

12 February 2016

Dear Guy,

## Re Deciding Together – response from Newcastle CVS

Newcastle CVS is the lead infrastructure organisation for Newcastle's voluntary and community sector. As well as developing and supporting voluntary and community organisations to be more sustainable and resilient, we organise networks and events and represent the voluntary and community sector in strategic discussions. We carry out research and produce policy studies. We have 640 members that are voluntary and community organisations that work in Newcastle.

Newcastle CVS has been involved in this exercise since Spring 2014. We have held dedicated events, attended consultation meetings, attended planning meetings and promoted and disseminated information around Deciding Together. We have asked questions and held discussions with key practitioners.

This response is based on the information distilled from the activities above and can be regarded as a summary. It should be read in conjunction with the notes (attached below) from two specific events we organised on 15 June 2015 and 9 February 2016 with organisations whose key objective is not supporting people with mental health needs, but whose practice demonstrates this is what they do in reality. We believe that VOLSAG is very able to reflect the views of those groups and organisations concerned primarily with mental health.

### Process

- There has not been any apparent engagement with people with dementia or people caring or living with people with dementia.
- The documentation had insufficient meaningful references to carers and family support.
- There was still a lot of jargon and unhelpful information in the process. It has been difficult to talk people through the scenarios.
- The documents are beautiful but in many ways do not have enough information about where, how, and when services can be accessed.
- There is nothing about the staff's behaviour and attitudes which is fundamental to good outcomes

### Transport

- We are concerned about transport; our experience and those of many of our member organisations is that often public sector organisations do not take into account concerns around transport.



- Half of all households in Tyne and Wear do not have access to private transport.
- Although the destinations are described as 'Sunderland and Morpeth', in reality the facilities are not in the city / town centre and not easy to access by public transport.
- Although there have been commitments given around taxi fares and minibuses, as the average length of stay is 21 days, this could mean a lot of expensive transport. This type of transport can be unreliable.
- It isn't clear whether free transport can be extended to friends and informal carers.
- The report promised on transport was not made available.
- It isn't clear how much the budget can cover.
- There is also an assumption that patients and carers have the time to use public transport. Experience demonstrates there is a lot of waiting around for transport.
- Transport is a big issue, but we recognised not the major issue.

### Philosophy

- There is a need to be honest about why this is being done - many of our members felt this was finance driven, but wrapped up in case of 'facility improvement'. We don't believe the cases are very persuasive.
- A lot of the comments have been based on experiences in the past.
- There are clear tensions between the clinical and social models of care, instead of it been seen as a continuum.

### Older people's inpatient scenarios

- We recognise the current facilities are not adequate, but we do not think there is a persuasive case made for moving to Morpeth.
- What will happen to the monthly support group for carers at Castleside?
- The relationship with other (physical) health services isn't clear.
- There is a benefit of knowing where you are, and the area.  
***We would support the case for a new facility in Newcastle.***

### Views on working age adult inpatient scenarios

- People who are sectioned are often encourage to visit home as part of their rehabilitation. Sometimes carers will accompany patients, which makes their journeys unrealistic.
- We recognise that either Gateshead or Newcastle residents and carers will lose out.
- It would be helpful if the site of the possible Gateshead unit could be identified.
- It was recognised that more funding would be available from the Morpeth scenario, but would this funding be available for local community based services? However there are community services now.
- It isn't clear how the very recent findings from the 'Independent Commission to Review the Provision of Acute Inpatient Psychiatric Care for Adults' would play into this, and its emphasis on local services and accessing alternative care in the community.
- It isn't clear how acute beds and services in Northumberland would engage with and refer to services provided by the community and voluntary sector in Newcastle.
- It is hard to separate acute inpatient services from what happens outside in the community.
- What happens to people given an hour's leave to support their rehabilitation?
- How do the scenarios fit in with physical health needs? What is the access to other physical health services and primary care?  
***We would prefer scenario N as we believe wellbeing and health improvement is more than clinical care. It involves carers and friends, links with local***

