

Adults and Safer City Scrutiny Panel Meeting

Monday, 10 October 2016

Dear Councillor

ADULTS AND SAFER CITY SCRUTINY PANEL - MONDAY, 10TH OCTOBER, 2016

I am now able to enclose, for consideration at next Monday, 10th October, 2016 meeting of the Adults and Safer City Scrutiny Panel, the following urgent report that was unavailable when the agenda was printed.

Agenda No	Item
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7	<u>Remodelling and Tender of Mental Health Preventative Contracts</u> (Pages 3 - 24)
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Briefing Note

Title	Remodelling and Tender of Mental Health Preventative Contracts		
Prepared By	Paul Smith	Date	05 October 2016
Requested By	Democratic Services, Julia Clearly		
Distribution	Councillor Samuels, Adults Scrutiny		

1.0 Background

1.1 A paper was submitted to the Councils Cabinet Resources Panel (CRP) on 04 October 2016 which included the following recommendations:-

1. *To approve a new service delivery model in relation to low level mental health preventative services*
2. *To approve a tendering exercise in relation to the proposed new service model with a view to implementation on 1 April 2017.*

2.0 Correspondence from David Collins Solicitors

2.1 On the 04 October 2016 the Council received a letter from David Collins Solicitors on behalf of their client Positive Participation. The letter challenged various elements of the consultation process linked to the remodelling and future tender of the contracts in question. (enclosed)

3.0 Councils decision at CRP 04 October 2016

3.1 At CRP on 04 October 2016, Cabinet Resources decided that the paper should be placed on the agenda of the next available Adults Scrutiny, to be held 10 October 2016.

Community-based mental health

Modernising preventative services consultation Questions and answers

Mental illness affects one in four people in England. At present, community-based preventative services in Wolverhampton are delivered by a number of providers. The City of Wolverhampton Council is currently consulting on a new model for community-based preventative services for individuals with or at risk of mental ill health.

Q What is the council doing?

A The council commissions a number of voluntary sector services to provide community-based preventative services for individuals with and at risk of mental ill health.

Q Are you cutting services?

A No we are not. These proposals are about changing the way that the service is delivered; funding for the new service will be maintained at the current levels by the Council. Safeguarding people in vulnerable situations and enabling people to support themselves are important priorities for us.

Q What will the proposed new service look like?

A It is proposed that the new service will bring together existing services with a focus on working with other agencies and groups to provide an holistic approach which addresses the wider issues that impact upon an individual's mental health. Self-help groups will continue to be supported with a view to them becoming independent. It is also proposed that the new service will provide information, advice, guidance and signposting. The new service will continue to provide gender and culturally specific support where required.

Q What consultation has been carried out?

A We redesign our services in conjunction with the people who use them. The views of service users, carers, existing providers and staff involved in mental health prevention services were sought to inform the development of the new model. Engagement activity was carried out between September and December 2015 and included two stakeholder events and a questionnaire, completed by more than 100 individuals.

The information received was used to develop an outline service model, the principles of which are currently being formally consulted upon. The council has held three consultation meetings for service users, carers, existing providers and staff while an online survey, available at www.surveymonkey.co.uk/r/CommunityBasedPreventativeServices2016, continues until the consultation closing date.

The consultation process has been open and accessible. Information packs and questionnaires have been translated into other languages and an interpreter made available at an event as requested. Advocacy support has also been made available for service users who do not have family, carers or any other person to help them to understand the options.

Q Has the consultation process been extended?

A The consultation process was due to be completed in June 2016 however, at the request of stakeholders, the City of Wolverhampton Council has agreed to extend the consultation period to 28 July 2016. The online survey continues until the closing date at www.surveymonkey.co.uk/r/CommunityBasedPreventativeServices2016.

