Mental health day opportunities
CONSULTATION REPORT

1. Content of the consultation

1.1. Between November 2012 and February 2013 we asked people in Camden how mental health day opportunities can be modernised and how they should be delivered in the future. The consultation was only about the consortium day services, which are provided by Mind in Camden, Holy Cross Centre Trust and Volunteer Centre Camden from three centres; Barnes House in Camden Town, Crossfield centre in Swiss Cottage and Holy Cross centre in Kings Cross.

1.2. The council proposed three options on how to deliver future mental health day opportunities and encouraged people to express a preference for one of them.

1.3. The options were.

- Option one: continue to provide mental health day opportunities in the same way we do now but from one centre instead of three.
- Option two: mental health wellbeing centre ("the hub").
- Option three: no commissioned day opportunity service.

1.4. We also asked people to suggest other ways of delivering the service or to consider combining elements of several models into a new option. We also asked about the impact that each of these options would have on people's lives, if any of them were adopted.

2. Consultation process

2.1. The consultation was open for fourteen consecutive weeks between 6th November 2012 and 6th February 2013. It was agreed to extend the consultation by two weeks above the standard twelve week timeframe due to the Christmas holiday period in the middle of the consultation.

2.2. The consultation process consisted of a combination of different types of meetings and individual questionnaires.

- Open public meetings for any member of the public to attend.
- Meetings with affected service users at each of the three current centres.
- Meetings with other users of mental health services.
- Meetings with organisations and professionals representing service users and community groups that would be affected by the proposals.
- Open questionnaire for any member of the public to respond to.

9.1 Advertising

The consultation was widely distributed using a variety of media to ensure that people affected were given an opportunity to read information on the consultation and give feedback on the options, as well as making sure it reached a wide audience.

- The consultation was advertised and made available on the Camden council website (www.camden.gov.uk).

- It was advertised in the local press, the Camden New Journal on 8th November 2012, and specialised publications Camden Mental Health News, Voluntary Action Camden's electronic bulleting, Camden & Islington NHS Foundation Trust's website and Camden's GP website.
- It was announced to all Camden Council employees through the staff intranet and news pages to ensure that staff working with mental health service users were aware of the consultation.
- The cabinet member for Health and Adult Social Care, Councillor Pat Callaghan, was briefed in detail before and during the consultation; she signed off the consultation process.
- Elected members received a written brief on the consultation contents and process and an invitation to a face-to-face briefing before the consultation started; no elected member chose to attend the face to face briefing.
- A written brief for members of Camden Clinical Commissioning Group, Camden Health and Wellbeing Board and staff working in mental health services in the borough was also provided.

10.1 The consultation on the delivery of mental health day opportunities gave people the opportunity to express their views in different ways by:

- completing a consultation questionnaire both via a hard copy or online form;
- emailing or submitting written responses to a generic mental health day services consultation address;
- phoning the consultation free phone number;
- having one-to-one meetings with commissioners or engagement officers upon request;
- attending one or more of the four public meetings or three meetings directly for service users that took place at the three affected day centres;
- taking part in meetings with service user involvement community groups, including those that work with groups currently underrepresented in day opportunities; young adults, women and BME communities, as well as mental health professionals who support those with eligible needs;
- joining a live web chat with the Cabinet member of adult social care; or
- participating via Twitter.

3 Consultation packs and questionnaires

The consultation packs contained a consultation document with the proposals identified, a questionnaire and a prepaid envelope.

3.1 Consultation packs

The packs were distributed as follows.

- 139 consultation packs were sent directly to FACS eligible service users attending the day service at the beginning of the consultation. Reminder letters followed twice; at weeks three and seven into the consultation period.
- 150 consultation packs were distributed equally among the consortium day centres, making them available for people who had not received them in the post because they had no fixed abode or because they were not FACS eligible.
- 150 consultation packs were sent to Highgate day centre, training and employment services, recovery centres and other mental health, community and primary care services.
- Packs were distributed among GP surgeries and Camden libraries. All of these packs were accompanied by posters inviting people to take part in the consultation and announcing dates of public meetings.
- The consultation pack was available on Camden website www.camden.gov.uk/mentalhealthdaycentres where people could download a hard copy of the questionnaire or complete it online.

3.2 Other formats of the Questionnaire

Translations and accessible formats of the consultation document were offered on request. There were three requests for audio CDs, one for large print and one for a summary of the document. There weren't any requests for documents in other languages.

Following the advice of Camden's accessible communications officer, we did not produce the consultation document in Easy Read for people with learning disabilities but offered one-to-one meetings instead, on the understanding that an Easy Read document would be too lengthy given the volume of the consultation document. They used large print documents, audio CDs and summary of the consultation document to assist them.

4 Meetings

4.1 During this consultation, there was a combination of public meetings, meetings for service users at the consortium centres and meeting with other stakeholders. In total 205 attendances were recorded for all of the meetings, with 106 attendances for the public events and day service meetings.

The attendance did not represent 205 different individuals, some people attended more than one consultation event.

Centre meetings		
Venue	**Date**	**Attendance**
Crossfields	3rd December 2012	20 people
Barnes House	6th December 2012	12 people
Holy Cross Trust Centre	10th December 2012	59 people
Total		**91 people**
Public meetings		
Friends House, Euston, NW1	2nd November 2012	6 people
Clarence Hall, Camden Town, NW1	14th November 2012	4 people
Swiss Cottage Library, Swiss Cottage, NW3	14th January 2013	4 people
Lumen Centre, WC1H	15th January 2013	1 person
Total		**15 people**
Other Mental Health service users		
Camden MH User Involvement Service (CMHUIS)	11th January 2013	9 people
Camden Borough User Group (CBUG)	21st January 2013	8 people
Mental Health Forum (LBC Adult social care)	23rd January 2013	32 people
MH user drop-in	29th January 2013	Cancelled
Highgate day centre service users	31st January 2013	11 people
Total		**60 people**
Service providers, community workers and other stakeholders		
Bangladeshi MH network	5th December 2012	7 people
Employment services	17th January 2013	5 people
Mental health carers	21st January 2013	7 people
Camden & Islington Foundation Trust services (CIFT)	16th January 2013	10 people
Somali Mental Health network	24th January 2013	5 people
Camden Adolescent Mental Health Services (CAMHS)	31st January 2013	2 people
Housing providers	30th January 2013	3 people
MH network (Re-scheduled after consultation period)	5th February 2013	0 people
Total		**39 people**
Grand total of attendances		**205 people**

4.2 Format of meetings

The public meetings and meetings at the affected day services centres were two hours long. The format of the meetings was as follows.

