

CONSULTATION ON THE PROPOSED CHANGES TO VOLUNTARY & COMMUNITY SECTOR (VCS) PREVENTATIVE SERVICES IN LEICESTER

JANUARY - APRIL 2014

Findings report

TABLE OF CONTENTS

Part 1	Introduction
Part 2	Methodology
Part 3	Summary
Part 4	Consultation findings and key themes
Part 5	Further information
Appendix 1	Summary analysis from the advocacy and counselling public consultation exercises
Appendix 2	Detailed notes from the advocacy and counselling public consultation exercises

How to use this report

This report collates the responses from two statutory consultation exercises, as well as reflecting a non-statutory provider and stakeholder consultation. The main body of the report summarises the responses from a variety of sources focusing mainly on the statutory consultations. Appendix 1 provides a summary analysis of the findings and appendix 2 provides the detailed responses and comments from the public exercises. Any information that would allow for a customer or provider to be identified has been removed.

PART 1 – INTRODUCTION

Background

A review of the preventative services funded by Adult Social Care within the voluntary and community sector is being undertaken. As part of this work 9 service areas were covered, these include Advocacy; Information advice and guidance; Mental Health including counselling; Physical and Sensory Disability; HIV/ AIDS; Carers; Generic; Older People and Dementia. Proposals for these different service areas varied and therefore the consultation approach taken was proportionate in each case.

Approach

As a result two statutory consultation exercises were carried out between January 2014 and April 2014. The statutory consultations related to proposals for advocacy and counselling services.

In addition a non-statutory provider and stakeholder consultation was undertaken concurrently in relation to areas where there was no significant reshaping or funding reductions proposed.

Advocacy

- The proposal for advocacy services is to implement a new model of delivery. There are two options
 - Option 1
Adult social care would arrange for advocacy services to be provided by a single organisation in Leicester
 - Option 2
Adult social care would arrange for advocacy services to be provided by a number of organisations in Leicester

Recommendations also include the requirement to have qualified staff and for providers to hold a recognised quality standard.

Counselling

- The consultation proposal for counselling services is to stop funding the current counselling services; Provider 1 - which provides relationship counselling and Provider 2 - which provides general counselling on behalf of the council. The money would be reinvested into other low level mental health services.

The non-statutory consultation focused on provider and stakeholder feedback for recommendations made in each area including any gaps in provision, impacts of proposals and the development of outcome based service specifications as well as seeking feedback on the use of grant funding in some cases.

The consultation was led by a team of staff within Adult Social Care.

PART 2 - METHODOLOGY FOR THE CONSULTATION EXERCISE

The statutory consultations

We invited comments on the proposals from service users; providers; stakeholders; and members of the public. Consultation took place via a number of methods including provider and stakeholder meetings; service user and stakeholder forums and sessions; postal questionnaires; letters; email; telephone and online. Due to the confidential and sensitive nature of the services areas being consulted on, different methods of feedback options were preferred over others.

Letters and questionnaires to current providers

A letter and questionnaire was sent to providers via email on 14 January 2014, providers also received a hard copy in the post. The questionnaire was later handed out at the provider meetings held at the end of January and throughout February, additionally they received an email with an electronic copy of the questionnaire and presentational slides from the meeting they attended. This email was also sent to current providers who were unable to attend the initial meetings.

Letters and questionnaires to service users

Letters and questionnaires were sent to service users of advocacy and counselling services on 15 January 2014. An information leaflet and questionnaire were also included with the letter. All of these were available in different formats or languages upon request. A prepaid envelope was supplied to allow people to respond as easily as possible. If anyone felt that they would have difficulty in filling in the questionnaire, an officer was available to assist via the customer helpline and easy read and available and translated version where available.

Reminders were not sent out as we had received feedback from providers and service users to say that postal questionnaires were not the best way to receive

feedback. However, we attended additional and pre planned service user/ carer forum meetings, throughout the process to help offer more opportunities to provide feedback and to improve accessibility. This facilitated groups who represented vulnerable people to contribute on behalf of service users e.g. the Learning Disability Partnership Board and the ASC customer group (Discuss). Providers did ask if they could assist service users to complete the questionnaires if asked. This was agreed, to try and make the consultation as accessible as possible.

Provider and stakeholder meetings

In total 19 providers and stakeholder meetings were arranged throughout the consultation period to give an update on the review and to provide an opportunity to receive feedback on the proposals and recommendations. These included wider stakeholders and providers who do not currently hold contracts for these services.

Stakeholders forums and meetings

10 stakeholder meetings were attended to receive feedback on the proposals for advocacy and counselling services.

On line questionnaire

A questionnaire for each of the statutory consultations was made available via the CitizenSpace website (one for advocacy and one for counselling).

Focus groups

Service user meetings were organised and advertised in a leaflet that accompanied the service user letter. A one-to-one meeting was held with a counselling service user to discuss their feedback and possible impacts of the proposal. Due to the nature of the service areas under review, as expected, attendance at the public meetings was limited and other methods of feedback were favoured. This includes additional attendance at events and meetings as and when requested.

Additional support

The documentation was available for translation into different languages on request and where appropriate and requests were made for Gujarati particularly. The information was also converted to Easy Read. One provider requested the easy read format documentation be sent out to all their service users.

Key stakeholders, councillors and MPs

Letters were sent to various groups representing the wider interests of Leicester City, including Healthwatch, inviting them to take part in a meeting and/or respond to the consultation in another way. Various forums were also consulted, such as the 50+ Network; Carers Reference Group; Discuss (disabled customer group); Learning Disability Partnership Board; Voluntary Sector Transformation Forum; Carers Forum; "We Think" learning disability service user group; BME specific mental health service user/ carer group. All the Leicester City councillors and MP's were also written to about the proposal and invited to a briefing session.

Helpline

A dedicated helpline was available for people to discuss any issues between 9:00am and 4:00pm Monday to Friday.

All calls to this number were logged and responded to appropriately.

Email

A dedicated email address was set up for people to offer an alternative method of contact for people. (ASC-VCSReview@leicester.gov.uk).

PART 3 – SUMMARY

The key findings from the statutory consultation are as follows (a more detailed analysis can be found as part of the appendix):

Advocacy

- Majority support for advocacy option 2 – specialist model
- Against option 1 – generic model
- Support for specialisms – client group specific e.g. Learning Disabilities as well as advocacy trained.
- Support for staff holding an advocacy qualification
- Local knowledge is important

Counselling

- Majority not in favour of proposal to cease funding for counselling
- Negative impact if counselling ceases for health and emotional and physical wellbeing of individuals
- Service users say that they can contribute more effectively and positively to society after receiving counselling for example with work or family life
- It is different from the IAPT services - offering more long term support for people with complex needs deals to support behaviour change
- IAPT services refer to counselling services
- Provide value for money
- Valuing counselling provision within the wider Mental Health provision

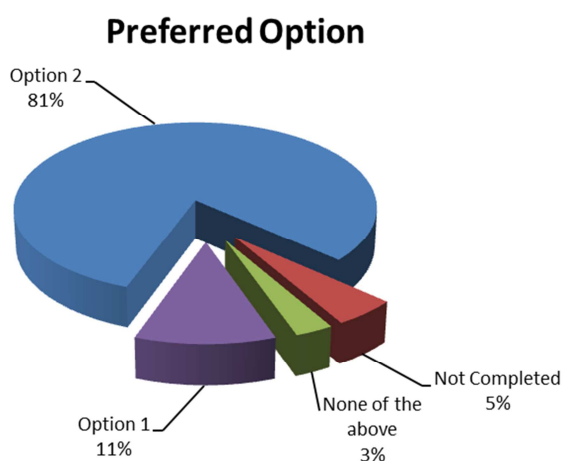
PART 4 - CONSULTATION FINDINGS

Questionnaires – ADVOCACY SERVICES – summary

- Service user questionnaires returned: 75
- Petition received: 29 signatures
- Online questionnaires completed: 21
- Provider questionnaires returned:4
- Total returned questionnaires:129
- Number of letters: 1
- Number of emails:1
- Service user questionnaire response rate: 23%
- Total number of responses: 131

Preferred option

Response	Count
Option 2	100
Option 1	14
None of the above	3
Not Completed	8



Reasons for “option 1” - Summary and interpretation of comments

Comments	Count
Ease of access if all in one location	5
I think things should stay as they are	1
Easier for Leicester City Council to regulate services	1

Reasons for “option 2” - Summary and interpretation of comments

Comments	Count
Happy with current service	24
Sceptical one service can specialise	20
More choice for the customer	13
Current services ease of access	7
Cultural reasons e.g. Language barrier	4
Easier for the providers	1
Confidentiality	1

Questionnaires – COUNSELLING SERVICES - Summary

- Number of service users questionnaires returned: 96
- Number of online questionnaires completed:9
- Number of letters: 6
- Number of emails: 3
- 99% of respondents do not support the proposal to stop funding counselling provision
- 1% - unsure of feedback
- 32% service user questionnaire response rate