Cabinet (Resources) Panel

4 October 2016

Report title	Remodelling and Tender of Mental Health Preventative Contracts		
Decision designation	AMBER		
Cabinet member with lead responsibility	Councillor Sandra Samuels Adults		
Key decision	Yes		
In forward plan	Yes		
Wards affected	All		
Accountable director	Viv Griffin, Service Director		
Originating service	Disabilities & Mental Health		
Accountable employee(s)	Paul Smith	Interim Head of Commissioning	
	Tel	01902 555318	
	Email	paulsmith@wolverhampton.gov.uk	
Report to be/has been considered by	List any meetings at which the report has been or will be considered, e.g.		
	PLT	5 September 2016	
	Strategic Executive Board	13 September 2016	
	Cabinet Resources Panel	4 October 2016	

Recommendations for action or decision:

1. To approve a new service delivery model in relation to low level mental health preventative services
2. To approve a tendering exercise in relation to the proposed new service model with a view to implementation on 1 April 2017.

Recommendations for noting:

1. Onward transmission of the Report to Cabinet Resources Panel on 4 October 2016.
2. The outcome of the consultation contained in the Executive Summary of The Consultation Report (Appendix A).

1.0 Purpose

- a. The purpose of this report is to note the outcome of the formal consultation, based upon the proposed new service delivery model for Mental Health Preventative Service Provision, contained in the Consultation Report (Appendix A).
- b. Approval is sought in relation to a new service model based upon feedback from the consultation.
- c. Permission is also sought to go through a tendering exercise in relation to the proposed service model with a view to implementation on 1 April 2017.

2.0 Background

- 2.1 City of Wolverhampton Council (CWC) and Wolverhampton Clinical Commissioning Group (CCG) commission four separate organisations to deliver community based, low level preventative services for adults with or at risk of mental ill health. The City Council currently funds Rethink (£67,000) and Positive Participation (£40,000) which totals £107,000 annually. The CCG also fund; Hear our Voice (£7,040) and Wolverhampton Voluntary Sector Council (£53,185) totalling £60,225 annually.
- 2.2 The four organisations, activities and recorded utilisation rates are detailed below:

Organisation and Activities	Recorded Utilisation 2015/16
<p>Hear Our Voice (CCG) A safe space to empower service users to share and explore experiences and the production of a magazine (Viewpoint) by service users.</p>	<p>Supported 147 people to maintain their mental wellbeing. Quarterly magazine circulation of 1000 copies to keep readership up to date with mental health issues.</p>
<p>Rethink (CWC) Provision of a safe space offering community support and a range of opportunities for adults who have or are experiencing mental ill health and enabling them to sustain good mental health.</p>	<p>Supported 507 people to maintain their mental wellbeing.</p>
<p>Positive Participation (CWC) To improve and prevent mental ill health among south Asian adults (male and female) through a culturally sensitive community support service.</p>	<p>Supported 71 people to maintain their mental wellbeing.</p>
<p>Wolverhampton Voluntary Sector Council (CCG) Establishing and developing new and existing user led self-support groups with a view to empowering them to become independent.</p>	<p>Supported 15 different self-support groups (average weekly attendance of groups 212 people) to maintain their mental wellbeing and a total of 11,000+</p>

<p>Positive Action Mental Health Supports the 'Experts by Experience' Group to be involved in and influence service developments.</p>	<p>contacts e.g. requests for information throughout the year.</p> <p>Supported 134 people to maintain their mental wellbeing.</p>
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- 2.3 With the exception of Positive Participation whose contract ends on 31 March 2017, all other organisational contracts ended on 31 March 2016. City Council and CCG funding has been secured to extend these contracts until 31 March 2017.
- 2.4 The CCG are yet to confirm whether or not they will allocate funding to preventative services in 2017/18.
- 2.5 The current model of service delivery involving four separate organisations is fragmented and does not lend itself to the delivery of a streamlined service provision. This has resulted in an overlap of activities and an imbalance of provision in respect of some groups, particularly South Asian women within self –help groups. There is also an under-representation in relation to LGBT and certain BME communities, particularly black African-Caribbean males and newly arrived communities in the City such as Eastern European.

