Community Mental health Transformation Evaluation

Report 2026

healthwatch
County Durham

Contents

Summary

This report presents a combined analysis of service user and service provider experiences of the Community Mental Health Transformation across County Durham. Progress has been made in collaboration, awareness of services, and system aims; however, delivery remains inconsistent and has not yet resulted in a fully joined-up, person-centred system.

Access and Experience

- Service users continue to face significant barriers to access, including long waiting times, fragmented pathways, poor communication, and lack of continuity.
- Individuals with moderate-to-high needs are most affected, often falling between primary and secondary care thresholds.
- While awareness of services has improved slightly, fewer people report having all their needs met, and confidence in choice, control, and coordination has declined.
- Service providers identify capacity constraints, workforce pressures, and inconsistent referral criteria as key contributors to these challenges.

Communication and System Working

- Providers report improvements in communication and multi-disciplinary team working, supported by huddles, steering groups, and the Gateway.
- However, inconsistent engagement, outdated IT systems, VCSE exclusion, and staff turnover continue to undermine coordination.
- Both service users and providers report repeated storytelling, weak feedback loops, and referrals being rejected rather than jointly resolved.

Referral Pathways and Stepping Up/Down

- Staff generally take a flexible, person-centred approach, but confidence in stepping up/down is mixed.
- Huddles are valued for networking but are unreliable as a referral mechanism due to poor attendance and follow-through.
- The Gateway shows early promise as a single point of access, but awareness and uptake remain limited.
- A system gap for people with moderate-to-high needs is driving delays, inappropriate referrals, and unmet need.

What Has Worked Well

- Improved relationships and collaboration between statutory and VCSE partners.
- Greater awareness of local services and referral criteria.

- Positive early feedback on the Gateway.
- Strong contribution from lived experience voices.
- A growing sense of shared purpose among professionals.

Key Recommendations

- Improve access and continuity, including reducing waiting times and strengthening the “no wrong door” approach.
- Simplify and standardise referral processes, including a shared service directory and clearer criteria.
- Re-establish effective multi-agency huddles with consistent attendance and accountability.
- Strengthen communication and feedback loops across all sectors.
- Embed person-centred practice, including continuity of contact and shared decision-making.
- Invest in workforce wellbeing and leadership stability.
- Increase community and lived experience involvement in design and governance.
- Commit to ongoing independent evaluation to monitor impact and drive improvement.

Conclusion

- The transformation has created strong foundations, but system inconsistency, capacity pressures, and service gaps continue to limit impact.
- Addressing these issues is essential to deliver equitable, timely, and person-centred mental health support across County Durham.

Healthwatch County Durham would like to extend our heartfelt thanks to everyone who contributed to this evaluation. We are truly grateful to all who shared their views and experiences to help us assess and review the community mental health transformation.

Thank you

Introduction

The Community Mental Health Transformation under NHS England represents a major shift in how mental health services are delivered across the country. This initiative aims to move away from disjointed, service-based care toward a more person-centred, community-based approach, ensuring that support is easier to access, more flexible, and better integrated with other health and social care services. By working in partnership with local organisations, voluntary and community sectors, the transformation seeks to provide holistic care that addresses people's mental, physical, and social needs. Ultimately, the goal is to help individuals receive the right support at the right time, closer to home, and to reduce health inequalities across communities.

Key aims of the Community Mental Health Transformation as set by NHS England

People with mental health problems will be enabled as active participants in making positive changes rather than passive recipients of disjointed, inconsistent and episodic care. Delivering good mental health support, care and treatment in the community is underpinned by the following six aims:

1. Promote mental and physical health, and prevent ill health.
2. Treat mental health problems effectively through evidence-based psychological and/or pharmacological approaches that maximise benefits and minimise the likelihood of inflicting harm, and use a collaborative approach that:
    - builds on strengths and supports choice; and
    - is underpinned by a single care plan accessible to all involved in the person's care.
3. Improve quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil hopes and aspirations in line with their individual wishes.
4. Maximise continuity of care and ensure no "cliff-edge" of lost care and support by moving away from a system based on referrals, arbitrary thresholds, unsupported transitions and discharge to little or no support. Instead, move towards a flexible system that proactively responds to ongoing care needs.
5. Work collaboratively across statutory and non-statutory commissioners and providers within a local health and care system to address health inequalities and social determinants of mental ill health.
6. Build a model of care based on inclusivity, particularly for people with coexisting needs, with the highest levels of complexity and who experience marginalisation.

The community mental health transformation in County Durham began in the summer of 2022. With a population of over half a million people and mental health indicators significantly worse than the England averages, including higher rates of newly diagnosed depression, death by suicide, premature mortality linked to severe mental illness and new referrals into secondary mental health services, along with 22% of residents self-reporting high anxiety score* – this presented significant challenges.

Given the county's large geographical area, it was divided into 6 locations. These areas were shaped around the existing service provision, local populations and key towns. This structure allowed each location to focus on the specific needs of its community and deliver more targeted, localised support.

An interim report evaluating the transformation was carried out in November 2023. Overall, in 2023 we found service users generally felt heard, informed, and were aware of where to seek support, but noted that the process could be quicker and more streamlined, with fewer repetitions of their story and more face-to-face contact. Service providers reported improved communication, access, and knowledge of available services, supported by a more efficient referral process. However, they emphasise the importance of maintaining a person-centred approach and sustaining momentum over time while managing service capacity effectively. Both perspectives mentioned the importance of ensuring the right support was provided at the right time.

This report will compare key data elements against the two timeframes; The interim 2023 report and data collected in 2025.

Method

In order to track changes across a time frame, data was collected at two phases. Phase 1 collected service user and service provider experiences between October and December 2023. Phase 2 collected responses for both service providers and service users again between March and August 2025. A survey was created to capture data and shared across social media, networks and engagement events. Data has also been broken down by the 6 areas across County Durham relating to Primary Care Network (PCN) areas. Each area has their own steering group within the transformation. This meant we were able to see if improvements were being made at a county level and sub region. The 6 areas, and abbreviations where necessary for reporting are:

- Central Durham (Central)
- Chester Le Street (CLS)
- Durham Dales
- Derwentside
- East Durham (East)
- Sedgefield

**Data provided by Durham Insight*

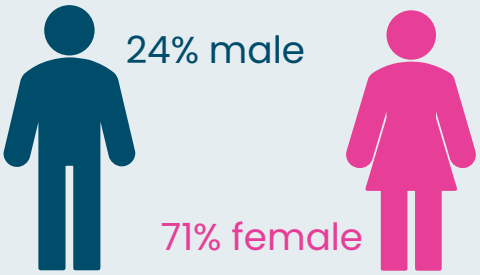
All data presented refers to phase 2, unless explicitly noted as a comparison between phase 1 and phase 2. There were additional questions asked in phase 2 to get a more in-depth and thorough insight into people's experiences.

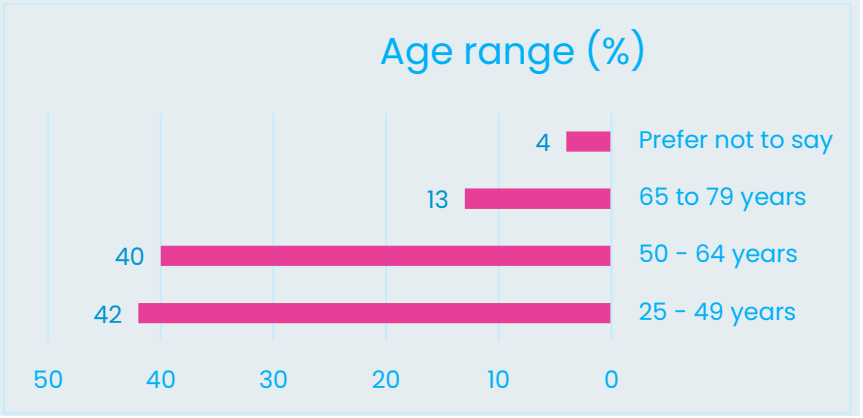
	Phase 1	Phase 2
Data collection period	Oct-Dec 2023	Mar-Aug 2025
Service User responses	48	57
Service Provider responses	22	67
Total	**70**	**124**

Throughout the report, Tees Esk and Wear Valley NHS Foundation Trust has been given the opportunity to share examples of work that has come directly from the transformation or has been created to help drive it forward. This information has been displayed as 'TEWV work in progress', and positioned in a grey box with blue boarder like this:

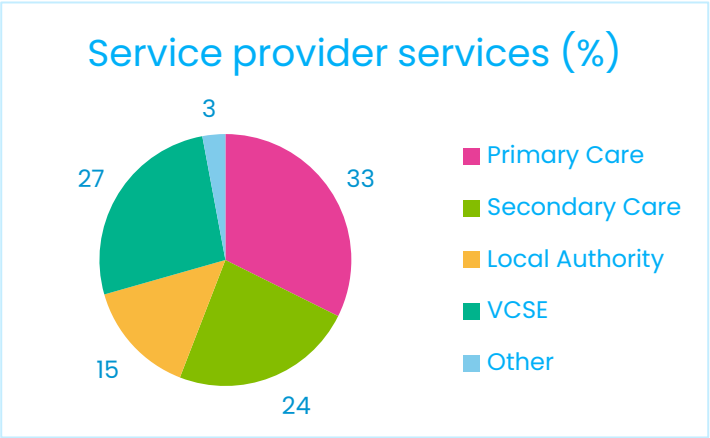
Glossary of terms	
CMHT	Community Mental Health Team
DMWA	Durham Mental Wellbeing Alliance
Gateway	A new referral process to triage service users who may require treatment from specialist mental health services.
Huddle	A regular meeting where professionals discuss people needing help and decide the best services for them
ICB	Integrated Care Board (responsible for commissioning services)
MDT	Multi-disciplinary team. A group of professionals from different organisations who work together to support the individual.
PCN	Primary Care Network
TEWV	Tees Esk and Wear Valley NHS Foundation Trust
VCSE	Voluntary, Community and Social Enterprise organisations
Wellbeing Link Worker Networks	A place where those supporting people who live in County Durham can meet and share up to date information about the services they deliver.

We heard from (service users)...





We asked Service providers to select which category their services falls into. We heard the most responses from people working in Primary Care (33%), followed by the voluntary, community and social enterprise sectors (27%). Other included a care provider.



Limitations

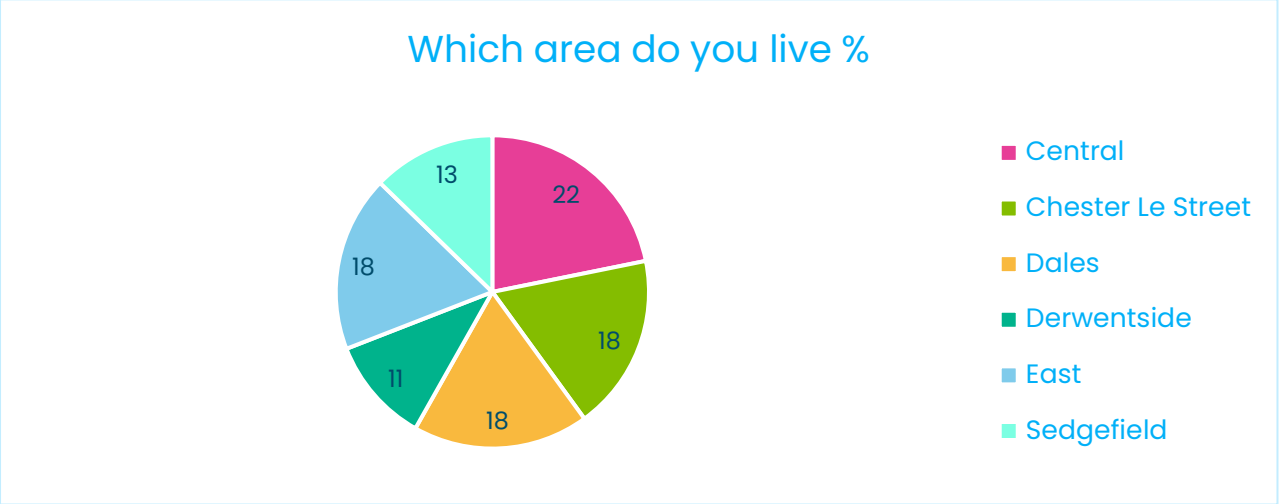
Please note the limitations within the report. While the findings provide valuable insights, the overall response rate, particularly from service users was lower than anticipated. This is understandable, as individuals experiencing poor mental health often face challenges in sharing their experiences of the support they need and want. These limitations become more apparent when data is broken down by area; with approximately 10 participants per location, it is difficult to form a comprehensive picture.

As Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) have led the implementation of the Community Mental Health Transformation, they have been given the opportunity to respond to the report. It is important to note, however, that only 24% of the people who shared their experiences were engaging directly with secondary mental health services. Mental health support extends far beyond secondary care, and TEWV play a significant role across the wider system. This includes services placed within a Primary Care setting such as roles developed through the Additional Roles Reimbursement Scheme, including the First Contact Mental Health Practitioners.

