Appendix A

Mental Health Provision

Consultation on the proposed principles behind the service model for

Community Based Preventative Mental Health Services

CONSULTATION REPORT

05 May 2016 – 28 July 2016

CITY OF WOLVERHAMPTON COUNCIL

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1.0: Methodology

A formal consultation exercise was undertaken over a twelve week period, commencing on Thursday 5th May 2016 and ending on Thursday 28th July 2016. The consultation was carried out following good practice guidelines as set out in the City of Wolverhampton Council Engagement Guidance. The consultation also respects the principles outlined in the Wolverhampton Compact.

A consultation plan was drawn up prior to the consultation commencing. The consultation plan outlines the consultation activity that will take place, sets out the approach that will be taken to consult and includes consideration of the following:

- Timescale for consultation
- Consultation methods
- Who will be consulted and when
- The person(s) who will lead on the required actions

A variety of different methods for collecting people's views were utilised. Information regarding the consultation and ways to have a say was circulated to various stakeholders.

People were able to engage with a short survey available online on Survey Monkey. Consultation packs included a consultation information pack, consultation questionnaire and a freepost envelope (if distributed by post).

Consultation packs were distributed to community mental health services by hand and via email by City of Wolverhampton Council and the Mental Health Empowerment Team.

People were also able to call a dedicated phone line, email or submit comments by post. Three public meetings were held over the consultation period.

Information pertaining to the consultation and mechanisms for participation are also uploaded to http://www.wolverhampton.gov.uk/article/4047/Current-consultations

1.1: People invited to participate

375 consultation packs were circulated to community based preventative mental health services. 86 representatives from a variety of organisations and 21 mental health self-support groups were sent information electronically (see page 29 - 30). Community Development workers held consultation meetings with 10 self-help groups and a focus group was held at the African Caribbean Community Initiative (ACCI). 30 copies of the paper questionnaire were requested and supplied. A further 240 translated questionnaires were requested by Positive Participation, 80 of each of the following languages; Punjabi, Gujarati and Urdu. The translated information was also circulated to stakeholders electronically. In total a minimum of 763 people were invited to participate.

1.2: Questionnaire

A questionnaire was uploaded onto Survey Monkey asking participants 16 questions. Eight questions related to the proposed principles which will be used to shape the model for the future delivery of the service. The other eight collected information to support the equality analysis and demographic information of respondents. The survey was available at: www.surveymonkey.com/r/CommunityBasedPreventativeServices2016
15 responses were received through this mechanism, 63 people returned paper versions of the questionnaire. Consultation information was translated into Urdu, Gujarati and Punjabi by request from Positive Participation. 80 paper copies of each language were given to the Provider as requested. No translated consultation packs were returned. Additionally, translated information packs were circulated to all invited to participate electronically, with paper copies available by request.

1.3: Consultation Meetings

Three public consultation meetings were held, a morning, afternoon and evening sessions were organised to give as many people as possible an opportunity to attend. An independent Punjabi speaking interpreter was available at the public consultation meeting held on the 8th June 2016. A total of 53 people attended public consultation meetings. Community Development Workers consulted with ten self-help groups and 21 clients of ACCI participated in a focus group. A total of 263 self-help group members engaged.

1.4: Total Number Consulted

Mechanism	Number that engaged	Date
Committee Room 3 (evening)	**2**	**Thursday 26th May2016**
Community & Wellbeing Hub (afternoon)	**14**	**Thursday 2nd June 2016**
WVSC Meeting Room	**37**	**Wednesday 8th June 2016**
Prem Vadhaou	**37**	**Tuesday 14th June 2016**
Saath/Himmat	**26**	**Tuesday 14th June 2016**
Humjoli	**20**	**Wednesday 15th June 2016**
Women's Wellbeing Group	**31**	**Friday 17th June 2016**
Bilal Mosque Women's Group	**36**	**Saturday 18th June 2016**
UK Mission Women's Group	**15**	**Wednesday 22nd June 2016**
Nissa 18 – 25 and 25 + Women's Group	**22**	**Monday 27th June 2016**
Ekta	**45**	**Monday 27th June 2016**
Asian Men's Service - Heantun	**5**	**Friday 1st July 2016**
Aspiring Futures	**26**	**Thursday 21st July 2016**
ACCI	**21**	**Tuesday 19th July 2016**
Survey Monkey	**15**	**Throughout consultation period**
Paper Questionnaires	**63**	**Throughout consultation period**
Letters Received	**4**	**Throughout consultation period**
Total Number Consulted	**419**	

In total 419 people engaged in the consultation process. Of the people invited to participate the total number that participated represents 55% of those invited.

1.5: Participant Breakdown

104 (25%) were service users, four (1%) were relatives of a services user, five (1%) were carers, 14 (3%) respondents identified themselves as service providers, 10 (2%) were members of staff, seven people (2%) did not answer the question, 263 (63%) were self-help group members and 12 (3%) selected 'someone else' and of that number three stated they were; a Director of a community interest company (CIC) for mental wellbeing, a concerned citizen of Wolverhampton and a user of services for people with on-going mental health issues.

Are You…	Questionnaire	Survey Monkey	Meetings	Letter	Total
Skipped	4		3		7
A service user	47	2	54	1	104
Carer		1	4		5
Relative	2	1	1		4
Service Provider	1	5	5	3	14
Member of Staff	1	5	4		10
Someone Else	8	1	3		12
Self-help Group					263
Total	63	15	74	4	419

2.0: The Engagement Exercise

Between October and December 2015 an engagement exercise took place with organisations that provide preventative services in Wolverhampton and their service users also took part. 130 people took part, with 22 people attending meetings and 108 submitting completed questionnaires. The purpose of the exercise was to determine people's experiences of services provided locally, what they felt were important elements of a preventative service and ways that services could be improved in future.

The most important elements of a preventative service were stated as being:
1. Location
2. Culturally sensitive
3. Age appropriate
4. Promoted widely
5. Gender sensitive
6. Use of social media

The feedback was used to shape the principles behind the proposed service model for future service delivery; which in turn formed the basis of the consultation

3.0: Background

City of Wolverhampton Council and Wolverhampton Clinical Commissioning Group (CCG) commission four organisations to deliver community based, low level services in Wolverhampton that focus on prevention and promoting independence for adults with mental health needs. Of these four organisations, three of them had contracts that expired on 31st March 2016. These services are:

3.1: Rethink

Rethink provides a safe space offering community support and a range of opportunities for adults who have/or are experiencing, or who may be at risk of developing mental ill health and enabling them to sustain good mental health. Rethink meet a range of needs including; emotional, psychological, social and practical to support wellbeing and independence. They enable people to access mainstream community resources, including education and employment. They work with statutory and voluntary providers to ensure service users can access universal services and that services meet their needs. They have developed service user involvement through the co-ordination of a 'Buddying and Texting scheme'. In 2014 - 15 Rethink supported 239 people.

3.2: Wolverhampton Voluntary Sector Council (WVSC) - Mental Health Empowerment Team (MHET)

The Mental Health Empowerment Team is responsible for establishing new and developing existing user led self-support groups with a view to enabling them to become independent. In 2014 - 15 MHET supported 20 different self-support groups. Between them, the groups had an average weekly attendance of 260 people, with a total of 12,729 contacts throughout the year. The MHET also supports the Positive Action for Mental Health Group (PAMH). The MHET also delivered four training courses to volunteers from the self-support groups on Food Safety and Emergency First Aid which were attended by 51 people. In addition the MHET delivers a small grants scheme which awarded £16,066 to self-support groups in the city. The Team also undertake project work and awareness raising initiatives.

3.3: Positive Action 4 Mental Health (PAMH)

The Positive Action 4 Mental Health Group meets monthly to improve and influence mental health service provision throughout the city of Wolverhampton. The group raises awareness of mental health and wellbeing issues within wider communities, statutory bodies and the general public. In 2014 - 2015 PAMH supported 49 people.

3.4: Hear Our Voice

Hear-Our-Voice is a Mental Health Action Group which aims to bring together all people from Wolverhampton who attend or have attended mental health services, including GP contact, in addition to those who choose not to access services. It enables people to speak and be heard by working together to bring about improvements to mental health services. Ensuring people are better informed and consulted about local and national developments, policy, and research and promoting choices. The group also helped

people to explore alternative coping strategies in a safe and supportive environment. The Group supports a membership of approximately 147 members. They produce a quarterly magazine 'The View Point' with a circulation of 1000 copies to statutory bodies, mental health professionals, libraries, pharmacists, community centres, housing offices and doctors' surgeries.

3.5: Services Used

Use of the following community mental health services was identified 157 times through consultation feedback.