3.0 The Engagement Exercise

- 3.1 Between October and December 2015 an engagement exercise took place with organisations that provide preventative services in Wolverhampton and service users.
- 3.2 The purpose of the exercise was to determine people's experiences of services provided locally, what they felt were the important elements of a preventative service and the ways in which services could be improved in future.
- 3.3 130 people took part, with 22 people attending meetings and 108 people submitting completed questionnaires.
- 3.4 The most important elements of a preventative service were stated as being:
1. Location of service delivery
 2. Culturally sensitivity of services
 3. Age appropriateness of services
 4. Promoted widely – awareness and visibility of services
 5. Gender sensitivity of services
 6. Use of social media to communicate services and activities
- 3.5 This feedback was used to shape the principles of the proposed remodelling of preventative services which formed the basis of the formal consultation.

4.0 Formal Consultation

- 4.1 A formal consultation was undertaken over a twelve week period - commencing on Thursday 5 May 2016 and ending on Thursday 28 July 2016. The consultation was carried out following good practice guidelines as set out in the City of Wolverhampton Council Engagement Guidance. The consultation also respects the principles outlined in the Wolverhampton Compact.
- 4.2 A variety of different methods, languages and media were utilised to collect people's views. Information regarding the consultation and ways to have a say was circulated to various stakeholders.
- 4.3 In total a minimum of 763 people were invited to participate, this included:
- 375 consultation packs to community based preventative mental health services.
 - 86 representatives from a variety of organisations were sent the information electronically.
 - 21 consultation packs were sent to mental health self-support groups electronically.
 - 10 self-help groups were consulted through meetings with a Community Development Worker.
 - A focus group was held with service users from the African Caribbean Community Initiative (ACCI).
 - 30 additional requests for the copies of paper questionnaire were made and supplied.
 - Positive Participation requested 240 translated questionnaires, 80 of each of the following languages; Punjabi, Gujarati and Urdu. Translated information was also circulated to all stakeholders electronically.
- 4.4 The Preventative Services Survey was available at: www.surveymonkey.com/r/CommunityBasedPreventativeServices2016. 15 responses were received through this mechanism, 63 people returned paper versions of the questionnaire.
- 4.5 Three public consultation meetings were held during a morning, afternoon and evening to give as many people as possible an opportunity to attend. An independent Punjabi speaking interpreter was available at the public consultation meeting held on the 8th June 2016. A total of 53 people attended public consultation meetings.
- 4.6 In total 419 people engaged in the consultation process. This represents a total of 55% of all those invited to participate. 104 (25%) were service users, four (1%) were relatives of a service user, five (1%) were carers, 14 (3%) respondents identified themselves as service providers, 10 (2%) were members of staff, seven people (2%) skipped the question, 263 (63%) were self-help group members and 12 (3%) selected 'someone else' and of that number three stated they were; a Director of a community interest company (CIC) for mental wellbeing, a concerned citizen of Wolverhampton and a user of services for people with on-going mental health issues.
- 4.7 Two formal petitions were also submitted, neither contained any signatures.

- 4.8 Overall, feedback from the consultation was mixed.
- 4.9 Positive feedback was received in relation to the proposal to meet the needs of all groups and communities through a targeted approach, this was particularly the case in respect of the delivery of a holistic service.
- 4.10 Feedback also highlighted the need for a range of proactive and flexible support options and the protection of user led and peer support groups.
- 4.11 The proposal to use the existing Community and Wellbeing Hub as a core part of the preventative services received mainly negative feedback and has therefore not been included within the proposed new model. The main reasons for this were stated as being the central location and unsuitable layout of the building in addition to the level of service delivery, particularly in respect of meeting culturally sensitive needs
- 4.12 The delivery of services within key locations across the City to maximise usage was welcomed.
- 4.13 Concerns were raised in relation to a consortium/prime provider arrangement, individuals felt that a large provider would lose sight of service users' needs and would probably not be local, therefore not have knowledge of the city's diverse communities and their needs – local providers are preferred.
- 4.14 In relation to the proposed responsibilities of a lead provider for overseeing provision and collecting data, this was thought by some respondents to be too much, although other respondents felt that this would bring provision together, avoid duplication and make savings.
- 4.15 A number of concerns were also raised in relation to a lead provider and sharing client data across other provider organisations and potential breaches which may deter people from using the service.
- 4.16 Many respondents wished to retain the provider and service that they currently had.

