Cheshire West and Chester

Consultation on In-House Mental Health Provider Services

July/September 2022

Key Findings Report

Report by

NWA
Social &
Market
Research

Contents

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A   ABSTRACT

In October 2020 Cheshire West and Chester Council began a review of their In-House Mental Health Provider Service, a service managed and operated by the Council that delivers support to people with severe and enduring mental health needs. This resulted in a number of proposed changes to the service. These proposed changes aim to deliver: "A modern effective service that is able to meet the challenges of growing demand, increasing complexity and rising costs in mental health services".

This purpose of this consultation was to understand the views of Service Users, their families and carers, staff and volunteers of the In-House Mental Health Service, and residents of Cheshire West and Chester, on the proposed changes. A consultation document setting out the proposed changes and an accompanying questionnaire was distributed to all current Service Users and staff and was made publicly available on the Council's website and in other formats upon request. In depth face-to-face interviews were also undertaken with a sample of Service Users across each of the different services provided by the In-House Mental Health Service.

The study revealed that there was a high level of satisfaction with the current service and broad agreement with the proposals being considered.

There was, however, high levels of concern about change per se and whether elements of the current service may be lost. Concern was also expressed about any potential disruption to Service User routines and the anxiety that this may create, as well as having a 'recovery-focused' future approach.

B   BACKGROUND AND INTRODUCTION

In October 2020 Cheshire West and Chester Council began a review of their In-House Mental Health Provider Service. This resulted in a number of proposed changes. These proposed changes aim to deliver:

"A modern effective service that is able to meet the challenges of growing demand, increasing complexity and rising costs in mental health services".

The review recommended keeping the In-House Service and building on it to deliver appropriate continuity and support for existing Service Users, with a focus on individuals' personal recovery.

In order to hear the views of all residents of Cheshire West and Chester, in particular Service Users, their families and carers, other people with lived experience and the staff and volunteers working in the service, a consultation was carried out by NWA on behalf of Cheshire West and Chester Council between July 12th and September 5th, 2022.

Details of the proposed changes were set out in a consultation document which explained the purpose of the consultation, the current service provision, reasons for the review and the proposed changes across each of the current In-House Services:

- Day Centre Services
- Short Term Accommodation
- Longer Term Accommodation
- Outreach Services.

The consultation document was provided as an online version and an 'easy read' version. The consultation document was accompanied by a questionnaire which sought the extent of agreement with the proposed changes for each of the above services. Extent of agreement was assessed using a five-point scale: 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree', and 'strongly disagree'. Comments were also sought through open questions about the proposals and any ways in which the proposals might be improved. Respondents were also asked for comments on the changes overall.

The consultation document was distributed as follows:

- Service Users were sent a paper copy in the post. The staff were asked to check whether the Service Users had received their copy and provided with spare copies to distribute should they be needed.

- Staff were told about the consultation in briefing sessions held in advance and provided with paper copies by their supervisors. The staff were then encouraged regularly to take part.

- Paper copies were distributed to each site as spares should they be needed.

- Partners and Stakeholders were informed of the consultation at existing meetings and boards and had the link to the online form shared with them, as well as being reminded once the consultation was underway

- A Member Brief was distributed to all Councillors with the link to the online form when the consultation was made live.

The questionnaire with a covering letter was posted to all 152 Service Users together with the consultation documents. Packs containing the same documents were also distributed to all staff. The consultation was open to all on the Council website, with all consultation materials made available online. In addition, 19 interviews with Service Users were undertaken face-to-face at the three-Day Centres: The Locks Chester, Pathways Ellesmere Port, and The Old Vicarage Northwich. Service Users were asked to take part in a face to face interview. The report of these interviews provides a more in-depth understanding of Service Users' needs and concerns and is included as **SECTION 2** of this report.

Of the 152 Service Users that were being supported at the time of the consultation, 122 were users of Day Services (80%). 35 Service users were receiving Outreach Services, of whom 11 also used Day Services. 12 service users were receiving support from the Accommodation Service, of whom six also used Day Services.

A total of 75 completed questionnaires were received by close of the consultation period: 63 paper questionnaires and 12 online. This included questionnaires completed as part of the face-to-face interviews.

The responses to the questionnaires have been analysed to understand how respondents categorised their interest in the In-House Mental Health Services (at Question 11 on the survey): 'Service User', 'Staff or Employee of CWCC', 'Organisation/ Company', and 'Other – Resident or Carer'. It should be noted that not all questions were completed by all respondents and therefore Base Numbers in the tables of results differ. Respondents were also asked for their comments in open questions, with the responses reviewed for themes.

The following chart and table detail the types of respondents to the consultation at the close of the consultation period.

Response by Type (% and number)
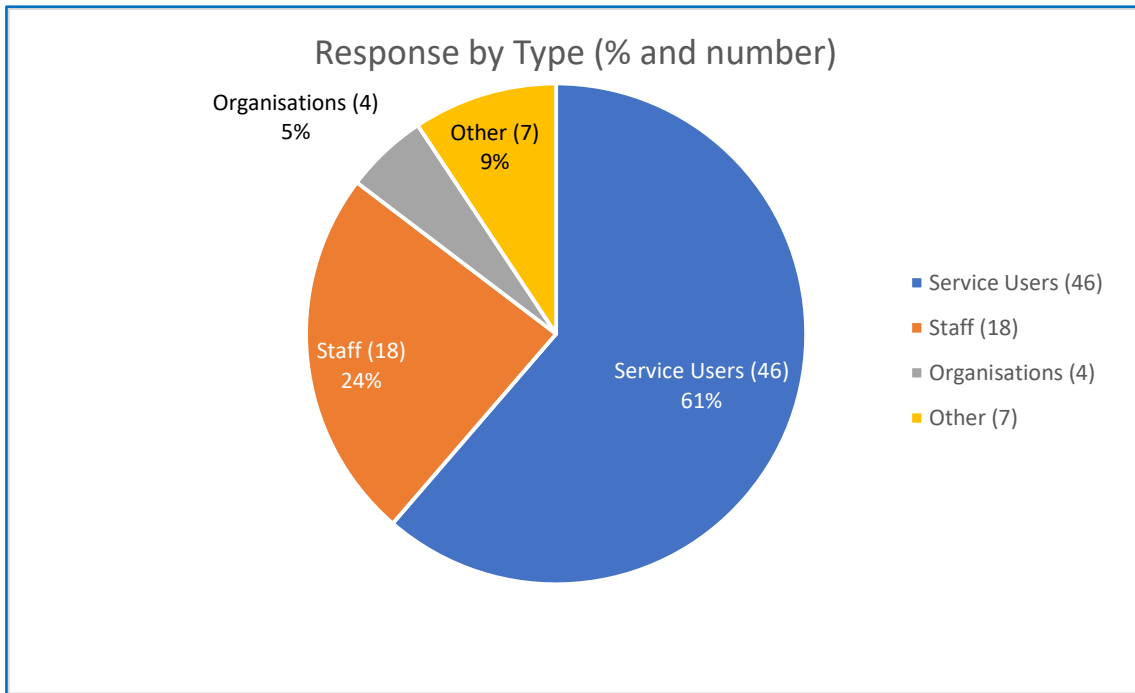
The majority of respondents were Service Users (62%), whilst 24% (18) were 'staff', 5% (4) were 'organisations', and 9% (7) were 'other – 'resident or carer'.