***communities, access to community support, and support from local areas.  
There are also impacts on carers, visitors and the wider community.***

### **Community Services proposals**

- All seven ideas have various benefits but it is hard to see how they all could happen in practice.
- There is a need for honesty as clearly not all these proposals could be funded.
- There was no clarity on timelines - some of these could take a long time.
- A number of these proposals seem to have been put forwards without any thought to impact of the changes in social housing, Welfare Reforms,
- Who defines the need as 'urgent', often the carer has the insight?
- What is the context for these ideas? Where do they fit into the process and systems?
- There were a number of comments on negative experiences of assessments. There was not felt to be sufficient good quality assessments so people would go on the correct pathways
- How can voluntary organisations refer to directly in to services (1 and 2)?
- There has been minimal consultation with the wider voluntary sector on how they could and should be involved.
- Equally the system should be working both ways to ensure that people are discharged into the community are given sufficient information about voluntary and community support.
- Crisis support (5) - what would happen at 2am? Where, when, how? What would the impact be on carers?
- If relationships and understanding were better now, you would not need proposal 7. There should be more focus on making the current system work better. This 'hub' is probably electronic and would need updating
- There would be a lack of understanding of community resources if facilities were based only in Morpeth and Sunderland.
- Relationships between the NHS and the voluntary sector can be variable.
- Is there enough capacity in what is already there rather than creating models of support?
- Why not look at what's already there and build on this rather than creating lots of new initiatives which might not be sustainable.
- How do Deciding Together proposals fit with the CCG's Connecting People, Connecting Communities event planned for June, which takes as it theme the importance of good social relationships and supportive networks to people's health and wellbeing?

You will appreciate that these comments are a summary of the many hours of listening and discussion by voluntary and community representatives. We would like to thank all of them, whether volunteers or paid staff, for the attention they gave to this complex exercise and the valuable comments they made.

Please take this as a formal response and keep Newcastle CVS informed of the next steps and how we will be involved.

Yours sincerely

Sally Young  
Chief Executive

# Wellbeing and Health Open Forum



**Newcastle Gateshead  
Clinical Commissioning Group**

deciding together

## **Deciding Together consultation: Voluntary sector event 15 December 2015 at MEA House Notes of the discussion**

### **Facilitators**

Pam	Jobbins	Newcastle CVS
Martin	Gollan	Newcastle CVS
Steve	Nash	VOLSAG / Deciding Together Advisory Group

### **Participants**

Margaret	Mound	Advocacy Centre North, Newcastle CVS
Fiona	Swindell	Alzheimer's Society
Parveen	Akhtar	Angelou Centre
Liz	Oakley	Barnardo's
Sian	Buften	Barnardo's
Evelyn	Mitchell	Cruse Bereavement Care
Susan	Clarke	Cruse Bereavement Care
Vera	Bolter	Elders' Council of Newcastle
Louise	Jones	NECS
Reuben	Dodds	NECS
Rhiannon	Gibson	Newcastle City Council
Sophie	Bills	Newcastle City Council

### **Apologies / did not attend**

John	Buttery	Alzheimer's Society
Terri	Nicholson	BITCC
Steve	McKinlay	Depaul UK
Tammy	Birkett	Freedom from Torture
Nick	Price	Relate
Karyn	Ainsley	Richmond Fellowship
Karen	Dobson	Scotswood Natural Community Garden
Lynne	Livsey	Thirteen Care and Support
Jenny	Harrison	Under the Bridge

## **Views on 7 Community Service Proposals (Handout A)**

### **1. Multi-agency initial response system**

What do you think the main benefits will be?

