

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	
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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.