

Contents

1. Introduction	3
2 Focus group feedback	4
3. Feedback from Questionnaires	12
4. Other feedback	15
5. Key Findings and Themes	16
6. Next Steps	22
Appendices:	
Appendix 1: Methodology	23
Appendix 2: List of sources	25

1. Introduction

Since September 2010, a Day Services Steering Group has worked together to discuss proposals for a new model of mental health day services in Harrow. The group includes Harrow Council, Central & NW London NHS Foundation Trust (CNWL), service users and carers and a voluntary sector representative

The Council carried out formal consultation. When we say 'we' in this document we therefore mean Harrow Council. In this consultation we held a number of events with people who use services and we asked a wider group of service users, carers and others to complete a questionnaire (See Appendix 1 for a Methodology of this review).

We wanted to find out the things people wanted to get from services (outcomes) and how to arrange them to achieve that (model).

The proposal was to change the day services that we currently have in the Borough, in order to have two different types of day services:

- a Community Bridge Builder service, providing coaching and support to develop life skills and take part in community life
- a building-based Hub providing drop-in and activities with a recovery drive

This report brings together a number of key findings from the consultation we have undertaken. It includes the findings from events, the consultation questionnaire and feedback we had had from other means. The report is designed to be easy to read. It provides a summary of key points and is not intended as a detailed analysis of everything we have been told.

The report is structured as follows:

- 1) feedback from focus groups
- 2) Feedback from questionnaires
- 3) Other feedback
- 4) Key Findings and Themes
- 5) Next steps

The report will conclude by discussing the next steps in the review and how service users and carers will have the opportunity to be involved.

2. Focus group feedback

We held a number of events to support people to be involved in the consultation process and speak to them face to face about their views.

These events gave people a chance to share their views and experiences about day services. In particular, people talked about what was important to them and what a new way of arranging day services might look like.

Many expressed anxiety about change or fears at losing a current resource or service. People expressed concern about what would happen to them if they no longer had a service to attend and whether they would become isolated. Many also **spoke positively about the services they received** and their wish that they should continue.

This section provides some of the key points raised in the events – it includes a number of quotes and some analysis of the things we were told.

Consultation Events in the current Day Services

We held an event in each of the three main building based day service in the borough and one in Brent for Asian people at a service used by Harrow residents. These events were held:

- The Bridge – 21st December 2011
- Wiseworks – 6th January 2012
- Marlborough Hill – 10th January 2012
- Sneh Care, Willesden – 26th March 2012

At these events we asked people to discuss responses to a range of questions. These were designed to help us to understand the types of things that people want from day services. This section looks at the outcomes of these discussions:

Activities/opportunities at the Hub(s)

We asked the question “**What activities should be provided in the safe space/safe spaces known as The Hub(s)**”.

We received a considerable amount of feedback that these services play a critical part in people’s lives. People fed back that they value having a place to go to meet with people that understand their experiences. They said that services help them to **recover**, and then to **stay healthy** once they are better.

The feedback about activities that should be available were varied. They included outdoor activities, such as gardening; sport (indoor & outdoor); cooking; holistic therapies; discussion groups; advice sessions; trips out (e.g. socialising, shopping, etc); woodwork; spiritual or cultural opportunities; IT (at day centres or colleges); socialising and art.

Some noted the need to mix group, or team, projects with individual activity.

When we asked a similar question at events with Sneh Care, a day care centre for the Asian community providing a range of activities including

Although some people felt ready to get involved in running services, many felt that it would be important to share responsibility with others, and this would increase the numbers able to be involved, e.g.

- professionals working alongside service users
- training and on-going support
- working together to deliver sessions and run activities

“Service users to be bridge builders as there will be an understanding of the user, as they have been there and may be able to advise them and help much better as there is that connection. But the bridge builders will also need the support from qualified staff – service users might feel too much stress if they are carrying the full weight.”

Marlborough Hill

A combination of experienced and caring professionals together with peer support from people who had similar experiences was seen as ideal.

