Greater Manchester Enterprise and Mental Health

A Review of Existing Initiatives and Pilot Programme Proposal

Commissioned by the Strategic Health Authority

Bubble**enterprises**

October 2009

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Greater Manchester Enterprise and Mental Health Review

Executive Summary

       1   Consultation and Review

This consultation and review was commissioned by the Strategic Health Authority (SHA), to engage with enterprise and innovation activity across Greater Manchester within the mental health arena.

The intention is to develop and support innovation through an enterprise initiative that could be offered to organisations across Greater Manchester as a pilot to run over the next two years driven by the needs identified by the stakeholders and within the context of current activity.

The consultation took place with the ten Primary Care Trusts, ten Local Authorities and three Mental Health Trusts across Greater Manchester between June and September 2009. Those interviewed were Executive Directors and Senior Managers in the organisations who were mental health leads and commissioners. In addition, further discussions took place with 3rd sector organisations.

The consultation was divided into five phases; face to face meetings; written feedback and amendments; meetings with associated colleagues; production of the report for the Strategic Health Authority and devising the detailed pilot projects.

       Discussions centred on,
- Identifying current areas of activity in enterprise
- Identifying areas of interest for development of enterprise
- Mapping current service provision in their area
- Identifying need for development of new services
- Identifying needs to strengthen existing provision
- How to address barriers to service development
- Appetite for change and new developments in the organisation

There were forty eight enterprises identified across Greater Manchester during the interviews.

Four common themes of priority need were identified in the organisations: Introducing the benefits of enterprise; creation of enterprises; developing sustainability; supportive systems and infrastructure.

Since only 25% of the population in the Northwest know someone who has recently started a business, it is no surprise to learn that a common thread in the consultation was the need for business expertise to be brought in to boost the service development role performed by NHS and Local Authority staff.

Commissioners were ready to offer support to developing the 3rd sector and expressed a wish to develop ways of doing this. They wanted to support an increase in service user led service delivery within the 3rd sector but were unclear how to set about this task or where to find resources to allocate to it. It was agreed that the resultant benefits would encourage and promote Recovery and Inclusion. Commissioners also acknowledged the range of benefits along the 'Return to Work' spectrum included meaningful activity, volunteering and education and all may be stimulated by enterprise engagement and building aspiration.

Most reported the need to engage a higher number of staff, service users and carers in the concept of enterprise and one authority wanted to develop a staff training initiative which could bring together social workers, carers and service users in an enterprise engagement programme. One Trust talked about the lack of 'visionaries' in the NHS environment to think creatively and do things differently and that this potential needs to be nurtured in staff.

Support was needed for service users already involved and engaged in enterprising activity to build their capacity by gaining and improving such skills, as bid writing, delivering a winning pitch for a contract, issues around sustainability. This might take the form of team development and mentoring where fledgling groups are already active.

There is a range of levels of enterprise creation with some organisations supporting new activity more than others. One Trust has generated a number of in-house projects to help to mainstream provision more quickly. The potential for new business creation however remains huge given the expected growth in the take up of Individualised Budgets and Direct Payments. Commissioners reported that there is a need for smaller service providers to grow and scale up as well as extending the market place provision in general.

Some Trusts had initiated their own work and many were already contracting from a range of 3rd sector providers. Commissioners highlighted communication barriers between Trusts and 3rd sector providers as being one of their challenges, as well as a lack of operational infrastructure and mechanisms for accountability within many 3rd sector providers.

A need for high quality consultancy work in the areas of enterprise development, diversification, replication and supply chain development was identified for specific projects and 3rd sector organisations that showed growth potential towards sustainability. Stockport MBC and Trafford PCT illustrate that where consultancy has been brought in the outcomes have been greater sustainability.

The process of procurement between large scale public bodies and small enterprises remains an area of concern and some commissioners identified how individualised care budgets could be managed and streamlined to access services from 3rd Sector organisations as a priority. All parties felt that regional networking opportunities were needed in order to promote a co-ordinated approach and cohesive action.

Enterprise within Mental Health has been on the agenda for ten years and been actively promoted within the NHS for at least seven. The rate of growth of the 3rd sector as a market place for commissioners has been slow and there is a considerable shortage of opportunities for procurement of services.

The research has led to the conclusion that there is an appetite within the NHS and Local Authorities

- to develop new service delivery enterprises
- to support existing enterprises to become more sustainable
- to engage enterprise expertise to support service development and new service delivery
- to remove barriers to developing enterprise
- to provide targeted support to entrepreneurs from within the mental health sector that clearly have additional, different needs that the mainstream business advice agencies struggle to provide

2   Pilot Programme Proposal

A programme of pilot projects will act as a catalyst for current and future development of service delivery and other outcomes in the Recovery and Inclusion of people with mental health issues. It is a realistic and achievable programme.

The consultation resulted in drawing together two areas of need,

- An appreciation of the requirements of the different stakeholder groups
- An understanding of the three key areas of systems development

The stakeholder groups are service users and carers, commissioners, entrepreneurs and funders. The three key areas of development identified are 3rd sector provision and market access, enterprise and brokerage.

The proposed programme will comprise twenty pilot projects across a range of geographical and administrative areas to inform and support the development of processes between the stakeholders and will,

- Identify and define the needs of commissioners, funders, service providers and service users
- Gather evidence of best practice
- Highlight areas needing further development

- Test mechanisms for addressing current issues

The two year programme will be overseen by a steering group of stakeholders from across Greater Manchester. There will be a delivery team whose partners would meet regularly and oversee the detailed development and delivery of the programme.

Outputs will include new enterprises and more sustainable existing enterprises. Outcomes will include greater engagement with enterprise as a route to recovery and inclusion.

3 Resources and funding

The cost of delivery of each pilot project is to be spread between the stakeholders of each activity with the SHA supporting the overall programme, to enable the spreading of best practice and identification of good working examples that can be shared across the region.

It is proposed that each Primary Care Trust, Mental Health Trust and Local Authority contribute £5,000 each year for two years (providing £230,000) and the SHA provides £50,000 per year for programme management and administration.

1. Introduction and background to the consultation

1.1   Why a Consultation

In line with the Mental Health Improvement Programme's aim to seek out and address barriers to developing services, this consultation was commissioned by the Strategic Health Authority (SHA), to engage with enterprise and innovation activity across Greater Manchester, as a route to meaningful activity and to address worklessness within the mental health arena.

In response to needs identified by the stakeholders, within the context of current activity, the intention is to develop and support innovation through an enterprise initiative that could be offered to organisations across Greater Manchester as a pilot to run over the next two years.

1.2   Mental Health Improvement Programme

The Mental Health Improvement Programme was established to implement the findings of The NHS North West Commission on Mental Health Services report "A better future in mind", which was accepted by the SHA board in October 2008.

The overall aim of the programme is to develop a more effective system of commissioning and delivering services, which should:

- Be comprehensive and inclusive, promoting the principles of fairness, respect, equity, dignity and autonomy for service users, carers and staff
- Recognise and address the fact that some people have unequal access to services because of their social, economic or cultural circumstances; and that these inequalities may cause higher risk of mental illness or make them less likely to have positive mental health
- Acknowledge the benefit to all of positive mental health, the opportunity for some of preventing mental illness and the focus on recovery for those who are experiencing mental illness
- See the experience of users and carers as at least the equal of all other measures of success and recognise that the best results for users and carers come from positive relationships that fully engage them in all levels of decision-making
- Acknowledge that non-statutory services, including those led by service users are equal to those of the statutory sector and in which collaboration between the two is encouraged

There are 12 recommendations as part of 'A better future in mind' which support the need for this pilot. Priority areas to strengthen and develop are: strategic vision and leadership, commissioning and investment processes, User Carer and Public involvement and workforce development.

Our Review has specific resonance in Recommendations 7 and 2.

Recommendation 7:

" that commissioners, working with other agency partners, develop and implement more measures and targets that promote paid work, education, leisure and volunteering in support of wellbeing, illness prevention and recovery for those experiencing mental illness."

Recommendation 2:

" the strategic health authority uses its leadership and influence to support the North West NHS and other partners to establish a service user and carer engagement development initiative. This should enable service users, carers and communities to participate effectively as equal partners in the design, delivery and evaluation of services."

1.3   The enterprise picture

The Department of Health (DOH)[1] committed to support social enterprises and to encourage some of the newest and most innovative providers into the health and social care system. The DOH Social Enterprise Unit has published a resource pack to signpost people/organisations to support and guidance on setting up a social enterprise in the health and social care sector, to help to minimise the barriers faced in setting up and competing fairly as health and social care providers. Indeed, they are seen as playing a crucial part in "achieving the vision of a patient-led NHS" [2].

1.4   Stimulating entrepreneurial activity: best practice examples

The Small Business Services Phoenix Fund paved the way for new and innovative ways of working when it engaged with organisations nationwide in 2004, as part of a programme to encourage enterprise within the mental health arena. Thirteen organisations were selected to carry out projects developing initiatives to encourage and facilitate self-employment, social enterprise and employment prospects generally, for people with experience of mental health conditions. The evaluation report details that outcomes from the project were overwhelmingly valuable and that several of the programmes were able to bring in their own resources to continue to operate beyond the lifetime of the fund.