- Welcome and ground rules for the meeting.
- Presentation outlining the background and detail on the proposed options to all attendees together. The presentation explained the reasons behind the proposed changes; gave details about how each option might work and listed some pros and cons for each model.

- Break out to smaller groups outlining each option and giving an opportunity for discussion.
- Question and answer sessions.
- Round up of the discussions.

4.3 Accessibility of meetings

People with different communication needs were offered support to take part in meetings. We had one requests for specific layout arrangements for a customer with dual sensory loss for a meeting at one of the centre meetings

The group discussions allowed participants to comment on the impact that adopting a new model may have on their lives. However, we used the consultation questionnaire to ask people for a more detailed insight on the impact these changes would have on them individually.

4.4 Staff attending meetings

In attendance at all meetings were a minimum of one lead commissioner and one member of the engagement team to ensure a consistent and fair message was delivered. The lead member for Adult Social Care, Councillor Pat Callaghan, attended the meetings at Barnes House and Holy Cross Centre Trust.

4.5 Public meetings

There were four public meetings to present the consultation proposals and hear people's views. Two of these meetings took place in November 2012, at the beginning of the consultation period and the other two took place in January 2013, towards the end.

To ensure fairness in the conversations at the public consultation events, Camden Borough User Group (CBUG) was requested to ask some of its representatives to support facilitation of the discussions.

Attendance from service users and members of the public was low during public meetings, ranging from one to six attendees. This this could have been because people interested in the topic of the consultation were aware that meetings were also taking place at the affected day services and may have decided to attend those instead.

4.6 Consortium day service meetings

There was one meeting at each of the consortium day centres, three meetings in total. Attendance at these meetings was high, in proportion to the numbers of FACS eligible users.

Some of the attendees were present at more than one of the centre meetings and a few had also attended the public meetings. People’s names were recorded for the meetings at Barnes House and Crossfields centre while only

numbers were recorded at Holy Cross centre where staff representing the service users asked for names of attendees to be kept confidential.

The meeting at Barnes House on Tuesday 6th December 2012 coincided with the monthly forum run by Camden Front Line for people with substance misuse problems. This may indicate a reason for this meeting being less well attended than the other centre meetings.

4.7 Other stakeholder meetings

We encouraged the input of different stakeholders during this consultation, including community development workers, staff from Camden and Islington Foundation NHS Trust, housing providers and staff working with younger adults with mental health problems. We also consulted with people who use other mental health services in the borough, such as the Mental Health Forum, Camden Borough User Group and Highgate day centre users. We also consulted with carers.

Stakeholders were offered meetings with commissioners and engagement officers during the consultation period, either by officers attending the organisations' regular business meetings or by making specific arrangements to talk about the consultation.

Stakeholders received a presentation in the same format used at public and centre meetings and were given the opportunity to ask questions. People were given information about how to support service users to respond to the consultation and how to make submissions themselves.