Role of the Community Bridge Builder

We asked the question **“What sort of support should the Bridge-builder provide? How should it help people?”**

At each of the events people felt that they wanted to know more about the role of Bridge Builders. A number of people reported that they felt that they believe Care Coordinators should be Bridge Builders and were concerned about over-laps between the two roles and where overall responsibility will lie for their care. Other people expressed concerns that there would not be enough Bridge Builders to go around.

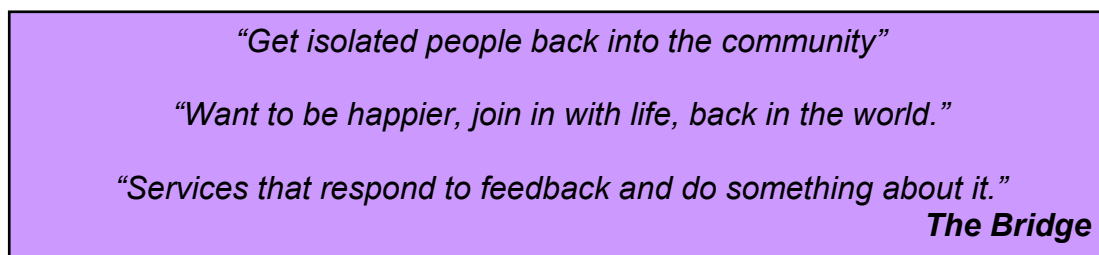
The diagram below shows the responses that people gave in the events at the current day centres. The larger the word is in the diagram the more time people said it.

It is noticeable that “help” was the response which was most commonly given.

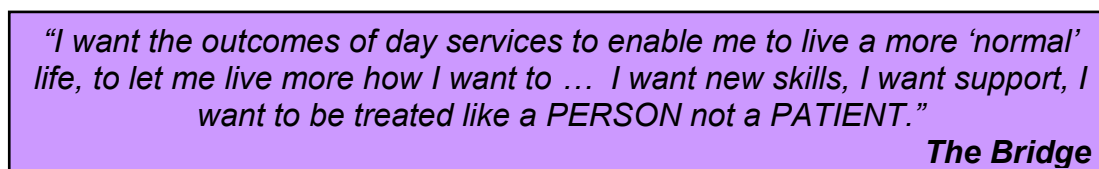
Outcomes

Key outcomes people identified were to: **increase confidence** and **employability**, **reduce the need for medication**, **reduce isolation**, provide high quality services and ensure services are joined up in a **clear pathway**.

Outcomes identified by participants at one event give a good picture:

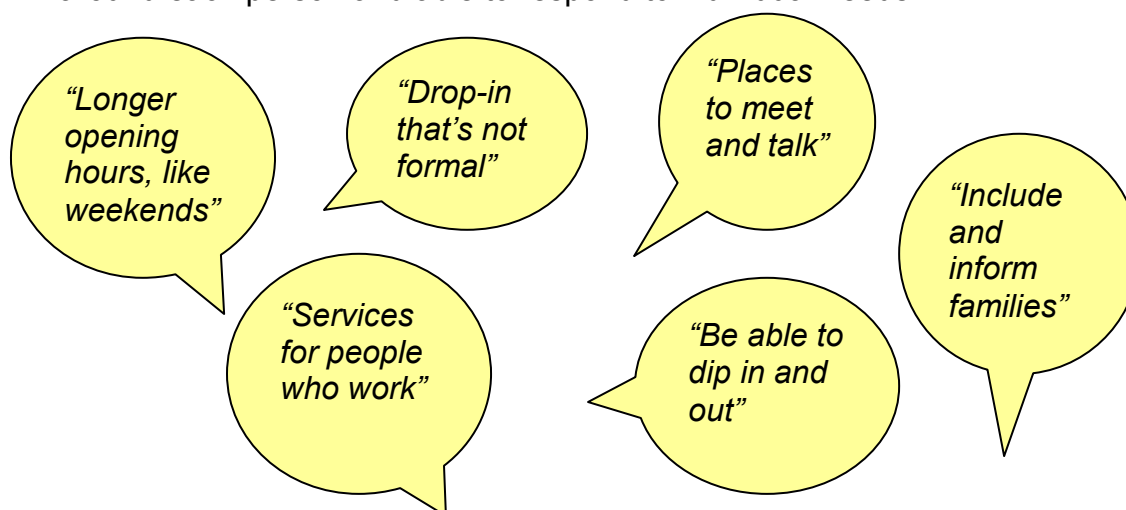


Someone else said:



Flexible service provision

Many highlighted the individual experience of mental distress, the uneven nature of recovery and its impact on others. Services should be centred around each person and able to respond to individual needs.



