



champions of change

Champions' Response to the Third Sector Review

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Introduction

This report provides an overview of the feedback from Champions of Change network members to the draft report on the NHS Nottingham City Mental Health Third Sector Review. It also provides comments and feedback on the consultation event and consultation process.

Champions provided their feedback on the day of event, and subsequently via telephone conversation with the project team and during a discussion session in the Champions of Change Chat Room.

Section 1: Feedback on the process

1.1 General

Of the 21 Champions who attended the event a small proportion of the Champions expressed that they were, overall, satisfied with the experience. They truly enjoyed the event and were particularly happy to engage on a professional level.

Champions said that the food and the location of event were exceptional and the event itself provided an ideal opportunity to network with other people especially other Champions. One Champion in particular said that she felt very empowered at the event and was able to voice her opinions. It was a positive experience for this Champion to have important people in the NHS listening to her and writing down her comments. A number of Champions said that it would be good to have an event like this twice a year.

Many of the Champions did express dissatisfaction in the consultation process and the arrangements at the event. These would have to be significantly improved in the future if the engagement and involvement are to be meaningful. Generally speaking, Champions did not understand why the process seemed so rushed and time was not given for them to fully digest the information that the NHS needed feedback on. Champions made constructive comments in relation to how the process could be improved and commented, specifically, on the survey, the draft report and the day of the event.

1.2 Comments on the survey

The questionnaire used for consultation was sent to Bright Ideas via email. The email requested that Bright Ideas send the questionnaire out to Champions on the network and for Champions to complete and return them by post directly to the NHS. This would need to happen within 8 days. The surveys did not include an adequate explanation from the NHS in relation to what it was for and how it would be used. In our experience we predicted that very few, if any, questionnaires would be completed and returned using this approach. Project staff decided to rearrange diaries and make time to call individuals on the network. Using this approach we managed to get responses from almost half (29) of the potential respondents. (Note the NHS report puts this figure at 21.)

The project team felt that we would have been able to improve the response rate even further. Barriers to responding included the following:

- Majority of Champions do not have email or regular internet access.
- Short notice period given to Champions to complete and return the survey.
- Most Champions would require different levels of support to complete questionnaire.
- Some Champions have no fixed address or contact details.
- Some Champions live in in-patient settings.
- Some commented that they would have completed and returned the questionnaire if it was sent out in the post in good time with detailed explanation of why they should complete it and the bigger picture of how the questionnaire would fit into the third sector review.

Those who managed to complete the survey mentioned that sending the questionnaire by email or being expected to complete the questionnaire without adequate notice (or having seen it first) over the phone felt “like it was sprung on us” and therefore they didn’t have enough time to think about the questions and provide a considered response. Some Champions begrudgingly completed the questionnaire, however, they said that an invite like this with such short notice could be read as a tokenistic gesture which would allow the NHS to prove that they had engaged people who use services and their carers.

In addition, Champions of Change was listed as ‘Bright Ideas’ in the survey. Consequently many did not realise what service ‘Bright Ideas’ referred to until we explained this.

During the period of the review, one question that most Champions asked was why they were not asked to take part in the review of secondary services and the review of dual diagnosis services. Why were they only invited to take part in the Third Sector Review?

1.3 Comments on the event

29 Champions expressed an interest in attending the event. (Others were on holiday, not well enough to attend, or did not want to attend an event of this nature).

21 Champions attended on the day with others giving their apologies. Champions were very enthusiastic about attending the event. However, they did express the concern that they had no idea what to expect or what their role would be on the event day because no agenda or prior information regarding the event was given to them. They suggested that in future, as the event was so important, they would like to have the agenda prior to attendance so that they would know what to expect.

Again, Champions mentioned that the speakers at the event spoke in professional language. It seemed that the event was really aimed at service providers. As a result they didn't fully understand what was going on and ultimately left the event confused. It was suggested that more visual approach could be beneficial; for instance the names of service providers been reviewed and a brief description of the services the NHS commissioned them to deliver could be presented on PowerPoint slides with photos if possible.

Whilst 13 (out of 21) Champions stayed for the duration of the event, 8 Champions left the event before the second workshop, mainly as a result of anxiety.

