

# Feedback from Various Locality Plan Engagement Sessions

## Devolution & Locality Plans

### VSA 6th October 2015

- Design service delivery in line with local needs
- Engage with Community locality
- Security of money without constant feedback, spreadsheet, figures.
- Partnerships- Clarity of responsibility/resource.
- Less bureaucracy, more front line.
- Front line workers respected/paid equally.
- More home visits, consistent people visiting
  - Decentralised control
  - Service design in line with localities.
  - Demography/ethnicity/solo economic profiling
  - Better profiling
- What does the locality plan look like?
- Share draft plan
- More time to consult/engage
- More investment in community hubs
- Needs to reflect diverse community and population of Rochdale.
- Accessibility – multiple locations
- Map out voluntary sector services (who, what, where, when)
- Transport
- Usage of existing locations & community centres
- Times of day/night re access
- Vulnerable people – support?

- Delivery of expertise – protect
- Sharing resources – ICT, overheads etc.
- Share learning from each other
- Infrastructure Support co-ordination of advice etc.
- Not joined up – communication
- Capacity of Voluntary Sector – recognition, investment
- Investment in resources
- Consistency for sustainability
- Voice from ground level
- Community Base information sharing
- Jargon – communication key
- Lay person – what's in it for me?
- How to engage volunteers – is their calibre right for the role:
  - Support
  - Co-ordination
  - Needs of volunteers
  - Motivation – retainment
  - Raise awareness/education re the Job Centre
- Raise awareness/educate re Voluntary Sector role and involvement
- Cost of providing services
- Need sustainability
- Need to be valued
- Short term funding re allowances for networking etc. which is key i.e consultation/sharing information.
- Be clear about what peoples expectations are
- Not to be lip service tick box
- Voluntary sector to make a difference

- Use current prevention & health awareness resource to educate school age – prevents future health issues & also increases knowledge to support family etc.
- Start young make the messages the norm (dementia friends is an example of this working)
- Self-referrals
- Every measure of care taken care of before discharge.
- Personal care co-ordinator
- Support those on lots of medication
- Frequent GP attendee support
- Long term services – continuity to maintain positive effects.
- Share volunteers/roles/resources
- Utilise CVS alliance

Share

- Meet regularly
- Help each other

## **Resilient community's feedback**

1. What's best practice? What is out there and can be connected better? Remove barriers and rather than putting together more infrastructure, but would it be more about setting standards about what community projects look like and publicise to encourage people to get involved in community. Celebrate and learn from success and remove barriers rather than implementing service.

Self-help – work with people to have lived experience and then enable a scheme to support interested parties to deliver. Hands off rule, provide governance with small view

Wheel of wellbeing – see Chris' picture

Space

Community

Access

Not just publicising to agencies but publicising to people. Spend money on marketing and campaigns and promotion

Public sector organisations - lead by example

Is the Wheel of Wellbeing actually a way to embed FW2W

Creating opportunities – for happiness people need: something to do, someone to love, something to hope for

## 2. Build on people's life experience

One level – people who have been through the drug and alcohol experience  
Older person who is keen to sit with a younger person to read

Investment as an enabler – eg coordinate a volunteer scheme  
Key role for public agency is to be able to signpost and identify people

Need to consult with communities – what do people understand about communities

How do we use public assets to support this – longer school hours – seeing publicly owned asset use as core business in supporting these activities  
Talked about a lot already happening - importance of this being delivered locally and at low cost and how you could turn the curve  
What is it that public agencies do that make this hard to people to build on and involve with?

