Devon Partnership NHS
NHS Trust

Summary Report

Mental health community opportunities contracts are overdue for renewal, providing the opportunity to review the current services in order to develop and build on these.

This report describes the findings from a number of activities where people with an interest in mental health services were asked about new proposals for community opportunities. Those asked were people who use mental health community opportunities in Devon; carers; providers and Devon Partnership Trust (DPT) staff. Five workshops across Devon were held and a survey was made available from Healthwatch Devon.

Over 200 people contributed their views. From these a report which details themes relating to each of the questions, has been prepared and is available below (or) is available on the DPT website: www.devonpartnership.nhs.uk. The following reflects the broad themes which emerged.:

- *Keep services as they are.* This acknowledges an appreciation of what is currently being offered and that these are, in many cases, meeting people's needs.
- *Physical accessibility of services.* Services in towns need to be on public transport routes.
- *Accessing services.* Affordability of transport costs are a prime factor for many people in accessing services. Car sharing needs to be utilised. Provision of services in market towns and other centres of population are needed to provide widest access. People in rural areas could be helped through online/networking and one to one support.
- *Availability of services.* The majority of people wanted services available all of the time, though acknowledged this was not economic or likely. Daytime services with some flexibility for evening and occasional week end support /activities supplemented by telephone support were thought to be helpful.
- *Peer support is welcomed if 'properly' provided.* Most people acknowledged there was a place for peer support where training, supervision and on-going professional support is provided. This can be invested in as an opportunity for the peer supporters and to extend the range of provision.
- *Creative and social activities are appreciated.* The need for activities where people are able to express themselves creatively either through art, music, writing etc. were acknowledged as was the need for social groups and outings.
- *Current mental health services are too complicated.* This appears to endorse the need for hub services that provide advice and signposting through the maze of services. Better links between community opportunities and DPT mental health services was also suggested
- *There is a need for courses for people to help them better learn to help themselves.* Many people spoke of psycho-educational needs and the place of the Recovery Learning Community in providing

courses for people to help with their recovery. Additionally, help with practical daily living skills was mentioned by some. Group activities as well as one to one support were acknowledged.

- *Making more use of technology - online services.* Many people referred to Facebook and similar social media for connections and possibly for providing some support to those in rural areas.
- *The need for a safe space.* People appreciated being able to go somewhere where they felt safe, secure and accepted and spoke of mainstream services sometimes being uncomfortable for people with mental health problems. The need for drop in, dipping in and out of services and social contact in this context was very important. Community opportunities were seen to reduce reliance on front-line services.
- *Carers need support.* Those carers who contributed felt that they did not get enough support, advice and information and that more support for the family is needed
- *Linking up with other community provision needs to be considered.* Consideration of using existing community venues such as health centres, village halls, community hospitals etc. was thought helpful, provided people were comfortable with the venue which should be non-clinical, comfortable and welcoming. Additionally having other services sharing the venue used by community opportunities encourages links with the local community.
- *Crisis work.* The importance of community opportunities in the prevention of crises is seen as invaluable. Being able to drop in and given time to talk to someone who knows you, without the need for a referral process, was described as very helpful.

Next Steps

The feedback received will help inform the drafting of service specifications. People are invited to continue to provide their comments up until the final draft service specifications are agreed, planned for mid-July 2015. Draft specifications and proposals for change will be made available on Healthwatch Devon and DPT websites (www.healthwatchdevon.co.uk; www.devonpartnership.nhs.uk). There will be options to enable you to make comments and details provided of the various ways of feeding back. In June an event will be arranged with those who provide community services to share the draft service specification and seek their views. Shortly afterwards the date for involvement to cease will be shared with you- this is due to the strict regulations governing contracts and competitive practice.

We would like to thank all those who took the time to provide their views either by attending the workshops or completing the survey.