Service Users who responded (40 in total) were predominantly Day Service Users (93%; 37/40) as can be seen from the table below. A quarter (25%; 10/40) of Service Users used Supported Living accommodation, and 18% (7) were Outreach Service Users. [Note: answers total over 100% as some participants indicated use of more than one service.]

	Number of responses	% of total Service Users
Day Service Users	37	93%
Outreach Users	7	18%
Supported Living accommodation – short term	2	5%
Supported Living accommodation – long term	8	20%
Other	1	3%
TOTAL (note: some participants used more than one service	40	

The majority of Service Users responding to the questionnaire had used the service for 'more than five years' (76%), with 8% using the service for '2-5 years', and 13% for '1-2 years'.

Q14: About how long has support been received from the Services? (% - 38 respondents)

- Less than 3 months 3%
- 1 to 2 years 13%
- 2 to 5 years 8%
- More than 5 years 76%
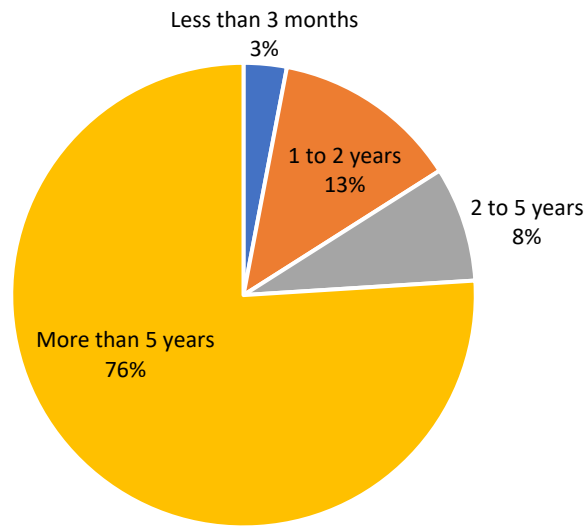
It is important to note that in view of the significant proportion of Day Service User responses, who made up the majority of respondents, this may have influenced the consultation findings. The number of responses from staff (18), organisations (4), and 'other' (7 – mix of residents and carers) are small and therefore need to be interpreted with caution.

C SUMMARY OF KEY FINDINGS

In October 2020, Cheshire West and Chester Council began a review of their In-House Mental Health Provider Service. This resulted in a number of proposed changes, which aim to deliver:

"A modern effective service that is able to meet the challenges of growing demand, increasing complexity and rising costs in mental health services".

The review recommended keeping the In-House Service; building on it to deliver appropriate continuity and support for existing Service Users, with a focus on individuals' personal recovery. Details of the proposed changes were set out in a consultation document which explained the purpose of the consultation; the current service provision, reasons for the review and the proposed changes across each of the current In-House Mental Health Services:

- Day Centre Services
- Short Term Accommodation
- Longer Term Accommodation
- Outreach Services.

All current Service Users and staff, and a range of key stakeholders and organisations were invited to take part in the consultation, with the consultation open to all residents of Cheshire West and Chester to take part. A total of 75 completed questionnaires were received by close of the consultation period: 46 from Service Users, 18 from staff and 11 from residents and organisations. In addition, 19 in-depth face-to-face interviews were undertaken with Service Users.

DAY SERVICES

Over half of respondents, 57%, agreed with the proposals for Day Services and 24% disagreed.

The importance of maintaining the current service was highlighted by Service Users and suggested improvements included additional opening hours; more activities and courses, especially if these are delivered by qualified tutors; ensuring 'follow up' if users stop attending; and having individual time with a named member of staff. It was also suggested that more clarity was needed in terms of how decisions on the capacity of individuals to 'move on' would be made.

Staff also mentioned the need for qualified tutors for delivering activities, additional opening hours and more activities. They also mentioned the need for more reliable wi-fi and updated computer technology. Reference was also made to the need to build up relationships with the NHS Community Mental Health team to encourage referrals.

Organisations mentioned the need for resourcing and training although positive comments were received on the provision and use of Day Services.

Staff expressed similar concerns to those of Service Users including potential negative impact

of changes on Service Users; potential difficulties which might be experienced by those with severe and enduring mental health needs; loss of 'drop-in' centre approach, and concerns about charging.

Organisations expressed the need for reassurance that activities and services would be available in the community and that any use of third sector organisations would be properly funded to ensure fully trained staff were available to support Service Users. It was further suggested that there is a need to make the current service 'more enabling' so that existing opportunities in the community are used by Service Users.

OUTREACH SERVICES

Overall, 60% of all respondents agreed with the proposals for Outreach Services. This increased to 93% of staff and employees, with 41% of Service Users agreeing with the proposals.

Service Users praised the service they currently received from Outreach and highlighted the importance of maintaining this. Concerns were expressed about time limits on support available; their ability to meet new people generally and support workers in particular; coping with change; the use of agencies and the level of staff training and permanency of any external provision.

Service Users suggested that whilst there is a need for goals and outcomes, these goals would not necessarily be achieved to a 'timetable' and that 'recovery' may not be a realistic goal.

Staff were largely positive about the proposals for Outreach with several saying that they already use a reablement approach. There were some concerns about '12-week reviews', any potential 'gaps' in support for those with enduring mental health needs, provision of 'large packages of care', and how Service Users and others might perceive some of the support being provided by external providers. Staff also mentioned the need for additional training and ensuring that transition at 12 weeks is both immediate (no waiting lists) and available.

Organisations identified the need for the offer to be consistent across all statutory organisations to aid transfer and joined-up working. There was concern about duplication of services in the voluntary sector. Other organisations noted the need for better communication between the Council and agencies; more outreach in the more rural areas (and suburbs); and the requirement for a mix of face-to-face and digital support.

An organisation stressed the importance of ensuring the outreach service is aligned with what already exists in the community, and another noted the need for provision in rural Cheshire. There was also concern that Service Users may be discharged when support is still required.

