

Coproduction Report

Phase 1: Development

Gleadless and Heeley Neighbourhood Mental Health Centre

May 2025



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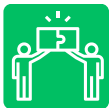
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Introduction



Localised Mental Health Support

The Gleadless and Heeley Neighbourhood Mental Health Centre is a pilot project funded by NHS England that tests a model of mental health care that is more localised, aligns community and clinical support and is delivered 24/7.



Coproduction

Coproduction has been identified as a key principle to be embedded across the project ensuring lived experience voices are included during development, roll-out, delivery and evaluation.



Development Phase

During this development phase, coproduction priority has been given to:

- Understanding what type of support and activities would make people feel safe when accessing the Centre during evenings and weekends.
- Codesigning the look and feel of the community space.







Sheffield Flourish and Partners

Sheffield Flourish led on the design and engagement of coproduction activities during the development phase. This was supported by partners from:

- Heeley Development Trust
- Heeley Plus PCMHT
- Rethink / Synergy
- Sheffield Health and Social Care NHS Trust

Phase 1 Coproduction Plan

	 What we want to know?	 Who are we asking?	 How are we involving people?	 Recruitment pathway
Coproduction	<p>What type of mental health support and activity available in your local area would help...</p> <ul style="list-style-type: none"> during different periods of the day (evening, nighttime, weekends). to prevent someone ending up in hospital. to support recovery after a period in hospital. people from certain demographics. 	<p>People with SMI registered with Heeley Plus PCN</p> <p>People with broader mental health needs from the local area</p> <p>People with broader mental health needs from particular demographics</p>	<p>Open coproduction sessions in local area.</p> <p>Scenarios of individuals visiting the centre with different needs and at different times.</p> <p>Closed groups focused on needs particular to demographic</p>	<p>Direct communication through PCN</p> <p>Key VCSE partners</p> <p>Flourish social media</p> <p>Direct presence on SHSC inpatient wards</p>
Codesign	<p>What should the centre look and feel like?</p>	<p>As above, with included focus of neurodivergent</p>	<p>Focused session with extended invite to neurodivergent groups.</p> <p>Different pots of money exercise.</p>	<p>Key VCS partners</p>
Mapping	<p>What VCSE mental health/wellbeing support is already available in the local area?</p> <p>Does capacity need to be added?</p>	<p>Local VCSE Stakeholders</p>	<p>Individual conversations with key VCSE stakeholders.</p> <p>Questionnaire.</p> <p>Hand information to Synergy.</p>	<p>Sheffield Mental Health Guide</p> <p>Synergy</p> <p>Mental Health Partnership Network</p>

