

**DAY, SOCIAL INCLUSION AND VOCATIONAL SERVICES REVIEW
FEBRUARY 2007**

**UPDATE TO THE TRUST BOARD FOLLOWING PUBLIC CONSULTATION
FROM 1ST NOVEMBER 2006 TO 7TH FEBRUARY 2007**

**A PROPOSAL TO DEVELOP A WELLBEING AND SOCIAL INCLUSION
SERVICE**

1. Introduction

- 1.1 This paper is part of a two stage Board approval process. Following Trust Board approval in February, the paper will be presented to the Joint Health Overview Scrutiny Committee. It will be then be amended and presented to the March Trust Board for final approval.
- 1.2 In October 2006 the Trust Board received the following paper; A proposal to Develop a Wellbeing and Social Inclusion Service. The proposals in this paper were highlighted as good practice in The National Social Inclusion Programme Second Annual Report (CSIP/NIMHE 2007).

The paper had two appendices:

- 1.3 The first was entitled. **Day, Social Inclusion and Vocational Services Review September 2006 – a Proposal to Develop a Wellbeing and Social Inclusion Service.** This paper contained a proposal to develop a Well-being and Social Inclusion Service for adults in the City and South County. It proposed to reconfigure the services provided by the Broad Street Centre, Heathcote Arts, The Community Occupational Therapy Team, Vocational Bridgebuilders and SPAN. The model proposed was domain¹ based, across the following:
- Art and Culture
 - Sport and Leisure
 - Volunteering
 - Education
 - Employment
- 1.4 The second appendix was the **Social Inclusion and Wellbeing Vocational Services Strategy** written by Professor Justine Schneider. The Vocational domain will be based on the contents of the Strategy, which introduced the concept of an Individual Placement Scheme,

¹ Domain or life domain corresponds to an identifiable segment of community life such as sport, arts, volunteering or work where opportunities to form friendships and enjoy meaningful activities are available.

with proposed changes to team structures and the roles of staff whose main role was to promote vocational outcomes. Its over-riding aim is to develop a service that would be targeted at those with most ability to benefit. This would include groups that have not historically accessed services such as Early Intervention clients, Assertive Outreach clients and clients from Black and Minority Ethnic communities. This would be achieved through ensuring employment specialists were available in community-based mental health services and making employment considerations part of every care plan. The main focus of activity would be to help people to retain jobs, or to enter mainstream settings for employment or vocational training. This is a significant change from the more traditional model of providing employment activity in segregated settings.

- 1.5 In October, the Trust Board agreed to proceed with a formal consultation on the proposal to develop a Well-being and Social Inclusion Service and the delivery of the Vocational Services Strategy. The formal consultation started on 1st November 2006 and ended on 7th February 2007. This paper describes the consultation process, feedback from the consultation and details a revised service model based on the feedback received. The aims of the original review are attached at appendix 1.
- 1.6 The detail of the consultation, and what it means for a revised model of a Well-being and Social Inclusion Service are contained in the body of the report.
- 1.7 There are two key changes to the model, which have occurred as a result of consultation. These are:
 - There will be three domains instead of five. Because of the connected activity and the potential to develop pathways, the Volunteering, Education, and Employment domains have merged to form the "Vocational" domain. The "Arts and Culture" domain remains. The "Sport and Leisure" domain has an additional dimension of well-being, to become the "Wellbeing, Sport and Leisure" domain.
 - The model retains both building bases, Broad Street/Heathcote Arts and SPAN Foster Drive. It is proposed to retain all current buildings. Much of the discussion during consultation was about this topic, and a very clear message was given in relation to the importance of retaining "Safe Haven" for those individuals who would not easily move into mainstream placements. This includes those people using existing services, and those who may have this need in the future. This may be reviewed in the future. Whilst retaining these buildings there will be a change in their use.

2. Structure of this Report

2.1 This report is structured as follows:

- **Section 3: Consultation Process and outcomes.** This section summarises the consultation process and presents the thirteen key themes that emerged.
- **Section 4: Revised Service Model.** This section presents the revised proposal following consultation. It presents the model in terms of
 - A general overview (paragraph 4.1)
 - Estates (paragraph 4.2)
 - Finance and activity (paragraph 4.3)
 - Staffing (paragraph 4.4)
 - Description of each domain (paragraph 4.5)
 - Key developments across all domains (paragraph 4.6)
- **Section 5: Implementation.** This section describes the proposed implementation process.
- **Section 6: Recommendations.**

3. Consultation Process and Outcomes

3.1 A full report of the consultation process entitled 'Day, Social Inclusion and Vocational Services Review Report on the Consultation Process' is attached at appendix 2. The Consultation period ran from 1st November 2006 to 7th February 2007. Consultation material, including a leaflet, was widely available and accessible, and a number of feedback mechanisms were available including a webpage.

3.2 The Process

During the consultation period we received 234 responses to the proposal. These included 61 responses to the leaflet, 31 letters and over 100 e-mails (over 70 of these were from one person). In addition to these responses we held a number of meetings. These included

- two public meetings for people to put forward their views,
- meetings at SPAN, Broad Street, and with the Community Occupational Therapy Team
- meetings at local authority day centres at Middle Street Resource Centre and Open Door
- two meetings with a group of service users and carers to analyse the feedback and agree the main themes from the consultation
- two public feedback meetings to share and discuss the main themes from the consultation exercise

The responses received and the notes of the meetings form the evidence for the Consultation Report.

- 3.3 The consultation process got off to a difficult start with many people feeling angry, mistrustful and very concerned that buildings would be closed and services lost. There was a feeling that decisions had already been taken and were mainly driven by finance.

During the process of the consultation the mood changed as people had a chance to discuss their concerns and ideas with Trust Staff. This led to a more open debate about the proposal. People were invited to work with Trust managers to look at the evidence and identify the key themes. Over two days in January a number of service users and carers worked with Trust staff to look at all the evidence and draw out these key themes. These themes were then presented to public meetings for discussion and comments. The themes are outlined below.

3.4 **The Themes**

The main themes of the consultation are summarised below.

3.4.1 **Theme 1- Concern about Potential Closures of Centres and Reduction In Services**

Many of the responses received during the consultation were around the potential closures of centres and the reduction in services. The main issues that came out during the process were: opposition to the closure of SPAN; opposition to the reduction of day services; concerns about impact on current service users if centres were closed.