The New Horizons consultation has been an ongoing national consultation since 2007 to build upon the National Service Framework (NSF). The evolving New Horizons strategy is underpinned by a wish to seek to make the way mental health services are developed and delivered more entrepreneurial. Key themes which support this are:

- **multi-agency commissioning/ collaboration** – working to achieve a joint approach between local authorities, the NHS and others, mirrored by cross-government collaboration

- **innovation** – seeking out new and dynamic ways to achieve our objectives based on research and new technologies

- **value for money** – delivering cost-effective and innovative services in a period of recession

1.5   Enterprise and Health – Recovery

A mental health issue need not stop anyone from engaging in enterprise activity or running a successful business. Every new enterprise needs business advice and support in the early start up or later expansion stage. People with entrepreneurial flair, a clear focus and the right support are more able to set up an enterprise, with or without having to manage a mental health issue in addition, than those without support.

Evidence from the findings of work carried out in 2004 by the Small Business Services, Phoenix Fund found that people with mental health issues perceive self-employment as a positive choice; enabling them to work in a way that fitted their mental health needs; and is less stressful than working with employers/colleagues who lacked awareness of mental health issues.

For people with Mental Health issues self employment can also offer an important opportunity. Currently, only 24% of adults with long-term mental health issues are in work: the lowest employment rate of any of the main groups of disabled people (Social Exclusion Unit, 2004).

Self employment can potentially provide the flexibility of being able to manage work 'around' a mental health issue, provide a personally meaningful job, and the opportunity to take a first step back into work (Mind, 2006). Furthermore, becoming self-employed can also provide a pathway into

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[1] *Our health, our care, our say* ,White Paper The Department of Health (DOH 2006))
[2] Welcoming social enterprise into health and social care (DOH) Social Enterprise Unit, Jan 2007

employment which may not be available due to employers' attitudes towards mental health issues, of their belief that there is too much of a risk taking on a person with mental health issues.[3]

There are distinctive benefits for people who have used enterprise as a route to recovery:

"I started my business four years ago after being made redundant. When I worked for someone else, there were quite a few days where I just couldn't cope because of my depression, and I would spend the whole day bluffing my way through. I knew I couldn't go back to being an employee, and starting my own business would enable me to better match my work to my moods and abilities. I can now organise my working hours to coincide with the times I'm feeling at my best, and as a result I've noticed a dramatic improvement in both the quality of my work and in my mental health. I would encourage anyone else with a mental health problem with an ambition to start their own business. I think a lot of people might think it's too complicated or difficult, but it doesn't have to be, and it could completely change their life." Lionel Joyce, Entrepreneur talking to Evening Chronicle August 2006

However enterprise development support for people with mental health issues is not widely available or mainstream. Although people can go to Business Link and Enterprise Agencies, the complex needs people often have, coupled with a lack of skills or confidence does not fit well with current mainstream support programmes. Innovative activity will often need more time than existing advisors can give based on enterprise creation targets and the reality of funding outputs.

Where enterprise development support has been brought in, it has produced effective results and original or ground-breaking work has proved successful. For example;

> In Stockport, a social enterprise 'Step by Step' is assisting a service user and carer group to develop 'Accentuate the Positive', a new enterprise to deliver Self Directed Support services that is about to be commissioned.

> In Trafford, BlueSci delivers a renowned resource centre and now supports new smaller ventures starting out on a consultancy basis. A Trafford Commissioner disclosed that where social enterprise was the issue, they always approached BlueSci first.

In July 2002, the Government launched a three-year strategy, 'Social Enterprise: a strategy for success', setting out a programme of action to work to promote and support social enterprise activity. Underpinning this philosophy, and also at the heart of the government's agenda, is the principle that the route to inclusion is to have an economic stake in society and to become less dependent on benefit.

Social enterprises can facilitate group based employment settings aim to allow people who are socially disadvantaged or those with disabilities or health problems opportunities of work in supported environments. This enables them to become economically independent as part of the workforce within those settings or to move on to other types of employment. For people with mental health problems they can provide support, understanding of mental health issues and settings that offer encouragement without undue pressures[4].

2. Research and consultation

2.1   The study process

The consultation and discussions with senior managers in the stakeholder organisations, both NHS and Local Authority, as well as some partners in the non-statutory sector, ran from June to September 2009.

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[3] Business Minds-Newcastle Demonstration Project 2007

[4] Tackling Mental Health Issues through Enterprise - DTI Small Business Service. June 2004 http://www.berr.gov.uk/files/file38352.pdf

The consultation process was divided into five phases, covering face to face meetings, written feedback and amendments, meetings with associated colleagues from recommendations in the first round of meetings, the production of this report for the SHA including recommendations for the pilot(s) and finally, returning to the Stakeholders to devise the detailed pilots.

- Phase One

The first phase of the initiative was a series of consultation meetings between June and September with key players in the stakeholder organisations, across Health and Social Care in Greater Manchester, (see Appendix 1). The meetings discussed innovative and creative current thinking around enterprise and Mental Health in each of the geographical areas, and the proposed aims of the pilot programme, to assess how it might harmonise with ongoing or proposed activity in the organisation.

- Phase Two

The meeting notes were distributed and confirmed; comments and information was returned to augment the minutes and produce a profile of the enterprising initiatives in each of the organisation's area. These consultations highlighted the extent of the knowledge of the third sector services available in the locale and region generally, which will be partly addressed by the newly commissioned piece of Network development work by PROMiSE NW.[5]

- Phase Three

The third stage has been meetings with further individuals and organisations recommended by the stakeholders met in the first round. (See Appendix 1)

- Phase Four

This fourth stage was the consideration of the broad themes and issues arising from the consultation and the devising of potential pilots to be collated in a report to the SHA. (See Appendix 2)

- Phase Five

The next stage will be to feedback to stakeholders on the findings of the consultation and the development of the next steps in the programme.

2.2   Primary research

During the consultation involved commissioners and service managers from a range of four stakeholder groups in Greater Manchester: Primary Care Trusts, Local Authorities Adult Services, Mental Health Trusts and Enterprises. A list of organisations consulted is included in Appendix 1.

The discussions centred on:

- Identifying current areas of activity in enterprise
- Identifying areas of interest for development of enterprise
- Mapping current service provision in their area
- Identifying need for development of new services
- Identifying needs to strengthen existing provision
- How to address barriers to service development

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[5] **PROMiSE NW**
The Network for Third and Independent Providers of Mental Health Services in the North West

2.2.1   Enterprise and Mental Health in Greater Manchester

Through the consultations least 48 enterprising projects and organisations were identified, working with Health Authorities in the mental health arena across Greater Manchester. (See Diagram 1) These projects and organisations vary in size, age and service sector. A small number are contracting across more than one borough. More information on the geographical and sector spread of these projects and organisations can be found in Appendices 2 and 3.

Mapping Out Existing Entrepreneurial Service Providers in Mental Health in Greater Manchester
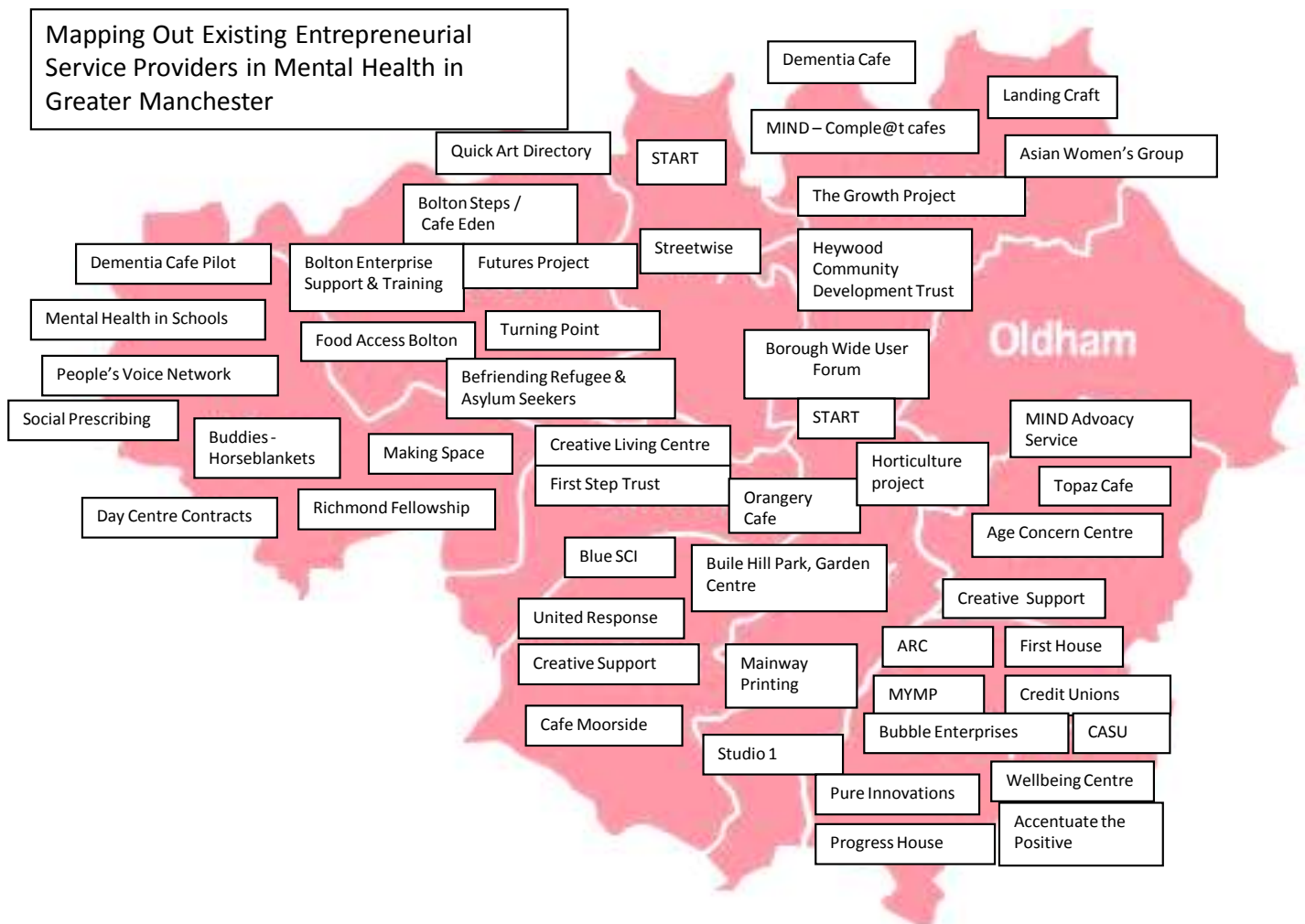
Diagram 1- Entrepreneurial Service Providers across Greater Manchester