Service User Findings

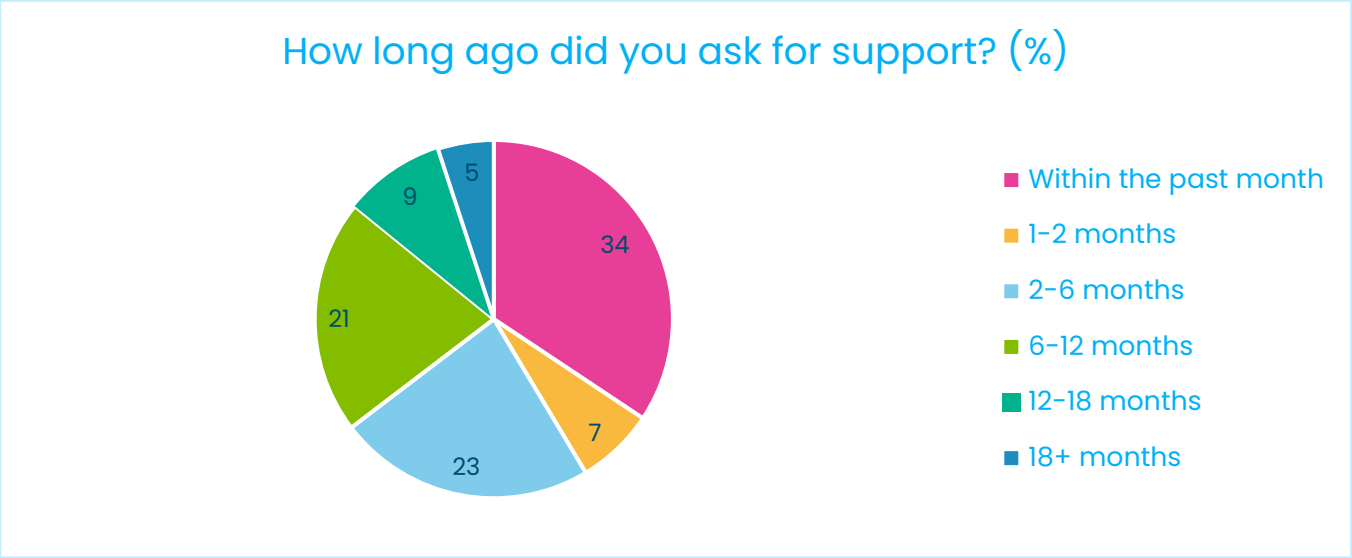
The following findings were collected from service users experiences of accessing and receiving support for mental health across the county.

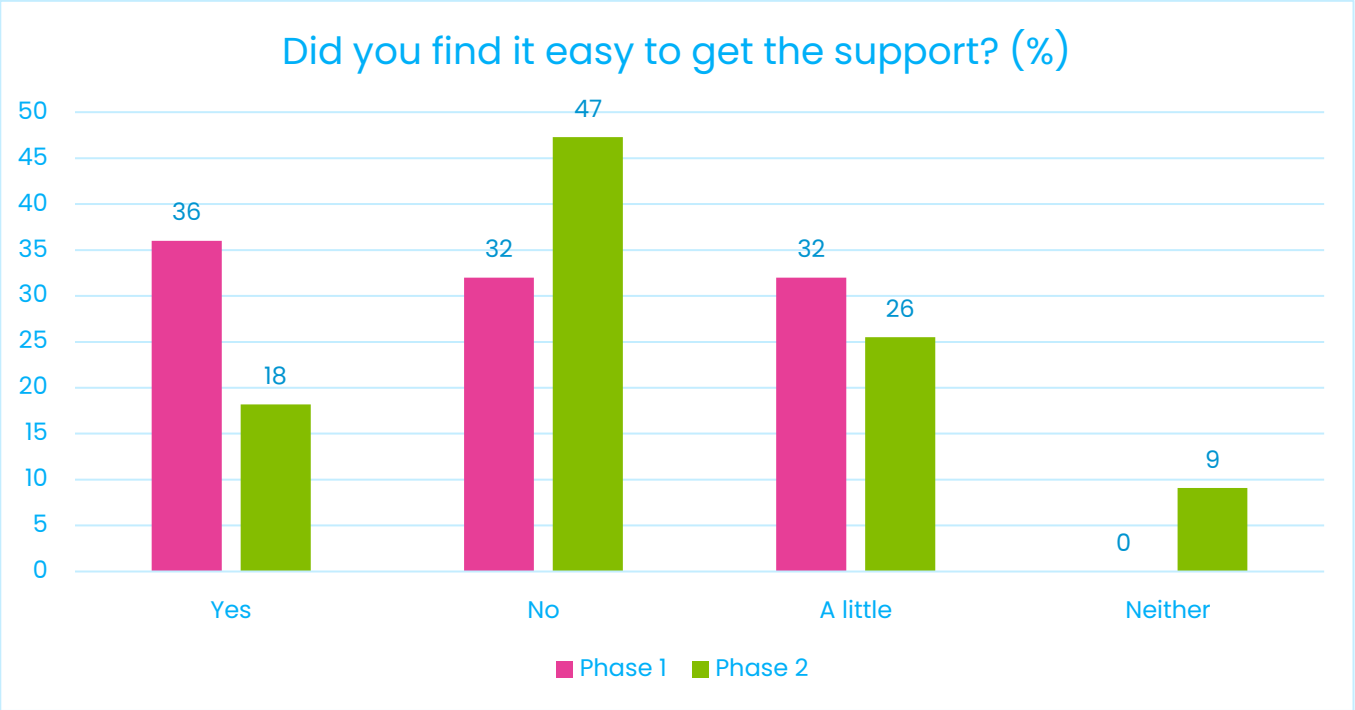
Which area of County Durham do you live?



Accessing support

We asked people how recently they asked for support for their mental health. Most (86%) sought help within the last 12 months, confirming the data is current and relevant to the Community Mental Health Transformation.

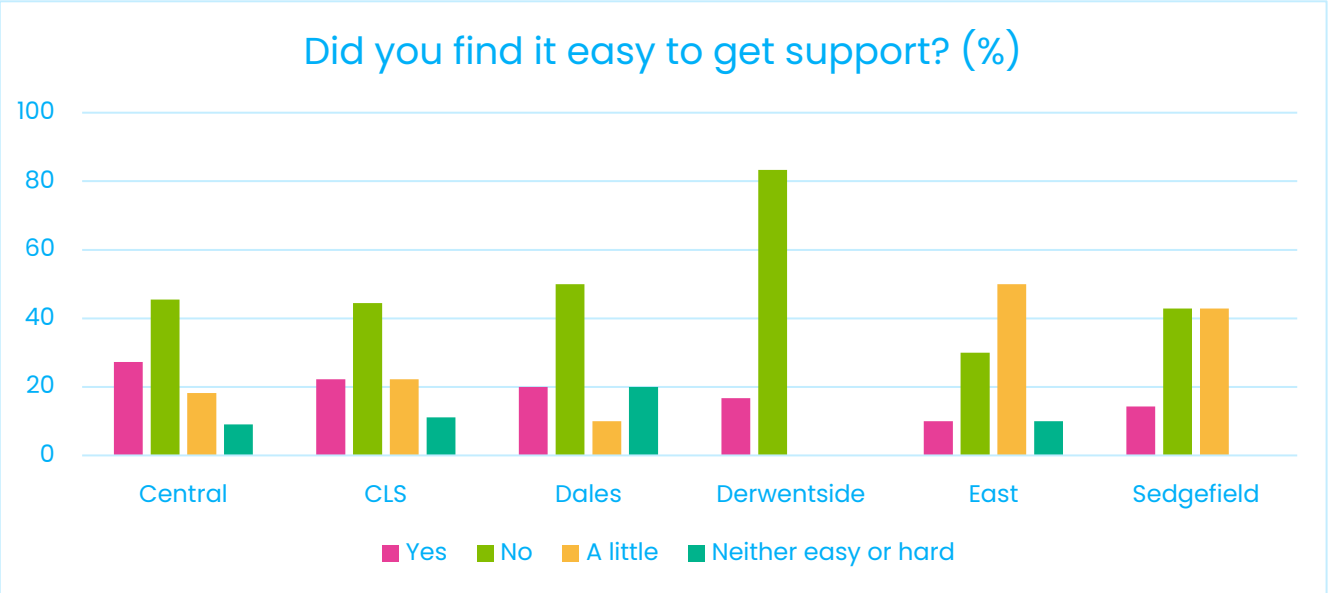




We heard those that have accessed support more recently have found it more difficult. Overall, the most common response across all areas was "No", with an average of nearly 50%, indicating that many individuals struggled to find and access support. We broke the data down across the 6 areas of the county to better understand the differences and trends across the region.
Derwentside stands out with the highest "No" response at 83.33%, suggesting significant dissatisfaction in that area. In contrast, Central had the highest "Yes" response at 27.27%, showing relatively more positive feedback.
Interestingly, East and Sedgefield had the highest percentages for "A little", implying that some support was easily obtained. The Dales had the most responses in the "Neither easy nor hard" category, indicating a more neutral experience.

"I only got 12 sessions and it was helpful, but tools I got from going to the Talking Therapy work sometimes, and now I just don't feel the mental help services are very useful now at all, it's all a piece of crap"

"Contacted crisis team, told me to have a cup of tea and a shower. Told to go back to GP, GP said go back to crisis. Get passed from pillar to post and no one helps at all. Been trying to get support for about two years and there is none it's a load of crap"



Experiences of accessing support:

Long Waiting Times and Access Barriers

Many respondents experienced significant delays in receiving care, which often worsened their mental health. Waiting times ranged from weeks to over a year, especially for Cognitive Behavioural Therapy (CBT) or community mental health team (CMHT) services. Some had to resort to private therapy due to long NHS waits.

"The waiting list for NHS services was too long, so I have paid to go private."

"Waiting lists to get the support were very long — took around a year to a year and a half to start receiving CBT."

"Took some time to get into assessment and then treatment."

"I found it easy to be referred to the support I needed; however, the wait made my mental health suffer for longer than I would have, had I received therapy sooner."

Being "Passed Around" or Lacking Continuity

Respondents commonly reported being referred between services without clear ownership of their care. This "bouncing around" created frustration, disengagement, and distress. Staff turnover and cancellations exacerbated the problem.

"Dreadful experience. I was pushed from pillar to post as one mental health service told me they couldn't help and told me to go to another."

"Bounced about in the system. No one taking ownership of the issue. Secondary mental health communication very poor."

"Talking Therapies cancelled my referral and told me to do it again but I didn't do it in time, so they took me off their waiting lists."

"...but the practitioner has quit her job at my surgery and has not been replaced. No regular support which I really miss. No encouragement, problem solving, support. Not good at all."

Poor Communication and System Inefficiencies

Communication failures and administrative inefficiencies caused additional stress. Information often failed to transfer between services, and multiple re-referrals were required.

"Practitioners moved jobs and vacancies were not filled. Telephone calls/messages were not answered or returned."

"Care coordinators changing, sometimes not being there for pre-arranged appointments, not paying attention to me, and seeming like they weren't really interested."

"No information had been forwarded through to the GP surgery... it felt embarrassing having to explain why we were calling."

Reliance on GPs and Voluntary or Private Support

Due to gaps in secondary care, many respondents relied heavily on GPs or voluntary/community services, sometimes paying privately for therapy. While helpful, these services often could not fully replace comprehensive secondary care.

"I am getting some support via my GP and voluntary org but they can't replace a functioning secondary care service/care in the community. Why is my GP being expected to do everything?"

"See a mental health worker at GP, they have been good, spread my appointments out so I get to see him for longer."

"I have the support from the free women's community now."

TEWV current work in process as part of the transformation

The Gateway

To manage the 4 week wait, we've introduced a new gateway referral process across County Durham to triage all patients aged 18- 65 and patients over 65 with a functional mental health issue that require referral to mental health services.

The aim of the Gateway was to allow primary care to refer patients into one central point rather than sending a number of referrals for one patient to a range of services. This supported the 'no wrong door' approach by making sure that every referral is picked up by practitioners from both primary and secondary care, with patients triaged within 72 hours of the GP or primary care sending it. Following triage with the patient a range of options are available from health, social care and other agencies. The Durham Wellbeing Alliance are a key member of the gateway and provide a range of services to meet the needs of people presenting with mental distress. For people with SMI, complex needs they are offered a comprehensive mental health assessment and pathway to formulation.

The Gateway was trialled in Sedgefield/Spennymoor and was found to reduce triage / assessment times significantly so more people are having their needs met by the right teams and faster.

"I have paid privately."

Systemic Issues and Lack of Person-Centred Care

Many responses expressed a deep sense of abandonment, lack of compassion, and rigidity in services.

"Not at all person-centred. No additional support put in place in times of crisis."

"CMHT indicate knowledge of increased risk but do nothing about it. Messages not passed on."

"The community mental health team don't engage with me. They expect me to fit in with their service."

"There is no support at all in Bishop Auckland or County Durham full stop."

"It took ages… they dumped me with no support other than Samaritans, crisis team number, or 111. Duty of care absent."

"Started years ago and had everything taken away within 6 months."

