Wellbeing Hub Pilot Evaluation

June 2017
Acknowledgements

Many thanks to the people who gave their time to participate in workshops, focus groups, interviews and surveys and for sharing your experiences of the Wellbeing Hub so generously.

Particular thanks to Jess Key and the Wellbeing Hub team for answering all of our questions and making arrangements for us to meet and talk to people who have used the service with unfailing good humour and a 'can do' attitude.

Researched and written by

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June 2017
1. Introduction

The Wellbeing Hub offers a new approach for Birmingham CrossCity CCG to working with patients experiencing stress, anxiety or depression and who are not under the care of specialist mental health services. It is run by Birmingham Mind covering the 100 or so GP practices in the CrossCity area.

The Wellbeing Hub was designed as a single access route into community services to support the CCG’s Primary Care and Mental Health Transformation Strategy as part of a prevention pathway focused on ensuring that the patients are able to "access help early on which may later prevent the need for them to access secondary care mental health services". The Transformation Strategy was designed to enable the CCG to develop sustainable preventative services that both promote recovery for patients experiencing mental ill health and support the wellbeing of patients who may be at risk of developing mental illness. The Wellbeing Hub (The Hub) was one of three investments intended to make services work better and more seamlessly in both health and social care and improve quality across the whole system, in line with CCG Constitutional Principles.

Launched in March 2016 and funded until July 2017, The Hub was set up as a test and learn project and this report reflects on the outcomes and learning to date.

2. Approach and methodology

The evaluation of the Wellbeing Hub used a number of research methods which can be summarised as:

- Analysis of monitoring data and case studies provided by Birmingham Mind
- Interviews with 3 GPs
  - Requests for interviews with GPs were made to practices with the highest numbers of referrals into the service – 3 GPs agreed to be interviewed
- An online survey open for completion by all GPs in the Birmingham CrossCity CCG area – 46 responses from GPs received
- 2 focus groups for patients who have used the service attended by 13 people
- 2 short telephone interviews with patients unable to attend a focus group
- A workshop for the Birmingham Mind staff team
- Desk research to locate the service in the current policy arena.

Source: Birmingham CrossCity CCG Public Governing Body Board Report - Primary Care & Community Mental Health Transformation - a case for change November 2015
3. **About the Wellbeing Hub service**

Figure 1: Service model and pathway

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**Birmingham Mind Wellbeing Hub - Service Pathway**

- **Self referral**
- **Self referral** instigated by GP
- **GP referral** by fax or email
- **Other**

**Triage**
- Explain what is on offer
- Initial assessment of need
- Arrange pre-course meeting

**Pre-course meeting**
- Discussion with wellbeing worker
- by phone or face-to-face
- Agree best course for patient

**Courses**
- Mindfulness
- 5 ways to wellbeing
- Coping with anxiety & depression
- Self-esteem & confidence building
- Relaxation

**Service timeline**

- **Time to triage**
  - Self-referral: immediate
  - GP referral: 24-48 hours

- **Time to pre-course meeting**
  - c. 2 weeks from triage - dependent on client availability

- **Time to course**
  - Up to 4 weeks to join a new course
The service operates from the Beechcroft Centre in Erdington, delivering courses in a range of community venues and offering 10 outreach clinics in 9 GP surgeries across the CCG area.

Figure 1 provides an overview of the patient journey through the service, with indicative times for each stage; staff report that since the mobilisation phase was completed, the majority of people who access the service wait less than 2 weeks for courses to start.

Underpinning the whole service is:
- A person-centred approach
- A commitment to listening to people and giving them time to "figure out where they are"
- A commitment to working with people in ways that enable them to have more personal autonomy and to make informed decisions and choices
- A commitment to having open and honest conversations with people.

**Triage**

Patients are signposted to the service and make initial contact with the triage team who:
- Check their eligibility to access the service
- Undertake an initial assessment of need and risk and request contact information
- Provide information about the courses on offer
- Spend time listening to patients, to help identify those people who are not ready to commit to a course, or who want information about other services and agencies
- Where a patient decides that one of the courses on offer is for them, the triage worker will book them in for a pre-course one-to-one discussion
- Upload patient information onto Birmingham Mind’s customer relationship management system - Views.

Triage can be done over the phone or by email using the online referral form for people who can’t/prefer not to start the process by phone; staff have had good feedback from people who appreciate that they can make a choice about how they communicate with the team.

If someone decides that the courses on offer are not for them, or they are ineligible for the service, then the triage team provides information about other services on offer in other agencies, what people can expect and information that helps people to navigate the other services, such as wait times and eligibility criteria. The service has signposted and facilitated access to 110 different organisations.
Triage staff are constantly mindful that they need to ensure that people have the autonomy to make their own decisions and choices; they aim to balance people’s desire for information without overloading or overwhelming them with more information than is useful.

Where people are signposted to other services, the triage team will get back in touch with them after a few weeks to see how they are getting on; this often results in people deciding to try one of The Hub’s wellbeing courses. During these follow up calls staff have come to understand that providing too much information during triage can work as a disincentive to people acting on any of it.

**Pre-course one-to-one discussions**

The pre-course one-to-one gives patients:

- More information about the course once they have chosen
- Time to think about how they will overcome potential barriers to attendance, such as course timing, childcare and travel
- Time to ask questions about the course
- Contact information for the course leader and to confirm their contact information
- Time to think through what they hope to achieve by attending the course.

Staff also use the time to carry out a more in-depth health and safety risk assessment and to confirm that this is still the best course of action for this patient.

**Outreach Clinics**

The outreach clinics provided by The Hub in GP practices account for around 30% of all eligible referrals into the service and are in themselves delivering successful outcomes for patients.

During an outreach clinic intervention, if a patient does not want to take up one of the courses on offer Hub staff will encourage them to talk about the issues that brought them to their GP and at this point staff may suggest that goal setting could help the patient formulate a plan for dealing with whatever it is that is creating the stress or anxiety they are experiencing. In a similar way to the triage service, Hub staff will talk about other services such as eating services, what they offer, how long they might wait, what the can expect from the service and generally how to navigate it.

Hub staff have found that, as a result of these one off interventions, patients often tell them that they feel able to move on from the presenting situation now that they have useful information, and do not need further support.

Hub staff are clear that this hour long one-to-one is not a counselling or therapeutic session.

"For someone who has never ever used the term mental health - for example they’re just off work with stress, they’re petrified coming here you can see it in their faces.... we talk about low mood and stress and sadness, we normalise language and talk about wellbeing."

Mind staff member
Staff would like to do more in GP surgeries as the feedback from patients about this form of intervention is very positive.

The only difficulties encountered to date are around general practices’ perception that something that lasts an hour operating from their surgery is somewhat alien (given the time pressure that general practice finds itself under) and misconceptions on the part of both surgery staff and patients that it is a counselling service.

For patients who would like to access in-surgery support, Hub staff would like to integrate booking interventions into a surgery’s EMIS system. They have had some negative feedback from patients who feel uncomfortable having to go back to reception (where they may know the receptionist) to ask to book into the Wellbeing Hub clinic; patients would prefer it if the GP could book them in there and then.

