uncomfortable if I had to move to another team. AO have given me lots of support and in the community allowing me to stay at home rather than needing a admission to hospital.”</i></p> <p>(Easy read, Area: Leicester City Council)</p>	<p><i>“Sounds good, but I have to say from experience I have doubts it would work out to be as beneficial as it sounds. Again, what would the access criteria be? Would it include conditions such as anxiety, moderate depression and OCD, or would it continue to be available only to conditions deemed to be more ‘serious’?”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“this appears on paper to be a good idea I would like to see the numbers involved of those service users and how many visits at home will be catered for, how it differs to current home visits across services that I assume this method of 8 teams will be replacing.....”</i></p> <p>(Easy read, Area: Leicester City Council)</p>

Please explain why you agree or disagree with this proposal? Offer a wide range of therapies..

<p><i>“This would positively impact those students who have been diagnosed with a personality disorder. However, we would welcome consideration of this as trauma informed therapies in recognition of the range of traumatic experiences people are exposed to and who then find themselves diagnosed with a personality disorder.”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“As some one with BPD I have found it very hard to find any support in my area. Before the lockdown I have to travel via public transport from shepshed to Leicester since the only PD services available to me are in Leicester. Having agoraphobia and severe social anxiety has made addendence very hard for me.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>“Really worried about CMHTS absorbing whole personality disorder wait lists. Sceptical of how we are going to manage this, where are the extra staff going to come from, we cant recruit into vacancies, CMHT are haemorrhaging staff and this additional pressure is likely to further compound these isuses. Offering a 3 day self directed “Decider” training module does not replace years of speciality psychological training and experience.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>
<p><i>“This could be great if it reduces waiting times for specialist therapy, but only if it does not reduce access to specialist and highly skilled thrapists. I would for example, prefer to wait several years to see a highly skilled and experienced psychotherapist, rather than simply a couple of ‘practitioners’ who have been on a couple of days training to run a group. I’d also rather travel for specialist treatment than have less specialist treatment more locally.”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>“In principle, this would all be excellent, however it needs to be done properly. A complete fresh start which incorporates all new practises and regular up to date training and support for staff. Too many ancient practises still being used because of older staff presence. Its the same in all the health care services, especially in Leicester. Staff also need to be fully aware of all the referral procedures for other services, such as OT referrals etc.”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>“Sounds great, but they need to be therapies that WORK with an evidence base, and staff need to be well trained and informed and not stigmatise or dismiss people”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>

<p>Please explain why you agree or disagree with this proposal? Increase access to perinatal services..</p>		
<p><i>“This is vital. Mental health of new mothers is at all all time low but often the stigma stops people seeking support. An appropriate assessment early on and continued will help massively.”</i></p>	<p><i>“When I had my children I needed mental health support but at that time there was none. I’m sure this type of support would greatly benefit all the family.”</i></p>	<p><i>“I disagree as the proposal is for a seamless service so again why are individuals requiring perinatal service not incorporated into the new treatment and recovery services. I appreciate that they</i></p>

<p>(Main survey, Area: Leicestershire South and East)</p>	<p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>identified specifically with the MHS implemetation guide BUT so are SMI with Physical health and complex needs BUT they are not receiving a separate service. I feel that the role of Health Visitors and Midwives need to be reviewed and addressing the mental health needs of patients”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>
<p><i>“This contradicts what you are proposing that everyone in the community should be supporterd in Community Treatment &Rec Teams. If the person needs that length of support then they should be supported by their locality team WHY WHY WHY should they be treated differently and provide a specialised service when Individuals with a SMI (psychosis etc) with complex social and physical needs and a HIGH RISK and not viewed as required a specific specialised service WRONG WRONG WRONG”</i></p> <p>(Easy read, Area: Leicester City Council)</p>	<p><i>“Up to 24 months is excellent. My mental health dipped again when I returned to work after maternity leave but I could not re-access services. Also, what support would be available for women with mild difficulties? Health visiting seems to have suffered and early intervention could prevent more severe problems.”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“My post natal depression wasn't diagnosed until baby was 7-8 months. Would I still have got help? GP put me on tablets and no further help.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>

<p>Please explain why you agree or disagree with this proposal? Develop a new maternal outreach..</p>		
<p><i>“Fantastic Idea for those who would not otherwise be able to access such services outside their local area.”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“This should definitely go ahead. It is important to speak to specialist in maternal mental health, not generic teams.”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“Disagree this should be the role of the Health Visitor and why should they a separate mental health service. If they have mental health needs then they should access the treatment and recovery teams”</i></p>

		(Main survey, Area: Leicestershire South and East)
<p><i>“not a role of secondary mental health services who should be dealing with mental illnesses not bereavement. Stop the medicalisation of all suffering”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“Liaise with school of midwifery to recruit more candidates from ethnic backgrounds. Recruit experts by experience from diverse communities”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>Untreated trauma has far reaching consequences, both medical and physical. Dealing with it earlier can improve outcome for mothers and families. Training should be available in how various cultures deal with trauma and loss differently, as well as any stigma attached,</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>

Please explain why you agree or disagree with this proposal? Improve assessment...		
<p><i>“Absolutely. This can be so scary and isolating. The more efficient the system is the better in the long run for all.”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“Absolutely . This area is vital as it’s terrifying watching someone suffering Psychosis whic deteriorates so quickly”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>“Is this not what the PIER team does already?!”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>
<p><i>“Nothing needs to change, rely on the health worker to suggest support”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“It’s not just about the assessment. People who are suffering from psychosis do not trust, or understand what is happening. Trying to just put them on medication, can make it worse if they don’t understand they are ill. Once this is achieved they are more likely to accept support.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>“Psychosis is a very scary condition the quicker the intervention the better. It needs support and intervention right the first time, when it isn’t trust and the psychosis gets worse, that’s when you start losing the person.”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>

Please explain why you agree or disagree with this proposal? Improve the memory service...