If you have any further comments, or would like this report in a different format
Please contact our Patient Advice and Liaison Service (PALS) on:
Freephone 0800 0730741 or 01 392 675686
Or e-mail dpn-tr.pals@nhs.net

Devon Partnership NHS
NHS Trust

Summary Report from Mental Health Community Opportunities Involvement Meetings and Devon Healthwatch Survey

Introduction:

This report provides feedback from the five involvement meetings held between January and February 2015 in Newton Abbot, Exeter, Exmouth, Barnstaple and Okehampton; and results from the survey which was available on Healthwatch Devon's website from the 29 January to 8 March 2015.

Feedback is reported separately from the survey and the meetings. The survey results are reported under Part 1 and feedback from the meetings under Part 2 of this report. Themes from both the meeting and the survey are then summarised at the end of the report. Feedback is provided under each question asked at the meetings or in the survey. Where relevant the report will state how many people as a percentage of those that responded, agreed, disagreed or did not know, in relation to the question asked and will include the themes from the feedback with selected quotations, illustrating the range of views where these are available.

We would like to thank everyone who either attended the meetings and/or completed the survey. We especially thank those who took the trouble to send us additional views, in writing; this was much appreciated. We are aware that not everyone who takes up community opportunities was able or wanted to give their views, for example, those who receive Direct Payments or a Managed Personal Budget for personalised services. However we were encouraged by the number of people that took part and worked positively at the workshops and/or expressed their viewpoints in writing to us.

How many people expressed their views?

The following table shows how many people expressed their views and, where known, whether they were a person using or providing community opportunities, a carer or a member of Devon Partnership Trust (DPT) staff

Attending or responding to:	Person using services	Provider of services	Carer	DPT staff	Other	Left Blank	Total
Survey	31 currently 11 previously	14	13	0	8	7	84

Meetings	58	41	4	19	0	0	122
						TOTAL	206

PART ONE

Healthwatch Devon Survey Questions:

1. Would you like greater choice in adult mental health services in Devon?

73% of you answered yes

11% of you answered no

16% didn't know

2. Do you feel anything is missing from the proposed model….?

48% of you answered yes

16% of you answered no

36% of you didn't know

3. If yes please tell us what you would add to the model?

Themes from the answers given were:

- services needed to remain the same as they met the respondents needs
- no budget cuts
- wanting somewhere safe, informal and secure to meet with other like-minded people
- wanting a separate women's hub
- more links with the voluntary services that help with health and wellbeing
- more practical support for carers
- the importance of where the wellbeing hubs are based
- needing support services longer than 12 week's duration
- having a phone help line staffed by skilled staff
- mental health awareness work with mainstream providers to provide more mental health friendly services
- concerns about what services a person, who does not meet eligibility criteria, can access
- importance of links with DPT mental health services
- concerns whether mainstream services are supportive enough of people with mental health problems

Quotations included: 'Things are fine as they are'; 'A base where I can feel at ease and secure….'; Provision of socialising environment'; Internet based rural support networking'; 'more creative/environmental activities'.

4. In addition to information and help with planning are there other support services you would like to see delivered within the hubs?

43% of you said yes

14% of you said no

43% of you didn't know

5. If yes please tell us what support services you would like to see delivered?

Themes that were raised included:

- Facilitated peer support that is not time limited
- Better integration with all health provision
- Simplified and easy to understand services
- Help with practical living skills including self-management, benefits and psycho-education
- Creative activities
- Quick and easy access to prevent crises from escalating
- No change to existing services
- Specialist services for dual diagnosis i.e. learning disability and mental health problems
- Time to talk
- Support for families

Quotations included:
'More access to existing mainstream cultural opportunities'; I would like the hubs to be integrated with hubs that cover physical health. This would allow everyone to be treated as individuals as a whole'; 'A safe environment is extremely important and confidentiality is extremely important too'; 'Goal setting and planning help quite a lot of people but should be a choice, as this is by no means everybody's recovery route'.

