Consultation Report:

The Draft Service Model for ‘Keeping People Well’

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Sara Price, Communications &amp; Engagement Coordinator</th>
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<tr>
<td>Status</td>
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<td>Date</td>
<td>22nd February 2010</td>
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1. About NHS Oxfordshire

NHS Oxfordshire is a Primary Care Trust (PCT) that was established in October 2006, following the merger of the five former Oxfordshire PCTs: Cherwell Vale, North East, South West, South East and Oxford City, and serves a population of around 600,000.

We are ambitious about improving the health and wellbeing of local people. NHS Oxfordshire intends that, by 2013, the people of Oxfordshire will:

- be healthier, particularly if they are vulnerable or live in our most deprived communities
- be working with NHS Oxfordshire to promote physical and mental wellbeing and prevent ill health
- be actively supported to manage their health and care needs at home when this is appropriate
- have access to high quality, personalised, safe and appropriate health services
- get excellent value from their local health services
- have a PCT which is a high performing organisation.

Oxfordshire is the most rural county in south east England and has a large geographical area to cover as well as a diverse population to serve. The population of Oxfordshire ranges from a predominantly older, white population in the rural areas to very ethnically diverse populations in Banbury and Oxford city where one third of the population are students.

NHS Oxfordshire works with our communities and our partners to improve health in the area and to make sure that local people’s needs are being met. We also work with organisations from the voluntary, private and community sectors so that we can make sure that the organisations providing health and social care services are working effectively.

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Area covered by NHS Oxfordshire
Oxfordshire PCT serves a population of approximately 630,000 and covers the areas of Cherwell Vale District Council, Oxford City, South Oxfordshire, Vale of White Horse District Council and West Oxfordshire District Council.
2. Executive summary

2.1 Background

NHS Oxfordshire and Oxfordshire County Council have embarked on a programme entitled 'Better Mental Health in Oxfordshire' to review and where necessary redesign all services for adults with mental health problems in Oxfordshire.

In response to this, a new, draft service model has been developed for day services provided by voluntary and community services for adults over the age of 18 living with mental health problems.

A Project Group has developed and approved the draft service model. The Project group is made up of a number of “experts”: service users, carers, people from voluntary organisations who currently provide services, people from OBMH, from public health and from the Community Development Team as well as finance and contract staff from NHS Oxfordshire.

The draft service model proposes services that might replace those currently purchased by NHS Oxfordshire and Oxfordshire County Council through a Pooled Commissioning Budget after the current contracts expire in September 2010. This piece of work is called 'Keeping People Well'.

'Keeping People Well' - Key Services

We have identified the need for five services:

1. A Service that facilitates Public Well-being
2. An Information Service
3. A Personal Well-being Service
4. A Structured Recovery Service
5. An Individualised Placement and Support Employment Service

2.2 Purpose of the public engagement

The Communications and Engagement directorate at NHS Oxfordshire embarked on a period of engagement from 1\textsuperscript{st} Jan – 1\textsuperscript{st} Feb inclusive, to engage and involve all those affected and interested in shaping this stage of the development of Oxfordshire’s mental health services. This report will then be used to inform and help determine the content of the service specification for services to support 'Keeping People Well'.


2.3 Process & Methodology

A number of consultation and engagement methods were used simultaneously to enable maximum feedback in the time available. This included public consultation events at various locations around the county, visits to existing service providers and voluntary organisations, online engagement methods on the ‘Talking Health’ website, and feedback via email or by phone.

2.5 Key Findings

Analysis of the consultation findings from the public consultation events, written responses, email and online responses interestingly resulted in very similar response themes. These included:

- Concerns over the financing of ‘Keeping People Well’ and the potential effects that cuts in funding could have for service users and staff
- Concerns regarding change and the uncertainty this brings for both service users and staff
- Support for the inclusion of a preventative wellbeing service
- The need for services to be local and easy to access for all – removing any barriers such as the need for childcare provision and providing adequate services outside normal working hours
- The need for improved communication – both in the promotion of mental health services and in the communication skills of staff both within and across services
- The need for integration – both between service providers and for greater integration between mental health services and social activities/groups in the wider community
- Services that are flexible, tailored to an individual’s mental health and with consideration for specific cultural needs
- A focus on mental health education for all – including educational establishments, employers/employment agencies, and the general public

2.6 Conclusion

The report recommends that the participants’ concerns from this consultation are fully considered and as many of their comments and suggestions regarding the draft proposal for ‘Keeping People Well’ are incorporated wherever possible into the design of the service specification for services from October 2010 onwards.
3. Background

3.1 Why do we need services for people affected by mental ill-health?

People who experience poor mental health can become withdrawn, isolated and find it difficult to manage day-to-day activity. Prevention, early intervention and a focus on support and recovery can help people manage the effects of mental ill-health and live with greater independence. If we can sustain and improve services we can prevent ill health, reducing suffering, lower the burden of disease, and reduce the impact on health services.