Courses

Courses run for 8 or 9 weeks and participants can access informal ad hoc support from the course leader during this time and informal support from other participants. Courses are provided flexibly during the day time and evenings to enable people who are working to attend.

Once the course is completed there is a post-course one-to-one to see whether a patient is ready to be discharged or if they want to access another course, or be signposted to another service. Hub staff stay in contact with participants then for an agreed length of time and get back in touch with participants 4 or 8 weeks after the course is ended to follow up.

Where participants are not able (for whatever reason) to complete the course, or miss sessions, staff get in touch with them to see if they can help. If participants are not able to commit to the rest of the course they are discharged with the clear message that they can come back again when they are ready.

Hub staff have developed short, hour long bite-sized sessions with a strong focus on supporting wellbeing that they have used as taster sessions for the longer courses. They have also taken them into the workplace for a small number of employers\(^2\) and anecdotal evidence suggests that these workplace interventions are delivering outcomes for participants.

\(^2\) Newman University, Headway and a private sector finance group
Volunteers

The Hub team includes a number of volunteers (who are subject to Birmingham Mind’s volunteer policies and procedures) who co-facilitate courses with Hub staff. Most are course graduates. The team finds that participants welcome hearing from volunteers who share their lived experience of the course. One course facilitator reflected that the volunteer creates a bridge between the facilitator and the group, bringing an extra dimension to the course.

Measuring outcomes for patients

After testing a number of diagnostic tools for measuring patient progress and impact, the Hub team decided to use the Warwick-Edinburgh Mental Health Wellbeing Scale (WEMWBS) with the tool being administered in the first week of a course (baseline) and again at the end of the course.

An overview of numbers and referrals March 2016 - March 2017

Table 1: Service referrals

<table>
<thead>
<tr>
<th>Referrals March 2016 - March 2017</th>
<th>Eligible referrals</th>
<th>Eligible referrals who went on to access Wellbeing Hub services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,312</td>
<td>678</td>
<td>582</td>
</tr>
</tbody>
</table>

There were 634 ineligible referrals during this period - mainly from GP practices outside the CrossCity CCG area. Of the eligible referrals there are a number of reasons why patients did not access the service, for example:

- Patients signed up to attend a course and then did not attend - and many of these have been followed up and offered alternative dates or signposting to other services
- Patients have been signed off sick for a short time and once back at work do not want/ are unable to attend

Of these eligible referrals:

- 240 were signposted to other services during triage
- 11 had one to one support and were signposting to other services
- 331 attended courses with 25 people attending more than one course (and many of these have been signposted to other services)

The high number of ineligible referrals from outside the CrossCity CCG area suggests that the Wellbeing Hub is offering services that patients and GPs across the wider Birmingham and Solihull area would like to access or refer into.

The Hub received 8 self- or GP referrals for patients identified as High Risk and in need of specialist mental health support (see Appendix 2). Although 4 of the referrals were ineligible to access a Hub service, the team helped all 8 of these patients to access appropriate support services; some of whom were able to access intermediate support from the Hub.
Where patients were signposted and helped to access other services, the majority were signposted to specialist counselling and psychological therapy services for people who needed higher level support, or to community services provided by charities and community organisations, such as drop-ins, social day centres and craft sessions, for people who needed longer term lower level support than The Hub could provide. Appendix 3 provides an overview of signposting activity.

One of the GPs interviewed described talking to patients to make them aware of the Hub service and suggesting that they self-refer, and felt that having taken the first step by self-referral patients would be much more likely to take up the support on offer. This finding was supported by focus group participants.

This GP would prefer it if Hub staff could undertake any onward referrals into secondary services, for patients who require it, rather than sending the patient back to the GP for another referral. Staff are keen to retain and open as many routes to referral as possible so that accessing the service works for a people with different needs and would like to work with GPs to identify more referral pathways.

Figure 2: Reach of The Hub services

Map shows postcodes of eligible people referred (no. = 441)

Figure 2 shows that most people referred into The Hub are clustered in North Birmingham, with additional smaller clusters in the Northfield area of South Birmingham and Sutton Coldfield.

The profile of people referred to The Hub (who were eligible to access the service) shows that two-thirds are women and most are of core working age. Almost two-thirds of people were single or divorced and the majority of patients identified as White British. The latter figure is not surprising given the service has attracted patients from areas of Birmingham
where the population is pre-dominantly White British, namely Erdington and the Northfield area.

Patients were mainly referred into The Hub for support with mental health issues, signposting and advice and physical health and wellbeing.

See Appendix 4 for more details on the profile of eligible patients.

Figure 3: Summary of patient profile
4. Patient experience and outcomes

The findings in this section are taken from focus groups and interviews with patients who have accessed the Wellbeing Hub services and a review of available monitoring data, course evaluation sheets and case studies produced by Hub staff. The evidence from these sources has been reviewed to assess the Wellbeing Hub’s achievements against the 4 Strategic
Outcomes for Mental Health as set out in Birmingham’s Mental Health Strategy: An agreed purpose for improved mental health in Birmingham.³

Table 2: Wellbeing Hub service evidence assessed against 4 Strategic Outcomes for Mental Health

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent</td>
<td>Good evidence patients received help and support to overcome life events and some evidence that family and friends continue to support them after the course</td>
</tr>
<tr>
<td>Protect</td>
<td>Strong evidence patients have gained the ability and skills to manage their own wellbeing</td>
</tr>
<tr>
<td>Manage</td>
<td>Strong evidence patients have received clear Information, Advice and Guidance about wellbeing and Mental Health services</td>
</tr>
<tr>
<td>Recover</td>
<td>Some evidence patients have been able to return to work from a period of sickness absence</td>
</tr>
</tbody>
</table>

There is triangulated evidence that the following outcomes have been achieved by people who have accessed the Wellbeing Hub services.⁴

- New coping techniques learnt
- Reduction in reported stress levels
- Connections to their local community
- Improved quality of life
- Improved confidence and self-esteem

The data collated from patients completing the WEMWBS tool at assessment and again at the end of a course shows that, over the period of a year, 81% achieved a positive movement in their scores indicating increased wellbeing levels.

Table 3: Wellbeing Hub evidence of positive outcome for patients

<table>
<thead>
<tr>
<th>No. accessing courses</th>
<th>No. people completed pre/post course WEMWBS</th>
<th>No. people achieved increased scores</th>
<th>% people achieved increased scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>331</td>
<td>300</td>
<td>245</td>
<td>81%</td>
</tr>
</tbody>
</table>

While it is impossible to be precise about how much change in WEMWBS is considered ‘meaningful’, best estimates range from 3 to 8 WEMWBS points difference between ‘before’ and ‘after’ time points.

If a participant’s score increased by three to eight WEMWBS points during the project, WEMWBS would be demonstrating that mental wellbeing meaningfully improved over the course of the project. If WEMWBS decreased by three to eight points over the course of


⁴ Outcomes have been achieved across the cohort, not everyone has achieved all outcomes
the project, WEMWBS would be demonstrating that participant’s mental wellbeing meaningfully declined during the project.

