**Community Wellbeing Centre Stakeholder Group**

**10/03/22 at 12:00 Noon**

**Via Teams**

Attending: Claire Johnstone (Chair), Arlene Mitchell, Arlene Hirons, Jason Grant, Martyn Sloan, Robert Cook, Phil Welsh, Heather Wilkins, Kenny Thom, Ingrid Hainey, Wendy Callendar, David Conway, Laura Menzies, Lesley Nicoll, Jenni Kaski, Nicola Stove, Conor, Sheena Wellington, Sheila Allan, Chris McDonald, Danielle Hinton, Mark Chalmers, Gillian Webster, Alison Morris, Sarah Wilkie, Robert Cook, Lewis Pull, Nadine Nicoll, Alana Harper, Kevin, Fiona Smith, Dominic Venditozzi

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| Transcript | Action |
| Claire Johnstone (**CJ**): Opens meeting, Thanks for coming along I’m Claire Johnstone, the manager of the Substance Use and Mental Health team at DVVA. At the previous meeting it was agreed that DVVA would lead an engagement plan to gather feedback in regards to the service specification for the 3rd sector provider that would be running the CWC. Everyone should have a copy of the minutes, these along with all past and future minutes and handouts should be available on the DVVA website going forwards. Arlene Mitchell will be next today with the Health and Social Care with a briefing on where we are at currently. Apologies from Louise who is not with us today. We also have talks from Arlene Hirons of the Health and Social Care Partnership, Mark Chalmers and David Conway from Hillcrest Homes. |  |
| Arlene Mitchell (**AM**): We pulled together a briefing in February that we have shared as widely as possible. The purpose of the briefing was in terms of the tender process for the service and the work that is required on the building. We are often asked what is our timescale? So, we have given a bit on that to the best of our knowledge. The target date is for August of this year, we know from Laura Menzies that the prior information notice that was mentioned at a previous meeting has attracted 11 notes of interest from voluntary organisations which is a healthy number. The information collected by DVVA’s engagement process will help shape the service specification for the service tender to go out in March. There has also been a discussion around whether Autumn as opposed to August is a more reasonable target date, but this will depend on a number of factors. We will likely break the stakeholder group into 3 or 4 smaller groups to tackle the workstreams identified from the feedback based on notes of interest from the group. There are a number of support services such as the ambulance vehicle and Penumbra that are coming into place now. Looking forward to the presentation on the feedback. |  |
| **CJ:** Thanks Arlene, we will bring up the presentation just now. [Presentation loads up]. So DVVA ran an engagement process to gather feedback regarding the CWC, through this presentation we will cover why we did it, whom we spoke to, how we achieved this, what we learned and finally what next?**CJ**: So “Why did we collect this information?” DVVA have had a lot of involvement with the Mental Health Strategic Planning group, and have had involvement with Crisis and Urgent Care Pathways, of which the CWC is one of so it was agreed that DVVA would be the best fit for collecting this information, our role is to make sure that people in the city have the opportunity to give their feedback and contributions to the design of the CWC. One thing that came back frequently during the feedback process was the misconception that DVVA will be running the CWC, which we will not, it will be run by the 3rd sector organisation that wins the tender process Arlene mentioned.**CJ**: “Who gave us their ideas?” Local people in the east and west, we had community workers based within our hubs to help people using tablet who didn’t otherwise have access to the internet to engage, we had engagement from 3rd sector organisations too numerous to mention individually. Some of our teams within DVVA also ran Conversation Cafes. We had 68 participants across the two theme sessions we ran recently and 77 responses via Survey Monkey from activists to those personally affected by the issues the CWC aims to tackle.“How did we do this” We used this stakeholder group as a focal point, taking a fully inclusive approach by using Survey Monkey to reach those that we would not be able to approach individually, we facilitated two themed sessions that were fantastic in gathering feedback, we also had feedback delivered directly via email. We also held conversation cafes, we also hosted the engagement plan on the DVVA website.We grouped the questions into themes, with the first being “Access to the Centre” and asked how should people be able to access the centre, common themes included Drop in, phone in, email, texting, visual impaired options, appointment, etc. A quote we received that sums it up well is “The Centre should be 24/7 with lots of options, calling up, texting, being referred, an outreach service, paid taxi service. Whatever the case may be the first person they see should be very welcoming, approachable and trained. It’s about having lots of options”. From the feedback we received it was implied that the service must be welcoming, perhaps with a paid for bus or taxi service to facilitate those who potentially require it.