Views on the proposal



Other responses

ADVOCACY AND COUNSELLING

VCS PROVIDER MEETINGS

Meeting – Service area	Summary feedback relating to advocacy proposal or counselling proposal Detailed notes of the meetings can be found in the appendix
<p>Advocacy Providers 31st January</p>	<ul style="list-style-type: none"> • Generic advocacy not supported • One provider option not supported • Consortia could be used if one lead provider was chosen • Issues re conflicts of interest if there is only one provider who could be required to advocate for both a service user and carer • There will be a cost implication for providers of the advocacy qualification • Qualified staff were supported • Information and advice is not the same as advocacy • Local knowledge and contributions to forums and the wider sector is vital • Support for advocacy to be provided beyond issues relating solely to the ASC pathway and issues
<p>Mental Health Providers 31st January</p>	<ul style="list-style-type: none"> • Befriending doesn't work for some BME communities • Support for befriending as part of a service offering where appropriate e.g. for those with low and moderate needs • Support for counselling as part of the mental health provision • Support for additional community based low level intervention
<p>Carers Providers 7th February</p>	<ul style="list-style-type: none"> • Provision of counselling should be linked to IAPT provision • IAPT does not meet the needs of carers and need counselling also • Counselling had been provided successfully for providers before using volunteers trained at level 2/3 counselling
<p>Counselling Providers 13th February</p>	<ul style="list-style-type: none"> • The current health IAPT talking therapies provision is short term and different to the counselling provision • The counselling provision is not a duplication of other services • There is a need/demand for these services • Many of the referrals are from health and complexities of the cases not currently reflected in service specifications and monitoring information and the benefits are not being captured • Carers counselling is an identified need • The benefits are wide reaching and impact on health and ASC priorities

INDIVIDUAL MEETINGS WITH VCS PROVIDERS

Meeting	Content of Meeting
BME mental health provider 6 th March	<ul style="list-style-type: none"> • Problem for carers of people with mental health issues in identifying themselves as carers. • Concern over the reduction of investment in advocacy • Some people may not know about advocacy services which may be why there was under delivery. • It is important to understand cultural needs or the person's perception. • Caution needs to be taken on getting one provider only to deliver advocacy. • Talking in your own language with a service user helps the relationship and trust with the service user • Support for option 2

ADVOCACY AND COUNSELLING

FOLLOW UP ENGAGEMENT MEETINGS WITH PROVIDERS AND STAKEHOLDERS

Meeting	Content of Meeting
Advocacy 20 th March	<ul style="list-style-type: none"> • Core skills required in specialist areas and best practice requires knowledge of the law for instance when people do not have capacity and also in mental health advocacy. • No support for generic provision only being adopted across the city for advocacy, due to diverse needs and importance of truly understanding needs within specialisms in order to obtain positive and meaningful outcomes for service users. • Consensus support for need of specialisms to be commissioned such as Mental Health, dementia, Learning Disability and HIV and the equality strands need to be focussed on. • It was highlighted that many specialisms have leading organisations that bring with them a whole range of specialist knowledge • It was felt that overall there was a general lack of understanding of advocacy, it's function and where to access advocacy. • The change in social services from specialist to generic teams was cited as an issue as knowledge has been lost and the specialist advocacy services can assist therefore
Mental Health & Counselling 20 th March	<ul style="list-style-type: none"> • It was highlighted that there is a huge demand for counselling services to be provided in the city and it needs to be part of the offering in the city. "This service keeps families together and keeps people out of the hospital...Carers need counselling and referrals also come from mental health services..." • It was pointed out that there are high levels of complex need in the counselling case load; so it is essential that services are provided by qualified and experienced staff. (One current

	counselling service has more people on the waiting list than they are working with).
--	--

OTHER SERVICE AREAS VCS PROVIDER MEETINGS

Counselling provider 22 nd January
Counselling provider 23 rd January
Older People's Providers 7 th February
Dementia, Physical & Sensory Disability, HIV/AIDS, IAG Providers 12 th February
IAG provider 20 th February
Generic provider 13 th February
Physical & sensory disability 19 th February
HIV/AIDS provider 26 th February
HIV/AIDS provider 3 rd March
Older People & Dementia 24 th March
Carers 25 th March
Physical Disability, HIV/AIDS, IAG 26 th March

STAKEHOLDER MEETINGS

The proposals were discussed at meetings and responses recorded as follows (extracts of the minutes are included in the appendix 2 of the consultation report):

Meeting	Summary feedback relating to proposals more detailed notes are included below
Learning Disability Partnership Board 22 nd January	<ul style="list-style-type: none"> Briefing provided. No specific comments made regarding advocacy or counselling services. Attendees invited to respond individually or as an organisation
Advocacy "We Think" – LD advocacy service user group 24 th March	<ul style="list-style-type: none"> Support for option 2 Need specialism especially for people with LD Need to cater for language barriers including those with complex needs Peer group support required
50+ Network 27 th January	<ul style="list-style-type: none"> Briefing provided. No specific comments made regarding advocacy or counselling services. Attendees invited to respond individually or as an organisation
Carers Reference Group 3 rd February	<ul style="list-style-type: none"> Carers did not support just one provider as experience in the county hasn't been positive in some cases. Acknowledged that carers may need advocacy about

	<p>matters not related to adult social care.</p> <ul style="list-style-type: none"> • One provider was concerned that people who get continuing health care funding could fall through the net. • Would like counselling not just to be short term (as IAPT is) • Attendees invited to respond individually or as an organisation
VCS Transformation Forum 12 th February	<ul style="list-style-type: none"> • Concerns raised over reduction in funding in advocacy • Attendees invited to respond individually or as an organisation
DISCUSS (Customer Group) 25 th February	<ul style="list-style-type: none"> • Briefing provided. No specific comments made regarding advocacy or counselling services • Attendees invited to respond individually or as an organisation
SUCRAN - Service users & carers research network	<ul style="list-style-type: none"> • To discuss the research findings undertaken on MH services to help inform the future service specifications • To reference the MH report use analysis to inform future specification
Mental Health Summit – Advocacy Workshop 7 th March	<ul style="list-style-type: none"> • Support for specialisms in advocacy
Carers Forum 27 th March	<ul style="list-style-type: none"> • Carers support option 2 in advocacy • Example given of the County model – with only one provider, not working well
BME Mental Health – Service user and carer group 31 st March	<ul style="list-style-type: none"> • Support for option 2 • Highlighted the need for culturally appropriate services • Need for specialism e.g. MH services for BME communities

HELPLINE, LETTERS, EMAILS

Helpline/ telephone calls	<ul style="list-style-type: none"> • 8 advocacy – phone calls were primarily about why the person had received the documentation and that they were not aware of any advocacy services they had used. No direct comments provided. • 6 Counselling – phone calls were asking what the consultation was about, and were given more information so they could feedback individually • 19 from providers regarding booking places to meetings • 1 call to log their disapproval of the proposal for counselling services and to discuss the outcomes achieved from receiving the service. Could not attend the service user meeting
Letters	<ul style="list-style-type: none"> • 9 letters (against/ disapproval/ not in favour/ do not support) relating to the proposed changes of Counselling Services

Appx 2 VCS consultation findings report

	<ul style="list-style-type: none">• 1 letter regarding the proposed changes to advocacy services- Thanking the council for funding a specialist advocacy service for disabled people which had made a big difference to their life
Emails	<ul style="list-style-type: none">• 1 email from a stakeholder to provide feedback on the counselling proposal – funding should come from both Health and ASC

PART 13 – FURTHER INFORMATION

APPENDIX 1

DETAILED ANALYSIS FROM SERVICE USERS AND ONLINE QUESTIONNAIRES

Advocacy service user questionnaire summary

Number of Questionnaires Received: 75

Name of the service you currently receive:

Response	Count
Mencap	15
LEEAP	13
LAMP	9
Mosaic	6
Akwaaba Ayeh	4
Alzheimer's Society	3
CLASP	1
None currently	2
Not Completed	22
Total	75

What type of advocacy service are you receiving?

Response	Count
Mental Health-Services	18
Carers Services	13
Older People Services	12
Learning Disability Services	12
Physical/ Sensory Disability Services	6
Mental Health - Black & Minority Ethnic Services	6
Not Completed	8
Total	75

Which of the options do you prefer?