Additional comments and ideas

Many praised particular services or individual members of staff, in particular at Wiseworks and Marlborough Hill. Groups also identified where there was a need for improvements in staff attitudes, awareness and understanding.

A number of participants suggested utilising the Marlborough Hill/Wiseworks site for the new services given the close proximity of the services.

However there was also a strong sense that a number of people also felt that the Bridge was important. For example, the Council received petition of 58 names to request that the Bridge is kept open.

Many people attending Sneh Care would like the service to run more days than the present two days a week.

Other events

We held sessions with South Asian, Somali, Harrow User Group, Harrow Rethink Support Group and CNWLs Early Intervention Team's clients (young people). These included people who do not access existing day services as well as some who do. These events demonstrated shared concerns that day services are not currently meeting their needs and are not accessible to them.

Ekta (a South Asian mental health support group)

This groups meets once a months a promotes social inclusion and personal empowerment. Participants at this event were very satisfied with the service they received and wanted more of the same. Some used other day services (see feedback for details), however some said they did not because they could not communicate with staff or the centres did not offer activities they were interested in. However, they said that they would be happy to meet as a group at the Hub(s) if they were given space.

Mind in Harrow's Haayan Project

This project launched in October 2010 is the new evolution of the Somali Mental Health Advocacy Project. The project offers an innovative approach to build up an infrastructure within the community by recruiting and training a team of 'peer educators' from the local Somali communities to help increase awareness of and access to mental health support to the wider Somali community living in Harrow:

The focus group identified the following things to be considered:

- Access to services; many Somali people are discouraged by systems and processes in place to access support;
- Many Somalis do not access mental health services because of cultural issues;
- Language is one of the biggest barriers to using the current services;
- Having an advice point is very important to assist people to navigate systems and services. Information is vital; face-to-face is best;
- Education and training is valued by the Somali community;
- Haayan is already operating a hub and community bridge building model at the Healthy Living Centre, fortnightly, and is keen to work with other services.

CNWL's Early Intervention Service (for young people between 14 and 30 experiencing their first psychotic episode):

- Young people do not know what is going on in the Harrow day services;
- Concern that Wiseworks perceived as mainly for older people... "but okay"
- Youth friendly services are needed; those provided by EIS need to be linked to general youth services;
- Peer support works well as there is less need to explain symptoms;
- Information is key; a good website would be valuable;
- The chance to volunteer would be welcomed – "giving something back".

Rethink Mental Illness

The session was hosted by Harrow Rethink Support Group, a registered group of the mental health charity, Rethink Mental Illness, run by volunteer carers and service users that provides a monthly support meeting and newsletter plus campaigning and representation on local committees to improve mental health services. The session, jointly facilitated between Harrow Council and Harrow Rethink Support Group included a range of stakeholders, the public, carers and service users and gave them an opportunity to say what they felt most important about day services. Many of the attendees had attended Confidence for Life courses and TOG (The Other Group – a social group for carers and service users) and the Harrow Community Choir (for carers, service users and the community) that developed from the Confidence for Life courses.

Feedback included:

- The fundamental importance of having staff who are passionate and enthusiastic about supporting people to improve their mental health;
- The role of services that support people to increase their confidence and self esteem as part of their recovery;
- The important role that day services play in preventing people from becoming ill and ending up in hospital;
- The role that 'Confidence for Life' continues to have in influencing an expanding range of community groups such as TOG, the Young Men's Group funded through personal budgets and the Harrow Community Choir;
- The importance of support to people who run groups in the community to be sustainable.

Mind in Harrow/Harrow User Group Event:

An event jointly facilitated between Harrow Council and Harrow User Group. It was arranged to explain the consultation and the process of consultation, as well as to have an opportunity for questions and answers and to support people to fill in the questionnaire.