Services Used	Total
African Caribbean Community Initiative (ACCI)	71
Hear Our Voice	7
Mind Out	0
None	4
Positive Participation	25
Positive Action 4 Mental Health (PAMH)	7
Prefer not to say	1
RAMA Group	4
Rethink	14
Something else	2
The Community and Wellbeing Hub	17
The Mental Health Empowerment Team (MHET)	5

The following services were also mentioned:

- Aspiring Futures – Counselling/Psychotherapy x 4
- Counselling at GP x 1
- Cruse x 1
- Heantun Housing Association
- Low Hill Group x 1
- Not heard of most of them!!! x 3 (Except the Hub)
- Relate x 1
- Social Steam Engine x 1
- Wellbeing Warriors x 2
- Wolverhampton Healthy Minds x 1
- Women's Charity x 1
- Workshop x 1
- WVSC x 2

4.0: The Proposed Principles behind the Service Model

The principles of the service model going forwards will continue to be prevention and promoting independence. The amount of funding that will be available for the service will be £107,000 annually. The service will be streamlined and inclusive, ensuring that all groups and individuals in need of a preventative service have the opportunity to access one.

4.1 Option 1 - Consortium bids/Prime provider

City of Wolverhampton Council proposes to bring all elements of the four separate contracts into one. Amongst other means of delivery, a consortium bid for the service will be welcomed. A consortium is an association of two or more organisations who will come together to deliver the different elements the service required. It is proposed that the consortium will have a 'lead' organisation which will be accountable for service delivery and outcomes, and have responsibility for data collection.

4.1.1: Consultation Feedback Summary - Consortium bids/Prime provider

- There was mixed feelings regarding this proposal. Respondents are keen that the needs of the client group continue to be met. Services should be accessible and focus on and meet users' needs.
- In general respondents agreed with some of the principles behind the proposed model. Such as: the focus should continue to prevent the escalation of mental ill-health, be inclusive, accessible and holistic. The service should consider cultural, gender and language needs and retain the service user and peer support elements. However, many service users would prefer the services to remain as they are and would like to continue to access the services they use currently. Particularly service users who feel that their support, cultural and language needs are being met. Some users feel that a change of service provider would impact negatively on their mental health.
- Mental health is not preventable or predictable.
- It was questioned what research has been done to support this approach and what data has been used?
- This approach could develop standards, improve links and avoid duplication. Enabling the sharing of resources in a difficult financial climate.
- Enough time should be given to allow providers to make bids and to encourage small and new providers.
- Providers must have proven knowledge and experience of delivering mental health services. They should be culturally aware and have an understanding of equality and diversity. The service should include all communities.
- An assessment of current services should take place to look at the delivery outcomes and what the impact might be if a service is lost.
- The proposed remit is too much for one organisation.
- Large organisations are more focussed on numbers and not the service users. They do not have an understanding of cultural and social issues and service users find it difficult to identify with them.
- There is a preference for local providers/groups to deliver services as they have the knowledge and a better understanding of the people and the area.

- Mainstream services do not suit everyone; service users should be given a choice.
- There is concern that there will be a reduction of services.
- Processes should be jointly undertaken with the CCG where appropriate. Particularly when services are receiving funding from both the Council and the CCG.
- Better publicity of the mental health services available and Wolverhampton Information Network (WIN).
- This is not about improving services, but about saving money.
- Clarification is required on the different organisations delivering preventative services, the funding available for the model, what the new model will consist of and timescales for implementation.
- What is the role of Healthwatch?

4.2 Option 2 - Lead organisation and accountability

It is proposed that having one organisation as the lead, that is responsible for co-ordinating the performance of all service elements will help to avoid duplication, enable any identified gaps in provision to be met and ensure that there is no over-provision to support equality. The service will facilitate and support self-help and peer support groups, in addition to engagement activities at locations across the city. The services will be performance managed to ensure they are having maximum impact and are value for money.

4.2.1: Consultation Feedback Summary - Lead organisation and accountability

- There was mixed feelings on this proposal.
- There should be a fair and transparent selection process for the lead provider, and the role of the lead should be clear. The successful provider should have a history of delivering mental health services.
- The lead organisation should be transparent and focussed on service delivery.
- Performance management is good; however, clarification is required on what and who this will include.
- Small organisations are disadvantaged by this proposal. Large organisations have teams that write bids.
- The management expectations of the lead organisation are unrealistic and may impact on provision.
- Quality assurance must be guaranteed across all services. There is a need for experienced professionals to deliver services.
- Accountability was questioned using a consortium approach and what would happen if targets and outcomes are not met.
- Duplication of service delivery is unavoidable; it is the nature of the service area.

4.3 Option 3 - The Community and Wellbeing Hub

It is proposed that the new preventative service will work in close collaboration with the Community and Wellbeing Hub to maximise the use of all available preventative services. The Hub is based in the city centre and is a single point of access for people with mental health needs to obtain information, advice, guidance and low level support.

The Hub is an integral part of the mental health prevention pathway and has already established good working relationships with many community based service providers. It is proposed that data collection such as the number of people accessing services will also be shared between the Hub and the new preventative service to improve the overall performance of preventative services across the City.

4.3.1: Consultation Feedback Summary - The Community and Wellbeing Hub

- This proposal received in the main negative feedback.
- The Hub is a safe space and is central. It works in partnership with other organisations and groups. Users are able to access information and advice and take part in social activities.
- Many respondents feel that the location is inappropriate, particularly for people with mental ill health and/or anxiety.
- It is felt that people struggle emotionally and financially to access the service. The venue is also unsuitable for people with a disability.
- A Hub that is delivered from a variety of community locations across the city is a preferred option.
- There is a lack of awareness of the Hub and it is not well publicised. Additionally, the building still has the Epic Café sign up which is associated with previous youth service provision; it is felt that this is confusing for potential users'.
- Users are being asked to leave when not taking part in activities.
- Users are not able to bring their own food and drinks, refreshments must be purchased on site.
- A provider reported that they were unable to deliver agreed and timetabled sessions.
- There is a lack of signposting to other support services.
- The current provider does not assist people experiencing crisis and was accused of being negligent at times.
- There is a reliance on the voluntary sector to enable the Hub to function, however funding for the voluntary sector is reducing, so the sustainability of this model was questioned.
- How does the Hub meet language and cultural sensitivity needs?
- Centralised data could improve client experience but there is much concern about data sharing. A large number of participants are concerned about sharing client information and data protection breaches. They are concerned about what information will be shared, with whom and if this will be agreed. It is thought that this approach will put people off using a service. It was also questioned how this will be done correctly and consistently across provision without double counting.

4.4 Option 4 - Meeting need and targeting resources

Local research shows that the lesbian, gay, bi-sexual and transgender (LGBT) community, black afro-Caribbean men and new communities are under-represented in community based preventative services. It is proposed that targeted service delivery is essential to redress the balance by ensuring that these groups and individuals are accessing services.

4.4.1: Consultation Feedback Summary - Meeting need and targeting resources

- Overall all respondents were in favour of this and feel that anyone in need should be able to access a service equally and fairly, without exclusion.
- Targeting groups would have to be done sensitively and fairly or it could cause tension between groups. How will this be done and monitored?
- People may not wish to access a new service; many are satisfied with existing services.
- What is meant by 'cultural sensitivity'? How does the proposed model incorporate this?
- Cultural sensitivity and language needs should be addressed.
- What research has been done and what data has been used to identify the needs of BME/Asian communities?
- There needs to be consideration for the need of Asian community, culture and language. It is felt that the Asian community have high suicide and detention rates and that this is not being picked up.
- Gender should be a consideration. Asian men and women in particular do not want mixed gender services.
- Age should be a consideration, particularly young people and post 65 years. How does this link with dementia services?
- New communities are presenting with complex issues.
- Work needs to be done to reduce the stigma around mental ill health.
- What provision will there be for people who do not wish to use mainstream services?
- Why are ACCI not included and what is their remit?

4.5 Option 5 - A holistic approach

It is proposed that the service works with users in a holistic way by considering the 'whole life' requirements of those with mental health needs. The new service will work closely with other support agencies to address wider determinants which may impact on an individual's mental health, such as: employment, health, housing options and tenancy sustainment.

4.5.1: Consultation Feedback Summary - A holistic approach

- Participants are overwhelmingly in favour of this proposal.
- There is recognition that all people have individual and often multiple support needs that impact on their mental health.
- It is felt that many services already work in this way.
- It is felt that this is a big task to undertake and a scoping exercise should be carried out to identify needs and how the approach will be implemented.
- It is felt the biggest barrier to success will be getting the necessary organisations on board and their capacity to deliver the required support.
- Health providers/professionals should adopt this approach. Users report increasing difficulty in accessing GP's.
- There is a particular need for support to access employment.
- Mental ill health is often a barrier to accessing services.