## 3. Participatory – Decisions that are made whilst being evidence based, are also based on impact to people in local area, but also that the approach is participatory and also that those involved learn how to do for self

Engagement - have better representation of community and reach more deeply  
Partnerships – more efficient, don't allow duplication to happen just because don't understand reasons for it

Make sure genuinely KNOW that we are making the best use of resources

Absolute expectation that things will be shared (resources). Human factor – led by 'love'

Needs to be fair and open

Equal access – which involves communications

Evidence based- policy makers/commissioners/practitioners using this but also communication to communities so know what works best

Shift role of professional to be about giving people information to do things for themselves not informing people

Learning new skills

Citizens being aware of rights

We need to learn from people

#### 4. Notes from my note book

Additional – we have a growing population of retirees and almost a retirees type approach 'Your borough needs you' Active over 65 population  
Need to connect this type of work with front line services

Look at individual and family thriving/coping level

The public is made up of lots of individuals but we only engage with them once they're a type of something

People when retired have two options: do something/do nothing. The Circle facilitates this – need more of that... communities used to do this for themselves. People are living longer as well.

Children who sit on computers aren't playing on the street – do we need to go back to basics

We are losing basic life skills - community spirit is still there but it takes a crisis to pull it together

Play streets (run by residents)

## 2. Complex dependencies

- Remove barriers – use Community Champions to offer Peer support – there can often be abuse and trauma in childhood
- Everyone is responsible – everyone's job – front line approach
- There should be a generic service available that inherently understands how to manage the issues
- Central database is necessary
- Need to take stock of what is available to us at present and how we can improve on that
- A collective approach – these people are known to someone and are frequent service users
- A centralised place for information and data and for someone to coordinate this is needed
- Liverpool Care Line discussed
- If MASS is working then how do we extend this?
- People do not always want to accept help

Layer of identification....

↓

Flag to trigger

↓

Something happens to this person



Then trusted person does a positive visit (to support need)

### **“Sanctuary Service” – remain at the Rochdale Infirmary**

1. Crisis approach/Sanctuary space
2. Principles for staff – responsibility for service users and other providers (contracting/responsible commissioning/KPIs)
3. Intelligent and coordinated response through data about trigger points and positive visit to individual/by trusted individual to resolve.

Complex dependencies – how are we going to identify top 20% risk people using 80% public service resource? – Look at data/information to risk

Can agencies refer based on key activities?

Key message from Kirkholt is that individuals had had 20 years of services but nobody had ever asked what they wanted.

Likes single point of contact, first log line... then central management of info across agencies.

Commission a support programme that wraps around - personalised targeted

### **HUB – centralised place**

4 locality HUBS

One number one place one door – if local issue feed out locally if not point in.....

Pump prime would be helpful to add complex element properly to manage (services wouldn't be arguing about why coming to me???? – Because their manager would be there.

Some components are there for MASS this needs now to grow to come from a bigger place. MASS needs to grow. 100 plus calls per week for early help.

Liverpool urging staff to look at all that is available one step beyond. Being clear that right person does the job.

### **Flipcharts RBUF 28/01/2016**

#### **How do we move money from acute to the community?**

- 3<sup>rd</sup> sector – information sharing? When people move from secondary care they are no longer eligible for some 3<sup>rd</sup> sector services.
- Support organisations are not informed when clients move between services.
- Need improved communications.
- Carers are being excluded from conversations regarding care.
- New IT integration should include 3<sup>rd</sup> sector – working blind.

- Mental health must have points of esteem within the plans and communications.
- There are gaps, because there isn't enough support for carers. CMHT is forced to discharge people back to their GP, which puts increased strain on carers.

### **What happens if hubs become a bottleneck?**

- Some people may use them inappropriately.
- The 7 day GP service is not well publicised.
- Community hubs should be 7 day access and they need to be integrated with medical records etc.
- Elderly mental health services need more resources or a spectrum of services.
- Should be needs-based not age-based.