6. Where in Devon do you think the local wellbeing hubs should be situated?

The main theme was that wherever the hubs were located they need to be on an accessible public transport route. Additionally many people thought there should be a way of assisting people with the cost of fares to get there. Some people named towns and predominantly Exeter, Exmouth, Honiton, Barnstaple, Bideford, Tiverton, Okehampton, Newton Abbot or market towns/centres of population were suggested. Existing locations of services such as Holsworthy were suggested as were places that do not currently have any services such as Totnes and Crediton. Other themes included expanding the use of social networking to cover rural areas and ensuring that wherever the hubs were that they had good links

to existing mental health services. A few people suggested combining with existing health resources such as a community hospital, though others thought that city centre shops or leisure activities would be a better choice. Keeping what we have currently and enhancing that was also a theme from several people.

Quotations included:

'Where there are good transport links….'; 'In each of the main localities that match with the Community Mental Health Teams (CMHTS)'; 'Online. Use of bases automatically limits who can access'; 'I suggest they could be portable eg. Rooms in GP practices, a wellbeing bus, a local hall.'

7. How might we extend provision into the rural areas?

Some similar themes emerged from previous questions and included:

- The cost of transport into community opportunities services and its affordability
- Free transport provision or peer support to help with transport
- The use of village halls, GP practices/health centres for activities or other community buildings
- Outreach support provided by agencies based in locality towns
- Linkage with other locally based activities
- Mobile services (though concerns about discreetness of these)
- Using pubs or other more anonymous services
- Peer led groups in rural areas linked to local hubs
- Online and telephone information and support
- Peripatetic workers available certain days and times

Quotations included:

'It's been tried in x and other small villages but not well attended.'; 'Free bus passes for individuals to access nearest town'; 'more varied accommodation- schools, pubs, church halls.'; 'The problem is you are not anonymous in a village. If you enter an area identified as a hub (for mental health services) people will gossip.'; 'Through better training of community health nurses and links with voluntary sector in rural settings.'

8. What times and days should the hubs offer a service?

20% of you only wanted Monday to Friday services

8% of you wanted Monday to Friday and evening services

17% of you wanted Monday to Friday services and weekends not including evenings

50% of you wanted services Monday to Friday, evenings and weekends

2% wanted just weekend services

3% of you wanted weekend and evening services

None of you wanted just evening services.

9. Do you think that increasing mental health peer support services is a good idea?

76% of you thought this was a good idea.

12% of you thought it wasn't a good idea

12% of you didn't know

10. Would you like to see peer support offering :

a) drop-in social support and drop in groups?

70% of you said yes to this

b) small group community activities?

67% of you said yes to this

c) telephone support?

51% said yes to this

d) one to one support

51% said yes to this

15% did not respond to this question.

11. Are there other models of peer support we should be offering?

Replies to this question included themes of networks which were considered cost effective and based more on normal friendship, recovery mentoring, online forums, and group therapeutic activities. Many people expressed concerns about peer support that was not supported by qualified workers with concerns it would place too much pressure on people with mental health problems and would break down. Some of you thought it was not a good idea at all. Some of you suggested that training would need to be very vigorous and that on-going supervision would have to be provided to the peer supporters. Others thought it was a very good idea provided it was well supported and managed.

Quotations included:

'If properly supervised by a suitably qualified professional'; 'our peers are not always well and we rely on the staff to help us'; 'peer support may not work if the client gets ill and needs support themselves'; 'although peer support can be productive, care needs to be taken to ensure that the peer supporters are

themselves supported in this role'; 'befriending support to access community resources, especially initially'.

12. Please tell us if you have any ideas of ways in which we can help people with mental health needs to be supported to be more independent and involved in their local communities?