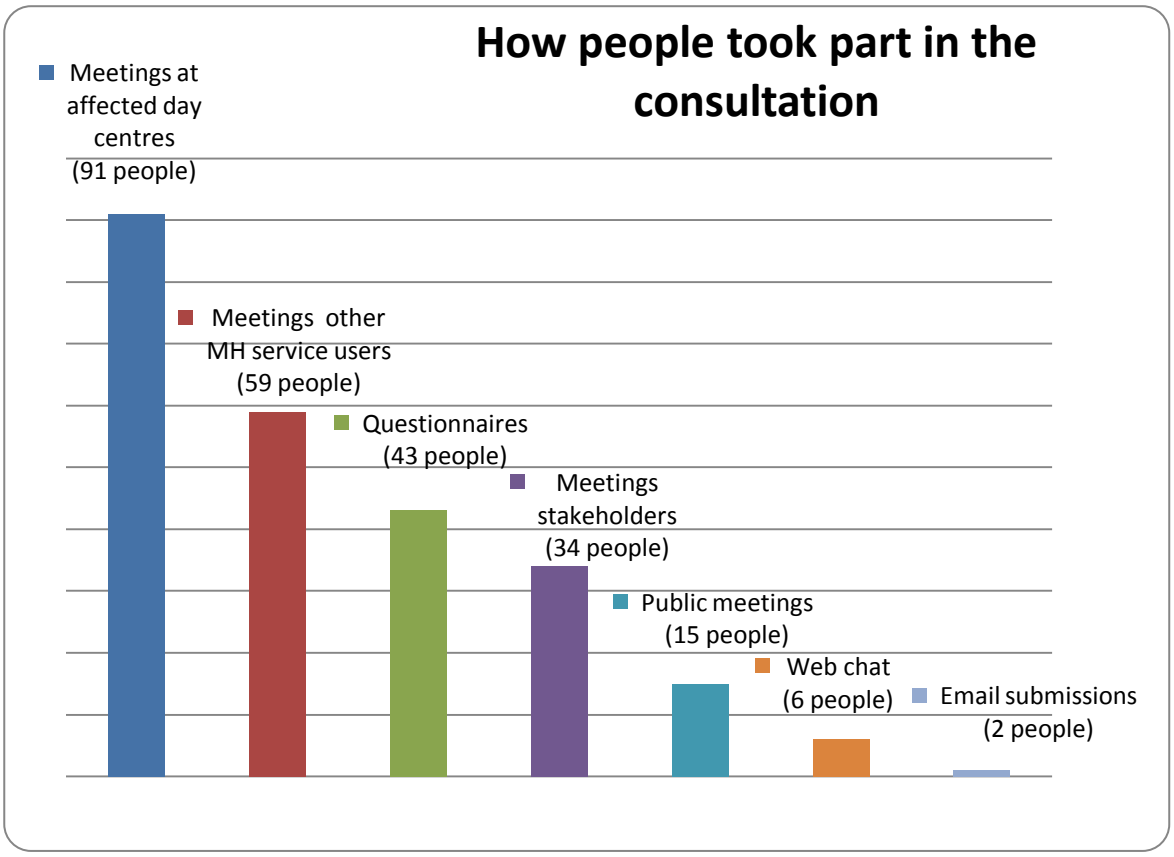
5 Web Chat and Twitter

5.1 The Cabinet member for Health and Adult Social Care, Councillor Pat Callaghan, hosted a live web chat on 19th December 2012 to respond people's questions about this consultation. Six people joined the chat and submitted questions or comments. These were mostly general comments about the changes in the service and future delivery. What people said is included in the findings of the consultation alongside what people said during meetings and on the questionnaires.

5.2 No comments or questions relevant to this consultation were received via Twitter on Camden Council's account.

6 How people responded

6.1



6.2 <u>Questionnaires</u>

The consultation questionnaire asked people:

- whether each of the proposed options offered the support they need from mental health day opportunities;
- whether they supported any of the options;
- invited them to rank the three proposed options in order of preference; and
- how changes to service provision would impact on their lives.

In total 43 questionnaires were returned (38 via post and 5 via the Council website); 39 of these contained written feedback addressing at least one of the consultation questions. (See Appendix for Questionnaire)

Not all sections and questions received a 100% response rate with most closed questions managing between 30 and 37 responses. Although many respondents gave comments, less than half of those returning questionnaires

wrote detailed comments and fewer still gave comments across all sections and options.

6.3 Meetings

A total of 91 attendances were recorded at the meetings held at the Consortium mental health day centres. These meetings were intended for the FACS eligible customers (approximately 150 at the beginning of the consultation). In separate meetings we engaged with 15 members of the public who attended public meetings and 99 stakeholders and users of other mental health services outside the consortium.

The attendance does not represent 205 different individuals, as some people took part in more than one consultation event.

7 Recording the findings

7.1 A mixed methodology of meetings and questionnaires was used during this consultation. The findings in this report combine the views that people expressed through both of them.

7.2 The number of attendances at meetings (205) was much higher than those responding to questionnaires (43) and meetings allowed people to express their views and discuss their comments in more depth directly with council officers; this means that more of the views in this report refer to what was said in meetings compared to comments on questionnaires. Nevertheless, the comments provided by service users through the questionnaire, including specific issues and impacts of each option, mirrored much of what was said at the meetings.

8 Findings of the consultation

What people told us about each option (summary)

- According to what was said during meetings and in questionnaires people favoured option 2 slightly – see chart graph on page 25; with the existence of a centre and the offer of a 6-8 weeks targeted preventative service available regardless of eligibility as the most attractive elements within this model.
- However, there was also some support towards the continuation of the Support and Time Recovery (STR) model in option 1, mainly from people who are satisfied with the services currently provided by the consortium or

by those who are very reluctant to change.

- Option 3 got a lower level of support than the other two options. Some people saw it as a good way of increasing choice and independence but there are fears that service providers may not be subject to tight monitoring and quality checks and this may impact on the safety and wellbeing of the most vulnerable service users.

Main topics discussed around Options 1, Option 2 and Option 3

a. Having a site is important for social interaction and companionship (options 1 and 2).
b. A single site presents challenges: possible overcrowding, inability to cater for everyone's needs, underrepresentation of some groups (options 1 and 2).
c. Support from well trained staff is key (option 1 and 2).
d. People value the work of volunteers and peer support (option 1).
e. 6-8 weeks preventative element is a positive development, but might be too short (option 2).
f. Unsure about mixing people of different ages and different levels of need at the same centre.
g. People may not be safe if there is no commissioned service (option 3).
h. Option 3 is good for exercising choice and accessing services on offer elsewhere.

Issues affecting all options

i. Anxiety about changes to services.

j. Strive towards a service provision that is attractive to different user groups, including young adults and members of BME communities.

k. Divided opinions about mixing different ages and different levels of need at the same centre.

l. Importance of involving service users in service development.

m. Make transitions between services smoother so people don't fall through the cracks.

n. Importance of offering support to purchase services .

o. Monitoring.

p. Disabled access.

q. Stigma.

8.1 Main topics discussed around option 1, option 2 and option 3

a. <u>Having a site</u>

People stressed the importance of having a site, a place to go to avoid isolation regardless of the type of activity on offer. People value the opportunity to interact with others who have similar experiences.

> *(There is a) fear of isolation, sometimes people can't use public transport because they don't feel well. (Attendee at HCCT meeting)*

> I appreciate and prefer a centre where I can meet people who understand me , who know about mental health.

However there was also some criticism towards the current services, which were perceived by some as not offering the right levels of stimulation to everyone.

> *I don't see anything happens at the centre apart from a cup of tea (…) I don't call it socialising, I call it parking people in a place. (Attendee at HCCT meeting)*

While some recognised that people don't use all three centres and it might be preferable to have a more central, more accessible base, others were concerned about the impact that having a single day centre may have on their day to day lives.

b. Single site

Some people at different meetings were worried that having a single site would lead to overcrowding of the building. Users of Highgate day centre were concerned that the proposed change of service provision at consortium day centres could put Highgate under pressure to cater for increasing numbers of people.