### **We need:**

- Move away from service users only being service users in one place
- A consistent referral process that is quite simple and robust
- Shadowing staff between different organisations and sharing office spaces
- A full audit of money coming into the sector and skills that all organisations have
- More holistic approach
- Shared values
- A good IT system to support collaboration
- Strong partnerships
- A big enough space to meet many organisations
- Flexibility
- Service user involvement and consultation
- Honesty between organisations to ensure there is no duplication
- Dedicated roles within organisations to support staff and organisations
- To include organisations of all sizes – smaller organisations make a big difference
- Partnerships between voluntary sector organisations and other organisations – needs support to create this – systems in place to share resources
- Transparency
- Openness about outcomes not related to funding
- To include homelessness in the thought process
- Hotdesking between organisations

### **Better Partnerships**

- Find out how many groups there are and ensure you communicate with them
- Service directory – who are the providers and what do they do?
- Leaflets in GP practices
- More health roadshows out on estates
- More work in schools – especially at the start or finish of the day
- Use Sure Start centres or children's centres
- Open Days from providers

- More events in the town centre
- Communicate with care homes
- Work through the support worker
- GPs to give right treatment – refer to better services
- Better targeted at communities who need things differently
- Sustainable funding for groups who work with those with protected characteristics

### **What does devolution look like? Is it going to be better?**

- Better use of Rochdale Infirmary
  - Data protection
  - Need for continuity
  - Basic transparent complaints system
  - Standards of care
  - Less bureaucracy, more profit
  - Care closer to home
  - Standardising IT system for different people
  - Better use of resources
  - What happens to the organisations that are not providing one stop shops?
  - Clear information to citizens
  - Not clear what it is
  - One telephone number
  - More person centred
  - How much notice are they going to take?
  - Monitoring
  - Taking power or devolving power
  - Too many cooks spoil the broth
  - Basic mental health training
  - Is there enough money to pay for it?
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- Listen to service users and show actions as well
  - Comparing and contrasting what works and feedback – regulation
  - Hospice and supported living
  - Training of staff on mental health
  - Cleaning and facilities – what is being done?
  - Mixing with other patients
  - Monitoring and assessing by people e.g. Healthwatch



# LOCALITY PLAN PUBLIC ENGAGEMENT EVENT

12 OCTOBER 2015

## TABLE DISCUSSIONS

### TABLE 1.

#### LOCALITY PLANS

- Cradle to Grave
- Need to identify challenges at birth (support without stigma) not just health (Education, Housing Policing etc.)
- Community - circles .co.uk – Ensure robust links with the voluntary sector (they can support people to “Stay Well” at home – nee clear SIGNPOSTING not all PTs/GPs are aware of the full directory – a Rochdale Portal - ED what about blind citizens??)
- Supporting resilient communities
- HVs for the elderly – there are ANPs in neighbourhood teams
- Patient Experience is key (continuous improvement based on feedback)
- Education and Training eg. Safeguarding for all staff in all services

### TABLE 2.

#### 1. Included in Locality Plan

- Early diagnosis
- Waiting times
- Believing those closest/caring for the individual – in the longer term this will save money

#### 2. Challenges Locally

- Ignorance – lack of knowledge and insight
- Signposting – don't know what don't know
- Information (links to above)
- Expectations of people using computers
- Knowing where to go for the help needed
- After care/follow up

#### 3. Work Differently

- Tea and talk type opportunities (circle have implemented on Monday mornings)
- Database with all local info – resource supported from all organisations in borough to ensure its up to date and relevant
- Have health fayres – annually across different venues across the borough
- Consider those people who will always be missed and consider
- Lions – Bottle in the fridge scheme
- Information needed in emergency situation
- Support across organisations/GP practices for information sharing opportunity

#### **4. Key Messages in the plan**

- Services need to be truly equitable treated as an equal and listened to
- After diagnosis information and support follow up – telephone call/apt/visit
- Listen to patients/public – parents and families
- Easily Accessible
- Local Services
- Utilising space at Rochdale Infirmary
- Plenty of ways of sharing – not just computers
- Consideration of individual needs/ appointment times