People at the event referred to the importance of all of the existing day centres and concerns about the impact of removing any of them. They also spoke of the other services that are available such as Mind's Befriending service and Confidence for Life courses and the impact that these have had.

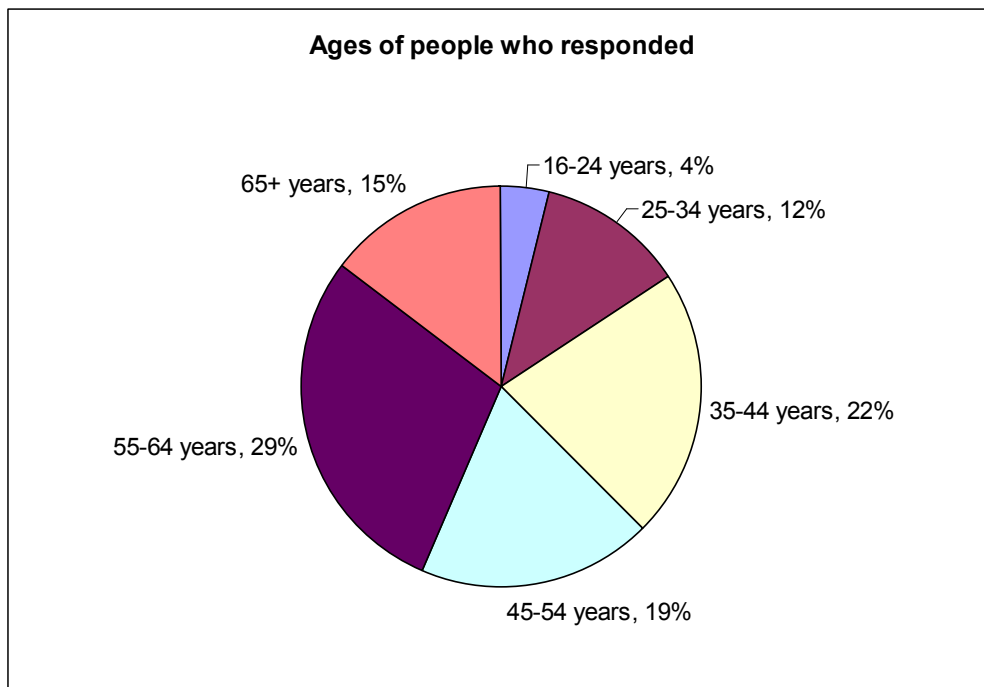
3. Feedback from questionnaires

368 people gave their views and opinions via the questionnaire. 55% were users of the day services. Others included staff, carers and people with mental illness who were not using day services.

We asked everyone to tell us some details about themselves. Some key characteristics about the people who responded is below:

Gender: 44% were men and 56% were women

Ages: People's ages varied, but tended to be older than people using mental health services generally, with 63% being 45 years and over.



Ethnicity: The ethnic profile was Asian, 48%; White, 43%; Black, 7%; Other, 3%. This response reflects the ethnic breakdown of Harrow's residents according to Harrow's Vitality Profile that states that 47% of residents are white-British whilst 53% of Harrow residents are from minority ethnic groups (2009/10 Vitality Profile).

What did people tell us?

68% agreed with the proposed model of having a building-based hub or hubs and a "bridge builder" service helping people integrate into the wider community.

There were some interesting variations to the level of agreement to the models amongst different groups. For example:

- Women were more positive than men about the proposals (75% agreed with the model)
- People who identified themselves as disabled were more positive (72% agreed)

- Carers were least positive (61% agreed)
- Responses were largely consistent across different ethnic groups.

Respondents strongly agreed with two questions on the new model:

Question	Agree ¹
<i>Must there be a building based hub to provide a place for people to drop in?</i>	85%
<i>Must there be a Community Bridge Builder Service to provide a service in the community?</i>	81%

People had the opportunity to comment on the proposed model. Views were wide-ranging: some wanted to limit change, others advocated for it. Some agreed with the model and some expressed concerns e.g. Minds’s response, “...does not adequately explain the impact of the changes e.g. which services will close as a result of the changes or how many people will be affected.”

