Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

Public views on our plans to improve the way we deliver community mental health services

Consultation report

This report can be made available in a range of languages, large print, Braille, or on CD/tape. To request an alternative format, please email banes.yourvoice@nhs.net or call 01225 831 800.

This report summarises feedback shared by the public during a consultation on our plans to improve the way we deliver community mental health services across Bath and North East Somerset (B&NES).

The public consultation ran from **1 February 2019 – 22 February 2019.**

We have engaged with the public at every stage of the community mental health services review. More detail is available in section 2.1 of the Full Business Case: 'Our Engagement Approach' (pages 5-7). Further information and reports summarising what people have told us throughout the review are available on our website: **www.bathandnortheastsomersetccg.nhs.uk/get-involved/project/mental-health-services-review**

What we consulted on

We shared what people have told us throughout the community mental health services review, and what those who commission and provide these services are doing in response. Some of the main developments – including the introduction of a Collaborative Framework and a new Mental Health and Wellbeing Charter – were laid out in the consultation pack, and more detailed information was provided in a 'you said, we're doing' summary.

We explained that we have identified the Thrive approach as the preferred model of mental health provision in B&NES and provided information about how this would work and be different from the way services are currently being delivered.

We asked people who use services, those who support and care for them, the wider public and professionals to share their views on what do or don't like about the Thrive approach/our wider plans, and what they think could be better.

How we consulted people

How we promoted the consultation

On the day we launched the public consultation (1 February), we issued a press release and received coverage in the Bath Echo (4 February) and Midsomer Norton & Radstock Journal (7 February).

We shared information about the consultation on our website and ran a social media campaign on Twitter, Facebook and LinkedIn. Over the course of the consultation, we issued 11 posts on Twitter which gained over 6,000 impressions, 9 posts on Facebook which reached over 6,700 people in total, and gained over 100 impressions on LinkedIn with 2 posts. This included one paid promotion on Facebook during the last week of the consultation that generated a reach of over 4,000 on its own.

A number of organisations, including Healthwatch, the Royal United Hospital (RUH), Off the Record, Bath Mind, the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), Virgin Care, The Carers' Centre and wider third sector organisations, supported this promotion, and we designed social media posts with particular audiences in mind, identifying organisations and charities that represent those who might be most affected by the proposals, minority groups, and those who are seldom heard or vulnerable.

We also created a poster to inform people of the consultation and how they could share their views, which was displayed in one stop shops and at Bath Spa University.

Who we engaged with and how

During the consultation, we engaged widely across B&NES, to ensure that a range of groups were informed of our plans and able to access and respond to the consultation, including those who are seldom heard and socially vulnerable. We asked people to share their views via a survey (that was made available online and in paper form as part of a consultation pack), and reached out to different communities with the support of local organisations and services, including Virgin Care (who shared the consultation with their Citizens' Panel), Bath Spa University and University of Bath, KS2, AWP, Southside Family Project, Bath Area Play Project and the One Stop Shops in Keynsham, Bath and Midsomer Norton.

We discussed our plans with the CCG's public involvement group, Your Health, Your Voice, and handed out the consultation packs to members of the public during a street consultation in Keynsham. We also encouraged people to contact us via email, telephone and in writing.

In total, we had **71** responses to the consultation. We received 57 responses to the survey (please note, 8 of these respondents did not complete the two questions about the Thrive approach and our plans), met with 10 people face-to-face and received 4 email responses.

In the survey, we also asked people to share if they were responding as someone who uses/has used community mental health services, someone who supports or cares for someone who has used these services, an interested member of the public, or a professional.

Answer Choices	**Responses**	
A person who cares for, or supports, someone who uses/has used community mental health services	40.35%	23
A person who uses/has used community mental health services	42.11%	24
An interested member of the public	24.56%	14
A professional or practitioner	24.56%	14
Other	7.02%	4
	Total	**57**

Please note: people could tick more than one category.

For a more detailed breakdown of who responded to our survey (including information about age, sex, ethnicity, disability, religion/belief and sexual orientation), please see Appendix 1 – Profile of respondents.