#### **5. What's our ask?**

- Local services for local people
- Consideration for specific needs e.g.; children, dementia friendly services
- More mobile units for expert advice/treatment eg; Care UK, Chemotherapy @Tesco Rochdale
- Database/information eg; Life Chanel for the borough
- Continue to think about people cannot leave their homes
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- More organisations involved in decision making – community needs to be “24/7” including Health care - access to GP / Mental Health /3<sup>rd</sup> Sector – support services – voluntary groups
- Central triage helpline – all issues health and social care
- Transport to HUB is critical – getting to HUBS – parking
- Access to Mental Health Services/Brian injury – education of patients how will people know what is available – good information – communication – through GPs/hospitals local papers/libraries/Leisure centres/Citizens advice/include in hospital letters
- Good quality services – skill mix
- Support to keep fit
- How we utilise agencies e.g. Age UK

#### **TABLE 3. POSITIVES**

- Link4Life – Spots/Leisure – sports/leisure – Hollingworth Lake – adapted
- GM able to identify where money is spent and target the needs of local population
- Transport – good main line links

#### **CHALLENGES**

- Housing meeting residents needs and funding to support this
- Consistency in support – some people getting and others not
- Keeping funding local (not just Manchester)
- Ensuring Personalised Care
- Accessibility for everyone
- Clear signposting to services and enabling everyone to access these

- Strengthening Primary Care/Community Services to support people closer to home
- Cleaning up (needles)
- How to encourage people to thrive and cope more independently – taking responsibility for themselves
- Input and education around Mental Health
- Equality of access to services

**TABLE 4.**

### **1. Challenges**

- Need to change viewpoint of people
- Get the message to people – when they are young
- Change outlook – e.g. Kirkholt 1 in 4 not registered with a GP?!? Do not get early help and leads to crisis
- How do we connect people? Start when people become parents – parenting skills
- Healthy family Model with very diverse family approaches – cultural issues – breaking learned behaviour – generational
- How people value your people – needs to change work intergenerationally – changing behaviours in young people – adults and older people
- How do you engage people who do not engage?
- They may not recognise they have a need or know where to go for help
- Access to services locally – when you have to travel less chance that people will access help leading to missed appointments linked to difficulty
- Services need to go to people not people going to services – 4 hubs is not enough in the borough – some people do not leave their own estate – travel issue for people – bus times and routes anxiety issues/ cost

### **2. Positives**

- Prevention - Outcomes Vs defined outputs – it's the difference between the fire brigade putting out a fire and fitting a fire alarm to stop fires happening - Needs different measures
- Prevention - Basic lifestyle changes – less burden on health provision and better able to manage own health eg. Exercise and healthy eating
- Holistic approach – environment and housing affect health
- Prevention Education and knowledge – self-discipline - change of mind set from reliance on services to make you better - to learning how to look after yourself so you do not get ill.
- Prevention - 3rd sector organisations have access to hard to reach, have the trust of local community members and have premises (low cost) to base services in e.g./ RBUF working with healthy minds has increased self-referral as people trust our recommendation
- Family approach from young to old – changes in culture – think broad – same sex couples – dispersed family members - Opportunities for young and old to communicate – Challenge Princes trust - Retired people – so much they could give skills and experience but understand they are busy too perception that older people are time rich is often wrong

- Triage see the right person and get access to services quicker

## **Heywood, Middleton and Rochdale – Engagement around locality plan and themes**

To build on and sense check the work that had been carried out drafting the Locality Plan, NHS HMR Clinical Commissioning Group (CCG) and Rochdale Council jointly held a design week (week commencing 7<sup>th</sup> September 2015) which saw members of communities, stakeholders and third sector invited to take part in open discussions about the themes that had been highlighted as important.

Thirty events took place over five consecutive days at different times. 225 people – local residents, voluntary organisations and community groups provided feedback on a range of themes from the Locality Plan, with key points from each theme being;

### **Starting Well**

- Services for children to be delivered by multi-disciplinary teams based on the specific needs in that locality
- Empower and allow communities to help themselves

### **Living Well**

- Encourage greater independence and healthy lifestyles
- Make access to services easier

### **Ageing Well**

- There are too many routes-in to services and this is confusing
- Belonging to a community maintains health
- Adapt services and communication for older people, if needed

### **Nurturing a social movement for change**

- Engage staff to become advocates for change
- Develop the holistic approach to mental and physical health