SUPPORTED ACCOMMODATION

Overall, just over a third (36%) of respondents agreed with the proposals for Supported Accommodation, whilst 20% disagreed. A total of 42% of all respondents did not give a definite response: 22% 'neither agree nor disagree' and 20% 'don't know'.

Service Users were positive about the proposed changes, being satisfied with their current support. There was concern about provision from an external provider, particularly in terms of who the providers might be, whether their current level of support would be maintained, and how the external providers would be monitored.

Service Users sought assurance on the quality and standard of care, and expressed concerns about possible change as they found the current service generally good. The need for a document outlining who the external providers would be, what ongoing support would be offered, and how this would be monitored, was also identified.

Staff were very positive about the Supported Living Service, which they described as a 'flagship' service, and were concerned about whether an external provider might undo some of the progress made.

Organisations were concerned about possible staff turnover and the effect this might have on Service Users, and there was also a requirement for transparency in allocation of contracts to organisations. Other organisations identified the need to ensure accommodation offered is appropriate and that it fits the emerging and changing needs of Service Users. For one organisation this had not been the case.

The importance of monitoring external providers was mentioned by external organisations, and other respondents commented on the need for collaboration between Housing and Adult Services to provide suitable accommodation for Service Users to move on to.

OVERALL APPROACH

Service Users are generally happy with the services they currently receive and are concerned about the possibility of change. There is a concern that the proposals might mean the buildings they currently visit for the services and the staff who currently support them may change, and that this will disrupt routines and sense of security.

Staff stressed that they were 'not against change', but that there were some areas that needed to be reconsidered, (mentioned above). They also mentioned the need to update ICT and connectivity especially if appointments were to be used for Service Users to attend sessions.

One organisation made a final point about 'joined-up' working and linking to any changes currently underway in the NHS described by this respondent as 'community mental health transformation'. Referring again to concerns about charging, one respondent highlighted the relationship between poverty and mental health stating that many Service Users are affected by the cost-of-living crisis and that this should be considered when assessing the introduction of any charging. There were also concerns expressed that private companies might charge Service Users for a service they currently access free of charge.

KEY ISSUES AND CONCLUSIONS

A number of 'common' issues were raised during the consultation and the following conclusions can be made:

- Service Users, staff, organisations and other respondents were all very positive about the current service expressing satisfaction and pride in what is currently offered and being achieved.
- There were many concerns relating to 'change' generally, particularly from Service Users where there is a high level of anxiety. Respondents expressed concern about the long-term future of the services.
- Specific concerns about changes included who the additional private and voluntary sector providers were, and whether the proposals were realistic as the existence of such organisations was not known to several Service Users.
- It was felt that the consultation document could have made clearer how alternative providers would be chosen and monitored and how staff working for such organisations would be trained, as respondents raised concerns about this.
- A concern was raised about 'consistency' of the staff who have contact with Service Users and with a perceived shortage of care staff generally whether staff levels would continue to be sufficient.
- While recognising the need to change how accommodation is provided, some questioned how appropriateness of accommodation for short-term and long-term use would be maintained.
- The importance of ensuring 'joined-up' working linking the In-House services to health provision was noted.
- It was suggested there are already many community facilities that might be suitable to support Service Users, which could be linked in to.
- There was also concern expressed about a 'recovery' focussed model as many of the respondents felt that they lived with life-long conditions and therefore 'recovery' is an inappropriate word; suggesting 'reablement' may be more preferable.
- Providing a timetable of 12 weeks for short-term intensive support was misunderstood with many Service Users concerned that such a timetable was not appropriate for their condition.
- Decision-making on 'goals', 'moving on' and other issues pertaining to the support received should be discussed with Service Users as some were anxious that these decisions might be taken about rather than with them.
- The introduction of charging at the same time as moving the service to voluntary or private sector organisations was considered to be an unfortunate image to be projecting.

SECTION 1: RESPONSES TO THE CONSULTATION QUESTIONNAIRE

1.1 DAY SERVICES PROPOSED CHANGES

Question 1: To what extent do you agree or disagree with the proposals for Day Services?

Question 2: Comments on Day Service proposals

Question 3: Ways proposals for Day Services could be improved, or if there is anything missing you think needs to be considered

Details of the proposed changes are shown in Appendix 1: Consultation document pages 8 and 9.

1.1.1 Q1: Agreement/Disagreement

Over half (57%) of all respondents agreed ('agreed' or 'strongly agreed') with the proposals for Day Services, and 24% disagreed ('disagreed' or 'strongly disagreed'). 19% of respondents gave a 'don't know' (3%), or 'neither agree nor disagree' (16%) response.

Q1: To what extent do you agree or disagree with the proposals for DAY SERVICES? (% response - 74 respondents)

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know/not given
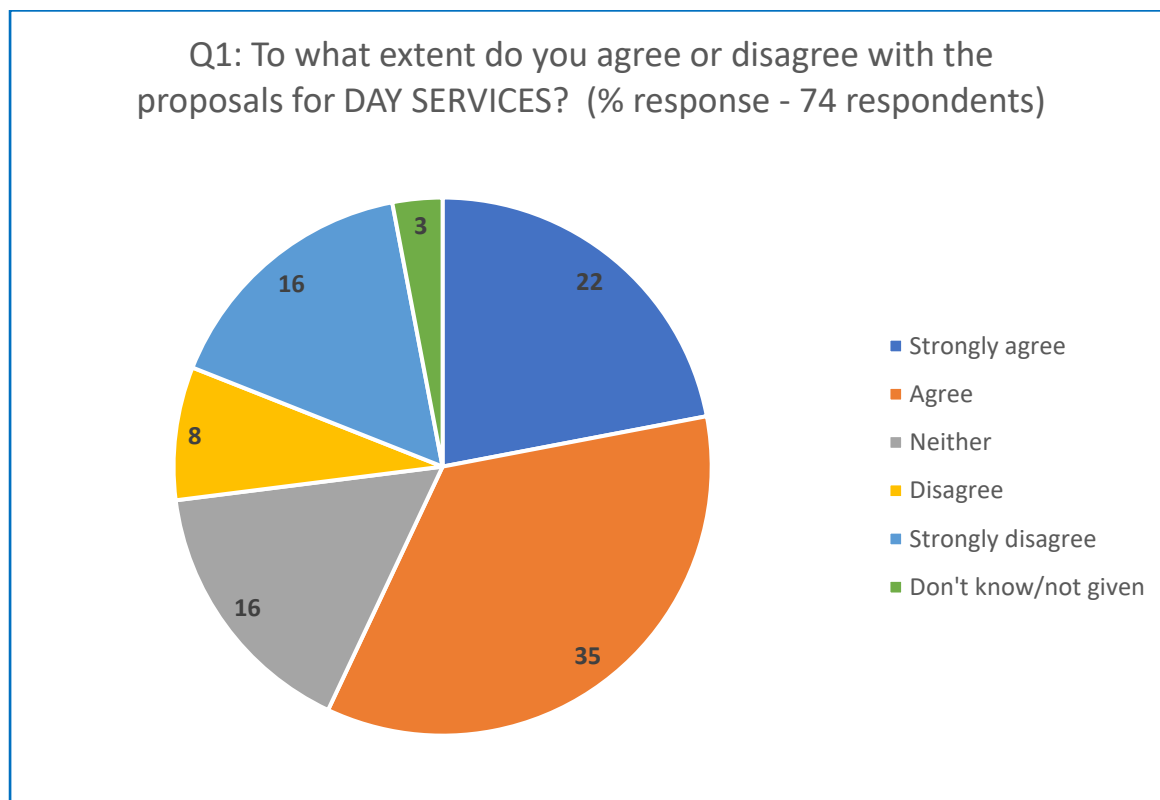
1.1.2 Q2: Comments on Impact of Proposals