5.0 Proposed New Service Model

- 5.1 There is a need to remodel current provision given that it is fragmented across four separate organisations resulting in an overlap of activities and an imbalance of provision. It is proposed that all four contracts are consolidated under a prime provider and sub-contractor arrangement to ensure that cultural, gender, language and other specific requirements are met in addition to supporting the delivery of co-ordinated and more effective provision. This arrangement will also achieve economies of scale by reducing overhead costs and demand on the Council in terms of performance monitoring and contract management.
- 5.2 The proposed new service model will address the identified shortfalls in current provision whilst continuing to focus on prevention and promoting independence and resilience.

This will be achieved through creating a safe environment for service users to take part in informal drop-ins, participate in self-help groups and/or more structured activities and interventions as required. Signposting and providing timely and accurate information, advice and guidance will also be included within service delivery.

- 5.3 To increase capacity, the service will also be required to secure external funding from other independent sources, maximise the use of volunteers and utilise universal and other existing services such as housing, advice centres, employment, training and health related services.
- 5.4 The proposed service will also encompass a targeted approach to ensure that the service is fully inclusive and accessible to all groups and individuals in need of a preventative service.
- 5.5 In line with latest research, the proposed service will also deliver a holistic service which involves addressing the wider determinants of mental ill health such as housing and employment.
- 5.6 The proposed service will be delivered from a range of key locations across the City to optimise utilisation. Locations will be based upon evidence of need.
- 5.7 The proposed service will be required to work with relevant stakeholder organisations, agencies and groups, including GP's and other professionals to promote the new service and reduce the stigma associated with mental ill health.
- 5.8 The amount of funding that will be available for the service will be £107,000 annually.

6.0 Financial implications

- 6.1 The proposed model will result in the consolidation of all contracts and will therefore offer increased value for money through reduced overhead costs. This consolidated model is funded from the £107,000 budget for City Council preventative services.
[GS/01092016/N]

7.0 Legal implications

- 7.1 Legal Services and Procurement will work with Council officers to ensure the conduct of a compliant procurement process and that contract documentation is entered into in relation to the contracts detailed in clause 5.1 above. RB/26082016/P

8.0 Equalities implications

- 8.1 The services this report covers are directly related to equalities issues and as such the recommendations arising from them, when decided formally will require to be supported by relevant equalities information that details the expected impact of the decisions. The report makes it clear that the intended tendering process will take account of the diverse mental health needs of a diverse city like Wolverhampton. It will be critical that the

process also takes account of the “equalities” results of the consultation exercises described. Bringing all of these issues together in the final report and supporting equality analysis will enable members to make a decision that is informed by their duty as expressed in Section 149 of the Equality Act 2010.

9.0 Environmental implications

9.1 There are no environmental implications associated with this report.

10.0 Human resources implications

10.1 The proposals for service re-design do not have any implications for City Council employees.

11.0 Corporate landlord implications

11.1 There are no corporate landlord implications associated with this report.

12.0 Schedule of background papers

12.1 Appendix A – Executive Summary of Consultation Report.

If you wish you can view the full consultation report. Click [here](#) and you will be taken to the Council webpage where you can access it.

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Mental Health Provision

**Consultation on the proposed new service model
and options for**

Community Based Preventative Mental Health Services

CONSULTATION REPORT

05 May 2016 – 28 July 2016

Executive Summary

CITY OF
WOLVERHAMPTON
COUNCIL

Shen Campbell – Participation Officer: All Age Disability and Mental Health

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1.0 Purpose of the report

To provide feedback on views regarding the proposed new service model and options from those who took part in the consultation.

