Community Support Services Commissioning
Analysis of Public Consultation: Draft CSS Commissioning Strategy

SECTION 1: BACKGROUND TO THE CONSULTATION

1. Introduction

Bristol City Council's Adult Commissioning Team is undertaking a strategic commissioning process for Community Support Services (CSS). CSS is provided by external providers to adults with social care needs in order to enable these adults to live independently in the community. CSS services include Accommodation Based Support, Community Outreach, Day Services and Carers Sitting Services. Bristol City Council published a draft commissioning strategy for public consultation in Autumn 2015. The strategy included draft proposals for how services will commissioned in the future. The consultation started on the 15th October 2015 and finished on the 7th January 2016. The consultation used a variety of methods to gather views about the draft strategy.

This document analyses the feedback from this consultation. This analysis will feed into a 'You Said, We Are Doing' document which informs stakeholders of what we plan to do with the feedback and how it informs the final CSS Commissioning Strategy and services to be commissioned.

2. Methods of engagement in the formal consultation process

In order to raise awareness and maximise engagement in the process, the consultation used the following methods to inform stakeholders about the consultation:

- Early engagement meetings with service users and providers
- Letters to all service users in receipt of CSS
- Emails to current CSS providers
- Email circulation to equalities and community groups
- Email circulation via Voscur
- Posters in all Bristol City Council customer service points and libraries
- Circulation of posters to current providers
- Notifications on Bristol City Council's facebook and twitter account
- Local press release.

A variety of methods were used in order to ensure that stakeholders could engage in the process and give their views on CSS and our proposals. This included:

- Public consultation events for service users, carers, stakeholders and providers
- Provider led consultation events with service users
- Online questionnaire – also available in plain English
- Paper questionnaire – also available in plain English and easy read

- Attendance at provider forums, partnership boards and stakeholder meetings.

To see a full list of consultation events, please see Appendix A.

3. **What we asked**

The draft CSS Commissioning Strategy included our vision for change and future proposals for CSS, and included nine key consultation questions. These questions related to key areas in the strategy. In order to gather people's views on our proposals, the consultation focused on collecting feedback on these questions. Feedback was analysed using the following two methods:

- Consultation questionnaire – the questionnaire asked for peoples comments' on the questions within the strategy. To view the consultation questionnaire, see Appendix B.

- Consultation events- the events asked for people's responses to the consultation questions.

Where events were held specifically for service users, the content of these events was adapted to suit the needs of those attending.

4. **Who engaged**

Approximately 1245 people are currently in receipt of CSS and we currently commission 109 providers to deliver CSS.

The table below provides a breakdown of the number of people who engaged in the consultation.

Method	Number of service users / carers	Number of service providers representatives	Number of stakeholders	Total	Total as percentage
Consultation events	118	40	4	162	70%
Consultation questionnaire	14	24	33	71	30%
Total	132	64	37	**233**	
Total as percentage	57%	27%	16%		

For equalities information about the people who engaged, please see Appendix C.

SECTION B: THE CONSULTATION RESULTS

5. What people said

Consultation Questions

The consultation consisted of nine key questions. The analysis below includes comments received from both the consultation questionnaire and all consultation events. Analysis reviews the outcome and comments received.
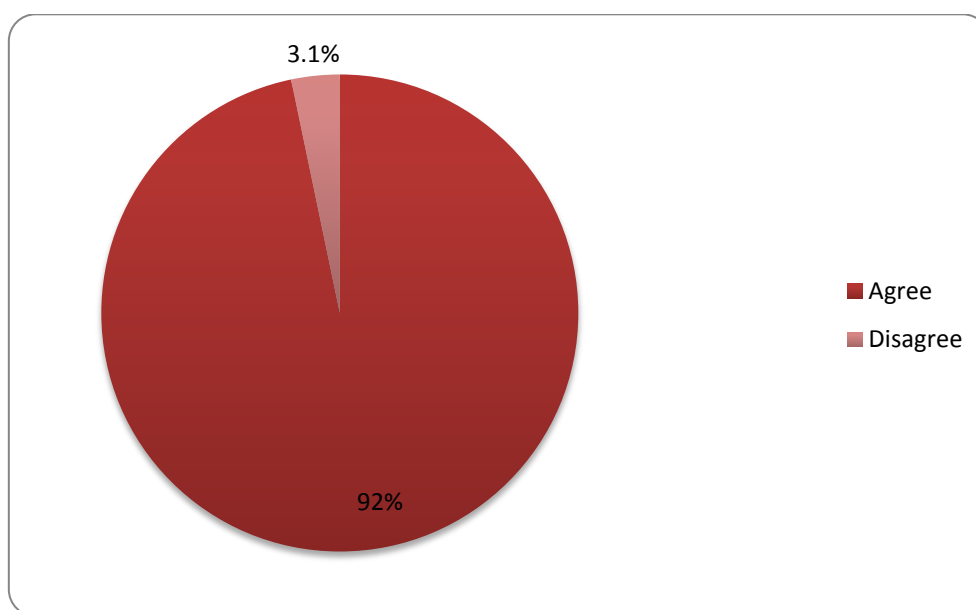
Consultation Question 1

We have identified principles that underpin this commissioning strategy and process. Do you agree or disagree with these principles?