### **New models of care**

- Move away from one size fits all approach
- Let the third sector reach their potential in the benefits they can bring
- Focus on health education with children

### **End of Life**

- Intervention needs to be quicker to help families
- Inform all involved what the patient's wishes are, earlier on

### **Supporting Families**

- Improve technical links between agencies
- Make referral routes easier

### **In hospital care**

- Discharge planning is key to better outcomes
- Speed up availability of equipment and third sector involvement

### **Out of hospital care**

- Increase the number of services delivered in community settings

### **Mental health and wellbeing**

- Evidence based should include patient and user feedback as well as data

Streamline information portals and single key workers are crucial

### **Social Care**

Greater awareness, mutual understanding and signposting is key

### **Primary Care**

Allow GPs and nurses time to be used to best effect

Allow more flexibility

### **Prevention**

Eight priority workstreams for prevention were discussed and agreed.

Lifestyles – more focus on smoking cessation, healthy weight, wellbeing, physical activity.

Growing community and voluntary assets, supporting behaviour change

Maximising uptake of screening and immunisations

Self-management with strong focus on diabetes and respiratory illness

Supporting those experiencing domestic abuse, alcohol dependency, Mental Health issues, worklessness, homelessness

Prioritising early years and parenting

Supporting older people through social isolation, dementia, falls

Promoting work, skills and health as essential to health and wellbeing

This specific Locality Plan engagement phase supplements engagement and involvement work carried out by all partners on transformational themes. One of the largest events in recent years was hosted by the CCG focussing on integrated care and services. The interactive event took place in October 2013 and attracted 140 local community participants. The findings from local engagement has assured agencies that local people endorse the direction of travel for health and social care as detailed in the Rochdale Locality Plan, most notably;

To integrate commissioning and delivery of services

Focus on prevention rather than intervention

Ensuring choice of services

Supporting a personalised approach

### **In addition I made a few notes re conversations around the table.**

- need a key worker approach to those at the end of life

- patient and carer involvement in the processes

- volunteers - how to attract and retain volunteers - voluntary agencies dont work for free and finding/training and retaining volunteers is expensive. Commission voluntary agencies which will support professionalism in the voluntary sector. Often it is the same cohort that volunteers - how do we ensure no "capacity overload" of those volunteering - particularly relevant to older people due to their age and commitments.

-discussions around costings - what will pay for the additional services. RBC explained how they have developed financial projections - we probably need to be clearer on this going forward.

- concerns re the development of a strong HMR bid which is what we want, being broken in smaller parcels to fit into the wider GM vision - how do we ensure what we have collectively

identified is delivered. Concerns that there may be stronger and more vocal CCGs/LAs in GM that will push their wants/needs on the whole.

-concerns re proposed and actual cuts in LA/CCG spending (gave example of cuts within Drug and Alcohol services) - will they jeopardise the delivery of the new models - will capacity be more than demand? We need to ensure that low level intervention /prevention remains a key focus.

Engage with more people - look to involve a wider group of residents in feedback/future planning. It is the usual faces that we see - how to engage people who are not professional "volunteers".

- KEY - share more information - no one is clear on what is available

-what happens if the new hubs get overwhelmed by the demand and demand outstrips capacity?

- look at ways to engage with a wide range of young people - utilise new forms of communications

- issues around data sharing/permissions and access between all parties (particularly relevant to voluntary sector)

- Consider using third party to educate all staff such as iNvolve

- the need to develop return on social investment - how to attribute "didn't happen/was prevented from happening" to give true credance to voluntary sector input

## **Notes from engagement event – Thursday 23<sup>rd</sup> March 2017**

### **Session One**

#### **Maternity Services**

Will we consider enhancing maternity services within the CCG Footprint?

Lack of maternity services post 36 weeks.. Currently Mat services are very good up until the 36<sup>th</sup> week, after this all birthing services are managed at Oldham, NM etc.

Recognised services up to 36 weeks and after the birth are very good

No birthing services at all in Rochdale.