The proposed revised model retains both building bases. (see paragraphs 4.1.2; 4.1.3; 4.1.5; 4.2.2; 4.3.2 and 4.3.3)

3.4.2 **Theme 2 - Importance of Building Bases**

There was a strong feeling throughout the process that building bases had an important role to play in any future service. The main reasons given for this were: buildings bases can provide a safe, secure environment and a focus for engagement; buildings bases can provide a range of flexible opportunities and specialist services; building bases are important to those with enduring mental health problems or at the start of the recovery process. People felt that building bases gave them stability, security and a sense of belonging/community.

The proposed model emphasises the importance that buildings have to play. (see paragraphs 4.1.2; 4.1.4; 4.1.5; 4.2.1; 4.2.2; 4.2.3)

3.4.3 **Theme 3 - Using Buildings Differently**

During the process people began to look at how the current buildings could be used differently and what this might mean for people who use the service. Two of the main points raised were: concerns about having to travel to the domain/s of choice; SPAN being the centre (hub) for the new service

The proposed model includes plans to use buildings differently (see paragraphs 4.1.3; 4.1.4; 4.2.1; 4.2.2; 4.5.5; 4.6.1)

3.4.4 **Theme 4 - More Emphasis On User Led Services/Out of Hours Services**

There were some suggestions that there could be more emphasis on user-led services. There were also some suggestions that an out of hours service is needed. It was also proposed that service users could help with this.

The proposed model will emphasis user-led and out of hours services (see paragraphs 4.2.2;4.1.5;4.5.3; 4.5.4 and 4.5.5; 4.6.1)

3.4.5 **Theme 5 – Greater Emphasis Needed on a Meaningful Day**

There were many responses, particularly at the beginning of the process, that felt the focus of the proposal was about getting people back to work. People were concerned that they would be forced into work or into college whether they were willing or able. Whilst many supported the idea of having good support for people who wanted to get work or go to college it was felt that the proposal need much greater emphasis on a meaningful day. This would mean still having opportunities to socialise and to be able to choose from a range of activities.

The move to three domains puts greater emphasis on a “meaningful day” by maximising the care pathway approach (see paragraphs 4.1.2; 4.1.3; 4.1.4;4.1.5; 4.2.2; 4.3.2; 4.6.1)

3.4.6 **Theme 6 – Support for a Single Referral Point into the Social Inclusion and Well Being Service, Ability to Access Opportunities in all Domains and Early Access to Services**

There was some support for a single referral point into the service. Some people also hoped that there would be more choice to access a range of services.

The proposed service model will have a single referral point (see paragraph 4.1.3)

3.4.7 **Theme 7 – Continuity of Relationships and Social Interaction are Really Important**

A large number of people made points under this theme. There were two main points made under this theme: social networks, social

interaction and the support of other service users is really important to people; people wanted to be able to continue to have ongoing relationships with staff that were trained, specialist and that they trusted.

The proposed service model emphasises social networks/interaction (see paragraph 4.1.5) and ongoing relationships with staff (see paragraph 4.4.1)

3.4.8 Theme 8 - Creating opportunities for service users who do not currently engage with any services to access the proposed services

There were two main parts to this theme: how do we ensure that the voice of those service users who do not currently engage with services is heard during the consultation period and the importance of creating opportunities for this group of people.

The proposed service model is designed to engage those groups with most ability to benefit, and who do not already use services (see paragraphs 1.4; 4.1.5; 4.3.2; and 4.6.1)

3.4.9 Theme 9 - Need for incremental change and progression for individuals and services

There were some concerns raised during the process about how changes would be implemented and the impact this could have on current service users. It was proposed that the process of involvement and consultation should continue once the Trust Board has made a decision on the proposal.

The proposed service model recognises the need for incremental and transitional change (see paragraphs 4.1.2; 4.1.3; 4.1.5; and 5.1)

3.4.10 Theme 10 - More information about services

Early in the consultation people said that they thought only a few people knew about day care services and in particular the work at SPAN. The main point made under this theme was: the need for readily available information about the new services for service users, carers, Trust staff and GP's and external organisations. The information needs to be accessible, easy to understand and able to be given in a number of ways including personally.

The proposed service model will have information available, and the service will be publicised (see paragraphs 4.1.3; 4.3.2 and 4.6; 5.1)

3.4.11 Theme 11 - Concerns about the cost to carers (family and friends) of the proposed changes

The two main issues within this theme are consideration/acknowledgement of the valuable support carers can

be to services but also one of concern about extra strain on carers in their caring role. Carers were worried that any reduction in services would put an extra burden on them and wanted to know what support would be available for them as part of this proposal.

During consultation carers wanted the retention of "safe haven", this is built into the proposed service model (see paragraphs 4.1.2; 4.1.5; 4.3.2 and 4.3.3; 4.6.1)

3.4.12 Theme 12 - Things that are missing from the proposal

A number of people felt that there were important issues and activities missing from the proposal. The main issues and activities mentioned were coping skills; managing illness; healthier lifestyles, the importance of food diet and growing food; alternative/complementary therapies; spiritual health. There was also a feeling that the well-being part of the proposal was under developed. In addition, there were also some uncertainty from both staff and service users and carers about how the proposal would work and how it would affect them.

The proposed service model includes a well-being element (see paragraphs 1.7 ; 4.1.2 and 4.5.4; 4.6.1)

3.4.13 Theme 13 – Concerns about the process

Under this heading, particularly in the earlier meetings we heard many negative views about the process. The main points made were: decisions had already been made; it was all about saving money; uncertainty about how decisions would be made; the leaflet and documents were unclear and difficult to understand; definitions of social inclusion, well being and domains were unclear. Towards the end of the process people felt happier about the process and were more willing to work together to develop the proposal and improve understanding.

This was an overarching concern about process, not applicable to the service model itself

3.4.14 Theme 14 – There should be no change to the service or the building bases

There were two main sets of comments in this theme: people suggesting that current bases/the current service offers or could offer everything in the proposal; there should be no change to the service as people are happy with the service, their current relationships and are comfortable in the building bases they use.

A no change option is not being pursued.