Outcome

Results indicate that a significant proportion of respondents (92%) agreed with the principles in the commissioning strategy.

Chart 1 - Question 1 response breakdown

Some respondents challenged the use of language used in the strategy claiming that some of the language was unclear.

Additional ideas and comments in about other key principles

- ➢ Support available to maintain an individual's independence as well as maximise
- ➢ Person Centred Care
- ➢ Adaptable, inclusive, responsive and flexible services that can meet changing needs
- ➢ Equality of opportunity
- ➢ Service user self-determination/ control/ independence

- ➢ Early intervention and prevention
- ➢ Co-production
- ➢ Communication between services
- ➢ Promotion, instigation and servicing of service user led groups.

Consultation Question 2

Do you feel that there are any additional gaps in current provision of Community Support Services?

Outcome

Results indicate that just over half of those who responded (56.5%) felt that there were no gaps in current provision. However a significant proportion of responders felt that there are gaps in provision (43.5%).

Chart 2 – Question 2 response breakdown
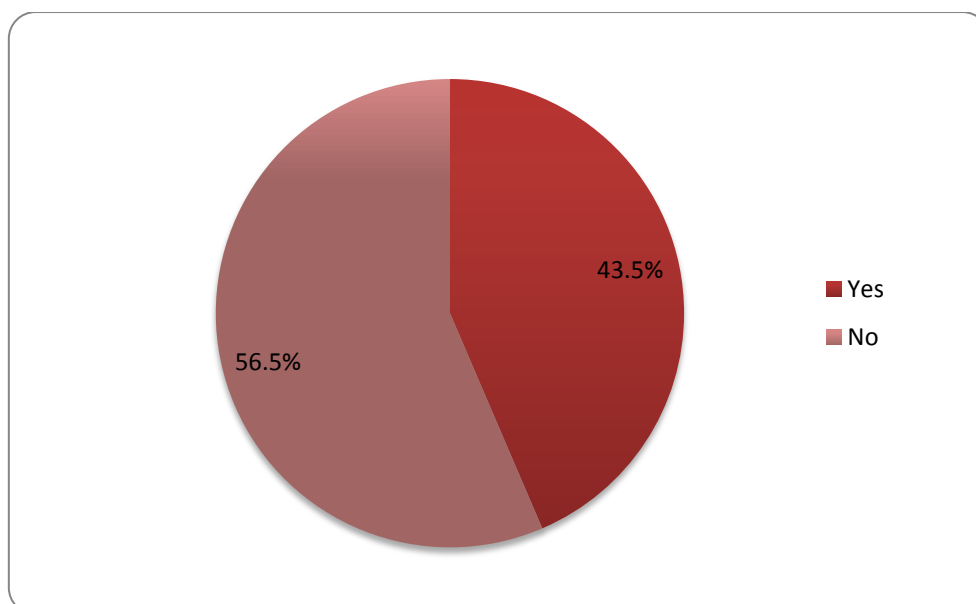
Based on the comments received, the following gaps in service provision were identified:

- ➢ Specialist care for people who have dementia, mental ill health or misuse drugs and alcohol
- ➢ Support to access employment, training, and meaningful volunteering
- ➢ Accessible transport and lack of clarity around responsibility around meeting a service users transport needs
- ➢ Inadequate move on provision
- ➢ Lack of accessible information, advice and guidance about services and what else is available in the City
- ➢ Support in times of crisis within the organisation that the service user is under the care of
- ➢ Emergency and weekend support
- ➢ Befriending, mentoring services
- ➢ Support for family carers

- ➢ Co-ordination with community health
- ➢ Transitions support from childhood to adulthood
- ➢ Gaps in the sharing of learning and good practice
- ➢ Gap in peer-led support, advocacy and self-organised groups.

Consultation Question 3

We want to improve the quality of services whilst also achieving value for money. How do you feel this could be best achieved?

Outcome

'Set a tariff or maximum price for certain types of services'

'Working together, creative solutions, personal technology'

There was not a consistent view from respondents on how service quality can be improved whilst also achieving value for money. However respondents indicated that the following would contribute to this:

- ➢ Normalising mental ill health
- ➢ People should be meaningfully involved in the planning of their care and support
- ➢ Greater integration between health and social care
- ➢ Partnership working between different organisations
- ➢ Careful analysis of fees
- ➢ Contract management and relationship management between Bristol City Council and providers
- ➢ Pool resources e.g. group activities (review ratios)
- ➢ Better supported staff to do more efficient work
- ➢ Providers held to account by inspectorate system
- ➢ Monitoring service user satisfaction
- ➢ Early intervention and giving people the tools to cope and look after themselves
- ➢ Reduce ongoing dependency on services
- ➢ Offer stability and investment for CSS provider workforce.

