Mental Health Day Opportunities Report: Part Two Managers and Staff Feedback

March 2025

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Background

Healthwatch Liverpool was approached by Liverpool City Council (LCC) in November 2024 and asked if we could help them to engage with managers and staff of Mental Health Day Services, to collect their feedback about the services. This engagement was to happen alongside a wider engagement with service users, following a previous, similar, review of the services which we conducted in 2018/19 www.healthwatchliverpool.co.uk/report/2019-09-05/mental-health-day-opportunities-report-august-2019

The Council wanted us to do this because they were working with the services, and service users, to look at how to make best use of existing resources, for the benefit of current and future service users. They also wanted to consider whether existing referral routes and facilities could be streamlined whilst preserving a suitable range of support and activities for diverse service users across the city. Our 2019 report focused entirely on service users but, this time, the Council were also interested to hear from managers and staff within the services, to help inform what services could look like in the future.

Liverpool's Mental Health Day Services are currently provided by five organisations:

- Imagine Independence (Imagine)

- Liverpool Roots Trust (Roots)

- Mary Seacole House (MSH)

- Person Shaped Support (PSS)

- Waythrough (formerly Richmond Fellowship)

These services are aimed at people in Liverpool who experience mental health difficulties. The aim is to provide some mental-health specific input alongside social and leisure opportunities.

The services provided by four of the providers are broadly similar. PSS, Imagine Independence, Mary Seacole House and Liverpool Roots Trust provide programmes of courses, group sessions and activities. These include mental health specific content, such as courses on coping with anxiety, alongside more general activities such as art or music classes, walking groups or IT skills. Peer support also plays an important role.

The Waythrough service is different as it is a Time Bank. This involves people taking part in activities to 'bank' time which they can then withdraw. People give time to help others by doing activities for free and can then ask for other people's time when they need help. Members offer a range of skills and are matched with other members who are in need of those skills.

The Council was already in regular contact with all five services about possible future service provision, however Healthwatch Liverpool was asked to provide an independent feedback route so that staff and service users could have their say confidentially. This report is published alongside Part One (service users' feedback) on our website.

Method

As with our approach to gathering feedback from service users, we decided that the Healthwatch Liverpool engagement with managers and staff would take the form of surveys. This method would allow people to complete the survey in their own time if they wished – either using paper copies or an online version which they could access via a weblink or QR code.

Alternatively, we offered people the option of asking us to call them on the telephone and go through the survey with them – inputting their answers on their behalf. We also offered anybody the option of having other forms of support to complete the survey – for instance if English was not their first language.

We drafted a survey for managers and staff at the five organisations. We shared all the draft surveys with the Council and the five service providers for comment. We wanted to make sure that our questions were appropriate and easy to understand.

Once the surveys were finalised each of the 5 services shared them with staff. We included a freepost address for people to return their completed paper surveys directly to us if they wished. As noted above, we also produced online versions of the surveys.

Survey Responses – Service Managers and Staff

This survey was designed to give staff an opportunity to tell us about how well they thought their services were delivering against their objectives – including any barriers they were facing, and any suggestions they could make for improvements. 22 members of staff/managers completed surveys. The following section summarises their responses.

## Q1 Which organisation do you work for?

We had the highest number of responses from PSS (10, 45.45%). As with service user response numbers (see Report One), this could be related to the relative size of the service.

Unfortunately, we did not receive any responses from MSH staff.

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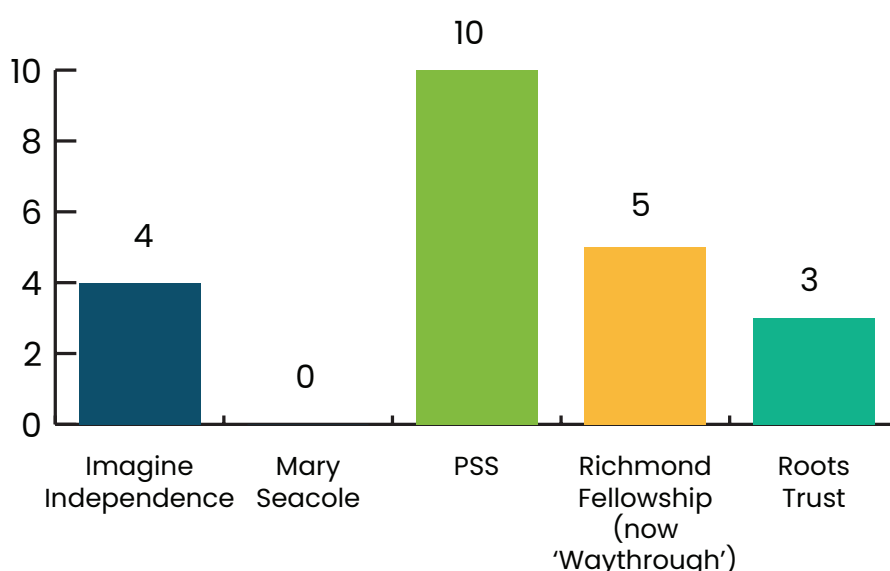
Q2 What is your role?

The majority of responses came from staff members (14, 63.64%) but managers were also well-represented (7, 31.82%).
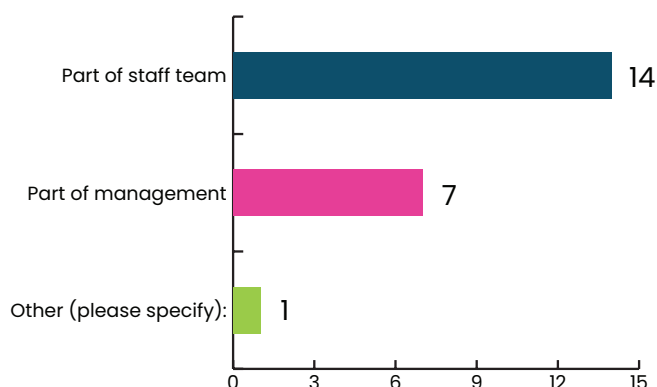

Q3 What do you see as the purpose of the service?