A theme was people expressing anxiety or concern about changes. Some linked this to the stigma and discrimination they have experienced:

“Most people do not feel comfortable around people talking to themselves or making unusual noises. There are a lot at Marlborough Hill that would not go out if the centre was not there as they have had very bad time with in the Community.”

A number of people felt that reducing to one building could be too harsh.

“There will be so many people in one building. How can you learn things...?”

These are useful indications of the concerns that will need to be taken account of in the next stage of planning.

¹ Those who “strongly agree” or “agree”

We asked how important 10 outcomes proposed by the Day Services Steering Group were. The results were:

“Agree” or “Strongly agree”	Proposed outcome
88%	Confidence & self esteem
↑ 85%	Physical health
83%	Social networks
82%	Independent living skills
81%	User involvement
79%	Satisfaction with service
78%	Qualifications
77%	Under represented groups
77%	Doing community activities
↓ 71%	Raising employability
60%	Personal budgets

The responses show that people agreed all of the outcomes are important. However there is a suggestion that many are still sceptical about whether increasing the number of people on personal budgets will lead to better lives.

Eligibility for services

We asked people how we should decide who is eligible to use Mental Health days services and provided four potential options. This was because we need to decide whether to provide services to a wide range of people who have a broad range of needs, or to focus only on those with the highest needs.

These options and response rates were:

- Option 1: The hub service should be FACS eligible and the Community Bridge Building service open to all people regardless of eligibility (**17%**)
- Option 2: That services should in the future be for people who have FACS eligibility, but people who currently use services but do not have FACS eligible needs should be able to continue (**24%**)
- Option 3: Services at all mental health day services should be for people with FACS eligible needs only (**23%**)
- Option 4: All day services should be open to people with mental health needs regardless of FACS eligibility (**36%**)

FACS is short for Fair Access to Care. This is the way that social care services identify levels of need and who is eligible for support from the council. Harrow council provides services to people who have critical and substantial needs only.

In total 282 people answered this question with a surprisingly even split between the different options. The largest single response (36%) was that all services should be open to people with regardless of FACS eligibility. However 41% of people elected Options 1 or 2, which would limit some services to people who have FACS eligible needs.

However, despite this mixed response there is a clear majority of people who feel that at least some element of the service should be available to people who are not FACS eligible (77%). Along with these percentages we also had a significant amount of feedback that we should not prevent people without FACS eligible needs from accessing services – in particular because of the fluctuating nature of mental illness. For example:

“I do not think I have FACS eligibility – I would not know if I do or not, nor would I know how to find out. But at times when I am struggling with my mental health I have nowhere to go for help and support other than my GP, which often involves a long wait for a brief appointment, during which time my risk increases and I become more vulnerable...

An option to be able to 'drop in' somewhere at times of difficulty would be very beneficial for people like me, but at present it is not open to me, or I certainly am not aware if it is.”

In addition to answering the questions on the questionnaire there were additional comments made by 129 people. These covered a range of issues and showed a range of differing views. The following quotes are a sample:

“People who receive the bridge building service won't want to use the hub, but some of the non-FACS eligible people will benefit from access to the hub and may be kept out of hospital by using it”

“I don't mind mix in the community therefore why would I if I became mentally unwell”

“Individuals should not have to become critical to access help and support...especially when it is known that the earlier the intervention, the quicker people recover.”

“If you isolate people and don't provide communal services you will cause lots more loneliness and despair and take away the best part of the mental health services in Harrow - the communal spaces”

4. Other feedback

Many people took the opportunity to write, phone or email with their comments. (see Feedback sources, 10)

Many supported the development of peer support and service users taking an active role in the design, development, running and monitoring of services.

It has been a long, cherished dream that we would have service in Harrow which were so popular, successful, enjoyable, helpful and sought after that service users would be keen and eager to be involved in running and promoting them

Letter

There were concerns expressed too - some people asking for more detail about how the model will work in practice. For example wanting to know how many bridge builders/outreach workers would there be?

Many people referred to the excellent outcomes achieved by the Confidence for Life programme and the ongoing support and inspiration of Harrow's Community Choir and TOG (The Other Group) which grew from the original Confidence for Life programme.