This is not a definitive list and existing evidence would suggest the selection highlighted in Diagram 1 is only a fraction of the whole picture. There are significant numbers who are not yet on the radars of Health and Local Authorities.

Four over arching themes of identified interest and priority need for the organisations consulted became clear: Introducing the benefits of Enterprise; Creation of Enterprises; developing Sustainability; Supportive Systems and Infrastructure development.

(An additional need was identified: that of mapping the sector, which we believe is being partly addressed in the development of the 3rd Sector Network by PROMiSE NW).

2.2.2 Introducing enterprise - the benefits and process of establishing (social) enterprises

According to North West Regional Development Agency (NWDA) figures, less than 25% of the population in the Northwest know someone who has recently started a business. Against this backdrop it perhaps is no surprise to learn that a common thread in our consultation was that commissioners did not feel there is sufficient business expertise within the NHS and Local Authorities to support development of new enterprises.

Health and Local Authority commissioners regularly commented that they had to support an increase in user led service delivery within the 3rd Sector, but did not know how to go about achieving this nor where resources would come from to commit to it. Whilst the big question for some was how the concept of work related activities fits within the responsibility of health providers, most others believed that it was commissioners' responsibility to support the growth and development of more user led services in their area.

For the majority, greater involvement by carers and service users in the delivery of services would not only support the embedding of the Recovery Approach but actively encourage it. Enterprise was seen as one way to extend possibilities and opportunity, promote greater self determination in all aspects of an individual's life, not only in their return to or journey into work, but also into more meaningful activity at a level of engagement to which they can commit, which may eventually lead to even greater aspiration.

Some service user led projects or enterprises were not yet paying staff but were engaging people in development activity which had the potential for being commissioned and providing paid work in the future. One example of this is the social enterprise 'Accentuate the Positive' in Stockport. This User Led Organisation has developed through the support of a 3rd Sector organisation, Step by Step, commissioned by Stockport Council, to provide business advice and guidance around enterprise development; this particular enterprise will soon be testing the efficacy of peer led brokerage compared to other forms of support brokerage within a self directed support pilot in mental health. Without the support this enterprise development would not have taken place.

Most reported the need to engage a higher number of staff, service users and carers in the concept of enterprise and one authority wanted to develop a staff training initiative which could bring together social workers, carers and service users in an enterprise engagement programme. One Trust talked about the lack of 'visionaries' in the NHS environment to think creatively and do things differently and this potential needs nurturing in staff.

Those authorities further advanced in enterprise felt there needed to be more knowledge sharing and networking to inspire, motivate and create new service-user led businesses, both in the community and also within the Trusts and Council bodies themselves.

Support was needed for service users already involved and engaged in enterprising activity to build their capacity by gaining and improving such skills, as bid writing, delivering a winning pitch for a contract, issues around sustainability. This might take the form of team development and mentoring where fledgling groups are already active. For new and potential entrepreneurs in the field, support may look like taster sessions or confidence building in order to engage people in the concept of enterprise.

2.2.3 Creating new enterprises / services

There is a disparate range of activity level between the boroughs in the generation of new businesses delivering mental health services. Some areas have been able to move enterprise forward more smoothly than others. Examples of how activity has been more successful include: one Trust which has generated a number of in-house projects to help to mainstream provision more quickly and is also tendering out day care provision; others are contracting through an independent Resource Centre; a Metropolitan Borough Council has a Social Enterprise Support team that has worked to develop care businesses.

The consultation process brought out several specific suggestions for innovative solutions to meet current demand. However, whether or not these would make sustainable enterprises is presently

untested. The potential for new business creation however remains huge given the expected growth in the take up of Individualised Budgets and Direct Payments.

Commissioners said their need was to see smaller service providers grow and scale up as well as extending the market place. They were also encouraging of services that were currently provided 'in house' to become independent of Trusts' control eg Benchmark Furniture Design which provides employment skills and training in a furniture making business for people within a GM Trust.

Some Commissioners were new to the area and suggested ways of presenting a procurement hub which would signpost to services and could respond to needs for new service development.

Some of the suggestions for enterprises currently not available (or perhaps not yet located) were identified by Commissioners as services they would like to procure if available:

- Courses for service users in becoming more independent/enterprising/innovative
- A pharmacy enterprise - getting medications out to people (avoiding service user reliance on taxis)
- The development of further early intervention and prevention services
- Service user led day care/support re anxiety
- Self Directed support - Agency of support brokers (peer led)
- Cafes and food production (including, roll out and replication)
- Creation of an Enterprise forum - sharing good practice and social auditing

2.2.4 Developing sustainability

Later stage engagement activity is for those projects, initiatives or enterprises which are already established and are looking to further develop, scale up and grow. Some Trusts had initiated their own work and many were already contracting from a range of Third Sector Providers (see Appendix 3). Commissioners highlighted communication barriers between Trusts and Third Sector Providers as one of their challenges, as well as a lack of operational infrastructure and mechanisms for accountability within many Third sector providers.

Most Commissioners felt that in order for more external contracting to take place, support for capacity building within the Third Sector is needed, with an emphasis on operational and financial sustainability with the ability to demonstrate quality and impact. There was the suggestion of supporting existing organisations and enterprises, by brokering admin, HR support, social auditing, business development, IT and operations systems. Two Trusts offered that they would be prepared to consider admin and HR services by way of pro –bono support. Another trust explored the idea of a Local Learning Pilot where a menu of skills and services could be brokered.

A need was identified to work more intensively with specific projects and organisations which are somewhat advanced with evidenced growth potential. High quality consultancy work in the areas of enterprise development, diversification, replication and supply chain development plus organisational management and governance, could make real impact on those organisations with the potential for real growth. Consultancy work with initiatives developed within Trusts and Authorities would also enable them to look at independence which may encourage further growth and a broader range of income streams.

The findings highlight clusters of similar enterprise activity taking place across Greater Manchester (see Appendix 5). Joint training and support for organisations working within a particular sector or field such as catering, care, horticulture, creative arts and employment opportunities, would strengthen service delivery by enabling people to come together and share practice, as well as develop joint initiatives, potentially share resources and grow their customer base.

All parties felt that regional networking opportunities were needed in order to promote a co-ordinated approach and cohesive action. These would provide an arena for business to business partnerships and consortia development, as well as raise awareness and market opportunities across the region, whilst promoting learning from others and enabling the Third Sector to understand who is who within Trusts and Authorities and how to engage with them.

The process of procurement between large scale public bodies and small enterprises remains unclear for many entrepreneurs. Similarly, the sheer volume of effort and organisational backup required to simply bid for a contract, is beyond the means of many small enterprises that have the staff to deliver services but few additional resources.

2.2.5   Supportive systems and infrastructure

Commissioners were ready to offer support to developing the 3rd sector and expressed a wish to develop ways of doing this. One suggestion was to provide time and resources in kind from the NHS and to find a way to utilise current resources to provide HR development and other back office services such as administration and payroll to the 3rd Sector.
Other more process led suggestions included:-

- Look at how individualised care budgets could be managed and streamlined to access services from 3rd Sector organisations
- Training and development for commissioning teams to help them better engage with the 3rd and voluntary sectors and look at further innovative ways of working together
- Providing an integrated service to 3rd sector and voluntary organisations working in the field of Mental Health (Information, signposting, training, support, procurement forum)

2.3   Secondary research: findings from desk based research

A bibliography of research reports utilised is included in Appendix 6.