Themes from responses included:

- Keep things as they are
- Build on and improve existing provision
- Expand peer support and the Recovery Learning Programme
- Don't know as the document is too hard to understand
- More groups with professional support but providing social outlets
- Faster response to those in crisis
- Building links with local resources and help to introduce people to them
- More personally meaningful activity
- Better links to GPs to ensure people are signposted effectively
- Cut waiting times
- Current provision is too complicated and difficult to understand
- Giving people the opportunity to fulfil their own needs

Quotations included:

'I feel there is a need to have social groups and clubs that are in between the mainstream activities and the more institutionalised end of psychiatric care. The stepping stone is what many people seem to need to build confidence'; 'Encourage greater service user leadership and provide training and maybe qualifications for those getting involved'; 'Help build social groups where the peer pressure can help a service user to gain enough confidence to try something new'; '…. I think there is a strong case for an individual buddy to be introduced and appointed who would "chaperone" people to meetings…..'

PART TWO

Throughout the workshops held as part of the engagement events people who use services expressed strong support for the services that they currently use or have available within their locality and the staff who provide those services. There were also references to "good" projects outside of their locality and a desire to see these replicated locally. Of particular relevance is the concern expressed in more than one workshop that some areas of Devon have no building based support, group activity or "safe space" and access to any of these necessitates a lengthy and costly journey.

While there was a general agreement about the need for equity of provision across the county there were also very clear advocates for detailed planning to be kept local and geared towards the particular needs of the local population and the services, links and partnerships that were already in place.

There were strong concerns expressed that the changes proposed might be fundamentally linked to cost efficiencies/"budgetary cuts" and result in service loss. The general view being that what was needed was additional resource in addition to those services already available. Commissioners were urged to avoid duplication or "reinventing the wheel" and enhance and build on the best of existing provision.

Workshop Questions:

1. In addition to information and advice, what are the top 3 things that should be available as open access?

This question prompted wide-ranging conversations in all groups within the workshops.

The highest levels of agreement related to:

- Recovery Education groups and courses,
- Peer Support including networking and social opportunities
- Open access "safe space" or "drop in " services

Other ideas and feedback included:

- 1:1 Support with planning and self-management
- Online services – including social networks, chat rooms etc.
- Assisted transport for rural areas
- WRAP planning
- Health related forums
- Better access to arts based, and creative and cultural, activities
- Preventative and brief intervention approaches
- Hubs encouraging "inclusive" activities preventing labelling
- Support and services for carers

"There is still a need for specific building based support where people can drop in and simply "be" and feel safe…"

"A day service that feels owned by users not the Local Authority, NHS or other provider."

2. If we are to have an Information and Resource Hub in each locality:

- ***Where should they be?***
- ***How do we reach the more isolated rural areas?***

The consensus was for hubs in the main towns in each of the localities; where there are transport links and connections to other organisations and services. There were strong allegiances expressed for existing building based services but acknowledgement that not all localities have retained these.

In addition to dedicated buildings feedback highlighted the potential use/sharing of other community spaces. These might include:

- Libraries
- Health centres
- Community Centres
- Village/Town/Church Halls
- Other health or Devon County Council buildings

In order to reach the most isolated areas ideas and comments included:

- Better use of online services, both to access information and for networking and social contact e.g. Skype, social networks
- Telephone based services, helplines etc.
- Assistance with transport
- Outreach "pop up" activities in villages and smaller towns
- Mobile services on the model of mobile libraries
- Having dedicated information space on existing mobile libraries
- Linking with smaller local voluntary groups and organisations – not necessarily associated with mental health

Broader feedback included:

- Needing to link where ever possible with mainstream services
- Integration and co-location with other agencies and providers that are also struggling with reaching isolated areas
- Using local knowledge
- Building up wider resource data base for each locality
- Supporting smaller peer support projects in rural areas
- Encouraging car sharing schemes
- Matching opening times to local transport availability e.g. Market buses

"Use the projects we already have before creating new ones."

