

**The Derbyshire Challenge**  
**Have your say on changing Housing-Related Support Services  
for people with Mental Health Conditions provided by Rethink  
(floating support)**

**About this consultation**

Derbyshire County Council is facing huge budget cuts and must find ways of saving £157 million by 2018. Reductions in Government grants, inflation and greater demands on our budget for adult social care and vulnerable children mean we must re-think the way we deliver services.

It means some services will remain, some will run differently and some services will have to stop. We don't want to cut any services but we do not have any choice.

**One of the areas where we are proposing to make savings is housing-related support services.**

This questionnaire is one way in which you can tell us what you think about the proposed changes. Alternatively, you can contact our helpline on: 01629 533365 or email your comments to [telladultcare@derbyshire.gov.uk](mailto:telladultcare@derbyshire.gov.uk).

For more information about the changes please use the factsheet included with this **questionnaire or you can view it online - please go to [www.derbyshire.gov.uk/challenge](http://www.derbyshire.gov.uk/challenge).**

**What we are proposing**

We are proposing to make £6 million of savings over the next two years from the housing-related support programme. This questionnaire is about one of the services affected.

This service is delivered by Rethink who support a maximum of 180 people at any time.

**The proposals are:**

1. To reduce service provision to support a maximum of 67 people at any time during the year 2015/16, and then to 52 people from 1st April 2017.
2. To reduce the length of support received at home (floating support) from two years to nine months.

**How to complete this questionnaire**

You can complete the paper questionnaire or fill it in online. Please go to **[www.derbyshire.gov.uk/challenge](http://www.derbyshire.gov.uk/challenge)**

Please put a tick in the box by your answer ☒ and some questions will ask you to write in a box, please write clearly.

This questionnaire is anonymous. The number in the top left-hand corner tells us which survey it is and is computer generated. It does not link to the individual or person replying.

**Please complete this questionnaire and return to us by  
Friday 20 March 2015**

## Housing-Related Support services for people with Mental Health Condition - provided by Rethink (floating support service)

**Proposal 1** is to reduce service provision to support a maximum of 67 people at any time during the year 2015/16, and then to 52 from 1st April 2017.

### 1. Have you used or are using the **Floating Support Service** for people with **Mental Health conditions**?

Please tick ☒ one box

☐ Yes

☐ No

### 2. How strongly do you agree or disagree with the **proposal 1** to reduce the number of people who are supported by on this scheme?

Please tick ☒ one box

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

### 3. If you would like to give further comments about proposal 1 and how it might impact on your life if it went ahead please write in the box below.

**Housing-Related Support services for people with Mental Health Condition - provided by Rethink (floating support service)**

**Proposal 2** is to reduce the length of support provided at home by Rethink (floating support) from two years to nine months.

**4.** How strongly do you agree or disagree with **proposal 2** to reduce the length of support from two years to nine months?

Please tick ☒ one box

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

**5.** If you would like to give further comments about proposal 2 and how it might impact on your life if it went ahead please write in the box below.

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**6. Do you have any other ideas of how the county council's adult care services could save money? Please include for example any comments where you feel that we are duplicating something another organisation is doing. Please write in the box below.**

**Did you have help to fill in the questionnaire?**

7. Did you have any help from someone else to complete this questionnaire?

Please tick ☒ one box

- ☐ No, I did not have help
- ☐ I had help from a care worker
- ☐ I had help from someone living in my household
- ☐ I had help from someone living outside my household

**About you**

The answers to the next group of questions will be used to get a picture of who took part in this survey and so will help us to represent your views.

8. Are you Male or Female?

Please tick ☒ one box

- ☐ Male
- ☐ Female

9. Please write your postcode in the box below.

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10. Which is your age group?

Please tick ☒ one box

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> 0 - 17       | <input type="checkbox"/> 45 - 54 |
| <input type="checkbox"/> 18 - 24      | <input type="checkbox"/> 55 - 64 |
| <input type="checkbox"/> 25 - 34      | <input type="checkbox"/> 65 - 74 |
| <input type="checkbox"/> 35 - 44      | <input type="checkbox"/> 75 - 84 |
| <input type="checkbox"/> 85 and above |                                  |

11. Do you consider yourself to be disabled?

Please tick ☒ **as many boxes as apply.**

- ☐ No
- ☐ Yes, affecting mobility
- ☐ Yes, affecting hearing
- ☐ Yes, affecting vision
- ☐ Yes, a learning disability
- ☐ Yes, mental ill-health
- ☐ Yes, another form of disability, please specify

12. To which of these groups do you consider you belong?

Please tick ☒ **one box**

- ☐ White (British, Irish, Gypsy or Traveller or any other white background)
- ☐ Mixed (White & Black Caribbean, White & Black African, White & Asian, or any other mixed background)
- ☐ Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese or any other Asian background)
- ☐ Black or Black British (Caribbean, African, or any other Black background)
- ☐ Any other ethnic group - Please state

13. What is your sexuality?

Please tick ☒ **one box**

- ☐ Heterosexual / Straight
- ☐ Lesbian or Gay woman
- ☐ Gay man
- ☐ Bisexual
- ☐ Prefer not to say
- ☐ Others - please State

14. What best describes your relationship with the council's adult care services?

Please tick ☒ **as many boxes as apply.**

- ☐ Client or service user
- ☐ Carer (unpaid carer)
- ☐ Staff (paid carer)
- ☐ Other - Please state

**Thank you for taking part in this consultation.**

Your answers will be treated as confidential: they will not be passed on to anyone providing you with services.

Please post it back to us in the envelope provided.  
You don't need to put a stamp on the envelope.

**For your views to count please return this form before the  
20 March 2015.**

The outcome of the consultation will be reported to  
Cabinet in Spring 2015.

The county council's Cabinet will also be provided with an Equality Impact  
Analysis detailing how the proposals will affect vulnerable groups.

These reports will be available at [www.derbyshire.gov.uk](http://www.derbyshire.gov.uk).