Unsurprisingly, most answers to this question focused on providing people with accessible, community-based, mental health and wellbeing support, through the provision of groups and activities including therapeutic, arts-based and practical approaches aimed at individuals and peer groups. This work was designed to provide short, medium and/or long-term skills and tools with which to empower participants and maintain improved mental health. All of which is summarised in the following word cloud.

Q4 How well do you feel it delivers this?

The overwhelming majority (19, 86.36%) felt their services fulfilled their remit 'Very well', with the remainder (3, 13.64%) saying they did it 'Well'.

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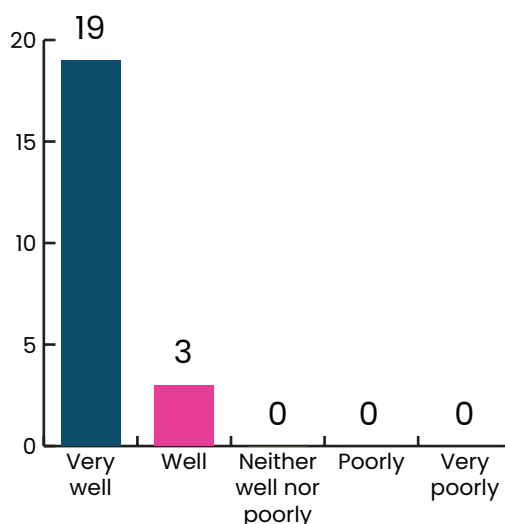
There were 21 further comments to give context to these statements. These touched on topics including:

The importance of providing an individualised/person-centred service with access to wraparound/multi-disciplinary support, whether 'in house' or externally, and recognising the social factors that impact on mental health.

"The service delivers well as we endeavour to meet the needs of each individual. However, there may be other issues which impact on a person's mental health and will need addressing before any progress or improvement can be experienced. e.g. housing issues, finance, benefits. Through connections we have made with other organisations/agencies we can support individuals to navigate some of these obstacles, and resolve their issues, thus resulting in improved mental health." **Roots**

"The wrap around support can address issues such as food poverty, threats of homelessness, benefit advice, etc through our links with other charities. This support can ensure a better outcome for clients if they are encountering issues which can contribute to poor mental health." **Roots**

"Many of our staff are trained counsellors or are in training to be counsellors so are well equipped to listen to and support people in distress. Others are trained and experienced teachers, holistic therapists, social workers, journalists, yoga and mindfulness practitioners so we have a range of skills to support people who use our service." **PSS**

The benefits of service-user voices helping to shape services; co-production/co-delivery:

"Our courses are often co-facilitated by people with lived experience who wish to give something back to the service. They are shining ambassadors to new people to the service that change is always possible and offers hope for the future." **PSS**

"We respond to people's needs, listen to what groups they would like, empower them to make changes with goals and with regular reviewing of goals, with a person-centred approach. Encouraging people to take the lead in groups with support from Peers." **Imagine**

Evidence of improved mental health and reduced impact on NHS services:

"The majority of customers have not been to hospital since they have accessed the service." **Waythrough**

"Reflected in many good news stories of the people who have attended our service." **Imagine**

Services were also active in reviewing their work and looking for ways to improve or adapt it to changing circumstances:

"This year we've started putting together individualised support plans as we feel this will tie in effectively with the timebank trades, providing some direction and structure. Although we've gotten positive feedback about the service from our timebankers we want to push things further in 2025 with regards to the impact we can make in the lives of the individuals within the timebank as well as in building the timebank itself to be the most effective support network it can be through both increasing our membership and moving forwards with greater direction and purpose." **Waythrough**

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> "This team is always aiming to do better, sharing research and new ideas with colleagues, exploring new ways of delivering courses, the Overcoming Anxiety and Depression course came from combining two previous courses which took a lot of extra work on their part but was done for the benefit of the people attending the service." **PSS**

> "We seek to continually improve the service by acting on feedback and road-testing new ideas." **PSS**

Nevertheless, any restrictions on access to services were felt to have an inevitably negative impact on successful service delivery:

> "Feel this will drastically drop when the 6-month period with service users comes into effect in March." **Imagine**

Q5 How satisfied are you that the service has the resources it needs to deliver its purpose? (e.g. funding level, funding stability, staffing levels, premises, other resources):

None of the 21 staff or managers who responded to this question were 'Completely satisfied' that their service was sufficiently resourced. Indeed, only 3 people (14.29%) were 'Mostly satisfied'. Almost half (10, 47.62%) were 'Partly satisfied', but over a third (8, 38.10%) were 'Mostly unsatisfied' with resourcing levels or funding stability.

Additional comments centred on:

The ways in which additional funding could be used to benefit service users:

> "Our co-producers have enabled us to provide a more rounded timetable, but we could offer more variety of education and activities with an increased budget." **PSS**

> "The level of funding is not enough for staffing as 4.5 staff plus a Team Leader is nowhere nearly enough staff to deliver the service effectively across the whole of Liverpool, we do the best we can and we do so very effectively, however there would be more areas that could be covered and more groups/wellbeing sessions delivered if we had more staff." **Imagine**

> "We need more staff to help us manage the timebank as it grows and also so we have time to risk assess all the trades in a timely fashion and so we can continue to give some attention to people individually to track their progress via their support plans." **Waythrough**

The negative impact of funding uncertainty on service users and staff:

> "It's been more difficult since we became a smaller team with two Community Links Advisors (1 working 4 days a week, 1 working 2) instead of three. Uncertainty about future funding brings a level of anxiety to our work. We're unable to arrange as many activities/trades between members as when we had three CLAs." **Waythrough**

> "Staff and service users have for the past 15 years felt very unsettled because of the uncertainty of funding." **PSS**

> "Funding has been a long-standing concern for the voluntary sector, and Roots, like all other smaller providers, has had to cut its cloth accordingly." **Roots**

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"Funding in its present form prohibits us from planning in the long term. It is therefore difficult to confidently enter into long term planning strategies." **Roots**