Of those patients who completed a pre/post course WEMWBS tool:

- 29% showed an improvement in their scores of between 1-5 points
- 25% showed an improvement in their scores of 6-10 points
- 20 showed an improvement in their scores of 11-15 points
- 11% showed an improvement in their scores of 16-20 points
- 7% showed an improvement in their scores of 21-29 points
- 1% showed an improvement in their scores of more than 30 points.

These figures indicate that at least 64% of patients recorded meaningful increases in their scores.

People who took part in focus groups and interviews were asked to rate aspects of the Wellbeing Hub service. Although this was a small sample of people who have accessed services, their responses (Table 4) are supported by qualitative feedback on course evaluation forms.

Table 4: Rating scores patient feedback (From 15 people in focus groups and interviews)

<table>
<thead>
<tr>
<th>Question</th>
<th>No. patients answered</th>
<th>No. rated Excellent /good or Very likely / likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate your first call to The Hub (Triage)?</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>1 = poor / 5 = excellent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How would you rate the mindfulness course?</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>1 = poor / 5 = excellent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How likely are you to recommend the Wellbeing Hub service to family or friends?</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>1 = unlikely / 5 = very likely</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Experience of referral**

Most patients interviewed were signposted to the Wellbeing Hub by their GPs, they either picked up a leaflet in reception following a conversation with their GP or the GP gave them a leaflet or business card and recommended the service. Patients then made a self-referral to an outreach clinic or contacted the Hub Triage team. Most agreed that having a GP recommendation encouraged them to access the service. Several patients reported that they had been advised by the GP to expect quite a long wait to get an appointment with The Hub, which was not the case.

“The GP thought the waiting list would be months long but actually I was seen in a couple of days.”

Patient
Focus group participants discussed the importance of making the first call themselves, recognising in hindsight that it was taking the first step towards being responsible for their own wellbeing.

**Experience of Triage**

Patients described the first call they had with the Hub Triage team as different to talking to a GP in that the Hub staff had more time to listen and seemed “completely focused” on the caller. Some were surprised at how much they opened up in that first call, one man described how he disclosed things he had not even told his wife. Patients emphasised that there was no pressure to disclose anything at any time in their involvement with the Wellbeing Hub, just that it was acceptable to do so at any point.

Focus group participants discussed that the specialist skills of the Hub team made it easy to speak with them. They understood that the Triage team were asking for detailed information to be better able to offer them the most appropriate service for their needs. Some people noted that it was important that the Triage team made recommendations for courses as people who are self-referring with anxiety or stress-related needs welcome some direction, they have already taken the big decision to call.

**Experience of a course**

All of the patients interviewed had participated in the mindfulness course. They described how, over the 9 week period, they gradually began to identify and reflect on their own stress trigger points and built up an assortment of tools and techniques that helps them prevent stressful situations escalating. Patients reported that the course had given them practical tools to manage their own wellbeing effectively.

They described a number of the techniques they had learned and reported how they had each collated the tools in a course folder which some people carried with them to refer to when potentially stressful situations arose, one man had his in the car, and others kept at home for easy reference “you’ve got it there, help yourself”. Patients particularly liked that there was a variety of tools to try from which they could select the ones that worked for them, there was no pressure to do all of them – some people liked short ‘3 minute breathers’ and others preferred deeper guided meditations.

Everyone interviewed was still using the techniques they had learnt on a daily basis, for some people this was more than 6 months later.
Interviewees talked about the experience of being in a group. While several found it difficult at first, the skilful facilitation of The Hub team enabled them to keep attending and participating and there was a strong consensus that being in a group helped people to see that they were not alone and that anxiety and stress affects ordinary people from all walks of life. Patients described how going through the course with other people helped to build their confidence, they were in it together.

Outcomes of course

Patients provided powerful testimony of how the mindfulness course had transformed their thinking about mental health and wellbeing. They described how the course had empowered them to take “responsibility for (their) own wellbeing and recovery” rather than going back to the GP; given them a sense of control over how respond to potentially stressful situations, rather than reacting to them. Even where people had not yet fully recovered, they felt (many for the first time) that they were hopeful they would recover.

Everyone felt that their wellbeing had improved as a consequence of going on the course.

People reported sleeping better, eating better, learning to relax, make time for themselves and generally taking better care of themselves. Some people described having a different mindset, having a reason to think about their own wellbeing and what was needed to create balance in their lives to achieve respite from the ups and downs that occurred when stress points were triggered. Having the tools to maintain that balance was seen as a major benefit of the course.

One man described how he was now going back to work and he had negotiated with his employer to have time set aside within the working day for him to practice mindfulness. A woman described how she had a range of physical symptoms recurring over years that had now disappeared. One man said that his blood pressure had gone down and he was no longer on medication for it.

People were asked how often they were seeing their GP since doing the course. There were a range of responses, some people were on medication or had other physical issues, but most people had not been back to see their GP since doing the course.

This is a notable finding as most people had been frequent visitors to their GPs before being referred to The Hub. This outcome may also be a factor in why GPs are not getting to hear about the successes of the course, because they are not seeing patients so often; one patient thought it would be better if GPs found out directly from The Hub about their progress rather than waiting for patient feedback.
People were asked what they thought they would be doing if they had not participated in the mindfulness course. Answers varied but can be summarised as:

- Still going to the GP
- Still on tablets
- Stuck at home
- Struggling / despairing
- Disconnecting from family, community or work
- In a cycle of very bad and good times

**Wider impact**

Patients reflected on how family members, friends and work colleagues had seen differences in them. One man recounted how his young daughter had noticed he was driving more carefully and told him he was “doing very well”. Another said colleagues in his office had noticed he has changed, that he was “a bull at a gate before” and now he is calmer and “it’s a good thing”. The evaluation team also observed that people in the focus groups were calm and relaxed which is notable when they had all been referred to the Wellbeing Hub for stress and anxiety-related issues quite recently. Although a small sample of the overall cohort of service users, the fact that people came back months later, some travelling quite a distance, to give their feedback on The Hub indicates the positive impact it has had for them.

All participants agreed that other people have noticed they are looking well “and that makes you feel good”. Focus group members noted that receiving positive reinforcement from friends and family helped to keep them motivated to continue with the mindfulness techniques when they were feeling better. One woman mentioned that her boyfriend had noticed she had stopped practising and encouraged her to keep going, to maintain a balance in her wellbeing.

Some people had already recommended The Hub to others, one man encouraged work colleagues to try it and he said he has seen a positive difference for them too. When asked why they would recommend the service, people said because it could help anybody, even people who are not struggling, and that everyone should do it before they get too stressed. They felt that other people could benefit from the support to find their own way to deal with their mental health and wellbeing.

One man said he had got so much from the mindfulness course that he had become a volunteer with The Hub service so that he can give back and help other people.

“It has worked for me, so it will work for other people, it’s better than going to the GP for pills”  
**Patient**

“I’ve been to counselling twice, done CBT twice, been on and off anti-depressants and this is better than any of them – it’s life changing!”  
**Patient**
A couple of people described how they have got their children involved, using mindfulness techniques to settle them down at night and in the process building their resilience and protective factors for the future.