“What should the experience of accessing the centre look and feel like” What came from this is that the centre should feel warm and welcoming, non-clinical. Some feedback around behaviours staff should have with relaxed, non-threatening, non-judgemental being the key words picked up on. The centre should have safe space for private and confidential chats. Other things picked up on included an open plan space, café approach with comfortable seating. I’ve again selected a quote that sums up this well “Absolutely non-clinical, welcoming friendly and a place of safety. A relaxed atmosphere with comfortable places to sit and chat, calming music in the background also.”“What services should be offered”. Accessible, visible and relevant leaflets should be available, group sessions and 1-2-1 sessions, physical opportunities, a gendered approach, out door activities. An outreach approach was something that came up a lot. Once again, I have a quote: “There should be information that is visible and accessible for all with a mixture of opportunities from complimentary therapies to workshops on self help skills to help from people for housing benefit” Around People, the feedback suggested that there should be a mixture of clinical and non-clinical staff, with access to people such as befrienders, listening service, police contacts, counsellors. Very often trainers and training came up a lot across all the feedback. One of the quotes from this that sums this up was: “There should be a mix of clinical and non-clinical staff, clinical staff should wear a uniform. There should be volunteers and people with lived experience, but everyone should be fully trained on things like de-escalation for example.Next, we spoke on “What should the building space or the surroundings of the centre be like”. We had a lot of feedback on regards to the space feeling warm, speaking to a colour specialist around use-age of certain colours. A common theme was greenery and including plants, foliage and outdoors space as much as possible. We also had a fair amount of chat around the seating, providing a mixture of comfortable and hard back seats. Some thoughts came back on the café and what it should offer, and if perhaps it should be made the waiting area due to it’s informal nature. There was a lot of information around sound proofing the chat rooms. Mention of a sensory room or low-level stimulus room came up a lot. The quote here is “The building must first and foremost be welcoming and I would suggest consulting a colour therapist to ensure it is a psychologically informed environment”“How should the emotional needs of the person accessing the Community Wellbeing Centre be met?” was our next topic. Common themes here came back with suggestions for things like being offered a walk, a space for people to go and chill out, de-escalation training for staff, access to a doctor or medication if needed. Communication skills for the staff, acknowledging a variety of approaches, no “one size fits all” solutions. The quote here I have is “There has to be a variety of support, it is not one size fits all. People hate having to repeat themselves to a number of people, consistency of staff is important, it needs to be person centred”. “How can the community wellbeing centre support the needs of families and carers?” People suggested a holistic approach where families or carers of those accessing the service are involved and supported, for example workshops for those carers or respite in talking to professional or volunteer staff. As well as close links to CAHMS or carers centre. The quote here is “The family member or carer should be involved, informed and supported from the start, involving the carer from the start informs a holistic view. Often carers or families end up with mental health problems of their own as there is no support”.“What next?” I’d like to thank everyone who was involved in the engagement process for this, this will help shape the CWC going forward and I will pass you on to Arlene.Arlene Mitchell (**AM**): Thanks for that Claire, it was interesting to see the feedback received, somethings we had already considered and some that we hadn’t. In my mind this takes us to the end of the first Phase of this work, as we move into the next detail we will want to look at the details for things like Pathways and Connections now needs to be defined. I think if we split into 3-4 groups to discuss the topics furthers, the workstreams would be Building and Aesthetics, Communication and Engagement, the third would be Procurement around the service specification, and the fourth one would be Pathways and Connections, it is likely to be a big piece of work and we will want more people from the group to step forward and help lead this. One more aspect that I think would sit more within one of the other workstreams as opposed to being it’s own would be Technology, and how and what our IT needs will need to be achieved, perhaps under Pathways and Connections? So, I would suggest that colleagues on this call note their interest in one or more of the pathways. We will look for leads on each of the streams and arrange discussions around those four areas.