4. Revised Service Model

4.1 Overview

4.1.1 This section gives the overview description of the service model.

4.1.2 The model proposed differs from the model presented to the Trust Board in October 2006 in the following ways:

- There will be three domains instead of five. Because of the connected activity and the potential to develop pathways, the Volunteering, Education, and Employment domains have merged to form the "**Vocational**" domain. The "**Arts and Culture**" domain remains. The "Sport and Leisure" domain has an additional dimension of well-being, to become the "**Sport, Leisure, and Well-being**" domain.
- The model retains both building bases, Broad Street/Heathcote Arts and SPAN Foster Drive. It is proposed to retain the current buildings. Much of the discussion during consultation was about this topic, and a very clear message was given in relation to the importance of retaining "Safe Haven" for those individuals who would not easily move into mainstream placements. This may be reviewed in the future. Whilst retaining these buildings there will be a change in their use.

4.1.3 The Wellbeing and Social Inclusion Service will have a **single referral point** and people who use services will be able to access opportunities across centres and domains. There will be a weekly referral meeting attended by Team Leaders and Clinical Leads from the three domains and single assessment process including self assessment. It is anticipated that people's utilisation of current services will change with people accessing opportunities in more than one domain and in more than one centre. People may receive a vocational services without accessing a building.

4.1.4 The model requires a reconfiguration of the services currently provided by the Broad Street Centre/Heathcote Arts, the Community Occupational Therapy Team, Vocational Bridgebuilders and SPAN. Domains would be organised along the following lines.

- The Arts and Culture domain will be based at the Broad Street/Heathcote Arts Centre
- The Sport, Leisure and Wellbeing domain will be based at the Broad Street
- The Vocational domain will be based at SPAN Foster Drive.

4.1.5 In addition to the domains described above, there will be a **Transitions Team**. The transitions team will be a temporary team based at the Broad Street Centre, that will link closely with the three domains and will:-

- Review groups currently supported by the community teams, and support their transition into either the Wellbeing and Social Inclusion Service or their development as user run groups.
- Develop, with people who use services, plans for greater involvement in the delivery of the Wellbeing and Social Inclusion Service.
- Develop out of hours services.
- Support residential care homes impacted by the Manor Road Day centre closure and subsequent All Saints closure.
- Support the change process.

4.1.6 It is anticipated that the team would exist until July 2008 and then integrate into the domain based model.

4.2 Estates

4.2.1 The formal consultation process has highlighted the importance of building bases. A key theme is that they provide a safe space. Many of the people who had used service had mixed experiences of mainstream facilities. The centres enabled continuity of support by both staff and other people using the services.

4.2.2 There is however openness to reviewing what happens in the buildings and who uses them. There has been support for other agencies having space and running courses from the buildings and a strong lobby for greater out of hour provision.

- Broad Street/Heathcote is in a city centre location. It is an old building with very limited disabled access.
- There is an opportunity to develop the shop joining Heathcote Arts which is leased from the Trust. Possible use could include a staff base, drop in / information centre or a café.
- The Community Occupational Therapy has Moorgreen on the Highbury site as its office base. It is proposed that this team relocates to SPAN Foster Drive as a base.
- SPAN Foster Drive is a purpose built unit with full disabled access and is ten years old. It is located on the Cedars Site.

4.2.3 Any future decisions about these buildings will be part of a wider review of the Trusts Estates and part of the developing Trust Estates Strategy.

4.3 Finance and Activity

4.3.1 The direct cost of the new service will be 917k, of which staffing 851K and non pay 66k)

4.3.2 It is predicted that there will be a change in service utilisation. Current patterns indicate that relatively few people use the services but use them intensively. The proposed model should deliver a wider pattern of utilisation with more people attending the service regularly but less frequently as part of their care plans. This will mean the service would be targeted at those with most ability to benefit; including groups that have not historically accessed services such as Early Intervention clients, Assertive Outreach clients and clients from Black and Minority Ethnic communities.

4.3.3 The activity of the existing service is made up of day patient attendances currently at 11,306. In terms of the new service, it is proposed to roll over existing activity and finance agreements, with a view to increasing contact numbers within existing costs. Initial modelling shows that an increase of 10% in contacts should be achievable, enabling the service to shift its pattern as described in 4.3.2 above.

4.4 Staffing

4.4.1 The proposed staffing structure for the Wellbeing and Social Inclusion Service is shown in the table below.

Art and Culture			Wellbeing, Sport and Leisure			Vocational		
1 WTE Band 7 Team Leader						1 WTE Band 7 Team Leader		
Arts Coordinator	1 wte	Band 7	Clinical Lead	1 wte	Band 6	Clinical Lead	2 wte	Band 6
Clinical Lead	1 wte	Band 6	Bridgebuilder	1 wte	Band 5	Employment Bridgebuilders	5 wte	3 Band 6 2 Band 5
Bridgebuilder	1 wte	Band 5	Support, Time and Recovery Workers	3 wte	Band 3	Education Bridgebuilder	1 wte	Band 5
Technical Instructor	1 wte	Band 4	Administration	1 wte	Band 2	Volunteering Bridgebuilder	1wte	Band 5
Support Time & Recovery	3.25 wte	Band 3				Technical Instructors	1 wte	1 Band 5 2 Band 4
Administration	0.6 wte 1 wte	Band 4 Band 3				Support, Time and Recovery Workers	3.5 wte	Band 3
Transitions						Administration	2 wte	Band 3
Team Leader	1 wte	Band 7						
Clinical Lead	1 wte	Band 6						
Bridgebuilder	1 wte	Band 5						
Administration	1 wte	Band 2						

4.4.2 Below are the definitions of the roles contained in the table above.

- 4.4.3 **Clinical Leads** are professionally qualified staff who will be involved in the assessment of people referred to the service; they will review progress at regular intervals, provide clinical advice and support to bridgebuilders and be a key link with community teams.
- 4.4.4 **Bridgebuilders** may or may not be professionally qualified workers they will provide opportunities for people in each of the domains by developing partnership with other organisations.
- 4.4.5 **Support, Time and Recovery Workers** will provide both one to one and group support to people who use services to access opportunities in the wider community.
- 4.4.6 **Technical Instructors** – these posts will be reviewed and a job description developed which more accurately reflects skill and expertise and the education and supported employment aspects of the role.

4.5 Description of each Domain

- 4.5.1 It is acknowledged that all domains have a strong history of service development and partnership working. This section described some of the opportunities available within the domains and the current partnerships with other agencies.