"The instability of funding has long been an issue, every year we often have to wait until the contract is almost ended to know whether it has been extended/ going out to tender. This has a huge impact not only on staff morale but also causes anxiety for service users." **Imagine**

"Wages for our organisation are one of the lowest in the charity sector which makes it harder to attract and keep high quality staff and it also means that stress is higher for employees (...) since wages are so low (...) Also, it would be better if we had greater funding stability as its stressful having to worry each year that you might lose your job." **Waythrough**

The need for appropriate premises for services:

"We have been unable to refurbish our centres due to funding uncertainty which continues year after year." **PSS**

"The cost of maintaining our building, and paying for room hire, adds to extra running costs." **Roots**

"There is nothing in the budget for sessional workers, modern technical equipment or building refurbishment." **PSS**

"Funding has gradually been reduced and has limited where we can access in the community. Since Covid and the Cost-of-living crises. Places now charge a lot more for using their facilities and free places are few and far between." **Imagine**

Q6 Are there any challenges to delivering the service?

Answers to this question were similar to those given to Q5 – centring on lack of funding for staff and activities. However, additional comments highlighted issues including:

Inappropriate referrals:

"Inappropriate referrals at around 40% take a considerable amount of administration time within the service. Some social prescribing schemes will refer people to numerous organisations with a scattergun approach. We're also receiving referrals for people who are either waiting for a statutory intervention such as Talk Liverpool Counselling or Step Forward therapy for which there are lengthy waiting lists. People are being closed by statutory services once their medication has stabilised and no longer meeting the threshold for support and are often referred on to us when they are not ready. People tell us that they feel abandoned by Community Mental Health Teams and marooned between hospital and short-term prevention and so are referred to us as a stop gap. Again, they are often not mentally ready for group work and what they really need is specialist therapeutic intervention." **PSS**

"We can (...) get referrals to us who are unstable and have severe mental illness and are not suitable for our service." **Roots**

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"We receive a lot of inappropriate referrals from other services, and this accounts for a lot of time spent on missed appointments or people who do not attend groups which can be frustrating as this uses up very precious resources." **PSS**

"Often people with more serious mental health issues (beyond anxiety) are referred to the service only to learn they are not appropriate for a light touch, 6-week support package." **Roots**

"Another challenge is inappropriate referrals which take up a great deal of admin time e.g. texts and phone calls. One issue is that social prescribers often refer people to a long list of organisations - including PSS - without giving very much detail at all. We receive people who know virtually nothing about PSS Wellbeing Centres. We often receive referrals from people who are on waiting lists for talking therapies. They often tell us they feel they have just been abandoned by the system." **PSS**

Difficulties getting service users to engage with time-limited courses/activities:

"There is a tendency for some individuals to miss sessions for numerous personal reasons and don't get the full benefit of the workshop." **Roots**

Duplication of some services, without support for follow-on services to maintain wellbeing:

"A big one for us has been when we have been setting up new groups they are being duplicated this has happened numerous times over the years which has caused an overlap of what's on offer instead of referring the people to the groups that already existed." **Imagine**

"Once people have attended our Be Well courses i.e. Overcoming Anxiety and Depression it is the extra activities courses which help them Keep Well." **PSS**

"We run pilot projects in response to needs identified but very rarely have the capacity to keep running this long term or promoting them widely." **PSS**

Lack of capacity to grow services to meet need:

"Even though the timebank is a relatively light touch service we are limited as to how much we can grow the timebank since its harder to do risk assessments in a timely fashion so we can approve trades and also makes it harder to keep on top of individual assessments and progress tracking and planning as the timebank grows. Yet the nature of a timebank means it works more effectively with more members." **Waythrough**

Lack of volunteers:

"There has been a low recruitment of volunteers since Covid, this being an issue across the whole of the voluntary sector. It has been challenging to do more one-to-one Befriending with people." **Imagine**

Lack of capacity to publicise or promote services:

"We have little time or resources to work towards promoting our service through social media, videos or advertising and this means that many people do not know about the fantastic service we provide." **PSS**

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> "Until recently we couldn't promote the service since we were undergoing a merger and brand update but thankfully the new brand has been rolled out so we have gotten new posters and flyers designed." **Waythrough**

Q7 How easy has it been for the service to recruit and retain the staff it needs?

Just over half of the staff who answered this question (11, 52.37%) said it was either 'Very easy' (7, 33.33%) or 'Easy' (4, 19.05%) to recruit and retain staff. However, a third (7, 33.33%) said it was 'Neither easy nor difficult' and 3 people (14.29%) said it was 'Difficult'.
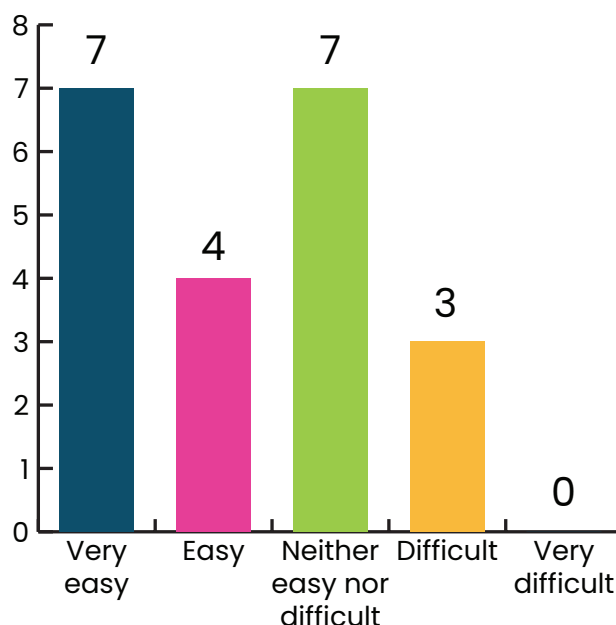
Where services had found it relatively easy to recruit and retain staff it was often because of individual staff members' commitment to the work they were doing, seeing it as a vocation as much as a career:

> "We have had no problems in this area, our last recruitment was in 2022 and we had a list of great applicants to recruit from (...) Retaining staff has been relatively easy, we have a small but mighty team who are loyal to the service and are rightly proud of the difference we make to people's lives. Working for PSS Wellbeing Centres isn't just a job for me. If it was, I'd be working in Mersey Care enjoying better job security and higher pay. I believe in the value of our service and always have done." **PSS**

> "Recruitment of staff has never been a problem for Roots. We have an excellent staff team, and their commitments and achievements are evident in the outcomes they achieve for the users of our service." **Roots**

A staff member who found it neither especially easy nor difficult to recruit and retain staff suggested that a potential issue in recruiting staff with lived experience of poor mental health – which was generally desirable – might be the lack of resourcing to support them.