- Will service users have an allocated case worker?
- Will service users have support plans?

4.6: Consultation Feedback Summary - Self-help groups

- Self-help group members value being able to meet with people they can identify with as it gives them motivation and a sense of purpose.
- In the main self-help groups felt that the proposals would not affect them.
- The peer support and self-help elements should continue and should remain independent to keep authenticity. They feel they should not be subject to performance management unless they are Council funded. However, they want to have a good working relationship with the provider.
- The grant funding scheme should be maintained and should be extended if possible. Groups should be able to access support from the provider and want to be treated equally.
- Self-help groups would like to access holistic support in the community. It would be helpful if needs are assessed and then the required support delivered. In particular they feel they would benefit from mental health training, life-skills, training on health issues, support to access employment and training on making and writing funding bids.
- What is the skill set of the people running self-help groups and how are they monitored?

4.7: Summary of alternative suggestions

- The model should not be generic, there should be targeted commissioning.
- There should be an open and transparent review of the Community and Wellbeing Hub. The Hub contract should be included in this one.
- Services that are delivered across a variety of community locations in the city.
- A service that is proactive and flexible with a range of support options.
- Direct payments should be offered as an alternative.
- Invest more funding in existing services.
- Increase public awareness of existing services.
- Regular meetings to share ideas.

4.8: Consultation feedback summary – The consultation process

- Concerns were raised via letter by Healthwatch Wolverhampton and two letters formally objecting to the consultation process were received from Positive Participation. Their concerns and objections are as follows:

    - The consultation information is confusing, inconsistent, incorrect and misleading.
    - Subsequent amendments would affect responses.
    - Clear options were not identified
    - They are unclear what respondents were being asked to feedback on
    - There is no clarity on the current position, the proposed model and how it services change.

  - There is a lack of clarity regarding the pre-engagement exercise, such as; when it commenced and how it informed the consultation?
  - There is no information on how widely the events were advertised.
  - Due to the funding streams consultation should have been jointly undertaken with the CCG.
  - There was no analysis against the key performance indicators of current service providers.
  - How does this consultation link with the one being undertaken by Healthwatch to inform the future commissioning intentions for mental health services?
  - The consultation did not follow council guidelines or legal principles.
  - The methods used were inappropriate, inadequate and failed to meet equality legislation.
  - Future service provision and the outcome of the consultation have been pre-determined.
  - The outcome of the consultation cannot be relied upon.
  - They request that the consultation is carried out again independently.
  - The Council should review its consultation process
- Some respondents said they would have found tick box options more user-friendly.

5.0: Detailed views expressed on the principles

5.1: Consortium bids/Prime provider

5.1.1: Positive feedback

25 positive comments were received via the survey on this element of the proposal. It was felt it would be a good idea as it could develop standards in this work area and enable the sharing of resources in a time of financial strain. It was also felt it could improve links between services and therefore patient experience as services are not well connected currently, as well as avoid duplication. It was felt it is an opportunity to bring together services, which could mean better services, as long as users' needs continue to be met.

It is recommended that enough time should be given to allow interested parties to develop bids and to encourage small and new providers to come forwards. It was also felt it is important to ensure interested parties have proven experience and knowledge of delivery, alongside a clear understanding of diversity and equality and that all communities are included. It was suggested that an exercise is undertaken to examine each of the current individual services to look at provision, outcomes and potential impact if lost.

It was queried if the proposed model would mean a cut in funding? Will the lead agency be consumed with paperwork and data collection and not service delivery?
Some participants at consultation meetings felt that this proposal could work if led by an organisation which is transparent and honest. They queried if the consortium would deliver more than prevention services in future, and if this approach would meet all needs in future (including BME, disabilities and religion)? They asked if the consortium

approach is to reduce funding. Clarification was requested on the different organisations delivering preventative services, the funding available for the model, what the new model will consist of and the timescales for implementation.

5.1.2: Negative feedback

13 negative comments were received via the survey on this element of the proposal. It was felt a consortium approach could be counter-productive, have a conflict of interest and would not work effectively, sensitively and understand the needs of users. It was felt that if a large organisation is the lead that they can tend to see people as numbers and not as a person. It is felt that users would find it difficult to identify with a large organisation as they do not understand people's lives and culture. It is felt an understanding of these areas is important as it aids recovery.

Much concern was expressed about the sharing of client information and data protection breaches. Participants were also concerned that the proposal may mean a reduction in service. Users of existing services are concerned that if their current provider is lost it would impact negatively on their mental health.

Accountability was queried with the proposed consortium model. Participants asked how organisations can be accountable to each other. It was suggested that this approach is a way of making savings and killing local support.

5.1.3: Unsure

12 uncertain comments were received via the survey on this element of the proposal. It was queried what research had been carried out to evidence that a consortium approach would improve service delivery. It was felt that current services should be assessed to ensure that effective services that are meeting targets and delivering outcomes are not lost. It is felt that users require services that will meet their needs.

At consultation meetings it was queried what would happen in the event of the consortium being unable to meet targets/outcomes. How can it be ensured that the lead will communicate effectively with other providers? How can consistency in terms of quality be assured across services? It was felt that organisations with different working cultures could be a barrier to success with a consortium approach and that the Council would still be required to oversee delivery.

5.1.4: The consortium approach

12 comments were received via the survey specifically about the proposed consortium model. Some felt that a consortium approach is the best concept in the current financial climate with the existing resources to avoid duplication. However, a consortium would need to work with other organisations, and the services provided would need to be accessible and relevant. Respondents felt that the user led and peer support elements should be protected. It is felt that the grant scheme managed by the MHET is effective and the grant pot should be increased to expand its reach to groups and users currently unfunded.

It was suggested that some service users may be eligible for direct payments which would free up services to those currently not accessing them.

It is felt that centralised and mainstream services may not suit all. It was asked how it will be decided which services would go and which will stay? It is felt that a number of separate organisations would be preferable giving users' choice. A respondent felt there is some overlap with the provision by Rethink and Heantun/Creative Support. Additionally a respondent felt that the service delivered by Positive Participation overlaps with other reablement work and that the services users are institutionalised and would require different support going forwards. It is felt that some users will be unwilling to change provider. It was suggested that this approach is a way of cutting services and making savings.

It was queried how the voices of other organisations will be heard and avoid being overwhelmed and monopolised by the lead provider and the consortium. What measures will be in place to avoid this happening? Additionally respondents wanted to know how the consortium would be monitored, how it will work with groups that are not part of the consortium. Respondents want to know what information will be shared and how and how the information will be used. A respondent did not want to lose any of the services and another asked why the groups cannot retain their current identity. Clarification was requested on the role of Healthwatch.

Participants at consultation meetings generally had no real issues with some of the main principles. However, many service users were keen to continue to access their current service as they feel that their support, cultural and language needs are being met. They report that their mental health may be affected if they have to change provider.

It was questioned if the principles are in fact the model as the model is not clear from the consultation information. Additionally it was queried where is the data to support the proposals? Will the data that Commissioning are waiting for from the Business Intelligence Team be shared? It was queried how many steps there are in the process? However, a participant felt that the development of the service specification and delivery of the service are most important.

Participants felt the process should have been done jointly undertaken with the CCG and queried if CCG funding had been included in the budget? It was queried when the budgets for the different elements of the service will be pooled? It is felt that CCG reports indicate there is duplication of provision, but not of the same type of service if quality assurance and the management of risk information are examined. It was queried why some of the services are being cut back? Some participants felt that there have been a lot of cut backs that are making services inadequate. It was asked what is the difference between what is being delivered currently and what is proposed?

It was felt that it is important that local groups tender for the service. It is felt that Wolverhampton services delivered for the people of Wolverhampton is preferable as they know the area and the people. Participants feel that mental health services are not well publicised, and many had no knowledge of the Wolverhampton Information Network (WIN). They feel that there should be a clear link to WIN on the Council home

web page and mental health services should be better promoted. It was pointed out that some people do not have access to a computer.

5.1.5: Existing services

Six respondents commented on this area via the survey. One participant felt that all of the services offer different support and none should be lost. The remaining respondents were clients of ACCI who feedback that they feel ACCI is well established, well organised, supported them with their mental health and wellbeing and meets the needs of its users.

5.1.6: Self-help groups

Ten comments were received in this theme. Many of the self-help groups have been long established. Some of the self-help groups feel that the proposals did not affect them and did not disagree with the proposals in general as long as they are able to continue to operate independently with the right level of support, and the successful provider treats them equally.