4.5.2 Arts and Culture Domain

- 4.5.3 This domain will deliver a programme of arts based activities from both the Broad Street Centre and other Community Bases. Activities available will include drawing, painting, music, poetry mosaic, woodwork, textiles, writing and poetry and drama. The domain will have a key role to play in promoting positive images of Mental Health through exhibitions and performances. The Heathcote Gallery will reopen and provide regular exhibitions by people who use the services. This domain will foster the involvement of people who use services in the delivery of arts based activities e.g. running workshops, co-facilitating groups. The domain will build on the current partnerships including City Arts and Nottingham University

4.5.4 Wellbeing, Sport and Leisure Domain

The domain will provide a range of activities such as swimming, gym, football and walking. It will support people who use services in accessing leisure centres. Support can be provided on a group or one to one basis for people wishing to access special interest groups eg chess clubs. The domain will also provide advice and support to groups and individuals on healthy lifestyles eg healthy eating, smoking cessation. The further development of the domain is dependent on the

review of Psychological therapies. The domain could also provide or support access to some complementary therapies in line with the draft Complementary Therapies Policy (Nottinghamshire Healthcare NHS Trust) Key partners in this domain will be Local Authorities and Primary Care Trusts.

4.5.5 Vocational Domain

This domain which incorporates volunteering, education and employment will deliver the Trust's Vocational Services Strategy. It will do this by:

- Identifying a member of staff in every mental health team with particular responsibility for vocational matters. It is proposed that this will be the occupational therapist in the team in most cases.
- Allocating an Employment Bridgebuilder to every mental health team, as a specialist resource.
- Fostering socially inclusive alternatives to open employment, such as social firms. It is proposed that this be undertaken by SPAN training areas. This will mean the current SPAN training areas of horticulture; catering and information technology will develop strong links with volunteering and education and also foster social enterprises to meet the needs of people for whom open employment is not an immediate aspiration.
- Setting up an inter-agency Employment Forum to oversee implementation of the strategy and co-ordinate with Department of Work and Pensions (DWP), social services and the third sector. It is proposed that this be chaired by a Non-Executive Director

4.6 Key Developments across the Domains

4.6.1 Key areas for development have emerged during the consultation period that are relevant across all of the domains. These developments require detailed implementation plans. Each domain should:-

- Review the use of the building base.
- Review drop in facilities.
- Publicise services available and hold open days.
- Provide support to meet as wide a spectrum of needs as possible.
- Develop plans with people who use services to increase their involvement in service delivery e.g. mentorship, buddying, group facilitator, workshop facilitator

5. Implementation

- 5.1 All services have continued to develop since the original proposal for a Wellbeing and Social Inclusion Service was received by the Trust Board in October 2006
- 5.2 A fortnightly meeting has been held throughout the consultation process. Membership of this meeting is General Managers with a strategic and operation overview of the service, City and County Local Authority Service Leads, Team Leaders for Broad Street / Heathcote Arts, Community Occupational Therapy, Vocational Bridgebuilders, SPAN, Middle Street Resource Centre (County) and Open Door (City), and the Consultant Psychiatrist with lead responsibility.
- 5.3 The purpose of these meetings has been to update issues from each area during the consultation process and to discuss the proposed service model. The work of this group will change to focus on implementation if the proposals contained in this paper are agreed.
- 5.4 A detailed implementation plan will be developed with representatives of people who use the service, people who do not currently use the service, carers, staff from the services, Team Leaders and Local Authority colleagues and members of the Trust Involvement Team. The method will be 2 away days with this group to develop the implementation plan. This method was effective and well received in developing the key themes from the consultation process. The away day will take place in the Involvement Centre in the first week in April 2007.
- 5.5 The implementation plan will be circulated to all teams affected for comment and finalised third week in April 2007.
- 5.6 A Steering Group with Trust, Local Authority and representation from people who use services and carers will form and be tasked with overseeing the implementation. This Steering Group will convene first week of May 2007 and meet monthly.
- 5.7 Each domain will also have a Stakeholder working group. Plans from these groups will feed into the Steering Group. These working groups will meet monthly from May 2007.
- 5.8 Staffing preference exercise will commence in April 2007 and will be led by the Personnel Department. This exercise will be complete by the end of May 2007.
- 5.9 Plans to increase the level of involvement in the delivery of the Wellbeing and Social Inclusion by the people who use the service will be a key deliverable of both Steering Groups and Domain Working Group. There will also be a separate group led by the Transitions Team

and supported by the Involvement Team to address this aspect of the model.

5.10 The service will be implemented by July 2007; its transitional phase will complete in July 2008.

6. Recommendations

6.1 The Board is asked to:

- Note the outcome of the consultation process
- Approve that the services currently provided by the Broad Street Centre/Heathcote Arts, the Community Occupational Therapy Team, Vocational Bridgebuilders and SPAN reconfigure to provide a Wellbeing and Social Inclusion Service.
- Approve the associated transitional arrangements, ensuring a transitions team is put in place to develop and implement the service ensuring the key themes from the consultation process are addressed
- Approve the implementation plan.

Sue Thornton (General Manager Adult Mental Health)

Adele Cresswell (Associate Director Adult Mental Health)

Paul Sanguinazzi (Head of Involvement)

Julie Grant (Communications Manager)

Julie Gardner (General Manager Adult Mental Health)

Appendix 1: The Aims of the original review

The revised model for a Wellbeing and Social Inclusion Service based on feedback from the formal consultation period will meet the principles of the initial review and proposal. This was to:

- Deliver services meeting national guidance on day and vocational services and to maximise opportunities for social inclusion
- Ensure that the importance of social support in safe environments is embedded within the new model
- Ensure that services best meet the needs of the service users by being available to all community teams and providing in-reach to inpatient services.
- Ensure that vocational services are offered across a continuation from a meaningful day to paid employment and are a central part of every service users care plan
- Ensure services are accessible to Black and Minority Ethnic Communities, and other groups who sometimes find it difficult to access services such as the deaf community.
- Aim to develop an integrated partnership model with local authority day service provision and community groups
- Ensure the most effective use of resources
- Ensure that the following values apply
 - Being healthy
 - Staying safe
 - Making a positive contribution
 - Enjoying and Achieving
 - Economic Wellbeing

APPENDIX 2

REVIEW OF DAY, SOCIAL INCLUSION AND VOCATIONAL SERVICES IN NOTTINGHAM

REPORT ON THE CONSULTATION PROCESS

1. Introduction

This report summarises the consultation process, who we consulted and how, the findings and analyses the feedback.