A total of 59 respondents commented on the proposals for Day Services, and the main themes of response are outlined below.

Service Users: Service Users were generally happy with the current service, and many felt no need for change. Some explained how important the current Day Services are to them for social companionship and in maintaining their wellbeing and expressed concern about the

possibility of change. Agreement with the proposals for long-standing Service Users was also dependent on them not seeing major change in the services they receive. Several Service Users expressed the view that' recovery from their condition' was not possible.

There was also concern about changing from a 'drop-in' to an appointment-based service for those whose mental health was unpredictable, as currently they can seek support when it is most needed. There was concern about the use of outside agencies, particularly in terms of who these would be, how this would be developed, and their potential access to Service Users' data. Concern was also expressed about the possibility of being charged for attending Day Services, although this is not currently a proposal under consideration.

Staff agreement with the proposals for Day Services was also based on ensuring continued support for the most vulnerable Service Users. They were pleased to see that the work of the Day Services had been recognised in the review, and the development of community-based services was welcomed. Staff did express similar concerns to those of Service Users.

For example, concern was expressed about any potential negative impact of changes on Service Users, and whether the changes were needed. There were also concerns about how easily those with severe and enduring mental health needs would be able to move on and what support would be available for them. Reference was also made to the need for groups and activities to be tutor-led by trained staff. There were also concerns about any potential introduction of charging, the loss of the drop-in service, and that whether the proposed opening hours 9am-5pm would be too long a period for Service Users attendance.

Over half of the Service Users that responded (44) expressed concerns about changes to Day Services with some respondents (31) wanting to better understand or to receive more detail about the proposals. Other key issues raised in general comments about Day Services were the importance of the Centres to them as individuals, for socialising, activities and the support of the staff.

Organisations: Reference was made to the need for resourcing and training for delivery of the proposed model. Some felt that whilst the proposals may save money in the long run by preventing Service Users reaching crisis, there was a need to map out demand in terms of support needed and geography in order to build capacity of community-based services and activities. However, one organisation questioned whether transferring Service Users after 12 weeks would be conducive to maintaining their mental health, as the change may disrupt progress. Another organisation questioned the need for change commenting positively about the current Day Services offer and usage.

Other respondents had concerns about the capacity of outside agencies to meet demand for support, and that Service Users may not feel ready to interact with them. There were also concerns about changing from a drop-in service to an appointment-based service.

1.1.3 Q3: Improvements, Additions and Other Considerations

A total of 44 respondents commented here, and the main themes of response are outlined below.

Service Users: When asked if the proposals could be improved, or if there was anything missing or that needs to be considered, Service Users referred to their general satisfaction with the current service and the importance of maintaining the service. Improvements suggested included offering additional opening hours; more activities, especially with trained tutors; a 'woman's' group; ensuring 'follow-up' if users stop attending; having individual time with a named member of staff; more peer support roles to help with recovery, and more purpose, engagement and interaction when people are attending. It was also suggested that more information was needed about how decisions on the capacity of individuals to 'move on' would be made.

Service Users again used the opportunity to make further comments on how the proposals might be improved or enhanced to comment on the importance of the current services and their concerns about proposals. Improvements mentioned were those of providing additional activities or groups.

Staff also mentioned the need for qualified tutors for groups; additional opening hours and more activities and made reference to the need for more reliable wi-fi and computers to facilitate skill-based activities and help Service Users access advice and guidance online to help with their finances. Alterations in the building would be welcomed, with improved facilities allowing skills-based activities such as supporting Service Users to cook. There was support for satellite locations, but also concerns about attendance moving from a drop-in service to an appointment-based service.   Reference was also made to the need to build up relationships with the NHS Community Mental Health team and to encourage more referrals from them.

Organisations wanted reassurance that activities and services would be available in the community and that any use of third sector organisations would be properly funded to ensure fully trained staff are available to support Service Users. It was also suggested that there is a need to make the current service 'more enabling' so that current opportunities in the community are better used by Service Users.