We also had feedback from the following organisations:

- Mind in Harrow
- Harrow Rethink Support Group
- Harrow Association of Disabled People
- Harrow LINK

A significant amount of feedback from organisations focused on the consultation process itself, as did questions posed to the Council's Cabinet during the consultation period. These concerns included a number about whether the questionnaire was satisfactory as well as considerable disquiet that it has not been shared with the steering group before publishing. Some of the responses from organisations questioned whether there was sufficient detail in the questionnaire to tell people about the proposals and whether people would be able to understand what was being asked of them. These comments led to some changes in the consultation including an extension of four weeks, an Easy Read and translated versions of the questionnaire which was circulated to all 3,670 people in contact with Harrow Mental Health Services as well as additional sessions to help people to complete questionnaires were provided.

A key theme that was raised was that of Personalisation. Mind in Harrow in its response highlighted a consideration that the review lacked focus and details about how day services could be more personalised and made suggestions about alternative models to increase the understanding and quality of personal budgets.

We received feedback about the importance of ensuring that services fit together. People were concerned that if services do not fit together then

people may fail to have their needs met. There was also some feedback about perceived failings in other aspects of mental health services in Harrow.

On the whole the feedback from groups and organisations was more challenging and negative about the process than any of the feedback received from individuals. In addition a number of suggestions were made regarding a future model in Harrow.

5. Key Findings and Themes

We are pleased with the levels of participation in this consultation and the strong support for the proposed outcomes and the overall model. The consultation surrounding this review has been considerable and has given a large number of people the opportunity to contribute.

Conclusions about the consultation

The consultation process has given us the opportunity to speak to everyone² who uses mental health day services and a number of people who do not. This has proved a very positive experience and has given us a great insight into the wishes and needs of local people with a mental illness.

We received a number of concerns about the consultation as we progressed. Some of these are referred to earlier in this report. The results appear to indicate that people had a good understanding of the proposal being made and that they believed there was value in taking part. For example 369 questionnaires were completed and returned and 60% indicated that they wanted to be contacted regarding further developments and future consultations. In addition most of the consultation sessions were well attended.

A substantial number of service users and carers have shared their views and ideas about modernising mental health day services in Harrow. There has been a lot of positivity about the current services, and people have also given many ideas about how improvements could be made to the plans for the future.

If we can build on the insights of people who took part in the consultation, then the social care support that people experiencing the distress of mental illness will receive in Harrow can be greatly improved to assist their progress and recovery and the quality of their carer's lives can be improved too.

There are still some key questions which we need to reach agreement on for the new model, to find a balance between the available money (which is lower) and the cost of the services that will achieve the outcomes people want.

The consultation activities led to many suggestions for types of services that would be beneficial. This leads to a number of difficult decisions about what should be commissioned in the future.

Support Types / Services

Below is a list of some service/support types that have been identified during the consultation process, either as being needed or wanted to support people with a mental illness in the borough.

² A questionnaire was sent to all 3670 users of Harrow Mental Health Services giving all users the opportunity to take part in the consultation.

- Building based Hub Service(s)
- Vocational or employment services
- Prevention/confidence focussed outreach service that works with individuals (this would include Community Bridge Builders)
- A personal assistants service
- Community Capacity Building Services (such as culturally specific services or community led services such as TOG)
- Support planning and brokerage service to help people get the best out of the resources available to them
- Mainstream activities within the community which are not mental health specific

It is important to note that these are the types of support not ways of arranging support.

Along with deciding what types of support we need in the future the council's Cabinet will need to decide on the **method** of providing them. The methods may vary according to the service, some options will be:

- Delivered through contracts which have been competitively tendered
- Delivered by CNWL through the Section 75 agreement
- Delivered in house by London Borough of Harrow
- Delivered through personal budgets
- Delivered through grants (sometimes called SLAs in Harrow)
- Delivered by a social enterprise – 'a social enterprise is a business with primarily social objectives whose surpluses are mainly reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholders and owners' (DTI, 2002)

In moving on from consultation to developing final options we will undertake detailed analysis of services and priorities in order to have costed service models. This will require prioritisation and a balance of resources.