> "I do believe when the staff member has lived experience they deliver a better service, but recruiting people with lived experience is difficult as the job can be very demanding for someone with lived experience, as I do, but love what I do. The pay is very low for looking for someone with that lived experience." **Imagine**

Another noted that the number of candidates had decreased.

> "The staff we have recruited are excellent however we did not get a great amount of applicants to shortlist to on the last couple of occasions we have recruited." **Imagine**

Several people noted that the relatively low pay and lack of job security in the sector may be a factor in putting potential candidates off applying.

Even in services where staff retention was relatively easy, there was a belief that recruitment may be impeded by this lack of funding security:

> "We do know (…) that people were put off applying due to the funding uncertainty our service has been under for more than 15 years." **PSS**

The service which had found it most difficult to retain staff was Waythrough. They told us:

> "We have had the vast majority of staff leaving the service over the last 3 years." **Waythrough**

We heard from Liverpool Roots Trust Ltd that they were due to have a new staff member join their team which would enable them to increase their programme offer.

Q8 Do you feel staff have the skills and training needed to deliver the service?

A significant majority (19, 86.37%) said they were confident – either 'Completely' (14, 63.64%) or 'Mostly' (5, 22.73%) that staff had the right skills and training for their jobs. The remaining staff felt colleagues were 'Partly' skilled and trained to deliver the service (3, 13.64%).
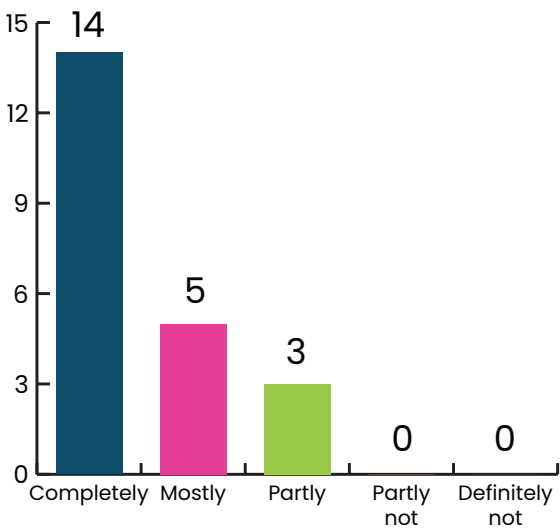
Comments included:

> "The staff have mandatory training all around mental health/policies and procedures which is regularly updated. They have had training for the (You Can Do It project) Wellbeing sessions around the 5 ways to wellbeing, Health and Nutrient, and they are all at the moment doing a refresher course to keep them updated." **Imagine**

> "I feel our training department offers all the training we need to carry out our job. Trauma Informed training, Unconscious Bias, CBT, Safeguarding, Mindfulness, Challenging Behaviour, Equality and Diversity, and First Aid are just some of our training courses. 1:1 coaching is also available." **PSS**

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"Yes, definitely. All current staff have the necessary professional qualifications and skills." **Roots**

Q9 Would more/different training be useful and, if so, what?

A large majority (17, 80.95%) felt that increased access to a range of training would be useful for staff and the service. All services saw the value of investment in training, and there was acknowledgement that this should include refresher courses as well as basic training. Specific requests/suggestions included:

"Understanding behaviour that challenges. Substance misuse and addiction. Understanding PTSD." **Roots**

"Additional counselling skills, mental health first aid." **Roots**

"Standardised Peer Support training facilitated by the Council. There are many different organisations that deliver this, and it would be better if all were the same." **Imagine**

"EMDR training (Eye Movement Desensitization and Reprocessing)." **PSS**

"Specialised mental health training in conjunction with neurodiversity would be a welcome addition. Cognitive Behavioural Therapy training and application in brief interventions. Local authority Safeguarding training using actors, as attended in the past. In depth training in mental health conditions/diagnoses." **PSS**

"More trauma training, nervous system regulation, Somatic Experiencing training as an alternative to talking therapies which could be delivered in groups, EMDR Training for those with counselling qualifications." **PSS**

"I would love us to have regular CPD sessions on particular topics, like we did for trauma informed practice. Things like psychosis, eating disorders, self-harm, addiction, neurodiversity, gender diversity. Although I feel that we are all experienced work with people with these experiences, it would be great to keep up to date with as much of the current research and learning as possible and hopefully hear from people with lived experience." **PSS**

"It might be good to get training on timebanks and how other timebanks operate and some of their success stories and ways of working so we can learn from them and continue to improve and even training on our own timebank's successes as I just learned things as I went along. I know enough to do my job, but I'd love to learn how the best timebanks do what they do so I can help elevate us to being even more effective and valuable for our members. We might benefit from a bit of counselling training even though this isn't technically our role as sometimes we are working with people when they are at crisis point. Even though we're not a crisis service sometimes people will approach us at crisis, and we can't just simply sign post as sometimes these are people that have had their needs ignored repeatedly and we are the first people to actually listen to them. We try to offer some support before signposting with a plan that they can come back to us when they are ready. Also, even our members can have lower points where a chat may really help - rather than signposting them to an 8-week therapy course with a 2 month wait – or maybe a chat may help as an interim if they still need the therapy." **Waythrough**

> "Perhaps looking closely on how to help those with particular mental health issues that are less common, like schizophrenia, or how to assist with people who are neurodivergent, this will help us with ensuring our environment is always inclusive and aware of issues that might affect learning or engagement." **PSS**

> "Funding for professional qualifications in social work/counselling. CBT etc." **PSS**

> "Training and support for (people with lived experience) to help maintain their wellbeing whilst delivering the sessions would help." **Imagine**

Q10 How good do you feel relationships are between the service and the following: scale and comment

The answers to this question show that service staff mainly feel that they have a 'Very Good' or 'Excellent' relationship with LCC commissioners, and a 'Good' to 'Excellent' relationship with other mental health day opportunities providers. Similarly, relationships with other health services (not mental health specific) are 'Very Good' or 'Good'. Relationships with community/leisure services and housing and employment services are also very positive. Advice and advocacy services also have particularly good relationships with mental health day services, scoring the highest 'Excellent' rating.

