

Mental Health
Commissioned Services
Consultation

Consultation report

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1.0 Introduction

North Yorkshire County Council (NYCC) Health and Adult Services has been working with partners to develop proposals for what an adult social care mental health offer should look like for North Yorkshire.

This work has been conducted as a strategic review with the aim of implementing a distinct adult social care mental health offer to meet the needs of people in North Yorkshire. As part of the review the Council held an extensive engagement exercise between August and November 2017 to understand people's views on the current strengths of services and support and what could be improved.

Following the engagement exercise proposals were developed on how third sector organisations would be commissioned to deliver mental health support on behalf of the Council in future.

A consultation on these proposals took place from the 22nd January 2018 to the 19th February 2018. This document provides details on the consultation methodology used and an overview of the key findings.

Further information about the consultation proposals and the review engagement report are available from the review webpage at <http://www.nypartnerships.org.uk/mentalhealthreview>.

2.0 Consultation methodology and responses

Feedback on the proposals was collected using the methods outlined below. All feedback received was collated and analysed to understand people's views on the proposals, as summarised in section 3.

2.1 Consultation event

A consultation event was held in Northallerton on Monday 5th February 2018. The event was attended by 40 people excluding staff from the Council. Attendees included people with lived experience of mental health issues, representatives of voluntary and community sector organisations and health and social care professionals.

At the event information on the proposals was provided and attendees were invited to provide feedback as part of group discussions.

2.2 Survey

An online survey with paper copies available on request was made available for people to complete for the duration of the consultation. The survey collected information on respondents' age, gender and stakeholder group, and invited them to respond to questions about the proposals.

A total of 24 respondents completed the questionnaire. Please note n= refers to the number of people who provided the relevant response to that question.

- 29% (n=7) respondents stated they worked for North Yorkshire County Council;
- 21% (n=5) respondents stated they were people who currently use or have experience of using mental health services;
- 17% (n=4) respondents stated they worked for a voluntary or community sector organisation which is not a dedicated mental health support provider organisation;
- 17% (n=4) respondents stated they were family members/carers of someone with mental health issues;
- 8% (n=2) respondents stated they worked for a mental health trust; and
- 8% (n=2) respondents stated they worked for a voluntary or community sector mental health provider organisation.

2.3 Feedback forms

A feedback form providing an overview of the consultation proposals and the consultation questions being asked was made available, with space for people currently using local mental health services to write down any feedback and return to Health and Adult Services. The form was circulated to the current commissioned service providers and 7 feedback forms were received in total.

2.4 Email feedback

People were also invited to share any feedback on the consultation proposals by email. 6 responses were received by email, which included responses from a potential service provider, NYCC staff, an organisational response from Tees Esk and Wear Valley NHS Trust, and group responses from the Selby Health Matters group and a local yoga group.

2.5 Harrogate focus group

A focus group was held at Harrogate Library on Wednesday 14th February, facilitated by a member of the Health and Adult Services Care and Support team. The group was attended by 8 people. One person represented a voluntary and community sector organisation supporting people with mental health needs, and the other 7 were people who currently use or have experience of using mental health services.

3.0 Key findings

3.1 Prevention support through delivery of mental health hubs

Based on the feedback received from people using services, professionals and other stakeholders, it was proposed as part of the consultation that the available funding be used to support delivery of a commissioned adults mental health prevention offer across the County.

It was proposed that this could be delivered through investment into local mental health 'hubs' or 'centres' across North Yorkshire. As part of this proposal it was suggested that the core functions of mental health hubs could include the following:

- Information, advice and signposting;
- Providing practical support with brief interventions;
- Support with self-care and life skills; and
- Social and peer support.

Overall, a significant majority of people who responded to the consultation agreed with the proposed core functions of a mental health hub. 83% of survey respondents (n=20) agreed with the proposal, whilst 8% (n=2) disagreed and 8% (n=2) were unsure. The majority of attendees at the event and focus group also agreed with the proposal.

However a number of people raised concerns about how much support based on the proposed approach could be delivered given the limitations of the available budget. In addition some queries were raised about how hubs would function in practice. These included how people could find out about support available, how services could respond to the needs of different groups and how, by investing in an adults mental health prevention offer, to avoid putting the sustainability of existing services and organisations at risk. Some people also

queried how support for people with long term support needs would be provided.

Suggestions for other support elements which could be delivered as part of a mental health hub model included more support for carers, links to social prescribing, music therapy and dual diagnosis support for people with coexisting substance misuse and mental health problems. Some people also queried whether hubs could incorporate alternative places of safety, as an alternative to Police custody in crisis situations.

3.2 Hub and spoke delivery model

It was proposed that the best way to deliver the mental health hub model may be through use of a 'hub and spoke' approach. This would involve delivery of support from central hubs (e.g. in the market towns), and spokes in other locations and communities to ensure as much as possible that people can access support close to where they live.

Overall, a significant majority of people agreed with the proposed hub and spoke service delivery model. 83% of survey respondents (n=20) agreed with the proposed model, whilst 4% (n=1) disagreed and 13% (n=3) were unsure. At both the consultation event and focus group there was an overall agreement on the proposed model.

Some people felt that open access hubs would help prevent the escalation of people's mental health issues. There were also a number of comments around the importance of outreach in order to make support more accessible for people, with some people who currently use or have experience of using mental health services advocating support in people's own homes.