Unreasonable to expect expectant mothers to drive to the other sites

#### **Response**

Home births can be supported in the Rochdale area.

Difficult to justify a local commissioning solution when there are three birthing centres all within a 10 mile drive from the centre of Rochdale..

Rochdale infirmary is open 24/7 for pregnancy related urgent response, but will be conveyed if baby is on the way.

Will continue to monitor the situation

### Homelessness Services

Strong support for the Petrus service

Could we look to provide some/additional clinical resource at the centres, high incidents of people needing medical intervention?

Acknowledge availability of Rochdale Infirmary 24/7 opening.. However fear of attending in case an admission is required.. Inability to service addiction if admitted is a major factor.

Results in people exacerbating when simple low level intervention could have resolved the situation

### Response

All comments noted and we will feed comments into the system

### Supporting Self Care

The group acknowledged the potential benefits associated with the website/app and asked for more information on how we support self-care.

Perception that there are very limited options open to patients in terms of getting self-care advice, resulting in the use of inappropriate services..

### Response

Acknowledgement that the existing arrangements are not clear and the fact the website/app and public engagement exercise will help.

We could look to further promote the benefits around the use of pharmacies as a first point contact for advice and support. Pharmacies offer a lot more support than patients realise.

## **Session Two**

### Supporting Self Care/Public Perception

Similar comments around self-care as the first session. However this group wanted to know how we planned to address the issue around public perception.

Patients have been given the message if in doubt contact you're GP, reducing the confidence to self-care.

How do we reverse this?

Older generation traditionally managed their own health and wouldn't have dreamed going to the GP/UCC, why have things changed?

## Response

Acknowledgement of the scale of the task around changing patients expectations

Engagement will be vital to realise the benefits and also to support behaviour change.

## Medical Records

Questions raised over medical records and who owns them. Also why do only the GPs have access to my full record.

Will anything change going forward, when we go to A+E the hospital does not have our records and this impacts on the treatment

## Response

Explanation to the group issues around IG and record sharing.

Advised them of the long term visions around multi agency access to records

## Care @ Home- Intervention

Members of the group had experience receiving/delivering home care and were very critical of the options open to patients found in need of support during a visit.

When contacting practices the view was GPs were not very accommodating with most being told to ring 999/111 when the perception was it wasn't serious enough.

Members of the group were slightly confused around 111/Bardoc and who they contact OOH's

Concern patients were admitted / conveyed to an acute setting when targeted care at home is more appropriate.

## Response

Explained the process of how 111 / OOH operate.

Also discussed the proposals in the UC theme around 24/7 triage and how this should prevent patients being conveyed / admitted to the acute .

Discussed the intervention within the Neighbourhood Theme around linking care workers to the neighbourhood teams to provide a more joined up approach

## Care @ Home- Sustainability

Members of the group raised concerns around the current standards of care with particular reference to a variation in quality.

Also around how long it takes to get an agreement on increased home care packages and how this impacts on patients.



## Response

Re-enforced the value placed on home care and explained to the group the proposal within the bid to increase investment into the sector to help providers deliver a more consistent offer.

Also informed the group we would look into the issue of delays in assessment and see if we can do anything to support this

## Better Discharge Processes

Members of the group highlighted issues around patients being discharged with little or no information around future care.

In some cases patients leave with unrealistic expectations around their recovery and what they can expect going forward. This can put the home carers under pressure.