1.2   OUTREACH SERVICES PROPOSED CHANGES

Question 4: To what extent do you agree or disagree with the proposals for Outreach Services?
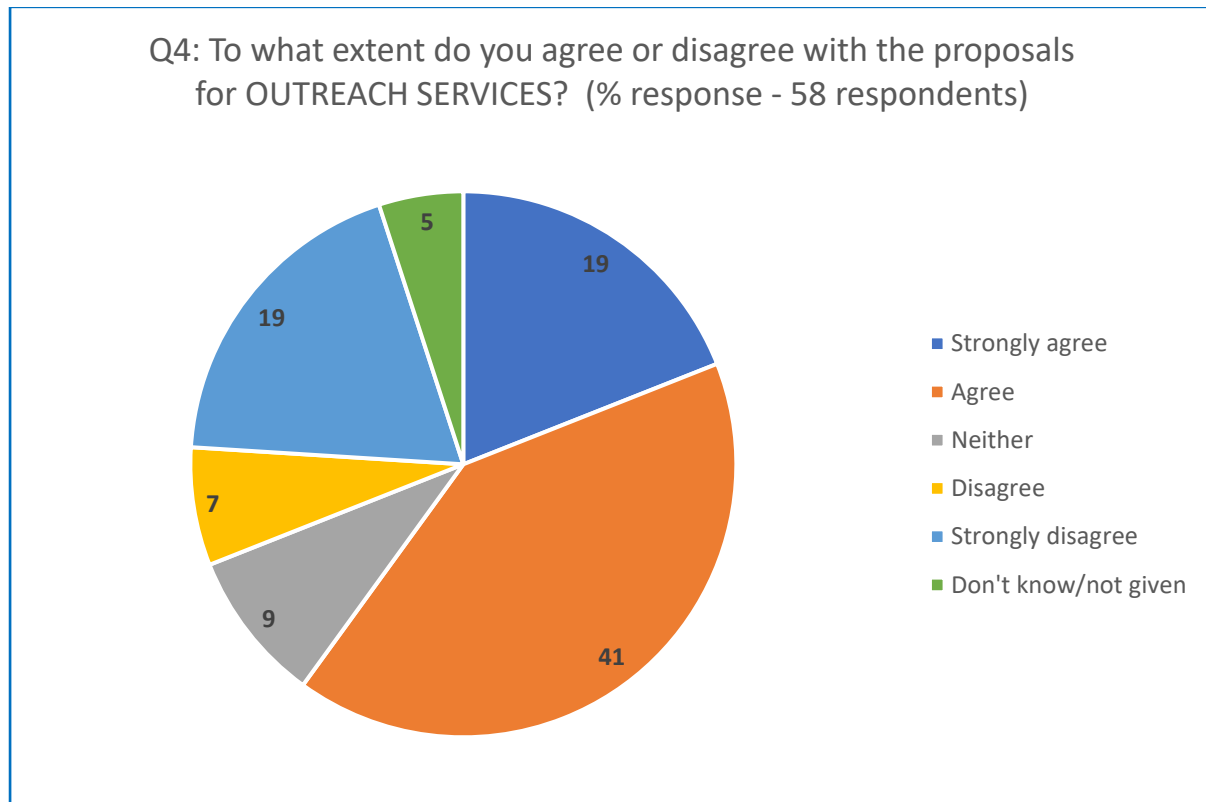
Question 5: Comments on Outreach Service proposals

Question 6: Ways proposals for Outreach Services could be improved, or if there is anything missing you think needs to be considered

Details of the proposed changes are shown in Appendix 1: Consultation document pages 12

and 13.

1.2.1   **Q4: Agreement/Disagreement**

Overall, 60% of respondents agreed with the proposals for Outreach Services, while 26% disagreed. (9% 'neither agree nor disagree', and 5% 'don't know'.)

Q4: To what extent do you agree or disagree with the proposals for OUTREACH SERVICES? (% response - 58 respondents)

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know/not given

1.2.2   **Q5: Comments on Impact of Proposals**

A total of 33 respondents commented here, and the main themes of response are outlined below.

Service Users praised the service they received from Outreach and highlighted the importance of maintaining this. There were concerns expressed about how they as Service Users would feel able to meet new people and adjust to changes; the use of agency staff not known to the Service Users; level of agency staff training and how long they would remain part of Outreach Services. The concern about 12-week reviews was mistakenly interpreted by some as a 'time limit' to overall service receipt.

Staff were largely positive about the proposals. Some commented that they were already working with these guidelines and others that they were keen to begin. However, there were some concerns about a 12-week review, how plans would work for people with enduring mental health needs and larger packages of care, and how Service Users and others might perceive the provision of support by external organisations. There was also some concern that external agencies could be perceived as better than current In-house services and that

changes to the service could be perceived as a 'cost-cutting' exercise.

Organisations: Just one comment was received from an organisation. This agreed with the principle of the proposals but stressed the importance of ensuring the Outreach Service is aligned with what already exists in the community.

Other respondents noted the scarceness of provision in rural Cheshire and the need for investment here. The '12 week' issue was also raised with concern that professionals may deem goals have been achieved and Service Users may be discharged when support may still be required over a longer period.

1.2.3 Q6: Improvements, Additions and Other Considerations

A small number of responses (16) were received to Question 6, improvements and additional suggestions to proposals on Outreach Services, so these comments were not considered suitable for coding.

Service Users suggested that whilst goals and outcomes should be discussed, these goals could not necessarily be achieved to a 'timetable', and also that complete 'recovery' may not be a realistic goal for everyone. Additional Outreach Support was mentioned together with longer periods of time for Service Users/Support Worker interaction, and out of hours support.

Staff mentioned the need for additional training and ensuring that transition at 12 weeks is available immediately (no waiting lists).

Organisations identified the need for the offer to be consistent across all statutory organisations and not duplicated to aid transfer and joined-up working.

Other respondents noted the need for better communication; more outreach in the more rural areas (and suburbs); and the requirement for a mix of face to face and digital support.

1.3 SUPPORTED ACCOMMODATION PROPOSED CHANGES

Question 7: To what extent do you agree or disagree with the proposals for Supported Accommodation?

Question 8: Comments on Supported Accommodation proposals

Question 9: Ways proposals for Supported Accommodation Services could be improved, or if there is anything missing you think needs to be considered.

Details of the proposed changes are shown in Appendix 1: Consultation document pages 10 and 11.

1.3.1 Q7: Agreement/Disagreement

Just over a third (36%) of all respondents agreed with the proposals for Supported Accommodation, whilst 20% disagreed, and a total of 42% gave either 'neither agree nor

disagree' (22%) or 'don't know' responses (20%).

Q7: To what extent do you agree or disagree with the proposals for SUPPORTED ACCOMMODATION?
(% response - 49 respondents)