One of the most contemporary reports was published in October 2008 by NHS North West.[6] It examined the evidence over a year from a wide range of stakeholders, in a review of the impact of changes since the introduction of The National Service Framework for Mental Health in 1999. The findings were used to set a new agenda for mental health within a broad agreement about the characteristics of an effective mental health system which included an acknowledgement that non-statutory services- which include those led by service users- are equal to those in the statutory sector and should be encouraged.

The review made twelve recommendations concerning the engagement of service users, carers and the public; commissioning and investment; and developing staff. One of the key actions was to "promote paid work, education, leisure and volunteering in support of wellbeing, illness prevention and recovery for those experiencing mental illness" recognizing that the lack of meaningful activity is detrimental to the lives of people with mental health problems. Worklessness and unemployment illustrate a wider model of poverty than a purely financial definition.

A recent article in Patient UK, explores the effects of poverty on mental health and makes the connection between unemployment and mental wellbeing (see Diagram 2):

- "Amongst those with long-term mental health problems, only 24% are employed. Unemployment is the 'norm'. Those in receipt of sickness and disability benefits currently outnumber the total number of recipients of Jobseekers' Allowance in England.
- It should be recognised that not everyone with mental health problems is capable of working and the nature of mental illness means that this capacity may fluctuate. Welfare benefits therefore, are the major source of financial support for over 75% of working-age adults with significant mental health problems. ...... The impact of the change from Incapacity Benefit to Employment and Support Allowance remains to be seen.
- Employment levels have been stable over many years, but with the spectre of rising unemployment secondary to the credit crunch and recession, many have concerns about the mental ill health that previous generations have encountered under such conditions.
- Unemployment has been associated with a doubling of the suicide rate. Lack of job security also increases the risk.

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[6] A better future in mind: Mental health services in the North West - NHS North West, Oct 2008

- Unemployment seems to increase the duration of episodes of common mental disorders but not the likelihood of their onset." [7]

Adults in the poorest fifth are much more likely to be at risk of developing a mental illness than those on average incomes. The differences by income are greater for men than for women.

Source: Health Survey for England, DH; the data is the average for 2004 to 2006; England; updated June 2008
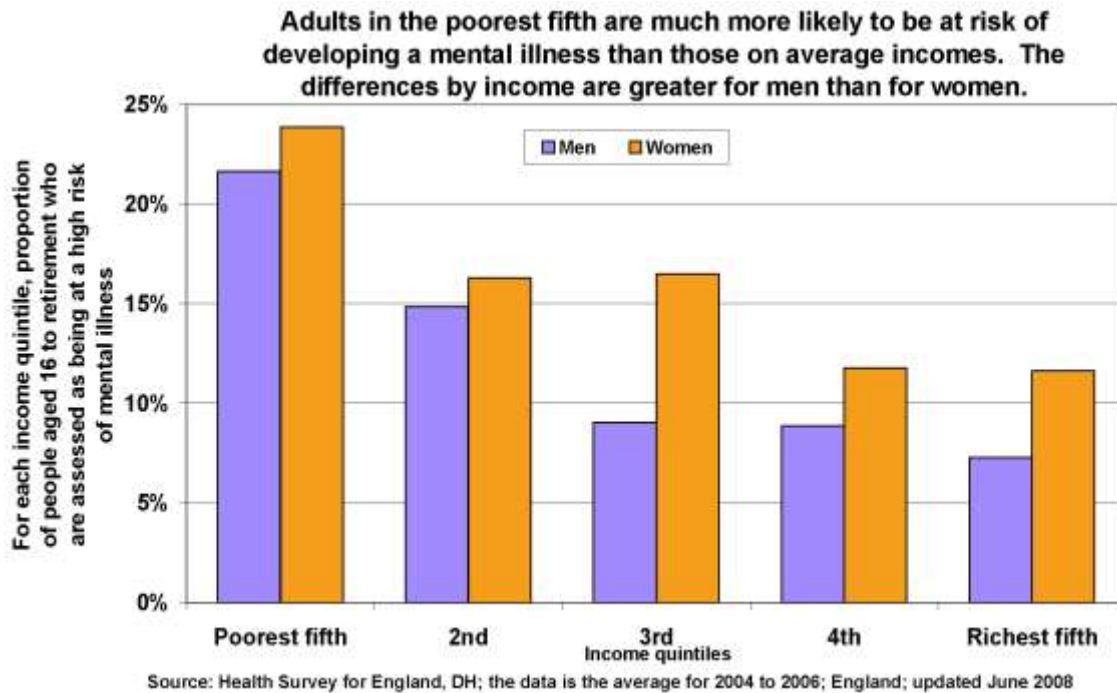
Diagram 2 - Risk of mental illness by income

There are at least 150,000 claimants in every region, making this a national problem. A third of new claimants cite mental health conditions as the primary cause of their incapacity – compared with one-fifth in the mid-1990s.

Department of Health research[8] reports how attitudes to mental health have changed significantly since 2008. Opinions:-

- Changed towards greater tolerance
- Moved more in favour of integrating people with mental illness into the community
- On people with mental illness having the same rights to a job as everyone else became more favourable

2.3.1 Enterprise and the North West context

The North West falls behind in the national figures for enterprise and new start-up businesses and to address this, the Northwest Regional Development Agency's Enterprise Strategy[9] focused on the three core themes: developing enterprising people, businesses and places.

- In 2006, compared to a national average of 39 business start-ups per 10,000 adults, there were 32 in the Northwest
- The number of VAT registered business start-ups in the Northwest has declined marginally over the last three years in a row reflecting the national trend
- The number of people expecting to start a business in the next 3 years is 6.6% in the Northwest, compared to 7.4% nationally

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[7] Patient UK, 25 Mar 2009
[8] Attitudes to mental illness, DOH,12 June 2009
[9] Northwest Enterprise Strategy, NWDA (June 2008)

- The number of people who know somebody who started a business recently is lower in the Northwest than the rest of the UK, at 23.8% versus 25.7%
- The Northwest needs another 91,000 people to start new VAT registered businesses (38,000), or become self-employed (53,000), to reach the national average
- The Northwest has seen significant improvements in entrepreneurial activity, in particular, in women, 18–24 year olds and some ethnic groups

2.4   Conclusion

The research led to the conclusion that there is an appetite within the NHS and Local Authority for developing new service delivery enterprise(s) and supporting existing enterprises to become more sustainable. It is unlikely to develop on its own within the status quo, however, without significant encouragement and know-how from the enterprise arena as there is an understandable skills deficit within the public sector and the 3rd Sector is in its infancy. This growth would be achievable in the organisations if more general business expertise was available and in particular, enterprise development in the form of training, mentoring and targeted pump priming of new initiatives.

These would form ways to address some of the issues that face authorities today such as engaging more service user delivered services and encouraging more self-directed support within the Recovery process. As service users become more enterprising in their involvement with their care, so they will become more inclined towards peer support and the cycle allows for further development such as partnership working with other service user groups, carers and staff.

To recap, some of the key points which supported this view included:

- The evidence we collected from our consultees, on current levels of 3rd Sector services available for procurement, confirm that it is significantly lower than the identified need
- Evidence pointed to several barriers to developing enterprise
- That there are examples of innovation and good practise across the region and it has been identified that this needs to be extended
- There are entrepreneurial projects – and entrepreneurial people - within the mental health sector that with targeted support can become sustainable businesses
- That entrepreneurs from within the mental health sector have additional, different needs and that the mainstream business advice agencies struggle to differentiate their services for this client group adequately
- Evidence from initiatives in Manchester and across the UK- eg those demonstrated in the National Phoenix Fund Pilot and more local examples (see appendix 3) – that specialist, targeted intervention can increase rates of entrepreneurship within this client community.

3   Enterprise and Mental Health Pilot Programme

This section sets out the response to the opportunity that the consultation has revealed, having identified a gap in service provision and that filling that gap would make a real difference for the enterprising mental health communities that NHS Northwest supports,

From the consultation it is clear that in order to meet objectives for developing commissioning and service delivery, there is a need for an increase in the number of service user led services, peer support services, and brokerage within the market place. There is a corresponding requirement for enterprise support to bring these developments about.

As expected, these skills do not exist generally, within health service staff nor is it generally part of a health service delivery role. The skills set for enterprise development sits more comfortably within the commercial sector. The programme is therefore looking to develop these talents among staff, service users and carers who are currently experiencing difficulty in bringing about this change that is required of them.

In Stockport and Trafford for example, enterprise development support has been brought in from external agencies to assist the setting up of new initiatives (Step by Step and BlueSci) with effective results.

Where some training in the benefits and process of establishing social enterprises within the mental health sector is appropriate for some staff , service users and carers within the NHS across Greater Manchester, others are further along the process of realising enterprise start-up and need more specialised development support. It is important to identify the entrepreneurs 'out there' - and the potential ones from within the service user and carer organisations.

3.1 Introduction: designing an appropriate pilot to fit the identified gaps

The consultation resulted in drawing together two areas of need:

- An appreciation of the requirements of the different stakeholder groups, and
- An understanding of the three key areas of systems development

- to create a model for a pilot that could address the gaps identified during the consultation and research phase.