3.2 The local context

NHS Oxfordshire and Oxfordshire County Council ("the Commissioners") have embarked on a programme (Better Mental Health in Oxfordshire) to review and where necessary redesign all services for adults with mental health problems in Oxfordshire. Keeping People Well is a part of this programme. The strategic aims of Better Mental Health in Oxfordshire are

- To improve the whole population's mental well being.
- To increase people's emotional resilience to cope with stress and lifestyle changes.
- To increase proportion and equity of care and support in primary care.
- To ensure people with or affected by mental health problems will be take more control of their health and care through increased knowledge, recovery focussed services and the use of personalised support.
- To ensure people will have access to timely good quality treatment/interventions as required.
- To reflect the fact that Commissioning will operate in a reduced economic environment.

3.3 Mental health services – summary of work so far

In 2009 NHS Oxfordshire carried out a review of the current mental health services commissioned from the voluntary sector to check how these aligned with the strategic priorities identified in Better Mental Health in Oxfordshire. This work led to a report (Review of Commissioning from the Voluntary Sector 2009) on which we received feedback from over 30 service users, carers, provider organisations and other stakeholders.

In September 2009 we visited and engaged with 14 of the projects funded by the Pooled Budget to understand how these are used by service users and how they help people manage their recovery. These services were made aware that current contracts would expire in September 2010.
From October to December a project group comprising service users, carers, provider organisations and clinicians developed the draft service model for 'Keeping People Well' that is the subject of the current consultation. That service model has also been informed by two other pieces of work:

- A monitoring exercise during November 2009 to identify types and numbers of people using the services we commission and their care pathways.
- A one-day event for service users, carers and providers to explore the notion of “recovery” for people with mental health problems and how this might be supported. This event was run by Raise - a service user managed organisation.

3.4 What was the purpose of this consultation?

The current contracts for mental health services in Oxfordshire are due to expire in September 2010. The draft service model for 'Keeping People Well' proposes services that might replace those currently purchased by NHS Oxfordshire and Oxfordshire County Council through a Pooled Commissioning Budget.

NHS Oxfordshire therefore needs to buy ("commission") new services to replace existing services from October 2010. When we commission new services we are required to go to the "open market" and ask all potential providers to bid for any contracts we design. This means any organisation, not just the ones who currently hold a contract, can bid to provide services in the future. This process will take several months to complete and so we need to work up our plans now.

In addition, we want to make sure that we deliver the aims of Better Mental Health in Oxfordshire. This requires that we will review all [voluntary and community sector] contracts to ensure they are in line with our strategic priorities, to migrate them to the national contract where appropriate, and to inform our commissioning plans for 10/11

3.5 How will the feedback be used?

After the final report is published, the feedback and findings will be used by NHS Oxfordshire in helping to develop the specifications for the procurement of individual services, through to assessing and awarding the contracts.
4. Stakeholders for ‘Keeping People Well’

The stakeholders for ‘Keeping People Well’ are people or groups with an interest in supporting people with and the prevention of mental health problems.

4.1 Stakeholders
The key stakeholders identified for this consultation were:

**Service users and their families**
These are the end users and therefore the people that this proposal for ‘Keeping People Well’ is designed to help.

**Current Service Providers**
These are key stakeholders in this consultation the proposal will review and develop that part of the care journey currently provided by the current service providers. This includes the following organisations: Archway Foundation, Bridewell Organic Gardens; Oxfordshire Chinese and Community Advice Centre; Mental Health Matters; Oxfordshire Mind; Restore; Rethink Gemini; Root and Branch; Springboard Family Project, Survivors.

**Organisations not currently commissioned by NHS Oxfordshire**
As this consultation will feed into a specification for the procurement of new services it is was important to remain open and unbiased and include organisations that are not currently commissioned by NHS Oxfordshire.

**NHS Oxfordshire Staff**
Many members of NHS Oxfordshire staff are involved in the commissioning and delivery of mental health services. The engagement methods were therefore also designed to target staff.