Response - Negative	Count
Option 2	55
Option 1	8
None of the above	3
Not Completed	9

Reason for Option 1

Response	Count
Ease of access if services are in one location	5
I think things should stay as they are	1
Easier for Leicester City Council to regulate services	1

Reason for Option 2

Response	Count
Happy with current service	24
Sceptical one service can specialise	20
More choice for the customer	13
Current services ease of access	7
Cultural reasons e.g. Language barrier	4
Easier for the providers	1
Confidentiality	1

Reason for none of the options

Response	Count
Happy with current service	1
Difficult to decide	1

Gaps in advocacy services

Response	Count
BME & BME Older people	7
Mental health	4
people with disability	3
Advocacy promotion	3
Older People	2
Parents with learning difficulties	2
Severe Learning Disabilities & complex needs	2
Reduce waiting lists	1
Mental Health employment	1
people with learning difficulties living with parents/guardians	1
Carers and those they care for	1
Legal Advice	1

Any other suggestions and comments

Response	Count
Happy with current service - Maintain current funding	34

Appx 2 VCS consultation findings report

The forms and paperwork are confusing/upsetting/ need translating - needed help to complete it	20
The council should speak to the service users face to face	4
Consultation findings should be widely published	4
I didn't even get a letter - I got this at a group meeting	2
Happy for the opportunity to be heard	2
Less assessments	1
I don't know enough about advocacy services	1
Make services more accessible	1

If after the consultation, recommendations are accepted and implemented, what could the potential impact be on you and others?

Potential Impact - Option 1 Chosen

Adult social care would arrange for advocacy services to be provided by a single organisation in the city.

Response	Count
Confusion and distress	1
It depends which option is chosen	1
Not sure there will be any	1
Quality of service may go down	1
Unsure currently	1
Knowledge and experience of services will be lost	1

Potential Impact - Option 2 Chosen

Adult social care would arrange for advocacy services to be provided by a number of organisations.

Categorised summarised responses	Count
I will not be able to manage the change - Impact on health, job etc.	11
Quality of service may go down if services are merged	7
I would find it difficult to access Advocacy services if things changed	7
I want things to stay the same	3
More choice for the customer if there's more than 1 provider	3
It depends which option is chosen	3
I would be upset if I lose my current service	2
Confusion and distress if things change	1

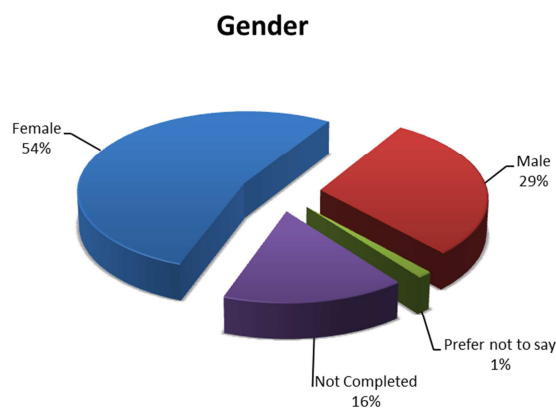
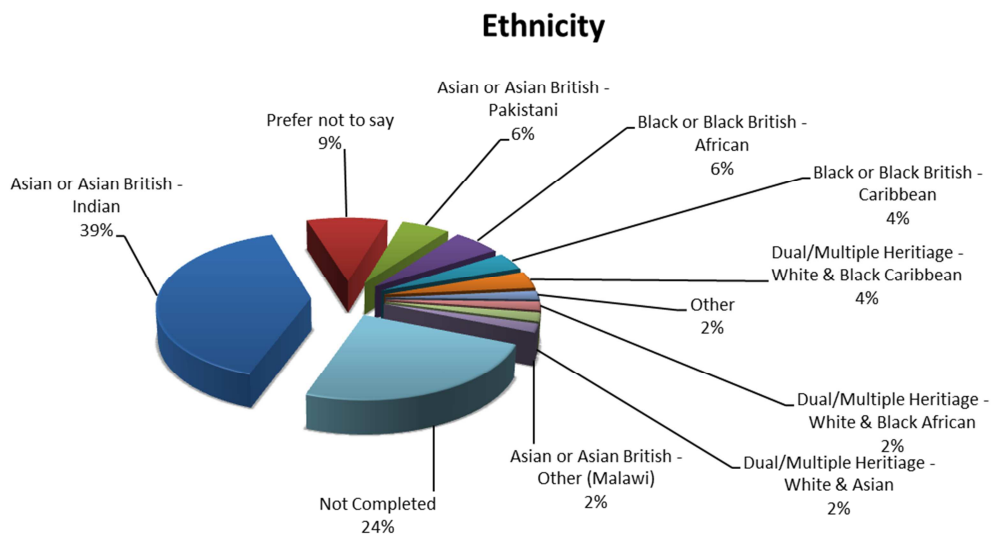
Appx 2 VCS consultation findings report

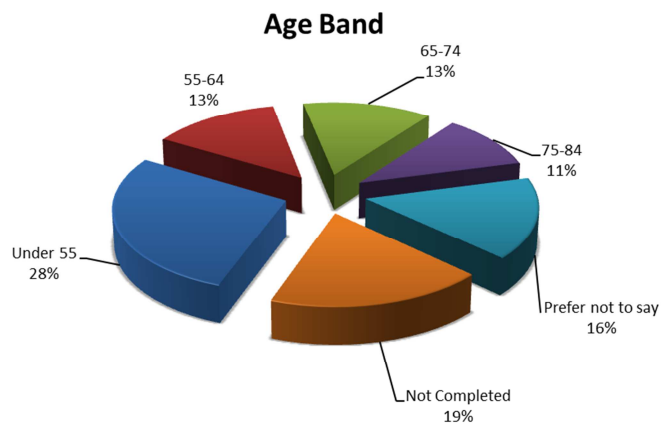
Continuity throughout service provision	1
Young people would be better informed about advocacy	1

Potential Impact - 'None of the above' Chosen

Response	Count
Confusion and distress	1
It depends which option is chosen	1
Not sure there will be any	1
Quality of service may go down	1
Unsure currently	1
Knowledge and experience of services will be lost	1

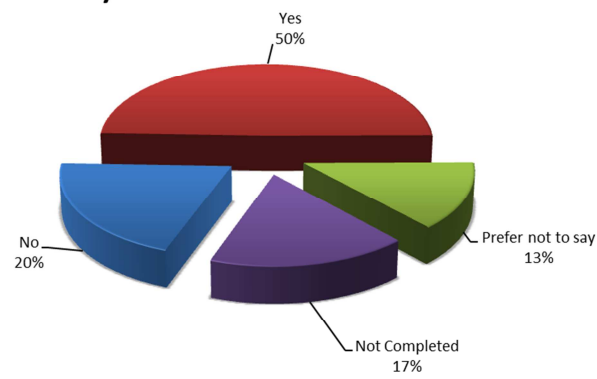
Equalities Monitoring



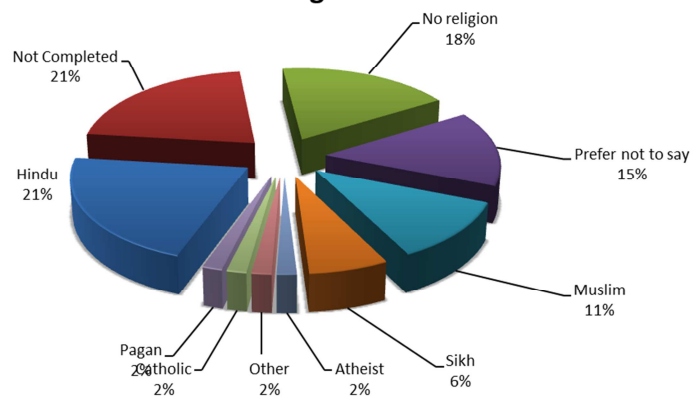


Disability

Do you Consider Yourself Disabled?



Religion



Advocacy Online Questionnaire Summary

21 responses received

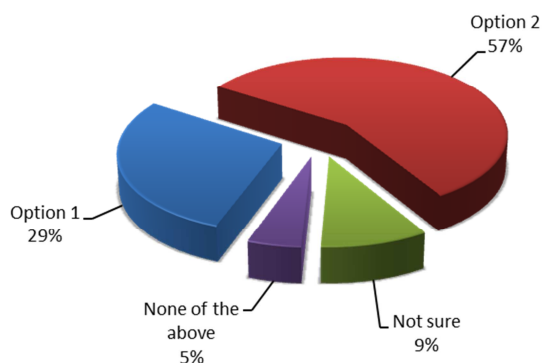
1. Are you a resident of Leicester?

Response	Count
Yes	18
No	3
Grand Total	21

2. Are you completing this on behalf of an organisation?

Response	Count
No	19
Yes	2
Grand Total	21

3. Which of the options for delivering advocacy services do you prefer?



4. Reasons for your choice

Reason for 'None of the Above'

- Advocacy services are restrictive to use and they are selective in their choosing to represent.
- Other advocacy services are available so your system is flawed for consultation.
- Work carried out by these bodies cannot be scrutinised they do not represent any issues if they do not publicised their services so how do I know if they are representing my views if I find them unusable how does anyone know.
- How do I know if what I am wanting help is unique to me, this further isolates me, no responsibility on services complaining about if no feedback of complaint

Reason for 'Not Sure'
<ul style="list-style-type: none"> I'm very unhappy with the current services because I am unhappy with the current providers

Reason for 'Option 1'
<ul style="list-style-type: none"> Because there is too many of them
<ul style="list-style-type: none"> Easy to ask for if only one place. How they can use/find these services and they are often sent from pillar to post
<ul style="list-style-type: none"> Having Option is important It allows service delivery to be conducted by one organisation, thereby saving cost from commissioners and councils. It also allows information and support to be received in one place, by clients, instead of the stress to contact other services.
<ul style="list-style-type: none"> It is disjointed and uncoordinated
<ul style="list-style-type: none"> One of the organisations that provide Advocacy Services is not fit for purpose.