2.0 Background

2.1 City of Wolverhampton Council and Wolverhampton Clinical Commissioning Group (CCG) commission four organisations to deliver community based, low level services in Wolverhampton that focus on prevention and promoting independence for adults with mental health needs. These services are: Rethink, Wolverhampton Voluntary Sector Council – Mental Health Empowerment Team, Positive Action for Mental Health and Hear Our Voice. Of these four organisations, three of them had contracts that expired on 31st March 2016.

2.2 The focus of the proposed new service model going forwards will continue to be prevention and promoting independence. The amount of funding that will be available for the service will be £107,000 annually. The service will be streamlined and inclusive, ensuring that all groups and individuals in need of a preventative service have the opportunity to access one.

2.3 Option 1 - Consortium bids/Prime provider

2.3.1 City of Wolverhampton Council proposes to bring all elements of the four separate contracts into one. Amongst other means of delivery, a consortium bid for the service will be welcomed. A consortium is an association of two or more organisations who will come together to deliver the different elements the service required. It is proposed that the consortium will have a 'lead' organisation which will be accountable for service delivery and outcomes, and have responsibility for data collection.

2.4 Option 2 - Lead organisation and accountability

2.4.1 It is proposed that having one organisation as the lead, that is responsible for co-ordinating the performance of all service elements will help to avoid duplication, enable any identified gaps in provision to be met and ensure that there is no over-provision to support equality. The service will facilitate and support self-help and peer support groups, in addition to engagement activities at locations across the city. The services will be performance managed to ensure they are having maximum impact and are value for money.

2.5 Option 3 - The Community and Wellbeing Hub

2.5.1 It is proposed that the new preventative service will work in close collaboration with the Community and Wellbeing Hub to maximise the use of all available preventative services. The Hub is based in the city centre and is a single point of access for people with mental health needs to obtain information, advice, guidance and low level support. The Hub is an integral part of the mental

health prevention pathway and has already established good working relationships with many community based service providers. It is proposed that data collection such as the number of people accessing services will also be shared between the Hub and the new preventative service to improve the overall performance of preventative services across the City.

2.6 Option 4 - Meeting need and targeting resources

- 2.6.1 Local research shows that the lesbian, gay, bi-sexual and transgender (LGBT) community, black afro-Caribbean men and new communities are under-represented in community based preventative services. It is proposed that targeted service delivery is essential to redress the balance by ensuring that these groups and individuals are accessing services.

2.7 Option 5 - A holistic approach

- 2.7.1 It is proposed that the service works with users in a holistic way by considering the 'whole life' requirements of those with mental health needs. The new service will work closely with other support agencies to address wider determinants which may impact on an individual's mental health, such as: employment, health, housing options and tenancy sustainment.

3.0 Methodology

- 3.1 A formal consultation exercise was undertaken over a twelve week period, commencing on Thursday 5th May 2016 and ending on Thursday 28th July 2016.
- 3.2 A variety of different methods for collecting people's views were utilised.
- 3.3 Consultation packs were available with a freepost envelope. Consultation packs also available in Punjabi, Gujarati and Urdu.
- 3.4 A survey was available online on Survey Monkey using the following web link: www.surveymonkey.com/r/CommunityBasedPreventativeServices2016.
- 3.5 There was a dedicated phone line and email address. People could also submit comments by post.
- 3.6 Three public meetings were held over the consultation period. An independent Punjabi speaking interpreter was available at the public consultation meeting held on the 8th June 2016.
- 3.7 Information pertaining to the consultation and mechanisms for participation were also uploaded to <http://www.wolverhampton.gov.uk/article/4047/Current-consultations>
- 3.8 375 consultation packs were circulated to community based preventative mental health services. 86 representatives from a variety of organisations and 21 mental health self-support groups were sent information electronically. Community Development workers held consultation meetings with 10 self-help groups and a focus group was held at the African Caribbean Community Initiative (ACCI). 30 copies of the paper questionnaire were requested and

supplied. A further 240 translated questionnaires were requested by Positive Participation, 80 of each of the following languages. Translated information was also circulated to stakeholders electronically. In total a minimum of 763 people were invited to participate.