Consultation Question 4

Do you agree or disagree with the principle of providers of Community Support Services having a greater role in the setting of Service User milestones and activities?

Outcome

Results indicate that a significant proportion of respondents (76%) agreed with the principle of providers of Community Support Services having a greater role in the setting of Service User milestones and activities.

Chart 3 – Question 4 response breakdown
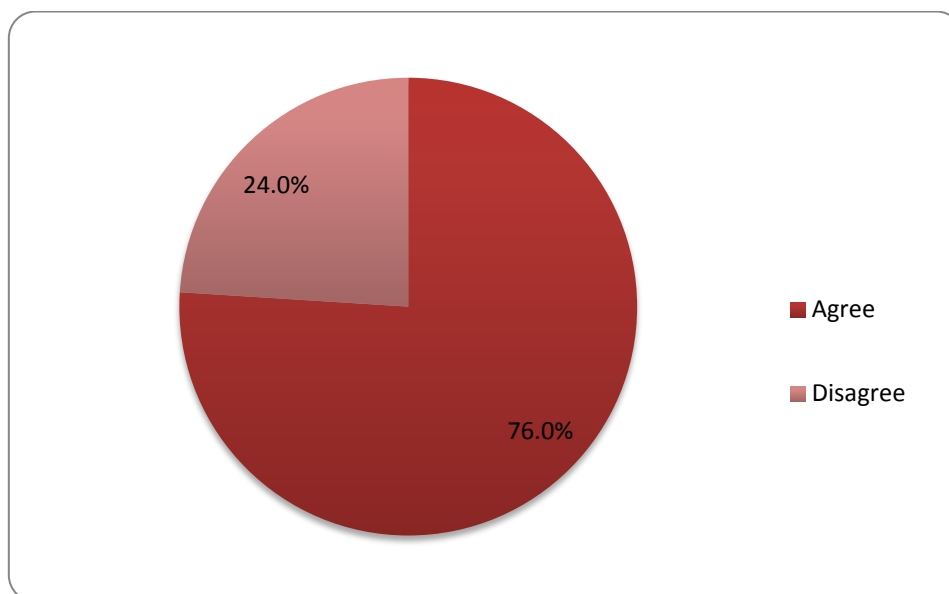
There was a high level of agreement to this principle; however the comments made by respondents about this principle indicated that there were also misgivings about this approach.

A number of respondents indicated that service providers may not carry out the setting of service user milestones and activities appropriately:

'Providers are not always considerate of their clients' needs. Families must be involved where there is a caring family '

'It is ok for providers to suggest milestones and activities. It is extremely unlikely that the service provider will understand the big picture and the history of a client in sufficient detail……...'

Multiple respondents indicated that it was essential that people who use services should be central to decision making in the development of milestones and activities, with support to enable them to do this.

Consultation Question 5
Are there any other service user and carer outcomes that should be added to those proposed in the Strategy?

Outcome
The overall response to this question regarding outcomes that could be added to the strategy was positive. A number of respondents were mindful that the identified outcomes may become the only ones expected, for example they '…may limit and define what is expected of us….'.

Additional outcomes suggested were:
  ➢ Social/family contact

➢ Tell my story only once
➢ Able to make informed decisions, aware of risk and consequences
➢ Maintaining what people have already achieved
➢ Service users feeling emotionally in a 'good place' and feeling needs are understood and being met
➢ Support to manage finances
➢ Service users having confidence in services.

For several respondents it was important to acknowledge that for some people it will not be possible to live independently from support services with no social care support.

Consultation Question 6

We believe the lists below are the key measures of a quality service. Please rank these in order of importance to you, with 1 being the most important and 5 being the least important. Feel free to add additional measures in 'other' if appropriate:

1. Consistency of service
2. Reliability of service
3. Dignity, respect and care shown by support staff
4. Person-centred support
5. Other - please state

Outcome

Results indicate that respondents choose dignity, respect and care shown by support staff as the most important measure of quality.

Chart 4 – Question 6 response breakdown

A number of respondents said that the key measures were equally essential to good quality services.

Additional measures that respondents identified were:
- Culturally appropriate services
- Consistency of staff members
- On-going staff & commissioner training
- Skilled, empathetic staff that are paid appropriately with good TCs
- Individual rights, choice, inclusion and independence are key facets of quality
- Satisfaction with services, added value and risk management are other facets of quality
- Understanding and appreciation of other cultures and religions
- Support provision being proportionate to the level of need
- Service user and carer involvement in quality assessments and control.

Consultation Question 7

Do you agree or disagree that establishing a consistent unit cost will deliver improved value for money?