**What the Hub team do well**

Patients identified key aspects of the service that they thought The Hub team do well:

- The non-clinical person-centred empathetic approach, right from the first phone call to Triage people felt like they were being listened to and taken seriously, that the team cared about them and how they could support them to achieve their own goals
- The Hub team successfully conveyed the message that people are responsible for their own wellbeing and recovery, in a supportive way; people were given the resources to manage their own wellbeing and found this empowering
- The team recommend useful books and resources for patients to find themselves
- The team were very good at keeping in touch with people every week, follow up emails after a session providing resources for home practice, reminder texts a couple of days before a session to check in that people were still coming and offer support if needed; patients liked this contact, it felt caring
- People felt that if they needed to contact a team member at any time, they could and if they missed a session, for instance one man was on shifts, workers give extra time to help them catch up
- People found the teaching of how to practice wellbeing in the group to be very good; group discussions work really well in giving different perspective from other people
- People felt the size of the groups works really well (12-15 av.), any bigger and it would not work
- People found it useful to have volunteers in the group, people who had been through the course
- The facilitation style and attitude of The Hub team was described positively as friendly, approachable, good at listening and making content relevant for people and creating a non-judgmental environment

**What could be improved?**

- People thought that the course should be more widely publicised, not just through GPs, so that anyone could access it by self-referral, not only when they are struggling with low-level mental health issues but before they get to the point of struggling
- They also suggested GPs should take more responsibility to promote the service as they will benefit from fewer people needing appointments
- Patients suggested that the course could be offered in the workplace and more employers should get involved, to keep people in work

“*It makes you feel more like a person than a patient*”

Patient
- Patients thought the mindfulness course should be the gateway or pathway into other courses, for instance they felt doing the mindfulness course before the anxiety course would give people the tools to cope with it better, as the anxiety course calls for more thinking and analysing; people would like to know more about other courses on offer once they have completed the mindfulness course.

- People made connections with others within their groups and suggested post-course get togethers might be a nice idea, some have already done these themselves, perhaps staff could include a brief discussion about this in the last session.

“GPs need to know what this is and what can be achieved rather than just signing a script”

Patient
The findings presented in this section are based on GP interviews and data from an online survey with GPs. It is worth noting that it has proven challenging to engage GPs in the evaluation and that this is reflective of the experiences of The Hub team to date.

The lack of engagement with the service (and the evaluation) is something that neither the CCG commissioner nor Birmingham Mind anticipated would occur. For the Hub team, learning to work with GPs has been a steep learning curve; the team talked about the gatekeeping role of practice managers, the challenges of reaching GPs face-to-face to tell them...
about the service and the difficulties of embedding the service into general practice. When they do meet GPs, the team have also had to learn how to 'sell' the service to them in focussed and time-efficient ways - something that they feel they are still learning to do.

For the evaluation, there was an assumption that the surgeries and GPs with the highest number of referrals into the Hub would want to share their views with the evaluation team, as this is a pilot project. However, lack of direct contact details for GPs meant the evaluation team were negotiating access with reception staff or practice managers, an approach that proved unsuccessful in getting GPs to engage in one-to-one phone interviews - even though the evaluation team needed less than 10 minutes of GP time.

Whilst the number of GPs engaging with the evaluation is lower than anticipated, a relatively wide spectrum of experience has been captured by the online survey and there is nothing to suggest that the findings are not reflective of the views of the wider GP population.

**Reasons for GP non-engagement with the service**

19 GPs responding to the online survey had no experience of referring patients to the Wellbeing Hub and of these:
- 7 GPs had not heard of the Wellbeing Hub prior to completing the online survey
- 5 GPs felt that they did not know enough about The Hub to make a referral
- 1 GP felt uncomfortable referring to a non-NHS organisation
- 2 GPs commented that their patients would not be able to travel as far as Erdington to access a service
- 1 GP noted simply "patients hesitant"

**Benefits for general practice**

27 GPs who completed the survey and all 3 of the GPs interviewed had experience of referring patients (or encouraging patients to self-refer) to the Wellbeing Hub.

GPs were asked about the benefits of the Wellbeing Hub model to their practice:
- 40% (9) felt that the service releases GP time and capacity to see other patients
- Half would recommend the service to other GPs in their practice
- Half would recommend the service to other GPs in the CCG area
- A small number (3) had noticed that patients referred to The Hub were coming in to see them less often than before the referral
- 4 GPs felt that patients who had been referred to The Hub were making more appropriate use of GP time than previously
- 1 GP felt that patients were being given "durable tools" to manage their wellbeing
- 1 GP noted that patients were being supported

"She says everything’s changed in her life, she’s so much more positive; her whole life is turned round."

GP

About a patient referred to The Hub
I GP noted that The Hub was no longer in operation and commented "no sooner was it up and running than it was stopped- rubbish!!"

I GP noted that they had not seen any benefits so far.

Meeting unmet need

Overall, GPs recognised that there are high levels of unmet need in relation to stress and emotional wellbeing and welcomed the concept of the Wellbeing Hub.

Almost 80% of GPs (17) with experience of The Hub feel that it offers a service that is not available elsewhere and views included:

- It offers a positive alternative to Healthy Minds and other IAPT services
- Healthy Minds is not felt to be suitable for some practices’ patient population
- It provides an option for GPs to make referrals for patients who do not need an IAPT referral
- It gives patients more access to appropriate levels of service to meet their needs
- GPs and patients have an additional option for managing ongoing, low level mental health issues
- A GP liked the term Wellbeing Hub and the focus on emotional wellbeing and commented that it was often easier to engage patients using the language of wellbeing rather than mental health

One GP survey respondent commented about both the impact for patients and the lack of other provision for the people The Hub has been designed to support:

"I signposted a patient to The Hub who was suffering from work-related stress. He has felt empowered and has made huge progress. The business cards are particularly effective and discrete to hand out to patients to signpost them to the service.

The Hub offers a service for patients who are suffering with stress/mild anxiety/depression who would otherwise not qualify for available NHS IAPT services. This was previously a huge gap in provision that we as GPs were trying to fill and often resulting in patients being signed off sick from work or progressing to more serious mental health problems."

GP
Patient benefit

22 GPs had experience of referring patients to The Hub and responded to a question about patient benefit:

- over half (14) felt that some, if not all, of their patients had benefitted
- a quarter (6) felt that it was too soon to say whether or not patients had benefitted
- 2 GPs felt that their patients had not benefitted from their referral to The Hub and the reasons for this response were not identified.

Experiences of making referrals

One GP felt that encouraging patients to self-refer to the Wellbeing Hub may mean that that they are more likely to attend rather than being given an appointment to attend at a certain time and place.

27\(^5\) GP’s gave feedback about their experiences of referring patients to The Hub:

- 26 out of 27 GP’s found the referral process simple and straightforward
- Only 1 GP found it difficult but did not say why
- 1 GP noted that patients at their practice had been told they were not eligible for a service based on their postcode and/or the fact that they had a pre-existing mental health condition for which they were receiving treatment.
- 1 GP suggested that the service should become part of the Choose and Book system

Feedback on referred patients

The majority of GPs who had either referred patients directly, or encouraged them to refer themselves, would prefer to see better feedback loops from The Hub service.

Overall GPs would like to receive feedback at key points:

- confirmation that the patient has been assessed and triaged by the service and that a plan has been proposed
- confirmation when the service intervention has either been completed and the patient has been discharged
- notice that the patient did not complete the course and has been discharged from the service.