<p><i>“Absolutely! My Fathers experience had been painful in terms of the seeming non joined up response to his mental health issues. This also affects my mother and other close family in terms of the need to pursue action by health professionals. This on its own affects others mental health.”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>“This is a great idea. This will be of benefit to people with a wide range of issues.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>“I’m not sure that some vulnerable people would be capable of either being online, having access to online, or processing the questions. When I’ve had bad mental health episodes, doing my own research or trying to find online information was too arduous.”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>
<p><i>“This is to improve the memory service and not to save money? Why would people accessing the memory service have to go to hospital? How many such people could usefully interact with material online?”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“In my opinion Memory Service should be one to one specially for older people who has no access ro internet or they are unable to do computer work.”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>“Not everyone has access to online services, particularly vulnerable people.”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>

<p>Please explain why you agree or disagree with this proposal? Provide community rehabilitation support..</p>		
<p><i>“All mental health needs should be evaluated and treated with compassion and respect regardless of their presumed severity”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>“yes drugs are a big plague at the minute with in towns/community’s. I think this will benefit highly.”</i></p> <p>(Easy read, Area: Leicester City Council)</p>	<p><i>“If this means I have to leave Assertive Outreach not interested as I feel that they are helping me get on with my life and offer support with practical matters”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>
<p><i>“Presumably this is the Assessment Outreach Service Team. As previously mentioned it is vital to maintain this service on an ongoing individual support to help the recovery process.</i></p>	<p><i>“Lack of care and treatment lack of communication any improvement to ensure that every needing MH support gets it in a timely way strict timelines from referral to GP to</i></p>	<p><i>“Need people with appropriate experience to support them, or training for community members to support such people appropriately”</i></p>

<p><i>The present format should not change.”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>	<p><i>psychiatrist , treatment plan and consistency regarding of staffing levels to create a trust and consequently security for the patient”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p>(Main Survey, Area: Leicester City Council)</p>
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Telephone and video call appointments

<p>Please explain why you agree or disagree with this proposal?</p>		
<p><i>“We have been providing all our support virtually and this has proved to be extremely successful coupled with our own bespoke tracking system to ensure engagement and alerting of possible problems or crises”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>“Agree this is good, but also possibly offer home visits, for people who can't travel as some nuances can be lost on video calls, especially if the call quality is poor”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>	<p><i>“Mental health issues are better dealt with person to person, You can see person n know what needs dealing with, all this talking on phone or new tech, no I don't think it belongs helping people with mental health, lots of things could be missed n frustration on person needing help,”</i></p> <p>(Main Survey, Area: Leicestershire North and West)</p>
<p><i>“I think that many problems can't be identified/helped unless one has a face to face appointment. As a patient who has regular appointments I think it is much more effective meeting face to face”</i></p> <p>(Easy Read, Area: Rutland County Council)</p>	<p><i>“It is essential that this remains a choice both for the clinical team and the individual so no one is unintentionally excluded or disadvantaged”</i></p> <p>(Main survey, Area: Leicestershire South and East)</p>	<p><i>“This should only be an option where it has advantages and is the best method of service delivery for both the patient and the professional. Where the patient prefers face to face consultation or the professional believes this would be clinically advantageous, face to face must be available in a timely way.”</i></p> <p>(Main Survey, Area: Leicester City Council)</p>

Other comments

If you have any other specific comments about the proposed changes to the Mental Health Services, please use this space to tell us what they are.		
<p><i>"I think it is a good idea that there is a review of the Mental Health Service and am predominantly 100% behind the proposed changes as long as the "patients" do not become lost in this and it is not just a money-saving exercise."</i></p> <p style="text-align: center;">(Main Survey, Area: Leicestershire North and West)</p>	<p><i>"I agree with the planned changes to improve services but this change is needed yesterday, Covid -19 has had a massive negative impact on all communities, more help is desperately needed now, especially with younger people(particularly university age)."</i></p> <p style="text-align: center;">(Easy read, Area: Leicester City Council)</p>	<p><i>"I believe that online or telephone appointments are ineffective for many people with mental health issues. A lot of information is gained from body language. If the patient can not see this body language, they may not open up fully. If the professional can not see the patient, they may not be able to make a full assessment of the patient."</i></p> <p style="text-align: center;">(Main Survey, Area: Leicestershire North and West)</p>
<p><i>"I am concerned that people with serious mental health problems may find it difficult to make this decision. Also, many people with mental health difficulties do not have access to technology."</i></p> <p style="text-align: center;">(Main Survey, Area: Leicester City Council)</p>	<p><i>"The changes need to be fully and properly funded to reduce waiting times. I don't know what the piston is now but at one stage there was an 8 months waiting list to access CAMHS which is so damaging and dangerous. Caring for someone with Mental health issues is very difficult and there is a lack of support and information for carers which should be addressed."</i></p> <p style="text-align: center;">(Main survey, Area: Leicestershire South and East)</p>	<p><i>"I hope this all also is young people's mental health. I am a teacher & it is an absolute disgrace that a child who tried to commit suicide is on a 6 months waiting list with CAMHS. The instant support currently is non existent for schools despite a huge increase of need since the pandemic. We need to desperately sort this out"</i></p> <p style="text-align: center;">(Easy read, Area: Leicestershire North and West)</p>