Among those people who valued the positives of having a single site in the borough, there were concerns about the impact this would have in terms of travelling arrangements. Changes to the freedom travel pass means many people no longer have one, getting to a single centre without it could be difficult. It is noted that many mental health users who access these services will still have access to a freedom pass..

There were concerns about the quality of the services that could be delivered from a single site. People feared overcrowding and doubted the service would have capacity to cater for a diverse group of people with very different needs.

This might be particularly so for younger adults, who feel underrepresented at the current day services and for people from BME groups.

It was also highlighted that the impact of new people joining from different groups could have an effect on some of the established relationships. A couple of people were concerned that having just one building would mean that if someone is excluded from one centre due to confrontational behaviour they would not able to go another local centre providing a similar service.

> *Young people are already reluctant at using the current day centres, put off by dominance of older adults and severity of mental health problems of people attending. A single centre would exacerbate this. (Questionnaire response)*

> *Can you cater for 60 people on one day at one single centre? (discussing a single site, attendee at Crossfields centre meeting)*

c. Support from well trained staff

People value having trained, experienced and trusted staff at the centres, and some expressed concerns about any reduction in current staffing being destabilising. People want staff that has the time and the skills to listen and support them. Some customers pointed out that there has been a greater reliance on volunteers since the service changed in 2007 and that staff do not spend as much time with service users as they used to.

> *A lot of the support has gone from here, there used to be counselling, now I have to go to Samaritans for that. There's nobody to talk to for ten minutes. (Attendee at Barnes House meeting)*

d. Volunteers and peer support

Volunteers currently working at day centres are much valued by service users; people are keen that any future model includes volunteering opportunities. Peer support is also very important to people and seen by some as a way of getting people to start exercising choice more often.

Mental health staff from Camden and Islington NHS Foundation Trust said there should be a role for peer leaders delivering community services and not just within a building based service.

> *Peer support would be really important I - for example- helping people who are fearful to go for a cup of tea to McDonalds, to do it with a group of peers. So those who are less likely to do it feel encouraged to try new things. (Housing provider at stakeholder meeting)*

e. <u>6-8 weeks preventative element</u>

The majority of people at meetings (service users and stakeholders) saw the proposed 6-8 weeks preventative element in option 2 as a positive development; however many were of the opinion that this was too short a period of reablement and that it should last longer in order ensure better chances of recovery.

People felt that 6-8 weeks of reablement support was good to offer to all people who needed support when they were referred to us. This would mean that everyone could get a taster of how their needs could be met. It was also recognised that this would mean some people would not require on-going day opportunities.

There were concerns about what would happen to people once the 6-8 week reablement period ended; people feared that FACS assessments would not happen in time and people would fall through the cracks.

f. <u>Divided opinions about mixing people of different ages and different levels of need at the same centre</u>

Opinions were divided in terms of mixing younger and older adults at the same site. Some people thought it would not be possible to combine services for both groups simultaneously, while others felt such a setting would give more opportunity for intergenerational working.

> *The location of any new service has to be commensurate with the need of vulnerable adults. People with mental health needs and people with substance misuse problems do not always mix well. Safety is important. (Attendee at stakeholder meeting)*

Some mental health professionals though it would be good for mental health service users to interact and mix with people other than those who are ill or require a lot of support.

g. <u>People may not be safe if there is no commissioned service</u>

People raised concerns about the impact that option 3 may have on vulnerable adults. There are worries that if the council does not provide mental health day services directly vulnerable adults would be at higher risk of becoming "victims of abuse". Using services in the community (option 2) or purchasing them directly without any involvement of the council (option 3) increases this risk. It should be acknowledged that the council would still have a safeguarding role and would also perform quality checks when choosing providers.

People emphasised the importance of the council's retaining its role in monitoring and checking the quality of service providers as well as continuously making sure provision meets people's outcomes.

A concern was raised with the idea of an approved list in that by placing a greater emphasis on the market. It was unclear whether the council can ensure best value in terms of cost and outcomes across many different providers.

8.2 Issues affecting all options

a. Anxiety about changes to services

The majority of people consulted reported a high level of anxiety in regards of changes to mental health day services currently provided by the consortium.

There was anxiety about losing some of the other services currently provided by Holy Cross Centre Trust which are not mental health day opportunities. Some people also expressed disappointment at the possibility of losing services at Crossfields and Barnes House that had taken a long time to develop.

b. Strive towards a service provision that is attractive to different user groups, including young adults and members of BME communities

Several user groups and stakeholders consulted reiterated the importance of offering services that are appropriate for and target younger people with mental health problems. This provision needs to be flexible in order to be attractive.

It was also noted that some young people do not use the current day opportunities because they feel that the centres do not meet their needs. This was particularly prevalent in younger people with a mental health condition.

Children and Adolescent Mental Health Service (CAMHS) staff commented that sometimes young people can find mental health services hard to access. Many services struggle to engage with younger adults.

> *Not sure that any of the 3 options will make a significant difference to young adults accessing and benefiting from local services. In providing a service that meets the needs of these young people, I believe some of the priorities to be: pro-active attempts from services to make themselves more accessible to young people (e.g. relevant activities,*

some activities or groups specifically for under 30s). (Questionnaire response)

There was marked underrepresentation of Bangladeshi and Somali customers taking part in this consultation. According to development workers that took part in this consultation the current mental health day services are not seen as very attractive among people from Bangladeshi and Somali communities. However, there is much confusion about how personals budgets could be used to reverse the current situation, or indeed how they work in general.