3.9 All comments, questions, responses and meetings were noted. A full transcript of all feedback is available by request.

4.0 Total number consulted

Mechanism	Number that engaged	Date
Committee Room 3 (evening)	2	Thursday 26 th May 2016
Community & Wellbeing Hub (afternoon)	14	Thursday 2 nd June 2016
WVSC Meeting Room	37	Wednesday 8 th June 2016
Prem Vadhaou	37	Tuesday 14 th June 2016
Saath/Himmat	26	Tuesday 14 th June 2016
Humjoli	20	Wednesday 15 th June 2016
Women's Wellbeing Group	31	Friday 17 th June 2016
Bilal Mosque Women's Group	36	Saturday 18 th June 2016
UK Mission Women's Group	15	Wednesday 22 nd June 2016
Nissa 18 – 25 and 25 + Women's Group	22	Monday 27 th June 2016
Ekta	45	Monday 27 th June 2016
Asian Men's Service - Heantun	5	Friday 1 st July 2016
Aspiring Futures	26	Thursday 21 st July 2016
ACCI	21	Tuesday 19 th July 2016
Survey Monkey	15	Throughout consultation period
Paper Questionnaires	63	Throughout consultation period
Letters Received	4	Throughout consultation period
Total Number Consulted	419	

4.1 In total 419 people engaged in the consultation process. Of the people invited to participate the total number that participated represents 55% of those invited.

5.0 Stakeholders invited to participate

Abbey Healthcare	In Training
Access to Business	Kaleidoscope Plus
ACCI	Mental Health Empowerment Team
Acting Together	Midland Heart
Adult Education Service	Mind Out
Advance UK	Mountfield House
African Caribbean Community Initiative (ACCI)	Navjeevan
Ashram Housing Association	Nissa Women's Group
Ashton Care	One Voice
Aspiring Futures	Orchard House Nursing Home
Autism Spectrum Group	Positive Action for Mental Health
Barton & Needwood Care Home	Positive Participation
Belle Vue	Prem Vadhaou
Bethrey House	Princes Trust
Bilal Mosque	Rama
Black Country Foundation Partnership Trust (BCPFT)	Refugee & Migrant Centre (RMC)
BME Consortium	Rethink
Bromford Housing	Saath Women's Group
Carers Support	Shaan
City of Wolverhampton Council	Social Steam Engine
Wolverhampton Clinical Commissioning Group (CCG)	Social Work Team – Mental Health
Coach House	The Avion Tuesday Group
Creative Support	The Low Hill Group
Department for Work & Pensions (DWP)	The Mental Health Travel and Social Group
Ekta	The People's Group
Elected Members	The Phoenix Group
Fernwood Court	The Sycamores Nursing Home
Goldthorn Lodge	UK Mission Women's Group
Harper House	Victoria Court
Hand in Hand	Wellbeing Warriors
Healthwatch Wolverhampton	West Heath House
Heantun Housing Association	Wolverhampton City College
Hearing Voices Social Group	Wolverhampton Voluntary Sector Council (WVSC)
Hear Our Voice	Women's Wellbeing Group
Highbury House	Woodcross Care Home
Humjoli	

If you wish you can view the full consultation report. Click [here](#) and you will be taken to the Council webpage where you can access it.

