

## Mental Health Day Opportunity and Social Inclusion Services

### Consultation events July & August 2016 - thematic feedback from consultees

Five events have been held across the county for people currently in receipt of mental health day opportunity and social inclusion services where proposed changes were explained and impacts and concerns discussed. Thanks to all service users who attended and to the current service providers who helped facilitate these events. The feedback has been analysed and presented under a number of themes and is summarised below with responses against each of the themes.

<b>Theme 1: Fear of change</b>	
<b>Comment or Concern</b>	<b>Response</b>
a) Some people have attended the same service for a long time- will be difficult for them	The review recognises that change of any kind for people dealing with mental ill health can be upsetting and sometimes cause distress. Our intention is to minimise this period of uncertainty and to keep service users updated about the progress of the proposed changes via their current service providers.
b) Older members may find the change difficult and worry x2	
c) Some people will find transition hard (will need help)	
d) If a new provider, then it's all new faces, new relationships	
e) Relationships are a big factor	The aim of the consultation events was to give current service users the opportunity to hear about the changes, highlight their concerns and discuss possible solutions to overcome this with commissioners. These concerns have helped to inform the Equality Impact Assessment which will be considered alongside the Cabinet report.
f) Loss of building- needs clarity	
g) Being accepted- different people, making new friends can be hard	
h) Friendly face- someone you know to go along with you- buddy	
i) Worry that drug & alcohol services might be cut	Roll out of the new services will need to have careful consideration about the transition arrangements. Individual support will be made available for people who may need help with any changes.
j) Time needed to develop trust	
k) This comes on top of the impact of the move from DLA to PIP – 'I am a lifelong DLA recipient' who has assessment every 2 years.	
l) Can I still have friend mum/dad come with me?	
m) Anxiety - 'More change I have to get used to'.	Most people should be able to maintain relationships with others using services that they share now.
n) Loss of contact with CPN	
o) Not being able to see the same people I do now	
p) General fear of change x5	
q) Having to go with different people to a different building would not bother me, but might others	The step-up/step-down model is designed to help people receive professional help when they need it (r)

r) Worried that I might be able to access the right level of support when I need it – if I have a crisis	
s) Will I have enough confidence?	

## Theme 2: Need for Safe Places

Comment or Concern	Response
a) Should be a place for people to come to – safe place	This is echoing the messages we got in the first round of consultation which were used to develop the peer support element of the new service model. Peer support is where service users share activities and social events which they organise themselves, learn new skills and engage with friends in a safe space. These spaces could be in community venues that are accessible and more local to where people live. These activities will be supported by the new service(s).
b) Know about other things to do and places to go where you'd feel comfortable	
c) 'We like it safe and we don't like change.'	
d) Our group is the safe place	
e) We need a safe place that's not difficult to get to	
f) Meeting places must be safe places (public libraries possibly)	

## Theme 3: Travel concerns

Comment or Concern	Response
a) Help to get used to new journey	Some service users will benefit from accessing support closer to home removing transport as a barrier.
b) Different mode of transport	
c) If in Ilkeston- problem- new journey- anxieties – panic attacks	
d) Use community transport more	Some existing service users may have to travel to a different venue – support could be offered to help people find alternative transport to make this easier. Mental health professionals could work with individuals to help them overcome any barriers to finding support in their local community.
e) Worry about using public transport	
f) The activities on offer must be local and the ones we want to do. We don't want to travel. The more local, the better. Activity start times must fit with off-peak cheap travel.	
g) If not in same building - how will I get there?	Help will be available to make new travel plans and travel buddies can provide support for people who need help, especially when the new arrangements start.
h) Would be prepared to travel for half or full day activities e.g. Shipley County park	
i) May need new travel plan	
j) We would need our own mini bus if activities are scattered around Swadlincote.	
k) Location is important – access to bus services, car parking, drop off. Need outdoor space/garden and some privacy	
l) I might not have the confidence to travel on my own –without a support worker.	