Developments workers in these communities also said there is hardly any awareness of services currently provided from the consortium. Signposting and making information more accessible (may be putting into different languages) is crucial.

c. Involving service users in service development

It is important to involve service users and community groups, including BME forums, in the development of the final model for mental health day opportunities. The council must keep communication and engagement open. This opinion was common among service users but also among stakeholders, who attended separate meetings.

d. Make transitions between services smoother

Service users and stakeholders agreed with the importance of making transition between services smoother; especially between reablement support and services through an eligibility assessment.

Feedback from Children and Adolescent Mental Health Services (CAMHS) staff indicates that the gap between people leaving the service and moving to Adult Social Care is not very well bridged; children and adolescents don't have a personal budget and, when they turn 18 and transit from one service to the next, it is unclear how long the assessment and allocation of personal budget could take; so there is potentially a gap in service for this customer group.

Some people outlined the importance of improving links between day opportunities services and accommodation available to people.

You can be in emotional turmoil after leaving a place like this (day centre) but I've had to wait for a year to access better accommodation.(…) In that time you may very well go downhill. (Attendee at Highgate day centre meeting)

It can be a problem finding services when you're discharged – need better links between inpatient services and services in the community.

e. Importance of offering support to purchase services

People will need to be supported throughout any process where individuals pool their budgets to purchase a service.

Carers expressed concerns about the pivotal role that Camden and Islington NHS Foundation Trust play in the assessment and support planning process. They felt that the council should be part of this assessment process to make sure that service user's wishes are being reflected.

f. Monitoring

It would be useful to develop a way of monitoring the quality of the services and also streamlining the monitoring process, using fewer questions about people's past and talking more about the service provision.

Carers of people with mental health problems felt they should be involved in the assessment and support planning process as they know the individual service user best. They have an important role to help ensure that this process is accurate and person centred.

g. Disabled access

There were comments made about the level of disabled access that services may have in the future; it is essential to guarantee that any services will have disabled access, for physical, sensory and cognitive disabilities. There is some concern that services provided within the community may lack disability awareness and put people off.

h. Stigma

Mental health professionals from Camden and Islington NHS Foundation Trust who pointed out that the use of community venues instead of a mental health day centre is important in addressing stigma around mental health.

This opinion was shared by staff working with the Bangladeshi community who pointed out that there is stigma attached to accessing mental health services for people they support. Services might become more attractive if they were accessed outside people's own geographical communities, where they could avoid being recognised, or if services appeared less mental health specific.

8.3 Other things people want in a future model

a. Type of activity

Activity provided at day centres must cater for different cognitive and academic levels among people. Some felt that mental health services don't always take into account people's past experiences in terms of skills, education, interests or intellect. Service users can feel they are not stimulated enough, which is demoralising and causes them to disengage.

It is important to provide activities that allow mental health service users to express themselves, such as music, dance, performance and arts.

b. Flexibility

Any future model should be flexible around payments / attendance to reflect service users' needs and fluctuating mental health.

Carers felt that any future model should have a drop in element so people can use the service as and when they need to and feel confident in accessing all activities they need.

c. Available information

On-line information about available services would be very useful.

d. Links with other services

Existing links with training and employment services should be maintained.

People value time banking and some are keen for continued links between time banks and day services.

It is important to reinforce links with housing providers in order to improve access to day services.

8.4 Other comments

a. Personalisation

Although not part of this consultation, people discussed personalisation at length. It was noted that there is anxiety and confusion about personalisation. Most people understand that personalisation is about choice but many they are unclear about how the process would work for them individually. People don't feel they have enough information about personal budgets or direct payments, some are unclear as to whether they have been financially assessed or not.

People pointed out that not having an allocated social worker means they have nobody to turn to obtain this type of information. Some people said they are unable to manage finances and fear having to purchase services without any support.

The concept of having to pay for mental health day opportunities produced contradictory views. On one hand, people understood that having a personal budget and being able to choose services to meet their needs was the way forward; for some people even a welcome change from having the Council purchasing services in block for them. On the other hand, there was reluctance to pay for services that are perceived as "free". The current centres are seen by people as a safe provider of social contact and some object to the idea of having to "pay" to access that.

By making people use their personal budget to enter a centre to have a cup of tea you are not giving people a choice. You are just putting a price to people being able to avoid isolation (Attendee at Crossfields' meeting)

b. Other needs

One customer encouraged the council to recognise people's sexual needs as part of the recovery process.

"It is important to have some kind of support in developing couples' relationships."

c. Choice vs. Security of familiarity:

Some people welcome the opportunity of being able to do activities outside a traditional day service framework and understand the possibilities that are available to them with personalisation; however others feel safe in the knowledge that there is a familiar centre to go to and are not interested in using other services in the community.

9 About each option

9.1 Consultation questionnaires were used to ask people whether each of the proposed options provided them with the support they needed.