One other issue raised regarding the event day was about the table facilitators which some Champions mentioned did not introduce themselves or others on the table. This meant that Champions didn't know who they were sitting with, making them feel uncomfortable and unsure of themselves - a further barrier to full participation in the event.

Section 2: Feedback on the draft report

The draft NHS report was sent to Bright Ideas only 2 days before the event. Many Champions do not have an email address, so we could only pass it on in time to a handful of the Champions who were attending the event. Project staff sent an SMS message informing relevant Champions that they had been sent a draft report of the Third Sector Review. The result of the late delivery of the report meant that the vast majority of the Champions did not actually read the report before the event.

After the event the project team decided to hold a Champions' Chat Room session with the draft report as the main theme of discussion. The discussion lasted for 3 hours with attendance of five Champions. In addition, some Champions were contacted by telephone by the project team to give their feedback on the report.

The project team spent a lot of time at the Champions' Chat Room explaining the keys issues highlighted in the report including each tier of the Stepped Care Model, the Proposed Model according to the Stepped Care Model and the case studies.

Overall, the Champions were quite impressed about the amount of information provided by the report. The contextual information was interesting. However, they did find the report hard to “digest” and said that it was too long with no executive summary. They found the language “a bit technical” and felt the report lacked a focus and did not spell out clearly what it was all about at the beginning.

In the Chat Room discussion, effort was made to look at each of the existing service blocks and the shape of new service blocks. Generally, Champions wanted assurance that the NHS would not “throw the baby out with the bath water”. There are effective and needed services in Nottingham which are highly valued. It would not make sense to lose these in the redesign of service provision. Due to time constraints, Champions only felt able to comment on concepts that were already familiar to them and they felt able to feedback on the Website Directory, the Telephone Helpline and the Annual Engagement Event.

- The Champions suggested that Directory of Mental Health Services should exist in other forms (for instance in print) to allow easy access especially for many who are not computer literate or those do not have internet access. However, there was awareness about the cost of this and the issue relating to information going out of date. What is important is that people are informed about services that can help people get access to the website. The website would need to be very user friendly, easy to understand and easy to navigate.
- As there were general concerns about what happens on bank holidays and after 12am, they suggested that the Telephone Helpline should be a free line and be available 24 hours every day. Some Champions felt very strongly that the telephone helpline be available in the early hours of the morning when other services were not available.
- The Champions expressed concern over the marketing or promotion aspects of the services; how would people know that such services exist in the first place? They suggested that the NHS should embark on a wide spread publicity campaign to inform local residents of the web directory and telephone services. Alternatively these services would need the resources to be able to ensure people know about them.
- Considering the unpredictable nature of mental health, Champions felt that it would be more beneficial for the Engagement Event to be held twice a year to ensure that the voices and needs of service users and carers are met. The event or events would need to be part of a bigger process to ensure that people who use a wide range of services attend and are prepared and briefed in relation to the agenda. The project team recommends that the NHS ensure that facilitated sessions are held after such events to ensure that attendees are fully informed of the results/recommendations relating to the event. Finally attendees would need to know what changed as a result of the event and how they had influenced that change. Champions asked where the Champions of Change or equivalent service was in the future proposals and strongly hoped events would not be the only form of engagement and involvement in the future. This would feel somewhat tokenistic and inappropriate for many people who would not usually come forward to give their opinions.

Given the importance of the consultation Champions suggested that if any meaningful and valid response is expected of them, they would prefer to have 1-2 months to review the report. In order to interpret, understand and reflect upon the report, they would also need support from the Champions' engagement team in both group and one-to-one sessions.

Overall, Champions want reassurance that the service blocks in the new proposed model would allow room for the voices of carers, along with families and close relations of people who use services, to be listened to. They also want the model to allow for carers and significant others to be involved in the recovery process where appropriate. They hope that the new model will provide an individual and personalised service to people. They insisted that their views were not considered in the proposed model; that the NHS had come up with their own proposed model before openly reviewing the results of the consultation they carried out with service providers. They felt that different models should have been shown at the consultation event with the NHS evidencing how they had come up with such models thus allowing for discussions and exploration of different potential care pathways.

Note on culturally competent services

The Champions of Change project team would like to emphasise that, as the draft report suggests, many services are not culturally competent and this can result in worse outcomes for some individuals and communities. In our opinion, culturally specific services may not feel confident in the cultural competence of some of the mainstream services. This may make it very difficult to refer some people on.