Reason for 'Option 2'
<ul style="list-style-type: none"> Allows for specialist provision dependant on different needs of clients
<ul style="list-style-type: none"> Community based Project for minority ethnic elders such as LEEAP, helps to improve wellbeing as well as independence, reduce isolation, provide for a sense of connectives and a place to meet, enable people to find out what is going on, communicate local people's views to public sector consultations and help to identify service gaps. The organisations network and partnerships they work with e.g. Businesses, statutory bodies and voluntary agencies etc. are and invaluable resources, enabling neighbourhood /community participation, help to empower communities and shape services for the future and identify needs.
<ul style="list-style-type: none"> Because some projects do not help and you have to go elsewhere
<ul style="list-style-type: none"> I think the expertise from a variety of organisation is needed.
<ul style="list-style-type: none"> I think there should be choice. However I am not impressed with the current lot of advocacy providers. What significant improvement have they made?
<ul style="list-style-type: none"> I work with self-advocacy disability groups in NWL so understanding the issues they face and am working to overcome them. If you are to cut funding to projects/ organisations which help these people, you will need to do it slowly, carefully in small amounts initially and at the same time put schemes in place to help self-advocates to take running things themselves more. This can take quite some time
<ul style="list-style-type: none"> No organisation has expertise in depth enough with such a diverse population and would be inadequate or biased outside of their expertise.
<ul style="list-style-type: none"> Option 2, but Care has to be taken to ensure that competent organisation contracted to render a professional service
<ul style="list-style-type: none"> Service users have a variety of needs that cannot be met by one service. Diversity and choice is essential in Advocacy.

Appx 2 VCS consultation findings report

- There is a need for a specialist Advocacy Service for Deaf people who use British Sign Language
- There is also a need for specialist workers who have BSL to communicate with Deaf people or there is a budget in place to book NRCPD registered qualified BSL/English
- There is a need that the local Deaf communities have a choice of who they can book as an Advocate

5. Which specialist advocacy services would you like to see provided and why?

Response	Count
Mental Health	5
Older People	3
Schemes where self-advocates are encouraged to remain, become more independent, run groups and organise events themselves.	3
Not Completed	2
Advocacy services that are regulated	1
All	1
BME	1
BME - Mental Health	1
Continue to fund the good services that are already out there	1
Deaf Community - including male, female, gay, straight, single parents, families, race and religion, disability etc.	1
Lesbian, Gay, Bisexual and Transgender	1
No 'Specialist' - If you restrict it by one/race/'equality it restricts who can use the service	1
Older People with Mental Health problems	1
The ones available are already offering a great service but all need more funding to ensure advocacy is more widely available.	1
Young parents	1

6. Do you have any other suggestions or proposals you would like to put forward which could help shape advocacy services?

Response
<ul style="list-style-type: none"> • Advocacy should not be commissioned on an hours based basis. • Providers should be asked to support a minimum number of people. • This encourages efficiencies in provision and prevents dependency. • Providers should be asked to report on the outcomes they support people to achieve, not just outputs. • Advocacy should be delivered from a single point of contact and access; people should only have to call one number to get the support they need.
<ul style="list-style-type: none"> • An advocacy service ran by professional with integrity
<ul style="list-style-type: none"> • Deaf BSL users do have a preference for being able to communicate directly in BSL with Advocacy professionals without having to wait weeks on end for an Interpreter to be made available. • Consider looking at employing a Deaf BSL appropriately trained and qualified Advocate could be considered or a Deaf person who has the potential and trained up accordingly.
<ul style="list-style-type: none"> • Some people are not getting support, projects are not helping and give leaflets and don't speak to you and direct you away

Appx 2 VCS consultation findings report

<ul style="list-style-type: none"> • Broaden services to include services for those over the age 50.
<ul style="list-style-type: none"> • Care has to be taken to ensure that competent organisation contracted to render a professional service.
<ul style="list-style-type: none"> • DETAIL ALL SERVICES AVAILABLE excluding them how do I know who they are? You are suggesting that you target certain communities but the consultation is backwards. AS an isolated person what services have used? Find them helpful? Need to be able to go to one place if have complex needs who can do everything. Splitting one service and other have come across services by accident nature where they are restricts access not in my community or one I have access to. Unprofessional using people have no confidence in they just 'gaining experience' for a proper job!
<ul style="list-style-type: none"> • I work for NWLDC so appreciate that budget cuts are needed. Engagement events with service providers and service users could be used to shape advocacy services. You have to start by asking self-advocates, people with learning difficulties, etc., what they need from us.
<ul style="list-style-type: none"> • I would like to see an organisation like Age UK offering a broader advocacy service for older people
<ul style="list-style-type: none"> • I would like to see new service provider for black mental health
<ul style="list-style-type: none"> • If services mainstream best practice across the full population the need for advocacy will be reduced.
<ul style="list-style-type: none"> • Involve the groups that require advocacy in informing and designing the new service
<ul style="list-style-type: none"> • It is disjointed and uncoordinated which leaves room for a lot of upstart to provide mickey mouse services
<ul style="list-style-type: none"> • Linking advocacy and art services. Art services/engagement can improve wellbeing.
<ul style="list-style-type: none"> • The Model adopted by Nottingham City council would work best in Leicester. Leicester had always provided advocacy service by small and different organisation, who tried to focus on their own community, but do not deliver appropriate services. Some services are self-run services, by individuals who are there for personal gain, rather than for the community.
<ul style="list-style-type: none"> • The right people who run can tackle this best if/when they get chosen to run the service!
<ul style="list-style-type: none"> • Yes! The ones listed have been around for years but still people with mental health problems are not even second class citizens. They are treated lower than the low.
<ul style="list-style-type: none"> • Yes! You should undertake a re-tendering of the advocacy because all the ones that are listed not very good

7. Do you have any other comments about this consultation?

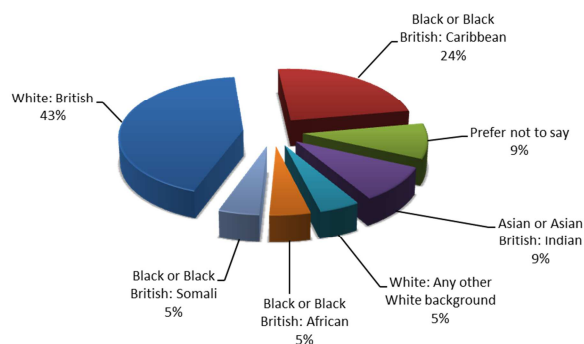
Response
<ul style="list-style-type: none"> • I'm glad you are considering vulnerable people's needs.
<ul style="list-style-type: none"> • Whilst I don't live in Leicester but in NW Leicestershire, people with physical and learning disabilities, from this area rely on services within Leicester and Council's to help and encourage them to live independently.
<ul style="list-style-type: none"> • The local Deaf Community will more than likely be unaware that this consultation is taking place as English is not their first language. • It may be useful to contact the British Deaf Association and/or local Deaf Communities to let them know you are seeking their opinions regarding this much needed service. • If this is possible, the BDA can assist with producing a BSL video clip and make it known through a range of mediums including Deaf related Social Media networks.
<ul style="list-style-type: none"> • It's good that you are asking people's opinions
<ul style="list-style-type: none"> • I hope this is not a route to funding cuts rather than a transparent and honest

Appx 2 VCS consultation findings report
consultation

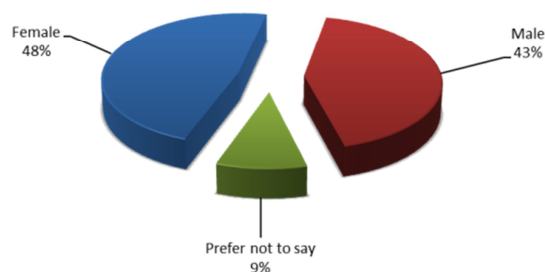
<ul style="list-style-type: none"> • It is not clear what the impact of the 2 options would be.
<ul style="list-style-type: none"> • Hope they will do the right thing by the people
<ul style="list-style-type: none"> • Care has to be taken to ensure that competent organisation contracted to render a professional service.
<ul style="list-style-type: none"> • I think the council should listen to a service user like me. • I'm doing this so I don't get victimised
<ul style="list-style-type: none"> • Came across this consultation by accident. Where you advertising? Not through generally used places GP surgeries joined up thinking priorities? Asked a number of people know about 'consultation' no Remit, out patients only giving quarterly appointments. Complicated in the system county get different service in city. Cities foul in comparison.
<ul style="list-style-type: none"> • To be informed about the outcome of this consultation
<ul style="list-style-type: none"> • I was turned away from services and it had negative impacts on my health and wellbeing