- What link is there to memory services?
- Urgent should mean urgent as the user defines it including their use of VCS such as Samaritans –
- As long as there are good links between services it should improve
- Is it multi agency? Yes including the VCS?
- Does that include drug and alcohol services + housing services – yes.
- And debt services + housing services – yes.
- Who are the multi-agency responses – do they know about the initial impact? Do these agencies know they will be involved? eg drug and alcohols VCS?
- Is the thinking on this separate from ideas in North Tyneside?
- Will other non-urgent systems carry on?
- Newcastle Gateshead CCG is already working on it
- Is it a Single point of access – or a single system?

Do you think there will be any challenges with the service proposal?

- How other systems link in/take part

Do you think this will have an impact on the service you provide?

- Spreading the jam too thin
- Lead to confusion unless clear links of responsibility and communication
- Lead to increased referrals to VCS unless extra resources otherwise not meet expectation, create false expectation
- Training issue involved
- Will VCS organisations still be engaged and wanted in the new service?  
In South Tyneside after Transformation all voluntary counselling providers were completely dropped – IAPT counselling has the only contract

- VCS organisations were reaching people who did not go through GP referrals – does new South Tyneside service reach them?
- Will the proposals ensure that people who did not go through GPs can access the system

## **2. Redesigned community mental health teams and specialist teams**

What do you think the main benefits will be?

- Looks good

Do you think there will be any challenges with the service proposal?

- Challenges from using new technology – need to know more detail about the new system
- New technology can take up time
- What is meant by pathway changes e.g. will it include non-internet route or for people who do not have a mobile
- Need to be flexible and broad to meet everyone's needs
- Make sure that delays are not built into the system
- Need action to take place while someone is on the pathway, while they are on the waiting list

Do you think this will have an impact on the service you provide?

- There is potential impact – potential to make it easier to make referrals and support people more effectively if there are easier referrals from voluntary organisations
- P46 - A new memory pathway – is only being 'considered' by the CCG – it would be would be ideal! Need detail

## **3. Community based residential rehabilitation**

What do you think the main benefits will be?

- Sensible in principle
- Currently there can be a delay in discharge because of a lack of housing

Do you think there will be any challenges with the service proposal?

- 2 local authorities with housing responsibilities – they will vary
- Move on especially if need new accommodation
- Support should go to where people are – it's better.
- If someone is an inpatient – they might need alterations to go back to their accommodation
- Scrogg Road/Byker Lodge – closing under NCC budget proposals
- Costs

Do you think this will have an impact on the service you provide?

- Worry about the NCC budget cuts
- Will service users have to weigh up if it is better to have a crisis on one side of Tyne Bridge or the other?

#### **4. Urgent response and care - residential crisis support**

What do you think the main benefits will be?

- It's somewhere to go in a crisis – people can feel secure close to where they live/ in small units
- Embedded in community
- Access to family and friends

Do you think there will be any challenges with the service proposal?

- Referral or self-referral – but perhaps some people should be in hospital –
- Concern if once in the residential unit you get stuck there
- Need trained and resourced staff/volunteers
- If it's a 24 hr service – hard to rely on volunteers
- If people are in crisis – need reliable support

Do you think this will have an impact on the service you provide?

- Lots of these – we could support/help provide
- Depends on information and links – if staff refer e.g. to Alzheimer's – need to be appropriate referrals

#### **5. Urgent response and care - crisis support without beds**

What do you think the main benefits will be?

- Café model – is it walk in?
- What does peer led mean? (Ex) Service users will be employed.
- There's a debate: should support be paid staff /volunteering
- Main thing is if the support worker or volunteer has a lived experience of mental health ill health. It's a common model eg drug and alcohol.
- Drop in would be best model, open access, late at night/early very good – often crisis then (avoid A and E)

Do you think there will be any challenges with the service proposal?

- What happens at 2.00 am? Where do they go?
- Will it be based in whose geographical community?
- People turning up drunk/high.
- It will need managing carefully – some access

Do you think this will have an impact on the service you provide?

- Referrals to voluntary organisations – e.g. coming in in the morning – messages from 2.00 am
- Referring on – protocol required to be agreed with organisations
- If a referral was made but it is not appropriate – there needs to be a way for a next day discussion – not to lose the service user
- A mapping exercise!