"A day service that is delivered in normal places not institutions"

3. Are there important times when the Hubs should be open/accessible or particular activities that might be associated with times of day or week?

There was a strong desire to see service available for extended hours across a 7day week. However the majority of the workshop participants acknowledged this was not likely to be achievable at present levels of funding and some who questioned whether there would be the demand to make this sustainable even if funding was available.

The broadest consensus was for a predominantly weekday provision with some availability over the weekend and evenings - perhaps centring on the main Advice and Info Hubs. These might be supplemented by telephone or online support.

Other feedback included:

- Opening times should be targeted to specific groups
- Evening or weekend services for those working or committed to child care
- Providing "child friendly" services
- Access to information online 24/7
- Transport may restrict people accessing activity out hours
- There is a need for consistent opening times – no short notice closure due for example to staff shortages.
- Peer based support may be more flexible in terms of when available
- Increased access when mainstream services are closed or limited i.e. Christmas, Easter, Bank holidays
- Using more volunteers to broaden availability (e.g. "May Tree Project" in London – used 70 volunteers giving 3 hours of time per week)

4. What might be missing from these proposals/ideas?

- ***In what other ways can people with mental health needs be supported to be more independent and involved in their local communities?***

This question provoked the widest ranging conversations within the groups/workshops.

Feedback included:

- Increase provision and integration of arts based and creative activities
- Need for greater information about what is available
- Improved advocacy services
- Befriending services
- Social prescribing e.g. Arts on Prescription
- Promotional and awareness events
- Better connections/partnership with colleges, training organizations, and other mainstream activities

- Investment in small highly local projects
- Accessible funding for smaller service user lead and peer based projects
- Psycho Education projects
- Clarity around services and support available to carers
- Easy and quick access to services
- Clear thresholds and criteria for access
- Better access for those with physical disabilities
- Inclusive services for those with learning disability, drug and alcohol problems, or those who are homeless
- Access to 'complimentary' interventions
- Support for Peer Support Workers
- Access to child care for parents attending services
- Better access to specialist advice services: benefits, debts etc.
- Links to employment services
- Multi-cultural and multi-faith considerations

"What can we learn from other areas?"

"Define mental health…shouldn't need to be "pigeon holed" to access support."

5. How might we apportion the budget between, for example?

- **Info, Advice and help with planning**
- **Courses and learning opportunities**
- **Peer support projects**
- **1:1 support (enabling for up to 12 weeks)**

All participants found responding to this question difficult. Key points included:

- Range of services must be available if there is to be choice.
- Priorities will vary between places/localities dependent on what other services are available, local needs, and pressures in other services.
- No clear indications of priority allocation but majority of groups highlighted the balance between individual support and group models were key.
- Expansion of the Recovery Education group activities and courses was well supported.
- Peer support models mustn't be seen as a "cheap option".
- Increase volunteer based group and individual support services
- This is a complex question, with multiple variables, needing more information before accurate decisions can be made.

General themes from the workshops and questionnaire

From the wide range of comments, opinions and viewpoints expressed by all of you contributing to the community opportunities review there appear to be a number of common themes expressed at the workshops and in the questionnaire responses. These themes have been listed below and may invite further thought and comment as we work with you to take things forward. The list will not be exhaustive and will very much depend on what current services are available, which is considerably varied across the different areas of Devon. Some themes will therefore be more important in rural areas than in Exeter and others will have more relevance for individuals with particular needs and interests. However, it may be helpful to acknowledge consensus of viewpoints, where these exist, in order to agree some clear messages to take forward for the future.