Mapping Out Existing Entrepreneurial Service Providers in Mental Health in Greater Manchester

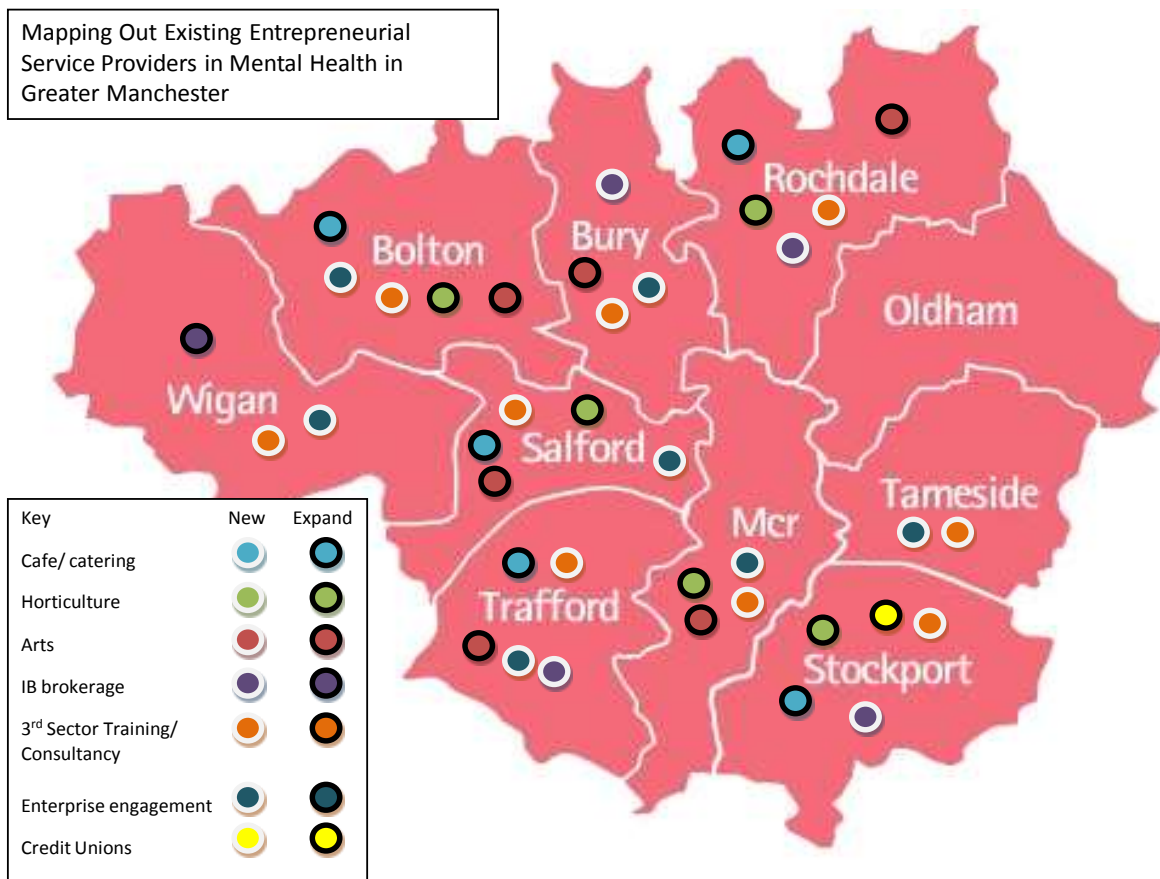| Key	New	Expand
Cafe/ catering		
Horticulture		
Arts		
IB brokerage		
3rd Sector Training/ Consultancy		
Enterprise engagement		
Credit Unions		

Diagram 3 - Identified key areas for expansion

In order to gather evidence the consultation asked commissioners what areas existing entrepreneurial activity covered and what were the areas not currently provided for at all or were in need of expansion. (see Diagram 3).

Horticultural projects, cafes and catering, arts and crafts, individualised budgets and brokerage, enterprise introduction and training and lastly consultancy were the common themes arising from the consultation. Every area had different levels of provision as expected,

3.2   Key principles underlying our approach to pilot design

The first principle is that the pilot programme must be sustainable over a realistic period of time. This is particularly important as the organisations we consulted with, and with whom the pilot programme would need to work, emphasised that any intervention needs to be able to invest sufficient time in establishing a good relationship with the people it works with to be effective: a short term initiative was not an option.

The second is that the pilot needs to be financed and the model needs to be sustainable thereafter with a financial plan in place to continue.

A third underlying principle is that the programme's role was to have a beneficial impact for each of the stakeholder communities by addressing some of the target areas for development. This agenda includes increasing the number of people engaged in meaningful activity that will lead to a reduction in worklessness.

Enterprise is significant along this 'spectrum of work' (See Diagram 4 below) because it applies to every level of engagement and is not restricted to those people starting a business. Becoming more enterprising entails assessment, review, making decisions about goals and how to achieve them, setting achievable targets and obtaining the right support to fulfil them.

There are several stages along the route to independent living and individuals might place themselves somewhere along a spectrum where meaningful activity is at one end and running your own business is at the other. Most people will not set up an enterprise but can become more enterprising and engage in employment, training or education or a structured activity that could lead them further along the spectrum towards employment.

Spectrum of work

Meaningful Activity → Training & Education → Work → Own business

Volunteering   Paid employment   Employing others

Education & Learning; Confidence building; Experience building; Skills development

Reduced stigma   Raised Self Esteem   Raised confidence
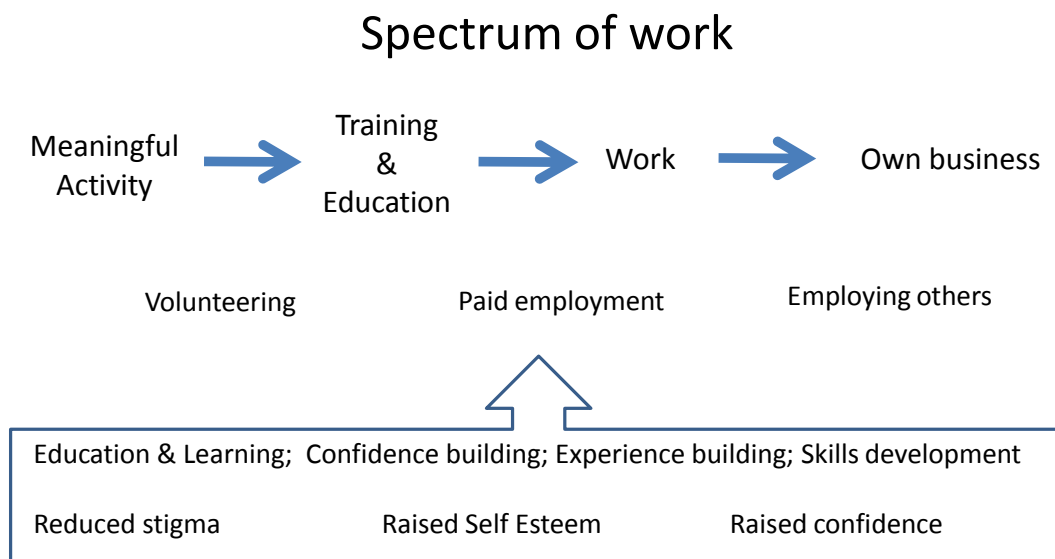
Diagram 4 - Spectrum of work

The overall goal is to benefit the mental health community across both health and social care, and the means to achieving it is to work with individuals and organisations that have the potential to create and develop enterprise. This means that the programme does not need to limit itself to working within the mental health community *alone,* but would work with potential partners - from across the wider community e.g. education or regeneration, with the potential to create a business on the

understanding that if they were successful, benefits would accrue to the whole community of service users, carers and service providers.

A fourth principle is that, to ensure a collaborative venture across Greater Manchester, it is important to engage effectively with all stakeholders. For this to be successful, it has to enable organisations and individuals to 'opt in' to the pilot, to compare and evidence best practice and provide useful direction for future development. The role played by senior managers and their support of and input into the venture, will be a critical factor in its realisation.

To this end, the programme must therefore

- be devised with clear areas of responsibility
- be led by decision makers
- set clear guidelines for aims and objectives
- set clear milestones for the collection of evidence and
- enable an effective appraisal of goals

The programme will have a steering group to promote and present the pilot, guide and monitor its progress, and to measure its effectiveness. There will be teams for each pilot in the programme that will steer the day to day delivery.

3.3 Pilot design

The pilot programme is designed to test a mechanism to put together requirements of the different stakeholder groups and the three key areas of systems development.

The four key stakeholder groups in the pilot will be Commissioners, Entrepreneurs, Service Users and Carers and Funders. The themes in the programme will look at systems development in the three key areas of 3rd Sector Provision and Market Access, Enterprise and Brokerage.