The only relationship where the most common rating was 'Fair' (7, 35%) was Statutory Mental Health Services, and this was also the only relationship that received a 'Poor' rating. However, it's important to note that 12 people (60%) still rated this relationship 'Good', 'Very Good' or 'Excellent'.

Further comments from managers and staff indicated that they generally viewed **commissioners** as approachable and responsive, and that this relationship had improved as a side-effect of working during Covid lockdowns.

> "They are much more approachable and seek to listen and understand the challenges we face." **PSS**

However, there was concern that imposing limits on access to services could be detrimental to service users.

> "The commissioners need to look at the clients as people and not numbers, they introduced a 6-month rule which brought the mental health of our clients down as our service keeps them well." **Imagine**

Other mental health day opportunities providers were largely respected and valued:

> "We have tried to work collaboratively and make sure we are not duplicating services." **PSS**

> "We work in partnership with other Mental Health Day Ops Service Providers (PSS, Imagine etc). We signpost referrals to other services if we're not able to suit their needs." **Waythrough**

However, competitive tendering processes sometimes forced them to become rivals rather than potential partners, which could lead to mistrust.

> "Other mental health day opportunities providers have tried to copy the groups we do, one such provider tried to take our service users as they couldn't find any of their own, I know it's not about ours and theirs but why create a group that we are already doing?" **Imagine**

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Whilst there should be space for similar groups to run in more than one service if there is the need, improved opportunities for non-competitive collaboration would be welcome.

As indicated by the wider range of ratings for **Statutory Mental Health Services**, survey respondents said that relationships could be variable. Individual staff within statutory services could be helpful, make referrals and work collaboratively but, systemically, the voluntary sector felt overlooked, under-consulted, and excluded from conversations about changes to statutory services and pathways.

> "We may only know about these changes when people accessing our service tell us about them. Would make sense for both sides if voluntary sector was kept in loop more by Statutory services especially as we are often expected to pick people up who are on long waiting lists for statutory services." **PSS**

This could also lead to duplication of services, putting smaller, voluntary sector organisations at a disadvantage. Mersey Care Life Rooms were particularly mentioned in this context, although they also received some positive feedback.

> "Our relationship with Mersey Care Life Rooms is quite poor. We have been delivering group sessions for over 12 years from Millennium Centre in Belle Vale. Out of the blue a large sign saying Life Rooms was put up on the building, we knew nothing about it. We were also not invited to the launch, one of the people who use our service informed us about the launch. They duplicated courses we were already delivering, even on Anxiety and Depression on the same day we did. They obviously had a much larger budget even offering music lessons from the Royal Philharmonic Orchestra." **PSS**

> "We do some partnership working with Mersey Care Life Rooms who let us use space to facilitate a Ukulele group and they refer service users to take part." **Imagine**

Relationships with **Other health services** tended to focus on GPs and Social Prescribers who were generally well-regarded, although GPs could be difficult to engage with, and there was concern that social prescribers had been instructed to refer to statutory services first:

> "Last year in search of new referrals we contacted many GP surgeries across the city. I was disappointed we heard back from so few." **Waythrough**

> "Social prescribers being told to use NHS Services before sending them to community services is also concerning. How many other referrers are doing this?" **Imagine**

Citizens Advice Liverpool/Advice on Prescription were particularly positively rated under the **Advice services/advocates** category. Healthwatch was also mentioned in this context:

> "We regularly refer people to the CAB on prescription service and the referral system works efficiently. We have had meetings with workers at CAB to make us more aware of the services they offer and how we can refer into the service." **PSS**

> "We support people to be involved in Healthwatch surveys and reports so that their voices are represented. Ensure we are included on The Live Well directory, and signpost people often." **PSS**

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Community/leisure services and **Housing and Employment services** that were mentioned favourably included South Liverpool Homes, and social landlords/housing associations. It was felt that relationships with all these providers could be stronger and more helpful to service users if resources/capacity allowed. The DWP was also mentioned.

> "We work in partnership with other community/leisure services designed to promote health such as Liverpool Cycling tours, Andy's Man Club and Good Gym." **Waythrough**

> "If a member requires help with housing/employment we will appeal to our organisation members for advice or refer/signpost them to other services - although we will appeal to our individual members to help with things like advocacy, or a buddy to attend appointments with." **Waythrough**

Other services included businesses such as the Everyman, and other places where services booked rooms for activities.

Some services benefitted from co-location or proximity to other support agencies:

> "As part of our outreach programme at the Joseph Lappin Centre, some of the above services are accessible to individuals who attend our Anxiety programme. We are well connected to other services e.g. commissioners, other mental health providers and health services." **Roots**

TABLE - How good do you feel relationships are between the service and the following:

Answer Choices	Excellent	Very Good	Good	Fair	Poor
Commissioners	6	13	1	1	0
Other mental health day opportunities providers	4	7	9	2	0
Statutory Mental Health services	4	6	2	7	1
Other health services	5	9	7	2	0
Advice services/advocates	12	6	2	2	0
Community /leisure services	5	8	9	0	0
Housing and employment services	7	5	7	1	0
Other	3	1	2	1	0

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Q11 In your experience has the service changed since 2020? If so, what is working better/not working so well now?