Nottinghamshire Healthcare carried out the consultation because at the time of the proposal the local Primary Care Trusts and the Strategic Health Authority were going through a period of great change. There have been a number of ways for people to have their say and these will be detailed. The Consultation was supported by the Involvement and Communications Teams.

2. 90 Day consultation period

The official consultation period ran from 1 November 2006 to 7 February 2007.

Consultation documents were produced, with full information about the proposed development of the day, social inclusion and vocational services in Nottingham. The documents outlined the rationale for change and the options appraisals. In addition a **summary leaflet** was produced, for wider circulation, which had a tear off slip, which people could complete and return via a freepost address. All documentation gave details of the public meetings. This summary leaflet was **translated into Punjabi and Urdu** and distributed to BME groups via the Clinical Nurse Specialists. The document was also made available in **audio format** for someone with impaired sight.

A **group** was formed comprising staff, people who use our services and carers, who looked at the responses to the consultation to ensure that the report put forward to the Nottinghamshire Healthcare Board accurately reflected the feedback. This group met on 11 and 12 January and they have endorsed the accuracy of this document.

Who we consulted and how:

A range of methods were used, including wide and comprehensive distribution of the consultation documents, distribution of **posters**, public

meetings, meetings with carers and people who use our service, presentations and attendance at stakeholder meetings, press releases and so on.

Distribution

4,000 leaflets were distributed widely to:

- All local NHS organisations
- The Strategic Health Authority
- Local MPs
- The Prime Minister
- Adult Mental Health Community Teams
- Early Intervention Teams
- People who use our services
- Carers
- Voluntary Sector groups
- Local Authorities
- Joint Overview and Scrutiny Groups
- Local Authority Day Centres
- Patient and Public Involvement Forum
- Trust Membership

A **web page** was created on the Nottinghamshire Healthcare web site, which included the full series of consultation documents. This went live on 1 November to mark the launch of the consultation and was featured on the welcome page of the web site. The web site offers an **on-line feedback** form which was routed automatically to the Involvement Team.

Telephone calls to the Involvement Team were also recorded and included in the feedback.

A **press release** marking the launch of the consultation was distributed at the end of October. It went to

Nottingham Evening Post
Central News
BBC Radio Nottingham
BBC East Midlands Today
Trent FM
Metro newspaper
Heart FM
Age Concern newspaper
Saga FM
Topper newspaper
Hucknall Dispatch newspaper

The consultation received the following media coverage – not all generated by the Trust, although usually featuring a quote from the Trust. There were regular updates provided to BBC Radio Nottingham and the Nottingham Evening Post

- 1st September 2006 – interview on BBC Radio Nottingham (MHarris)
- September 2006 Nottingham Evening Post
- 1st November 2006 – interview on BBC Radio Nottingham (JBrewin)
- 27th November 2006 Nottingham Evening Post
- December 2006 Nottingham Evening Post
- December 2006 Nottingham Evening Post
- 12th December 2006 Nottingham Evening Post - letter
- 13th December 2006 Nottingham Evening Post - letter
- 17th January 2007 – interview on BBC Radio Nottingham (JGardner)
- 4th January 2007 Nottingham Evening Post
- 18th January 2007 Nottingham Evening Post
- 25th January 2007 Nottingham Evening Post – letter
- 29th January 2007 Nottingham Evening Post

Meetings

Four public meetings were held:

- 5th December 2006 at Duncan MacMillan House
- 6th December 2006 at Central Methodist Church

Dr John Brewin, Acting Director for Adult Mental Health Services attended the first two meetings. There was a short presentation on the proposals. Open discussion was then encouraged and small group work led to tangible feedback being received. The feedback from the public meetings was transcribed and is available on request.

- 17th January 2007 at Duncan MacMillan House
- 1st February 2007 at Duncan MacMillan House

Adele Cresswell, Associate Director for Adult Mental Health Services attended the two later meetings. These meetings followed a similar format, with Sue Thornton, General Manager, Adult Mental Health Services giving feedback on the themes to have emerged from the consultation. These were the themes drawn out, on 11 and 12 January, by the group formed comprising staff, people who use our services and carers. They looked at the responses to the consultation to ensure that the report put forward to the Nottinghamshire Healthcare Board accurately reflected the feedback received.

In addition service meetings took place:

- 12th September 2006 at SPAN
- 8th November 2006 at SPAN
- 28th November 2006 at SPAN
- 8th January 2007 at Broad Street
- 4th December 2006 at Middle Street Resource Centre
- 25th January 2007 at Open Door

Dialogue with both Social Services departments has been extensive during the informal and formal stages of consultation.

Consultation meetings with **staff** have been held throughout the process.

3. Consultation Responses and Meetings

Responses to the Proposal

During the consultation period we received 234 responses to the proposal. These included 61 responses to the leaflet, 31 letters and over 100 e-mails (over 70 of these were from one person).

Type of feedback received	Number of responses
Tear-off card from leaflets	61
Phone calls	7
Letters	31
Emails	101
Other : SPAN Report	1
Petition	33
Total number of responses	234

The 61 responses from the tear-off card were as follows:

- 15 agreed with the proposal
- 24 agreed with the proposal but had some concerns
- 18 disagreed with the proposal
- 4 did not tick an option

Public Meetings

Four public meetings were held: two meetings for people to put forward their views and two feedback meetings to share and discuss the main themes from the consultation exercise.

Date	Venue	Number of people	Trust Staff (excluding consultation team)
5th December 2006	Blue Room, Duncan MacMillan House	21	2
6th December 2006	Central Methodist Church	40	1
17th January 2007	Involvement Centre, Duncan MacMillan House	29	5
1st February 2007	Involvement Centre, Duncan MacMillan House	31	9

Service Meetings

Meetings were held with service users and carers at SPAN and Broad Street and with the Community Occupational Therapy Team.

Date	Venue	Number of people
28 th November 2006	SPAN	50
21st December 2006	Community Occupational Therapy Team	10
8th January 2007	Broad Street	25

Discussion with Local Authority Day Centres

Two meetings were held with service users and staff at local authority day centres.