They are keen that the grant funding pot for self-help groups currently managed by the MHET is not cut, and one said they had been told that there was no funding left. It was noted that one contract with a lead organisation may be more cost effective, reducing management costs which could mean more money for the delivery of activities and supporting groups. However, it was also noted that the remit may be too much for one organisation to take on which could affect quality and existing close relationships.

At a consultation meeting the skill set of the people running self-help groups was questioned and how they monitored?

5.2: A lead organisation and accountability

5.2.1: Positive feedback

16 positive comments were received via the survey in this area. Overall it was felt that the concept of having a lead organisation accountable for all service delivery was good. However, the selection process would need to be open and transparent. It was noted that large national organisations can have an advantage when making tender applications as they have teams that write bids. It was felt that this approach would avoid duplication and improve links between services. A respondent felt that WVSC would be best placed to fulfil this role. Another respondent reported that the MHET provide an excellent and efficient service

Performance management is welcomed, and it was felt that it is good that the self-help and peer support groups were to be retained as activities should be local.

5.2.2: Negative feedback

Eight negative comments were received via the survey in this area. It was felt that duplication and overlap of provision is unavoidable due to the number and nature of the

services. A respondent suggested a consortium would not have the required knowledge to deliver services to users sensitively. It was felt that the management expectations of the lead organisation are unrealistic and a lack of supervision of providers would affect provision. However, a respondent felt that Rethink have the required experience. A participant felt that the proposal is about saving money and not supporting groups.

Clients of ACCI are concerned they might lose their service. They felt that this proposal was not a good idea and that self-help groups should be left to run themselves to ensure the authenticity of groups that are culturally and gender specific. They felt a lead organisation should only become involved with self-help groups if in receipt of funding. They feel if monitoring of self-help groups is to take place it should be 'light touch' and the system put in place should not be complicated.

5.2.3: Unsure

Nine uncertain comments were received via the survey. A respondent was unsure that having one organisation as the lead would make any difference. It was queried what expertise would be expected of the lead organisation, how it will support the other organisations, and what benchmarks are in place? A respondent feedback that they were not sure if self-help aids recovery, whilst another thought that the groups are already working in partnership. A respondent commented that centralised data has been a long time coming and is yet to be done effectively. Whilst two respondents said they had difficulty understanding the question.

Two clients of ACCI fed back that they feel that the organisation are the experts in mental health, providing a caring and compassionate service alongside a range of activities. Additionally they feel that mental ill health affects the African Caribbean community differently.

5.2.4: Delivery

19 comments were made via the survey regarding delivery. It is felt that it is important that quality standards are maintained and that services should be accessible. It was suggested that services should be delivered from a variety of locations across the city. A respondent felt that the consortium would need to have local links and that WVSC had the required knowledge.

Participants queried how the lead would be selected, what performance management measures will be in place, how data would be collected effectively, how delivery would be monitored, how the consortium would work with existing groups and what formula would be used to ensure value for money? A respondent felt that better value for money would mean more funding available for new and marginalised groups.

A respondent felt that funded self-help groups should be constituted. They should also be required to attend regular engagement meetings as the Positive Action for Mental Health (PAMH) group does currently. Two respondents felt this exercise was about reducing the groups/services and asked how the Council will ensure the groups are effective and meeting needs.

It is felt that performance management is good but can tend to be a tick box exercise. It was queried how the finance and performance management criteria will be decided and who will monitor delivery?

Two respondents shared concerns about information sharing. They feel that personal information should be kept private and not shared beyond the service provider and GP. Data Protection legislation should not be breached. It was also queried if there was the potential for double counting using this model.

At consultation meetings concerns were raised regarding quality assurance and it was asked if the new model would maintain the same level of outcomes as the previous model has going forwards. It is felt that organisations should be able to demonstrate a history of delivery of the services required during the tendering process.

5.2.5: Savings

Five comments were made via the survey relating to finance. It was noted that central government promised to target mental health but these proposals appear to be about cutting services. The focus should be meeting different mental health needs and not value for money, budget cuts or making savings. A respondent felt that duplication of delivery is irrelevant as long as it is meeting needs. It was acknowledged that there is a need for services delivered by professionals that compliments peer support.

5.2.6: Existing services

Eight comments were made. Two respondents said they were happy with the services currently available. The remaining comments were made by clients of ACCI who felt the service is well organised, personalised, life-saving and is a place of safety. They feel ACCI meets their needs through the provision of a holistic service and practical support including life skills which helps clients back into the community, into work and with volunteering opportunities.

5.2.7: Self-help groups

Ten comments were received. Self-help groups report that attending groups motivates them and gives them a sense of purpose. Being around people that understands them and makes them feel comfortable supports their wellbeing and they want to continue to be able to attend. Some of the self-help groups feel the proposals did not apply to them. Overall members did not object to the proposals as long as the new service understands the groups and they had information on how to contact the lead organisation, and there is a delegated person to provide them with support and develop good working relationships with them. It is felt that the proposals would be acceptable in these conditions, especially if it means more funding for self-help groups.

It was queried if groups would still be able to access funding as many are reliant upon it. Groups expressed concern if the proposal meant they would lose their independence and were micro-managed by the lead organisation and told how and where to operate.

5.3: The Community and Wellbeing Hub

5.3.1: Positive feedback

Fourteen positive comments were received via the survey. Overall respondents felt the Hub is central and is now embedded in the community. It is felt it provides a good service which meets users' needs and brings together agencies, enabling them to share information and work in partnership. It is felt that the Hub provides a safe place for people with mental health needs to meet, socialise and access advice and guidance.

5.3.2: Negative feedback

Twenty one negative comments were received. Many of the respondents were not keen on the location of the Hub in the city centre; they felt it was unsuitable for people with mental ill health and/or anxiety who don't like going into town, particularly with the big windows which make them more visible. Additionally, they feel the venue is unsuitable for people with a disability or who drive. It was suggested that a Hub delivered at various locations across the city on different days of the week would be preferable. It was felt the Hub is not well publicised and there is a lack of awareness about the facility, especially as the 'Epic Café' sign is still outside the building. A respondent said that they had experienced racism from some of the groups that met there.

The Hub 'offer' was queried at consultation meetings and some participants reported that users are not able to bring their own food and drinks, refreshments must be purchased on site. A provider reported that they were unable to deliver agreed and timetabled sessions. It is felt that there is a lack of signposting from the Hub to other support services. Additionally, it is felt that the current provider does not assist people experiencing crisis and was accused of being negligent at times. Some examples of what users felt was negligent behaviour on behalf of the Provider were given. A participant felt that the focus on the Hub detracts from the need for more high level services.

It was suggested that improved communication between the Hub, Social Services and service users would be helpful.

5.3.3: Service delivery

Nineteen comments regarding service delivery at the Hub were received via the survey. It is felt that the quality of the service is important. It was queried how services can be preventative when the nature of mental health means that often mental ill health is unexpected. It was also queried how the Hub was developed and if performance data is available. It was noted that the Hub relies on the voluntary sector, however, this sector has little funding and the long term sustainability is uncertain. The role of health professionals within this model was also questioned.

It is felt that some marginalised groups fail to access the Hub, and it was queried if languages would be a consideration. It is felt that some people struggle emotionally and financially to access the Hub, which they feel is a small venue. Again it was felt that Hub's and information points which are based in communities at a variety of locations across the city would be preferable.

Some respondents feel that the existing services already provide a preventative service that they are happy with.

A participant at a consultation meeting felt that a lot of the people who do not like The Hub are people who have never visited the service. However, another participant felt that some people have been and it was just unsuitable for them.

5.3.4: Promotion

Four comments were received via the survey regarding awareness of the Hub. Some fed back that they had not heard of the service before. It is felt the venue should be renamed as the Epic Café is historically known as a provider of youth services and it should be better promoted. At the consultation meetings it was generally felt that there is a lack of awareness of the Hub.

5.3.5: Data protection and information sharing

Many participants were concerned about their information being shared across services and asked; what would be shared and with whom, will it be with their permission and if their information would be sold on. It is felt that the proposal and the potential for data protection breaches may scare clients away from using services. It was queried how duplication of data could be avoided and how it can be ensured that all members of a consortium would collect data correctly and consistently.

There was acknowledgement that data sharing was important to improve services and user experience, but it would need to be done sensitively, if at all.

5.3.6: Existing services

Five clients of ACCI likened the service that they receive to a Hub, where they access support, advice, guidance and activities in one place. They are happy with provision by ACCI and are keen to keep the service as it is.