<b>Theme 4: Access, extending services and types of support for service users</b>	
<b>Comment or Concern</b>	<b>Response</b>
a) Ability to move between different levels of support is good	Service users will be able to access targeted support led by appropriately qualified staff. The frequency and length of the targeted support will depend on individual need but for most will be time limited, in order to meet the needs of more people who need help. The new model is a step up and step down model so if someone has finished their period of targeted support but then needs a further period, the new model will enable this to happen.
b) There needs to be multiple referral /access routes – GP, MHP, self	
c) Potential access to services for more people	
d) Peer support could offer an additional safety net	
e) More weekend activities are good e.g. arts and crafts x3	
f) Referral must lead to rapid access to service – waiting lists could be a problem.	
g) Too many places close at weekends and during the long school holidays. Ideally there should be at least one activity offered every day	
h) Should be built on closer contact between statutory and voluntary sector	
(i) The service organisation does not matter so long as the service is the same/better and staff are proactive with service users.	People will also have access to a range of peer support groups/activities both within the service and in the local community. The range of activities and groups will grow over time as more people become empowered to either start up new groups or go along to other groups in the community that are able to support and welcome people with mental ill health.
(j) I used to have a social worker or support worker that I could call – even at weekends, but I get nothing now.	
(k) People watching out for you- early intervention when you're unwell	
(l) Buddy would be helpful when you've been away and unwell for a while	Referrals into the service will be open to GP's, health and social care professionals, other agencies such as ambulance, police, probation, local voluntary sector and by service users and carers themselves. The availability of both targeted and peer-support as well as telephone support, means that people will not have to sit on a waiting list without support  New providers will be expected to promote the service offer widely.

<b>Theme 5: Phone Support</b>	
<b>Comment or Concern</b>	<b>Response</b>
a) Phone line support (came up x2, particularly between friends/peers)	The proposal to offer scheduled phone support seems to have been well received by service users and we see this as an important element of the service. This will be developed within the first year of the contract and will also offer opportunities for peer supporters and volunteers to help deliver this element of the service if they wish to be involved.
b) I like the idea of scheduled phone support x5	
c) Telephone support is alright, but it would be better sometimes if calls could be longer.	
d) It's great to have a scheduled weekly call but I need phone support on my mobile as it is more confidential and I discuss issues I don't want my partner to overhear.	

## Theme 6: Self and peer supported groups, especially new groups

Comment or Concern	Response
a) Less limited by funding restrictions if doing self- help	The proposed new service will build upon what is already working well and make improvements where things aren't working so well or where there is currently very little on offer in a local area.
b) Mental health professionals might have more time for service users	
c) Opportunity to meet with people of similar age x2	
d) The more activities the better- its therapeutic	The offer will vary in different localities depending on what already exists, what other organisations provide and what's already working well in a locality. It's about addressing the gaps.
e) Where will the groups and service be?	
f) People watching out for you- early intervention when you're unwell	
g) Can we set up a music group? (listening)	Having people that understand what you are going through is a key part of the service going forward.
h) Need more flexible opening times- dictated by lunchtimes	
i) Having people that understand how you're feeling	
j) Nice to have fitness, relaxation and gardening classes	
k) Would like to do walk leader and sports leader courses	
l) New venues must be fit for purpose	
m) Will the new groups be sustainable?	
n) Will need more service users	
o) Sounds like a more bespoke service	
p) Rethink helped me to put on an art exhibition and this has added immensely to my self-esteem and it all started from having the support at the right time and place and these proposals may be able to do the same.	
q) More service users means more activities and choice	
r) This will be good as activities need to come from local people and also need to be. We could work in different ways to now and that might suite more/different people.	
s) Having someone with you - you can trust	
t) Activities must facilitate the recovery journey	
u) Supporting each other and offering advice to others with the same problems and interests - E.g. someone knowing BSL supporting someone who is deaf	
v) Try and keep composition of groups the same x3	
w) It looks like a stepping stone to moving on	

x) Concern about feeling vulnerable 'if someone kicks off if there is no support worker present and this may exclude some service users. The prospect of these changes is already causing anxiety. X2	
y) Being around and meeting new people	
z) Befriending by volunteers already happens	
aa) It would be good to be able to go out for a meal together and supporting each other.	

<b>Theme 7 –Support for self-help groups</b>	
<b>Comment or Concern</b>	<b>Response</b>
a) Self- help groups may need helpers in case 'something went wrong'	<p>It is recognised the support must be available for self-help groups. This will be available when groups are just starting, where there are changes in key volunteers or if the group has problems that they can't resolve themselves.</p> <p>There will also be specialist support for securing access to premises, promoting the group, finance, risk management, policy and legal issues. Self-help and peer support groups should not need to be concerned with these issues unless they wish to have greater involvement.</p>
b) Self-help is great, but it has its problems. "Making people accountable for money who not comfortable doing so will add to the stress and could cause accountability problems. Some people will not be willing to do this." Need the same standard of account and outcome measurement as professionally led service	
c) Intervention and support for self-help groups might need to be quite intensive at first	
d) A central 'hub' would be good to support local self-help groups	
e) Will self helps groups have the skills to reach out and welcome new users – governance, good practice.	
f) To make self-help groups work really well there needs to be information about resources	
Will the new groups be sustainable?	
Support will be needed to help groups initiate activities and to work together even if they could be self-managing in the long run.	
Funding self- help activities- who?	