Positive experiences

A small number of respondents had smooth experiences, often due to compassionate GPs or fast responses from community teams.

"I was seen by the community mental health team within two weeks."

"My GP was fantastic and immediately offered me options."

"Once I spoke to someone, the initial help was arranged quickly."

TEWV work in process as part of the transformation

ARRS ROLES

The Additional Roles Reimbursement Scheme (ARRS) was introduced by NHS England in 2019. These roles include Clinical Pharmacists, Social Prescribers and Health and Wellbeing Coaches and across the 13 Primary Care Networks are now fully embedded to provide a same day alternative appointment for patients who contact their GP practice for mental health issues. Patients are seen within their own GP practice.

During 2022/2023, each of the PCNs embedded ARRS into their daily practice.

During 2025, due to the success and benefits to patients, two practices have 100% funded two additional posts one in DDHF and the other in Easington.

A recent survey carried out by TEWV of the Adult First Contact Mental Health Practitioners found 98% felt the practitioner had supported their recover, 90% felt they were always involved in the planning of their care and 98% were treated with respect and dignity.

Overall Summary

- Access remains a major barrier: Long waits, poor coordination, and service fragmentation dominate the feedback.
- Majority felt unsupported or only partially supported: Most respondents felt "pushed around," disregarded, or left waiting.
- Positive experiences were exceptions: A few described excellent, empathetic GP or crisis support — but these were isolated examples.
- Emotional impact: Many described feeling *"ignored," "abandoned," "frustrated,"* and *"let down"* by the system.

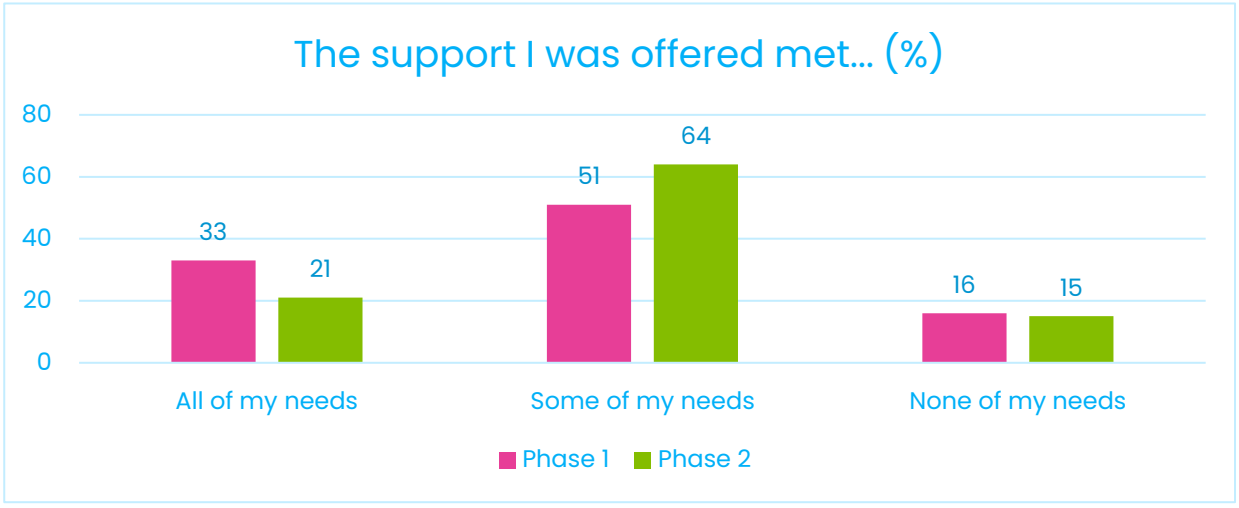
As one participant summarised:

> "I felt ignored, abandoned and very alone."

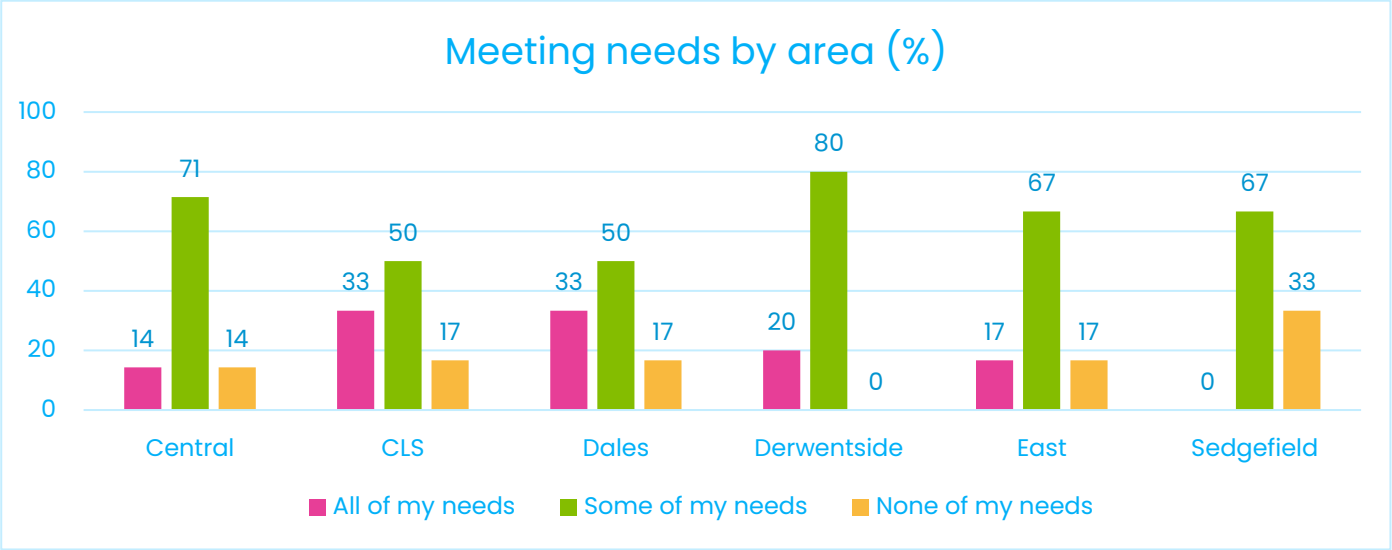
The support

The support I was offered met....

We asked participants whether they were receiving the support they needed when they requested it. In the most recent phase, 64% reported that some of their needs were met, an increase from 51% in Phase 1. However, the proportion of respondents who indicated that all of their needs were met declined by 12 percentage points, falling to 21% in the latest survey.

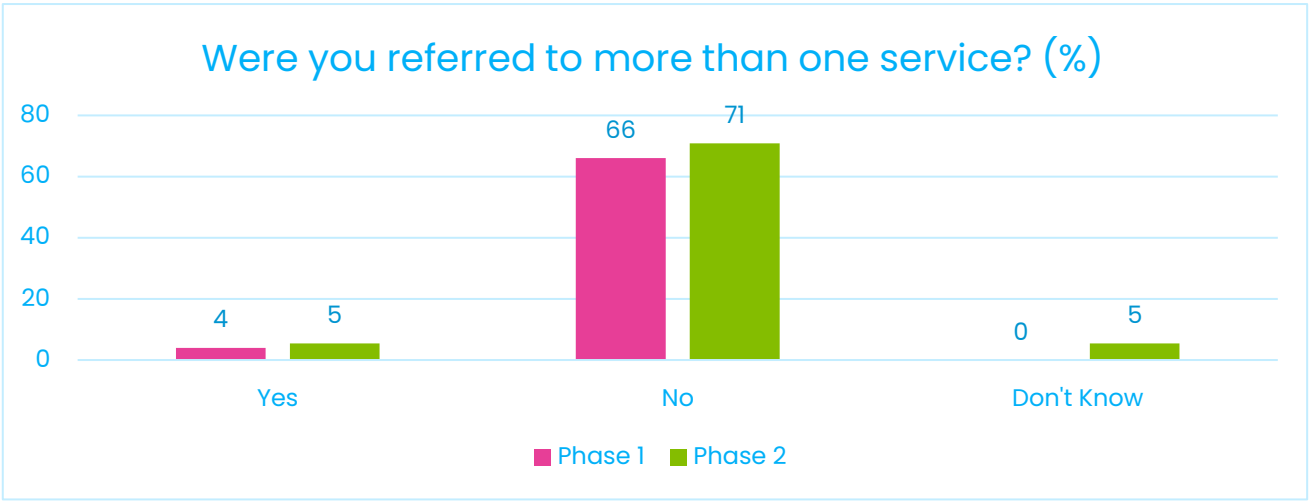


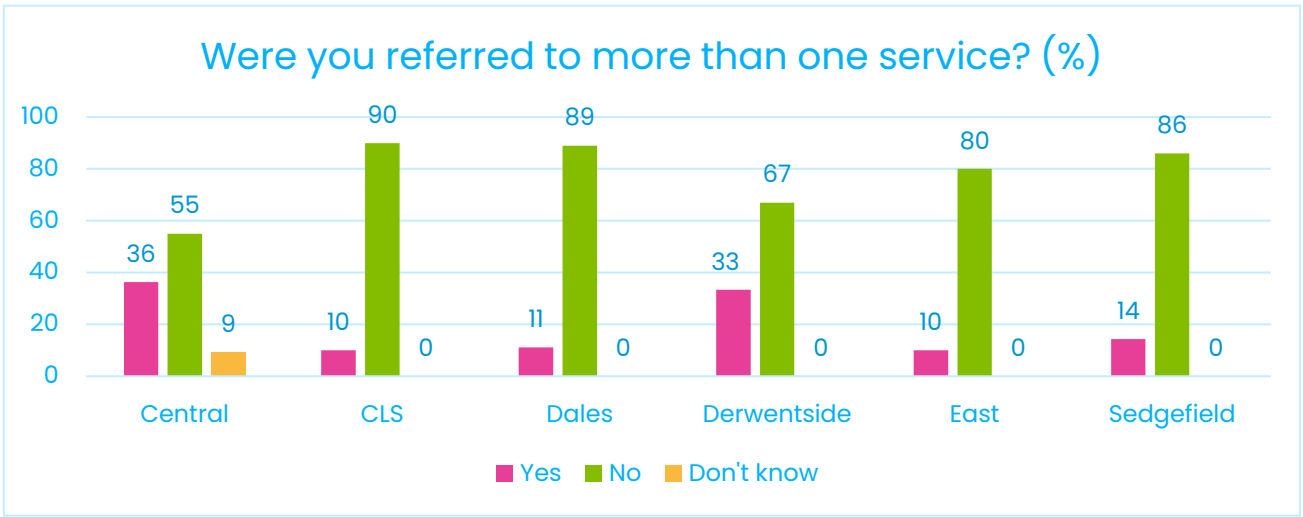
Analysis of the data across all areas in the final phase revealed that no participants from Sedgefield reported having all of their needs fully met. In contrast, all respondents from Derwentside indicated that at least some of their needs were being addressed. While no single area achieved full coverage of all needs, Chester-le-Street and the Dales had the highest proportion of respondents whose needs were completely met.



Were you referred into more than one service to support you?

The tables below provide strong indication that people were only referred to one service. While this may be all that was required, the high level of reported unmet need could suggest the requirement for a different approach to onward referrals.

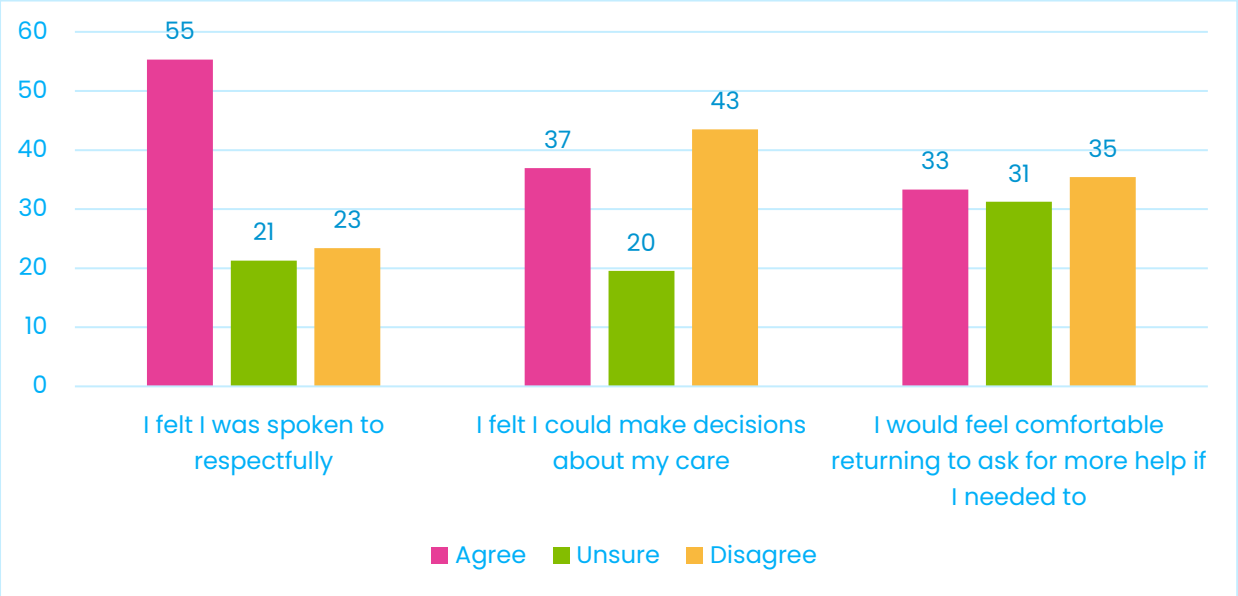




How much do you agree with the following statements:

Results from those people who agreed with the following statements (%):	Phase 1	Phase 2	Difference
I feel my needs were listened to	55.10	45.83	-9.27 ↓
I feel I was able to explain what I wanted	65.31	45.83	-19.48 ↓
I only had to explain my story once to get the support I needed	43.75	23.91	-19.84 ↓
I had choice over the services that could support me	35.42	18.75	-16.67 ↓
I found it a quick process to get the help I needed	25.00	25.53	+0.53 →
I only had to speak with one person and they referred me to all the services I needed to support me	35.42	23.91	-11.51 ↓
I was kept up to date with any referrals made on my behalf	43.75	29.79	-13.96 ↓
I knew where to go to get the support I needed	50.00	53.06	+3.06 ↑

Additionally in the final survey we asked 3 further questions to get a deeper understanding:



The comparison between Phase 1 and Phase 2 results shows a general decline in participants' satisfaction across most areas of the support process. Respondents most recently were less likely to feel that their needs were listened to or that they were able to clearly explain what they wanted. There was also a significant drop in the proportion of people who felt they only had to explain their story once, suggesting a decline in coordination and communication between services.