★ VCSE = Voluntary, Community and Social Enterprise Sector

★ PCN = Primary Care Network

★ SMI = Severe Mental Illness

★ SHSC = Sheffield Health and Social Care

Coproduction Process

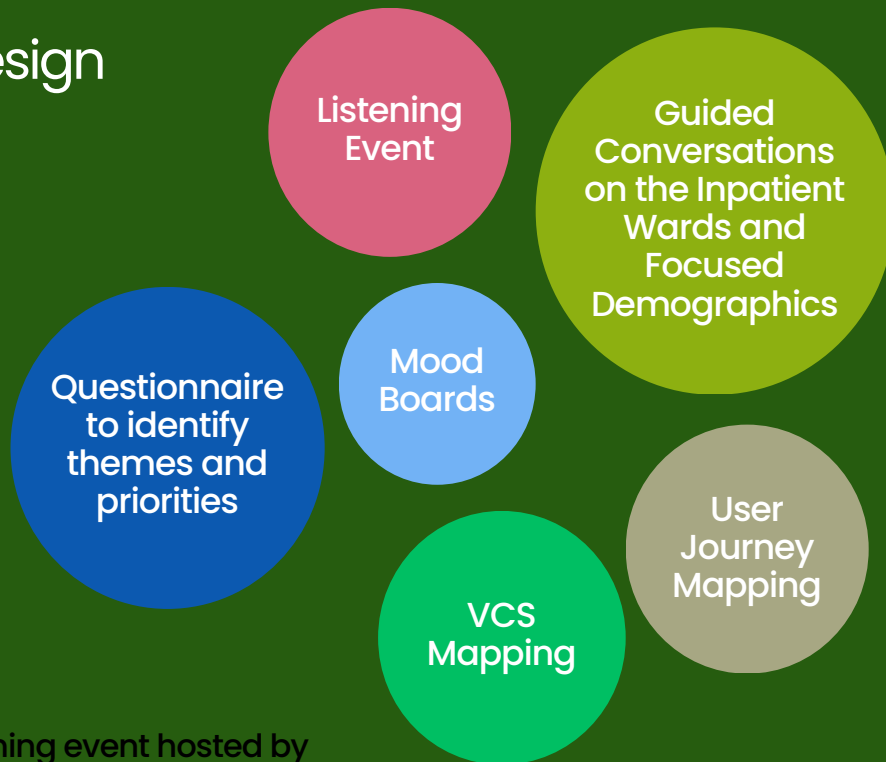


Coproduction and Codesign Activity

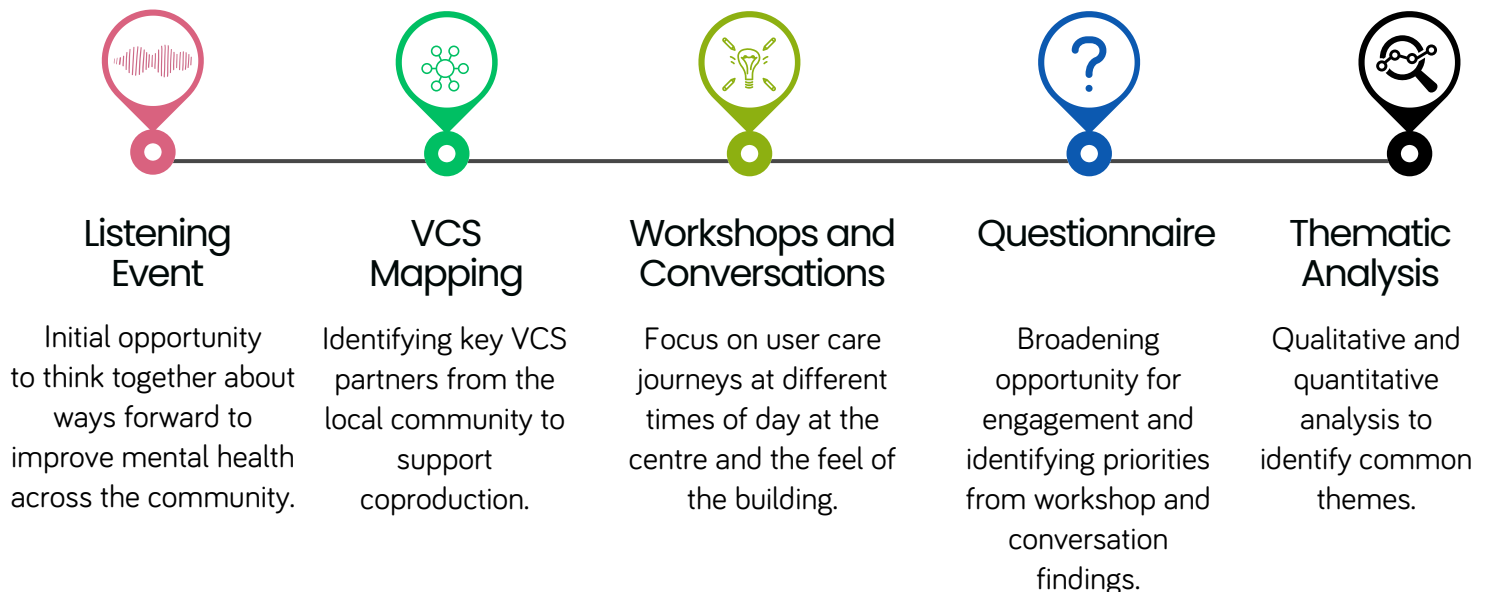
A programme of activity was designed to be engaging, creative and responsive to the identified priorities. This included engaging with diverse groups of people and providing an appropriate level of remuneration to people for their time and expertise.