- Strongly agree
- Agree
- Neither
- Disagree
- Strongly disagree
- Don't know/not given
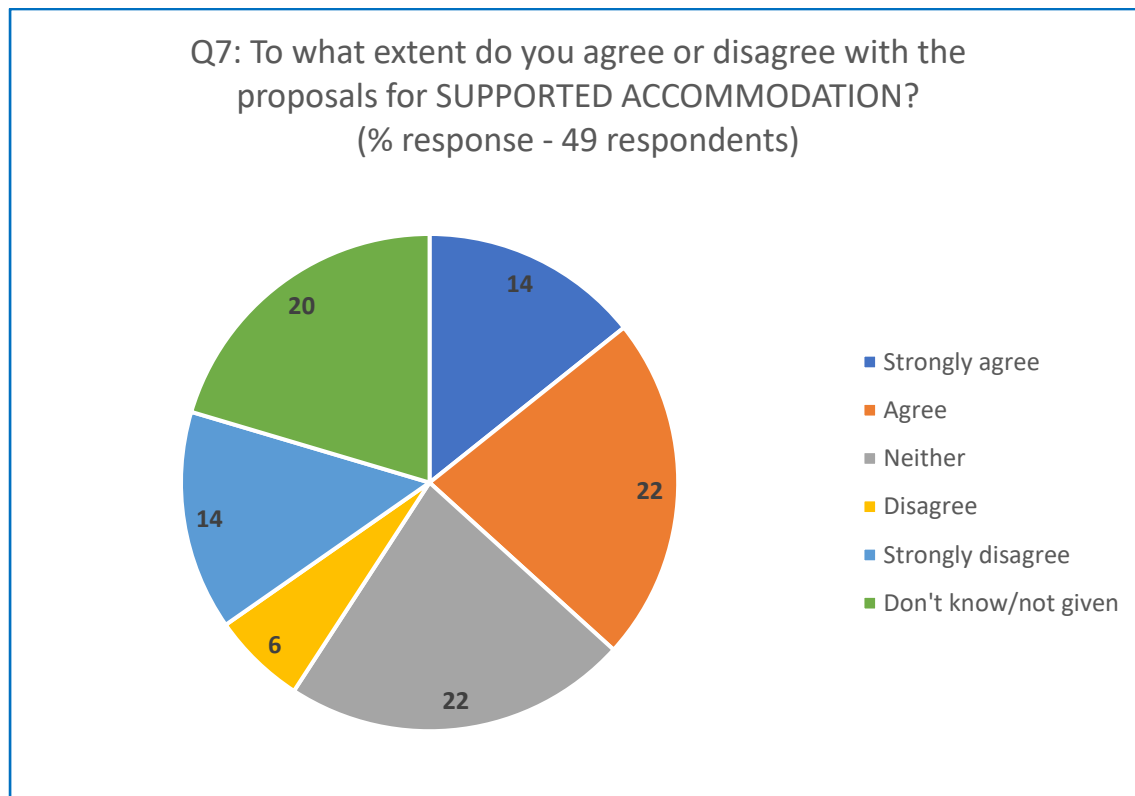
1.3.2 Q8: Comments on Impact of Proposals

A total of 24 respondents commented here, and the main themes of response are outlined below.

Service Users: Whilst some Service Users were generally positive in their comments and welcomed the possibility of more locations or extra support, others expressed satisfaction with their current support and concern about change. Concerns included the use of an external provider, who the providers might be, how the external providers would be monitored, and what support would be offered to users of the service.

Staff were very positive about the current Supported Living Service, which was described as the most important or 'flagship' service. They felt it had been developed carefully over time and concern was expressed that moving to an external provider might undo some of this progress. There was also a concern that the current service might be closed, with Churchside Walk mentioned in this respect as an example of closure, although this is not a proposal under consideration.

Organisations expressed concern about possible staff turnover and the effect this might have on Service Users. They also asked for details on how access to Supported Living Accommodation is allocated.

Other responses identified the need to ensure that offered accommodation is appropriate

and that it suits the changing needs of Service Users, as one respondent felt this had not happened.

1.3.3 Question 9: Improvements, Additions and Other Considerations

11 respondents commented here – themes of response are outlined below.

Service Users found the current service good and sought assurance on the quality and standard of care should the proposed changes to the service take place. Some Service Users asked for there to be a clear and comprehensive document outlining who the external providers would be, what ongoing support would be offered, and how this would be monitored. In addition, more social activities such as outings would also be welcomed.

Staff/employees: No further comments about improvements, additions or other considerations were made by staff about Supported Accommodation.

Organisations: The importance of monitoring external providers was emphasised due to concerns around the perceived quality of care from external care companies. There was also, it was suggested, need for more provision in a variety of settings.

Other: One improvement suggested by other respondents was collaboration between Housing and Adult Services to provide suitable accommodation for Service Users to move on to from the short-term accommodation when required.

1.4 OVERALL APPROACH

Question 10: If you have any other comments you would like to make about the proposals for the In-House Mental Health Service, please use the box below.

A total of 21 respondents commented here, and the main themes of response are outlined below.

Service Users: As mentioned in response to other questions Service Users generally reported being happy with the services they currently receive. Concerns were raised about the possibility of change, in particular, they refer to potential changes to the buildings they currently visit for the services and the staff who support them and that this could disrupt their routines and sense of security.

The proposed offer of 12 weeks intensive support and how this might affect the long-term user, who may feel they are unlikely to be able to move on, was raised again here by Service Users, as was a concern should charging for services be considered in the future. Service Users again questioned why the Review was needed and whether its purpose was to 'close' current provision, although this is not a proposal under consideration.

Staff were not against making changes but felt that there were some areas that needed to be reconsidered, such as ensuring changes did not adversely affect Service Users. Also noted was the need to update ICT and connectivity if online appointments were to be used for sessions.

One member of staff asked if there would be a list of responses to the 'questions' asked about the Review and the Proposals and if so, how this would be made available to them.

Organisations: One organisation underlined the importance of 'joined-up' working and linking any changes currently underway in the NHS described by this respondent as 'community mental health transformation'.

Other: Referring again to concerns about charging, one respondent made the relationship between poverty and mental health stating that many Service Users are affected by the cost-of-living crisis and that this should be considered when assessing introduction of charging. Private companies charging Service Users for a service they currently access free of charge was a very negative image for this respondent.

One respondent felt provision for children and young people should be taken under consideration when reviewing In-House Mental Health Services.

SECTION 2: INTERVIEWS WITH SERVICE USERS

In order to obtain a more in-depth understanding of the needs of Service Users and their views on the proposed changes, nineteen (19) interviews were undertaken by NWA. All interviews took place at Day Centres. All interviewees were Day Service Users, seven (7) lived in Supported Accommodation, and one was a current Outreach Service User.

DAY SERVICES

2.1.1   Current use of Day Services and reasons for attending

The majority of those interviewed used the Day Service regularly, with a small number visiting occasionally. The majority were also long-term users of the Day Service, many attending for several years, and some had returned to the Day Centre after time away.

Respondents referred to many activities available at the Day Centres, though it was reported that some activities had ceased during lockdowns and were now gradually restarting. Activities mentioned included '*art and crafts groups*', '*crocheting*' '*mindfulness*', '*relaxation therapies*', '*baking*', '*making bracelets*', '*playing pool*', '*other games*', '*music*', '*karaoke*', '*gardening groups*', '*fishing groups*', '*watching TV*', '*listening to radio*', and a recent '*pamper day*'.

Several also referred to day trips which had been enjoyed.

Volunteering opportunities were also said to be available, and several respondents reported undertaking these. Having responsibility was said to be important: '*it gives you a purpose and a reason to get up*'.

Respondents also referred to attending for social benefits*: 'having a chat and a cup of coffee';* '*a game of pool or something, a drink';* 't*alking to people, getting on with them and having a bit of a laugh and that sort of thing'; 'I like the company...staff and my friends that come here'.* The importance of socialising was underlined by some users saying that attending a Day Centre was one of their main opportunities to speak to other people and to relax in an environment that feels '*safe'*.