Perceptions of choice and control over available services also decreased, indicating that participants felt less empowered recently. Despite these declines, people's views on how quickly support was available stayed about the same, with similar numbers saying it was easy to access help. Notably, there was a small improvement in participants knowing where to go to get the help they needed, suggesting some progress in awareness and signposting. In the most recent survey we asked whether people felt they were spoken to respectfully and over half (55%) agreed with this statement, indicating that respectful communication remains a relative strength despite other areas of concern.

Overall, while access and awareness may have improved slightly, the findings indicate a need to strengthen how services listen, communicate, and coordinate support to ensure individuals feel understood, respected, and involved in decision-making.

TEWV work in progress as part of the transformation
Wellbeing passport for those with a dual diagnosis

A Wellbeing passport has been co-developed by services who are part of the Suicide Prevention subgroup in East Durham. The passport includes information about someone's story that they want professionals working with them to know. It allows an individual to take control of their information and reduces the need to repeat their story multiple times.

- It can be used as a tool for trauma-informed care.
- It is a simple word document. There is a long version and a short version.
- The passport is being piloted by members of the East Durham Community Collective

How satisfied were you with...

Table below shows the percentage of people and their satisfaction level with the support across the region.

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
The support being offered	16.22	18.92	29.73	24.32	10.81
The staff supporting you	16.22	13.51	13.51	32.43	24.32
The amount of choice you have about your support	27.78	27.78	19.44	19.44	5.56
How the service communicates with you	20.59	8.82	20.59	32.35	17.65
How the service communicates with other services	18.18	12.12	48.48	15.15	6.06
The care you receive	11.76	26.47	11.76	26.47	23.53

The results for the area indicate that satisfaction levels are generally low across the topics we surveyed. The highest ratings were for neutral responses, particularly regarding the support provided and how the service collaborates with other services. However, satisfaction was notably higher in areas such as the support from staff, communication with individuals, and the quality of care received. When we break down these questions across the six areas, several stand-out satisfaction levels emerge:

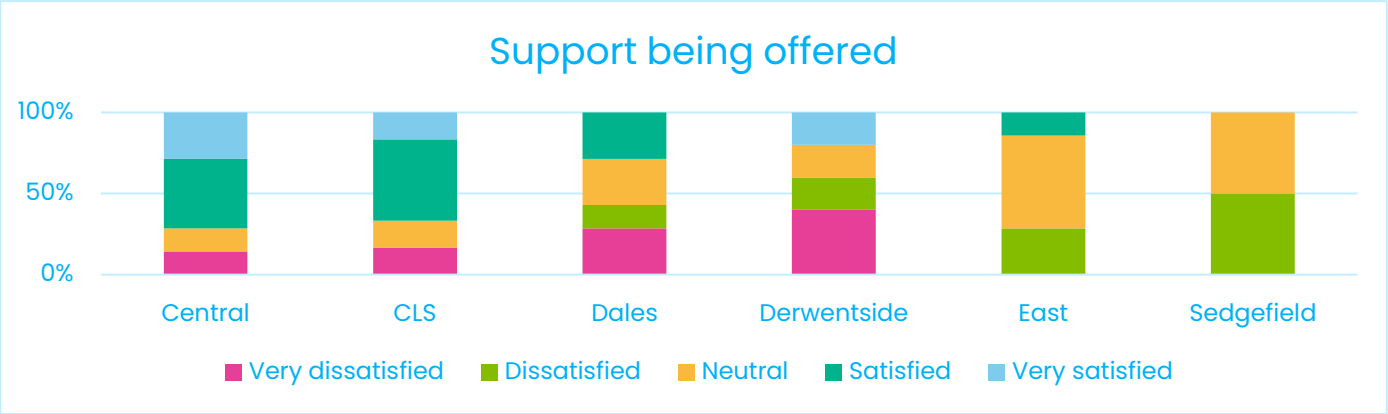
TEWV work in progress

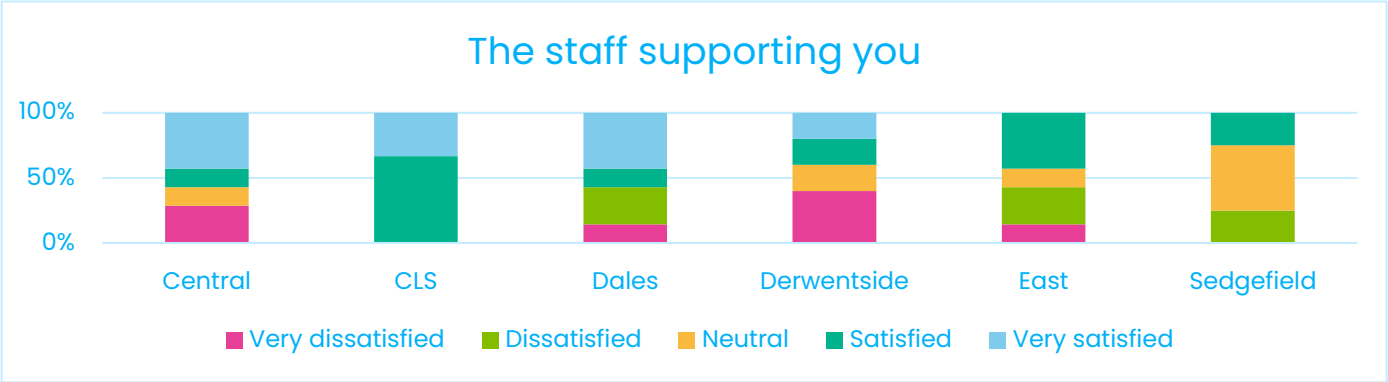
The Distress Brief Intervention Service

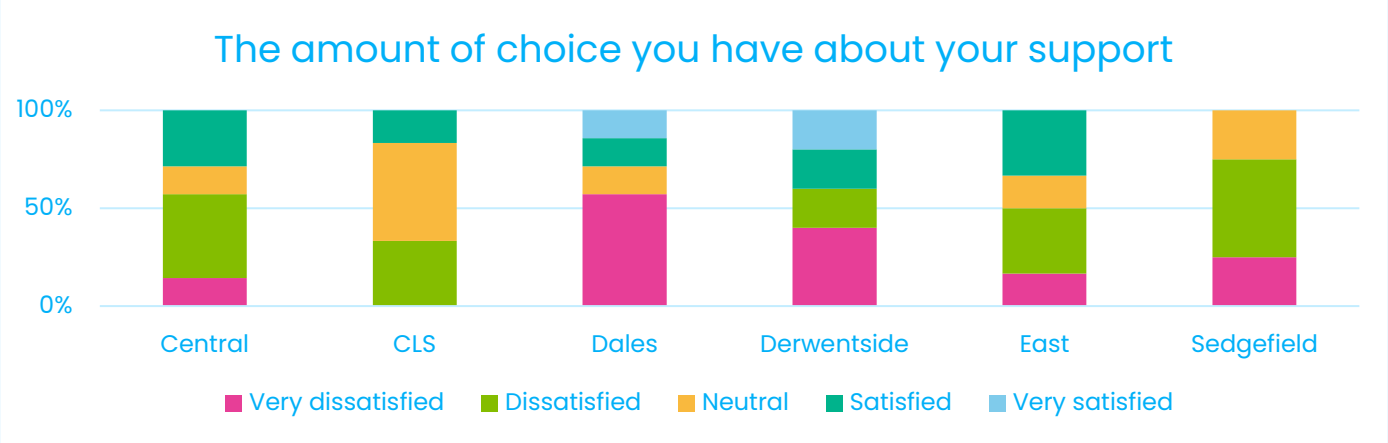
Within County Durham we recognised the need to invest in services for people with personality disorders who need support and the community mental health transformation commissioned the Distress Brief Intervention (DBI) service, this was initially in the Derwentside PCN area and following its success this was expanded across all PCNs in Durham.

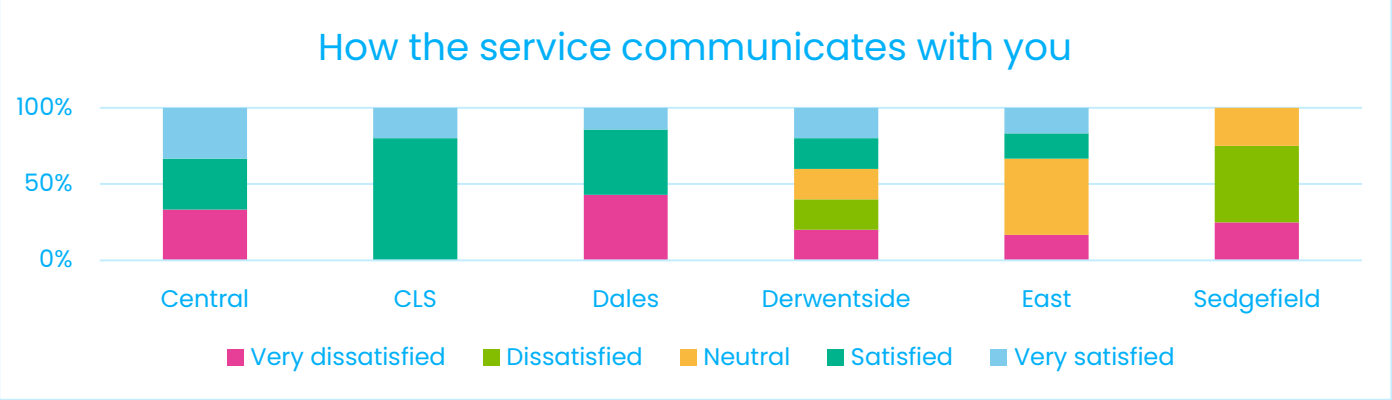
This is an evidence based service for people who require immediate support. We also invested in and trained staff to deliver Structured Clinical Management, this approach provides an evidence based offer to people with personality difficulties.

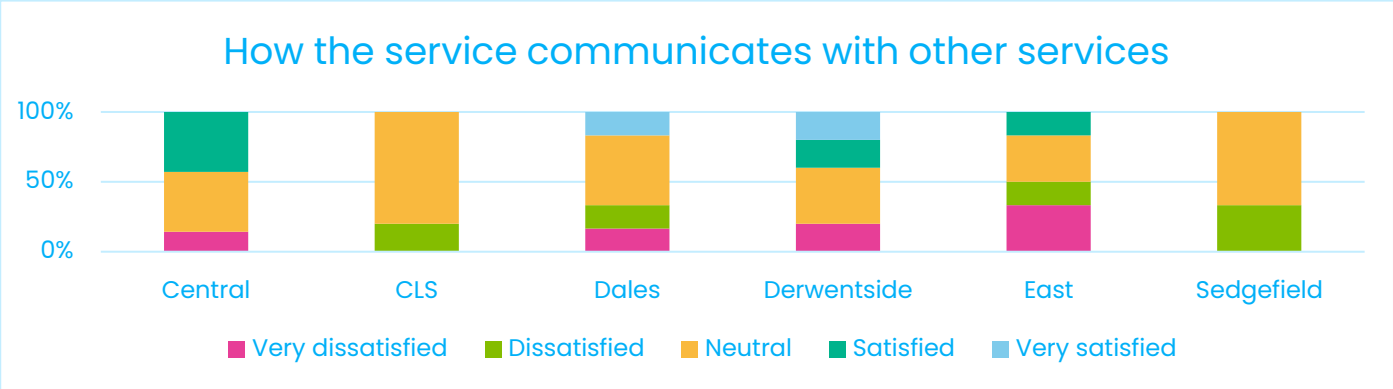
How satisfied are you across individual areas...