The general consensus was that services had changed since 2020 and that the experience of delivering services during the pandemic and lockdown periods had impacted on service provision in a number of ways. The following responses typify the answers from each service:

"The service has undergone a major change since 2020 and now has a different way of delivering services. Originally based in our centre in Everton, the commissioner at the time requested that mental health providers move forward to operating in local communities. In 2021 we created our Roots in the Community outreach programme to the densely populated Old Swan. Based in the J Lappin Centre our success is evident with an increase in demand for our service to the diverse population from our strong links with GPs, social prescribers and other agencies. The downside to this is the limited use of our building as we divide our time in delivering a service between the two neighbourhood populations." **Roots**

"One benefit of working through the pandemic was using facilities like Zoom to facilitate social activities and deliver workshops. We became adept at it, and now it's part of the service we offer, which obviously is of benefit to previously isolated members. Since 2023, it's been challenging with a smaller staff team to fully support members individually and one to one in the same way we used too - it feels more light touch now. If a member has high support needs, we're more likely to signpost them to other agencies. Our Time has always been based on co-production - both with our individual and organisational members. I do feel other MH Day op services have become somewhat more insular since the pandemic - perhaps because of the way things were during the pandemic, maybe also because of threats to future funding." **Waythrough**

"Moved from building base to more community base as asked for by previous commissioner due to people managing their own mental health during Covid, so they wanted us to move away from a day centre model and integrate more in local communities which we have done really well, working further afield than we had done previous. It was challenging at first due to venues hiking prices up (...) after Covid but with determination and good mapping from staff we have managed to do this very well." **Imagine**

"We responded quickly to lockdown and delivered as much as possible online, helping those with limited technical knowledge to stay connected. We have retained some of our online work, offering one of our core courses, meditation and a social group for those who are housebound or finding it difficult to engage face to face at any time. We now offer a time limited texting support service to young people 18-25 who may not feel ready to attend group sessions.

We have really developed our physical health offer, helping people to the link between mental and physical health. We have also collaborated with organisations who are specialists in this area, Healthiness Limited and Cycle for Life while also offering our own inhouse activities - Healthy Habits course Food and Mood, Yoga, Walking and Gardening Groups. Beekeeping at Dutch Barn, initially delivered to Men at Risk of suicide back in 2020 but now still going strong and a great addition to the timetable We have /are delivering mini-wellbeing services pilots at GP surgeries and Children's Centres. This helps people to identify that they have a mental health problem when they'd assumed it's only a physical health problem. It also helps us reach more diverse communities.

We have developed our creative arts offer with reading groups, Journey through Art, Writing for Wellness, singing and music groups and opportunities for blogging. We have developed a pathway through the service which promotes independence. People first attend the 'Be Well' part of the service which offers staff supported courses before progressing to 'Keeping Well' which has a lighter touch fortnightly offer of a peer support groups to help maintain improvements in mental health. Our Keeping Well peer support offer involves co-producing through co-delivering our in-house Peer Supporter Training Programme and co-producing volunteer peer supporter role descriptions.

We have also established formalised Peer Supporter supervision, meetings and training pathways. The programme at Dutch Barn has developed with green initiatives, for example, the creation of a large pond and the continuation of beekeeping." **PSS**

Q12 From 2020 onwards how has the demand for the service changed and how has the service responded?

The key point made by staff members was that demand for services has increased significantly in the past 5 years. This was said to be as a result of a series of interlocking factors, including Covid-19, reductions in access to statutory services, lengthening waiting lists for NHS mental (and physical) health services, and the cost-of-living crisis.

This has led to referrals of people with more severe or complex mental health support needs than previously, e.g. complex PTSD, ADHD, autism, and also, more men and more young people accessing services.

"There are more people referred to us with complex mental health and physical health. We have created a Healthy Lifestyle Pathway to respond to these needs and to encourage people to be more active. Some years ago, our groups were primarily female, they are now more of a balance with more men attending. Likewise with younger people attending." **PSS**

Services have also seen funding reductions, loss of staff members, and in the case of Waythrough, a merger and rebranding (from Richmond Fellowship). Some services have continued to deliver aspects of their service online since Covid (e.g. Imagine, PSS), and some have continued to make use of a range of community facilities to deliver services across more areas (e.g. Roots, Imagine).

Where services take referrals from social prescribers – which is generally seen to be a useful model – there is some concern that there can be a temptation to refer to multiple services, or to make inappropriate referrals, for statistical reasons rather than in response to individual need.

"When we follow up referrals people are sometimes confused as to who we are, having been referred to other agencies at the same time. Some schemes boasting about how many referrals they've made to how many different services as if that in itself is an outcome. The needs of the person have been hijacked for a statistical result." **PSS**

Services have responded to all of the above in a variety of ways, e.g. through greater outreach, more partnership-working (e.g. Citizens Advice Liverpool, health providers, social housing providers), referrals to a wider range of services (e.g. food banks), providing support with letter writing to e.g. utility providers, or more co-production with service users. In some cases, self-referral has been introduced:

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> "The demand for mental health services are constantly on the increase. Our response was to expand our services in working with GP practices and prescribers who are keen to refer patients presenting with mental health problems to access community support programmes. This has proved to be a highly successful concept." **Roots**

> "Since emerging from Covid lockdown we have begun to accept self-referrals, as it was and still is for some, really difficult for people to access their GP. We find that people who self-refer are often more motivated to engage with the service." **PSS**

> "During the pandemic everything moved to online delivery and post Covid we realised we could still offer online groups to people who may be unable to leave their home due to either their mental health or physical health. We do this now as a social group for people once a week. We always take suggestions for different activities that they may be interested, and we then encourage them to take the lead and possibly become volunteers." **Imagine**

Q13 Can you give us any examples of what the service does to:

a) Make sure it is inclusive and meets the diverse needs of the community?

It is unfortunate that we did not receive any survey responses from MSH staff as not only are we missing out on their answers to all the questions in this report, but their very specific approach to delivering services for diverse community needs is not highlighted here in their own words. Nevertheless, given the service user responses quoted in Part One of the report it is important not to overlook the importance of MSH in engaging with a range of service users from diverse cultures, with very specific experiences and support needs..