Results summary – what people told us

In our survey, we asked people to tell us what they do and don't like about the Thrive approach/our wider plans, and what they think could be improved.

Some people told us they feel this is **a positive step and welcomed a new approach** and opportunity to improve services:

> "**Pleased to see you are looking at giving actual support to people"**
>
> **"FABulous to empower people to take care of themselves."**
>
> **"This is a sincere attempt to make things better and demonstrates a real concern for the plight of population members' with mental health problems."**
>
> **"I think the listed improvements are welcome and am glad to see so much direct feedback to current observations/issues."**
>
> **"…It looks a positive step towards addressing mental health."**
>
> **"The new approach looks a good start."**
>
> **"It is reassuring to see so many plans in place to support the varying needs of our local population."**
>
> **"The theory is excellent, for it to be truly effective, care must be taken to ensure that each part is carried out fully."**

Several people shared **positive feedback on introducing a more joined-up approach** to delivering services:

> **"I like the joined up approach across the whole community approach. I am pleased Carer and Service Users Charter will be used across all service providers in BANES."**
>
> **"The plan that people will only have to tell their story once. I hope this happens and that repetition is minimised as a result, as each time can be distressing for the individual."**
>
> **"Like the idea to join up services and ensure patients have a forward plan. Good to focus on staying well."**
>
> **"It's much clearer concerning what can be done, when it can be done and by and by whom so getting the help and support you need should be quicker. Thrive seems to promote a more holistic service."**

Some respondents shared that they **like the focus on prevention** and identifying those who need support:

> **"…The fact that it tries to identify those with a need before they are unable to help themselves."**
>
> **"If thrive model means a community prevention model, I think that's the only way forward."**
>
> **"Making people aware that the majority of people have Mental Health issues."**

A few people felt **that more funding and staff will be needed** to deliver the plans:

> **"I am concerned that the staffing level will be high to deliver an effective service. Where are the necessary resources to come from?"**
>
> **"Seems good but worried about the funding: there are so many people in need of services and early intervention would save money but crisis points need attention at once so early intervention will be neglected."**

Several people **wanted more detail** on how this will work in practice:

> **"Says more about 'approach/strategy' and little emphasis on how work in practice, in particular resources for crisis."**
>
> **"It is difficult to comment on potential issues with the Thrive approach as there is very little detail about how this approach will work out in practice. There is no mention of working with people within GP surgeries, which is a positive way of working as people feel comfortable meeting in a context they are already familiar with.**
>
> **"Hard to say until it is put in action and you had to interact with it. Depends how well it is all delivered."**
>
> **"Most concerning to me is the lack of detail and apparent lack of joined-up thinking. It is unclear to me how this approach will differ from the existing 'silo' approach."**
>
> **"Given the lack of detail in the proposal, it is difficult to comment. For example, I may be in support of the model's aims to build local peer-based support, but without any details on how this will be achieved or how it differs from existing provision, this is not a worthwhile consultation."**

Some people wanted **more explanation about the role of different services and organisations** in the new approach:

> **"The model says nothing about the services which have a role in all 3 Thrive domains (crisis, getting help, staying well). For example, the 'what people told us' section of the consultation pack stresses the role of GPs in delivering signposting and/or social prescribing, but there is no mention of the role of GPs in the proposal."**
>
> **"It would be good to have more understanding of the voluntary sector in this plan."**

Some people said they were **not sure about a population-based/group approach**:

> **"…I do not like the idea of dealing with the "population" and "groups" rather than individuals, which is distancing and potentially dehumanising…it is the individual who suffers and who needs to be treated as a person, not as part of a population."**
>
> **"This does not resolve the repeated wish for people to only have to tell their story once. Even if professionals can all access the same records (is this actually going to become a reality???) on referral to a different team there will continue to be a new assessment, and a desire for the new practitioners to get to know the individual and their history first hand. I cannot see how "A population-based approach looks at the mental health and mental illness needs of different groups of people" is a step forward, when we are encouraged to practice person-centred care."**
>
> **"I really don't understand why you have stopped making this about an individual and rather grouping us into groups. Why? I don't fit into a group because I am just me and I have my own history and presenting factors."**
>
> **"We know that people's needs can be various, and can shift quickly based on life circumstances or health condition, and it is unrealistic to determine which Thrive 'group' the individual fits into."**

People also shared further views on how on how community mental health services need to be improved:

Varied support (and access to this)

- There needs to be more varied access for getting support, so that people living on their own, or people who are reluctant to go to the doctors, do not get missed.