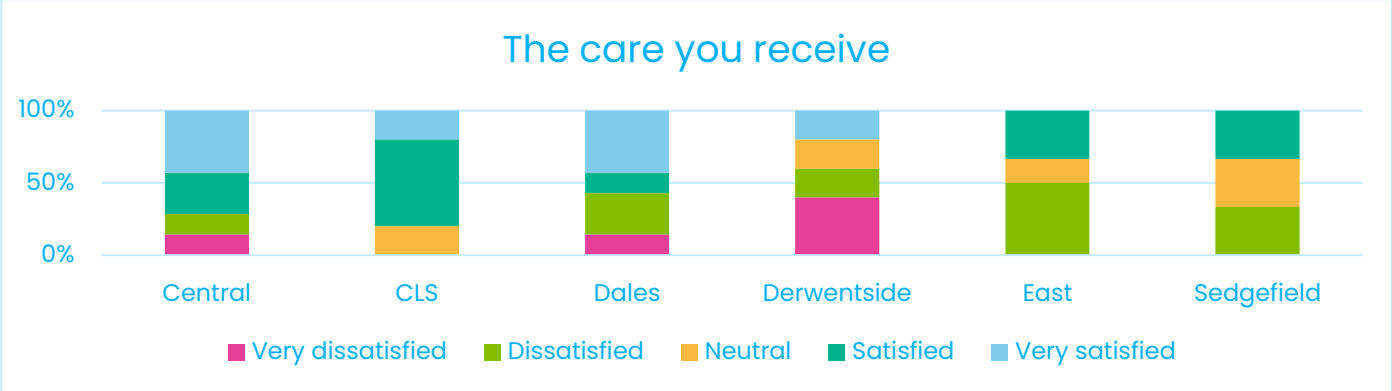












Summary across the areas:

- Chester-Le-Street received 100% positive feedback regarding the staff supporting individuals.
- Communication from the service was also rated 100% positively in Chester-Le-Street.
- Central, Dales, and East areas reported more positive than negative satisfaction levels concerning staff support.
- Both Chester-Le-Street and Central showed higher levels of satisfaction than dissatisfaction regarding the support being offered.
- Positive satisfaction with the care received outweighed negative responses in Chester-Le-Street, Central, and Dales.
- Central and Dales also demonstrated stronger positive feedback than negative in relation to how the service communicates with individuals.

Barriers and Improvements

Thinking about the way you were offered and received support, what do you think worked well and what needs improving?

Quality of Support

What's working well:

- Some respondents (16%) highlighted positive interactions with individual practitioners (e.g. doctors and nurse practitioners who took time and showed professionalism).
- Initial support, when available, was sometimes described as helpful.

"The talking therapy worked great for the support that I needed."

"Quick turnaround of referral and one person to see for the next few months who knew my situation."

"Ultimately I was able to get support and spoke to some very caring staff."

What needs improvement:

- Several people described poor quality of support, citing rushed appointments, lack of follow-through, or confrontational approaches from some clinicians.
- Support appears inconsistent with respondents wanting greater continuity and follow-up.

"The psychiatrist was an awful man, confrontational, did not listen to my needs."

"It has got notably worse for me since the services abandoned the care programme approach… I feel entirely abandoned."

"GP should have followed up and checked I had gotten support as I hadn't had courage to phone."

"Would have been helpful to have some support from the Goodall Centre rather than telling me to contact my GP."

Access

What's working well:

- A minority of participants reported being able to see a practitioner and appreciated when this happened smoothly with the process being clear and local.

"Using 111 and pressing 2 for mental health support was very easy… Initial support appointments in the local surgery were great as on the doorstep."

"I was booked in with the First Mental Health Support team from speaking with the receptionist at the GP surgery."

What needs improvement:

- Many participants (25%) experienced difficulty getting appointments, long waits, or being "bounced around" between services.
- Gaps in availability (e.g. absence of mental health practitioners in GP surgeries) left people without timely access.

"I think that the waiting lists are an unfortunate aspect… for a long time this prevented me from seeking help."

"Feel like I couldn't talk to services directly when I needed help, I needed family to do it."

"Wish I could go straight to Lanchester Road to the sources of the help."

TEWV work in progress

Pharmacy

We have employed 4 Clinical Pharmacists, 1 lead Pharmacist Technician and 2 Pharmacy Technicians across the county to provide support to primary, secondary care and direct support to patients with severe mental illness. Several dedicated workstreams have been developed including:

- service user medication education sessions
- Hospital discharge medication follow up
- GP practice support
- Medicine optimisation within TEWV teams

Benefits of these roles:

- Reduced medication safety incidents
- Improved patient experience
- Improved medicines adherence
- Safer transfer of care
- Medicines expertise (Mental Health) within community teams and primary care
- Reduced admissions to inpatient mental health wards

Staff

What's working well:

- Individual staff members were praised for being understanding, taking time with patients, and showing care beyond expected duties. Positive experiences we heard centred on staff empathy and being heard.

"The Dr took time out of his busy day to talk to me… listened and was empathetic."

"My GP was fantastic, listened well."

"Listening to me, respecting me, being open and honest."

"Nurse practitioner has been the most professional and helpful."

What needs improvement:

- Some staff interactions were described as dismissive, lacking empathy, or failing to listen to patient concerns.
- Lack of ownership and responsibility amongst staff, particularly keyworkers

"Have staff that genuinely care, not just turning up for a pay packet."

"Professionals could take a more proactive approach in establishing effective relationships. They could give more support and options rather than tell people they have to do it their way and label them as not engaging if they need more personalised care"

"Have someone who was willing to have compassion on what I was trying to say instead of telling me to get over it."

"A named, pro-active care coordinator also seemed to help more than these new keyworkers who don't seem to think anything is their responsibility."

Communication

What's working well:

- When communication was clear, participants felt more supported and valued.
- Some respondents appreciated being listened to at the start of their care journey.

"I was given the relevant information to refer myself for support."

"I felt listened to and had an awareness of the service including the stages involved."

What needs improvement:

- A common theme was poor communication between services, leading to people feeling "pushed from pillar to post."
- Patients often reported not being kept informed or not feeling heard by staff.
- Respondents requested clearer updates and contact processes

"Communication, feel they listened at first appointment but then banging head off brick wall. Nothing."

"I felt I was out of the chain and didn't know what would happen next, no one told me anything. Would like better communication and process."

"Some sort of code or phrase to say to the GP receptionist to prompt them to look at your notes."

‘No Wrong Door’ Approach

What’s working well:

- In a few cases, patients did experience a smooth transition into support after initial contact.

“Quick and supporting mainly the team at Waddington Street reached out and made all the difference when they noticed I wasn’t attending.”

“It is easier to see the GP than try to get hold of anyone at Lanchester Road… GP recognised me and could tell when I was feeling depressed.”

What needs improvement:

- Many people described being signposted elsewhere without receiving the help they needed, creating frustration.
- The lack of joined-up care led to gaps where service users felt they had “fallen through the cracks.”

“I could have been allowed to keep my original appointment with Talking Therapies rather than bumped off the list… expected to start the whole process again.”

“Ping pong ball bounced around.”

“[Would like] A named, proactive care coordinator… rather than expecting my GP to do it all.”

Person Centred Care

What’s working well:

- Individual clinicians who took time, listened, and tailored their approach were praised highly.
- When support felt personalised, patients reported greater satisfaction.

“Listening to me, respecting me, being open and honest.”

“I think it was because I felt listened to… my experience was a positive one.”

“They recognised me and could tell when I was feeling depressed, they knew my history and what to look out for.”

What needs improvement:

- Several respondents described care as impersonal, rushed, or rigid, with little focus on their individual needs.

- Calls for more consistent listening, empathy, and counselling support indicate a need for stronger person-centred practice.

"It seemed stock standard answers, not personal."

"Professionals could take a more proactive approach in establishing effective relationships… give more options rather than tell people they have to do it their way."

"A named care co-ordinator who actively manages my care and engages with me."

Overall summary from service users

The most recent findings indicate that significant challenges remain in the delivery of mental health services. Access continues to be a major barrier, with long waiting times, fragmented pathways, and inconsistent communication leaving many service users frustrated, distressed, and feeling "passed around" between services. While some individuals reported positive, person-centred experiences - often linked to compassionate and attentive staff - these were exceptions rather than the norm.

Satisfaction levels vary across County Durham, with Chester-Le-Street, Central, and Dales reporting relatively higher positive feedback, while Derwentside and Sedgefield show greater dissatisfaction. Overall, the proportion of service users whose needs are fully met remains low, and perceptions of choice, control, and empowerment have declined since phase 1.

The findings highlight the need to strengthen coordination, communication, and continuity of care, ensuring services listen, respond, and provide holistic support. Although awareness of available services has improved, ongoing efforts are required to ensure individuals consistently receive timely, appropriate, and person-centred support that addresses their mental, physical, and social needs.

TEWV work in progress

Dual Diagnosis Sub Group

As a result of feedback from people with lived experience and staff across the system, 2 areas of the County have been progressing some focused work to improve how we support people with dual mental health and substance use needs. This has led to a range of activity including:

- Development of a mobile, non-stigmatising service for people struggling with alcohol use which will come into operation in early 2026
- Work to begin to address unconscious stigma within services which might prevent people being able to access the support that they need
- Better connectivity and working relationships between services meaning people can be better supported, at a strategic and individual patient level. This has meant people with more complex needs who are struggling to engage with services have got a more personalised, multi-agency system of support which has enabled their recovery.

TEWV work in progress

The Lived Experience Team

The lived experience team sit within each steering group of the community mental health transformation and work to highlight the service user experiences. We find connections through steering groups, posters/leaflets, Facebook groups, link worker meetings. We arrange to visit groups and hold focus groups and one to one conversations regarding service user mental health journeys and the experiences they have had with services, what worked and what didn't work.

We have spent a lot of time building relationships with service providers and co-working on different projects and setting priorities. The Lived Experience team revisit and return to groups to maintain contacts and give updates to service providers and users – this makes communities feel heard. We also scope local venues, communities, villages, towns etc – building connections from there with community gatekeepers, this then opens more doors for more connections to be made

Some examples of our work:

- Throughout our ongoing work for the Crisis Assessment Suite, we spoke to an individual who had a lot of experience with the Crisis Team. His voice and lived experience has fed into the work for the crisis assessment suite and the individual feels he his using his tough experiences to shape and improve the future services.

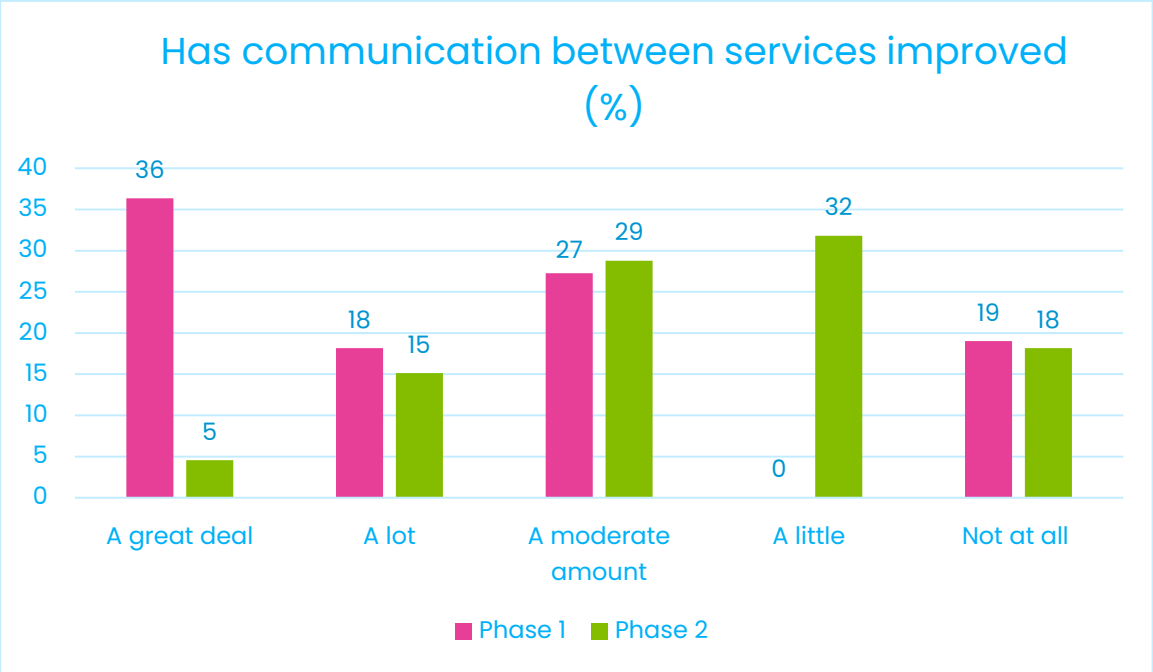
- Through a one to one conversation with an individual in the Dales, we discovered that she was on the waiting list to be diagnosed with ADHD and had been advised it was a 3 year wait. She explained that she received a letter not long ago – a letter which in her opinion 'took away the human aspect of care' - stating that if she were to miss her appointment call, she would be 'off the list'. This individual felt 'terrified of being placed back into primary services and beginning her journey over'. Our team used this lady's voice to positively change the correspondence that service users on waiting lists receive and make them less of a threat and more of a check in and update for the patient.