- **Agree**
- **Disagree**
- **Further Comment(s), e.g.** *how else could value for money be achieved?*

Outcome

Results indicate that 50% of respondents agreed and 50% of respondents disagreed that establishing a consistent unit cost will deliver improved value for money.

Chart 5 – Question 6 response breakdown
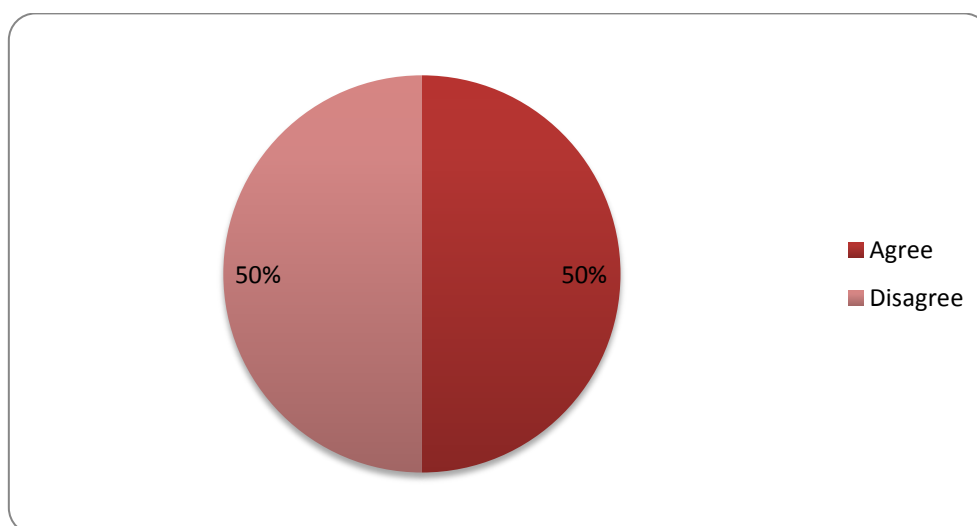
Overall respondents that agreed that establishing a consistent unit cost will deliver improved value for money felt that in order to achieve value for money, the quality of service provided also needs to be considered. Comments include:

'Having transparent standards of quality - what is expected for the cost. Allowing providers (and service users) flexibility about delivery to reflect the cyclical nature of some support needs.

Overall respondents that disagreed that establishing a consistent unit cost will deliver improved value for money commented that:

'A consistent unit cost will not always produce value for money when other constraints can appear depending on the type of service or outside pressures.'

'Costs are truly determined upon the individual need'

Comments and suggestions in relation to this question include:

  ➢ Suggest introducing a bandings approach due to the variety of services and users with diverse support needs…one unit cost is not appropriate
  ➢ All service providers should be consulted on what it costs them to provide services
  ➢ Best way to ensure value for money is to be clear on need and desired outcomes and review regularly
  ➢ Need some kind of price categorisation as it is impossible to price at one rate
  ➢ Need a clear return in investment applied to what is delivered at what costs/price.

Consultation Question 8

Do you agree or disagree that working towards an outcomes focussed approach will safely reduce overall demand for support?
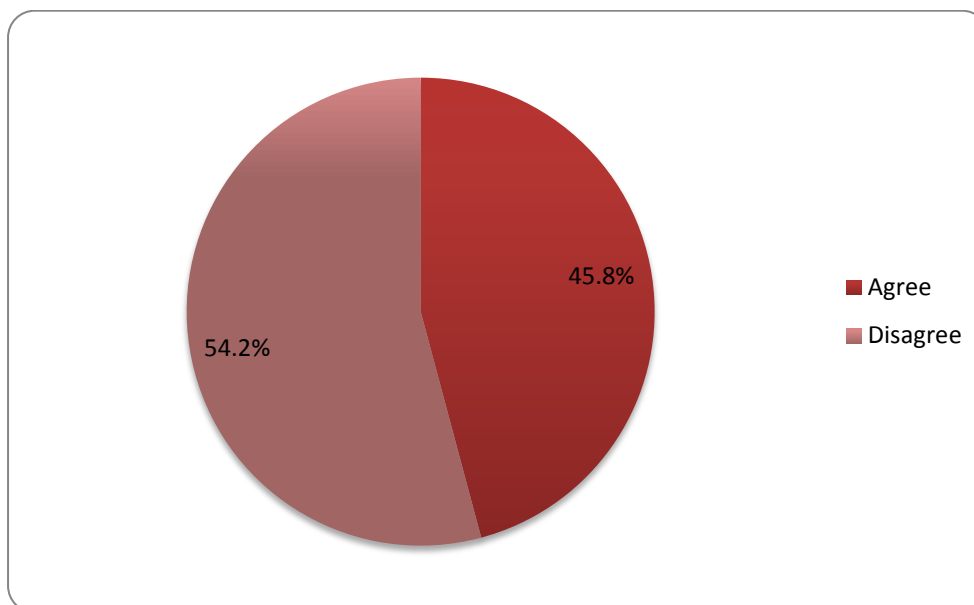**•Agree**
•Disagree
•Further Comment(s), *e.g. how else could we safely reduce overall demand for support?*

Outcome

Results indicate that just over half of respondents (54.2 %) disagreed that working towards an outcomes focussed approach will safety reduce overall demand for support.