Date	Venue	Number of people
4th December 2006	Middle Street Resource Centre (Formerly Beeston Day Centre)	15
25 th January 2007	Open Door	45

Feedback Analysis

Meetings were held over two days with a groups of service users and carers to look at all the responses and notes from meetings. From this the key themes were agreed.

Date	Venue	Number of service users and carers
11 th January 2007	Involvement Centre	7 service users/carers
12 th January 2007	Involvement Centre	9 service users/carers

The Process

During the process of consultation evidence was gathered from a variety of sources.

The consultation process got off to a difficult start with many people feeling angry, mistrustful and very concerned that buildings would be closed and services lost. There was a feeling that decisions had already been taken and were mainly driven by finance.

“There is also public knowledge of the plans to close SPAN ...for economic reasons.” (Evidence 2)

“It is the closure of Broad Street that I object to” (Evidence 17)

During the process of the consultation the mood changed as people had a chance to discuss their concerns and ideas with Trust Staff. This led to a more open debate about the proposal. People were invited to work with Trust managers to look at the evidence and identify the key themes. Over two day in January a number of service users and carers worked with Trust staff to look at all the evidence and draw out these key themes. These themes were then presented to public meetings for discussion and comments. The themes are outlined below.

“The process was very frightening to begin with but has got much better and we can see that we have been listened to” (Evidence 54)

4. Key Themes from the Consultation Process

Theme 1- Concern about Potential Closures of Centres and Reduction in Services

Many of the responses received during the consultation were around the potential closures of centres and the reduction in services. The main issues that came out during the process were: opposition to the closure of SPAN;

opposition to the reduction of day services; concerns about impact on current service users if centre were closed.

Opposition to the closure of SPAN

We received comments from a large number of people concerned about the potential closure of SPAN. There was strong opposition to SPAN being closed from current and former students and carers and family members of students. At the beginning of the process many people thought that the decision to close SPAN had already been taken and that this was being done mainly for financial reasons.

“There is also public knowledge of the plans to close SPAN ...for economic reasons.” (Evidence 2)

We received many comments about the value or potential value of SPAN. During the process the Trust stated that no decision had been taken on any closures and the discussions focussed far more on how SPAN could be used in the future.

There was also some concern that other centres (Broad Street and Open Door) may also be closed. Open Door, though, is not funded by the Trust.

Opposition to the reduction of day services

Many people also expressed a fear that these proposal would result in a reduction in day services. People were particularly concerned that they would no longer be able to go to centres where they could feel safe and supported.

Concern of the impact on current service users if centre were closed

There were several comments about the potential impact on current service users and their mental health if centres were closed. People were worried that they may have nowhere to go.

“If this happens it will put a much greater strain on already pressurised wards” (Evidence 23)

Theme 2 - Importance of Building Bases

There was a strong feeling throughout the process that building bases had an important role to play in any future service. The mains reasons given for this were: buildings bases can provide a safe, secure environment and a focus for engagement; buildings bases can provide a range of flexible opportunities and specialist services; building bases are important to those with enduring mental health problems or at the start of the recovery process. People felt that building bases gave them stability, security and a sense of belonging/community.

Buildings bases can provide a safe, secure environment and a focus for engagement

Many people felt that they need the safe, secure environment provided by centres. They felt that other public buildings, like colleges, felt intimidating and that people were often stigmatised.

“There is value in having a (relatively) private and safe space, free from ridicule of those unable or unwilling to understand mental illness.” (Evidence 17)

It was felt by some that buildings can often be a focus for engagement and people who use day services want services they can access regularly and which provide part of the structure to their lives.

Buildings bases can provide a range of flexible opportunities and specialist services

It was felt by some that building bases enabled a range of flexible opportunities and specialist services to be provided in one place. This makes it more possible for service users to try a range of things “without the commitment of signing up for things in a more formal way as would be expected in a college environment” (Evidence 28). Services provided are felt to be sensitive to the needs of those with enduring mental health issues as a range of specialist services are available.

Building bases are important to those with enduring mental health problems or at the start of the recovery process

The point was made that a building based service is likely to be more necessary for those with enduring mental health issues or those at the start of the recovery journey. These people will need more support than those that feel more able to engage with services in the community.

Theme 3 - Using Buildings Differently

During the process people began to look at how the current buildings could be used differently and what this might mean for people who use the service. Two of the main points raised were: concerns about having to travel to the domain/s of choice; SPAN being the centre (hub) for the new service.

Concerns about having to travel to the domain of choice

There were some concerns that people would have to travel further or that travel would be difficult for people if the domain or domains that they wanted to receive a service from were not located in an accessible location. It was felt that people may have to spend much more time travelling to receive a service than at present.

The question was asked whether people “are capable of managing travel to the single location where a domain is offered.” (Evidence 4)

SPAN being the centre (hub) for the new service

There were a number of suggestions about how SPAN could be used in the new service. As the consultation progressed people talked far less about its closure and more about how it could be used in the future. There was also a growing recognition that it would need to change. Some of the suggestions for how it could be used were:

- as the centre (hub) of the new service
- that some or all the new domains could be delivered from SPAN
- it could be used as a stepping stone for people to develop new skills
- it could become a centre of excellence
- it could be the administration and marketing centre for the new service

“It would become the hub for the domain spokes and the outward face of the service to the many stakeholders.” (Evidence 4)

Theme 4 - More Emphasis on User Led Services/Out Of Hours Services

There were some suggestions that there could be more emphasis on user-led services. There were also some suggestions that an out of hours service is needed. It was also proposed that service users could help with this.

User-led services

It was suggested that service-user led services could be looked at. One suggestion was to look at setting up social firms where service users could work part-time alongside other employees.

Out of hours services

It was proposed that out of hours services are needed as people are vulnerable at weekends. There was also a suggestion that service users could help to run groups/services and keep buildings open for longer.

Theme 5 – Greater Emphasis Needed On a Meaningful Day

There were many responses, particularly at the beginning of the process, which felt the focus of the proposal was about getting people back to work. People were concerned that they would be forced into work or into college whether they were willing or able. Whilst many supported the idea of having good support for people who wanted to get work or go to college it was felt that the proposal need much greater emphasis on a meaningful day. This would mean still having opportunities to socialise and to be able to choose from a range of activities. The main points that were raised were:

Concerns that the focus of the proposal is about getting people back to work

There were a large number of people who were concerned that the focus of the proposals was about getting people back to work or that people would be forced into work. Whilst there was a feeling that support for people to get into work was good it was felt that employment would not be possible for many service users.