Number of People Engaged With: **418**

*includes 10 people attending the listening event hosted by Heeley Development Trust and Heeley Plus PCN



Identifying findings and common themes for Phase 1



Participants

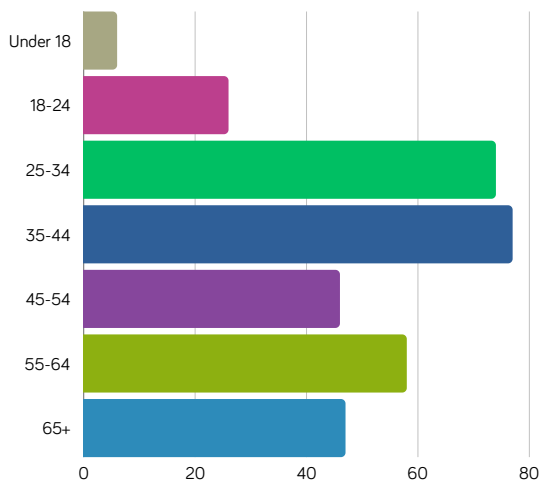
Coproduction, codesign, guided conversations, questionnaire

	No. Participants	No. Lived experience	No. Live within area	No. Representing partner orgs.
Open Coproduction Session 1 (Heeley Institute, 18.02.25)	9	5	7	2
Open Coproduction Session 2 (Umix Centre, 04.03.25)	14	14	8	0
Open Coproduction Session 3 (Terry Wright Centre, 13.03.25)	4	1	4	2
Targeted - South Asian Community (Shipshape, 27.02.25)	17	N/A	12	2
Targeted - Neurodivergence's (Mental Health Collaborative, 05.03.25)	6	5	2	1
Targeted - Inpatient Guided Conversations (Burbage and Stanage)	10	10	0	N/A
Targeted - Men Guided Conversations (Men's Wellbeing Group, Heeley City Farm, 10.03.25)	2	2	2	0
Questionnaire	346	282	311	25
Total	408	319 (78%)	346 (85%)	32 (8%)

