

Feedback from Mental Health Wellbeing Service Provider engagement event, held on 22nd March 2022

- Importance of considering demographics of Bradford district and the diverse communities in the district and how to engage with all communities. Point raised that BAME communities may be distrustful of statutory services and important that services are proactive in overcoming barriers
- Clarification that this is not a preventative or signposting service but one that offers 1:1 support to people
- Clarification that this is a short term rather than long term support service and is not homecare support
- Clarification that the service must be delivered face to face and could not be purely remote, as some Providers had queries about digital provision
- Confirmation that the specification will include costings, indication of time spent with each person and outcomes expected
- Clarification that Providers could choose to sub contract or develop consortia bids. Seemed to be an appetite for partnership approaches between Providers during the event.
- Six month time limit per service user was felt to be short given it takes time to develop trust
- Some hesitancy regarding drop-in sessions for peer support, as some Providers felt this can lead to a dependency on the service with people remaining in the service for longer. This element also requires a Provider to have access to venues.
- Experience of workers was felt to be important. Clarified that whilst staff would not be required to be social work or CPN qualified, the specification will require staff to be trained in supporting people with mental health challenges.
- Proposed need to ensure staff have an understanding of the context of people's lived experience including their heritage and language, rather than just a focus on diagnosis
- Reflection that workforce should be diverse and reflect the people and communities accessing the service
- The challenge of increasing access for people when this is a service for people already receiving care was raised, risking the exclusion of people who are not engaging with statutory services.

This links into the wider context of support needed (for people from BAME communities in particular) that may reach beyond this contract and to wider services. Perhaps the point of access and source of referrals needs re-thinking to promote equitable access. Need for training for people making referrals was mentioned.