Chart 6 – Question 8 response breakdown

Where there was agreement that working towards an outcomes focused approach would safely reduce demand for the service, the responses focused on the importance of good contract management, person centred care and support to maintain independence.

'Provided there is a clear, robust and consistent system in place to hold care providers to account'

'So long as the outcomes are around greater independence and integration with the community in which they live.'

Where there was disagreement the responses focused on the issue of whether demand could be reduced safely by introducing an outcomes focused approach.

'For those who require ongoing support, overall demand will remain the same. e.g. as a provider we are often already working with a reduced "maintenance level" of support'.

'… There is every risk that a provider who is being judged on improvement outcomes could manipulate the situation to make it look like they are meeting the goals which have been set. Any reduction in client support needs to be very carefully managed.'

Additional comments and suggestions included:

➤ All services should, be independence focussed and positive move on
➤ Any service with low move on should be looked at by the council
➤ Focus on giving people tools to help themselves
➤ Could work in theory but not in practice. Demand is driven by need
➤ Demand in increasing so overall supply of support needed will be higher

➢ This approach can work provided there is a clear, robust, consistent system in place to hold service providers to account
➢ This can work but safety can be compromised if support reduced too radically or too soon
➢ Any reduction in support needs careful management
➢ Outcomes focus may slice a little off demand but will not achieve major savings as demand increasing.
➢ This approach can work as long as outcomes are independence focussed and integrated into community goals
➢ Careful reviewing of cases is a better means to achieve greater independence.

Consultation Question 9

We feel that our approach will create a dynamic and diverse market place for the provision of CSS in Bristol. Do you agree?
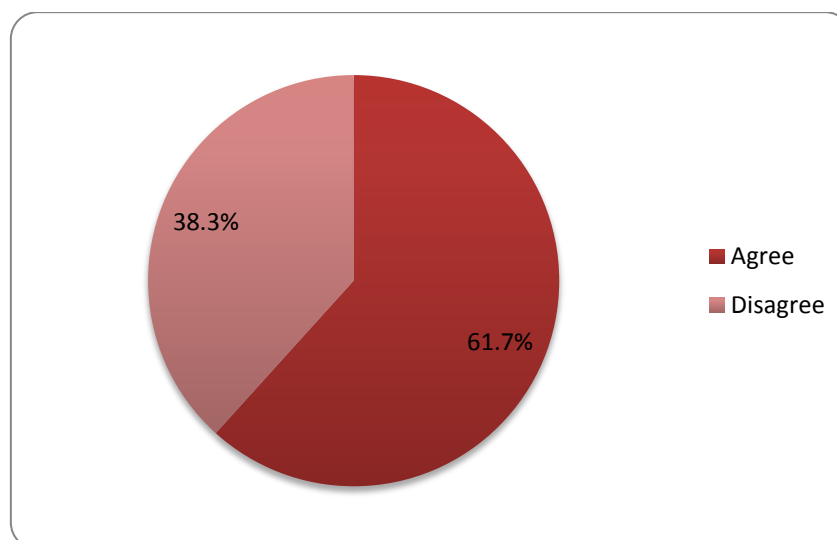**•Yes**
•No
•Further comment(s): *e.g. If not, how can a dynamic and diverse marketplace be achieved?*

Outcome

Results indicate that 61. 7% of respondents agreed that the approach described in the commissioning strategy will create a dynamic and diverse market place.

Chart 7 – Question 9 response breakdown

Where there was agreement to this question, the responses focused on the importance of service user satisfaction and good contract management.

'If it is done in a person centred way and is delivered appropriately.'

'It is likely that the approach BCC are proposing will 'shake up' the support providers and as long as this benefits the clients it will be a good thing'.

However concerns were raised about the impact this commissioning exercise may have on the current market.

So long as the market driven approach doesn't discriminate against small providers. In addition, concerns were raised that the new commissioning model may lessen choice and control for service users and carers.

'…concerned about the reality of the choice, control or influence an individual will have over this process.'

6. What we will do with this feedback

The feedback from the consultation questions and events has informed and influenced our thinking in terms of the final CSS Commissioning Strategy and service specification.

Further detail will be provided into our 'You Said, We Will Do' document. This will show in more detail how the comments received from stakeholders through the consultation process have influenced our thinking and commissioning proposals.