Pilot programme activity
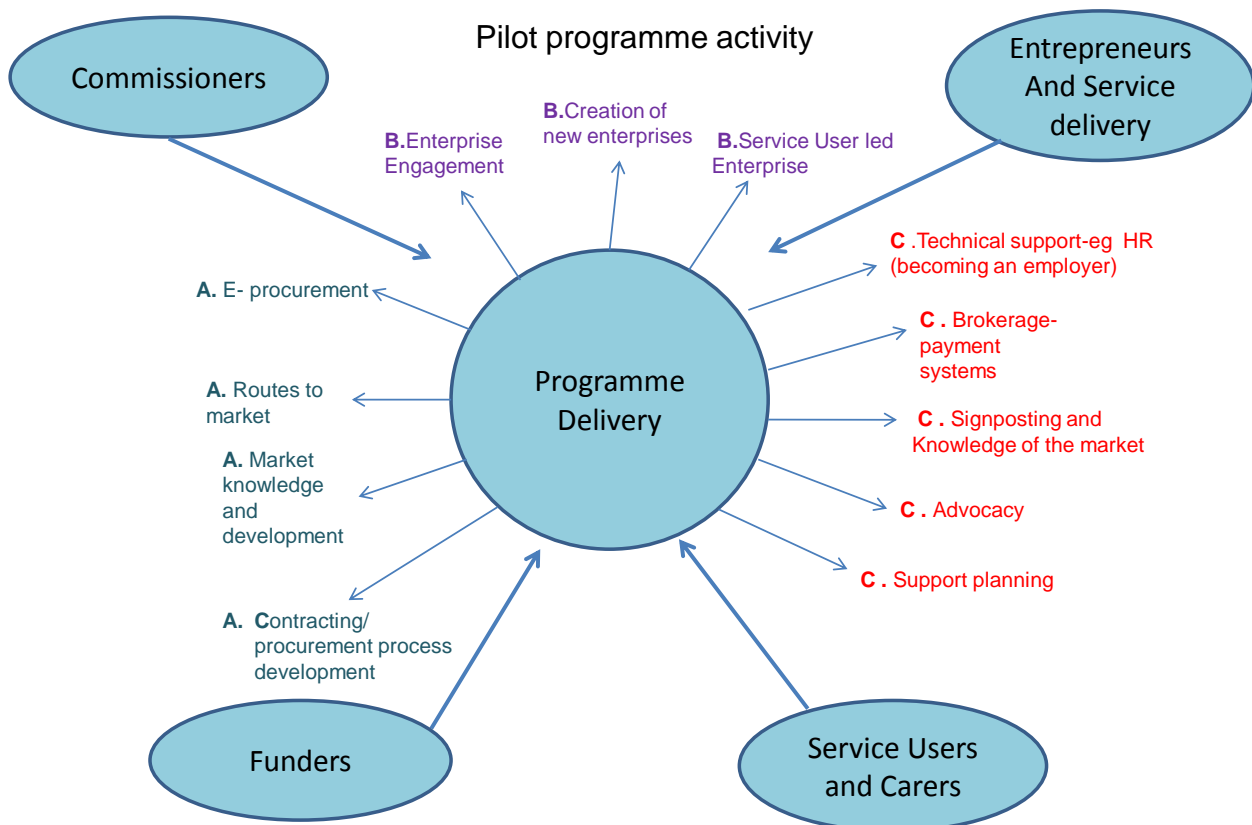
Diagram 4- Pilot Programme Activity

Detailed pilot projects will be devised in consultation with stakeholders and will be determined by every areas specific and particular priority of needs. Pilots are themed A, B and C and the areas arising from the consultation for research and development are listed under each heading.

A. 3rd Sector Provision and market access

Elements of this pilot theme will contain the current market for services and identify the future development needed, market knowledge and routes to access it, contracting and procurement and the development of e-procurement possibilities.

B. Enterprise

The elements of this theme can be divided into three sub sets: early stage enterprise engagement ie. Introducing the concept of, and learning about, enterprise and mental health to service users and deliverers; setting up new enterprises to deliver services in new ways; and assisting service user and carer led services to develop.

C. Brokerage

The organisation of service delivery is changing radically with the introduction of individualised health budgets but as yet is largely untested as a process in mental health. Brokerage has been raised in all the consultations but one as a "we know where we need to get to, but don't know how" subject area. This theme will contains elements that test mechanisms for aspects of brokerage such as advocacy, support planning (and assessment process), payment systems for services, technical support (such as becoming an employer or provision of employment services for service users) and signposting to services with detailed knowledge of the market.

3.3.1 Pilots - analyse process and content

The pilot projects will inform and support the development of processes between the stakeholders and will:-

1. Identify and define the needs of commissioners, funders, service providers and service users
2. Gather evidence of best practice
3. Highlight areas needing further development

They will be able to test mechanisms for issues that are of current concern that include:-

➢ those service providers who experience difficulty in selling their services to a number of service users rather than a single authority
➢ supporting service users to commission collectively
➢ sharing information between the partners in the pilot on unmet needs
➢ sharing information on service development needs
➢ supporting development of service delivery
➢ identifying needs for skills development
➢ supporting the development of service user and commissioner input into enterprise creation

New enterprises will be encouraged to provide services and will be service user and carer led as well as being established by professionals leaving the statutory services. This will strengthen the market from which service users and carers choose, and commissioners procure, their services.

3.3.2   Outcomes and Outputs

Outcomes

3rd Sector & Market Access	Enterprise	Brokerage
New skills development Increased and shared learning Confidence and experience building A more enterprising and sustainable 3rd Sector	New skills development Education and learning Confidence and experience building Increased self esteem Partnership working Reduced stigma Job creation increased numbers of people off benefits	New skills development Education and learning Confidence and experience building Increased self esteem Partnership working Reduced stigma Job creation increased numbers of people off benefits

Outputs

3rd Sector & Market Access	Enterprise	Brokerage
Raised awareness of enterprise Contracting and procurement process development E-procurement Routes to market and supply chain development	Enterprise awareness and application Enterprise creation Service User Led Enterprises Volunteering Employment / Self Employment	Operational infrastructure development and support Technical support Service brokerage Signposting and information Advocacy Support Planning

3rd Sector & Market Access   **Enterprise**   **Brokerage**

Programme Delivery

3.4   Structure of pilot

The pilot should be overseen by a Steering Group of members drawn from as wide a range as possible of stakeholders from across Greater Manchester. The Strategic Health Authority, Mental Health Trust's, Primary Care Trusts, Local Authorities, the wider Enterprise Community and especially, Service User and Carers will all be represented. The Steering Group will be charged with overseeing the delivery of the programme and will operate at a strategic level, meeting perhaps every 3 - 4 months.

Development and delivery of the pilot programme would be led by a Programme Director with responsibility for ensuring that effective management and administration arrangements are in place. The Programme Director would be a member of, and accountable to, the Steering Group.

A delivery team whose members will meet regularly will oversee the detailed development and delivery of the programme.

An temporary oversight group, guided by Bubble Enterprises and comprising the Director of MHIP for the North West, Senior Commissioners working across Greater Manchester and members of the Enterprise and Mental Health Community, will oversee the creation of the pilot framework and monitor progress on the programme until the new delivery team arrangements are in place.

3.5   Resourcing and phasing the pilots: budgeted expenditure and possible sources of income

A programme of pilot activities has been identified across the whole of the area. All PCTs and local authorities involved in the consultation process have identified a need and willingness to be actively involved in the next stages.

The overall programme will have a planning phase with an interim review and feedback activity after 9 months, with further review, evaluation and feedback as a conclusion. Regular steering group meetings will be held, to be used as updates and as a forum for developing the programme as it progresses.

It is proposed to initiate 20 individual projects with each area targeted to be involved in two of these pilot projects. Each pilot project will have its own planning phase with review and feedback to ensure engagement of local stakeholders and practitioners. (see Diagram 6)
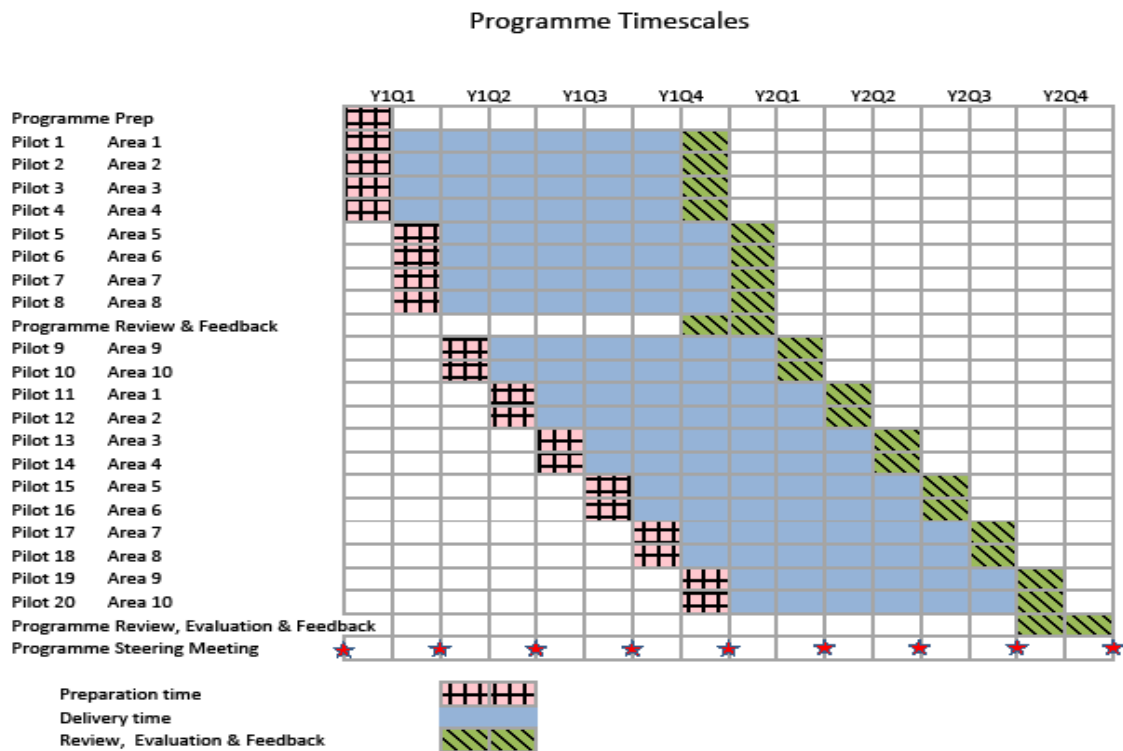
Programme Timescales