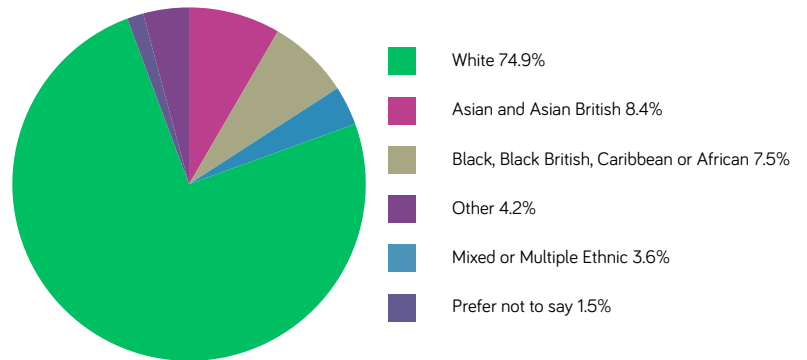
Participants

Demographics of Questionnaire Participants

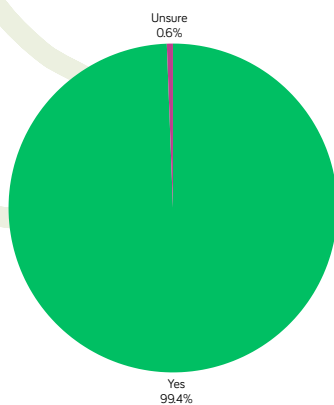
Age Range



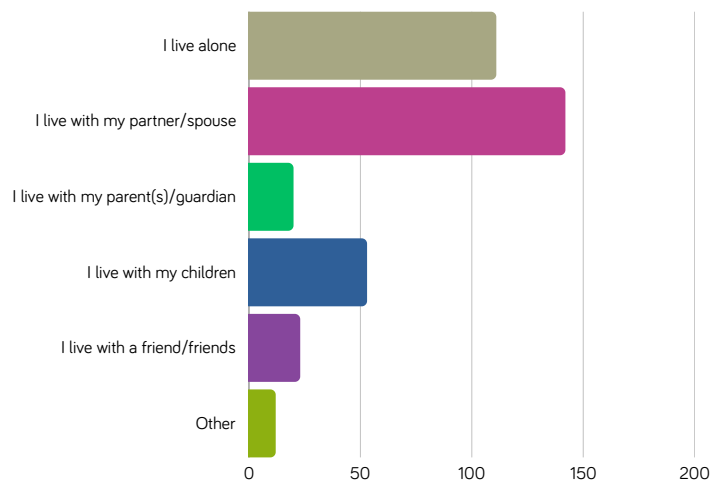
Ethnicity



Registered with a GP



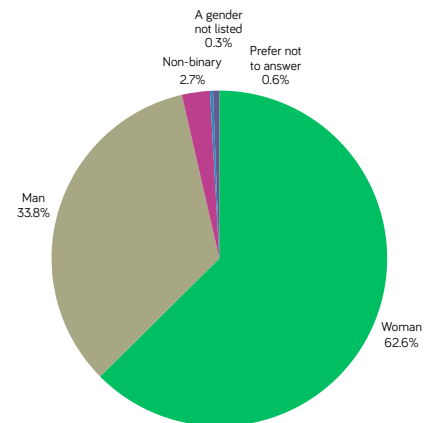
Living Situation



Mental Health Experience

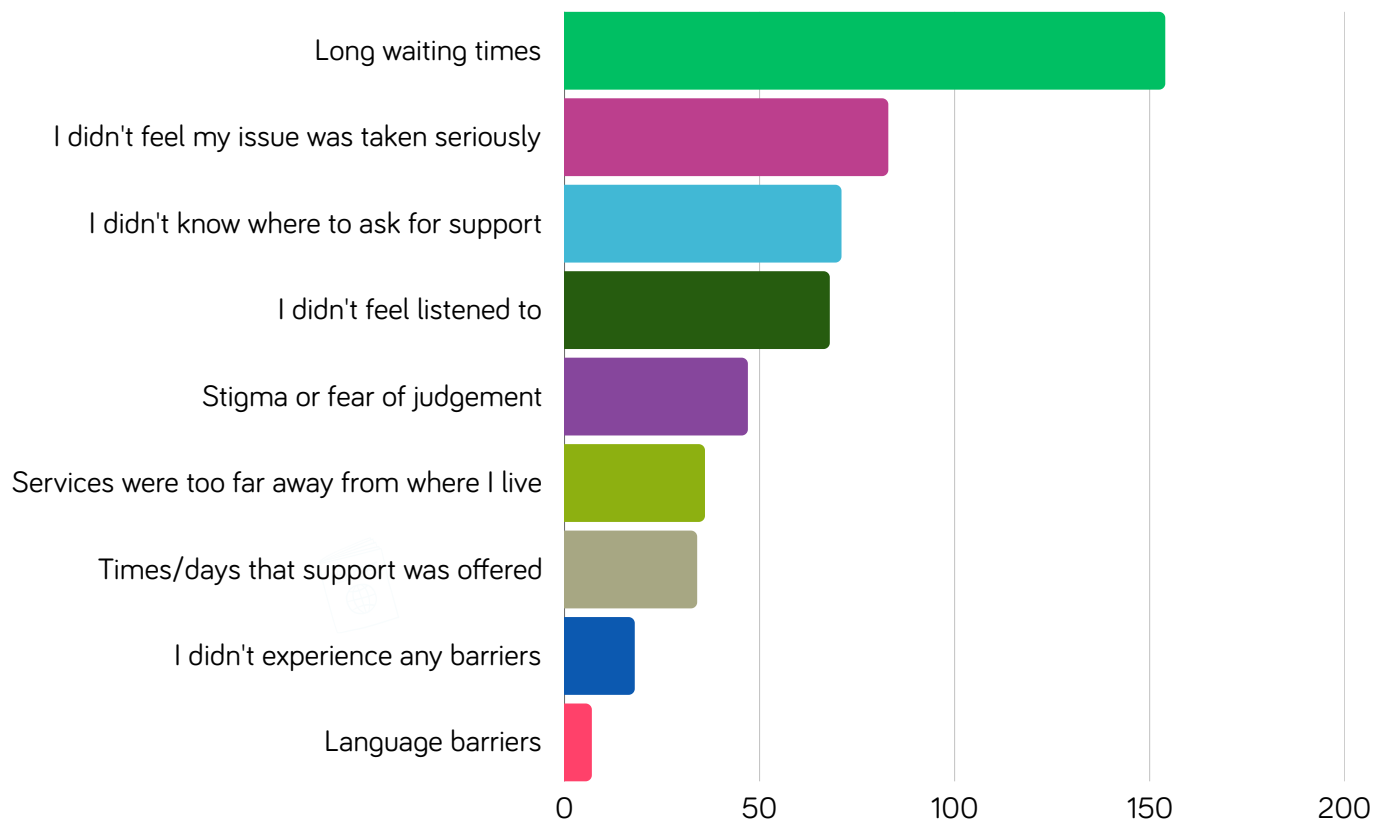
- 41%** have a mental health diagnosis
- 15%** do not have a mental health diagnosis, but believe they have a mental health condition
- 45%** struggle with mental health at times and self-manage
- 11%** access mental health support through SHSC
- 10%** have had a period in hospital due to their mental health
- 22%** receive mental health support through their GP
- 7%** receive mental health support through the VCS
- 12%** don't receive any support for their mental health
- 9%** are a carer of someone struggling with their mental health