Community Support Services Commissioning
'What You Said and What We Will Do'

The feedback within this document originates from the public consultation on the CSS draft strategy. The consultation ran from October 2015 – January 2016 and the feedback received has informed the final CSS Commissioning Strategy.

Consultation events

Consultation questionnaire

Consultation feedback

Final Commissioning Strategy
and New Service Specification
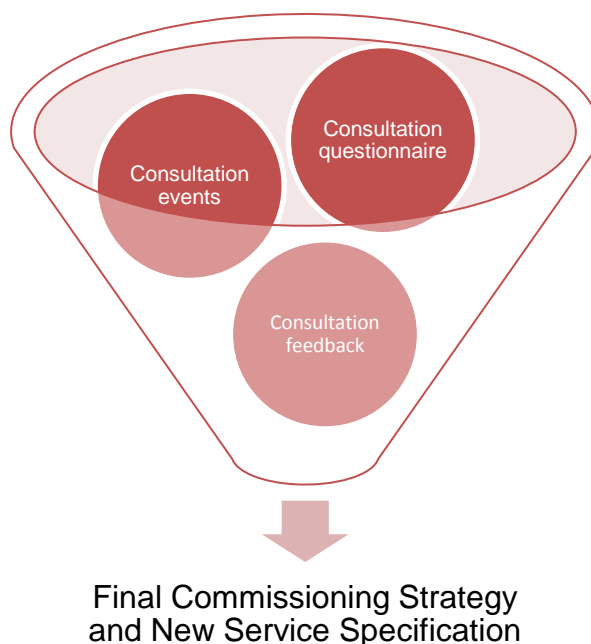
Bristol City Council is in the process of a whole scale transformation of social care. For CSS this transformation will take place throughout the life of a five year Commissioning Strategy. This process of transformation will be referenced throughout the responses.

What You Said	What We Will Do
Q1. Commissioning Strategy principles	**Our Response:**
There was overall agreement with the CSS principles in the draft commissioning strategy.	The strategy principles will **remain the same.**
Additional principles suggested from service users and carers, placed an importance on services to be responsive and flexible to need, support to be person centre and that there is also a focus on maintaining independence as well as maximising independence.	Comments received via the consultation highlighted the need for future services to be able to be more flexible and responsive to service user and carer need. The development of the new CSS service specification will review how we can commission services in a way that allows them to be more flexible and responsive.
Service Users and Carers informed us that they were concerned that this process	The new service specification will

What You Said	What We Will Do
meant that their services were going to be closed. Service Users and carers stated that they wanted minimal disruption to service users to be a key principle of the strategy.	stipulate a requirement to provide person centred support and maintain a focus on services that enable the achievement of outcomes. Maintenance as well as maximisation of independence will be incorporated into the service specification. It is our aim to minimise disruption to current CSS service users packages of care and support, however, we cannot guarantee that some service users package of care and support will not be affected by this process. All providers will be required to meet our new quality standards and come within the price parameters set within our bandings model (see Q7 for further details). If a provider does not meet both requirements, we will not continue to commission services with them until they can demonstrate that they can meet requirements. Before this process begins, we will be supporting providers to understand what our new standards are. This will support the market through this process and reduce the number of providers unable to provide CSS to service users funded by Bristol City Council. Where a service user's package of care and support is disrupted, we will put processes in place to support both the service user and / or carer to find an alternative service that meets our requirements and the individuals support needs and outcomes.
Q2. Gaps in provision Just over half of respondents felt that there were **no** gaps in current provision. Gaps that were identified by Service Users and Carers included, • Provision for 'specialist' care such as dementia and mental health	**Our Response:** The new service specification for CSS will have a greater focus on enabling service users and carers to meet outcomes. The standards underneath these outcomes will have a greater focus on the provider promoting and signposting to other services where

What You Said	What We Will Do
• Lack of opportunities for employment, education and training • Lack of accessible transport • Lack of information, advice and guidance on services in the City. It is important to note that a number of the gaps identified through this consultation responses, relate to gaps out of scope for this commissioning exercise.	applicable (such as colleges, employment agencies etc.) and supporting service users and carers to access information, advice and guidance to enable better access to services and activities that exists within the City. To support providers to achieve this, BCC will play a role in aiding the facilitation of information, advice and guidance, making it simpler for providers to navigate. This is a role that will develop and mature during the 5 year life of the commissioning strategy. The Care Act Transformation programme will also be exploring ways to improve access to information, advice and guidance within Bristol. There is also a commitment in this process for council officers to work collaboratively to maximise all opportunities for broader outcomes to be facilitated through better joint working e.g. Learning City, Transport, Cities of Service (Volunteering)
Q3. Value for Money Overall there was agreement that it was important to commission services that are value for money. There was a difference in opinion amongst respondents about how value for money could best be achieved. Re-current comments from service users and carers and providers included: • Improving contract management and monitoring of outcomes • Monitoring service user satisfaction • Improving social care practitioner assessment	**Our Response:** Achieving **value for money** is a critical driver for this strategic commissioning exercise. We are redesigning these services in order to enable us to monitor and measure impact, so that we have a better understanding how these services achieve outcomes for service users at reduced cost. In redesigning the service specification, we will be reviewing the standards that we expect all providers to meet. In the future we will only commission services from providers that meet these standards. Crucially we also have price ranges that providers will need to be able to