Equalities

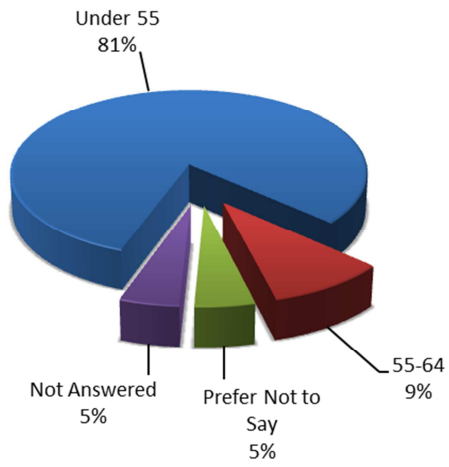
Ethnicity



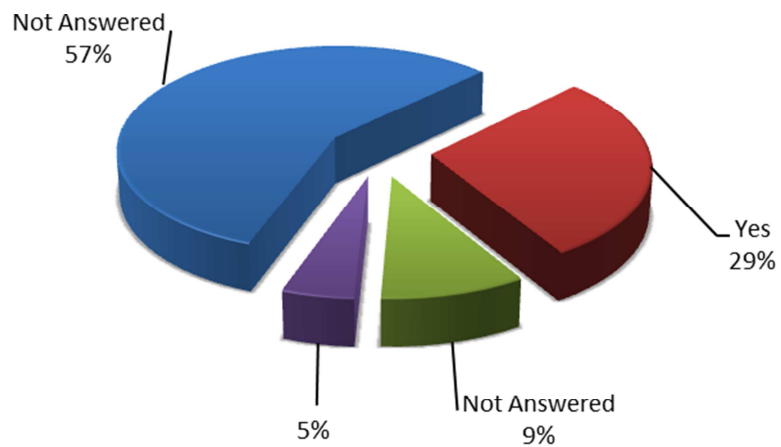
Gender



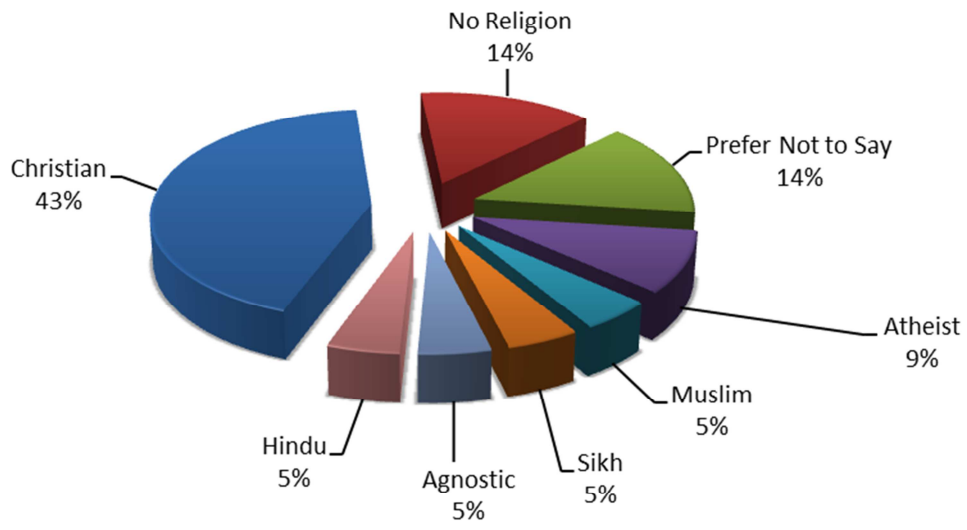
Age



Do you consider yourself Disabled?



Religion



Counselling service user questionnaire summary

Number of questionnaires received: 96

Name of the service you currently receive:

Response	Count
Leicester Counselling Centre	47
Relate	30
Not Completed	18
Leicester Counselling Centre & Relate	1
Total	96

What are your views on the proposed changes?

Summary response – not in support of proposal	Count
Does not support the proposal	54
Invaluable Service	53
NHS Counselling is not suitable e.g. length of provision & waiting lists	19
Worried about the impact it will have on me e.g. Health issues, Cost	15
Current services are easily accessible and affordable for anyone to use	11
Potentially ending an important service	5
Not Completed	8
Summary response – support of the proposal	Count
I consider proposal to be fair	1

If the consultation proposal was accepted, what could the potential impact be on you?

Response – Negative impacts	Count
Potentially ending an important service	44
Outcomes could have impacts on my health	29
Impact on waiting lists elsewhere/ time to start new counselling	17
Difficult to find a similar service	17
They provide a very good service	11
NHS does not provide a similar type of service	7
Cost may increase, cannot afford private counselling	5
Sceptical about the new system	2
Service quality may decrease	2
No impact on me - however it deprives others of the opportunity	2
New services might not be as accessible	1

Response - Positive/ Neutral	Count
No impact	3

Appx 2 VCS consultation findings report

Helpful	1
Like the idea of peer support (only after counselling)	1

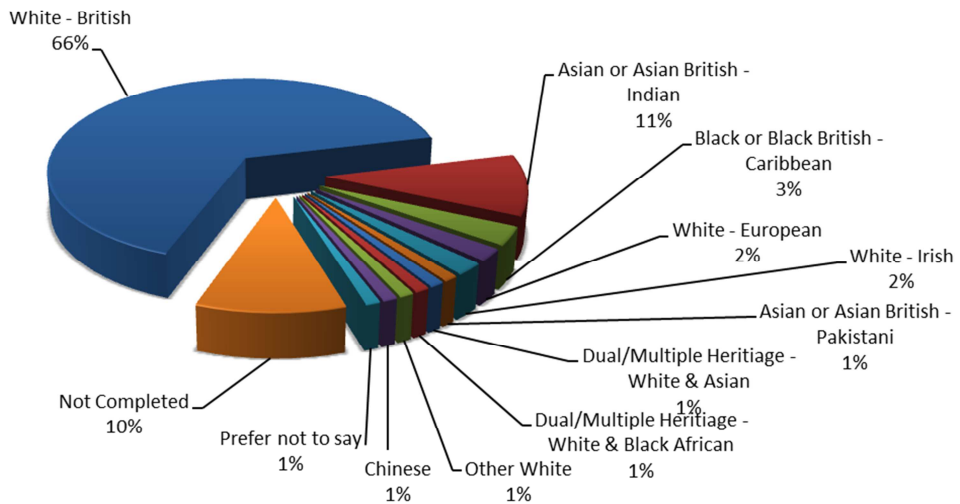
Do you have any other suggestions or proposals you would like to put forward?

Response	Count
Invaluable service	35
NHS cannot provide this level of service	9
Private counselling is too costly	8
Negative impacts on health/family etc.	7
Similar services are hard to find	6
Don't understand the consultation	2
Maintain the funding	2
I do not agree with the purpose of this consultation	2
I'm glad that you are asking my opinion.	2
Sceptical about the new system	2
The more choices about which service they want to use the better	1
Not completed	48

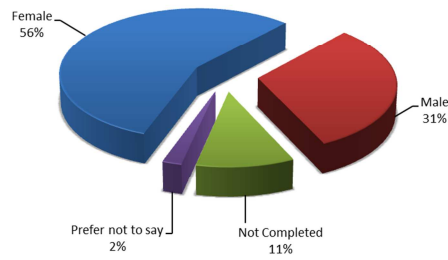
Equalities Monitoring

Response	Count
White – British	63
Asian or Asian British – Indian	10
Black or Black British – Caribbean	3
White – European	2
White – Irish	2
Asian or Asian British – Pakistani	1
Dual/Multiple Heritage - White & Asian	1
Dual/Multiple Heritage - White & Black African	1
Other White	1
Chinese	1
Prefer not to say	1
Not Completed	10
Grand Total	96

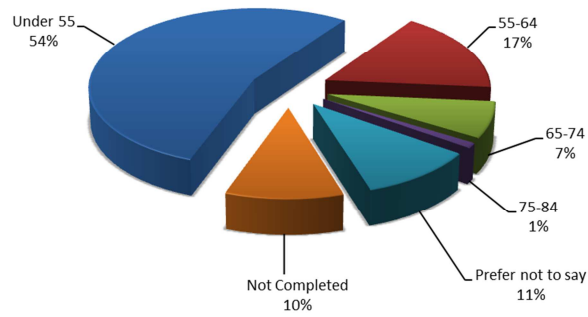
Ethnicity



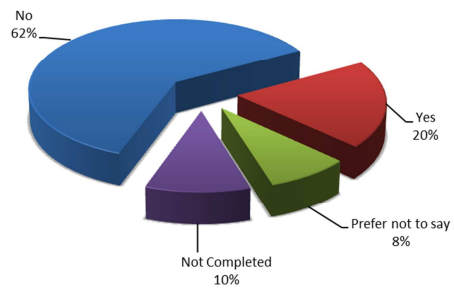
Gender



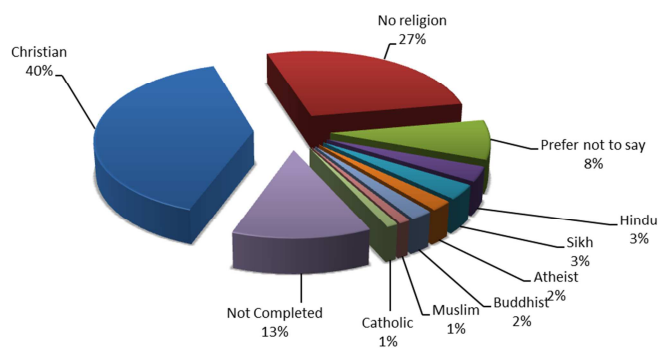
Age Band



Do you Consider Yourself Disabled?