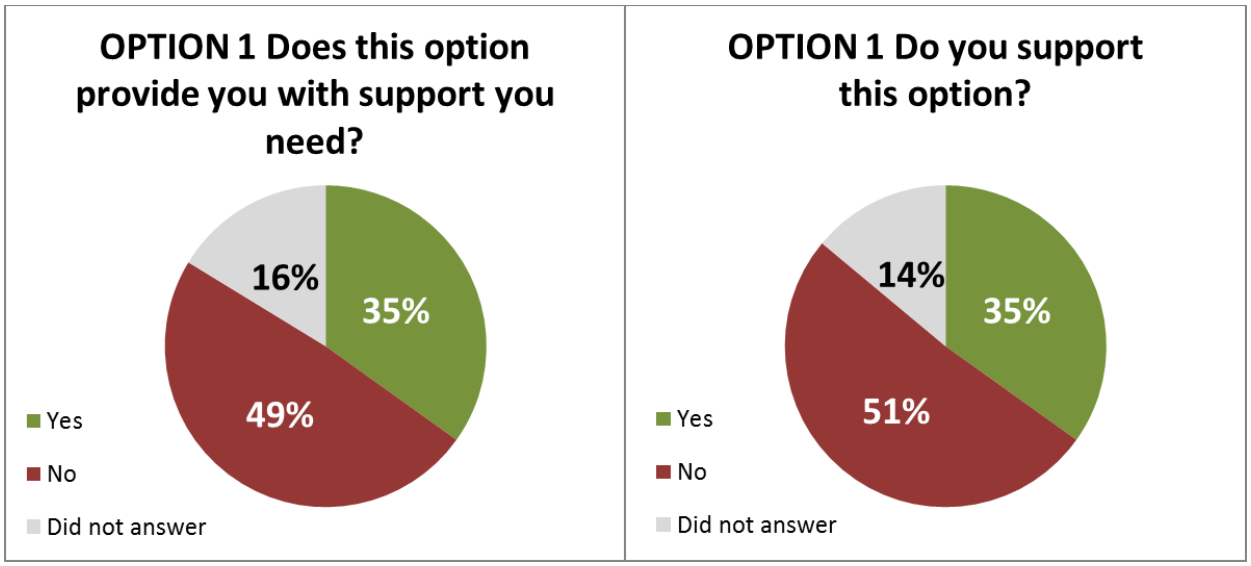
- 42% of people said they could get the support they needed from option 2.
- 35% of people said they could get their support from option 1.
- Only 16% of people said they could get the support they needed from option 3.

9.2 We also used the questionnaires to ask people if they supported each of the options

- 35% supported option 1, while 49% didn't. 16% didn't respond to this question.
- 37% supported Option 2, while 33% didn't. But 30% people did not respond to this question.
- 14% of people supported Option 3, but 67% of people did not and 19% didn't respond.

10 Option 1- Same model but delivered from one centre instead of three

10.1 The chart below illustrates people's responses to questionnaires,



10.2 Around half of those that responded did feel option 1 provided them with the support they needed or supported this option. It is a slightly false result in that people in favour of option 1 (over options 2 and 3) are largely against the reduction from three centres to one and would prefer that all three remained open and, in some cases, new day centres created. Likewise, people that say the option would not meet their needs (and therefore against the option) are doing so for the same reason – they want the services to remain as they are with three centres open instead of only one.

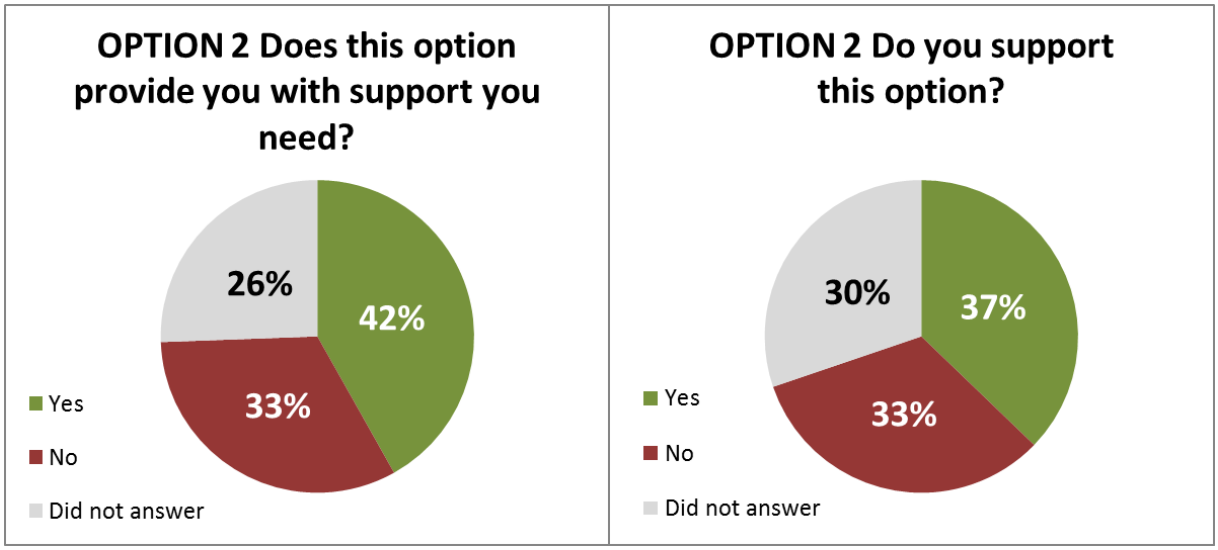
10.3 In the table below, there is a summary of comments from meetings and questionnaires about **option 1**.

What people liked about option 1	**What people didn't like/worried**
• Having a site is important for social interaction, companionship. • Value support from peers and members of staff. • Gets people out of the house which they may not otherwise consider doing. • Wide range of activities on offer • Support from well trained staff and	• Distress caused by closure of centres. • Benefits that are present from multiple sites would be lost. • May stigmatise people and deter them from accessing the support they need. • Loss of local centre

volunteers. • Local. • Breaks monotony (assuming there is more than one choice). • Having a building to go to and focusing the support on those who need it. • Value current links with time banking.	• Travelling further. • Doubts about ability to deliver good support consistently from one centre. • Lack of preventative element is a worry. There's no specific support for people who are not FACS eligible. • Objection to the concept of having to pay for social contact. • Concerns that the range of services delivered from HCCT (homeless, refugees) might be lost.

11 Option 2 – Mental health wellbeing centre ("the hub")

The chart below illustrate people's responses to questionnaires, 43 people completed a questionnaire during this consultation.



Slightly more people thought option 2 could support them than those that said it could not. The same is true on supporting this option. A greater proportion of people did not answer these questions (26-30%) compared to option 1. However, these respondents still provided comments presumably signifying their uncertainty as to the benefits and issues of this option for them.