- We worked with Talking Therapies regarding the language they use in their correspondence with patients via letters and texts. This piece of work aimed to make the correspondence more positive and inclusive. Talking therapies changed their wording in this correspondence and it now feels more personal and inclusive to all individuals using the service. We have also received feedback from service users that the updated correspondence has greatly benefitted them.

Service Provider Findings

The following information is an analysis from service providers who contributed to our surveys.

Communication:



We heard communication between services has noticeably improved, with new forums, better role understanding, and stronger multi-disciplinary team (MDT) working. However, progress is uneven – continued effort is needed to ensure consistent engagement, inclusivity, and system-wide cooperation, supported by better infrastructure and clearer shared practices.

"I think the main benefit to me as a referrer has been improved communication between services, we have more forums and opportunities to get together, learn about services, stay updated and get to know each other as professionals."

"Decision making on client care is now a MDT so uniqueness of individuals is managed much more effectively"

Although communication has improved, there are still some challenges that need attention. One of the biggest issues is inconsistent engagement — not all services attend meetings or steering groups regularly. This makes it harder to plan work and take action together. Alongside this, some parts of both primary

and secondary care still show resistance to change, which slows down real progress in transforming services.

"I still feel there are pockets of resistance to genuine transformation within both primary and secondary care. Steering Groups are at different stages of development, with some embracing change more than others."

"Still feel an element of resistance from Primary Care."

There are also gaps in how information is shared. Larger organisations tend to stay well informed, while smaller voluntary and community groups are sometimes left out of important updates and decisions. Outdated IT systems add to the problem, making it difficult to share information smoothly between services. Communication can therefore feel uneven, working well in some areas but poorly in others.

"It is service dependent. Otherwise, some services have excelled in communication and keeping in touch. Others are abysmal."

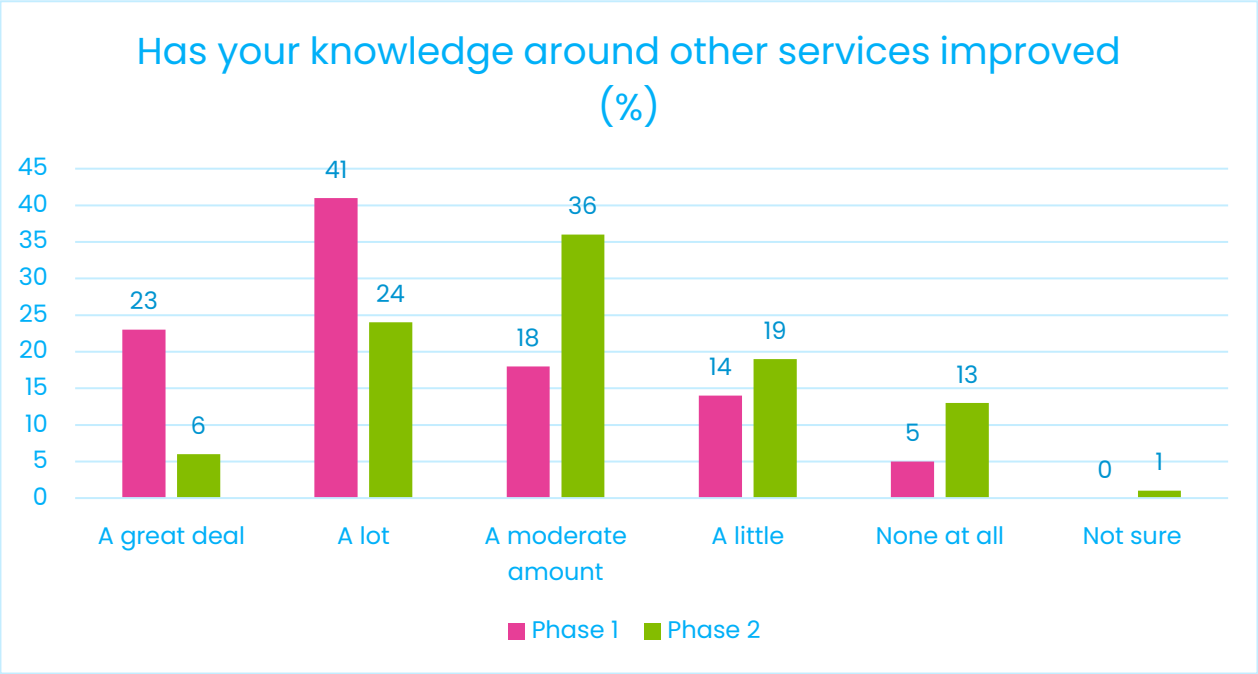
"Very little information filtering down into the VCS organisations, it is very much still those big organisations who are kept up to date and in charge of decision and money."

Another challenge is that some staff are still unsure about what other services do or how to link up effectively. High staff turnover in some organisations also means that new people are always joining, which can disrupt relationships and create confusion.

Finally, there are concerns about keeping momentum when key leaders step down, and about some services still being protective of their data and ways of working. To make further progress, all teams need to share responsibility, be more open, and work together using clear, shared systems and consistent communication practices.

"Communication has improved although there is still much to improve on- services being willing to adapt and change is still a barrier. It would aid CMHT development if we could get consistent representation and input from services at the local steering groups. Attendance is patchy at present which effects work planning and the group's ability to be action focused."

Knowledge of services



Between Phase 1 and Phase 2, staff knowledge of local services has improved for many, particularly through networking opportunities, structured meetings, and collaboration across teams. Gains are most evident in awareness of smaller or previously overlooked services and in understanding referral criteria, which has helped reduce rejected service requests. However, improvements are inconsistent, as some staff report limited change due to pre-existing familiarity, while others face capacity constraints that reduce engagement with knowledge sharing activities. System complexity, including the split between Durham Mental Wellbeing Alliance (DMWA) and non-Alliance services, and frequent changes in funding and governance, also continue to limit consistent knowledge growth.

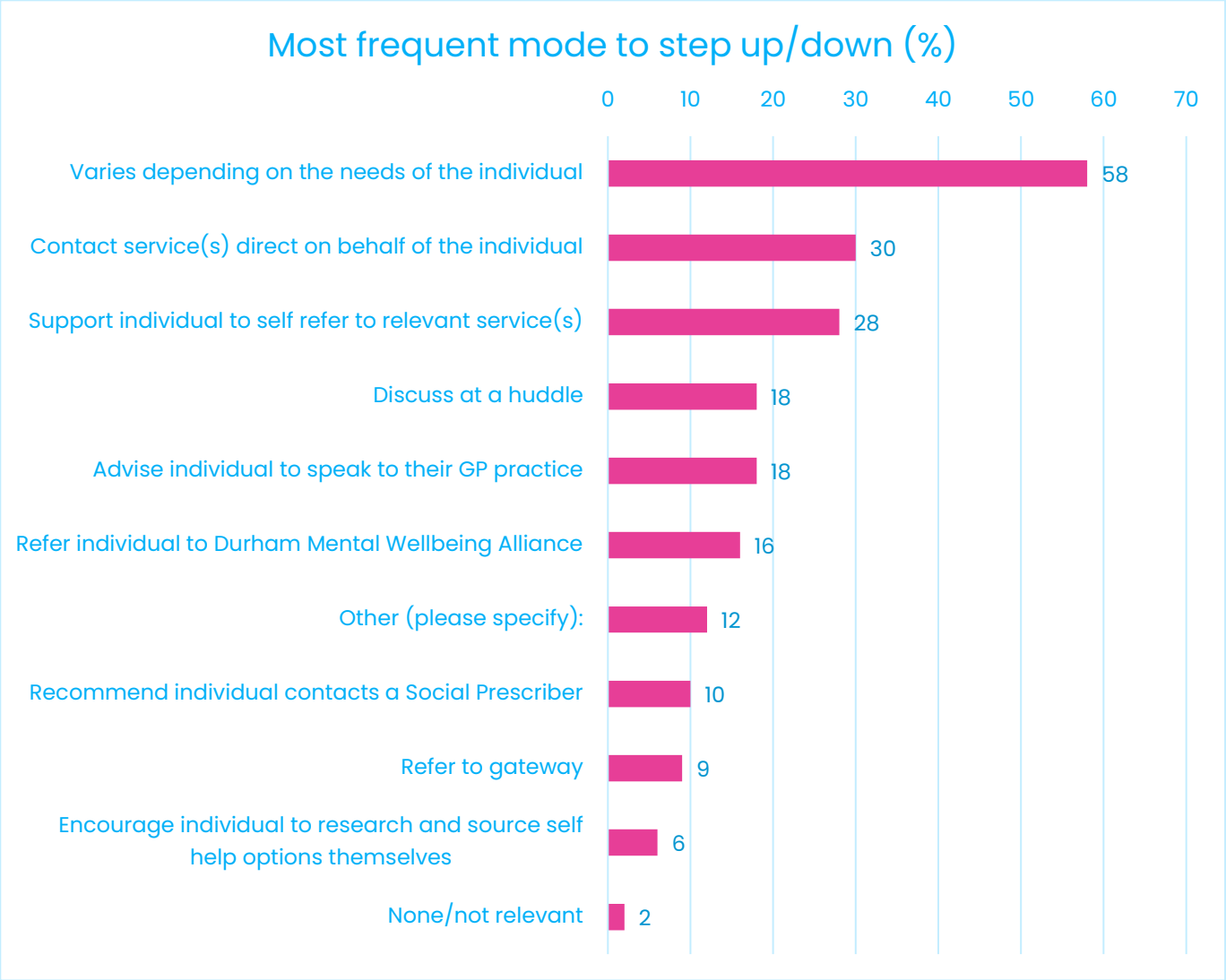
Overall, while progress has been made, ongoing efforts to simplify pathways, clarify service structures, and protect time for engagement are needed to maintain comprehensive knowledge across all services.

"Because the social prescribing role meant we always needed to proactively educate ourselves about services, I don't think there has been a huge difference since the transformation, but I do think it has made this process a bit easier. I have put none at all as the Alliance system, particularly the breaking up of some services into Alliance and non-Alliance parts, has increased complexity in other areas, therefore has cancelled out the improvements in other areas of information sharing."

"The most useful part of the current methodology is the community link worker network meeting."

"Through changes in funding, governance and legislation what projects offer can change at short notice, or projects can fold making this difficult, and there appears to be more signposting services than service provision."

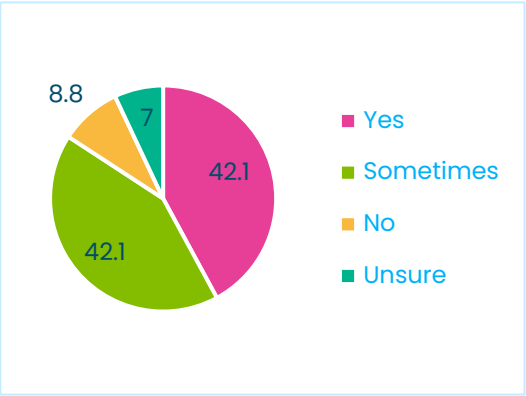
Stepping up/down process



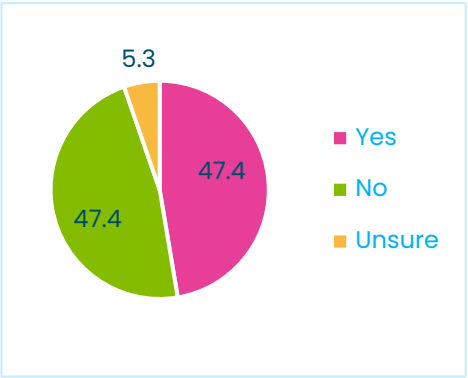
The chart highlights the variety of approaches respondents use when supporting individuals, with the most common response being that their process varies depending on the needs of the individual (58%). This suggests that a flexible, person-centred approach is the primary method, with services tailoring their actions based on each individual's circumstances rather than following a rigid protocol. Less frequent use of formal structures such as the Durham Mental Wellbeing Alliance (16.4%), Gateway (9%), or huddles (17.9%) may reflect accessibility issues, limited awareness, or inconsistent operation of these pathways. This supports qualitative comments indicating that huddles have reduced in frequency and that the Alliance referral system can be lengthy or unclear.

A slim majority (53%) feel confident referring or stepping service users up or down, but around 40% report inconsistent confidence. While many staff understand the process in principle, practical barriers - such as delays, communication breakdowns, and differing referral thresholds - reduce overall confidence.

Does the system meet the needs of service users? (%)



Do you receive inappropriate referrals? (%)



Most respondents believe the system meets needs, however, nearly half felt it met needs only some of the time. Progress has been made, but is inconsistent. Perceptions are evenly divided regarding inappropriate referrals. This variation suggests inconsistency across localities and differences in understanding of referral criteria. Some teams experience high levels of inappropriate referrals, while others manage these effectively.