Religion



Counselling Online Questionnaire Summary

9 Responses

1. Are you a resident of Leicester?

Response	Count
Yes	8
No	1
Grand Total	9

2. Are you completing this on behalf of an organisation?

Response	Count
No	9
Grand Total	9

3. Do you support the proposed change to counselling services?

Response	Count
No	9
Grand Total	9

4. Reasons for your choice

What are your views on the proposed change to counselling services?
<ul style="list-style-type: none"> The proposal is not specific enough. It does not say how much money has been spent and how much money is going to be moved and to what services. NHS counselling is not comparable
<ul style="list-style-type: none"> The proposals are a bad idea. Not all GP's have access to counselling services. GP's & NHS is short term therapy (CBT). This works well for some and not for others. NHS does not provide a regular income stream Schools also use Relate Leicester - potentially jeopardise the emotional wellbeing of a group of 10-14 year olds for example The number of sessions you receive from Leicester Counselling Centre and Leicester Relate are much higher than that through GP's
<ul style="list-style-type: none"> I am against the decision to stop funding the two counselling services as they are vital to the residents of Leicester City. Counselling services within the NHS are not easily accessible Waiting lists for these services can very long. Very limited amount of sessions through GP's and they cannot guarantee to see you every week. A high cost to private counselling which means it's not accessible and the GP service is not good enough. If you remove these services, you will leave a lot of people without support in the community
<ul style="list-style-type: none"> I feel very strongly that counselling service should remain.

Appx 2 VCS consultation findings report

<ul style="list-style-type: none">• Leicester Counselling Centre service provided is exceptional in that• it provides low cost counselling to individuals who would otherwise be unable to access it,• One of the only counselling agencies who allow long term counselling for those with complex and deep rooted issues.• 5000 counselling hours per annum are delivered. Were this funding to be utilized elsewhere it would barely cover the cost of employing one person• Please re-consider this decision• from cost-effective perspective it makes no sense• Hundreds of vulnerable people will be left with nowhere to turn.• Were these individuals to be treated within the NHS it would cost hundreds of thousands of pounds.
<ul style="list-style-type: none">• I am very concerned that despite the emphasis on the involvement of voluntary organisations and mental health issues that Leicester City council wishes to withdraw it's funding for the Counselling Centre• The centre,(which is staffed by professionally trained volunteer counsellors and gives people with mental health issues up to two years counselling, with them only paying what they can afford) without the means to pay their rent and overheads and unable to carry on.• I was offered only 8 sessions by my GP, and then after a lengthy wait but even this is no longer offered• The counselling centre does not have such a strict time limit on services and the sessions continue for as long as is clinically necessary.• They have a waiting list as there is nothing else for people who can't afford private counselling.• As a result the centre deals with many difficult cases and the clients are even referred there by GPs.• Why can't the mental health money currently given by the councils, both county and city, be used to pay for clients to continue to use this service and be offered mental health treatment?• There could be a referral fee paid by GPs for the service or the centre paid by the number of clients dealt with successfully.• With so much mental health distress these days which can't all be dealt with by people being offered CBT• It seems we are getting rid of a valuable resource instead of encouraging it.• I would far rather see my taxes going to keep a highly professional service which does not make a profit obtain funding than the private businesses which have an eye on their profits the whole time.
<ul style="list-style-type: none">• The counselling services are a need and would go as far as saying are a requirement,• More and more people are facing various forms of health or physical mental health issues.• This team and the support network are an essential part of care and management of any employer.• These facilities should be in operation and be available to members of public.
<ul style="list-style-type: none">• The voluntary organizations in question are well established in their respective areas.• Marriage / partnership counselling, in particular can be a very significant journey to enable couples to work out their differences and stay together - with very significant benefits for families.• Leicester Counselling Centre has a good track record in offering in depth counselling of the kind that most GP practices are not able to provide.• At this time of tight budgets we in Leicester need to support the voluntary sector even more - because they offer immense value for money.

5. Do you have any other suggestions or proposals you would like to put forward which could help shape advocacy services?

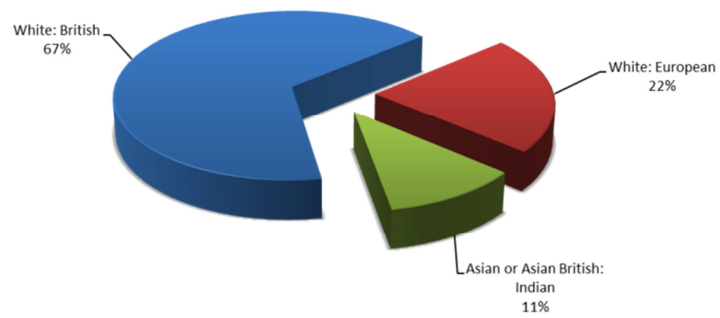
Do you have any other suggestions or proposals you would like to put forward with regards to how counselling services are provided in the City?
<ul style="list-style-type: none"> • You should be open about what budget you have • Consider how/whether the existing services can be continued in a different form. • You should be more explicit about how you are engaging with the providers and the clients about the changes
<ul style="list-style-type: none"> • Keep the services and expand them • There are a large number of volunteer counsellors working in voluntary and statutory organisations across the city as part of the 'Big Society' model. • It is devaluing to their contribution to suggest cutting the service they deliver and believe in. • Counselling takes time - there are no shortcuts • What consideration is being made for the effectiveness of these services?
<ul style="list-style-type: none"> • Keep Relate and the Leicester Counselling Centre open • work in partnership with the private and voluntary sector
<ul style="list-style-type: none"> • Raise the profile of the organisations • Explain that they are part funded by the council and encourage people to volunteer or donate to them. • The Leicester Counselling Centre has a volunteer program that many people may not know of. • Council funding should still stay in place.
<ul style="list-style-type: none"> • Funding should not be diluted into the general mix of mental health services • General services do not have the expertise of a central counselling centre, where people with acute distress can obtain the help they need. • GPs should fund referrals to the Leicester Counselling centre • City Council should waive its rental of the Victoria Park Gatehouse
<ul style="list-style-type: none"> • Via work place support or Doctor referrals.
<ul style="list-style-type: none"> • Counselling services need to be available to all sectors • Many people are more than willing to contribute to costs (and indeed it improves motivation to engage with counselling). • Some do not have means to pay more than £5 per hour.

6. Do you have any other comments about this consultation?

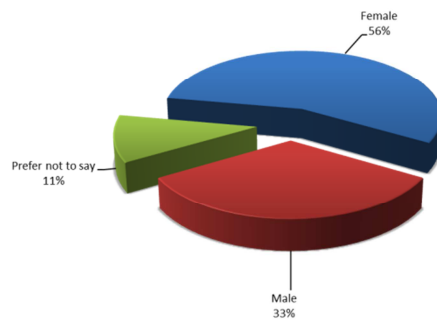
Do you have any other comments about this consultation?
<ul style="list-style-type: none"> • It is a very poor exercise • You just want to demonstrate that you are consulting • You have already made up your minds
<ul style="list-style-type: none"> • In Wales and Scotland all young people have access to a school counsellor. This is not so in England. • The link between counselling and improved mental health is documented, • It is disappointing that these services are under threat. • GP coverage is not wide enough and the services on offer are too narrow (predominantly CBT and time limited). • There is a desperate shortage of counselling services for young people in the city, made worse by the demise of Open Door. • I have been in the position in my workplace of having nowhere to refer a troubled young person to for support (not many meet the criteria for CAMHS). • These young people are tomorrow's adults • I know first-hand the demand for counsellors and do not accept it is a good option to cut these services when waiting lists are so high already. • Replacing a counselling service by a drop in service may seem more cost effective but may not tackle the root cause. • It is disappointing to feel that the consultation is a paper exercise - stating you do not need to fund the same type of service as GP's suggests you have already made up your mind • You do need to fund the same type of services if there is not enough of them available • Why is it acceptable for clients to wait 6 months to a year for help • More money can employ more staff in settings like Leicester counselling service. • Waiting 6 months to a year for help may well have a knock on effect to health services, benefits and the workforce as a whole.
<ul style="list-style-type: none"> • I view counselling services as essential services that should remain.
<ul style="list-style-type: none"> • Having counselling services available to people who cannot afford to pay for private help, and need more than the brief intervention therapy offered currently to a minority by the GP practice nurses or mental health trust is a great benefit to the City and the health of its citizens. • This impacts on not only the healthcare services but also on policing and benefits the local economy by helping people to gain or remain in work when they are well.
<ul style="list-style-type: none"> • If it isn't broke why change it?
<ul style="list-style-type: none"> • Please coordinate closely with VAL when making spending decisions for voluntary sector organisations. They are well placed to give information about what services are available and utilized most.