		Y1Q1	Y1Q2	Y1Q3	Y1Q4	Y2Q1	Y2Q2	Y2Q3	Y2Q4
Programme Prep									
Pilot 1	Area 1								
Pilot 2	Area 2								
Pilot 3	Area 3								
Pilot 4	Area 4								
Pilot 5	Area 5								
Pilot 6	Area 6								
Pilot 7	Area 7								
Pilot 8	Area 8								
Programme Review & Feedback									
Pilot 9	Area 9								
Pilot 10	Area 10								
Pilot 11	Area 1								
Pilot 12	Area 2								
Pilot 13	Area 3								
Pilot 14	Area 4								
Pilot 15	Area 5								
Pilot 16	Area 6								
Pilot 17	Area 7								
Pilot 18	Area 8								
Pilot 19	Area 9								
Pilot 20	Area 10								
Programme Review, Evaluation & Feedback									
Programme Steering Meeting		★	★	★	★	★	★	★	★	★

Preparation time — Preparation time
Delivery time — Delivery time
Review, Evaluation & Feedback — Review, Evaluation & Feedback

Diagram 6 - Pilot Programme Timescales

3.6 Resourcing the pilots

The cost of delivery of each pilot project is to be spread between the stakeholders of each activity with the SHA supporting the overall programme, to enable the spreading of best practice and identification of good working examples that can be shared across the region.

It is proposed that each Primary Care Trust, Mental Health Trust and Local Authority contribute £5,000 each year for two years. This will provide £230,000, in total, for the support and involvement in the delivery of 20 projects over the two years. In addition, the SHA is to provide the £50,000 per year for programme management and administration and to ensure that the learning from this Greater Manchester pilot programme is spread and shared in the other parts of the North West region.

The programme is planned to launch with a period of preparation, with 4 pilot projects initiated in the first six weeks. This first wave of projects is followed six weeks later by a second wave of 4 projects, then two further projects every six weeks over the next three quarters. Each pilot project is targeted to last nine months with a final review phase to complete it.

Programme reviews and feedback will occur after the first nine months of the programme and at the conclusion, when a thorough evaluation of the activity will be completed.

3.6.1 Additional sources of funding

Further funding opportunities may be explored with partners at the pilot stages, within Local Authorities, through workforce development, Carer's grants and Direct Payments. Other sources such as Personal Budgets (Direct Payments), DWP-Access to Work, Govt Office NW-PSA 16, and Right to Control schemes may provide contributions to pilots where they fit their criteria. It will be important to complement and co-ordinate with other schemes and avoid unnecessary duplication.

4   Identifying risks for the pilot

The overall programme can be subject to a series of risks to the successful delivery and subsequent beneficial outcomes of the activities. The responsibility for identifying these risks and responding accordingly is that of the programme management team, which ultimately reports into the steering group.

The detailed identification and mitigation plans for the risks will be an element of the preparation phase of the programme, and indeed for each of the pilot projects, however at this stage, based on the evidence accumulated from the consultations; the following broad themes can be highlighted:

4.1   Funding and finance

Risk
All public sector bodies are under pressure to manage costs efficiently and an additional set of unbudgeted expenditure will be difficult to justify by the organisation's management.

Mitigation
The programme and each pilot project are activities that are already in train to some extent and monies exist in some form, to deliver the outcomes. This pilot is required to provide a solution to enable the delivery of the outputs and is structured to allow organisations to access resources and skills not currently available. In many cases new money need not be found but reallocation may be.

4.2   Priorities

Risk
Senior managers and stakeholders in the target organisations have full agendas and the potential results that can be delivered by the pilot projects are not seen to be significant enough to allocate the required resource.

Mitigation
Involvement in the programme will enable each organisation not only to benefit from local project delivery but also to learn and benefit from the other pilot projects in the programme and the identification of best practice and cross regional linkages.

4.3   Engagement

Risk
Each pilot project will involve a number of individuals and organisations, not every participant may be able or capable of being involved as required.

Mitigation
Every pilot project will be managed as an individual activity and thus will have a small steering group made up of the key stakeholders and funders. The programme management team will ensure participation from all parties through the engagement with this project steering group.

4.4   Self reliance

Risk
During the consultation, many organisations identified their ongoing projects and their successes achieved to date, potentially leading to the belief that the skills and capabilities exist locally to deliver the project outcomes with no need for external support.

Mitigation
The programme management team must emphasise the greater benefits of the wider programme and that SHA support is available to enhance the local delivery.

5   Conclusions and recommendations

5.1   Conclusions

The Consultation review has led to the conclusion that the development of enterprise within mental health service delivery is essential to the programme of personalisation of the health agenda. It is embedded within NHS policy that 3rd Sector delivery of services is to be promoted and encouraged and that service user and carer led services are to be an integral component of delivery of modern mental health services.

However, the growth rate of the 3rd sector as a provider of mental health services and opportunities for procurement by commissioners has been slow and there is a considerable shortage of services within the sector. Commissioners have identified the need for their involvement and encouragement to support the growth of this market.

The enterprise engagement is required at every level of service design and delivery within all sectors. The consultation revealed that staff in both NHS and LA's as well as the 3rd sector need to be allowed to become more enterprising in their outlook. Commissioners were interested to develop staff training alongside service users and carers to 'bring people up to speed'.

Existing fledgling enterprises were in need of support too, to become stronger and sustainable, in order to engender commissioner confidence in their capacity to deliver services. New types of enterprises are required to meet different demands and self assessed needs led services. Unlike traditional social care services, the Recovery model of mental health brings with it a wider interpretation of service needs. This in turn means that entrepreneurs from within the mental health sector have additional, different needs and that the mainstream business advice agencies struggle to differentiate their services for this client group adequately.

A Programme of pilot projects will act as a catalyst for future development of service delivery and other outcomes in the Recovery and Inclusion of people with mental health issues. It is a realistic and achievable programme.

Finally, the consultation illustrated two areas of need,

- An appreciation of the requirements of the different stakeholder groups
- An understanding of the three key areas of systems development

Key stakeholder groups are service users and carers, commissioners, entrepreneurs and funders. The principal areas of development identified are 3rd Sector Provision and Market Access, Enterprise and Brokerage.

The programme of activity will,

- Identify and define the needs of commissioners, funders, service providers and service users
- Gather evidence of best practice
- Highlight areas for further development
- Test mechanisms that address current issues

Outputs will include new enterprises and more sustainable existing enterprises. Outcomes will include greater engagement with enterprise as a route to recovery and inclusion.

5.2 Recommendations

The Pilot Programme will deliver twenty pilots across Greater Manchester that address key themes, meeting stakeholders' needs over a two year period. They will be co-funded by the stakeholders, sharing the outcomes of best practice and tested mechanisms for improved delivery of services.

- The Programme will deliver twenty pilot projects across Greater Manchester that address key themes and meeting stakeholders' needs
- The pilots will run concurrently, staged to overlap for 6-9 month periods, over a two year period
- Funding is to be provided by the stakeholders in the programme
- The sharing of outcomes of best practice and tested mechanisms for improved delivery of services is a underlying principle
- A review and evaluation will be built in to each pilot
- Further development needs will be identified

Appendix 1

SHA letter distribution list with a list of meetings held to gather views and information

PCT Chief Execs for Greater Manchester

Ashton Leigh & Wigan	Peter Rowe
Bolton PCT	Tim Evans (acting)
Bury PCT	Stephen Mills
Heywood, Middleton & Rochdale	Trevor Purt
Manchester	Laura Roberts
Oldham	Gail Richards
Salford	Mike Burrows
Stockport	Richard Popplewell
Tameside & Glossop	Tim Riley
Trafford	Sheena Cumiskey

Chief Execs of Mental Health Trusts for Greater Manchester

Manchester Mental Health and Social Care	Jackie Daniel
Pennine Care	John Archer
Greater Manchester West	Bev Humphrey