Gender



Current Experiences of Mental Health Care

Barriers to accessing mental health support from questionnaire participants



"History of medical-based trauma from previous poor experiences accessing health services."

"Assessment and formulation period went on for months with my husband deteriorating all time- reached crisis point and only then meds prescribed."

"Problems getting face to face appointments in time and difficulties/frustrations communicating my needs over the phone."

"I know the process will be long and arduous and I don't know if it will even help, so it's really hard to motivate myself to bother looking into it."

"Most therapist sessions I could find is online and the problem is it's different online and my living situation, there's not enough privacy in my home to have online therapy sessions and fully talk about myself. Plus it's not in real life and I was sceptical about getting help in the first place so I didn't go for it."

"I felt that the support was mainly aimed as a short term solution rather than long term help."

"Mental health issues are often dismissed as 'just autism'."

"I don't even know if I have a mental health diagnosis, I have been too scared to ask if it is on my record but I am medicated for depression and anxiety via my GP."

Current Experiences of Mental Health Care

VCS Mental Health Care From Questionnaire Participants

80% of respondents were not accessing any VCS support

Only 15% had heard of the Sheffield Mental Health Guide

Only 9% had heard about the Sheffield Support Hub

Sheffield Mind was the most accessed VCS service

"It's a barrier for me that, because I work, I can't access many events/activities. So much is on weekdays."

"Because I haven't been able to get a diagnosis for Autism or ADHD, I often feel like I wouldn't be taken seriously if I joined community support for these issues."

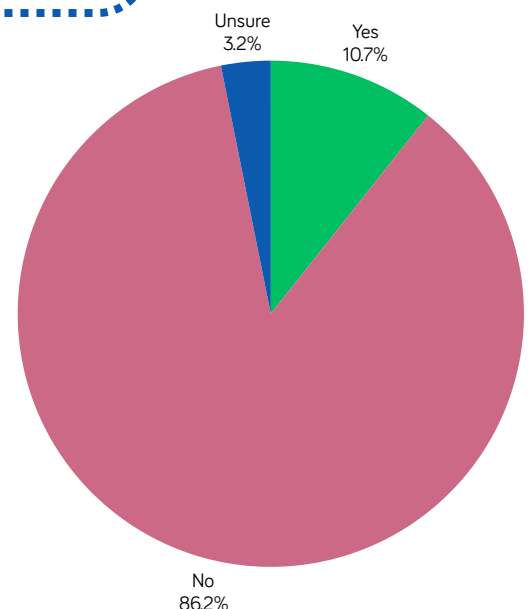
"I don't know what's available."

"I tried the Samaritans, but it was done by email, not very helpful."

"Walking groups - usually require a car to reach the starting off points."