What You Said	What We Will Do
	deliver within. The new commissioning model will measure and monitor provider performance against these standards and satisfaction of service users and carers at what cost and quality. A key measure will be maximised service user independence. The Care Act Transformation programme is reviewing the social care practitioner assessment process for Bristol City Council, to identify current issues with the process and make improvements for the future. This project is ongoing and will develop and mature throughout the 5 year lifespan of this commissioning strategy.
Q4. Provider's role in setting Service User Outcome Milestones and Activities? There is overall agreement with the idea of service providers setting service user milestones and activities**.** Comments received stressed the importance of the service user remaining at the centre of this process, with the input of family and friends, where appropriate. It was noted that some CSS providers currently set outcome milestones in the service they currently provide, though this was not consistent with all CSS providers. There was overall agreement from providers to adopt this new approach.	**Our Response:** Providers **will have a role** in setting service users outcome 'milestones'. We want to improve the flexibility in the services CSS providers deliver and the support CSS service users receive. We believe that providers are key in enabling service users to reach their potential. Under the new commissioning model, providers will work in collaboration with service users and carers, to set outcome milestones specific to them. The new service specification will set the standards we expect all CSS providers to meet, and continue to meet, when supporting service users to enable the achievement of outcome. These standards will include the requirement to involve the service users' family and friends where appropriate, in the support planning and decision making process.

What You Said	What We Will Do
Q5. Service Use and Carer Outcomes	**Our Response:**
There was overall agreement with the service user and carer outcomes within the strategy.	Service user and carer outcomes **will remain the focus** of the final commissioning strategy and service specification.
Some respondents felt that it was important that support also focused on maintaining an individual's level of independence. Comments were received in relation to the wording of some of the outcomes.	There will be nine service user and carer outcomes that providers will be required to support their service users to achieve, where appropriate. We acknowledge that not all outcomes will be relevant to every service users who accesses a CSS service, but where outcomes are appropriate the provider is expected to adhere to the outcome standards stipulated within the new specification.
Some service users and carers who engaged in the consultation did not understand the term outcome, however when the concept was explained to them, it was evident that some service users and carers already receive support that is outcome focused. It was apparent however that this occurred across all CSS services.	The new service specification will focus on the delivery of services to support service users to review progress towards meeting outcomes through setting outcome milestones or checkpoints. The new service specification will place a duty on providers to continually explore service users potential and review their aspirations.
Providers were in overall agreement to support service users to meet outcomes, however raised concerns about how Bristol City Council would monitor CSS providers practice.	The wording of the outcomes will be amended in line with comments received through the consultation process. The final commissioning strategy and the service specification will ensure that there also remains a focus on support to maintain and maximise an individual's independence.
	Service User and Carer outcomes are a consistent thread that runs through the Care Act Transformation programme. As part of this programme work is underway to review what this means throughout all aspects of social care within Bristol City Council, from social care practitioner assessments through to commissioned and non-

What You Said	What We Will Do
	commissioned services. This is an ongoing and long term piece of work that will evolve throughout the five year lifespan of the CSS commissioning strategy.

What You Said	What We Will Do
Q6. Quality Respondents ranked dignity, respect and care shown by support staff as the most important measure of quality. Respondents noted that it was difficult to separate out the different measures set within the question and that all were equally essential for a service to be good quality. Service Users and Carers remarked that the quality and consistency of staff that support them, is also an important measure of quality, as well as monitoring their satisfaction with the service they receive.	**Our Response:** We acknowledge that there are multiple facets that make up a quality service. Through the development of the new service specification, we will be setting the standards that we expect CSS providers to meet in order to continue delivering their service. We are working with a variety of stakeholders to ensure that the standards of quality we set for CSS are appropriate. All current CSS providers will be required to demonstrate that they can meet these standards by completing a tender. We will only continue to commission services from providers who demonstrate that they can meet our standards. CSS services will be regularly monitored to ensure that they continue to meet standards, to celebrate successes and support providers.
Q7. Unit Price and Value for Money There was mixed response to this consultation question. Comments received acknowledge that under the current model, where price varies greatly, it is difficult to ascertain value for money and that greater transparency around cost and the services to be delivered would improve this.	**Our Response:** We **will not** be introducing a single unit cost for CSS services. We will instead introduce a **price range model** which will give a range of prices for ABS, Community Outreach, Day Services and Carers Sitting Services. This approach will allow providers to price their services between a range,