5.3.7: Self-Help Groups

Ten comments were received. Most of the self-help groups said they had not heard of the Hub before or used it. They feel that they need to have more information from WVSC on what services are available. Some said they would use the Hub if it is culturally sensitive and language is a consideration. There was however, some uncertainty that the Hub understood and could meet cultural needs. Most fed back that they had no problem in working with the Hub as long as they could continue to function independently and it did not impact on their funding.

5.4: Meeting need and targeting resources

5.4.1: Positive feedback

Overall this proposal was welcomed by all participants. In addition nine positive comments were received via the survey. A respondent pointed out that it is important

however, not to forget those already accessing support. It is felt that services should be representative and inclusive, meeting all need as mental ill health affects everyone. It is felt this approach could improve links and reduce the number of people slipping through the net.

5.4.2: Negative feedback

Only one respondent disagreed with this proposal. They felt that the groups identified for targeted work are already adequately supported in the city.

Four respondents did not wish to comment nor had no opinion. Four others were either unsure about the proposal or did not understand the question enough to make a comment,

5.4.3: Inclusive services and targeted provision

Nine comments were received via the survey regarding services being inclusive. Respondents felt that no one should be unrepresented and that people should be treated equally and fairly.

Nineteen comments were received through the survey regarding cultural needs. It was queried how cultural sensitivity and language needs would be addressed in the new model. Some respondents felt that there was a high representation of older Asian women, particularly in the self-help groups but a gap in younger Asian women, Pakistani women and new communities. A participant felt that British born south Asian men are not able to access a service as the current provision is targeted at Punjabi speaking Hindus and Sikhs. It was agreed that services were needed for the LGBT and Eastern European communities. It is felt that the successful provider would need to be able to make links with the communities in order to make targeted work successful. However, a respondent felt that mixing different cultures together could be problematic.

Through discussions at consultation meetings a service provider asked what the proposals meant for them and how they would be affected. They questioned how provision for the Asian community will continue if the current contract is not renewed when it comes to an end? They feel the model will not work and is discriminatory and questioned where the service for the Asian community will fit in the new model? They asked what will happen to Asian users who do not wish to use mainstream services. Clarification was requested on what the Council mean by ‘cultural sensitivity’, as it is a broad term. They felt that there is not enough detail about how the service is to be delivered to enable people to make an informed comment. They wanted clarification on what part of the model is deemed culturally sensitive.

At the consultation meetings it was queried what research has been done in the Asian/BME community to ascertain what their needs are? It is requested that this data is shared. A breakdown for Asian clients was requested for acute, crisis and home intervention services. A service provider feels that many are presenting that are higher need, and that the service, working in partnership with other services are preventing what would have been a hospital admission. They felt that National data for BME and Asian people states engagement is a key factor. It was asked how the Council intend to consult with Asian community? The service provider felt that culturally they work in and for a

community where there is also high proportion of detentions and suicides and this is not being picked up, a lot of these are not recorded by Coroners. The provider raised concerns that the information had not gone out in community languages and when they have come back to Commissioning for clarification on elements of the proposals that they do not understand they have not been given answers. They pointed out that people in receipt of translated questionnaires require the same response time as everyone else.

A comment was made by a survey respondent that existing services are institutionally racist which is a barrier to African Caribbean men accessing them. Provision by ACCI was queried as it was felt they already provided a preventative service. It was queried why ACCI is not included and what is their remit? A number of clients of ACCI reported that they felt the service understands and respects their culture and delivers services that meet their needs culturally, spiritually and emotionally. One person commented that black people are always under-represented which is why there is a need for a specialist service. Another commented that the needs of the LGBT community and that of black men cannot be compared as they feel being LGBT is a life choice. At the consultation meetings discussion took place that ACCI are delivering at a higher level than preventative as they have a CPN. It is felt that these developments have been informed by the needs of the client group and other services.

Two respondents felt that gender is also a consideration. At consultation meetings the Asian community in particular are keen that gender specific needs are considered. It is felt that women can find it difficult to access services in a timely fashion. It is felt that not all provision should be generic but should meet need. A participant claimed that 50 – 60% of women in mental health services have experienced domestic abuse and asked how they would access services. Age should be a consideration, particularly post 65 years. It was asked how these services link with dementia services? One respondent felt that consideration had not been given to children and young people.

Five survey respondents commented about specialist provision. It felt that all people should be able to access a service, however, targeting groups would need to be done sensitively and in a balanced way or it could cause tension with existing groups that may be experiencing funding cuts and service reductions. Another commented that enough has already been spent in these areas. At a consultation meeting a Provider felt that Iraqi, Kurdish and other communities are presenting with very complex issues and should be a priority but felt that other groups should not be overlooked. It was acknowledged at the consultation workshops that LGBT services survive on a shoestring and without mainstream funding. A transgendered participant felt LGBT people tend to have separate groups and services and inclusive working is what is required. Two respondents to the survey said they do not feel comfortable around the LGBT community.

Seven comments were made regarding service delivery. It was felt that people may not wish to access a new service, especially if the existing service is meeting user needs. It was queried if it was known who uses the voluntary groups and which other services they access as a result? A respondent felt that the focus appears to be on data and not people. It was queried how the identified groups would be targeted and how provision will be monitored?

Seven respondents talked about existing services. One person thought there should be more awareness of Rethink. The remainder were clients of ACCI who reported that they are satisfied with the service and that it meets their needs. It was felt that more information is needed on Healthy Minds and the services it delivers.

5.4.4: Self-help groups

Many of the self-help groups felt that this proposal does not apply to them, however they fed back that they were in favour of all communities receiving support. One group were keen that men and women were not mixed in self-help groups.

5.5: Taking a holistic approach

5.5.1: Positive feedback

Participants in the consultation are overwhelmingly in favour of this proposal. In addition 28 positive comments were received via the survey. It is felt that this is a positive and sensible approach as it is important to look at a person as a whole as each has individual support needs, however this should be consensual. It was acknowledged that social factors can impact on mental health, and identifying underlying causes and providing support will improve longer term outcomes. It is felt that this approach will support recovery and improve quality of life.

It was felt that GP's should adopt a similar approach to health aspects. It is felt that although necessary, it is a big task and it was queried if a scoping exercise taken place to see what needs to be done and how it will be implemented. It is felt that the biggest barrier to success will be getting organisations on board and changing attitudes. It was queried if service users will have case worker who will address their needs and if they will have support plans.

5.5.2: Negative feedback

One respondent felt that the proposal would not work as effectively as existing organisations. Two people did not understand the question and one made no comment.

5.5.3: Delivery

Sixteen comments were made in relation to the delivery of a holistic approach. The definition of 'holistic' was queried, particularly within a consortium model context. It was acknowledged that clients with multiple needs require more than one service, which will require staff capacity to deliver. A participant fed back that the holistic approach will only work well alongside medication and targeted mental health support.

Another felt that having mental ill health can itself be a barrier to individuals accessing services and those inequalities need to be addressed. It is felt that some services such as employment and housing do not work with people with mental ill. Support to access employment is seen as a particular need. It was felt that some work to reduce the stigma of mental ill health would be beneficial.

A respondent felt that many services lack specialist mental health expertise and skills. However, it is felt that many services already work holistically and that there are services already available which clients could be signposted to. It was queried if service users would have support plans and an allocated worker going forwards.

5.5.4: Services

Twenty comments were received via the survey regarding services working holistically. One person commented that organisations such as Wolverhampton Homes are impacted by cuts and a lack of funding. A respondent felt that existing services already working holistically. Twenty five comments were received from clients of ACCI who reported that the support that they receive is delivered holistically. They fed back that ACCI supports them with a variety of needs including: hospital/court and Police appointments, medication, stabilising mental health, budgeting and bills, benefits, making links in the community, housing, reading and writing, cooking and activities.

Some participants at consultation meetings reported that accessing GP's is becoming increasingly difficult.

5.5.5 Self-help groups

Ten comments were made by self-help groups on using a holistic approach. Respondents feel that this is a good idea and should already have been in place. They would welcome holistic support to help with some of the issues they face and to improve mental health. They feel a good lead organisation could provide this by consulting them on what their needs are. They fed back that would particularly appreciate mental health training, cooking lessons, health activities and help accessing employment.

5.6: Alternative suggestions

5.6.1: Agree/disagree with the proposals

Ten respondents to the survey agreed with the proposals overall. However, the following comments were made for consideration:

- You have to include the Asian population of Wolverhampton, particularly targeting young people, middle aged unemployed men and widowers. Family networks are breaking down as the young people disperse around the country with careers. The respondent felt that Wolverhampton has one of the largest populations in the country and as they have contributed to the local and national economy, they shouldn't be left out.
- I do agree that there are too many mental health projects being funded by the Council thus why cannot one organisation oversee all aspects of people's needs with regards to mental health. However, this may cause concern and not all individual's needs may not be met, this may create more concerns for people wanting to remain partially independent.
- Like the idea, just make it work. Make sure they have the right people to do the job.

