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

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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 26th May2016**
Community & Wellbeing Hub (afternoon)	**14**	**Thursday 2nd June 2016**
WVSC Meeting Room	**37**	**Wednesday 8th June 2016**
Prem Vadhaou	**37**	**Tuesday 14th June 2016**
Saath/Himmat	**26**	**Tuesday 14th June 2016**
Humjoli	**20**	**Wednesday 15th June 2016**
Women's Wellbeing Group	**31**	**Friday 17th June 2016**
Bilal Mosque Women's Group	**36**	**Saturday 18th June 2016**
UK Mission Women's Group	**15**	**Wednesday 22nd June 2016**
Nissa 18 – 25 and 25 + Women's Group	**22**	**Monday 27th June 2016**
Ekta	**45**	**Monday 27th June 2016**
Asian Men's Service - Heantun	**5**	**Friday 1st July 2016**
Aspiring Futures	**26**	**Thursday 21st July 2016**
ACCI	**21**	**Tuesday 19th 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.