**CJ**: We are happy to move forward as suggested. We already have a few names and potentials for leads.Phil Welsh (**PW**): Just as a quick question, it was mentioned that penumbra had secured the contract for the DBI, I was wondering if DBI was included in any of the workstreams you mentioned, or is that separate?**AM**: Penumbra will be involved in the Pathways and Connections workstream, there are already discussions happening around expanding DBI in the future more broadly, for example within primary care. There will be further discussions of course happening in future.**PW**: There was mention of greenspace within the building, is this possible?**AM**: Not certain, we would be quite limited based on the building, we would have to think more broadly on this topic.**CJ**: On the subject of greenspace, it was suggested a few times from those who were aware of the building’s limitation, it was suggested that the Howff graveyard may be a suitable space for a walk owing to it’s proximity and historical significance.Martyn Sloan (**MS**): In terms of the Technology sides of things, it may be easier than realised. I would also be happy to be involved in any or all of the workstreams.Louis Pull (**LP**): As someone with lived experience I would be happy to work on the Procurement side of things.Alana Harper (**AH**): Perhaps a silly question, but on the procurement side of things, does it need to be one organisation that wins the tender or could it be collaborative, partnership or consortium bid that wins?**AM**: Good question. A lot of prior discussions have been about how big this development is and the broadness it covers, we have been a little challenged by this, up until now we have been looking at one organisation, the question you have proposed would likely be something we would need to have further discussions around. Laura Menzies (**LM**): At this stage we are still getting a sense to what is the best approach, there is nothing set in stone at this point. As mentioned by Arlene up until now we have had the sense that it would be one organisation, but there is nothing to stop us encouraging alliance or collaborative approach to the tenders. We are definitely open to this and will discuss nearer to the point of tender.**CJ**: It wasn’t mentioned in the presentation, but this was a recurring question in the feedback to the themed sessions we ran. | Participants to note their interest in the “Workstreams” to DG or CJ.Discussions to follow. |
| Arlene Hirons (**AH**): For those that don’t know me, I’m an Integrated Manager for Health and Social Care Partnership for Learning difficulties and Mental Health. I have been working with Mark and David in regards to the building, we now have some plans that have been developed and Mark and David will discuss these later, they have also been involved with the feedback collection to take notes. There is also a visit for South Ward Road scheduled for the 14th of March, due to Covid this will be with limited numbers however. I will hand you over to David now.David Conway (**DC**): Thanks Arlene, Mark and myself are delighted to be here and involved in such a meaningful project. I work as a contracts manager for Hillcrest homes and will be for this project, I work with Mark Chalmers from Space Solutions who are our appointed consultants to create and design the space. We are thankful for the representation from Arlene and the feedback collected. We are remodelling a building that is nearly 50 years old, and that does present some challenges that thankfully we are experienced in dealing with. The feedback collected helps shape this. We still have some milestones to meet, such as getting planning permission and building permits, I am looking to get warrants in over the next few weeks, and when that happens certain aspects will be “locked in”, and following that we will have more interesting challenges to meet, that again we are experienced in. Mark will give you an overview of the building, and state where we want feedback. Some of the design elements can be still shaped but some things about the design and layout are locked down, just to temper expectations. We are also looking to have stakeholders visit South Ward Road on Monday to see it as it is currently. Ultimately, I also need to consider the budget, and to make sure that we deliver the best we can from that budget, so whilst we will absolutely take on feedback we receive I must still be mindful of that budget.Mark Chalmers (**MC**): I am Mark Chalmers, an Architect with Space Solutions and I have experience in working with Mental Health projects, so I know a little about the background but your input is invaluable. We will run through the background of what and where the building is, what it looks like, how we will change it and the feedback we are looking for. [Brings up presentation] So the building at the moment, it’s at 4 South Ward Road, just across from the council offices, we won’t be changing the outside of the building too much.The reception will be an open area and will open into the café area, we are also looking at updating and modernising the look of the space. These slides are the proposals for how the building will be split up. [MC goes over and explains slides showing floor plans of SWR][when reviewing rooms marked as “interview rooms”] these rooms can be adapted to fit whatever function you need them to serve, these could be the low stimulus room or private talking spaces for example.