The Wellbeing Hub does inform practices in writing (where they are known and where a self-referring patient provides consent and contact details) when:

- the patient has had their pre-course meeting; this letter will detail the course the patient is going to attend and/or organisations in addition to the Wellbeing Hub that the patient has been signposted to

\(^5\) Including those who were interviewed (3) and those who responded to this question on the survey (24)
the patient is discharged from the service; the letter will detail the patients WEMWBs scores for both baseline and end of service.

However in the vast majority of instances, information is sent to practices at their general address (letter, fax or email) and not directly to GPs as staff at The Hub often do not have the necessary email addresses to communicate directly with GPs. Staff were given to understand that any information that is sent about patients in this way would be scanned into patient records.

**Perceptions of waiting times**

There were a small number of comments from GPs about waiting times for the service, 3 GPs mentioned delays in patients being contacted by the service, in phone calls being responded to and in patients receiving a service.

There may have been longer waiting times when The Hub service was in the mobilisation phase, however the patient journey outlined at page 2 shows that patients wait up to 14 days from triage to pre-course meeting and an average of 4 weeks from pre-course meeting to starting on a course.

It is possible that at least 1 GP may not have been thinking about The Hub when answering this question, but another service; they mentioned allocation of support workers for patients and that the service she was referring to contacted her for copies of patient records, neither of which the Wellbeing Hub does.

**Service information**

Some GPs would like more information on the process of triage and the pre-course meeting, as well as the range of courses that are available, so that they can talk to the patients in more detail about what to expect from a referral. Overall GPs were positive (where they had a view) about the focus of The Hub leaflet on wellbeing rather than mental health.

"*Their leaflets are very much around mindfulness, building self-esteem, emotional resilience kind of work, which appeals more to people*"

GP
6. Conclusions

Overall the pilot Wellbeing Hub service has made a promising start, with both GPs and patients reporting positively about their experiences of the service.

The Hub offers a service for GP's and their patients not otherwise available

80% of GPs signposting to the service⁶ feel it offers patients an intervention that is not available elsewhere and a referral pathway for those people who are not in need of IAPT or secondary level mental health services. The service is delivering against the CCG's original commissioning intentions by offering an alternative to established secondary care services and it makes an effective contribution to the range of services that GPs can signpost patients to who are experiencing stress, anxiety, depression and who are not under the care of specialist mental health services.

Learning from the Mental Health Vanguards⁷ indicates that a more universal wellbeing offer for those people who do not need or meet the threshold for secondary services will form an integral part of an integrated care approach, whatever the client group. The Kings Fund report on the vanguards suggests that the implications for policy will result in a greater focus on whole-population health which places more emphasis on promoting positive wellbeing across the whole population.

The high number of out-of-area referrals suggests that this is a service that has wider appeal and benefit beyond Birmingham CrossCity CCG and that proposals to make The Hub service available across Birmingham post-CCG mergers would be met with interest.

The service is also picking up some High Risk referrals, although not specifically designed to do so, and it may have the potential to bridge a gap for some High Risk patients as they navigate into specialist Mental Health service pathways.

Improved patient wellbeing outcomes

Patients that took part in the evaluation all reported improved wellbeing outcomes as a consequence of the courses attended and signposting information received. The WEMWBS data shows that where patients have completed a baseline and end of service assessment (88% of all patients), 81% show a positive movement in their overall scores at the end of the service.

Increasing patient resilience and self-care

There is evidence that the Wellbeing Hub is providing a pathway into tailored support for working age people (and women in particular) who are experiencing stress, anxiety and depression and is giving them information that empowers them to access and navigate other services for themselves.

There are indications to suggest the Wellbeing Hub has the potential to release GP capacity by reducing patient visits and by delivering against several of the High Impact Actions identified in

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⁶ And who responded to the online evaluation survey
the General Practice Forward View\textsuperscript{8} including Partnership Working, Social Prescribing and Supporting Self Care.

Research published in January 2017 by the University of Birmingham\textsuperscript{9} for the West Midlands Health Commission suggests that across the region one in 4 adults (28\%) is experiencing mental distress or ill health at any one time. The report states:

"...the estimated financial impact of poor mental health on the West Midlands region to be over £12 billion per year, including nearly £2 billion a year as a direct cost to the NHS – equivalent to more than £3000 for every person living in the area."

**Strong strategic fit**

The Hub service approach has a strong strategic fit with the new models of care set out in the NHS Forward View\textsuperscript{10} with its emphasis on whole-person care that responds to mental health, physical health and social needs together.

Locally, the model used for the Wellbeing Hub is aligned with Birmingham’s Mental Health Strategy: An agreed purpose for improved mental health in Birmingham, as it delivers against all of the 4 strategic aims, including offering a universal service against the Prevent aim, as the analysis of the case studies collected by Hub staff (see section 4 p.8) demonstrates.

The offer of outreach clinics in GP surgeries has a strong strategic fit with CrossCity CCG’s Sustainability and Transformation Plan and with the direction of travel towards Multi-Disciplinary Teams within general practice.

**What is working well**

The person-centred ethos and values base of Birmingham Mind underpins the whole Wellbeing Hub model. A good relationship with a flexible and open commissioning lead has encouraged innovation and creativity. The skilled and committed staff team understand the delicate balancing act of listening, probing, reflecting and challenging to help patients develop a new understanding of their own wellbeing and how they can take care of themselves.

The surgery-based outreach clinics work well both as standalone interventions and part of the wider offer of triage, pre-course one to one’s that prepare people for courses.

**Accessibility**

- The emphasis on wellbeing rather than mental health makes the service more widely accessible

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\textsuperscript{8} https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/
\textsuperscript{10} https://www.england.nhs.uk/five-year-forward-view/
- Patients can access the service Triage service themselves, after a conversation with their GP or directly by phone or online, without having to go through their GP.
- GP surgery outreach clinics enable the team to offer Triage, one-off interventions and pre-course one-to-one sessions conveniently for patients.
- The Hub team ensure that course delivery venues offer something else in addition to the space for a group to meet, such as other courses and classes, or a cafe or meeting space for participants to socialise.
- The ability to offer day time and evening courses allows more patients to access the Hub services, including people who are working.

**Tried and tested service pathway**

- The self-referral service pathway is well established and feedback from patients is that this is working well, recommendations from GPs are effective in encouraging patients to self-refer and give Wellbeing Hub services a try.
- The service offer is established, the Triage process is identifying people who can benefit from the Hub services and effectively signposting on people who need higher level or longer term Mental Health support interventions and helping them to navigate to other services.
- The wellbeing courses are bedding in, the framework for each course is tried and tested and staff are able to mix and match tools and approaches to the needs of the patients attending each course; course participants access a range of tools and techniques to support their wellbeing and identify the ones that work for them, rather than expecting one or two things to work for everyone.
- Delivering courses to small groups is effective and patients report that it is beneficial.
- Wellbeing Fairs, informational taster sessions and resilience courses offer an alternative to a longer course for some patients; these hour long sessions also offer a viable option for health and social care professionals looking for personal support.