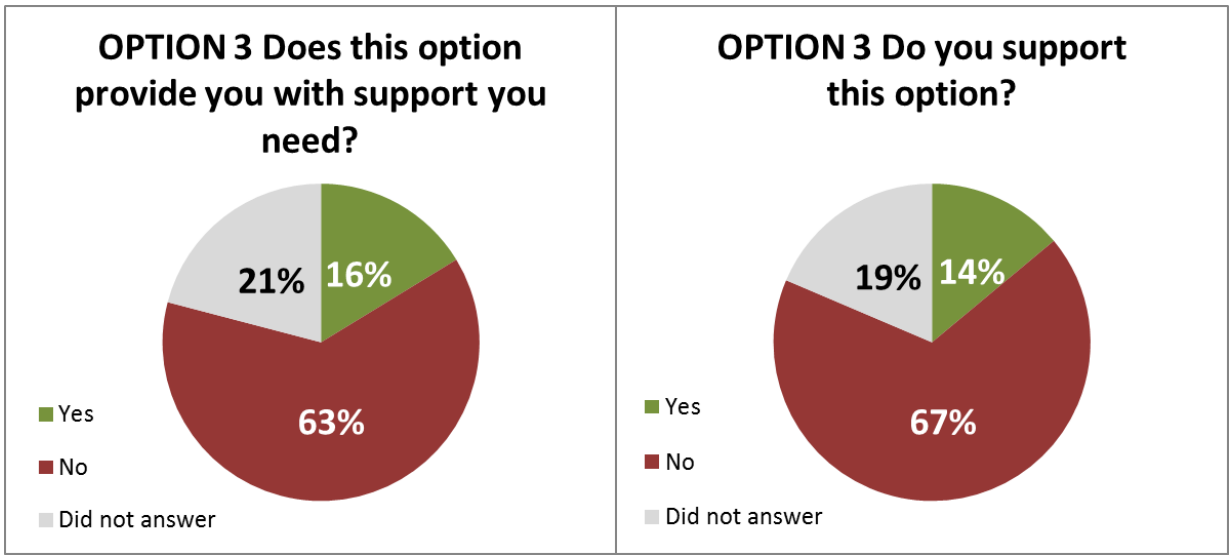
On the table below, there is a summary of comments from meetings and questionnaires about **option 2.**

What people liked about Option 2	What people didn't like/worried
• 6-8 weeks preventative service. • Flexibility; having options of what services to use, what support you receive and for how long, using personal budgets. • May benefit younger people who find flexible support more helpful. • More attractive model for those who may want to receive services elsewhere; particularly where cultural needs are better catered for or where there is a more appropriate offer for	• 6-8 weeks preventative service might not be long enough to guarantee recovery. Unclear about what happens afterwards. • Limited choice regarding providers. • Find it hard to make choices and decisions. • Concerns regarding managing personal budgets and the anxiety it causes. • Worry that the model is not applicable

age/gender related services. • May allow people with lower levels of mental health need to access support. • More inclusive. • There is face to face contact, which is needed. • There are new people coming in all the time. • More choice of getting the services the person wants rather than going to a day centre to take part in activities designed for all users. • Some people said that if the council supported pooling of personal budgets this option might work.	to people with severe disabilities as well as mental health problems. Staff in the community are not always disability trained.

12 Option 3 – No commissioned service

The charts below illustrate people's responses to questionnaires.



Approximately two thirds of people that responded did not feel that option 3 would give them the support that they needed and so did not support this as a viable option.

Option 3 did receive some support but this came from people who are not receiving services at the current day centres.

On the table below, there is a summary of comments from meetings and questionnaires about **option 3.**

What people liked about option 3	What people didn't like/worried
• More choice of getting the services the person wants rather than going to a day centre to take part in activities designed for all users. • Some people said that if the council supported pooling of personal budgets this option might work.	• No building, no base, no central site for social contact. • Lack of involvement of the council leads to concerns about people' safety and vulnerability. • Leads to greater isolation. • Not suitable for people who cannot exercise choice or manage personal budgets. • Too complicated for people having an acute episode of illness. • No preventative element, people could fall through the cracks. • Excludes people with mild-moderate needs until their condition deteriorates. • Lacks focus on early intervention and relapse prevention. • Concerns over travelling needed to access services. • Staff in the community are not necessarily trained to work with mental health, they are not qualified. • Some services may close as not enough people would use them, even if they are good. • Need a dedicated building for mental health services, not a community centre, acceptance is very important.