**Those interested in mental health issues**
During this consultation, it was important that NHS Oxfordshire also targeted those members of the public that might be interested in mental health issues, but might not necessarily be a service user or a member of a current service provider.

The programme for ‘Better Mental Health in Oxfordshire’ was based on a large consultation at the end of 2008 which included not only the voluntary sector and service users but also large employers and the wider population in Oxfordshire. This consultation for ‘Keeping People Well’ was therefore also communicated to all those that were involved in that first consultation.

**Other**
When communicating this consultation with the key stakeholders listed above, encouragement was also given to share this information with any individual or organisation that may be interested in issues regarding mental health services in Oxfordshire.
5. Engagement process

Due to the limits placed on the consultation duration by the procurement process, efforts were made to engage with and facilitate feedback from the public, service users and staff of mental health services using as many different methods as possible.

5.1 ‘Keeping People Well’ – Online engagement

[NHS Oxfordshire Talking Health website]

Structured Document
A structured document for the draft proposal for ‘Keeping People Well’ was set up on the Talking Health website to enable stakeholders to enter comments, views and feedback throughout key points in the online document.

The structured document also contained questions at key points in the document to help stimulate responses and feedback from the public.

Draft proposal for download
In addition to the structured document, PDF and Word copies of the full draft proposal for ‘Keeping People Well’ were also made available on the Talking Health website for viewing or download.

Discussion Forums
The discussion forum feature of the Talking Health website was activated to enable users to discuss key issues openly, contribute knowledge and opinions, and to get involved in the decision making process. It provides the facility for users to add a comment to someone else’s topic or raise issues themselves.

[NHS Oxfordshire Intranet]
NHS Oxfordshire’s intranet was used to communicate the consultation and available response methods to all staff, encouraging further dissemination of information to organisations and interested individuals.

All Staff email
The consultation was communicated widely to all NHS Oxfordshire staff via the everyone@... email facility.

[Twitter and Facebook]
A number of announcements and ‘tweets’ were made on the Twitter and Facebook websites for NHS Oxfordshire about this consultation and the associated public consultation events.
Email
An email campaign promoting the ‘Keeping People Well’ consultation including the various response methods and associated public consultation events was communicated to a large target audience of over 500 individuals, community and voluntary groups across the county.

Posters
Posters advertising the public consultation events (see section 5.2) were designed and distributed to key voluntary organisations, service providers and the Primary Care Trust to place on notice boards and in key public spaces.

5.2 ‘Keeping People Well’ consultation events

Four public consultation events were held to discuss the proposed service model during January as follows:

- Tuesday 19th January - Corn Exchange, Witney
- Friday 22nd January - The People’s Church, Banbury
- Tuesday 26th January - Civic Centre, Didcot
- Thursday 28th January - Town Hall, Oxford

Each event lasted around 2 hours and provided the opportunity for stakeholders to share their feedback and ideas for the future of mental health services in Oxfordshire to support ‘Keeping People Well’.

Each event included a ½ hour introduction to ‘Keeping People Well’ – including what it is, why we are doing this, and what we are trying to achieve.

Attendees at each consultation event were asked to split into groups of between 8-10 people. Each group had both a facilitator and scribe (members of PCT staff) to guide the groups discussion around two key discussion questions and to record the comments raised.

1. What makes a (mental health) service a good service?
2. Looking at the 5 proposed key services: Is anything else needed to help people better manage their own mental health?
Discussion comments were shared with all attendees at the event both by verbally summarising key themes discussed in each group and also by putting flipchart posters of notes up around the room for all to view. Attendees were then asked to prioritise the comments made by placing a sticker next to the 4 most important points raised during the afternoon.

Time was also allowed at the end of each session to raise any specific concerns or questions that stakeholders had about 'Keeping People Well'.

5.3 Visits to individual organisations

In addition to the public consultation events, NHS Oxfordshire also sought the views of current service users and staff in sessions held onsite at various voluntary organisations and existing service providers. These visits were made by the Service Development Manager for Mental Health at NHS Oxfordshire, supported by other members of the Mental Health team.