Key Themes

There have been a number of key learning points throughout the consultation. These include things that have been recorded in events and questionnaires, but equally reflect things that have been raised time and again in conversations with service users and carers. Below are some of the key themes that have emerged:

- The quality of staffing in day services has emerged as perhaps the single most important aspect for service users. In particular people are concerned that staff must be enthusiastic, caring and able to empathise with them
- The consultation highlighted the amount of work that takes place outside of the formal, building based day services already. Our visits to

community groups e.g. Ekta, Haayan, as well as feedback from people attending TOG and the Harrow Community Choir has shown us the substantial value that these groups have and that they provide without funding from the council

- The way that services will fit together with the new Harrow Mental Health Service Lines have yet to be finalised. The way that services fit together has been a preoccupation for many throughout the review. It has been a recurring theme that people want to have day services that work together with the other services they access and that they want them all to be responsive to their health and social care needs
- Isolation and exclusion from parts of the community, was the concern that service users most often raised in discussion about services. Many people reported feeling afraid to leave the house, having received abuse in their neighbourhoods and a fear that without a day service to go to they would simply be stuck in their own homes

Outcomes and Priorities

Below, we list nine areas of action that any plans for new services will need to address. Future mental health day services must reflect:-

1. Flexibility of service provision

- a) Take into consideration the changing nature of wellbeing and recovery
- b) Be available for those who have day time commitments such as employment, education and / or family / caring responsibilities
- c) Be available evenings and weekends

2. Peer Support and Service User Opportunities

- a) Incorporate peer support
- b) Involve users more in planning and (where appropriate) delivering services
- c) Listen to, and respect, the voices of their service users.

3. Information

- a) Have a central 'hub' of information available in person and on-line than can be accessed by all, including those with literacy difficulties
- b) Provide consistent, transparent and useful information for users and carers

4. Activities / opportunities at the Hub(s)

- a) Provide a wide range of activities and opportunities based on the needs, expectations, interests and abilities of service users.
- b) Provide space for a wide range of groups and organisations e.g. Haayan
- c) Run activities that support people to achieve important outcomes e.g. developing or maintaining skills, reconnecting with social networks etc

5. Barriers

- a) Be accessible including meeting cultural need and be sensitive to the needs of those with caring and / or parental responsibilities.
- b) Be based within accessible locations.

- c) Focus on service quality as well as the physical environment at a building
- d) Take a role in reducing stigma and discrimination within local communities.
- e) Understanding of symptoms of mental illness not helped by medication and the role of staff needed to overcome them.
- f) Services that are joined up, with a clear pathway of care between psychiatrist, GP, Harrow Mental Health Services, to daytime activity and not fragmented

6. Attitudes of staff

- a) Listen to and respect the needs of people using services: including physical health care needs and the need for psychological interventions.
- b) Take into account individual circumstance, background and the social impact of distress caused by severe mental illness.
- c) Be sensitive to the individual and fluctuations in their mental health.
- d) Identify need to train staff in recovery focussed working where appropriate³

7. Outcomes

- a) Have clear, measurable outcomes to improve lives;
- b) Be accountable to commissioners, service users and other key bodies e.g. Healthwatch

8. Role of the Community Bridge Builder

- a) Clearly define the Community Bridge Builder role and its fit with the care pathway for people with a mental illness in Harrow, ensuring there is no duplication of roles.
- b) Ensure that the Community Bridge builders are well trained, experienced workers with the skills to support a wide range of service users, ensuring regular supervision and monitoring systems are in place.
- c) Ensure that the hub(s) and bridge building work closely together.

9. Family and Carer support and involvement

- a) Consider the involvement of families and carers..
- b) Allow service users to determine who is their carer and how they should be involved.
- c) Consider the needs and views of carers

³ HAD's comments.. "if staff have been comfortable helping to maintain for years, how will they move to a more active way of working?"

6. Next Steps

This review has been ongoing since September 2010. Now, following consultation, we will be moving towards the implementation of recommendations.

Following the consultation feedback event of 1st June 2012 a final report will be presented to the Council's Cabinet asking them to make a recommendation about the future model of day services.

Cabinet will consider this paper on 19 July 2012 .