3.3 Key partnerships

It was proposed that funded, local mental health hubs would maintain key partnerships with a number of different organisations including, but not limited to, community mental health teams, other local mental health and wellbeing services or projects, welfare advice organisations such as Citizens Advice Bureau, housing support organisations, primary care services and the North Yorkshire Living Well Service. As part of the consultation people were asked if they agreed with these key partnerships and if there were any others they would expect hubs to maintain.

Overall, the majority of respondents agreed with the proposed key partnerships. 79% of survey respondents (n=19) agreed with the proposal, while 21% (n=5) were unsure. Attendees at the consultation event and focus group also agreed with the proposed partnerships. People put forward some suggestions for other partnerships which they felt should also be maintained by a mental health hub. These included the Department for Work and Pensions, the police, substance misuse services, carer support groups and early intervention and psychosis teams. Some people also emphasised that they would like to see existing partnerships strengthened and maintained.

3.4 Service principles and outcomes

It was proposed that future delivery of support would reflect the following principles and outcomes:

Principles:

- To act as a local point of contact for people with mental health concerns and their carers and family members;
- Open access with option for people to self-refer;
- To help prevent people from developing mental health issues;
- To support people with mental health issues to recover and stay well;
- Service delivery supported by peer support and volunteers;
- To enable access to other local wellbeing and community support resources; and
- People accessing services have the opportunity to have their say in how these are delivered.

Outcomes:

- Improved wellbeing for people experiencing mental health issues;
- Improved social connectedness for people experiencing mental health issues;
- People are able to access support to better manage their own mental health;
- Improved support for people experiencing mental health issues to access support with education, training and employment opportunities; and
- People experiencing mental health issues are able to access advice and information about finances and housing.

Overall, the majority of people agreed with the proposed principles and outcomes. 79% of survey respondents (n=19) agreed, 4% (n=1) did not agree and 17% (n=4) were unsure. Some people at the consultation event felt that greater clarity was required around the outcomes and how these would be measured. People attending the focus group felt that key questions used to measure outcomes should be simple, quick and non-intrusive, and that case studies and experiential views could also be used to evidence achievement of outcomes.

Suggestions for additional principles included tackling stigma around mental health and preventing relapse. Suggestions for additional outcomes included parity with physical health, and people living in rural communities are able to access support.

3.5 Contracting model

Two contracting options for the proposed future approach were included as part of the consultation proposals. The Council's preferred option put forward was option A: a number of locality contracts to cover the whole of the County (proposed minimum of three and maximum of seven). Option B was to have a single, countywide contract.

Overall, the majority of people responding to the consultation agreed with the preferred option. 75% of survey respondents (n=18) agreed with option A, 8% (n=2) disagreed and 17% (n=4) were unsure. Attendees at the consultation event and focus group also indicated a preference for option A for the future contracting model.

Some people who stated a preference for option B felt that commissioning a number of contracts with the available total budget could be challenging, and felt option B may offer economies of scale. However others who preferred option A felt that, in order to maximise impact of the available budget a number of local contracts would be a better fit.

With regards to the most suitable number of locality contracts under option A, a small majority voiced a preference for seven contracts. Some people suggested five contracts whilst others suggested that – given the limited budget – fewer contracts should be let.

3.6 Other feedback

Some of the feedback received was not directly relevant to these proposals, but related to other types of mental health services and support. This feedback will be shared within Health and Adult Services and with health colleagues to inform other mental health development work.

4.0 Identified actions

4.1 Core functions and delivery model

In light of the consultation feedback we will continue to support the ‘hub and spoke’ model and proposed support elements. However, given the limited investment there will need to be flexibility in how this is used to deliver support across the County, and this will be reflected in the specification for delivery of future support. The specification will detail the key requirements, including the delivery approach and support elements, however it will not be prescriptive in how this may be delivered. This will allow available investment to be used to address local needs based on existing assets, services and identified need.

We know that there is a range of existing assets in local communities which contribute towards promoting good mental health and wellbeing and preventing mental health problems. Investment into community mental health prevention would be used to complement and support partnership working with existing local community assets and resources, and there is evidence from the existing community support mental health contracts that some organisations are already working to this type of approach.

4.2 Contracting model

Based on review of the feedback and consideration of locality budgets, the intention is that a procurement will be undertaken to award six locality-based contracts based on District and Borough Council boundaries covering Hambleton and Richmondshire (one contract), Harrogate, Craven, Scarborough, Ryedale and Selby.

4.3 Scope of support provided

It is still the intention that investment will be used to support delivery of mental health prevention support. However there are limits to the amount of support that can be provided with the available investment. This investment will form

one element of mental health and wellbeing support in North Yorkshire, which includes primary care, secondary care mental health services and community groups. In addition it is still expected that as well as preventing people from developing mental health issues, support provided will also support people with existing mental health issues and longer term support needs to help them to stay well and prevent their support needs from escalating. Access to support through future contracts should not be restricted based on mental health condition.

5.0 Next steps

The proposed future model has been presented to and approved by Health and Adult Services Executive.

Following the consultation NYCC Health and Adult Services has reviewed the proposed service model in light of the feedback which has been received. Work is underway to develop the specification and tender documents for the procurement due to be launched in April 2018.

Further information about the adult social care mental health review and further updates is available at <http://www.nypartnerships.org.uk/mentalhealthreview>.