2.1.2   Understanding of Proposed Changes

The majority of respondents reported being aware that changes to Day Services were being considered, and whilst some reported having read the consultation document to some degree, others had heard about proposed changes from staff. Respondents' understanding of the proposed changes varied, and where appropriate clarification was given by the interviewer to ensure meaningful responses were provided.

2.1.3 Proposed Changes - Comments and Concerns

Satisfaction / Wish for continuity

There was an extremely high level of satisfaction with the support provided by staff at the Day Centre - *'very comforting, 'very kind, 'very nice', 'great' 'easy to go to' 'put their heart in to their job'* were some of the descriptions. Many who were long-term users of the service expressed appreciation of the support received over the years, and staff (and other Service Users) were seen as *'family'* and *'friends'*.

The day centre was seen as a *'safe'* and *'comfortable'* place to visit – where *'nobody judges you...because we are all in the same boat'.* For those with long-term conditions having a Day Centre where they can return to after relapses was also described as reassuring.

With such a high level of satisfaction with the service and support received from staff, Service Users feeling safe and comfortable visiting, having a sense of security knowing the service is there when they most need it, and feeling that staff and other Service Users were their family and friends, the prime requirement for most respondents was largely for continuity of the current service.

Long-term Support

Despite the proposals stressing the continuing delivery of services, concern that on-going support for long-term Service Users may end was the first issue raised by several respondents. The Day Service was described as a very important part of ongoing care by several respondents, and whilst some reported receiving reassurance from staff that ongoing support for existing Service Users with chronic need would continue, a few remained concerned about potential changes. Reference was also made to other Local Authority areas where a respondent believed similar proposals had been made and Day Centres closed.

Whilst respondents generally did not express concern about proposed changes in services for <u>new</u> Service Users, there was opinion that *'12 weeks is too short'* especially if *'someone's coming from hospital'* and that longer term care was important. Respondents referred to the need for time to build up relationships and explained that whilst they felt safe and comfortable using the centres now, it had taken a long time for them to feel that way.

Support Plan Goals

Most respondents had no concerns about the introduction of 'support plan goals' and some welcomed it referring to being familiar with 'goals' from other support workers (NHS Cherry Banks and previous supported accommodation were mentioned). Others reported setting goals with current support workers and that regular visits to the Day Centres were their current recovery goals. However, there were a few who felt they would not be comfortable sitting down with somebody regularly to work out plans and goals.

Recovery- focused support

A few respondents with long-term conditions were concerned by the phraseology of 'recovery focused support', having been told that they *'will never recover'* from their condition. It was felt that *'not everyone will be suitable for recovery* 'and that for those whose conditions necessitated attendance at a Day Centre, trying to make them focus on *'recovery and goals'* may *'make people worse'* and *'stress people out'*.

Support from partners and other organisations

Many respondents expressed no concerns about support from external organisations, and some thought this may be beneficial (*'an add-on')*, referring to previous experiences with 'Mind'. One respondent who was Involved with 'Chapter', a mental health organisation which organised weekly walks and activities, thought it might be a good idea for Chapter to come along to Day Centre to introduce themselves.

Others felt they had no need for support from other organisations being content with the services currently received.

However, some Service Users sought reassurance about support from other organisations: level of training being as high as that of the current in-house staff; staff turnover in the care sector; and the opportunity to build up trust with any new staff.

There was also uncertainty as to who the community organisations would be and concern about potential sharing of their sensitive 'NHS data' with external ('profit making') organisations.

Purposeful Visits – Booked in advance

Several respondents were concerned at the proposal for 'purposeful visits' and explained that their mental health conditions were unpredictable and that they needed to be able to 'drop-in' when they most needed support.

There was also opinion that social activity was the *'main reason that people like these places' and* that the Centres would not be *'as attractive if the only reason you could come to visit was occupational therapy and that and only that'*.

Others felt that having to book *'was not a problem'*, referring to the need to do so for 'trips' and during lockdown – though it was commented that during lockdown you could 'book in every day' and even 'book in' on the day if there were places available.

Having to 'book' was even seen by one respondent to have potential benefits in helping with motivation to attend the Centre.

Satellite Locations

Some respondents were prepared to use satellite locations if more convenient, though there seemed to be an expectation that support would be similar to that provided at the current centres and some anticipated this to be additional support to that currently received.

<u>Other Concerns</u>

One respondent was concerned that accessing the service '*via the Care Act was going to 'make it harder for people to access mental health'*, and that referrals should also be able to be made by GP's. This respondent also expressed concern about the potential of having to pay for services that are currently free.

One respondent was concerned because it was believed that the proposals had been made without prior engagement with Service Users.

One respondent was concerned that there was going to be an influx of younger Service Users (though there were no references to this in the proposals) and felt that as young people would be unlikely to have the same interests as current Day Centre users, separate activities for the two age groups would be best for both.

2.1.4   Suggested Improvements to Current Day Services

Service Users were satisfied with the current service structure and provision, and around half had no suggestions when asked how the service could be improved at all: *'its fine as its is'; 'it covers everything'*. Most suggestions related to additional activities, with fewer respondents referring to changes to opening hours, and staffing.

<u>Activities</u>

Even though respondents were generally satisfied with the range of activities, there were several suggestions for additional activities, and these included: '*additional craft experiences', 'more relaxation classes', 'playing football', 'attendance at gym with other Service Users, or fitness room at the centre','* a few more trips out', 'practical things like learning to cook'; 'board games', and 'gardening – perhaps involving practical training'*.

There was also a suggestion for a '*woman's group'* from a Service User who usually visited with an outreach support worker and reported feeling uncomfortable when she had previously attended a Tai Chi group and she 'was the only woman'.   However, a couple of other women when asked about this expressed a preference for 'mixed groups'.

<u>Opening Hours</u>

Three respondents expressed a wish for the Day Centres to have longer opening hours, with reference to both evenings and weekends: *'It's the evenings when I suffer most'; 'I dread the weekends.* Suggestions included: closing at 2pm and reopening 6pm until 9pm on weekdays and opening on a weekend closing at 2pm; restoring pre-covid opening hours (10am - 4pm), and that the 'Wednesday Night Club' (when the centre was said to close at about 8pm pre-covid) be re-introduced.

<u>Staff</u>

A couple of respondents had suggestions relating to 'staff'. One respondent felt that more staff was desirable, expressing the opinion that whilst Service Users were able to speak to a member of staff if needed, staff were currently felt to be *'few and far between'* and *'more would be better'*. Another Service User suggested that one member of staff be nominated for each Service User, as currently *'you can speak to everyone, but that requires re-telling of story'*. Another respondent also reported that having *'a personal advisor'* would be helpful.