"Recovery is not just about obtaining work, education or voluntary work. Looking at it so narrowly will emphasise people's sense of failure if they are not ready for those things." (Evidence 24)

"... although we welcome better vocational opportunities for those that want them, vocational activity is neither wanted by all, nor suitable for all." (Evidence 29)

"Employment and voluntary work are not realistic prospects for a significant majority of service users but activities that prevent isolation are important in preventing relapse." (Evidence 34)

Concerns that college environments are not comfortable for some mental health service users

There were also a number of concerns about having to go to college. Some service users who had attempted to go to college had felt the environment was intimidating. They also felt that there was little support for or understanding of people with mental health issues in mainstream colleges. Again it was acknowledged that if people were properly supported that this would be a good option for those that wanted to go.

"Society is not ready for social inclusion. Colleges and employers are not ready." (Evidence 5)

Concerns about being in work

There were a number of concerns expressed about being in work. Several people had had bad experiences at work due to lack of understanding of their mental health issues. Others felt that if they were to go into employment that they would need real support to cope and for employers and the public to have a change in their attitude to mental health.

The need for good links with and support for employers

There were several comments about the need for good links with employers and the need for ongoing employer and employee support. It was felt that if the model was to work then there needed to be good relationships developed with employers. This was so that they were supported to enable people with mental health issues to remain in work and to understand mental health issues.

"A central point for contact and a centre that can demonstrate 'job ready' applicants plus ongoing employee and employer support must be a requirement." (Evidence 4)

"... there is further work to be done in developing partnerships with employers, statutory agencies and social enterprises." (Evidence 28)

The need for more of a focus on well-being, socialising and a range of activities

There was a strong feeling that the proposal needed more of a focus on well-being, socialising and a range of activities.

"Service users who use day services...want a variety and choice of service which changes as their needs change." (Evidence 48)

"More emphasis on the 'well being' of people, not just a focus on vocations." (Evidence 11)

It was hoped that there would still be "opportunities for people to socialise and those things that are valued e.g. karaoke, cinema." (Evidence 10)

Theme 6 – Support For a Single Referral Point into the Social Inclusion and Well Being Service, Ability to Access Opportunities in All Domains and Early Access to Services

There was some support for a single referral point into the service. Some people also hoped that there would be more choice to access a range of services.

"...there ought to be some kind of central referral and assessment/information process/team that can be approached by care co-ordinators and consultants. This team would know what is available, have good communication methods ... to disseminate information, be able to ... assess clients' needs and point them in the right direction." (Evidence 8)

It was hoped that people would have "more choice accessing a range of services - the person chooses where they want to go, for example like a library card, passport to leisure." (Evidence 10)

"It is a good idea as long as there are sufficient options/choices re: activities to suit different people's needs." (Evidence 34)

The Joint City/County Health and Scrutiny Committee commented:

"...little detail is provided in the proposals as to how the new service will promote patient choice."

The Committee also wanted to know how patient choice will link to local authority adult care departments and the use of direct payments and individual budgets. (Evidence 50)

Theme 7 – Continuity of Relationships and Social Interaction Are Really Important

A large number of people made points under this theme. There were two main points made under this theme: social networks, social interaction and the support of other service users is really important to people; people wanted to be able to continue to have ongoing relationships with staff that were trained, specialist and that they trusted.

People wanted to be able to continue to have ongoing relationships with staff that were trained, specialist and that they trusted

Many people valued the ongoing support they received from staff and were concerned that they may lose the relationships and trust that had been built. They valued having staff on hand with the skills, experience and attitudes to support them.

One person said of Broad Street that it “has trained, specialist staff to greet service users at point of entry: this is invaluable in picking up signs of distress/fluctuations in mental state ... facilitating intervention at an early stage of a potential problem.” (Evidence 40)

Social networks, social interaction and the support of other service users is really important to people

There were many comments about the value of social networks and social interaction. It was felt that having the support of other service users was a real help to people. Social contact and friendship were seen as key to good mental health.

“Keep the social drop-ins alongside supporting people to move forward.” (Evidence 11)

“We do not feel that these ... proposals value the importance of social contact, having somewhere to belong to, a base and a community.” (Evidence 24)

The Joint Health Scrutiny Committee noted that “service users have expressed as part of the benefit of the current service, being able to interact with people with similar circumstances and ... draw support, comfort and inspiration from them.” (Evidence 50)

One person commenting about the Broad Street Centre said that it “allows peer group support to thrive ...where fellow service users are valued for their contributions, unrelated to age, style, health issues.” (Evidence 40)

“SPAN provides a sense of community, participation, validation and ownership for people who have limited opportunities to experience these things elsewhere.” (Evidence 28)

Theme 8 - Creating opportunities for service users who do not currently engage with any services to access the proposed services

There were two main parts to this theme: how do we ensure that the voice of those service users who do not currently engage with services is heard during the consultation period? ; the importance of creating opportunities for this group of people.

How do we ensure that the voice of those service users is heard during the consultation period?

During the consultation references were made to 5000 people who do not currently access day services, who may or may not need the services in the future. We asked the question what would help?

The response was:

“A break down of these figures as I’m sure you will have access to these figures – age groups/ethnicity /gender/ at home/I residential circumstances “ (Evidence 6)

This led to a discussion if “we” have access to this information we would be in a position to target our marketing/communication strategy to link in to minority groups etc. this again reflects the “mood” change during the consultation period.

Please refer to earlier section in the document “90 day consultation period” to see how this issue has been addressed.

The importance of creating opportunities for this group of people

It is well documented that people who currently do not access services would not necessarily access the new proposed services if they were to be provided in the current buildings.

During the consultation there was a shift from solely thinking about buildings to provide services to thinking much more creatively about how and where services may be provided.

“Services provided more locally would help” (Evidence 10)

“More choice accessing a range of services the person chooses where they want to go e.g. like a library card or passport to leisure” (Evidence 10)

There are numerous references to having somewhere safe and welcoming to go recognising the diverse population Nottinghamshire Healthcare NHS Trust serves. The importance of working in partnership was emphasised

“Buildings are important but we need community bases for day to day support” (Evidence 53)

“There is a need to look at all groups and develop specific services to meet their needs (Evidence 54)

Theme 9 - Need for incremental change and progression for individuals and services

There were some concerns raised during the process about how changes would be implemented and the impact this could have on current service users. It was proposed that the process of involvement and consultation should continue once the Trust Board has made a decision on the proposal.