## **6. Community based Recovery College**

What do you think the main benefits will be?

- At Broadacre House – good, proactive, preventative
- Removes barriers between service users and professionals
- City Centre has an advantage, no stigma/avoidance of St Nicholas Hospital –it is anonymous and neutral.
- In Gateshead places such as the Interchange are central and there are other skills courses
- Proactive rather than reactive possibility of being allied to other projects – neutral place needed

Do you think there will be any challenges with the service proposal?



- Broadacre House rent to be fundraised after year 1.
- It's another voluntary organisation competing for funds, when there's less money all round

Do you think this will have an impact on the service you provide?

- It will compete for funds and users

## **7. Community resilience and wellbeing hub, offering increased vocational and social inclusion**

What do you think the main benefits will be?

Do you think there will be any challenges with the service proposal?

Do you think this will have an impact on the service you provide?

- Sounds like cross between CAB/Streetwise/Crisis Skylight
- It could link to option 1, urgent response – need clarity – which one someone would go to
- Is it also self-referral – walk in?
- Is it funded? There's an intention to fund. But ...
- A lot of specialist skill and knowledge would be needed – it's not cheap.
- Scope existing similar activities e.g. U3A for people who are over 50/55
- Scope programme; makes shop on New Bridge Street
- Need to map what is already there? Some elements of it are
- Need to get people to “move on”.
- Need to be able to support changing needs e.g. ‘Dementia Friends’.
- People need to be prepared to go into an existing group – that can be daunting.
- Virtual or physical support? If virtual can be greater access to more resources.
- Signposting required
- Need to work with what is there

## **Views on 3 working age adult inpatient scenarios**

**SCENARIO T: NTW TRUST WIDE (Handout B )**

**SCENARIO N: NEWCASTLE BASED SCENARIO (Handout C)**

## SCENARIO G: GATESHEAD BASED SCENARIO (Handout D)

What do you think the main benefits will be?

Do you think there will be any challenges with the service proposal?

Do you think this will have an impact on the service you provide?

*Scenarios:*

- *Cost of accessibility and the patient, recovery of getting off the ward*
- *It's shutting people away – day services*
- *What's better for the patient?*
- *What matters most – people in the community*
  
- Location and travel issue are of the most concern.
- It's not just cost, is about access, and part of patients' recovery is to get out of the ward, visit home, meet with friends nearby.
- Some patients have already been moved there (St Georges or Sunderland).
- Difficulties of travel and keeping support networks.
- If there were more community services – St George's is hard to get to. Could the housing option be expanded instead?
  
- The Case for changes says that most inpatients are sectioned, and need a secure ward. It's hoped community services will prevent people being sectioned.
- But sending people to Morpeth or Sunderland seems to be hiding people away who have been sectioned.
- Maybe it doesn't matter, except for visitors, when someone is acutely ill.
- Still ideally we'd not want to push people away.
- The potential release of funds would not go far - is it enough?
- Benefits: if in surroundings with other services would be good.
- Gateshead? Is a possibility if good bus service! But it's least good clinically.
- Hadrian – what happens to day services?
- Personally I would go for lower standard of accommodation if it's local. Access is more important
- Newcastle option would release least £, but has local access
- Newcastle could build up services at St. Nicholas Hospital – wrap around the inpatient services

- Day to day it would be better to have better community services – more useful
- It is unfair to ask us to make that choice
- How does the inpatient services link to the drug and alcohol services people will need when they are discharged?
- We work with both detained people and those who are not detained – and still not feel able to say this or that – *we need both*.
- If you're an inpatient – who does better under which option? Someone with better services or someone with more family contact? What matters more? Which leads to the better medical /care outcome?
- Do we give help for more people or look after our sickest?
- People we work with have dementia, they do not go to adult services
- Local access is the most important.
- But it's not for us to make that decision.
- We need more information. The level of information is not detailed enough to make a choice.
- How do we involve service users when there is not enough information – and yet on another level there is also a lot to digest.
- We want more data and clinical evidence.