Had you heard about the new mental health centre planned for Gleadless and Heeley before taking part in this survey?



Findings and Common Themes: Care Model



Accessibility of Support

"I hate mornings, but in particular it is during bedtime hours that my mental health hits crisis."



Quality of Support

"I want to feel welcome from the start - not like I'm attending my GP or a hospital and that is about the look and feel of the centre, how the staff treat you and whether I feel safe to talk and actually listened to."



Positivity

"Thank you so much for this pilot project, it's much appreciated and needed."



Range of Support on Offer

"Having peers on site at all times of the day would reassure me that I was welcome and could talk to a 'real' person."



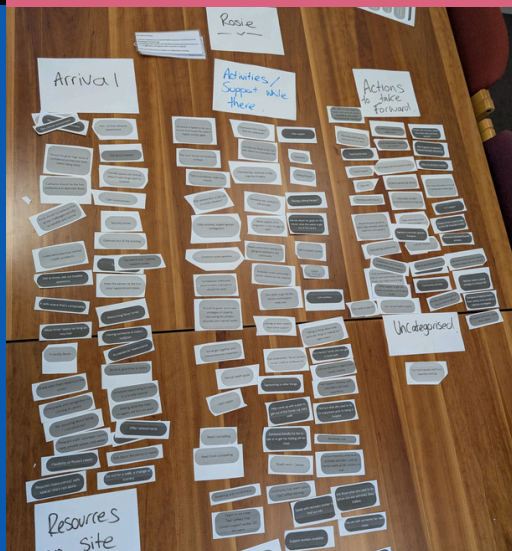
Safety and Security

"There are a lot of people smoking weed by the shops and in the summer kids play on the roof of the community centre. I'm not sure how you're going to make it feel."



Communication

"Don't make me repeat my whole mental health history, over and over, everytime my support is moved to a different team."



Findings and Common Themes: Care Model

Accessibility of Support

“To offer a rounded mental health service that ensures some of the currently less funded sectors of society are represented and supported.”

- New ways of triaging so people don't get caught between 'thresholds'.
- In-person and accessible support 24/7
- 'Time out' space overnight for people in crisis
- Open-door policy.
- Diversity in terms of ethnicity and gender at all levels/roles.
- Neurodiversity informed.
- Transport links and suitable parking facilities.
- The right to choose where you receive care/satellite hubs.

Quality of Support

“Listening more than speaking, less judgemental and more accepting. I feel I have to PROVE my mental health before I will be accepted.”

- Empathetic, reassuring and friendly staff.
- Focus on de-escalation and listening.
- Made to feel welcome from the outset.
- Consistency in support worker.
- Non-generic approach – person-centred.
- Cultural awareness.
- Contact and follow-up when you say you are going to.
- Access / offer of refreshments every time you visit.

Communication

“Clear communication of expectations for both people accessing the centre and the workers.”

- Introduction to the centre and staff
- Information about conditions and self-help packs available.
- Mental health passports.
- Promotion across the area so people are aware what is on offer.
- Accessible recovery plans and clear follow-up
- Communication options for service users, that aren't just a letter.
- Translation services / software.
- Signposting and online resources.

Findings and Common Themes: Care Model

Range of Support on Offer

"There's a lack of therapy sessions. So less crisis, and more root cause. Less procedural "guidebook"-driven categorisation support."

- Psychiatry appointments available faster.
- More one-to-one mental health treatment.
- Peer workers.
- Recovery/Support/Link Workers.
- Specialist therapy – EMDR, grounding, neurodiversity.
- Groups/social activities.
- Respite beds.
- Good links with GP, social care and VCS.
- Transitions for 15–25 year-olds.

Safety and Security

"Many concerns, Newfield Green is such a vulnerable area which will spiral the huge issues the site has to an untenable level."

- Security, especially during the evening and overnight.
- Confidentiality / people from the local area recognising me.
- A volunteer or 'buddy' to support people into the centre.
- Private rooms available.
- The centre feels calm – not oversaturated.
- Sustainability around the long-term funding of centre.
- Lockers, bike and buggy storage.

Positivity

"I'm in favour of any new places and ways of supporting mental health. It's a brilliant venture and I'm sure it will be valuable to all who need support."