<b>Theme 8: New Opportunities</b>	
g) Set up interest groups/develop skills/lead to volunteering	<p>A key objective is to increase opportunities for you to access support and activities that you want to do and will help your recovery.</p> <p>There will be increased opportunities for people to volunteer both within the service and in helping to run peer-support groups</p>
h) Opportunities to volunteer and be supported to do that	
i) This may offer an opportunity for service users to volunteer and sometimes offer peer support or become ambassadors	
j) Family members of service users could also volunteer	
k) Learn new skills that I could use at home	
l) More volunteering opportunities x4	

<b>Theme 9: Advice, benefits, housing, access to services</b>	
<b>Comment or Concern</b>	<b>Response</b>
a) Who will give the benefit advice? X3	<p>People felt this was a really good part of the offer. Enablement Workers (advice and support) will link into the services and as part of the offer there will be workshops around understanding what you can and can't do as a volunteer in relation to how it impacts on any benefits you may be receiving.</p>
b) Concern about impacts on benefit entitlement	
c) Need more CAB -support issues, day to day finance management and debt advice needed	
d) Concern and confusion about impact on housing related support – “we are now responsible for paying and it's adding to our stress”	<p>The new service model will seek to improve opportunities for people to achieve financial wellbeing through strong links with the Adult Care Enablement teams and DCC Welfare Rights service to maximise income for individual clients through welfare benefit checks and raising awareness of the opportunities to try volunteering and/or a phased approach into employment without the fear of losing benefits for those who may wish to pursue this.</p>
e) Support to complete benefits forms	
f) Can I volunteer without losing my benefits	
g) You might be able to get advice quickly	<p>There will also be low level housing related support built into the service to promote early intervention and to prevent things reaching a crisis. This will serve to mitigate against the recent HRS budget cuts.</p> <p>There will be signposting to advocacy for people, where necessary to help resolve issues in their life that may be impacting on their wellbeing</p>
h) Worries about impact of volunteering on benefit entitlement x2	

## Theme 10: Hot meals

Comment or Concern	Response
a) Provision of (hot) meals? X4	Some of the activities will include things like healthy eating; cooking on a budget etc. Walking groups can end at cafes where people can still enjoy a hot meal in social company. Clear signposting to public health initiatives and super kitchens could also mitigate against any adverse impact. The proposed new services would be expected to extend their reach.

## Theme 11: Information and signposting

Comment or Concern	Response
a) Not knowing what's going on and where 'keeping in the loop'- solution through email/text message/ Facebook	We will expect future providers to be innovative and use all communication methods including social media to make sure people are kept informed about what is on offer both within the service and in the local community.
b) Messing about with opening times= confusion	
c) How do people find out about all these activities – how do we get new users? Social media, YouTube	There will be links into vSPA. All potential referrers would need to be kept up to date on the service offer.
d) Needs a multi-channel approach – radio, web, posters, GP surgeries	
e) GP's and other health professionals need to be better informed about the option to signpost day opportunities	There are directories already in use in Derbyshire that could be utilised by services and service users alike
f) How do I find out what's on and where to go?	
g) There should be a directory of services, activities organised by location & regularly updated – important to have choice.	
h) Could we have a tour of other projects and day activities s to see what/how they are doing	

## Theme 12: Involvement and sharing good practice

Comment or Concern	Response
a) Reference group? Opportunity for service receivers to give regular feedback on the new services	There will be more opportunities for service users to be involved in how things are run.
b) Good for new ideas- build on what's happening now	A new mental health service receiver Engagement Service will also be commissioned shortly which will need to develop good links with the new mental health day opportunity and social inclusion services.
c) Time/money need to be spent ensuring the message gets across – ambassadors from the vol sector?	
d) We would need a network forum for	

sharing good practice	There will be opportunities for services in different localities to share good practice
e) Could we have a tour of other projects and day activities to see what/how they are doing	
f) We like the idea its service-user led – will give us more of a say in what we want to achieve	
g) Service users voice and opinions matter	

### Theme 13: Sharing community resources

Comment or Concern	Response
a) Service providers won't pool resources x2	The new proposed model will extend current reach out into wider communities, providing support closer to home and will be expected to link into what is already happening in each locality. The model will mean that the new provider is expected to use community venues.
b) Opportunity to link with other organisations such Housing Futures, Homescape	
c) Local community centres are underused at weekends	
d) Use <a href="#">Community Directory Derbyshire</a> to help find venues and existing activities.	
e) Organisations will have to share resources	
f) There are a lot of community centres that could be used without costing a lot of money.	