## **Views on 2 older people's inpatient scenarios**

### **OLDER PEOPLE'S MENTAL HEALTH SERVICES (Handout E)**

- St Nicholas, Newcastle or St Georges, Morpeth

What do you think the main benefits will be?

Do you think there will be any challenges with the service proposal?

Do you think this will have an impact on the service you provide?

- Newcastle – difficult to consult on nebulous proposals
- Now there are clinic – and there is access to a multi-disciplinary team with a psychologist etc.
- The accommodation is not ideal because lack of ensuite but speaking to those who know the service, ease of access to location most important.
- £ difference in each area (Pam to do a note about this point)
- In the Case for Change – it says older people need access to physical health services but that is not addressed in any option?
- Still think better if it is in Newcastle

## Preferences

- We can make comments but cannot say.
- Have an emotional response – why be shipped to Morpeth when it's impossible for carers to visit.
- Grandchildren cannot visit Morpeth.
- Where is the hard data?
- Is it all about the money?
- Is the saving at the cost of the more ill to care more for the less ill?
- If savings are made will it really go to preventative and community based services? Will it be ring fenced? Or syphoned off?
- We are sceptical that savings will become available.
- Remember the consultation about the General Hospital – clear the site and more speciality – that would release funds for community services? And it didn't.
  
- We suggest that the CCG move other services to Newcastle because of regional transport links
- It's more difficult to get back to your community from out of area
  
- Data – not clear, depending on so many variables – GP, VCS etc.
- The quandary above, about do better clinical services, but local poor access, work better? Where is the hard data about clinical and social outcomes?

General agreement that organisations will discuss more and ask others, possibly hold another meeting before the consultation closes.

# Wellbeing and Health Open Forum



**Newcastle Gateshead  
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deciding together

## **Deciding Together consultation: Voluntary sector event 9 February 2016 at MEA House Notes of the discussion**

### **Facilitators**

Pam	Jobbins	Newcastle CVS
Martin	Gollan	Newcastle CVS
Sally	Young	Newcastle CVS

### **Participants**

Fiona	Swindell	Alzheimer's Society
Evelyn	Mitchell	Cruse Bereavement Care
Susan	Clarke	Cruse Bereavement Care
Simon	Rose	Get It Out
Melanie	Bramley	Healthwatch Newcastle
Rachel	Parsons	Newcastle Carers
Karen	Dobson	Scotswood Natural Community Garden

### **Apologies / did not attend**

Steve	Whitley	Elders Council of Newcastle
Nick	Price	Relate
Steve	Nash	VOLSAG
Duncan	Gale	Working Links

## **Views on 2 older people's inpatient mental health services scenarios @ St Nicholas, Newcastle or St Georges, Morpeth**

What do you think the main benefits will be?

St Nicholas, Newcastle:

- Closeness enabling carers and family to visit
- Familiar landmarks especially if there is rehab
- Continued monthly carers support group in Newcastle

#### Challenges with the Morpeth scenario:

- Co-location with physical health services: it is unclear what it would be
- Support from family, friends and carers is crucial
- Transport: What would the offer from NTW include? Would it include friends?
- The journeys are complex – for instance St Georges is not even in the centre of Morpeth
- How would the proposals relate to John's Campaign – enabling carers to be in as much as possible if they are so far away?
- Who will ensure older people are eating and drinking properly if carers cannot be there?
- Location is an issue that is about clinical outcomes
- At Castleside there is a monthly carers' support group but the consultation does not mention it. What consideration has been given to that?
- Will there be transport for the monthly support group currently meeting at Castleside, and is it practical in Morpeth for Newcastle carers?
- The travel proposal assumes carers and visitors have time, good enough health, can wait for transport, and can travel. Older people have older spouses.
- People need landmarks they can recognise
- We'd prefer grotty bathroom at St Nicks and nearby to a new place a long way away. Older people more likely to have no access to private transport. And they may not be able to get to a bus stop.
- Being moved out of your area is a big issue for older people
- St Georges is uphill - would be exhausting and then person is being discharged to the exhausted carer

#### Do you think this will have an impact on the service you provide?

- The group was not aware of specific engagement with people with dementia or learning disability. The materials are not user friendly, for anyone, let alone people with dementia and / or learning disability.