**Room for improvement**

- It has proved difficult to engage GPs with the Wellbeing Hub service; the growing evidence of positive impact for patients provides a basis for promoting the service to GPs again and GPs who have signposted patients into the service could help to spread the word.
- The feedback loop to GPs could be more effective, GPs encourage patients to self-refer and when patients’ wellbeing improves and they do not attend the surgery so often, GPs do not always get to hear about the outcome of the referral. GPs would like to see 2 points of contact from the service, once to tell them that their patient has engaged and once to tell them that the patient has been discharged and what outcomes have been achieved.
- The Wellbeing Hub needs delivery venues across the whole CCG area to avoid transport issues preventing patients from taking up courses.
- The high number of non-eligible referrals highlights that the Wellbeing Hub is offering services of interest across the wider Birmingham and Solihull area and the question of
equity of access to this innovative service that meets unmet need is something that could be discussed as part of the CCG merger process

- The pilot service has been targeted in areas with high populations of White British residents and rolling it out across Birmingham and Solihull would enable more people from Black, Asian and Minority Ethnic (BAME) communities to access the service

- While the team has gone on a huge learning journey about what works during the design mobilisation and pilot delivery of the service, there is room to deepen their understanding of the 'sharp end' of the NHS and how general practice works on a day-to-day basis

- General administrative functions could be picked up within the wider Mind staff team to free up specialist Triage and wellbeing staff to deliver more patient-focused work. During the pilot phase there has been an understandable reliance on part-time staff (given the tight delivery timetable) which puts service continuity at greater risk if demand were to increase significantly.

7. Recommendations

Explore the potential to widen the wellbeing offer

There is growing evidence that wellbeing and self-care techniques are able to help people to help themselves and thereby relieve the pressure on stretched health services.

The Wellbeing Hub has real potential to become a pathway into other services that support wellbeing, such as weight loss, exercise and services that address issues like social isolation. It is therefore recommended that:

- Consideration is given to how this service could influence the Care Navigation model being introduced into GP surgeries as part of the GP Five Year Forward View and become a pathway/referral route into other services that support wellbeing, such as physical activities and social groups

- Consideration is given as to how this service can be integrated into the broader wellbeing work being developed at Birmingham City Council

- The potential to flex the work to appeal to specific communities or age groups e.g. children and young people/older people/LGBT communities etc is explored

Invest more time in developing practical working relationships with general practice

GPs work in a highly pressured environment and the Wellbeing Hub can only make a positive contribution if GPs and their patients know the service exists and how to access it. It is recommended that consideration is given to the following:
- Put in place as many service referral routes as possible which could include, for example, integrating referrals into the Chose and Book system using its standard forms and emails, as GPs are familiar with this system and it provides an accepted audit trail.

- Work with the CCG Communications team to explore how information about The Hub (including the services on offer and how they work) can be shared with GPs, for example through email bulletins and updates.

- Raise awareness about the service with patients, for example explore how to make a short film (maybe involving patients who have accessed the service) that promotes the courses and the benefits they achieve and can be shown on screens in surgery receptions and uploaded onto the Birmingham Mind website.

- Work with the CCG to attend more GP practice or group meetings, or those held by the CCG, to present evidence of outcomes for patients, how to access the service and how the service works.

- Where GPs are engaging with the service, ask them how they would like to receive feedback given that The Hub team are clear they send information about patients back to general practices and GPs are clear they do not hear anything back; undertake a review of communication routes to identify and remove blockages.

- Develop a standard feedback protocol with all practices that access the service (with support from the CCG) that agrees how information from The Hub is added to patient notes.
Appendix 1: Additional feedback from patients set against the 4 Strategic Outcomes of Birmingham MH Strategy

<table>
<thead>
<tr>
<th>Prevent</th>
<th>Protect</th>
<th>Manage</th>
<th>Recover</th>
</tr>
</thead>
</table>
| Patient interviews  
“My boyfriend said keep using the techniques – he noticed I had lapsed” | [Mind case study feedback] Yes I’ve achieved what I set out to do and more, joined a keep fit class also to meet others and improve wellbeing. Become more positive, was very negative before starting course, understand self-better, and was stuck in a rut before - now out and about more. Got out of negative thinking cycle - waking up feeling very negative, using 3 minute breathing space to alter this state of mind. Husband has noticed a difference. | Patient interviews  
“It’s good to keep the course connected to the GP – they need to know, once you’re referred it feels like a separate organisation” | [Mind case study feedback] I have returned to work, I feel I can cope better at work now with the skills I’ve got from the course |
| Focus Groups  
“lots of friends and family have noticed I’m different” (general agreement in group)  
“It’s surprising they notice and encouraging”  
“My daughter is not so worried about me anymore” | [Mind case study feedback] I have become more aware of repetitive negative patterns of thinking and now I am better at recognising and changing these patterns before they become overwhelming. I want to continue Mindfulness practice now that the course has ended. It is an invaluable tool for maintaining good wellbeing for myself | Patient interviews  
Would recommend “for people who are starting to feel instances of MH issues who haven’t before, to almost prevent it a little bit” | [Mind case study feedback] I return to work next Monday, and although anxious about that, I have made plans for this year that will strive to ease the stress in the workplace I felt. Oh boy, what a lot to say |
| Patient interviews  
“It feels like I can stabilise more – used to be all (anger/stress) or nothing (fine)” | [Mind case study feedback] I wanted to tell you that I’ve started going to a Kadampa Meditation group nearby, and have found it is helping my positivity and perspective really well. Obviously not for everyone, but it may be worth remembering for any clients you may have wishing to continue following a mindfulness course. | Focus Groups  
“recommendation by GP you feel they must know what they are doing” | Focus Groups  
“I haven’t had a panic attack since my course last year, because I know what to do when it is building up” |
<table>
<thead>
<tr>
<th>Prevent</th>
<th>Protect</th>
<th>Manage</th>
<th>Recover</th>
</tr>
</thead>
</table>
| Focus Groups  
“You can use mindfulness even when you are well, every day de-stress – make the time each day” | [Mind case study feedback]  
Last week I qualified as a counsellor for McMillan counselling. This week I am feeling eager to volunteer with Mind in the future | Focus Groups  
“They’ve hit on something that is working – I’m shocked that they’re still talking about cutting funding” | Focus Groups  
“It’s teaching you skills for the rest of your life – these are people who won’t need to come back” |
| Patient interviews  
“By the end of it I was able to look at my warning signs”  
“Previously I wouldn’t always recognise that I was stressed” | Patient interviews  
“Helped me find a sense of me, I now know that if I feel that life is too much, I know there are things I can do to help me” | Patient interviews  
“I’m in a different place now”  
“a different mindset about my wellbeing, it has given me a reason to think about my wellbeing” | Patient interviews  
“I like playing the serenity music; you know sea sounds and dolphins. I’ve been out and brought some CDs” |
| Focus Groups  
“They give you responsibility for your own wellbeing and recovery”  
“They give you the resources – then the responsibility is yours to use them” | Focus Groups  
“Now I feel I have strength”  
“It’s something totally different, has opened up for me a different way to deal with stresses” | Focus Groups  
“They show you how you can achieve wellbeing”  
“It’s not something for 9 weeks and walk away, it’s there forever”  
“It’s not something you do and then it stops”  
“They give you distraction techniques”  
“people can practice this life long” | Focus Groups  
“I always take mine with me (course folder), I carry it in the car”  
“Breathing techniques really help prevent panic attacks”  
“You can time the tools and techniques to fit in with your daily life”  
“I’ve got the apps on my phone, go them to hand all the time”  
“Audio practice works well – a safety net you can rely on”  
“Mindfulness you take with you” |
### Appendix 2: High Risk callers case studies