- Increases to mental health services in the city.
- 24/7 support is needed.
- Reduced waiting times.
- Everything under one roof.
- Better joined up working.
- Provision that feels hyper-local.
- Access to support, even when not in crisis.
- Opportunities for prevention and recovery support.

Findings and Common Themes: VCS Model

Types of charity or community support that would be helpful for people's mental health.

Ranked according to frequency mentioned.



Men's Mental Health Support Groups

Male-specific support groups or spaces.

"More father and baby/toddler groups would be good for men."



Neurodivergent Support

Support for ADHD, autism, or neurodivergent individuals.

"I'd like support for my ADHD but I don't know of anything available."



Creative Therapy

Art, music, or creative expression-based mental health support.

"Social interest and creative therapy."



Social /Befriending

Social groups or befriending services.

"Befriending services, especially for the elderly."



Suicidality Support

Confidential, non-judgmental support for people experiencing suicidal thoughts.

"If it existed, something for suicidality that was confidential."



Physical Activity

Local, inclusive and accessible physical activity groups.

"Local sports or team game groups that are accessible."



Parenting Support

Groups for parents to connect and support each other.

"Something for mums and their mental health, but I haven't really heard of any."



Practical Daily Help

Help with everyday tasks that impact mental health.

"Support with daily tasks like filling out forms, making telephone calls..."