[in response to a question regarding disabled access for front door] The door in place is a standard manual double door, which we believe should work for both able bodied and for folk in wheelchairs.[When discussing rooms marked with “IEP”] These are for the Injecting Equipment Provision service.**AM**: In regards to the IEP things, this is a separate service ran by Hillcrest that will also be running from the building. The CWC is linked, but distinct from the IEP service. It is also worth noting that office spaces have not yet been allocated and can still be influenced. Dave also mentioned the budget earlier, I wanted to assure you that there will be money for the furniture and aesthetics aside separate from the budget that Dave mentioned.**MC**: moving on from the plans, from my point of view, to get to the point where we can apply for planning permissions we need to agree to the activities that will go on in each space, it may be obvious to you but not to myself so let us know what will be happening in each of the spaces, things like how many people will be in the room, how many desks or chairs are needed, we have a reasonable idea from the accommodation schedule but it’s always best to double check. The types of equipment and furniture, for things like the sensory room or low stimulus room, if it was a Snoezelen type room for example. Practical things like size of doors we need feedback on. Acoustic privacy so things like sound proofing some spaces. Likewise, visual privacy, some spaces you may wish to include some seclusion or be left open. Controlled access, so what doors need to be lockable, and who can access them and how? Key fobs? Storage consideration is another thing. We need to know how much storage space and what kind of storage will be needed. Power and data covers things like power sockets. Window blinds and where they are needed? And next, aesthetics, we’ve already heard a lot of the feedback in regards to warm, non-clinical feel, and that colour considerations are important. And finally, things to avoid, it is worth flagging up things you have considered that you definitely don’t want to see. Do let us know any and all feedback you have on these topics.[MC brings up floor plan again] The interview rooms are fairly spacious and deceptively large, so if we are looking at Snoezelen or family rooms, we should be able to accommodate those requirements. The café in the middle we have planned for five tables and twenty-two chairs, this can still be reconfigured, the furniture is quite flexible, it would be good to hear feedback on this. The Adjacent kitchen will be similar to the one in the Caird centre, with a sink, a hob and a servery counter. The reception space would be slightly closed off for a little privacy about what is on the monitors, there would space for a few receptionists to be present, it would immediately join on to the waiting space with soft seating. We also have the group work room, this has some furniture planned but again can easily be reconfigured for the purpose you require.**CJ**: Thanks for that Mark, if people want to email DG with any comments or additional feedback and we will pass this on. We have some extra time left today, so if Kenny of Penumbra is still here would you like to give a quick update?Kenny Thom(**KT**) The DBI team in dundee is fully recruited and we are now going through pre-employment checks and are undertaking the level 2 training for face to face delivery, we are also engaging with police Scotland to roll out the level 1 training, and are looking at a soft launch from the 1st of April. We anticipate being quite busy going by similar things in other cities, the plans going forward are looking good and I’m excited to see that go forward.**AM**: As there is some interest in the DBI from chat and questions we have received, would it be possible for yourself or someone from your team write a few paragraphs that we can share with the group explaining the service?**KT**: Not a problem I’ll send something to DG and it can be distributed throughout the group. | Feedback on plans and topics outlined to be emailed to MC or DGK to provide short summary of DBI’s function to be shared with the group. |
| **CJ**: So, the next step is the 14th of March we have the building visit. I will arrange for a meeting for the Workstream leads to meet to agree on the outcomes for each of the four workstreams, DG will send out information on the workstreams and if you register your interest with DG he will pass your information on to the work stream leads. Finally, the next CWC meeting will be Thursday the 21st of April, 2022 at 12:00 Noon. Thanks everyone for coming. |  |