### Theme 14: Helping the wider community understand and support people with MH problems

Comment or Concern	Response
a) Need to overcome stigma and discrimination	Mental health awareness training and development of mental health champions will help foster a wider community understanding of Mental Health and make contact with and maintain links with mainstream groups in a supportive way. This will also increase the confidence of people attending mental health services currently to branch out into other support available in their local community
b) The wider community need to be educated on how to talk to and help people with MH issues. Less emphasis of centre based service may be OK if there is greater community capacity.	
c) Better community spirit and mutual benefit	
d) It would be good to build up a 'bank' of knowledgeable supporters	
e) Mental health champions should be in all organisations.	
f) It would be good to have more links to mainstream community activities, social events, societies and hobbies etc.	

<b>Theme 15: Funding worries</b>	
<b>Comment or Concern</b>	<b>Response</b>
a) Not everyone can afford to pay- but don't mind contributing	<p>Mental ill health is considered a strategic priority for the Council and Clinical Commissioning groups. There is still significant investment going into the service(s) which will be used as efficiently and effectively as possible to ensure a good range and quality of service</p> <p>Proposals for the length of the new contract are for 2 years plus the option to extend for an additional 3 years if the services are being delivered satisfactorily.</p>
b) Worry about long term funding for the service	
c) What will be lost from the current services if its spread further on same money?	

<b>Theme 16: Transitional Arrangements</b>	
<b>Comment or Concern</b>	<b>Response</b>
a) Concerns that existing arrangements will end April 2017 and the new activities may take some time to get going	<p>A period of transition will be available to ensure that anyone whose service may cease is supported to find other suitable alternatives.</p> <p>Enablement workers and staff within the current and new services will work with individuals affected by the changes to help them adapt to any new arrangements, ensure they are offered suitable alternatives and are assisted to settle into new service provision.</p> <p>Some existing providers may choose to tender for the new service, in which case service users may see little disruption if those providers are successful in the tender process.</p>
b) People don't like change and will have to be carefully managed during transition with no gaps.	

There were a number of questions raised at the five events and we felt it would be useful to share these with everyone who attended an event. The questions are listed below with answers which we hope you will find helpful.

<b>Question and answer section</b>	
<b>Question</b>	<b>Answer</b>
a) What is the future of current self- help groups? X2	As part of the implementation of the future service, a mapping exercise of current self-help would need to take place. This would help to address issues of gaps and duplication. The purpose is to grow self-

	help groups and have more of them. If you have specific interests and want to set up a group, you can have support to do so.
b) What will happen to staff of the unsuccessful organisations? X2	Some staff would have legal rights under TUPE. The purpose of this law is to protect employees if the business in which they are employed changes hands.
c) There is too much emphasis on getting people back to work.	These services are there to support people with their mental health recovery, of which many people are of working age. People wouldn't be forced back into work but if they identify that as part of their recovery and support plan that they would like to go back to work, the service would support them to do so.
d) Concern that contracts may be let to large national suppliers/organisations that might be remote and inflexible	We will be holding a market development event before the tender for the new service(s) is advertised. This will provide an opportunity for all current local providers and potential providers to come along and find out about the new service specification and meet other providers who may be interested in collaborating with them to make a bid for the new service(s). In Derbyshire, commissioners and the Council place importance on 'social value' and although we cannot predict the outcome of the competitive tender process, whoever wins the contract would be expected to work from within Derbyshire, in local communities and with local providers
e) Will possible funding cuts mean fewer Bank House staff and reduced services?	It is not possible to predict the outcome of the procurement process. If Bank House decide to make a bid for the new service and are successful in that bid, then some of the services may remain.
f) Would Bank House close?	Existing organisations may continue if they seek alternative sources of funding, regardless of the outcome of this process
g) I need someone to come with me to attend meetings – I am no good filling in forms and I tend to say silly things. I need help with my dyslexia.	There will be good links into advocacy services for people using the new service. Advocacy support is available now and you can self-refer into it or ask a member of staff at your current service to signpost you. There is more information on DCC website here <a href="#">advocacy</a>
h) Is one to one work limited to a maximum number of weeks?	The frequency and length of the targeted support will depend on individual need and when people have achieved the goals in their support plan. If people need a further

	<p>period of professional support following this, then they will be able to step back up into the targeted support element of the support again.</p>
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