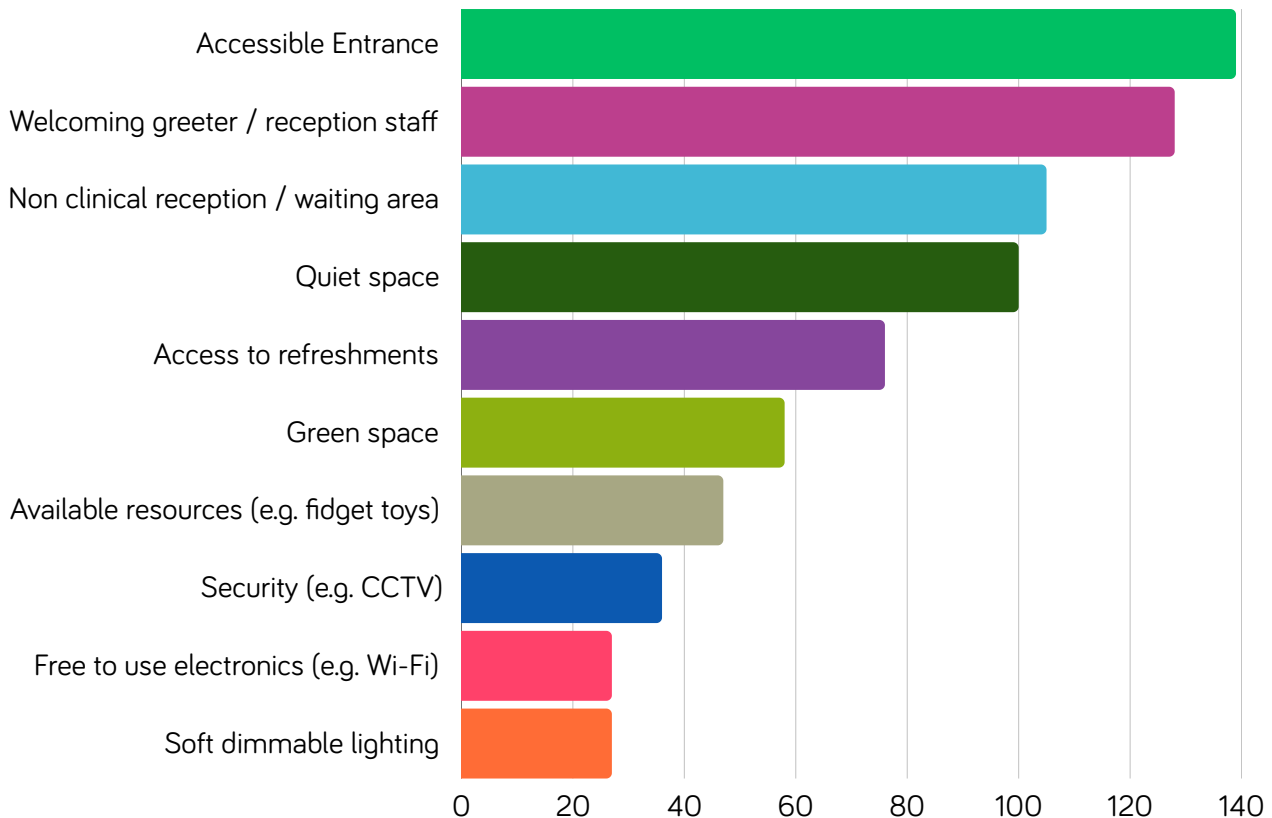
Online Resources

Easily accessible guides for managing mental health.

"More online guides to common mental health issues, like anxiety, panic attacks."

Findings and Common Themes: The Building

Priorities for making the building feel welcoming and safe for everyone accessing it.



"Please consider implementing all of these, not just a select few! These are all excellent ideas!!"

"Visible staff. It's not conducive to walk into a mental health 'place' and not see someone who works there immediately. It can also lead to unsafe situations."

Water....maybe fish...is powerful

"A cafe area where you can talk and not feel you are at a hospital."

"No screens. Careful music choices if there is to be any music playing."

"Not obvious security but a safe space or room for vulnerable women."

"To make sure the community space doesn't heavily lose and does not suffer - the size of the venue/hall remains the same."

Findings and Common Themes: The Building



Entrance and Communal Areas

- Good signage - staff gallery, building layout, noticeboard of activities.
- No protective screens and barriers.
- Plants and natural light.
- Soft furnishings.
- Non-clinical.

Resources

- Access to tea and coffee.
- Baskets - fidget toys, colouring books, headphones, phone chargers.
- Working Wi-Fi and access to laptops/tablets.
- Translation software.
- Information booklets on mental health support.

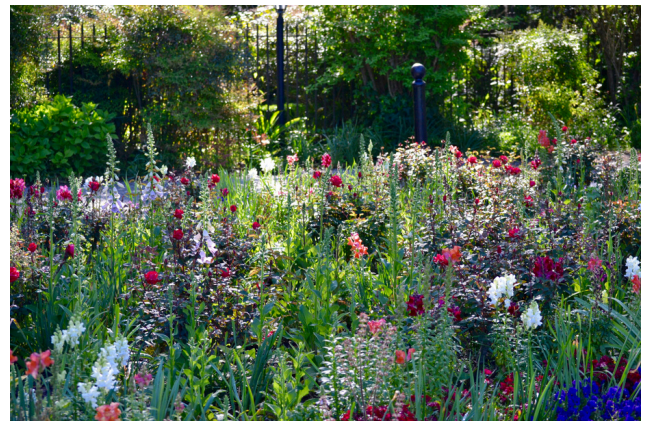


Walls and Lighting

- Soft lighting / dimmable.
- Lamps and fairy lights.
- Artwork and gallery for group art.
- Photos of local area.
- Calming colours - not associated with clinical setting.

Exeternal

- Plantable area.
- Wild flowers.
- Wheelchair accessible entrance.
- Covered area with seating.
- Separate smoking area.
- Murals and nice external signage.



Next Steps: Phase 2 Roll-out



Care Model Audit

Mapping the coproduction report findings against the planned care model to ensure all feedback has been considered. Work with Senior Lived Experience Practitioners from SHSC Sense-check where there are gaps or inconsistencies with the care model workstream, in order to provide a rationale for service users.



Mental Health Passports

Convene a lived experience advisory group to codesign mental health passports exploring the type of information that would be useful for both service user and worker, along with how the passport would function.



Welcome Packs

Work with the Senior Lived Experience Practitioners from SHSC to codesign and develop a centre Welcome Pack. To include information about the centre, staffing structure, journey plans, recovery tools and feedback mechanism.



Fit Out of Centre

Support SHSC's Estates team and Art Therapists to fit out the centre in a way that responds to the coproduction. Explore costings and suppliers of resources such as fidget toys, colouring for mindfulness, noise cancelling headphones, handheld fans.