Adult Social Services Leads for Greater Manchester

|		
Bolton MBC	John Rutherford	Director of Adult Services
Bury MBC	Pat Jones-Greenhalgh	Executive Director of Adult Care Services
Manchester City Council	Jan Didrichsen	Director of Adult Social Care
Oldham Borough Council	Veronica Jackson	Executive Director
Rochdale Borough Council	Jim Wilson	Interim Executive Director
Salford City Council	Sue Lightup	Director of Social Care and Health
Stockport MBC	Terry Dafter	Corporate Director Adults & Communities
Tameside Metropolitan Borough Council	Stephanie Butterworth	Executive Director Social Care
Trafford Borough Council	Anne Higgins	Director of Adult Social Services
Wigan MBC	Bernard Walker	Director of Adult Services

Meetings and consultations held to gather views and information

Name	Role	Organisation	Phase
Nick Dixon	Joint Commissioning Manager	Stockport MBC and PCT	1
Vince Fraga	Modernisation Team	Stockport MBC	1
Helen Carson	Head MH Services	Bury Council	1
Adrian Childs	Dir. Of Nursing	MMHSCT	1
Deborah Hather **(Neil Thwaite)**	(Dep) Director of Development and Performance	Gtr Mr West NHS Foundation Trust	1
Barry Windle	Senior Commissioning Manager	Rochdale MBC & NHS Heywood, Middleton and Rochdale	1
Heather Fairfield	Asst Dir Mental Health	Bolton NHS	1
John Marshall Commissioning & Partnership	Asst Dir Mental Health, PCT	Jane Clucas PA - NHS Ashton Leigh & Wigan	1
David Curtis	Executive Director of Nursing and Integrated Governance	Pennine Care Foundation Trust	1
John Hazelhurst	Head of Adult Joint Commissioning	Tameside and Glossop PCT	1

Name	Role	Organisation	Phase
Sandy Bering **Ric Taylor** **Stephen Lee**	Strategic Commissioning Lead – MH/LD Mental Health Commissioner, Employment Initiatives Advisor	Trafford PCT Trafford PCT TMBC	1
Ellen Miller **Laura Jones**	Assistant Director for Strategy and Commissioning Business Support Officer	Bolton Metro	1
James M Williams	Lead Commissioner Social Care Mental Health Strategy & Commissioning	Adult Social Care Manchester City Council	1

Carey Bamber	Personalisation Programme Manager	North West Joint Improvement Partnerhsip	3
David Weaver	Recreational Co-ordinator	Derbyshire Mental Health Service, NHS Trust	3
Chris Thorn	Commissioning Project Lead	Cumbria Primary Care Trust	3

Hazel Summers	Head of Commissioning	Manchester City Council	3
Ken Murphy	Business Development Manager	Brothers of Charity (North West)	3
Sue Coventry	Service Manager and Steering Group Member	Rochdale Adult Services Landing Craft	3
Terry Thorpe	Business Manager	Rochdale MIND	3
Steve Scott	Director	CSP coaching LLP	3
Elaine Dixon	Chief Executive	HARP	3
Jane Smith	Director	Anorexia and Bulimia Care	3
Stuart Webster	Director	BluSci	3
Collette Turner	Interim Coordinator	Promise North West	3

Appendix 2: Mapping Out Priority Themes for Future Enterprise Developments in Mental Health in Greater Manchester
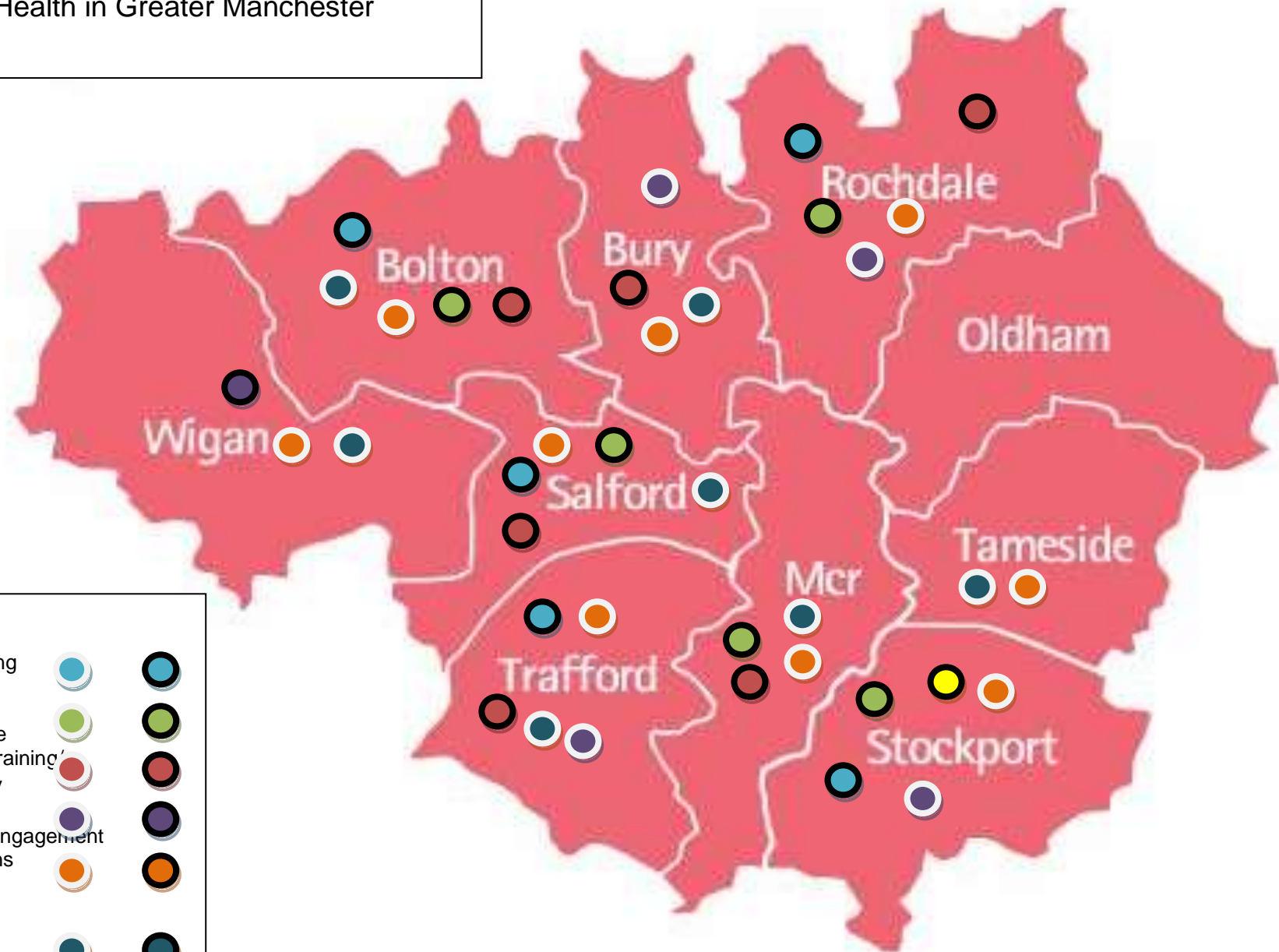
Key

New   Expand

Cafe/ catering
Horticulture
Arts
IB brokerage
3rd Sector Training
Consultancy

Enterprise engagement
Credit Unions

Appendix 3: Mapping Out Existing Entrepreneurial
Service Providers in Mental Health in Greater Manchester

Dementia Cafe

MIND – Comple@t cafes

Landing Craft

Quick Art Directory

TART

Asian Women's Group

The Growth Project

Bolton Steps / Cafe Eden

Streetwise

Heywood Community Development Trust

Bolton Enterprise Support & Training

Futures Project

Dementia Cafe Pilot

Mental Health in Schools

Food Access Bolton

Turning Point

Borough Wide User Forum

Oldham

People's Voice Network

Making Space

Befriending Refugee & Asylum Seekers

START

MIND Advocacy Service

Social Prescribing

Buddies - Horseblankets

Creative Living Centre

Horticulture project

Topaz Cafe

First Step Trust

Day Centre Contracts

Richmond Fellowship

Orangery Cafe

Age Concern Centre

Blue SCI

Buile Hill Park, Garden Centre

Creative Support

United Response

ARC

First House

Creative Support

Mainway Printing

MYMP

Credit Unions

Bubble Enterprises

CASU

Cafe Moorside

Studio 1

Wellbeing Centre

Pure Innovations

Progress House

Accentuate the Positive

Appendix 4
Programme of Activity

Commissioners

Entrepreneurs
And Service
delivery

B.Enterprise
Engagement

B.Creation of
new enterprises

B.Service User led
Enterprise

C .Technical support-eg HR
(becoming an employer)

A. E- procurement

C . Brokerage-
payment
systems

Programme
Delivery

A. Routes to
market

C . Signposting and
Knowledge of the market

A. Market
knowledge
and
development

C . Advocacy

C . Support planning

A. Contracting/
procurement process
development

Funders

Service Users
and Carers

Appendix 5

Bubble Enterprises

Bubble Enterprises is a Community Interest Company (CIC), that engages, involves and benefits the wide-ranging mental health community within Greater Manchester and more broadly in the Northwest.

The enterprise has been developed with partners in the mental health arena to support the development of further social enterprises to provide economic and social inclusion opportunities for people with mental distress.

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Nickala Torkington Snape nts@bubbleeneterprises.co.uk

Appendix 6

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