Other services told us that they addressed inclusivity and diversity by: Creating safe environments, working with diverse organisations, outreach and networking, awareness of protected characteristics, using interpreters, monitoring referrals and service user demographics to help target gaps in access.

Some examples include:

> "We have a service user charter which was devised by staff and clients. We promote across the city to different organisations and all the Communities. Staff have all Mandatory Training, Equality and Diversity. We have worked with Whitechapel a few times delivering Wellbeing Sessions and setting up a women's only group for them when requested. We have had referrals from LGBTQ community and have worked with the George House Trust, Axess Sexual Health service gave promotional talks."
> **Imagine**

> "We work collaboratively with CAB and Picton PCN to deliver a Community Health hub. The hub offers advice in social support, financial support and emotional wellbeing. It also offers physical health checks by paramedics. refreshments for all attendees and we provide a taster relaxation at the end of each session. Picton PCN invites different patient populations for health checks at each event. This means people can access support without needing a GP appointment. Many patients coming solely for checks then access support from us or the CAB. These events attract a diverse and excluded community in their own community setting. This has led to our sessions becoming far more inclusive and representative of our community. We attend Neighbourhood Meetings in the communities we are located to identify the specific needs of each community and to work collaboratively with other organisations in the area to meet those needs. These involve hosting joint

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wellbeing events on different themes and inviting the local community to attend and raise awareness of support available. We also have a representative at Healthwatch Engagement meetings so we can share what people from our community tell us, enabling them to influence decisions being made about health and social care services." **PSS**

"We work in a person-centred way so we do individualised support plans depending on that persons barriers to wellbeing which can then inform how they go forward with trades within the timebank. The coffee social which we run monthly for our timebank members to socialise with each other is held in an accessible venue in a private room." **Waythrough**

"We ensure inclusion is implemented throughout our service, creating environments in which an individual or group can feel welcomed, supported and valued to fully participate. We are able to achieve this by reaching out to other diverse organisations." **Roots**

Q14 Can you give us any examples of what the service does to:

b) Make sure it is accessible to people of different ages, disabled people, neurodivergent people, people with a range of gender identities and other protected characteristics?

Answers to this question were quite similar to the previous question but in some cases there was more specific detail about work to make services accessible to people who face additional barriers, these included: asking people how they identify and using preferred pronouns; EDI, Unconscious Bias and Oliver McGowan training; digital and paper publications showing images of diverse people e.g. ages, people with disabilities and different cultural identities.

"We offer a mix of face-to-face activities and online sessions to suit an individual's needs. We have a text service for the younger generation. We have provided LGBTQ+ peer support sessions. We have delivered a 7-week anxiety management course in Arabic with translator/interpreters when needed. The Yoga offer is inclusive of all health/age /disabilities by offering Chair or Floor based, restorative and more active styles. Equality and diversity training is mandatory and its very much embedded into the culture here at PSS and we are always looking at how we can improve." **PSS**

"Our Time has members of diverse backgrounds, genders, ages, different neurological and physical needs. We are clear, as long as someone is aged 18 plus and lives within LCC boundaries we will accept their referral. (…) We ensure activities are inclusive and tailored to the needs of our members, for example arranging coffee socials somewhere easily accessible with disabled access and hearing loops." **Waythrough**

"Through the Lappin Centre people from ALL protected characteristics are free to attend sessions/groups that are on offer in the centre. Including: a dementia group, seated yoga, community meals, food pantry, knit and natter, bingo, men's peer support, educational/training courses etc." **Roots**

"As we are all around the city it allows us to have community focus and not a day centre vibe, It allows all walks of life to join each other groups and bring their experiences." **Imagine**

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Q15 Do you think the service is able to support people to use other health and wellbeing promoting services when needed (e.g. health screening, health promotion, healthy lifestyle, social interaction, practical support on employment, housing etc.)

A majority of staff who responded to our survey (13, 59.09%) said they could 'Always' support service users to access other health and wellbeing services when required; with most others feeling they could do this 'Usually' (5, 22.73%) or 'Sometimes' (2, 9.09%).
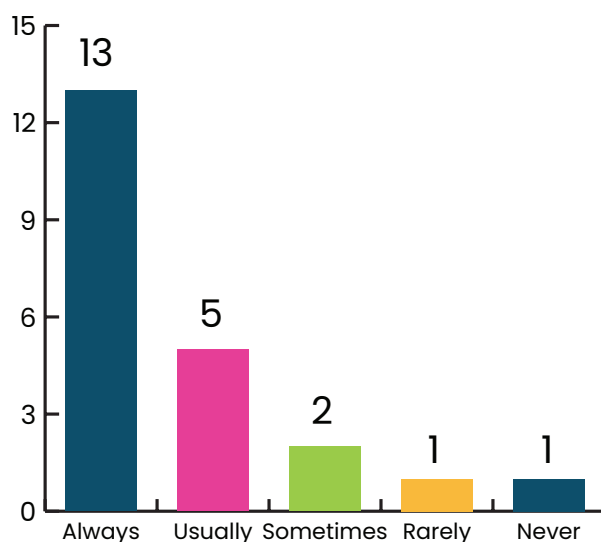
Staff told us that most support of this type was signposting rather than active 'hand holding', due to limited capacity. This was identified as a gap in services.