- There has to [be] enough variation in services to meet all the vast variety support needed…No one mental health individual is the same as another, this includes ensuring there is enough resources available and within timely fashion.

- We need a website for teenagers to help them get support them with their mental health.

- More access to counselling is needed (both specialist and general) and waiting lists need to be reduced.

- It would be good to be more imaginative about how we use social prescribing.

- There needs to be more of a focus on support for carers.

Improving processes:

- "All services can be improved. Mental health [services] need to stop assessments, followed by assessments, followed by assessments, then told go to Focus and pay with no NHS support in between assessments."

- We need "quicker observations for appointments, better communication between mental health team to reduce escalation with an individual's recovery plan."

Ensuring that professionals have the appropriate training and skills:

- "It is very important that all the people involved, practitioners, have accredited training in whatever field they practice in. The area of mental health has been open to 'helping bodies' with little or no actual training. Poor and or incorrect treatment/advice could have very negative effects on those needing help."

- It is important to "ensure that those who are assessing patients, guide rather than ask you to say what you need."

More collaboration and work with the education sector:

- More collaboration is needed between mental health (and wider health and care services) and universities.

- There is a "lack of information, support, understanding in schools. I feel mainstream schools need to help our children feel better accepted valued & for children to learn about neuro diversity…"

Appendix 1 – Profile of respondents

To check we are aware of particular issues and needs of different groups in the community, and to understand how representative the views we have collected are, we asked people to give us some information about themselves in the surveys (if they felt comfortable to).

This included: sex, if their gender is the same to which they were assigned at birth, age, sexual orientation, if they have a religion/belief, how they would describe their ethnic group, and if they have a disability or health condition.

Please note that we only have equality and diversity monitoring data for 38 of the 57 people who responded to the survey.

Sex

82% of survey respondents were female (31 out of 38).

4 (out of the 10) members of our public involvement group, Your Health, Your Voice, who we discussed the consultation with, were men, and we made efforts to engage with men during our street consultation in Keynsham.

Transgender

7.89% of survey respondents replied 'yes' to the question: Is your gender different to the sex that you were assigned at birth? (3 out of 38). The remaining respondents said 'no'.

Age

Answer choices	Responses	
Under 16	0%	0
16-24	7.89%	3
25-34	7.89%	3
35-44	21.5%	8
45-54	18.42%	7
55-64	28.95%	11
65+	13.16%	5
Prefer not to say	2.63%	1
	Total	38

Religion or belief

- 55.26% of survey respondents shared they do not have a religion (21 out of 38).
- 28.95% of survey respondents said that Christianity is their religion/belief (11 out of 38).
- 7.89% of respondents shared 'other' religions/beliefs, including: Quaker, Meditation and Spiritual (3 out of 38)

- 7.89% of respondents said they would prefer not to say (3 out of 38)

Sexual orientation

Answer choices	Responses	
Bisexual	2.63%	1
Gay man	2.63%	1
Gay woman/lesbian	0%	0
Heterosexual/straight	89.47%	34
Prefer not to say	5.26%	2
Prefer to use my own term	0	0
	Total	38

Disability

Answer choices	Responses	
Physical or mobility impairment	13.04%	3
Sensory impairment	4.35%	1
Mental health condition	52.17%	12
Learning disability	0%	0
Long-term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	26.09%	6
Prefer not to say	26.09%	6
	Total	38

Ethnicity

- 81.58% of survey respondents were White English (31 out of 38)
- Four respondents shared their ethnic groups were: White Other, European, Celtic (Southern Irish) and White Jewish (non-practicing).
- One respondent was White Welsh.
- Two respondents said they would prefer not to say.