<table>
<thead>
<tr>
<th>CASE STUDY NO.</th>
<th>Age</th>
<th>Ward</th>
<th>Gender</th>
<th>GP Surgery</th>
<th>Employment Details</th>
<th>Mental Health Conditions</th>
<th>Recently Discharged from CMHT?</th>
<th>Disability</th>
<th>How/where did the person hear about the service?</th>
<th>Referral Made By</th>
<th>Referral Received Via</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N/a</td>
<td>Stockland Green</td>
<td>F</td>
<td>NOT ELIGIBLE</td>
<td>Not in education, training or employment</td>
<td>MENTAL HEALTH NOT DISCLOSED</td>
<td>No</td>
<td>No</td>
<td>Self Referral</td>
<td>Self</td>
<td>Phone</td>
</tr>
</tbody>
</table>

**NOTES/ACTIONS:**
Service user contacted the Wellbeing Hub stating that she is undergoing child proceeding for her children, currently under foster care to be returned to her custody. Service user said that the court have questioned her ability to take care of her children due to suicidal ideations she has had four years ago and wanted to know whom she can approach for further support.
We signposted service user to get back in touch with her solicitor as they will specialise in this area and would be in a better position to guide service user to the correct support.

| 2             | 27  | Bartley Green | F      | SHENLEY GREEN SURGERY | Full or part time work - on sick leave/job to return to | Anxiety, Low mood, Stress | No                              | No         | Wellbeing Hub Outreach Clinic | GP Direct | Walk-in |

**NOTES/ACTIONS:**
Service user was referred to the outreach clinic by her GP. Service user is currently on sick leave due to mental health difficulties and recent suicidal thoughts (See risk assessment). Service user recently gave birth to twin boys which was a very traumatic experience. Service user ended up being in hospital for surgery following the delivery of the twins. Immediately following the birth of her twin sons she was experiencing a period of low mood whereby she felt 'disconnected' from her sons. Service user also discussed that she has very high expectations for her life which she very rarely meets, therefore causing stress and anxiety.
During the one-to-one appointment service user expressed that she would like to access some form of support ASAP, service user has recently been prescribed antidepressants by her GP to help manage her wellbeing.
Service user would like to access the Mindfulness for Stress (Evening) course at Erdington YMCA, she has agreed to attend a 1:1 appointment at Beechcroft Centre on 19.01.17 at 4pm to catch up on Week 1 & 2 of the Mindfulness Course.
### CASE STUDY NO. 3

<table>
<thead>
<tr>
<th>Age</th>
<th>Ward</th>
<th>Gender</th>
<th>GP Surgery</th>
<th>Employment Details</th>
<th>Mental Health Conditions</th>
<th>Recently Discharged from CMHT?</th>
<th>Disability</th>
<th>How/where did the person hear about the service?</th>
<th>Referral Made By</th>
<th>Referral Received Via</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Erdington</td>
<td>M</td>
<td>NOT ELIGIBLE</td>
<td>Not in education, training or employment</td>
<td>Anxiety, Depression, Low mood, Panic attacks, Sleep problems, self harm, suicidal ideation</td>
<td>No</td>
<td>No</td>
<td>Self Referral, Website</td>
<td>Self</td>
<td>Email</td>
</tr>
</tbody>
</table>

**NOTES/ACTIONS:** Service user’s mother contacted the Wellbeing Hub via email- referral received on 03/01/2017 regarding her son and his deteriorating mental health. Service user’s mother stated the following in email:

“I’m XXX’s mum and have real concerns for XXX’s mental health, he is 21. He did have mental health issues as a child and was referred to CAMHS with low self-confidence and self-worth but has since slipped through the net and has not received any mental health support through adolescence into adulthood. Over the past 12 months his mental wellbeing has increasingly diminished to the point of self-harm and self-medicating with cannabis and sometimes other recreational drugs. He has taken some steps in the past with visits to his GP to get help but has not followed through with attending appointments. I’m struggling to cope with XX’s up’s and down’s on life and really fear for his safety now, with talks from him on suicide being the only answer to how he’s feeling. At the moment I am attending an Aquarius family support group to try and understand XXX’s addiction issues and it was here that they thought you may be able to help XXX himself with his mental health issues. Can you help us please? Thankyou.”

No contact number left.

We replied to email, on 03/01/2017 suggesting that they get in touch with the GP for a possible assessment under mental health team and signposted to Forward Thinking Birmingham for extra support.

### CASE STUDY NO. 4

<table>
<thead>
<tr>
<th>Age</th>
<th>Ward</th>
<th>Gender</th>
<th>GP Surgery</th>
<th>Employment Details</th>
<th>Mental Health Conditions</th>
<th>Recently Discharged from CMHT?</th>
<th>Disability</th>
<th>How/where did the person hear about the service?</th>
<th>Referral Made By</th>
<th>Referral Received Via</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>South Yardley</td>
<td>F</td>
<td>SWAN MEDICAL CENTRE</td>
<td>Not in education, training or employment</td>
<td>Anxiety, Depression, FEELING SUICIDAL</td>
<td>No</td>
<td>No</td>
<td>Flyer / leaflet</td>
<td>Self</td>
<td>Phone</td>
</tr>
</tbody>
</table>

**NOTES/ACTIONS:**

Service user stated that she visited her GP today who has prescribed her medication.

* MIND called Small heath CMHT (previously registered); duty CPN advised referral to SPA.
* MIND called the Mental health SPA who advised to let the GP know and would call back to further advice.
* MIND contacted callers GP practice and spoke with duty GP. Dr Fraooq took further details and informed MIND he would call SPA to chase up the referral MIND had made.
<table>
<thead>
<tr>
<th>CASE STUDY NO.</th>
<th>Age</th>
<th>Ward</th>
<th>Gender</th>
<th>GP Surgery</th>
<th>Employment Details</th>
<th>Mental Health Conditions</th>
<th>Recently Discharged from CMHT?</th>
<th>Disability</th>
<th>How/where did the person hear about the service?</th>
<th>Referral Made By</th>
<th>Referral Received Via</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>78</td>
<td>Quinton</td>
<td>F</td>
<td>RIDGACRE HOUSE SURGERY</td>
<td>Retired</td>
<td>Anxiety, Low mood</td>
<td>No</td>
<td>Yes</td>
<td>GP</td>
<td>GP Direct</td>
<td>Walk-in</td>
</tr>
<tr>
<td><strong>NOTES/ACTIONS:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>* MIND awaited call back from SPA. No call. * Duty GP called MIND to inform that he had spoken with SPA team and that they would process the referral. He asked if MIND was able to send the GP referral form to SPA by fax * Referral took approx 4.5 hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 6              | N/a | Stockland Green | F      | NOT ELIGIBLE | In employment (full time) | Low mood, suicidal ideation and self harm | No | No | Call transferred from HQ | Self | Phone |
| **NOTES/ACTIONS:** | | | | | | | | | Received an email from Head Office forwarding on service user's call to seek support. Service user stated that she recently lost her mother in 2016 and was not able to grieve properly, during this time service user got married and is experiencing difficulties in her marriage, whereby she is self harming as a way of coping and has in the past had suicidal ideation. Service user briefed on the wellbeing hub services, however service user stated that she preferred something that was 1-2-1 in the form of counselling and asked if information could be emailed to her. Signposted to Samaritans and Birmingham Mental Health Consortium. |