Equalities

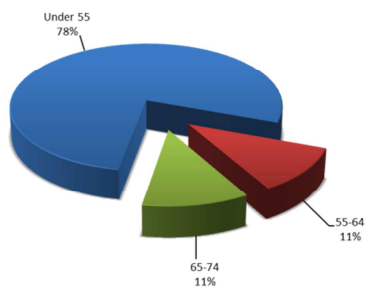
Ethnicity



Gender

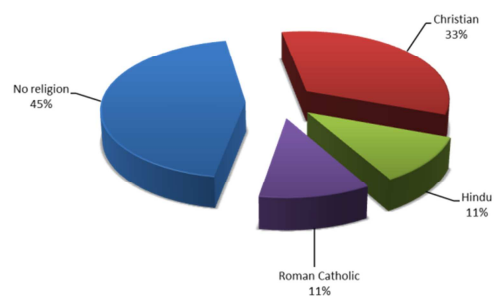


Age



Do you consider yourself disabled?	Count
No	9
Grand Total	9

Religion



APPENDIX 2

SUMMARY NOTES FROM THE ADVOCACY AND COUNSELLING PROVIDER MEETINGS

Notes of the ASC VCS Preventative (VCS) Services Review - Follow up Meeting Monday 24th March – Adult Education Centre Advocacy services

MLC opened the meeting, welcomed all and thanked participants for their attendance and time to contribute to the review process.

MLC explained that the meeting was part of the consultation process and feedback will be considered to inform possible future services.

MLC added that this meeting is in addition to earlier provider meetings, service user consultation events and that final recommendation or decisions have not been made as yet.

MLC informed the meeting that all the feedback during the consultation period will be considered before the Executive agree a final decision.

MLC outlined the proposals for the advocacy services as such:

Group Work – Discussions on:

What could VCS services for Advocacy look like.

Participants were split into two groups and copies of all flipchart notes are available with list of all the summarised comments from participants in. The following is a summary of information that formed the discussions.

Summary comments on Advocacy Consultation:

The key issue highlighted was the core skills required in specialist areas and best practice requires experience of law for instance when people do not have capacity and also in mental health advocacy need.

There was no support for a generic provision being adopted across the city for advocacy. This was due to diverse needs and the importance of truly understanding needs within specialisms in order to obtain positive and meaningful outcomes for service users.

There was a consensus support for the need of specialisms to be commissioned such as Mental Health, Alzheimer's, Learning Disability and HIV and the equality strands need to be focussed on.

It was highlighted that many specialisms have leading organisations that bring with them a whole range of specialist knowledge, such as LD provider.

It was felt that overall there was a general lack of understanding of advocacy, it's function and where to access advocacy.

The change in social services from specialist to generic was cited as an issue for good links into the VCS voluntary services.

The meeting focused on group service area improvements and discussed the following areas:

- What services could look like for Advocacy services,
- Outcome measurements – how to measure success

Notes on the ASC VCS Preventative (VCS) Services Review – Follow up Meeting

Thursday 20th March – Adult Education Centre

Mental Health and Counselling

MLC opened the meeting, welcomed all and thanked participants for their attendance and time to contribute to the review process.

MLC outlined explained that the session today is part of the consultation process and feedback will be considered to inform possible future services.

MLC added that this meeting is in addition to earlier provider meetings, service user consultation events and that final recommendation or decisions have not been made as yet.

MLC informed the meeting that all the feedback during the consultation period will be considered before the Executive agree a final decision.

Group Work – Discussions on:

What could VCS services for Mental Health/Counselling look like.

Participants were split into two groups and copies of all flipchart notes are available with list of all comments from participants in appendix 1. The following is a summary of information that formed the discussions.

What could VCS services for Mental Health look like:

Mental Health

The demand currently on the mental health VCS services was discussed and issues such as waiting lists and need for more specialist provision for BME communities was highlighted.

Concern was expressed regarding waiting lists as the impact is increased anxiety and isolation for the service user and can cause deterioration.

It was felt that the role of the mental health VSC services was early intervention; reaching out to people, reducing isolation; increase joint working across voluntary and statutory sector. Concern was expressed in relation to need for better links with primary care and awareness being raised on the role the VSC has in providing a service for people who are presenting to GP's with mental health issues.

Counselling

There was a consensus in the groups of the essential nature of a counselling service that is available to people. It was felt that the service required 'pump priming' and was cost effective currently.

It was highlighted that there is a huge demand for counselling services to be provided in the city and it needs to be part of the offering in the city.

"This service keeps families together and keeps people out of the hospital...Carers need counselling and referrals also come from mental health services..."

It was pointed out that there are high levels of complex need in the case load; so it is essential that services are provided by qualified and experienced staff. (The current counselling service has 135 in service and 140 on waiting list).

Close

MLC thanked all for attending and informed meeting that the consultation closes on 8th April 2014 and gave details to participants of email and telephone contact details.

SUMMARY NOTES FROM OTHER SOURCES

STAKEHOLDER MEETINGS

50+ NETWORK - 27th January 2014

Summary extract from the minutes of a meeting on 27th January 2014 full extract can be found in appendix

- a. **Kalpana Patel** gave attendees a presentation about this consultation that is now open to the public which runs from 14th January until 8th April.
- b. Kalpana took questions from attendees.

SV/SW: Can you make sure all groups are included and there are problems with languages that need addressing. How will you ensure this happens?

KP: We certainly take this on board. We will also try and ensure all our material is accessible. Telephone calls can be put through to a speaker using a community language if that helps. We can also have translations version of the documents for anyone that uses these services.

The aim of the VCS review is to see service improvements and overall it is good news we have managed to maintain the overall investment for ASC preventative service.

KP: All groups are getting informed about these proposals and we're holding various meetings during the next three months consultation period. We always welcome feedback and I want to stress that nothing has been decided about these services. This is the start of the consultation process; services will remain as they are before any changes are announced later in the year.

There are hard copies of the questionnaire which you can take and complete and return relating to the public consultation.

SW: Thanked Kalpana for her presentation.

Learning Disabilities Partnership Board – 22nd January 2014

Summary extract from the minutes of a meeting on 22nd January 2014 full extract can be founded in appendix 1

Adult Social Care Preventative Services Voluntary & Community Sector (VCS) Review

Mercy Lett-Charnock said that Leicester City Council is carrying out a review of services provided by voluntary and community organisations that are paid by adult social care. This does not include day services provided by voluntary and community organisations.

We are asking the public about advocacy and counselling services.

The new advocacy services will need to cost the council less money than it costs now. We are looking for a new way to provide advocacy services and we would like to know what you think about 2 ideas:

1. Adult social care would arrange for all advocacy services to be provided by a 1 organisation in the city.
2. Adult social care would arrange for advocacy services to be provided by a number of organisations.

We are also planning to stop funding the counselling services and talking to Health about counselling provision as they currently fund other similar services. This is because most of the people using the counselling services are referred by health. If this is agreed, the council will use that money to pay for others other mental health services based in the voluntary sector.

We will be talking to people to find out what they think about the changes the Council wants to make to advocacy and to counselling services. This will happen over 12 weeks, which will start on 14 January and finish on 8 April 2014.

Feedback

Questionnaires are not easy to understand for people with learning disabilities. Response: the questionnaires and letters are available in easy read.

There should be more than 2 ideas to choose from. Response: there is a section in the questionnaire that invites people to make any other comments and other ideas will be considered.

Query if the review includes Statutory Services. Response: these are non-statutory services. Statutory services are services that have to be provided by law. These are not being reviewed here.

VCS TRANSFORMATION FORUM – 12th February 2014

MLC provided information regarding the VCS review undertaken by Leicester City Council. MLC confirmed that the consultation went live on 14 January relating to advocacy and counselling services and was now in progress.

Advocacy proposals contradict the recommendations of ADASS (Association of Directors of Adult Social Services) in terms of the funding reduction. MLC commented that LCC were not getting enough advocacy provision for the level of investment.

MLC confirmed that LCC are recommending that they cease funding Counselling services as all the referrals are from health, not social care and should be commissioned by CCG's.