- Generally the material is confusing, as despite being a lot of it, there is also not enough detail. It made it very difficult to talk through the scenarios with users and carers.

## **Views on 3 working age adult inpatient scenarios**

**SCENARIO T: NTW TRUST WIDE (Handout B )**

**SCENARIO N: NEWCASTLE BASED SCENARIO (Handout C)**

**SCENARIO G: GATESHEAD BASED SCENARIO (Handout D)**

What do you think the main benefits will be?

### **Scenario T: NTW Trust wide**

- If a patient became more challenging there is more clinical back up in a place with other mental health services, the
- If you had to move the patient – communication is often not good for families
- I'd have concerns about prospect of patient becoming more difficult and less medical clinical back up if it was a standalone ward...

Do you think there will be any challenges with the service proposal?

- Morpeth is too far
- Newcastle or Gateshead – might be equal travel for both populations
- There was concern that the Gateshead option does not indicate where in Gateshead. The town centre is nearby.
- But if the new wards were built in Blackhall Mill or Rowlands Gill it would be as nearly as far (14/10 miles to 16 miles) and just as difficult as Morpeth
- We had one example from last week where the NHS arranged transport did not turn up
- There is little quality assurance over transport and it lets people down. A current examples is sometimes the outpatient appointment is cancelled but no one is told – once at the hospital the carer or patient has to wait for the transport back
- Is it safe to rely on CCG and NTW current assurances over transport in the future? What if it is cut after three years? What if there is another re-structure in the NHS? The new bodies would say they are not responsible for previous decisions made by previous bodies.
- It's all about trade offs
- Inevitable someone will lose out

- I feel we are being led to certain conclusions
- What makes it better, ameliorates?
- Users say they don't care where it is when they are so ill – but It does matter – all other things are important
- it matters for family support rehab, staff links to voluntary sector
- It matters for rehabilitation – recognizing the amount of leave needed
- If a patient only has an hour's leave it's not good for rehabilitation as you cannot get to Newcastle and back
- Physical health needs – mental health patients have a shorter life expectancy and need better access to physical health care
- Cramlington – acute mental health unit - and physical care
- Even if Newcastle St Nicks option, you still have to go to RVI or Freeman

Do you think this will have an impact on the service you provide?

- If staff are entrenched in clinical big units at Morpeth and St Georges, there would be fewer links with communities and the voluntary sector
- How would staff signpost to a local group such as Scotswood Natural Community garden?
- Some organisations do work with service users alongside the NHS – it prevents them getting worse
- It depends on the NHS and staff e.g. two thirds of the referrals to Cruse are made by GPs. But Cruse are still getting inappropriate referrals after the service has been moved elsewhere, and are still on the Talking Therapies website
- It is very difficult for the NHS to know the Voluntary sector
- Even GPs in same practice will have a varying in referrals – there's a lack of consistency
- Is the NTW wide scenario the most comfortable way for clinicians to look at the service rather than starting with service users?
- There is little about carers – family members, friends. One mention in the document throughout. The implications are not spelt out.
- If the consultation and focus of new services is about keeping people out of hospital more, where are the proposals to skill up and support carers?
- No reference to additional resource for care support
- When their loved one is an inpatient – being in hospital is, or functions as, respite for carers; they can recharge their batteries, recover from dealing with the crisis



## **Views on 7 Community Service Proposals (Handout A)**

Not enough information but we broadly welcome all of the Community Service proposals

### **8. Multi-agency initial response system**

What do you think the main benefits will be?