| 7              | N/a | Stockland Green | M      | NOT ELIGIBLE | Not in education, training or employment | SUICIDAL THOUGHTS | No | No | support worker | Commun ity Organisa tion | Phone |
| **NOTES/ACTIONS:** | | | | | | | | | A support worker contacted the Wellbeing Hub today stating that he is currently working with a service user experiencing suicidal ideation and wondered what support is available, to support the service user for the interim before he is seen by his psychiatrist. Based on the information provided, we advised support worker to make contact with service user's GP and inform them of suicidal ideation and |
CASE STUDY NO. | Age | Ward | Gender | GP Surgery | Employment Details | Mental Health Conditions | Recently Discharged from CMHT? | Disability | How/where did the person hear about the service? | Referral Made By | Referral Received Via |
---|---|---|---|---|---|---|---|---|---|---|---|
8 | 42 | Oscott | M | THE OAKS MEDICAL CENTER | Long term sickness - on sickness benefit | BIPOLAR, ANXIETY DISORDER | No | Yes | GP provided leaflet/details | Self (GP provided info) | Phone |

NOTES/ACTIONS:
Service user contacted the Wellbeing Hub today stating that she is feeling suicidal; she feels she has nothing to look forward to and is feeling very anxious.
Service user talked about the issues she is currently having with her neighbours and how that triggers her anxiety. Service user stated that 6 months ago she had her windows smashed by her neighbour, case which is going to court - but she is not being supported by any external agency.
I asked service user her intentions in terms of carrying out suicidal ideations. Service user replied saying that she is feeling very unstable and nervous.
Service user confirmed that she is currently taking medication for her panic attacks and diazepam as and when required.
Service user stated that she contacted Northcroft and spoke with duty nurse two weeks ago (when feeling suicidal) a week ago and today however no one has gotten back to her.
I advised service user that based on the information she has provided, I would need to escalate her disclosure to Mind's management and it may be that she is contacted today by the CMHT. Service user understood this and agreed to the arrangement.
Management advised contacting the Erdington CMHT on 0121 301 5500 (switchboard). I spoke with XX at 11:32am and logged with them service user's disclosure and feelings around suicide.
XX confirmed that they did receive a call off service user today and this has been logged with the duty team who are in the process of contacting service user. Confirmed that contact will be established with service user today in 30/45mins.
I informed XX that service user did not disclose her contact telephone number and was advised that they have service user number on their system.
Appendix 3: Signposting activities

Patients have been signposted to:

- Counselling
- Community services
- Support worker
- Online support/info
- Education
- Advocacy
- Benefits / finances
- Housing
- Exercise
- GP
- Specialist Mental Health services
- Telephone support
- Social care
- Drug/ alcohol
- Carers support service
- Employment
- Women only
- Volunteering
- Learning disability services
- Homeless
- Diet/weight management
- Cancer support services

Counselling includes specialist Mental Health services such as psychological therapies.

Community services are provided by charities and community groups and offer longer-term social support for people with lower level support needs, such as day centres, drop-ins and social activities.
Appendix 4: Profile of people referred to The Hub

Total no. eligible referrals = 678

Reasons for access to The Hub

- Signposting and advice: 315
- Short term sickness (employment to return to): 39
- Physical: 258
- Mental health issue: 552
- Long term sickness / sickness benefit: 65
- In Education (but on break due to MH): 3

People can be referred for more than one reason

Gender

- Male: 196
- Female: 384
- Gender Fluid: 1
- Not declared: 97

Age

- 18-24: 39
- 25-34: 105
- 35-44: 106
- 45-54: 83
- 55-64: 51
- 65+: 33
- Non declared: 261
**Wellbeing Hub evaluation | Merida Associates**

**Ethnicity**

- Asian or Asian British Bangladeshi: 2
- Asian or Asian British Pakistani: 31
- Asian or Asian British Indian: 13
- Asian other: 8
- Black or Black British African: 1
- Black or Black British Caribbean: 18
- Black or Black British other: 6
- Mixed other: 9
- Mixed White & Asian: 4
- Mixed White and Black Caribbean: 6
- Irish: 11
- White British: 303
- White other: 5
- Other ethnicity: 13
- Non declared: 258

**Religion**

- Buddhist: 2
- Christian: 29
- Muslim: 30
- Other: 4
- Non declared: 142

**Sexual orientation**

- Bisexual: 9
- Gay/Lesbian: 12
- Heterosexual: 322
- Other: 12
- Non declared: 323

**Marital status**

- Co-habiting: 30
- Divorced: 35
- Married: 107
- Single: 192
- Non declared: 314
Appendix 5: Birmingham Mind Wellbeing Hub leaflet

Contact Us
Office address: Birmingham Mind Wellbeing Hub, The Rodcroft Centre, 501 Stade Road, Erdington, Birmingham B21 7RJ.
Landline: 0121 262 3555
Fax: 0121 392 7939
Email: wellbeinghub@birminghammind.org
Website: http://birminghammind.org
Online referral form available here.
Follow us:

Birmingham Mind’s Purpose
“We will provide high-quality services which range from those that support mental wellbeing and health promotion to those offering a specialist recovery based approach. We will challenge the stigma that surrounds mental distress.”

Self-referral Form

Full Name:
Address:
Contact Number:
Email:
Date of birth:
Gender:
How did you hear about us?
GP Name:
GP Address:
Reason for referral:

How do I access the Birmingham Mind Wellbeing Hub

Call Us
Mon-Fri 9-5

The Wellbeing Hub can offer you a range of information and access to community services that support emotional wellbeing.

Is this service for me?
I am registered with a GP? YES/NO
I am 16 years old or over? YES/NO
I am looking to improve my wellbeing? YES/NO
I am currently accessing specialist mental health services? OR I am seeking specialist mental health services? YES/NO

If you have answered YES to all of these questions our service may be able to offer you support.

A range of courses available including:
- Anxiety/Depression Management
- Mindfulness
- Building Self Esteem
- Anger Management
- Emotional Resilience
- Relaxation

It is OK to ask for help

It is common to feel unsure about seeking support for your wellbeing and to feel like you ought to sort out your own problems your own way. But it’s always OK for you to seek help.

Some reasons why you might choose to seek help could include:
- Finding it difficult to cope with your thoughts and feelings.
- Thoughts and feelings that are having an impact on your daily life.
- Wanting to find out about available support.

Referrals accepted from self, health professionals, community organisations, family and friends.
You can refer us post, phone, fax, email or our online form.

Birmingham Mind Wellbeing Hub
0121 262 3555

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