Barriers to stepping up/down:

Confidence and knowledge gaps

Confidence in referrals depends strongly on local knowledge and familiarity with other services. Many respondents want clearer guidance, consistent communication, and a shared directory of available services. Respondents noted that when they know a service well, referrals are smoother; when information is unclear, confidence drops.

"If I knew what all the other services provide, I would feel more confident."
"It's easy when you actually learn about the services, their eligibility and roles."

Operational barriers

- Limited service capacity and long waiting lists.
- Strict or inconsistent referral criteria, especially for complex needs or dual diagnosis.
- Reduced communication and collaboration since some huddles and gateways have stalled.
- Inconsistent access to community mental health teams and slow response times.
- Lack of clarity on who to contact and which form to use.

- Variation in how different localities operate.

Respondents expressed frustration at “tug of wars” between services and a tendency for some referrals to be rejected rather than jointly resolved.

“Tight referral criteria of some services which means people are still "falling in between the gaps" when we do not feel they are appropriate for us. We are still getting in to tug of wars with other services and arguments about who is best to take on the referral.”

“Contact and access with the CMHT is at an all-time low.”

“Rejecting referral terminology”

Service Gaps and falling through the cracks:

A major theme is the ongoing absence of suitable support for individuals who are “too complex” for primary care but “not severe enough” for secondary care. This gap leads to people being held by social prescribing or VCSE services that may not have the capacity or clinical remit to meet their needs. This current gap could be driving inappropriate referrals and “holding” of clients in unsuitable services.

“Some patients do not require secondary care but also do not fit criteria for primary care.”

“We hold people who don’t align with existing service models — this highlights a potential gap in the support landscape.”

The information we received also indicates that gaps exist for individuals whose needs fall between secondary and primary care, highlighting the importance of developing more inclusive pathways. Some practitioners noted resistance from other teams or inconsistent communication as barriers, even when they felt confident in their own clinical judgment

“At times, we notice that our role extends to holding and supporting people who are either waiting for, or have been discharged from, secondary care, but don’t quite align with existing service models.”

“I feel confident in being able to step up with clear rationale from my clinical judgement, however feel this can be met with some resistance from teams.”

Inappropriate referrals

Many respondents report being used as a “dumping ground” for complex or unsuitable referrals. GPs are often cited for referring without prior discussion or without explaining services to patients. This results in clients being passed between teams, repeating their stories, and becoming disillusioned with the system. Please note although GP’s are directly referred to, there are inferences across the data that this happens in other sectors too.

"Sometimes feel we are referred service users to simply move them on."
"GPs will text a number of a service with no discussion or information."

Communication

Reduced attendance and engagement at huddles and multi-agency forums have weakened coordination. Respondents called for consistent participation, improved communication, and respect for clinical judgement in referrals. Feedback loops are often missing, leading to delays and duplication.

"Respect other professionals and take on board rationale for referral."

"Better attendance at transformation huddles."

Variability across locations

There is wide variation between areas. Some localities report good relationships and efficient processes; others describe poor access, lack of engagement, or unclear pathways. This unevenness results in inconsistent experiences for both staff and service users.

"Depending on locality — in some areas this process is relatively straightforward; in others, it's a challenge."

"Patients often don't like to be stepped down from secondary care, this is a change in culture to the way we have previously worked. Some of our longer term patients may feel abandoned by the service. However we are working hard to support patients through this process and giving reassurance about the stepping up process. Secondary services are facing difficulties when stepping down to Talking Changes , we are often informed that the risk is too high, however perception of risk and management is subjective, and this creates barriers for patients."

Suggestions for Improvement to stepping up/down process:

Reinstate and strengthen community huddles

- Consistent attendance and accountability from all partner agencies.
- Clear communication routes and follow-up mechanisms.

"Better referral processes and attendance at transformation huddles"

Create a shared service directory / referral map

- A "directory" or flowchart of all services, referral forms, and eligibility.
- Regularly updated and easily accessible to all partners.

"There being more awareness of what options of services are available for stepping up and down."

Clarify and simplify referral pathways

- Reduce form complexity
- Allow direct referrals where clinically appropriate.

"Access to the CMHT through the new but not yet in place community huddles. At the moment we are going back to GPs so I feel the progress made has been lost."

"Referral criteria needs to be looser so we can have the "seamless" step up / step down that we are supposed to have with community transformation. Was this not the whole point??"

"The ability to refer direct to all services rather than going through the generic (and extraordinarily long) Alliance referral form."

Expand provision for moderate–high needs

- A true "step-up" service between primary and secondary care.
- Longer-term, relational support for clients who don't meet strict thresholds.

"Improved capacity for those 'high to moderate' users, and long term support and care, a 'step up' between social prescribing and secondary care. Improved capacity through all parts of the system so that people are not waiting a long time for support."

"We have many patients in secondary service who require psychological therapies, however talking changes [Talking Therapies] will not accept due to complexity having more than one trauma or risk. However the patient will not be viewed as being complex or high risk , and often secondary service is the only service that can provide psychological therapy to this group of patients."

Improve communication and feedback loops

- Prompt acknowledgement and response to referrals.
- Respect for reasonable adjustments (e.g. in-person contact if phone is unsuitable).

"Better communication and collaborative work"

Invest in workforce wellbeing and consistency

- High staff turnover and burnout reduce continuity and collaboration.

"I feel it's more to do with resources rather than the services themselves. Lots of staff operating at burnout, staff sickness, vacant posts"

Increase transparency and shared responsibility

- Reduce "not our client" mentality.
- Encourage co-working rather than referral rejection.

"Respect other professionals and take on board rationale for referral and work together to ensure correct service to meet the needs of the service user rather than the service"

The stepping up/down referral process within the Community Mental Health Transformation demonstrates positive intent but inconsistent practice. While many staff show confidence and flexibility in referring, the lack of standardisation, resource constraints, and ongoing service gaps hinder effectiveness.
Professionals are compensating for system weaknesses by directly contacting services or supporting self-referrals, indicating both dedication and the absence of fully functioning integrated pathways. The loss of regular huddles and unclear access to formal systems such as the Durham Mental Wellbeing Alliance or Gateway have further reduced opportunities for coordinated care.

To improve outcomes, the transformation should focus on:

- Re-establishing consistent multi-agency huddles and partnership forums.
- Developing a comprehensive service directory and clearer referral criteria.
- Expanding provision for individuals with moderate-to-high needs.
- Enhancing communication, accountability, and mutual respect between sectors.

If these actions are implemented, the referral and stepping up/down process will become more reliable, equitable, and person-centred, aligning more closely with the aims of the community mental health transformation programme.

Stepping up/down to the *Durham Mental Wellbeing Alliance single point of access:*

Around 44% of respondents had referred to the Durham Mental Wellbeing Alliance within the last 12 months. The average ease of referral rating was low (3 out of 10), showing that many find the process difficult. During phase one, the Durham Mental Wellbeing Alliance served as a single point of access for all mental health and wellbeing services across the county. This is no longer the case, so the data likely spans both timeframes and may not accurately reflect the current service provision or access.
Views on effectiveness were mixed: while some described the process as efficient and well-communicated, others reported delays, lengthy forms, and limited feedback. Only 32% felt that using the DMWA point of access had improved outcomes for individuals, while 52% were unsure, indicating low confidence in its effectiveness.
Staff praised good communication and quick responses from DMWA staff, with some noting smooth handovers and reduced service user anxiety when transitions were handled well.

Benefits

- Acts as a single point of access, reducing confusion for service users.
- Helpful and responsive staff, providing updates and quick contact after referrals.
- Smooth handovers between services and ongoing support helped reduce feelings of abandonment after discharge from secondary care.
- Acknowledgement emails and confirmation of referrals give reassurance that cases are being progressed.
- Some respondents reported that clients felt “heard and validated” through the process.

Barriers

- Referral form seen as too long, repetitive, and time-consuming, making it easier for some practitioners to contact services directly.
- Lack of feedback and outcome information after referral, leaving referrers unsure if individuals were supported.
- Inappropriate or incomplete referrals sometimes lead to “bat backs” for additional information.
- Unclear referral criteria and perception that Durham Mental Wellbeing Alliance can act as an unnecessary “middleman.”
- Delays and administrative burden discourage some staff from using the Alliance pathway.
- Some concerns about data sharing with a third-party referral point.
- Persistent view that services remain full or over-capacity, limiting effectiveness.

The Durham Mental Wellbeing Alliance referral pathway provided a structured single access point and is valued for its communication and supportive staff. However, its overall effectiveness is limited by process complexity, long forms, and inconsistent feedback. While it has helped improve coordination and reduce confusion for some service users, many practitioners prefer direct referrals due to the perceived administrative burden.

Huddles

Huddles are regular local meetings where services collaborate to identify individuals who may need extra support and explore what additional help can be provided. Around 61% of respondents have attended a huddle in the past 12 months, but the effectiveness of these meetings is limited. Only 13% reported that the services they wanted to speak with were usually present, while the majority (68%) said the relevant services were sometimes in attendance, highlighting inconsistent representation. The referral or stepping up/down process through huddles is often slow and unreliable, with few staff reporting that huddles consistently met service user needs, informed them of outcomes, or resulted in the right service being accessed first time. Overall, only 37% of respondents felt that huddles had improved outcomes for service users, while 27% disagreed and 37% were unsure, indicating mixed and inconsistent impact.

Benefits

- Networking and Relationship-Building: Huddles help staff get to know colleagues, build links, and learn about other services.
- Information Sharing: Provide a forum for advice, updates on cases, and clarification on service provision.
- Problem-Solving: Can help identify appropriate services when discussing individual cases.
- Improved Collaboration: Fosters communication and co-working across services, which can indirectly benefit service users.
- Awareness: Staff gain knowledge of services, eligibility criteria, and contact points.

Barriers

- Poor Attendance: Many services, particularly non-health organisations, are inconsistently represented.
- Limited Utility for Referrals: Most respondents prefer direct contact with services rather than using huddles.
- Process Challenges:
    - Some huddles are dominated by certain services (e.g., TEWV), limiting discussion.

    - Confidentiality concerns and sharing sensitive information with multiple services.
    - Timing clashes and busy diaries restrict participation.
    - Outdated invite lists and inconsistent terms of reference reduce effectiveness.
- Inequity Across Areas: East Durham huddles are generally better attended; other localities struggle.
- Cultural/Professional Issues: Instances of misgendering or unprofessional behaviour noted, affecting inclusion.
- Variable Impact: In many cases, referrals discussed in huddles do not progress, reducing perceived value for service users.

Huddles serve primarily as a networking and information-sharing forum rather than a reliable referral pathway. When well-attended and collaborative, they improve inter-professional communication and awareness of services. However, inconsistent attendance, perceived dominance by certain organisations, administrative challenges, and confidentiality concerns limit their effectiveness. Direct referral to services is often faster and more reliable, though huddles provide valuable context, relationship-building, and informal support for complex cases.

Gateway

The Gateway was introduced as a new referral process across the county for people who may require assessment and treatment from specialist mental health services as part of the transformation. This replaces the previous access services and provides a single referral process. The Gateway is still in early stages, with only 17% of respondents having referred through it. Among those who have used it, the process received a moderate ease rating of 5.3/10. Most found it usually quick and effective, though only about half felt that service user needs were consistently met, informed of outcomes, or resulted in the right service first time. Despite limited usage, 67% of respondents felt that the Gateway had improved outcomes for service users, while 33% were unsure, reflecting both its early-stage implementation and positive early feedback from those who have used it.

Benefits

- Provides a centralised referral pathway reducing duplication.
- Daily Gateway huddles support quick discussion and triage of patients.
- Helps ensure patients are matched to appropriate services.
- Improves access and clarity for staff and patients, reducing batch referrals from GPs.

Barriers

- Limited awareness and usage among staff.
- Early-stage operational challenges, including triage without patient contact.
- Occasional mismatches in service allocation, requiring reassessment.
- Reliance on GPs for referrals can slow the process compared with direct clinical assessment.

Overall Summary of stepping up/down process

Across all three referral pathways, the analysis shows that direct communication, service awareness, and relationship-building are crucial for effective stepping up and down of service users. DMWA provided a structured point of access but suffered from administrative complexity and inconsistent feedback. Huddles are valuable for networking and collaborative discussion but are limited by poor attendance and irregular effectiveness for referrals. The Gateway shows early promise as a centralised pathway, improving triage and access, but requires further embedding and awareness. Common barriers include complex referral processes, limited service capacity, inconsistent attendance, and unclear feedback, while key benefits focus on improved coordination, networking, and patient support when pathways function as intended.

Key challenges faced by service providers:

One of the most significant challenges highlighted is limited engagement and participation from the community. Many local steering groups are dominated by professionals because there are few volunteers able to take on responsibility.

"Limited engagement from the community. Some local steering groups are managed by professionals because there are no community volunteers who are able to take on that level of responsibility. I think some people attend steering groups because they've been asked to and don't really understand why."

This lack of meaningful community input has hindered transformational change, with professionals often defaulting to familiar practices:

"Many professionals lean towards what has always been done and are afraid to change in case things don't go to plan. We've always done it this way, so why change..."

A recurring barrier is capacity and resource limitations. Respondents reported that services have not seen increased capacity or provision, leaving gaps unaddressed, particularly for excluded groups such as refugees, travellers, and veterans.