- I hope ACCI will always be around to have my back, I would like them to continue supporting me holistically to re-enter the work system and remain healthy within it. WVSC has been a brilliant source also for preventative care.
- I agree in principle as it is pointless duplicating services with money being so short, but value for money and measuring outcomes must not be the only focus. Services must meet the needs of the service user. If there is a preventative service it must have the teeth to act not rely on other services to take proposals and findings forward with nothing happening.
- As long as the service users' needs are met I am happy with that.
- Nothing wrong with the idea but whoever is leading must have good knowledge and understanding of mental health and the difference of those using the services.

Twelve survey respondents want services to remain as they are. It is felt self-help groups should continue to run independently.

One survey respondent disagreed with the proposal, whilst two felt they did not understand well enough to make a comment and three had no ideas to share. Two respondents feel that the decision has already been made. One respondent feels that the proposals are a money saving exercise.

Overall participants who attended consultation meetings agreed with some of the principles behind the service model. Such as: the focus should continue to prevent the escalation of mental ill-health, be inclusive, accessible and holistic. The service should consider cultural and language needs and retain the service user and peer support elements. However, the majority of those already accessing a service would prefer to continue accessing the service which is already providing them with support. It was suggested that users may not be happy to go to a new provider. Respondents feel it is important that users' needs are appropriately met.

5.6.2: Service model suggestions

Seven survey respondents made alternative suggestions regarding the service model and delivery. It is felt that clarity is required on what is meant by 'preventative'. It is felt that mental ill health cannot be prevented or predicted. It is also felt that medical expertise has not been used when developing the proposals. A respondent is concerned that smaller groups may be 'pushed out' of the process. The following suggestions were made:

- The model should not be generic
- Clear role of the lead agency
- Unbiased review of the current Wellbeing Hub
- Targeted commissioning instead of a lead agency
- A service that is more proactive, flexible and culturally aware with a variety of options including one-to-one emotional support, talking therapies and counselling.
- Extend the grant scheme to smaller room which are run as self-help or peer support as this is more cost effective and would reach a broader range of people in the community.
- Offer personalisation as an alternative to free up services for others
- Include the contract for the Hub in this contract arrangement to achieve economies of scale.

- Preventative services run by the Hub as well as from the Hub
- Invest more money in existing services
- Increase public awareness and promotion of existing services. Doctor surgeries, hospitals, newspapers and online mechanisms were suggested.
- Services should cycle across the city and be delivered from a various locations in local communities instead of from a central location which is not accessible for many.
- Regular meetings/Think Tanks to share different ideas.

5.6.3: Mental health services

Seventeen comments were received through the survey regarding mental health services. Fifteen of those were from clients of ACCI who wish for their service provider to remain and to continue to provide them with support that meets their mental health and cultural needs.

A respondent reported that the services have helped, whilst another felt that the current services should be improved and not taken apart. A respondent fed back they were left feeling disappointed after visiting the Hub on a Saturday and no one was there.

5.6.4: Self-help groups

The majority of the self-help groups made no comment and felt that the proposals did not affect them.

One group said they were concerned that Dunstall Community Centre where they meet will close and were also worried about changes to funding and that it would be lost. They said they have a lack of trust in the Council and feel they are not listened to and the Council does what it wants, so their opinion is of no value. They expressed concern regarding the decommissioning of Asian women's groups across the city.

Another self-help group felt that there should be one lead organisation with good management in place would stop isolated work. The provider should work with the community and self-help groups to provide support, identify their needs, share information on funding and also to ensure that funding is distributed fairly and dependent on need. It was suggested that self-help groups would benefit from training on applying for funding and writing bids.

6.0: The consultation process

Hear Our Voice felt that the information regarding performance for the service included in the consultation information was incorrect and misleading. Hear Our Voice is CCG funded and no longer Council funded as implied. Agreed corrections were made.

Sixteen respondents said they had difficulty understanding some of the consultation questions. The vast majority of these were clients of ACCI, a focus group was held at the service by a Community Development Worker to explain the proposals in more detail. It was suggested a tick box format would have been more user friendly.

Healthwatch Wolverhampton fed back that they feel it is important that clear options are identified when consulting, along with sufficient information to allow all stakeholders to

develop and share informed views around the proposed changes. Healthwatch fed back that they are concerned that the process has not been clear as to what is being asked, whether:

- Are individuals being asked what is the best model for delivering preventative services?
- What should be the core principles of the model? or
- How best these services should be procured?
- It is felt that better explanation should have been given as to what the current model was in comparison to proposed service model;

Healthwatch Wolverhampton feel it was not clear when pre-engagement took place and how the feedback has informed the consultation exercise. They feel it is not evident how widely the events had been advertised, as certain groups and service users reported that they were not aware of the events.

They feel that the information has not been consistent at the various events and the same information has not been shared at each event. Healthwatch Officers report that they have received feedback (and also through their own observation) that facilitators were defensive when responding to questions. Additionally they feel that as the process has not been jointly undertaken with Clinical Commissioning Group (CCG) it has led to confusion on future funding of certain groups.

Healthwatch feel that as part of the consultation was around certain group's future funding, but no real analysis was provided against key performance indicators and what outcomes and impact had been achieved during their period of delivery. They reported that during this exercise they have been involved in delivering a project commissioned by Public Health looking into mental well-being with the view to informing future commissioning intentions in respect to preventative mental health services and it is not clear how the findings from this consultation will inform the consultation exercise they have undertaken.

Positive Participation sent two letters making formal objections to the consultation process on the following basis. Additionally the service led a protest outside the Civic Centre on Tuesday 28th June and intended to protest at the Houses of Parliament on Wednesday 29th June 2016 to object to the consultation and to campaign to have their funding continued past the contract end date of March 2017.

Positive Participation feels that there have been failures with the consultation process. They believe the Council have failed to plan consultation activities and that the consultation did not follow the Council's Consultation guidance nor legal principles in relation to consultation. Additionally, they feel the consultation methods were inappropriate, inadequate and prejudicial and failed to meet equality legislation.

Positive Participation feel that the information used to consult was incorrect, unfair and confusing. Additionally they feel that some of the information was distributed late. They feel that any subsequent amendments to the information were not appropriately advertised and would mean participants were responding to different proposals. They feel the documents did not clearly set out the current position, the proposals going

forwards and how the services will change. Positive Participation claim that during the consultation the Council suggested that there would be no need for support plans going forward and have failed to consider the implications and risks associated with their removal.

Positive Participation also expressed concern regarding the suggestion that there is duplication and over-provision, and wishes to clarify how the council will ensure that quality standards are maintained and request clarity on if services will continue to be delivered by experienced and qualified professionals going forwards and where service users groups will be incorporated in the future service model. They wish to have clarification on if their service will continue to be funded post their end contract date of March 2017.

Positive Participation feels that the services proposed have been determined prior to consultation. They feel the public have been misinformed about the commissioning intentions. Additionally, they feel that the Council has not fully considered the needs of the BME community and has not addressed how the proposed model will continue to meet the needs for culturally appropriate provision and what this might include.

Positive Participation requests that the consultation be conducted again independently and also request an independent investigation into service being delivered from the Community and Wellbeing Hub in response to concerns raised at consultation meetings.

Positive Participation believe that as a result of the issues and concerns they have identified, the consultation feedback cannot be relied upon for decision making purposes in regards to changing the current service provision.