## **Comments from Facebook Page March 2017**

Hi, I have received an email about an event on the 23rd march to "help transform local health and care services" It says we need to register interest to attend, i have been on the website but cannot seem to find a way to register.
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My son of 42 needed 5 appointments for a diagnosis for autism 3 of them with a mental health worker ( who was working for an agency) how much would that cost. Just for the record mental health and autism are two different depts.
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More council run residential care homes with on site qualified nurses not more privately run homes with lack of staff and on site qualified nurses.
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Get rid of the pen pushers and put sister's back on the ward's let them be in control of the ward's not some clowns paying themself a huge salary for walking round with his clip board
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Oldham no services been hit where not have they targeted mental health services since torys been in power the equality been destroyed by this government. Disgusting what's happening in 2017 people are angry . We need a government who serves everyone not just the rich friends
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I went to Salford Podiatry for Biomechanics and the teaching facilities they have for these young professionals to be are 20 years out of date, because of this they will be out of their depth in the work place and the tutor was making fun of the students when they was trying to ask questions. These means these young professionals to be won't ask questions because they know the tutor will just make fun of them. In a clinical environment. Future professionals. The teaching facilities are a major problem. Unfortunately I don't think the 2 students who was with me even know that they don't have access to the facilities they need to do their job because when I was asking them questions about how they do gait analysis they didn't even know what some of the things was I was talking about. I fear for our future professionals because of lack of modern up to date facilities.

There is almost zero outpatient mental health care. The nearest psychotherapy is ten miles away in almost central Manchester. You have bled mental health dry - and as an agoraphobic who has zero treatment options because I havent been outside for almost an entire year (yes, you have no home treatment for the 5% of the population who have agoraphobia), i cannot attend your meeting.

There needs to be a far better system of discharge for carers to be shown how to handle and care for returning patients.especially when they are sent home at very short notice,catheterised,with no training or spare equipment,and no contact information for specific services,and no care package in place.

There needs to be more focus on self care, taking responsibility for ones own health. For example teaching children at school how to manage common minor ailments to stop the future generation running to the doctor or even worse A&E for minor self limiting heath complaints. Education is the key.

What about Salford?

### **Comment following event on 23<sup>rd</sup> March 2017**

My background is mental health. I'm a Cognitive Behavioural therapist. I used to work for Healthy Minds (IAPT) in Rochdale and was leading the BME work there which included planning and implementing a strategy to increase access of the BME community into the service (please say hello to kat Saunderson if she is still working with you!). I currently work in Sheffield. I am still involved in the community in Rochdale as the Treasurer for the Borough of Rochdale Multifaith Partnership. I am the Secretary of the British Association for Behavioural and Cognitive Psychotherapies Culture and Equality Special Interest Group. I am also involved with a Homeless charity in Manchester, and have been providing mental health workshops in Oldham on a voluntary basis. The feedback I am providing is from the context of the knowledge and experiences I have gained over the years from these roles.

Overall, I like the emphasis being placed on preventative work. I have worked with far too many people who would have benefitted from earlier interventions. I made some notes as I was reading through the proposals.

Friends and Family test- Sheffield Health and Social Care successfully did this. Feedback boxes were kept in various places and I'm pretty sure people also had the option of returning the feedback for free. It helped improve services as feedback was given from service users and staff. I appreciate it may be difficult for you to do this with every service, but perhaps you could identify a handful of services who are performing and those who are not, and see what learning you get from them.

One Rochdale Approach- App not accessible for those who are not computer literate or struggle with smart Phones. Any telephone support available in other languages?

Crazy idea, but is there any way of targeting individuals who could benefit with accessing services rather than hoping they will reach out themselves? I am assuming you have access to data to enable you to do this? I am just concerned that those who do not have access English as a first language or access to a smart phone/ internet may miss out on opportunities.

Before giving mental health contracts out to organisations, please find out what mental health experience/ knowledge they have. Without this, they do not understand the area and often cannot deliver quality services.

Any preventative measures in place to manage/ support services that are not performing instead of waiting for the services to collapse before intervening? Sorry, I'm not too familiar with how the CCG operates. I am thinking early intervention when services are not performing will be cost effect and better for the service users.

The idea of hubs is good. Will this be tested in one area before being rolled out? Again, people who reach out will access the hubs. In our community, we have to go to people (I've tested this out with my mental health workshops).

I really like the sound of the mental health Crisis cafe. Please don't make it look too clinical. A few plants, comfy cushions. If people are going there in distress, creating a soothing environment should help soothe them.

I hope you find some of this helpful. Please let me know if you would like anymore feedback on anything specific.