"I think the main challenge has been capacity…It does not feel like it has meaningfully changed provision for individuals with mental health issues. It is not responsive to service gaps…there seems to be very little provision for excluded groups."

Short-term funding and financial pressures on voluntary and community sector (VCSE) organisations also create instability, making it difficult to sustain new initiatives.

"Short term funding commitments and the financial risk placed on the VCSE is completely inappropriate…this could lead to quality services being decommissioned."

Another persistent challenge is poor coordination and communication between services. While transformation meetings and huddles were designed to facilitate collaboration, respondents highlighted inconsistent attendance, siloed working, and a lack of follow-through.

"Despite the idea of everyone working together it often feels like services are working more in silos."

Referrals are often delayed, rejected, or passed without proper communication, leaving service users waiting or bouncing between services.

"Still occasions of patients being passed from one service to the next without any communication other than referral…patient could be waiting a few weeks to be spoken to and may not be appropriate for that team."

Misunderstandings about eligibility criteria and service roles compound these issues, creating frustration for both staff and service users.

Finally, there is a lack of clarity and shared understanding about the transformation itself. Some respondents reported confusion about processes and pathways.

"No overall shared understanding of what this is or how the theory has been interpreted…Not sure what the transformation is."

This uncertainty, combined with cultural resistance to change, limited resources, and ongoing service pressures, has prevented the transformation from delivering consistent improvements across all areas. One respondent summed up the overarching concern:

"Waitlists have not improved, communication has not improved…people are still being passed pillar to post, repeating stories, feeling not listened to…The path to recovery is either slightly better or more broken than it was when we started the transformation."

What has worked well in the Community Mental Health Transformation

A number of positive outcomes have been identified in the transformation process, particularly around improving collaboration and communication across services. Respondents consistently highlighted that bringing together statutory and voluntary sector organisations has strengthened relationships, improved knowledge of available services, and created more coordinated pathways for service users. One participant noted, "Bringing VCSE and statutory services together, enabling a community-focused and cost-effective service," while another commented, "It has certainly opened up new links across services." Networking opportunities through huddles, steering groups, and link worker meetings were repeatedly mentioned as valuable for sharing knowledge, building trust, and fostering effective partnerships.

"Networking has been excellent…The huddles and the link workers meetings are beneficial."

The voice of the community and service users has also been highlighted as a key success, with the Lived Experience team providing insight into how services are experienced on the ground. This input has helped shape discussions and identify gaps, even if acting on the insight remains a challenge.

"The Lived Experience team are exceptional and they have provided a genuine insight into how service users feel and how challenging it is to access good quality services."

Several respondents noted improvements in awareness and understanding of service availability, both within and outside NHS provision. The Gateway, as a central referral point, was seen as a practical tool for coordinating support and simplifying pathways. There was also recognition that the process has helped teams reflect on their own procedures and adapt services to local needs.

"Ever since the Gateway came in things have improved in some areas, and having that huddle means people have even closer relationships, what is even better is people from all PCN areas in NHS attend this and they get to learn more about each other and what they do."

"It has also given us the opportunity to review our own process and procedures in secondary care and improve them, look at the needs of the local community and modernise how we provide care and treatment."

Finally, the transformation has fostered a sense of shared purpose and positivity among professionals. Many respondents appreciated the opportunity to work alongside like-minded colleagues with a common goal of improving mental health outcomes. Even where challenges remain, these collaborative structures have laid the foundation for ongoing improvements in relationships, communication, and service awareness across the system.

"Lots of like-minded people all trying to work together to make positive changes…It has been fantastic to have these conversations about improving mental health care, and get increased clarity about service provision."

Recommendations for the Community Mental Health Transformation from Service Providers

Respondents provided a range of recommendations focused on improving communication, collaboration, and responsiveness across the system. A common theme was the need for clarity around service delivery, access pathways, and updates on service changes, ensuring that all providers understand their roles and responsibilities. Many highlighted the importance of listening to service users and acting on their feedback, including having a single point of contact throughout a person's journey.

"I believe as a whole system we need to be clear around service delivery, accessing of services, updates on any service changes etc. Working together using a person-centred/whole family approach. Not an 'us and them' mentality."

"Listen…One point of contact throughout someone's journey is essential. Celebrate the successes and make it clear what the impact is."

Enhancing collaboration and inclusivity was another key recommendation, including greater engagement from all service providers, integration of community-based services, and stronger links between statutory and voluntary sectors. Respondents also called for practical improvements to referral pathways and huddles, such as clearer processes, mandatory attendance, reducing duplication, and making the Gateway more effective.

"More collaborative working, more inclusivity of all services…Invest in community-based services instead of re-inventing the wheel…Ensure clients' needs are met and barriers removed, not additional barriers put in place."

"Start again with physical hubs in places the community can access. Make attendance at huddles mandatory for each service…Poor foundations, single point of access needs to be improved to prevent inappropriate referrals to secondary services."

Several responses emphasised the need for longer-term funding and stronger leadership, to provide stability and support meaningful change across services. Others recommended creating flexible, responsive pathways for individuals with more complex needs, ensuring smoother transitions between levels of support.

"Longer-term funding commitments and stronger leadership from the ICB."

"There's a real opportunity to strengthen the pathway of support by making it more dynamic and responsive to individuals' changing needs…Developing a clearer, more flexible pathway that allows for smoother transitions between levels of support would greatly enhance outcomes."

Overall, the recommendations reflect a desire to simplify processes, strengthen partnerships, and embed a genuinely person-centred approach throughout the system.

"Simplify…include those working in the community in other projects."

Conclusion

The Community Mental Health Transformation in County Durham has made progress in building stronger partnerships, improving communication between services, and increasing awareness of available support. However, significant challenges remain. Service users continue to experience long waiting times, poor coordination, and limited continuity of care, leaving many feeling unheard and unsupported. While some areas - particularly Chester-le-Street and Central Durham- report more positive experiences, access remains uneven across the County.

Service providers have improved knowledge of local services and collaboration through initiatives such as huddles, the Gateway, and the Wellbeing Link Worker Networks. Yet, inconsistent engagement, administrative complexity, and limited capacity hinder consistent delivery. The gap between primary and secondary care persists, especially for individuals with moderate-to-complex needs.

Overall, the transformation has laid important groundwork, but to achieve its aims of person-centred, equitable, and integrated care, the system must now focus on consistency, simplification, and sustained collaboration across all sectors.

Recommendations

1. Access and Continuity

- Reduce waiting times through better triage and capacity planning.
- Re-establish consistent "no wrong door" access so individuals are not passed between services.
- Develop a dedicated pathway for people with moderate-to-high needs who fall between primary and secondary care.

2. Simplify and Streamline Referral Processes

- Streamline and shorten referral forms.
- Introduce a shared, up-to-date service directory and clear referral criteria accessible to all partners.
- Reintroduce regular, well-attended multi-agency huddles with mandatory representation and clear follow-up actions.

3. Improve Communication and Feedback Loops

- Ensure every referral and contact receives timely feedback.
- Strengthen communication between statutory, VCSE, and primary care partners.
- Provide consistent updates to referrers and service users on progress and outcomes.

4. Embed Person-Centred Practice

- Prioritise empathy, listening, and continuity—ensuring individuals tell their story only once.
- Offer a single named point of contact throughout each person's care journey.
- Increase opportunities for face-to-face support and shared decision-making.

5. Support Workforce and Leadership Stability

- Invest in workforce wellbeing and retention to maintain relationships and expertise.
- Encourage shared leadership and accountability across organisations to sustain progress when key staff change roles.

6. Strengthen Community Involvement and Co-Production

- Increase participation of people with lived experience in design, delivery, and evaluation.
- Provide training and support to enable meaningful community representation in local steering groups.

7. Ongoing evaluation

- As this is an evolving transformation, ensure further evaluations take place independently, focusing on service user experiences.

Response from Tees Esk and Wear Valley NHS Foundation Trust

This evaluation report is an essential component in helping us understand what is working, and what we still need to do to improve. An interim evaluation of the transformation as a whole was completed in late 2023. As a result of the experiences described in this Healthwatch report, we commit to revisit and re-evaluate the programme as a whole over the coming 6 months. This will make sure we can embed what is really working and effective, and identify where further improvements may be needed.

Prior to the transformation, system partners recognised there were a range of challenges which could not be addressed by a single organisation isolation. These included:

- Increasing demand, access to effective interventions, increasing waiting times
- Lack of awareness of capacity within the voluntary sector leading to duplication and underutilisation of services
- The impact of additional physical health issues experienced by people with severe mental illness leading to premature death compared to the general population, compounded by duplication and poor communication between services

It was recognised that the transformation programme gave the system time to think and redesign, identifying local opportunities to:

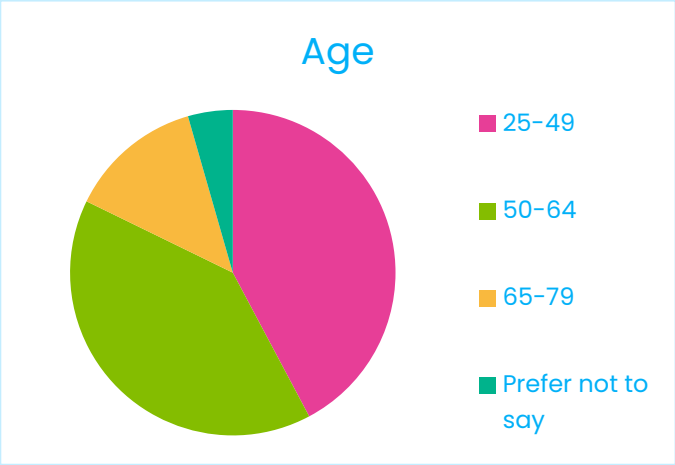
- Work better together across the system to improve access, experience, and outcomes for adults and older adults with severe mental illness.
- Develop new roles such as mental health pharmacists and lived experience roles, dedicated staff within primary care such as social prescribing link workers and mental health professionals.

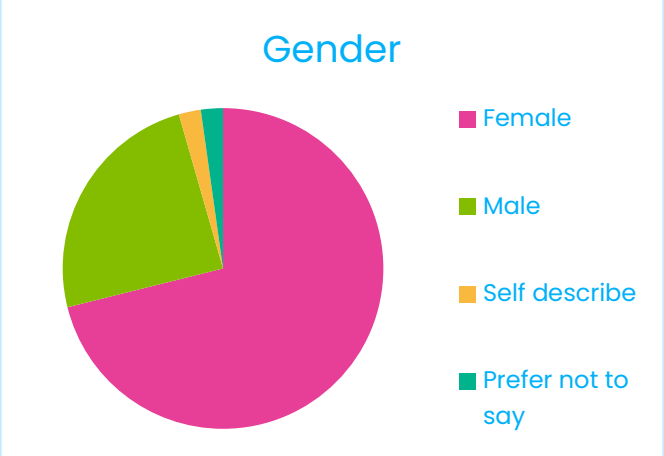
- Build on the existing primary care aligned mental health teams as a bridge between primary care and more specialist services
- Make maximum use of the wider voluntary sector at place, including the Durham mental health and well-being alliance.

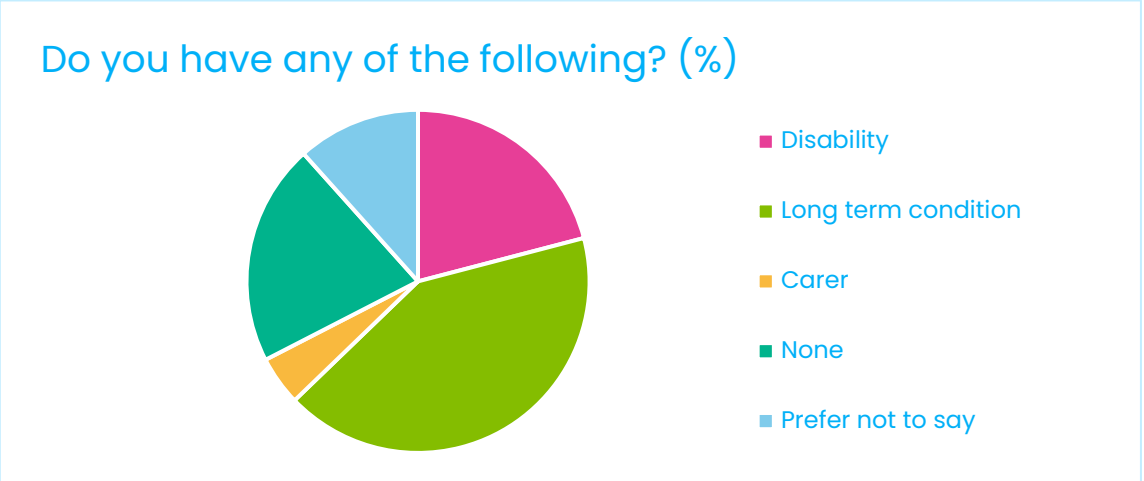
Jo Murray,
Associate Director – MH/LD Partnership and Strategy
Tees Esk and Wear Valley NHS Foundation Trust

Appendix

Demographic information Service Users:







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