Common themes with comments :

- *Keep services as they are.* This acknowledges an appreciation of what is currently being offered and that this is, in many cases, meeting people's needs.
- *Physical accessibility of services.* Services in towns need to be on public transport routes.
- *Accessing services.* Affordability of transport costs are a prime factor for many people in accessing services. Car sharing needs to be utilised. Provision of services in market towns and other centres of population are needed to provide widest access. People in rural areas could be helped through online/ networking and one to one support.
- *Availability of services.* The majority of people wanted services available all of the time though acknowledged this was not economic or likely. Daytime services with some flexibility for evening and occasional week end support /activities supplemented by telephone support were accepted as helpful.
- *Peer support is welcomed if 'properly' provided.* Most people acknowledged there was a place for peer support where training, supervision and on-going professional support is provided. This can be invested in as an opportunity for the peer supporters and to extend the range of provision.
- *Creative and social activities are appreciated.* The need for activities where people are able to express themselves creatively either through for example, art, music and writing were acknowledged as was the need for social groups and outings.
- *Current mental health services are too complicated.* This appears to endorse the need for hub services that provide advice and signposting through the maze of services. More links with statutory mental health services was also cited. Better links between community opportunities and DPT mental health services was also suggested
- *There is a need for courses for people to help them better learn to help themselves.* Many people spoke of psycho-educational needs and the place of the Recovery Learning Community in providing courses for people to help with their recovery. Additionally help with practical daily living skills was mentioned by some. Group activities, as well as one to one support, were acknowledged.
- *Making more use of technology- online services.* Many people referred to Facebook and similar social media for connections and possibly providing some support to those in rural areas.
- *The need for a safe space.* People appreciated being able to go somewhere where they felt safe, secure and accepted and spoke of mainstream services sometimes being uncomfortable for people with mental health problems. The need for drop in, dipping in and out of services and social

contact in this context was very important. Community opportunities were seen to reduce reliance on front-line services.

- *Carers need support.* Those carers who contributed felt that they did not get enough support, advice and information and that more support for the family is needed.
- *Linking up with other community provision needs to be considered.* Consideration of using existing community venues such as health centres, village halls, community hospitals etc. was thought helpful provided people were comfortable with the venue which should be non-clinical, comfortable and welcoming. .Additionally having other services sharing the venue used by community opportunities brings community links.
- *Crisis work.* The importance of community opportunities in the prevention of crises is seen as invaluable. Being able to drop in and given time to talk to someone who knows you, without the need for a referral process, was very helpful .

These twelve themes include what many of you find really good about the community opportunities you currently access, ideas for the future, problematic issues and current work that may be enhanced to provide more choices for the future. Many people expressed their positive views on the service they currently receive, some viewing the service as a lifeline for them, and so there is a clear message of 'well done' to providers of those services. Learning from the best of what is currently being provided will form the foundation for future services.

Next steps

We hope that you will discuss this document with your peers, friends, family members or provider of services, whatever is helpful to you. Over the next few months we will be revising the proposal for mental health community opportunities in the light of what we have learned from your feedback. This will be in readiness for the development of service specifications for new contacts that service providers will bid for. As you are aware, all of the current contracts are out of date and new ones need to be made competitively available.

People are invited to continue to provide their comments up until the final draft service specifications are agreed, planned for mid-July 2015. Draft specifications and proposals for change will be made available on Healthwatch Devon and DPT websites (www.healthwatchdevon.co.uk; www.devonpartnership.nhs.uk). There will be options to enable you to make comments and details provided of the various ways of feeding back.

There will be a further consultation for providers of community opportunities in June, just before launching the competitive tender, planned for mid-July. It will be an open invitation for current or potential providers only, where the draft service specification will be shared with a view to inviting their comments and/or suggestions for improvement. Following this activity involvement will end, in order to comply with the strict regulations governing contracts and competition. The date for the ceasing of involvement will be shared. It is anticipated that the new service model will be provided from April 2016.

In conclusion, we would like to thank you again for your time and commitment to providing feedback. This has been invaluable to ensuring that services are delivered to meet the needs and preferences of people who use them, whilst acknowledging budgetary and practical considerations.

Sherrie Hitchen, Head of Contracting and Provider Partnerships, Devon Partnership NHS Trust.

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