<u>Other suggestions for improvement</u>

Other suggestions from individuals included: *'sometimes for more people to come'* (though numbers attending were said to vary), and free coffee, drinks, biscuits, chocolate, lunch and breakfast to *'make it more attractive than it already is'*.

2.2   OUTREACH SERVICES

Only one (1) Outreach Service User agreed to an interview, and to maintain confidentiality only a brief summary of the interview is included below, though all comments have been fully considered in the report summary. Two (2) other In-House Service Users also gave views on proposed changes.

2.2.1   Current Service

Support workers were described as supportive, understanding and friendly and it was reported that goal-setting already takes place. There was great satisfaction with the support received, and the importance of the service was stressed. The only suggestion made for improvement related to clarification on lines of support should crises be experienced when a support worker was not available.

2.2.2 Proposed Changes

As with other elements of the service anxiety was expressed about change especially regarding changes of personnel and the need to be supported through the transition was emphasised.

2.3 SUPPORTED ACCOMMODATION

Seven (7) respondents were living in supported accommodation – four (4) were in long-term accommodation, and three (3) were in short-term accommodation.

2.3.1 Short Term Accommodation

<u>Current Support</u>

Duration of tenure ranged from a couple of months to more than a year. All reported living in one-bedroom flats and were generally satisfied with the accommodation provided.

All respondents felt well supported in their accommodation. They reported feeling *'comfortable'* and *'secure'* and were very appreciative of the support provided by staff, and one Service User mentioned his support worker had encouraged him to attend the Day Centre.

The need for the availability of support on *'bad days'* was emphasised, as was being comfortable with those providing the support. The effectiveness of support was also emphasised, with one respondent reporting that their visits to the Day Centre had reduced since moving into supported accommodation.

One respondent who reported a long-term condition with relapses, knew the accommodation support staff from previous use of the Day Centre where they were said to have once worked, and considered them *'very good friends'* and was appreciative of all support received.

There was one suggestion for improvement to the current service, which was a preference for support staff to work longer hours - until 10pm (reported to now be 9am until 4pm).

<u>Proposed changes</u>

Respondents were familiar with the idea of goals, with one commenting that visits to the Day Centre twice a week was a current goal. Reviews (every 6-12 months) were also deemed beneficial by one respondent.

None of those living in supported accommodation expressed concern about support being provided by external providers (and one confirmed his comfort with that).

There was some concern from one respondent about moving into 'independent living' however, even after reassurance from support workers.

Whilst external organisations (e.g. Spider project) were reported to be used for support by one respondent if residential support workers were not available, it was noted that there was a need to build up relationships in order for users to feel *'safe'* and *'comfortable'*.

2.3.2 Long Term Accommodation

<u>Current support</u>

Length of time in current accommodation was reported to range from around 4 months to 8-10 years – and some referred to being in previous supported accommodation. Respondents were satisfied with the accommodation provided (*'very good' / 'nice'*).

Respondents were appreciative of the staff and the support received from them – *'taking bins out and helping to put it in'*, '*keeping an eye on what they (*residents*) do*'. One respondent reported *'a little bit of help, cleaning up the flat'* and sometimes being accompanied to the shops by the support work and felt it was important to keep this additional support to help him recover.

This presence of staff was felt to be particularly useful for those living alone to reduce feelings of loneliness.

Some respondents would prefer support to be available for longer, and reference was made to the need for 'key workers.

<u>Proposed Changes</u>

There were two suggestions for improvements to the current service: more support staff (reference to a reduction from two to one), and support cover for evenings and weekends.

2.3.3 Concerns

The principal concern with having support provided by external providers was that the support provided would reduce in quality, and respondents generally would want assurances that the quality of support currently received would continue. Whilst some reported no real objections to this change as long as this assurance was received, others would still be concerned about the change.

3   OVERALL APPROACH

The majority of respondents offered no comments about the overall approach, though several expressed appreciation or relief that the Day Services would be maintained, and others commented that they saw no need for change to the current service. Concerns which were raised have largely been covered in previous sections and are briefly summarised below.

Access: Concern that accessing the service '*via the Care Act*' was going '*make it harder for people to access mental health*', and suggestion that referrals should also be able to be made by GP's.

Financial Assessment: Concern that Service Users may have to pay for '*services which are currently free*'.

Recovery-focused approach: Concern that a recovery-focused approach with goals for 'recovery' might not be suitable for those who have long-term enduring conditions.

External providers: Concern that private organisations may have access to Service Users' sensitive NHS data.

Engagement with Service Users: Concern that proposals have been produced without prior engagement with Service Users.

Need for clarification: Opinion that the '*proposal is very vague*' and '*needs a lot more explanation*'.

APPENDIX A

PROFILE OF THE RESPONDENTS

Type of respondent

The majority of respondents were Service Users (61%; 46), around a quarter (24%; 18) were 'staff/ employee of Cheshire West and Chester Council', 9% (7) of respondents selected 'other' and 5% (4) were representatives of an 'organisation/ company',

[Note: 'missing' data is excluded from the percentage bases in the respondent profile below.]

Gender

Overall, 51% of respondents were female, 43% were male, and 6% preferred not to say.

Age group

overall 2% (2) were aged 16-34, 11% (8) were aged 35-44, 21% (15) were aged 45-54, 44% (31) were aged 55-64, 13% (9) were aged 65 years and over and 7% (5) preferred not to say.

Sexual orientation

Around three-quarters of respondents described themselves as 'heterosexual/straight' (73%) and the remaining 17% described themselves as either bisexual, gay or lesbian or they preferred to use their own term or preferred not to say.

Health conditions

Two-thirds of respondents (67%) reported that they have a 'long-term illness, health issue or disability that limits my daily activities or the work I can do', 26% reported no illness, health issue or disability and 7% preferred not to say.

Of those with a long-term illness, health issue or disability, 85% reported that they have 'mental health issues', 36% have a 'long-standing illness or health condition', 26% have a 'physical impairment that causes mobility issues', and 11% have a 'learning disability or difficulty'. Smaller numbers of respondents referred to other illnesses or disabilities.

Caring responsibilities

The majority of respondents overall (60%; 34) rarely or never have caring responsibilities, and just under a third of respondents (32%; 18) do have caring responsibilities

Religion

The majority of respondents said that they are 'Christian', whilst 21% said they have 'no religion', 7% preferred not to say, and 3% (2) described their religious beliefs/ faith as 'other'.

Ethnicity

The great majority of respondents were 'White – British' (89%), whilst a very small number of respondents were 'White – Other', 'Mixed – White & Black African', or preferred not to say.