6.0 Consultation feedback summary

6.1 Option 1 - Consortium bids/Prime provider

- 6.1.1 There was mixed feelings regarding this proposal. Respondents are keen that the needs of the client group continue to be met. Services should be accessible and focus on and meet users' needs.
- 6.1.2 In general respondents agreed with some of the options behind the proposed model. Such as: the focus should continue to prevent the escalation of mental ill-health, be inclusive, accessible and holistic. The service should consider cultural, gender and language needs and retain the service user and peer support elements. However, many service users would prefer the services to remain as they are and would like to continue to access the services they use currently. Particularly service users who feel that their support, cultural and language needs are being met. Some users feel that a change of service provider would impact negatively on their mental health.
- 6.1.3 It was questioned what research had been done to support this approach and what data has been used?
- 6.1.4 Some respondents felt that this approach could develop standards, improve links and avoid duplication, enabling the sharing of resources in a difficult financial climate.
- 6.1.5 It is felt that enough time should be given to allow providers to make bids and to encourage small and new providers.
- 6.1.6 Providers must have proven knowledge and experience of delivering mental health services. They should be culturally aware and have an understanding of equality and diversity. The service should include all communities.
- 6.1.7 An assessment of current services should take place to look at the delivery outcomes and what the impact might be if a service is lost. Clarification is required on the different organisations delivering preventative services, the funding available for the model, what the new model will consist of and timescales for implementation.
- 6.1.8 The proposed remit is too much for one organisation. Large organisations are more focussed on numbers and not the service users. They do not have an understanding of cultural and social issues and service users find it difficult to identify with them.
- 6.1.9 There is a preference for local providers/groups to deliver services as they have the knowledge and a better understanding of the people and the area.
- 6.1.10 Mainstream services do not suit everyone; service users should be given a choice. There is concern that there will be a reduction of services. This proposal is not about improving services, but about saving money.

6.1.11 Processes should be jointly undertaken with the CCG where appropriate. Particularly when services are receiving funding from both the Council and the CCG.

6.2 Option 2 - Lead organisation and accountability

6.2.1 There was mixed feelings on this proposal.

6.2.2 There should be a fair and transparent selection process for the lead provider, and the role of the lead should be clear. The successful provider should have a history of delivering mental health services and be focussed on service delivery.

6.2.3 Small organisations are disadvantaged by this proposal. Large organisations have teams that write bids.

6.2.4 The management expectations of the lead organisation are unrealistic and may impact on provision. Accountability was questioned using a consortium approach and what would happen if targets and outcomes are not met.

6.2.5 Performance management is good; however, clarification is required on what and who this will include.

6.2.6 Quality assurance must be guaranteed across all services. There is a need for experienced professionals to deliver services.

6.2.7 Duplication of service delivery is unavoidable; it is the nature of the service area.

6.3 Option 3 - The Community and Wellbeing Hub

6.3.1 This proposal received in the main negative feedback.

6.3.2 Many respondents feel that the location is inappropriate, particularly for people with mental ill health and/or anxiety.

6.3.3 It is felt that people struggle emotionally and financially to access the service. The venue is also unsuitable for people with a disability.

6.3.4 A Hub that is delivered from a variety of community locations across the city is a preferred option.

6.3.5 There is a lack of awareness of the Hub and it is not well publicised. Additionally, the building still has the Epic Café sign up which is associated with previous youth service provision; it is felt that this is confusing for potential users'.

6.3.6 Users are being asked to leave when not taking part in activities and users are not able to bring their own food and drinks, refreshments must be purchased on site. A provider reported that they were unable to deliver

agreed and timetabled sessions. There is a lack of signposting to other support services.

- 6.3.7 The current provider does not assist people experiencing crisis and was accused of being negligent at times.
- 6.3.8 There is a reliance on the voluntary sector to enable the Hub to function, however funding for the voluntary sector is reducing, so the sustainability of this model was questioned.
- 6.3.9 It was asked how the Hub meets language and cultural sensitivity needs?
- 6.3.10 Centralised data could improve client experience but there is much concern about data sharing. A large number of participants are concerned about sharing client information and data protection breaches. They are concerned about what information will be shared, with whom and if this will be agreed. It is thought that this approach will put people off using a service. It was also questioned how this will be done correctly and consistently across provision without double counting.