Once cabinet have made a decision then we will move on to implementation. The way that this takes place will depend upon the recommendations that they make. However we have committed to the following:

1. That we will continue to meet with the steering group following the decision until recommendations, and the new service model are fully implemented
2. That we will involve the steering group, service users and carers, in developing final service specifications for the model that is agreed
3. The Steering Group together with other service users and carers will be involved in the process of selecting the providers of services.
- 4. Service users and carers will be involved in monitoring and evaluation of the quality and performance of the new service together with commissioners and Healthwatch.**

Appendix 1: Methodology

Service users and carers were involved in some of the design and delivery of this consultation. Some steering group members attended the consultation events, many focus groups and assisted with producing recommendations.

Information was sent through all appropriate networks with the help of The Bridge, Wiseworks, Marlborough Hill, Mind in Harrow, CNWL HQ's Public and Patient Involvement Team and Harrow Rethink Support Group. A consultation document with questionnaire was sent to all 3,670 people in contact with Harrow's Mental Health Services, to carers and service users via Harrow Rethink Support Group's database and to carers on CNWL's carer database. Copies were made available at all consultation events. A series of events with key stakeholders took place at:

Location	Date	Approx number of people attending
The Bridge	21 December 2011	30
Wiseworks	6 January 2012	50-60
Marlborough Hill (Family Action)	10 January 2012	65
Sneh	26 March 2012	28
Ekta	13 March 2012	30
Haayan (Somali) project	29 March 2012	30
CNWL's Early Intervention Service (young people)	2 April 2012	8
Harrow Baptist Church	10 February 2012	40
Sangat Centre (public event)	1 March 2012	No one attended
Harrow Arts Centre, with Harrow Rethink Support Group	3 April 2012	over 60

HAD and the Council held two sessions at Harrow Healthy Living Centre to help people complete questionnaires (16th and 24th February 2012).

The consultation events at the three main day centres in Harrow (Wiseworks, The Bridge and Marlborough Hill) were well attended, though several people complained about the timing of The Bridge event just before Christmas as well as the early start at 9.30am.

The three events were run as 'World Cafés'. A World Café tries to create an informal, welcoming environment for people. White tablecloths and pens were provided so participants could write views down as well as discuss them. The questions posed at the World Cafés were broadly:

- What activities should take place in The Hub(s)?
- What sort of support should the Bridge-builder provide? How should it help people?
- We have said we want to encourage peer support. How could this work?
- What should the outcomes of day services be? What should we prioritise?
- How should service users be involved in the way that services work?
- We know that it is important for people to have a safe space. How can we make this happen?

Other sessions were more formal, with a presentation of the proposed model and an opportunity for questions and views which again were recorded.

Focus groups also took place with members of the South Asian community (represented by Ekta), the Somali community (represented by Haayan) and young people (via the CNWL Early Intervention Service).

There may be some people who were unable to contribute to the consultation. This was a concern at The Bridge, where the number of attendees was quite low, so two extra visits to provide support and answer questions were done nine people took up this opportunity at the Healthy Living Centre.

Concerns were raised in relation to the style and content of the questionnaire, but the good return rate and consistent responses indicate that it has in fact been effective. The high percentage of responses to all the forms of consultation was excellent.

Appendix 2: List of feedback sources used

1. Tablecloths from The Bridge event held 21 December 2011
2. Tablecloths from the Wiseworks event held 6 January 2012
3. Tablecloths from the Marlborough Hill event held 10 January 2012
4. Feedback from session at Harrow Baptist Church held 10 February 2012
5. Feedback from session at Harrow Arts Centre held 3 April 2012
6. Feedback from session with Ekta held 13 March 2012
7. Feedback from session with Sneh Care held 26 March 2012
8. Feedback from session with young people from CNWL's Early Intervention Service held 2 April 2012
9. Feedback from session with Hayaan (Somali) Project held 29 March 2012
10. A summary of additional feedback provided with questionnaires where these were not entered onto the IT system or letters that were submitted
11. Letter from Mind in Harrow
12. Letter from Harrow Association for Disabled People
13. Letter from Harrow Rethink Support Group
14. Letter from Harrow LINK
15. Summary of questionnaire and graphs