The new model needs to include a service which enables all services to become culturally competent – through training, development and support, etc. Many people do not fully understand the term 'cultural competence' and translate it very narrowly to mean, for example, 'cultural awareness'. Again, many services will interpret 'cultural competence' as relating to race/ethnicity only, when in fact it has much wider application. Given the experiences of many of people we have spoken to, both within and without the Champions network, it should be noted that the NHS cannot afford to lose culturally specific services that are doing a good job, as these services are often those that are culturally competent.

The NHS has a duty to carry out a full equality impact assessment on proposals. Potential providers will need to demonstrate that they can carry out equality impact assessments on their service, demonstrate where they meet diverse needs and have the ability to address inequalities where they do exist.

Section 3: Discussion

From the point of view of the Champions of Change service, the third sector review has been a good opportunity not just to involve Champions and allow them to take part in the consultation but also to educate Champions about the role of NHS Nottingham City in relation to providing mental health services in Nottingham. On a positive note network members felt some benefit in being involved in the review. They would like the NHS to listen to the network's recommendations around future engagement and acknowledge the way the network would like to be engaged with in the future. (Note, this opportunity will be presented by Bright Ideas at the Champions of Change launch on 30th September).

Because of the short turnaround, not all network members could be contacted in time to complete the questionnaire. As such the project team felt that the NHS did not give equal opportunity to network members. They were also concerned to note that some network members felt that they had let down the other network members and the project team because they failed to provide a response to the questionnaire.

Champions had a number of ideas on how to improve consultation/engagement/involvement events in the future. They suggested pre-sessions to prepare Champions so that they would have a full understanding of the aims and objectives of the review, the reasons why third sector services needed to be reviewed and why and how individuals could influence future plans. The pre-sessions and contact before any event could include:

- An insight into the function and responsibilities of commissioners. This would allow for an explanation about the financial position of the NHS Nottingham City compared to County and other NHS bodies and PCTs in other parts of the country. This opportunity could be used to ensure that commissioners can explain the important to commitment not to disinvest from the third sector and from frontline services.
- What is meant by the 'third sector' and who makes it up.
- An explanation of why secondary services, drug and alcohol services were reviewed separately? How they could take part in those reviews if they wish to?

- Explanation and introduction of the questionnaire – the engagement tool used to collect information from people who use services and carers. This would also require an explanation of how the data would be used by the NHS.
- Review and discuss the responses from the questionnaire.
- Time to review the draft report (issued at least 1-2 Months prior to the event).
- Review of report broken into 3-4 sessions exploring and comparing existing service blocks/pathways – new service blocks/pathways.
- Invite to the consultation event with a clear understanding of what will be happening on the day prior to the event.

Network members include carers of those who currently access mental health services and people who access/have accessed mental health services for themselves. They all want to be engaged so as to help provide a better service for themselves and others in their community. The fact network members have committed themselves to the network and that so many people gave of their free time and energy to turn up to the event is proof of that. Many more would have taken part in the questionnaire if they were given the time and support.

The key area of learning for the NHS is that meaningful engagement takes time and resources. People who use services and their carers need a significant amount of support to fully participate in reviews of this nature. The network hopes that the final report will openly acknowledge the limitations of the review in relation to gaining meaningful feedback about the proposed services. It also trusts that their comments about the new proposals are taken on board.

The Champions of Change service will ensure that network members have opportunities to discuss the final review report once it is published.

Additional note

Champions of Change would appreciate it if the editors of the final report ensure that

- a) Section 3.9 makes it clear that the comments do not refer to the Champions of Change service. The section has been interpreted as referring to our service and that the good practice and service gaps relate to Champions of Change rather than provision as a whole.
- b) That the section relating to the number of returned questionnaires makes it clear that Champions of Change was the only service to return questionnaires in the stated deadline - although questionnaires were sent to a range of services. Also, we would like you to ensure that it is clear that we were asked to complete questionnaires with network members – not with service users generally. It is important that the number of questionnaires is correct (29) and that this represents a return of almost half of the potential respondents which was a significant achievement given the time allowed. The section relating to returned questionnaires currently reflects badly on Champions of Change and we have had some criticism because services have thought we were tasked with carrying out questionnaires more widely.