“But how is this going to be implemented” (Evidence 54)

Much of the evidence gathered refers to the need for change to be implemented gradually for service users and carers and staff. There was concern that if change was to happen overnight people would fall through the net, they would become unwell and current relationships between staff and service users and carers would be permanently damaged.

During the meetings on the 11th and 12th January this was acknowledged and the theme of incremental change was suggested and signed up to by all members of the group. The group are happy to work on the implementation plan.

A comment at the meeting 1st February confirmed that this was a theme for consideration.

“Once the Trust Board has made a decision the process of involvement and consultation needs to continue as we drill down the specific changes” (Evidence 54)

“I understand that a multi agency implementation group will be established to develop a detailed implementation plan” (Evidence 9)

Theme 10 - More information about services

Early in the consultation people said that they thought only a few people knew about day care services and in particular the work at SPAN. The main point made under this theme was: the need for readily available information about the new services for service users, carers, Trust staff and GP's and external organisations. The information needs to be accessible, easy to understand and able to be given in a number of ways including personally.

"Targeting awareness raising and information to professional referral staff is a necessity. In over 20 years as a mental health service user no one ever suggested to my daughter that she might make use of SPAN (Evidence 4)

As the consultation progressed the importance of good quality easy to understand information became more and more of an issue for everyone involved.

There was an acceptance that day services had previously not been "marketed effectively" which is reflected in the number of referrals and attendees but that now with the proposed new service we have an opportunity to change this.

The new service should be "easily accessible to new and old clients, be well advertised and easy to refer to" (Evidence 24)

It is important to consider how people will be informed about the new service, what is available, we may have to be creative about how we do this.

Clients /service users do not always "respond well to letters, phone calls, leaflets and posters. How will clients continue to be able to shape services?" (Evidence 8)

There are requests in the evidence to reflect on and consider the work of the transitions team, who are they, where will they be, what will they do and when?

There is a general feeling that we (the Trust) will need to invest in good quality information in order for the new service to function well. The importance of language was emphasised and the need for further explanation on some of the terminology already used

"What does reconfigure mean?" (Evidence 20)

"What are bridge builders?" (Evidence 31)

Many people felt that the written information produced during the formal 90 day consultation period was "indecipherable" (Evidence 20). The model was

criticised as being "too vague" (Evidence 24) with not enough information in it and "too full of jargon" (Evidence 30).

People wanted far better information during the process on how well the services were used and how they were financed.

During the public meetings and other meetings at the Centres many of peoples' issues with understanding the proposal were addressed.

Theme 11 - Concerns about the cost to carers (family and friends) of the proposed changes

The two main issues within this theme are consideration/ acknowledgement of the valuable support carers can be to services but also one of concern about extra strain on carers in their caring role. Carers were worried that any reduction in services would put an extra burden on them and wanted to know what support would be available for them as part of this proposal.

During the formal consultation process carers views of the proposal were received in a number of ways at the public meetings, the centre meetings and via email letter, phone calls etc.

Points were well made about the crucial support carers give to service users in order for them to access current services but also that there may be an increased cost to the NHS as carer burden and strain increased due to raised anxiety levels of service users.

"this is beginning to cause a great deal of distress to families and carers who in turn will need to call on their GPs and the health service more frequently" (Evidence 22)

The proposal has made some carers acutely aware that they are unable to "trigger a health service response due to the confidentiality issue " (Evidence 53) if they feel concerned.

The overwhelming response of carers to the proposal is one of anxiety.

"There are 3313 carers who need support and breaks as they are pushed to their limits what will happen practically? What is the direct support for carers?" (Evidence 54)

The "benefits (of the new model) should be spelled out " (Evidence 54)

Theme 12 - Things that are missing from the proposal

A number of people felt that there were important issues and activities missing from the proposal. The main issues and activities mentioned were coping skills; managing illness; healthier lifestyles, the importance of food diet and growing food; alternative/complementary therapies; spiritual health. There was also a feeling that the well-being part of the proposal was under developed. In addition, there were also some uncertainty from both staff and service users and carers about how the proposal would work and how it would affect them.

This theme is complex. It includes perceived direct omissions with the main issues and activities mentioned being coping skills; managing illness; healthier lifestyles, the importance of food diet and growing food; alternative/complementary therapies; spiritual health. (Evidence 1, 8, 10, 11, 24)

A number of people felt that the wellbeing part of the proposal was underdeveloped.

Staff also had questions about working across the domains.

"It would be strange for me to work in only one domain" (Evidence 3)

Generally the feeling towards the end of the consultation period was that people wanted to be kept informed and in particular wanted "to know details, when, where and what time will I be doing it?" (Evidence 31)

Why can't SPAN be a Centre of Excellence was a consistent additional theme?

Theme 13 – Concerns about the process

Under this heading, particularly in the earlier meetings we heard many negative views about the process. The main points made were: decisions had already been made; it was all about saving money; uncertainty about how decisions would be made; the leaflet and documents were unclear and difficult to understand; definitions of social inclusion, well being and domains were unclear.

Towards the end of the process people felt happier about the process and were more willing to work together to develop the proposal and improve understanding.

"Decisions had already been made" (Evidence2)

"Where is the evidence for change?" (Evidence 6)

"Cost cutting a political decision" (Evidence 2)

There were questions about definitions we had used to write the proposal for example what was our definition of domain and wellbeing.

When we came to look at the gathered evidence in the 11th and 12th January meetings, where people had self-selected to work with us to develop the themes the feelings appeared to have changed

“it has been a very difficult time for everyone concerned particularly dealing with the uncertainty” (Evidence 51)

There was a genuine desire to move forward.

However, there are on going concerns about raised stress levels in service users and remaining questions about what does it all mean for the individuals who currently use services some of whom are very vulnerable and concern that they may be overlooked whilst the service is trying to attract new younger people to the service.

At the two feedback days (17th January and 1st February) the themes were well received and people thought they were a true reflection of what had been said previously.

Theme 14 – There should be no change to the service or the building bases

There were two main sets of comments in this theme: people suggesting that current bases/the current service offers or could offer everything in the proposal; there should be no change to the service as people are happy with the service, their current relationships and are comfortable in the building bases they use.