Commented - that Voluntary Action LeicesterShire had been contacted by one of the service providers with concerns over their ability to continue to provide services. BS requested that LCC consider the impact on VCS services when taking these decisions / communicating with providers

MENTAL HEALTH SUMMIT- advocacy workshop – 7th March 2014

Headline findings from the mental health summit advocacy workshop session held on 7th March

Advocacy

Accessibility- there needs to be:

- specific mental health advocacy rather than being referred to a generic service.
- specific advocacy services for different ethnic backgrounds & languages.
- specific advocacy services for young people.
- specific advocacy services for carers and young carers.
- specific advocacy services about personalisation.

Education – there needs to be:

- Education for local advocates about what is available so they can signpost effectively and appropriately.
- Education for GPs about how advocacy services can enhance treatments options when advocacy is intervention not signposting. As the first port of call they should understand the pathways to advocacy.
- Schools educated as to how advocacy can support young people and young carers.
- Education for service users as to what advocacy is and what it can do for you ‘advocacy doesn’t mean anything to people’
- All healthcare professionals should be educated in rights to advocacy.

‘Advocacy in principle is excellent however unless it is turned from words on paper to actual availability as a right across the board then it can’t help.’

Other comments:

- Value of peer advocacy
- Voluntary sector has a strong role in advocacy provision. ‘Voluntary sector is lifeline for service users.’
- Only have legal entitlement to an advocate on a section, so people admitted informally have no entitlement – need to develop peer advocacy to fill this gap. There is pressure not to section therefore some of the most vulnerable people are left without a voice.
- Credibility and authenticity of peer advocates must be maintained through ongoing training, supervision and support otherwise peer advocacy will be discredited.
- Advocacy empowers service users.

CARERS REFERENCE GROUP – 3rd February 2014

Summary extract from the minutes held on 3rd February

VCS review

Mercy outlined what is happening with the preventative services in the voluntary sector.

Mercy outlined the proposals for carer’s services and stressed that some services are likely to be grant funded. Mercy is consulting with current providers and then is meeting the wider

Appx 2 VCS consultation findings report

voluntary sector in March. There is a meeting on Friday in regard to carers services for current providers.

Advocacy and counselling require changes so there is a 12 week statutory consultation about this. It finishes on the 8th April.

There will be engagement meetings about the consultations. The recommendation in relation to counselling is that the money is withdrawn from the 2 current services and is re-invested in other mental health services in the VCS. The recommendation is that it is more appropriate for Health to deliver counselling services.

Carer - asked for an email about meeting dates.

Carer - asked if counselling would be long term and not time limited.

Mercy thought this would be the case.

Carer - said LPT have a service user lead but not a carer lead.

Mercy informed that in relation to advocacy it currently accounts for 24% of the funding and to help meet other priorities in future this funding needs to be used more widely.

Carers highlighted that they are not keen on having just one provider as is the case in the county. Mercy acknowledged that carers may need advocacy about matters not related to adult social care.

Provider - was concerned that people who get continuing health care funding could fall through the net.

There is a carers forum on the advocacy consultation on the 27th March.

Mercy is happy for people to call her to talk about the review.

CARERS FORUM - 27th March 2014

Summary notes from the meeting held on 27th March

There was a definite preference to an advocacy model that was specialist which included choice. Carers also felt that they need an advocacy service that understands carers' needs which can be very different to the service users' needs. Advocacy is highly valued as it helps some carers particularly when they are stressed to navigate a system which they struggle to understand. It helps carers get the service they need for themselves and the person they care for.

It was felt that if advocacy services don't understand specialisms it would not be helpful and carers could be stuck if only one option is chosen if it didn't meet need.

It was pointed out by a Carer that if option 1 is chosen the specialist services that provide advocacy (as well as also providing other types of support for carers) – they could lose more money and the wider service would be impacted on if one advocacy service takes all the resources.

There was concern around carers being 'lost' in a bigger system where there is only one provider. There was a preference to having an advocacy service that understands particular disability or cultural needs, therefore it needs to be specialist.

DISCUSS Meeting - Disabled service user group – 25th February 2014

Adult Social Care Preventative Services Voluntary & Community Sector Review - Mercy Lett-Charnock

Mercy Lett-Charnock said that Leicester City Council is carrying out a review of services provided by voluntary and community organisations that are paid by adult social care. This does not include day services provided by voluntary and community organisations.

We will be talking to people to find out what they think about the changes the Council wants to make to advocacy and to counselling services. This will happen over 12 weeks, which will start on 14 January and finish on 8 April 2014.

SU question - Asked if people are being asked for qualitative feedback and not quantitative. Mercy said that Contracts and Assurance team are involved and there are spaces on the questionnaire for comments about services.

SU question - asked how people at the GP surgeries are involved. The information about the consultation can be posted to them.

SU question - asked about making sure that that answers are not biased.

Mercy said that questions are asked are not about good providers specifically. It's about what makes a good service.

“We Think”– Learning Disabilities service user group - 24th March

Feedback summary notes covering the main points taken by Kalpana Patel at the meeting held on 24th March

- Feedback from a number of group members that one provider option a big risk “you get lost in it”
- Quote: No important to get someone we trust I think it works well now because we get a leaflet from Mencap magazine. I work for Mencap.
- Many of the group fed back and preferred option 2
- SU- does not need to be one provider?- ? attended
- SU- Different areas for different services. Different services for different groups.
- SU- I like doing these makes me happy to come to groups like this.
- SU- Important to have group advocacy also
- SU- nice to have a qualification
- SU- does not matter if they have qualifications
- qualifications important but they need to specialism to work with people with LD and special needs
- Important to be culturally appropriate incl. language needs
- Some people need group advocacy
- Appropriate translation for language
- *Definitely need specialism for advocacy for LD – this was conveyed in the meeting*
- SU's like the current provision and want it to stay as it is

Summary notes of the main points.

Adult Social Care Voluntary Community Sector Preventative (VCS) Services Review

KP provided a presentation which included an introductions, background and proposal relating to the VCS advocacy services review

The main headings relate to the main areas of comments and feedback regarding the VCS advocacy service consultation following areas.

Against option 1 and in favour of option 2

Summary of some main comments:

- One organisation does not work from a cultural perspective.
- One does not work so why re - invent the wheel.
- If people are sent to different places, it causes distress
- Reducing the service to 1 organisation would not give quality.
- Option 2 is the best option for Black people. We need a Black organisation to stand up for us. We want our fair share of the cake.
- **KP asked the group** if she was correct in thinking there was a consensus view from the group that they preferred option 2. The group said yes they did prefer option 2.

Specialist Provision/Cultural Understanding and Appropriate Response to need

A central feature of the meeting with service users were that they had specific needs that needed to be met by provision that explicitly understands and can respond effectively.

Summary of the main comments:

- Option 2 serves specific needs, meets cultural needs as well as mental health needs and it is important that someone from their own culture provides the advocacy service in order to understand need and be able to effectively communicate.
- People from the African Caribbean have specific needs particularly when getting older or if unwell
- Leicester is very diverse. It means that some communities could get missed.

Comments about other provision:

- A service user also stated that they have tried all other advocacy services and they do not meet needs like my current provider (BME MH specialist
- A participant stated they had dealt with other advocacy providers over the past 6 to 7 years and aid they are not as good as their current provider (a BME MH specialist) when they are in crisis. They also stated that they do not want a waiting list when in crisis and that they need help quickly.

There was also concern around the specialist MH BME provision being closed and the impact this would have on service users? (This was related to the other issue)

I refer to locality teams and prefer specialist teams. With locality teams the service is diluted and carers get less service as the teams can't provide the service like specialist teams can.

Support for current service:

The majority of the service users were appreciative of the service they had received from their service.

Some of main comments:

- They are only organisation that can deliver a quick response. They will go to meetings at short notice.
- Carer- I was in crisis and was put on a waiting list for an advocate but my current provider could give me an advocate when needed.
- Current provider goes beyond the line of duty. They put on courses for people
- All other services are no comparison.
- It takes time to build trust.

There was concern that decisions had already been made but KP stated that this is a consultation process and a report will be written for the Executive to make the decision about future procurement.

The service users were concerned that the current provision would change and the following comments were recorded:

- Feels like Black people are at the bottom of the queue.
- I won't use another project due to anxiety. I don't want to have to make an appointment. This is a barrier
- I don't want to stay at home and stare at 4 walls.

The following concerns were also noted:

- Funding for advocacy has not been reviewed previously but there have been other budget consultations. Government are making cuts in LA budgets.
- Research in 1989 showed over representation of Black people in the MH system and this is still happening.
- Older Black people are not ready to go to day services, they want something more active.

Concluding Remarks

A service provider asked how needs of the client group would be met. KP stated that a formal process would be undertaken to procure the services and needs of BME groups will be part of the service specifications developed.

KP explained that a report will be presented to the Executive in June or July and then the procurement process will start from there. KP thanked everyone for their comments and views and making the time to come to the meeting and let everyone know what happens next.

KP asked people to send comments into the Council website if they want to add anything else.