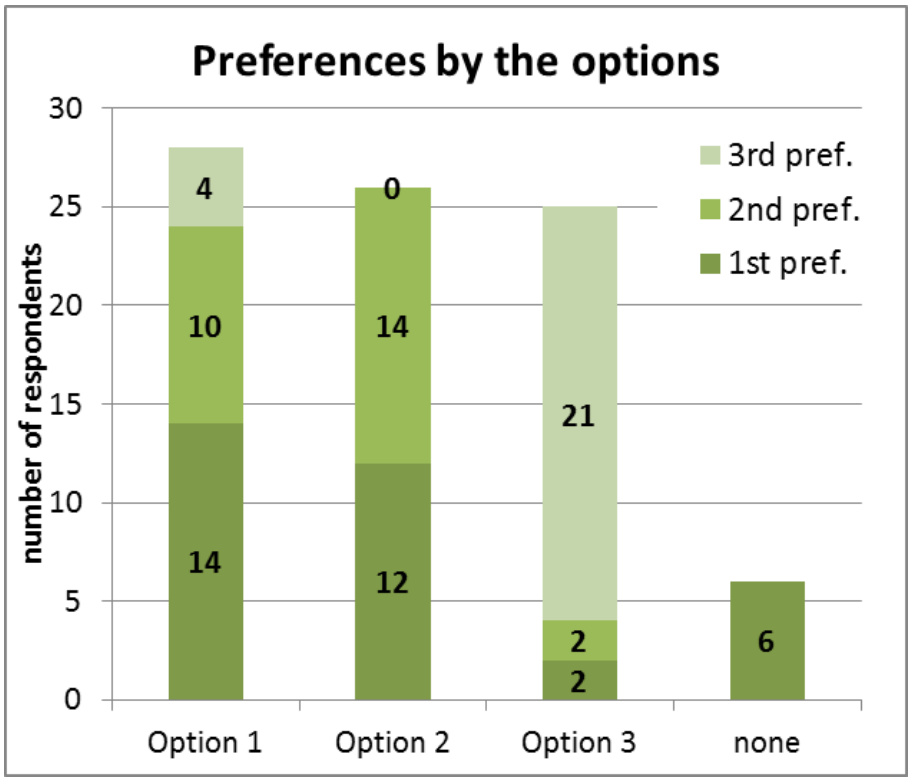
13 Preferences

13.1 Statistics

Not everyone ranked all the preferences – 28 respondents gave their 1st preference, 26 also gave a 2nd preference while 25 people gave their 3rd preference.

13.2 Results for options 1 and 2 are similar. Though option 1 acquired the most 1st preferences (14), two more than option 2, option 2 acquired the majority of the 2nd preferences. Option 3 (no commissioned service) was the least favoured option with only 4 people listing it as their 1st or 2nd preference.

13.3 Six people stated that they thought none of the options were suitable.



13.4 There was space for people to give reasons for their preferences. Few did this presumably because they had already provided reasons for and against each option in Section 1.

13.5 Preferences: Slightly more people said that option 2 (15 respondents) could provide the support they needed and supported the option over option 1 (14 respondents). There was very little support for option 3 (6 respondents) because responses tended to be from people using day centres at the moment so they did not see this option as attractive.

13.6 Preferences: Noticeably more people were in favour of option 2 compared with option 1. However option 2 had the greatest number of people not making a firm decision either way suggesting people have some doubts about the longer term benefits/problems of the option.

13.7 Preferences: When it came to making preferences, option 1 received the most 1st preferences. This was due to most of the respondents who supported option 1 (in section 1) gave it their 1st preference. While some people that supported option 2 also gave option 1 as their 1st preference. This could be because people who like the current provision support option 1 while some people who support option 2 are still worried about the impact a change to a new model would have (see above).

13.8 Preferences: It should be noted that a number of people supporting options 1 and 2 did so reluctantly and that their real preference was to keep the status quo with 3 centres.

13.9 Preferences: 56%of people who responded to the questionnaire used one of the three day centres in question

14 Comments on preferences

14.1 Option 1 vs option 2 – One person could not decide regards options 1 or 2 and thought there should be "*an experimental period where each option is given a test to see which works better and then rated*" according to service uses/provider indices. (40)

14.2 Option 2 Hub - One person though supporting option 2 made it 2nd preference because there was *"uncertainty if there would be any full time qualified staff available at the hub*." (24)

14.3 Option 2 Hub – *"I think Options 1 and 3 are flawed as they exclude people without the highest level of need. This effectively means waiting for someone's wellbeing to deteriorate before providing them with support, which is both detrimental to their health and more costly in the long run. Relapse prevention and early intervention for mental health difficulties should be available to all people with mental health difficulties or at high risk of mental health difficulties."* (41)

14.4 Option 3 – "*I can't choose no commissioned services as I don't think it's right not to provide any commissioned services - I think that some those with critical and substantial needs may feel overwhelmed with the responsibility of having their own budget and that this may prevent people accessing services and ending up with nothing*." (39)

14.5 None – *"Continue with the current 3 centres. Each centre offers something different." (*43*)*

14.6 *“Suitable.”*

14.7 *“I have a long-term mental health illness. I've been coming here for 2 and a half years now. This is my last resort*” (37)

15 ALTERNATIVE OPTIONS

15.1 No-one gave detailed alternative proposals / changes to the proposals.

15.2 Some people would like a mixture of options 1 and 2 – a day centre/’unit’ and a Hub in a regular venue though more volunteers are needed. (24)

15.3 People /users come from throughout London. Therefore make other boroughs provide financial support for Camden’s three centre's. (5)

15.4 Some people thought that the three existing centres should be better advertised which will boost numbers e.g. They should be advertised in GP surgeries. (4)

16 RECOMMENDATIONS

16.1 Both feedback from the questionnaires and the consultation meetings show that there is continuity on thought from all of the participants for the preferred option.

16.2 On responses from questionnaires, a similar percentage of people supported Option 1 (35%) and Option 2 (37%), however people saying that option 1 did not support their needs, was considerably higher (49%) than those saying option 2 did not support their needs. (33%)

16.3 Option 1 and 2 obtained similar support from questionnaires (14 people chose option 1 as a first preference, 12 people chose option 2) and additional comments from questionnaires and consultation meetings support more elements of option 2.

16.4 For this reason and the above analysis, it is therefore concluded that option 2, a single day centre ‘hub’ with free reablement services for 6-8 weeks, is the supported option.

16.5 Further engagement may be required to develop the final version of option 2 day services based on the comments made in the questionnaire and during the consultation meetings.

17 Appendixes

The following appendixes to the **Mental health day opportunities consultation report** are available on request.

1. Consultation pack cover letter
2. Consultation document
3. Consultation questionnaire
4. Poster advertising meetings
5. Reminder letters
6. Agenda for meetings
7. Presentation for meetings
8. Group discussions templates used in meetings
9. Full text of webchat with Cllr Pat Callaghan
10. Email submissions
11. Notes of meetings

To obtain copies of the appendixes please contact the Adult Social Care engagement team.

London Borough of Camden

Camden Adult social care Engagement team

38-50 Bidborough Street

WC1H 9DB

Email: ascengagement@camden.gov.uk

Phone: 020 7974 6436 or 020 7974 2972