Do you think there will be any challenges with the service proposal?

Do you think this will have an impact on the service you provide?

- Who defines urgent?
- Would an urgent request from a carer be responded to? Especially when the user / patient lacks insight to their crisis and is not requesting support?
- Referrals from the VCS are not accepted
- Last year we had an urgent issue with our volunteer – the referral was not taken, they didn't get it

### **9. Redesigned community mental health teams and specialist teams**

What do you think the main benefits will be?

Do you think there will be any challenges with the service proposal?

Do you think this will have an impact on the service you provide?

- Assessments: who is doing what, when where?
- There is a lack of good quality assessments; they are not well done
- Who will get the person onto the new pathway?
- We're told "*we don't think it's urgent*" when we asked for support
- Do we need to have an urgent discussion about the current system?
- And about assessments and referrals?
- Is it the Sunderland model – where is it happening now? NTW/CCG is not talking with the carers centre or other small local organisations
- Where are the ongoing discussions now?

### **10. Community based residential rehabilitation**

What do you think the main benefits will be?

Do you think there will be any challenges with the service proposal?

Do you think this will have an impact on the service you provide?

- What impact will changes in of housing benefit and rent cuts have on this proposal?
- Housing Associations may not be as keen given the rent 1% cut

- The potential death of social housing has been widely reported; is the proposal in isolation of the wider environment?

### **11. Urgent response and care - residential crisis support**

What do you think the main benefits will be?

Do you think there will be any challenges with the service proposal?

Do you think this will have an impact on the service you provide?

- new options: But look at crisis services already got and change them
- 1 crisis team – some are fantastic staff, build on

### **12. Urgent response and care - crisis support without beds**

What do you think the main benefits will be?

Do you think there will be any challenges with the service proposal?

Do you think this will have an impact on the service you provide?

- new options: But look at crisis services already got and change them
- If it's one place – where? If not in the middle of Newcastle then there are the transport issues again
- Crisis support must be 24 hours
- But we have to be realistic – e.g. telephone helpline – was not used at night / 24 hours
- It could be across the north east
- Transport time where access
- When kicked out – the person would be going back to families at 2.00 am. What support will be there for carers?
- One model might be Safe Places (for people with learning disabilities)

### **13. Community based Recovery College**

What do you think the main benefits will be?

Do you think there will be any challenges with the service proposal?

Do you think this will have an impact on the service you provide?

- The community based recovery college is already at Broadacre House

### **14. Community resilience and wellbeing hub, offering increased vocational and social inclusion**

What do you think the main benefits will be?

Do you think there will be any challenges with the service proposal?

Do you think this will have an impact on the service you provide?

- Some are not necessary if we worked better with the existing voluntary sector e.g. the hub
- If there was a bit more capacity – integrate people better with what is there. Not need hub
- Discussion about attitudes and behaviour of NHS staff which vary in willingness to refer
- If what we have was working well now, would this proposal be there?
- The hub is to signpost but not provide services – worry about capacity
- new options: But look at crisis services we've already got and change them
- Sometimes the carer needs the intervention of a professional when in the fog of caring – e.g. to access support even when it might be advertised on a website / 'obvious'
- We need to better use what is already there, for instance there is the Involve NE directory on all GPs' desktops

## **General points**

- The group did not have confidence in the assumptions that the transport offer would be effective. There was an impression that there is little quality assurance over transport and that it may let people down
- The group found it frustrating that the travel impact report was not available – that was the reason for holding this event so late in the consultation
- There was a sceptical approach, about the modelling and potential savings, and about the likelihood of commitments being swept away in a future NHS re-organisation

## **Preferences**

**It was agreed that the preference was for Scenario N: Newcastle based services for both adults' and older people's mental health services**

Because

- Carers, friends, family
- Physical health services are nearer
- Community support
- Other options would impact on the health and wellbeing of carers
- Poor slow access using public transport