7.0: Organisations invited to participate:

- Abbey Healthcare
- Access 2 Business
- ACCI
- Acting Together
- Adult Education Service (AES)
- Advance Uk
- African Caribbean Community Initiative (ACCI)
- Ashram Housing Association
- Ashton Care
- Aspiring Futures
- Autism Spectrum Group
- Barton & Needwood Care Home
- Belle Vue
- Bethrey House
- Bilal Mosque
- Black Country Partnership Foundation Trust (BCPFT)
- BME Consortium
- Bromford Housing

- Carers Support
- City of Wolverhampton Council
- Clinical Commissioning Group (CCG)
- Coach House
- Creative Support
- Department for Work and Pensions
- Ekta
- Elected Members
- Fernwood Court
- Goldthorn Lodge
- Harper House
- Hand in Hand
- Healthwatch Wolverhampton
- Heantun Housing Association
- Hearing Voices Social Group
- Hear Our Voice
- Highbury House
- Humjoli
- In Training
- Kaleidoscope Plus
- Mental Health Employment Group
- Mental Health Empowerment Team (MHET)
- Midland Heart
- Mind Out
- Mountfield House
- Navjeevan
- Nissa Women's Group
- One Voice
- Orchard House Nursing Home
- Positive Action for Mental Health (PAMH)
- Positive Participation
- Prem Vadhaou
- Prince's Trust
- Rama
- Refugee & Migrant Centre (RMC)
- Rethink
- Saath Women's Group
- Shaan
- Social Steam Engine
- Social Work Team – Mental Health
- The Avion Tuesday Group
- The Low Hill Group
- The Mental Health Travel and Social Group
- The People's Group
- The Phoenix Group
- The Sycamores Nursing Home
- UK Mission Women's Group

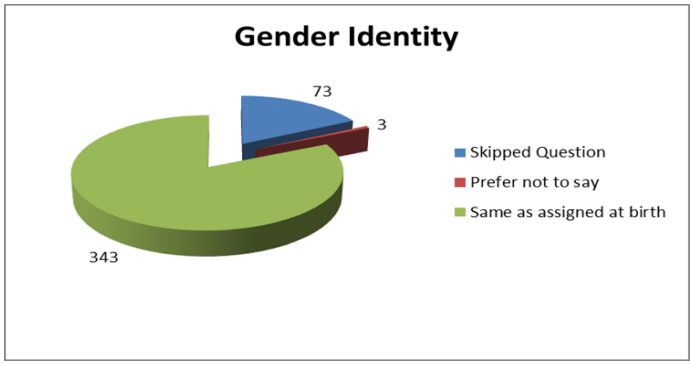
- Victoria Court
- Wellbeing Warriors
- West Heath House
- Wolverhampton City College
- Wolverhampton Voluntary Sector Council (WVSC)
- Women's Wellbeing Group
- Woodcross Care Home

8.0: Demographic Information of Participants

Demographic and equalities information is collected from participants throughout consultation activity. There is a legal requirement for local authorities to show that they have paid due regards to the Public Sector Equality Duty, created by Section 149 of the Equality Act 2010. The broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. As well as adhering to legal requirements; the Council has its own commitment to equalities and wants to ensure the services it provides are equally accessible and fair to all of Wolverhampton's diverse communities. We can only do this if we know how different communities feel about different issues. Although we encourage people to share information with us, participation, in full or in part is optional and all personal information shared is kept confidential.

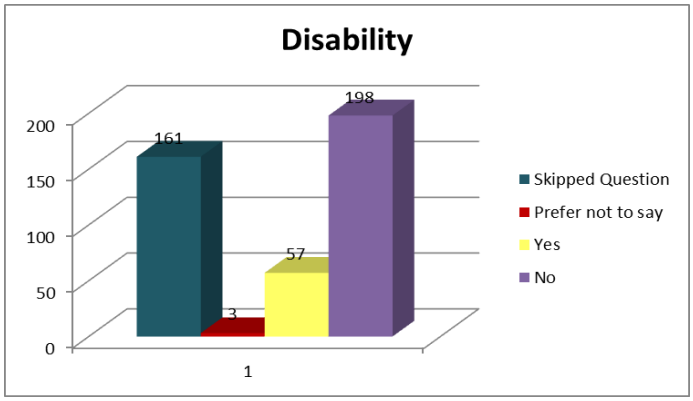
8.1: Gender Identity

Three (1%) participants said they preferred not to say if their gender was the same as assigned at birth. 343 (82%) people had the same gender identity as assigned at birth and 73 people (17%) skipped the question.



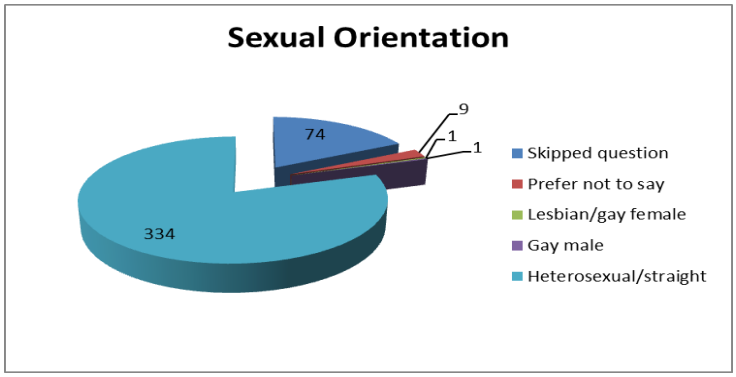
8.2: Disability

Fifty seven (14%) respondents considered themselves to be disabled, 161 (38%) said they were not. 198 people (47%) skipped the question and three people (1%) preferred not to say.



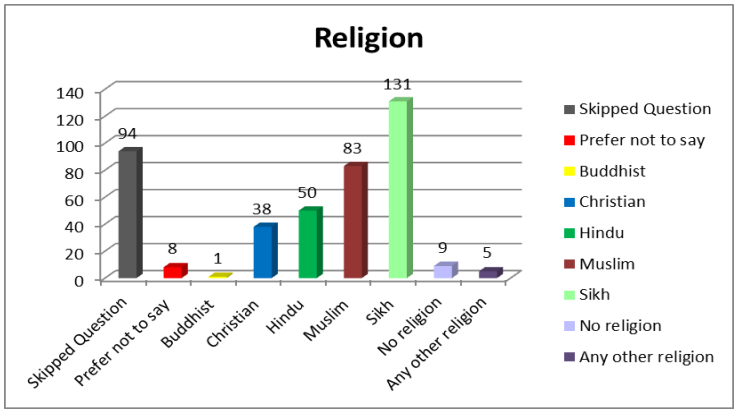
8.3: Sexual Orientation

Seventy four people (17.66%) chose to skip this question, whilst nine people (2.15%) said they preferred not to say. One person (0.24%) was lesbian/gay female, one person (0.24%) was a gay male and 334 people (79.71%) are heterosexual/straight.



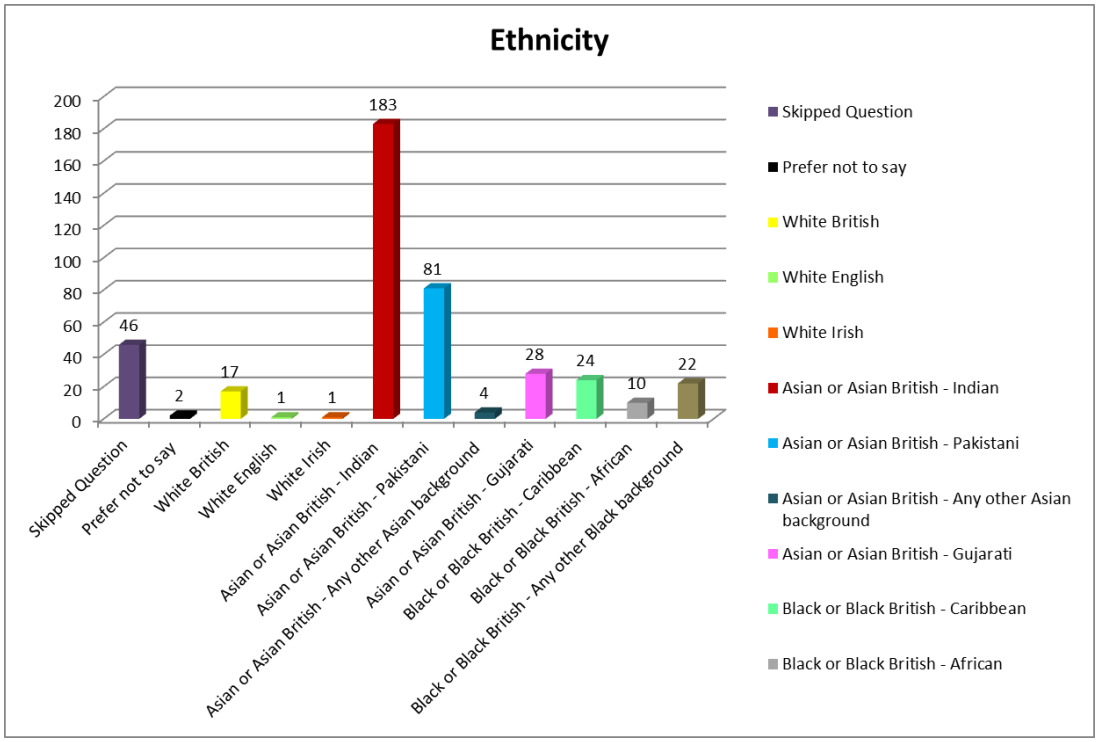
8.4: Religion

Thirty eight (9.1%) people identified themselves as Christian, 50 (11.9%) were Hindu, 83 (19.8%) were Muslim, 131 (31.3%) were Sikh and nine (2.1%) were of no religion. 94 people (22.4%) skipped the question, one person (0.2%) was a Buddhist, five people (1.2%) identified with another religion and stated; Rasta x 2, Spiritualist x 2 and one person was a Jedi, whilst eight (1.91%) people said they prefer not to say.