"We do this when we can through discussion at Wellbeing Plans and Reviews around setting goals, but due to lack of capacity this is mainly signposting and making use of the Live Well Directory or encouraging people to ring Healthwatch. There is definitely a gap, not just in our service but city wide for a service that could offer link workers to support people to physically connect to other services, not just signpost or refer. One of our big successes in this area was the creation of Kindred Minds which is a small, inclusive, peer led mental health support service. It had its beginnings in PSS Wellbeing Centres approximately 12 years ago when a small group of the people we support joined together in the face of threats to close/reduce the service. Over a number of years, we supported the members of Kindred Minds to take steps to become the independent organisation they are now, a flourishing self-supporting CIC with a board of trustees and two paid staff. They provide great well-being support to local people with a wide range of activities and support groups." **PSS**

"As part of our Wellbeing Course we encourage people to access their GP for Health Checks. We also have held Wellbeing Days and invited health professionals to have stalls including Wellbeing Practitioners, blood pressure checks/heart failure nurses/Macmillan cancer support/Smoking Cessation/COPD support/Bowel Cancer awareness etc." **Imagine**

"We partner with various health and wellbeing services such as Blackburne House, Open Door Charity, WHISC, Andy's Man Club (all wellbeing and mental health services) and healthy lifestyle organisations such as Liverpool Cycle Tours and Primal Mentality CIC and are always adding to our partners depending on the needs and requests of our cohort." **Waythrough**

> "Shelter, for housing issues and employment and education training are on site at the J Lappin Centre and are accessible. We promote these services: healthy lifestyle, wellbeing, personal screening for both men and women, etc to ensure that individuals can access health and walk-in services. We are aware that healthy living can lead to good physical and mental wellbeing. However, NHS services and other health agencies are in demand and people are often on waiting lists or left to cope or navigate their health issues for themselves." **Roots**

Where there was sometimes difficulty in making referrals, it could be because other services were themselves operating at full capacity:

> "These services are often over stretched so we just keep trying to make links with these organisations/services regularly until we can find services who can commit to our service users." **Roots**

Key Findings and Recommendations (Managers and Staff)

Key Findings

Unlike our service user survey, we do not have staff feedback from 2019 to compare these findings with. However, they clearly echo the themes raised by service users and, as with service users feedback, they largely apply across all services.

1. Staff have seen an increase in demand for their services since the Covid-19 pandemic in 2020. This has been driven by factors including: lockdown experiences and ongoing impacts of the pandemic, the cost of living crisis, lengthening NHS waiting lists (for physical as well as mental health support), and reductions to statutory services. However, funding levels do not reflect this.

2. Whilst staff recruitment and retention is generally good, services have been squeezed, and relatively low salaries in the sector may be deterring good candidates from applying, or tempting existing staff to look for alternative opportunities.

3. Staff would like to be able to respond to service user needs more fully but always look for creative ways to make use of resources and try to co-produce solutions with service users wherever possible.

4. Staff would like a more constructive and equal relationship with statutory providers; including improved referral routes and efforts to avoid service duplication.

5. Improved access to training would be welcomed, including training provided by Liverpool City Council. This is particularly important given the increase in referrals of service users with more complex mental health/trauma-related support needs.

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Conclusion and Action Points

The feedback we received from managers and staff at 4 of the 5 services was overwhelmingly positive, with people expressing their commitment to the services and service users. There was general agreement that services were largely meeting their remit, although sometimes struggling with limited resources; and that more could be done with increased funding, staffing and capacity. We did not receive input from managers or staff at 1 service but the feedback from service users at that service (see separate report) was positive about them and the service they provide – as was the case for the other 4 services.

Based on the feedback received, we therefore suggest that there is a need to:

1. Seek to maintain funding to this area of work and increase it where possible. The need has been clearly demonstrated, and is likely to increase, based on current demand.

2. Improve communications between the 5 service providers involved in delivering these services, and between them and statutory service providers – including Mersey Care's Life Rooms – to focus on information-sharing, reducing duplication of services, improved referrals and the best possible outcomes for service users. Service user representation and stories should also be central to this process, whether through a regular cross-sector forum or other means.

3. Improve the accuracy of referrals by services and commissioners working together to consider options for a 'One Stop'/'No Wrong Door' referral route to services, through which self-referrals, and referrals from statutory agencies – including the NHS - or external service providers, can be assessed and forwarded to a suitable Mental Health Day Service provider, or providers, as appropriate. This could also help to re-refer existing service users if their needs or interests change.

4. Provide access to a central pool of Support Staff who can assist service users in accessing external services/support and navigating services across the existing mental health day services offer.

5. Continue to support the use of shared, accessible, facilities across the city.

6. Whilst requiring all services to retain a commitment to supporting a diverse client base, recognise the unique cultural competencies of MSH.

7. Support Waythrough to grow its service user base through closer collaboration with the wider time banking sector and encouraging closer collaboration with other local service providers such that service users across all Liverpool mental health day provision have more opportunities to use, swap and share their skills including through the timebank.

8. Review any blanket requirements for service users to leave services after set time periods, and deal with service user need on an individual basis – except where people access services to take part in specific time-limited courses. In this case, ensure that they receive tailored signposting and support to access other services if required on completion of the course.

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9. Consider ways in which training opportunities could be shared across all relevant service providers; whether delivered by the NHS, Liverpool City Council, voluntary sector providers or others. This should include training delivered by the 5 organisations covered by this report, including service users as well as staff.

10. Continue to recognise that the voluntary sector services provided by Imagine Independence, Liverpool Roots Trust, Mary Seacole House, Person Shaped Support and Waythrough are more than an 'add-on' to statutory services, or a 'holding' place for people waiting to access NHS support. They offer a unique opportunity to find support, safety, friendship and tools for dealing with life's challenges, as well as chances to share skills more widely and to support others.

11. Healthwatch Liverpool notes that PSS and MSH are members of and attend our monthly Community Engagement Board (CEB) and would like to extend an invitation to Imagine, Roots, and Waythrough to become CEB members and/or to explore ways in which we can capture the experiences of their service users in relation to the wider health and social care sectors.

Note: These Recommendations apply across both reports. Staff and service users expressed very similar aspirations in their responses. We believe that service user and staff needs, as expressed in this engagement, are therefore closely linked and should not be separated.

Acknowledgements

We would like to thank all staff members who took the time to respond to the survey in so much detail. We have not had the space to quote from everyone's responses, but they have all been read carefully and have helped us to write this report. We hope it reflects the experiences and insights of staff and managers, as well as their commitment to the service users they support.

About Healthwatch Liverpool

Healthwatch Liverpool is the independent champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care. One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England and Healthwatch England, the national body, our work contributes to a nationwide perspective of health and social care services.

At Healthwatch Liverpool we also provide a dedicated information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.

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