What You Said	What We Will Do
There were concerns that standardising price across CSS would hinder provider's ability to effectively deliver services which would impact delivery of person centred care.	meaning that value for money can be established, services can be priced according to individual needs and there is greater parity across all services for that type of care. Currently pricing is unclear and differs between providers for similar packages of care.
Some respondents suggested adopting a banding approach which took into account the variation on people's needs and introducing a form of categorisation of need as an alternative to a single 'unit price'.	
Q8. Outcome focus and its relationship with demand Respondents disagreed that working in an outcome focused way will safely reduce demand for services. Service Users and Carers were concerned that this approach may mean that some individuals in receipt of CSS may lose their support. There were further concerns that this may therefore impact some individual's ability to maintain their independence within the community. Providers of CSS commented that regular reviews are required in order for outcome focused support to safely reduce demand. This would ensure that that demand is being safely reduced and that risks are managed and mitigated appropriately	**Our Response:** As mentioned in our response to Q5, the new service specification will focus on enabling service users to review progress towards meeting outcomes through setting outcome milestones or checkpoints. The new service specification will place a duty on providers to continually explore service users potential and review their aspirations. CSS services should support individuals to maximise their wellbeing and independence. We acknowledge that for some service users, they may always need some element of social care intervention in their lives. However it is our aspiration through this process that individuals are empowered to consider their opportunities and to be supported to fulfil their outcomes not just within the bounds of social care services. The new service specification will stipulate the standards providers must adhere to when supporting service users and carers to reach outcomes, including our expectations around risk management and mitigation. Under the Care Act Transformation programme, Bristol City Council is adopting a three tier model for social care. The three tier model supports

What You Said	What We Will Do
	the CSS commissioning strategy intentions.
Q9. Diverse marketplace There was overall agreement that our approach will create a diverse and dynamic marketplace. It was generally agreed that a review of CSS was required in order to ascertain whether the services commissioned continue to meet service users and carers need. There were concerns that this process may disproportionately impact smaller providers. In addition concerns were raised that reducing the number of providers delivering CSS, would therefore reduce choice for the service user.	**Our Response:** We want the CSS marketplace to remain diverse and dynamic in order to continue to meet the various needs and outcomes of service users who access CSS. The new service specification and commissioning model will stipulate what services we want to buy and what we expect providers to do in order to enable their service users to meet their outcomes. As mentioned in response to Q7, we are intending to introduce a price range model for all CSS services, existing and new. This model will stipulate the price we will pay for different levels of service. In order for a provider to continue delivering CSS, it must both meet the price parameters in the bandings model and be able to demonstrate that they can meet service standards. Some CSS providers may fail to meet both requirements and therefore will not be able to continue to be commissioned by Bristol City Council to deliver CSS. Before this process formally begins, we will be supporting and developing the market so that they understand in advance what the new service specification will consist and reduce the likelihood that they fall out of the commissioning process. We are confident that the new commissioning model will improve transparency in the placement process and enhance service user and carer

What You Said	What We Will Do
	choice.

Appendix A
Community Support Services Consultation Dates
15th October 2015 – 7th January 2016

Consultation Events

Date	Time	Venue	Purpose
4th November 2015	10:00 – 12:00	The Greenway Centre	Service User
9th November 2015	10:00 – 12:00	The Vassall Centre	Service User
10th November 2015	10:00 – 12:00	The Park	Provider
10th November 2015	13:00 – 15:00	The Park	Service User
11th November 2015	13:00 – 15:00	Armada House	Service User
14th November 2015	11:30 – 13.30	St James Priory	Service User
20th November 2015	TBC	The Vassall Centre	Carers
23rd November 2015	11:00 – 12:30	Dhek Bahl	Service User/Carer (female)
24th November 2015	13.00 – 15:00	The Vassal Centre	Provider
27th November 2015	10.00 – 12:00	The Greenway Centre	Service User
1st December 2015	11:30 – 14:30	Maples	Service User
9th December 2015	18:00 – 20:00	The Park	Service User
10th December 2015	12:00 – 13:00	The Hive Avon	Service User and Stakeholder
15th December 2015	10:30 – 12:30	The Park	Service Users
6th January 2016	11:00 – 12:30	Dhek Bahl	Service Users (male)

Partnership Boards and Provider Forums

Date	Time	Venue	Purpose
5th November 2015	09:30 -11:30	St James Priory	Mental Health Partnership Board
17th November 2015	11:00 – 12:00	Parkview Campus	Learning Disabilities Provider Forum
18th November 2015	11:00 – 13:00	Parkview Campus	Care Home Provider Forum
3rd December 2015	11:00 – 12:00	Temple Street	Mental Health Provider Forum
10th December 2015	10:00 – 13:00	St James Priory	Learning Disabilities Partnership Board
11th December 2015	10:00 – 13:00	Parkview Campus	Main Provider Forum