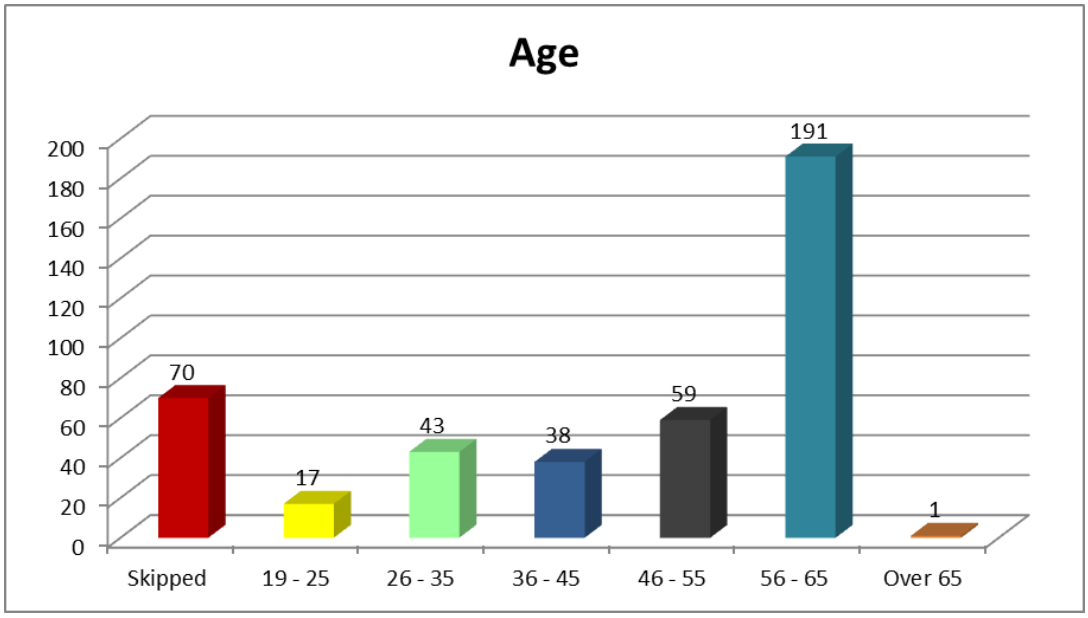
8.5: Ethnic Origin

Forty six people (11%) skipped this question and two (0.5%) preferred not to say. The highest responses were: 183 people (43.7%) were Asian or Asian British – Indian, 81 (19.3%) were Asian or Asian British – Pakistani, 28 (6.7%) were Asian or Asian British – Gujarati, 24 (5.7%) were Black or Black British – Caribbean, 22 (5.2%) were Black or Black British – any other Black background, 17 (4.1%) were White British and 10 (2.4%) were Black or Black British – Africa. 6 responses in total (1.4%) were received from other ethnic groups as per the following chart.



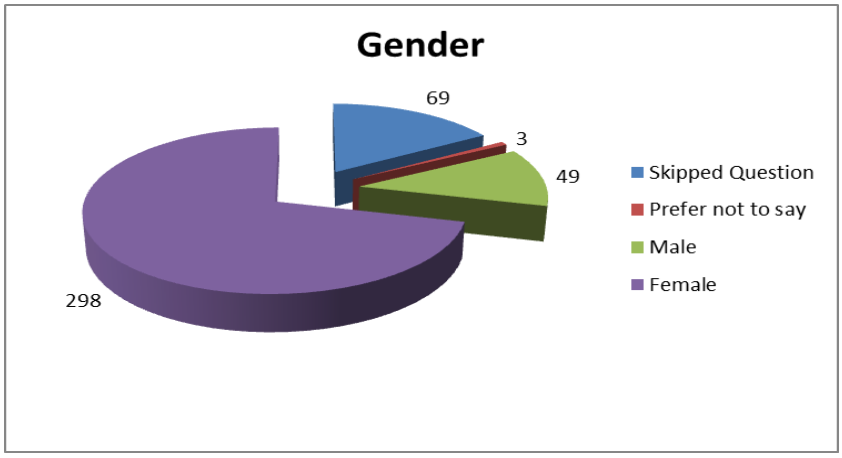
8.6: Age

No feedback was received from anyone aged 16 – 19 years. Seventy people (16.71%) skipped this question. 17 respondents (4.06%) was aged 19 – 25, 43 respondents (10.26%) were aged 26 – 35 years, 38 (9.07%) were aged 36 – 45, 59 (14.08%) were aged 46 – 55, 191 (45.58%) respondents were aged 56 – 65 and one (0.24%) person was aged over 65.



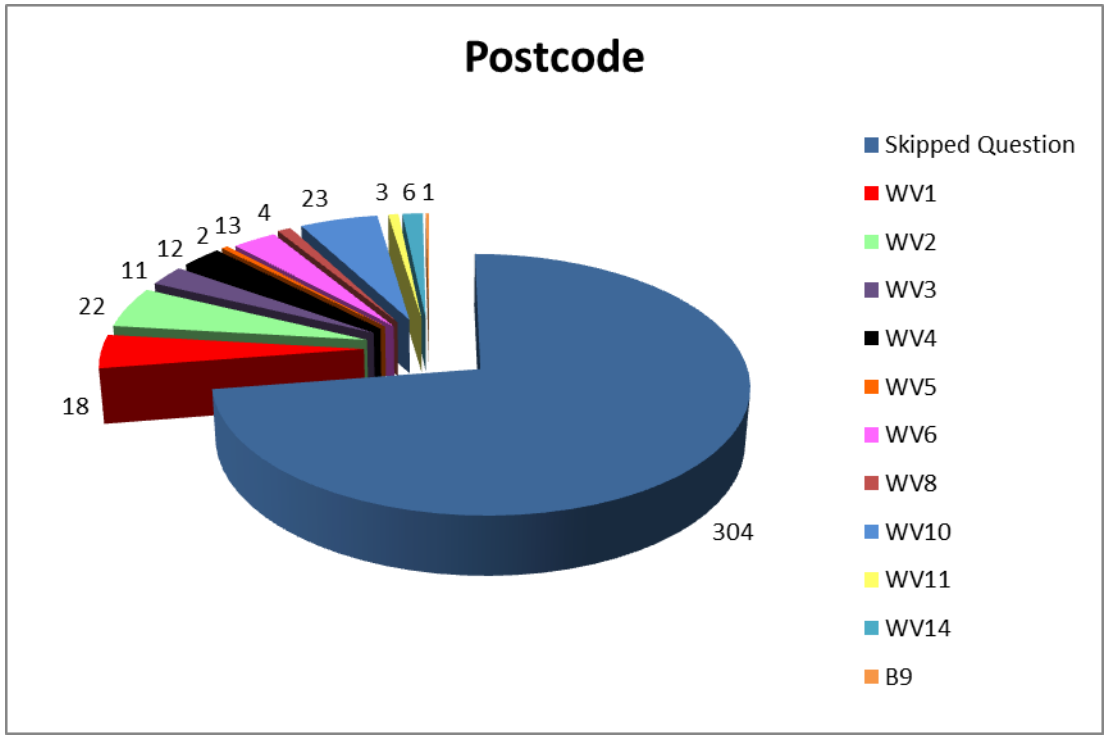
8.7: Gender

69 people (16%) skipped this question and three people (1%) preferred not say. Forty nine (12%) respondents were male and 298 (71%) were female.



8.8: Geographic Location

304 (72.5%) respondents skipped the question, three people (0.7%) lived out of area and 112 people (26.7%) lived in Wolverhampton.



Postcode	Neighbourhood
WV1	City Centre, Horseley Fields & East Park
WV2	All Saints, Blakenhall & Parkfields
WV3	Finchfield, Compton & Castlecroft
WV4	Penn, Warstones, Merryhill, Goldthorn Park & Parkfields
WV5	Wombourne
WV6	Whitmore Reans & Tettenhall
WV8	Pendeford & Rakegate
WV10	Low Hill, Bushury, Heath Town, Fordhouses, Fallings Park & Wednesfield
WV11	Wednesfield
WV14	Bilston
B9	Birmingham

City of Wolverhampton Council would like to thank all who participated in this consultation exercise. A full transcript of all feedback is available by request.