6.4 Option 4 - Meeting need and targeting resources

- 6.4.1 Overall all respondents were in favour of this and feel that anyone in need should be able to access a service equally and fairly, without exclusion.
- 6.4.2 Targeting groups would have to be done sensitively and fairly or it could cause tension between groups. How will this be done and monitored?
- 6.4.3 People may not wish to access a new service; many are satisfied with existing services.
- 6.4.4 Some respondents wanted to know what the Council means by 'cultural sensitivity and how the proposed model will incorporate this? However, overall participants felt that cultural sensitivity and language needs should be addressed.
- 6.4.5 It was questioned what research has been done and what data has been used to identify the needs of BME/Asian communities?
- 6.4.6 There needs to be consideration for the need of Asian community, culture and language. It is felt that the Asian community have high suicide and detention rates and that this is not being picked up.
- 6.4.7 Gender should be a consideration. Asian men and women in particular do not want mixed gender services.
- 6.4.8 Age should be a consideration, particularly young people and post 65 years. It was asked how the proposals link with dementia services?
- 6.4.9 New communities are presenting with complex issues.

- 6.4.10 Work needs to be done to reduce the stigma around mental ill health.
- 6.4.11 What provision will there be for people who do not wish to use mainstream services?
- 6.4.12 It was asked why ACCI are not included and what is their remit?

6.5 Option 5 - A holistic approach

- 6.5.1 Participants are overwhelmingly in favour of this proposal.
- 6.5.2 There is recognition that all people have individual and often multiple support needs that impact on their mental health.
- 6.5.3 It is felt that many services already work in this way.
- 6.5.4 It is felt that this is a big task to undertake and a scoping exercise should be carried out to identify needs and how the approach will be implemented.
- 6.5.5 It is felt the biggest barrier to success will be getting the necessary organisations on board and their capacity to deliver the required support.
- 6.5.6 Health providers/professionals should adopt this approach. Users report increasing difficulty in accessing GP's.
- 6.5.7 There is a particular need for support to access employment.
- 6.5.8 Mental ill health is often a barrier to accessing services.
- 6.5.9 It was queried if service users have an allocated case worker and support plans?

6.6 Consultation Feedback Summary - Self-help groups

- 6.6.1 Self-help group members value being able to meet with people they can identify with as it gives them motivation and a sense of purpose. The peer support and self-help elements should continue and should remain independent to keep authenticity.
- 6.6.2 In the main self-help groups felt that the new service model would not affect them.
- 6.6.3 It was questioned what the skill set is of the people running self-help groups and how are they monitored?
- 6.6.4 Self-help groups feel they should not be subject to performance management unless they are Council funded. However, they want to have a good working relationship with the provider.

6.6.5 The grant funding scheme should be maintained and should be extended if possible. Groups should be able to access support from the provider and want to be treated equally.

6.6.6 Self-help groups would like to access holistic support in the community. It would be helpful if needs are assessed and then the required support delivered. In particular they feel they would benefit from mental health training, life-skills, training on health issues, support to access employment and training on making and writing funding bids.

6.7 Alternative suggestions

6.7.1 The model should not be generic, there should be targeted commissioning.

6.7.2 There should be an open and transparent review of the Community and Wellbeing Hub. The Hub contract should be included in this one.

6.7.3 Services that are delivered across a variety of community locations in the city.

6.7.4 A service that is proactive and flexible with a range of support options.

6.7.5 Direct payments should be offered as an alternative.

6.7.6 Invest more funding in existing services.

6.7.7 Increase public awareness of existing services.

6.7.8 Regular meetings to share ideas.

7.0 The Consultation Process

7.1 Concerns were raised about the consultation via letter by Healthwatch Wolverhampton

7.1.1 Two letters formally objecting to the consultation process were received from Positive Participation.

If you wish to see a full copy of the consultation report and/or a full transcript of all responses received throughout the consultation, please contact Shen Campbell on 01902 551040 or email shen.campbell@wolverhampton.gov.uk.

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