<table>
<thead>
<tr>
<th>Date</th>
<th>Group Visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Jan</td>
<td>Meet with CMHT/OBMH</td>
</tr>
<tr>
<td>19 Jan</td>
<td>Witney public event</td>
</tr>
<tr>
<td>21 Jan</td>
<td>Bridgebuilders</td>
</tr>
<tr>
<td>21 Jan</td>
<td>Restore Activate User Group</td>
</tr>
<tr>
<td>21 Jan</td>
<td>Coasters/Restore/Response</td>
</tr>
<tr>
<td>22 Jan</td>
<td>Banbury CMHT</td>
</tr>
<tr>
<td>22 Jan</td>
<td>Banbury Public event</td>
</tr>
<tr>
<td>25 Jan</td>
<td>Matt Pearce re sport</td>
</tr>
<tr>
<td>25 Jan</td>
<td>Key2/Chris Evans re YP</td>
</tr>
<tr>
<td>26 Jan</td>
<td>Restore Beehive User Group</td>
</tr>
<tr>
<td>26 Jan</td>
<td>Didcot Public Event</td>
</tr>
<tr>
<td>27 Jan</td>
<td>Causeway Bicester Mind event</td>
</tr>
<tr>
<td>28 Jan</td>
<td>Restore Elder Stubbs users</td>
</tr>
<tr>
<td>28 Jan</td>
<td>Oxford public event</td>
</tr>
<tr>
<td>29 Jan</td>
<td>The Mill Mind event</td>
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<tr>
<td>1 Feb</td>
<td>Banbury Mind Event</td>
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<td>1 Feb</td>
<td>OCC Community Services</td>
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<tr>
<td>1 Feb</td>
<td>Bicester Carers Group</td>
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<tr>
<td>2 Feb</td>
<td>Haven Mind event (Wantage)</td>
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<tr>
<td>3 Feb</td>
<td>Bridewell users</td>
</tr>
<tr>
<td>4 Feb</td>
<td>Gemini users</td>
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<tr>
<td>5 Feb</td>
<td>Root and Branch users</td>
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<tr>
<td>8 Feb</td>
<td>Project reference group</td>
</tr>
<tr>
<td>15 Feb</td>
<td>Diverse Minds</td>
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5.4 Other methods of engagement

Both the Communications and Engagement team and Mental Health team at NHS Oxfordshire also engaged on a one-to-one basis with individuals or organisations that wished to feedback comments by phone or email.
6. Engagement Findings – Public consultation events

6.1 Number of responses

In total 128 individuals attended the public consultation events for 'Keeping People Well'. These were distributed across the four events as follows:

<table>
<thead>
<tr>
<th>Event Location</th>
<th>Number of attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witney</td>
<td>21</td>
</tr>
<tr>
<td>Banbury</td>
<td>25</td>
</tr>
<tr>
<td>Didcot</td>
<td>30</td>
</tr>
<tr>
<td>Oxford</td>
<td>52</td>
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</table>

The majority of individuals attended the Oxford event. This is likely to be due to the fact that the majority of existing mental health services are based in Oxford and that the Town Hall in Oxford is very accessible by public transport.

6.2 Discussion questions

The comments from each of the two discussion questions were gathered into response themes so that trends could be identified.
The results for the first discussion question are shown below:

**Discussion question 1: What makes a (mental health) service a good service?**

- **Access** 13%
- **Choice & flexible** 7%
- **Info & Communication** 15%
- **Skills & training** 7%
- **Based on individual's needs** 12%
- **Integrated** 7%
- **Confidential** 3%
- **Regularly monitored** 3%
- **Continuity of care** 5%
- **Holistic** 4%
- **Stability** 3%
- **Non-stigma** 2%
- **Other** 11%
- **Access** 13%
- **Choice & flexible** 7%
- **Welcoming environment & people** 8%
- **Info & Communication** 15%
- **Skills & training** 7%

The majority of comments received about what makes a service a good service were related to information/communication (15%). In particular comments were made about good communication and knowledge sharing between mental health service providers so that service users were supported adequately as they moved around. Other issues relating to information/communication included making sure services are well publicised as people could not use or benefit from a service unless they knew it existed. Some of the comments made relating to information/communication are included below:

“Communication between providers to avoid sending patients away with nowhere to go”

“Good communication between services”

“A service that is well publicised and known to those who need it. Good marketing.”

“Good info at right times from services”
Information/communication was closely followed by two other major response themes: access to services (13%); and comments that services should be based on an individual’s needs (12%).

Comments regarding access to services focused on a number of key areas. It was felt that a good service should have a good geographical spread with access to services across both rural and urban communities, and that these services should be accessible when people need them - 24 hours a day and 7 days a week. In particular, the issue of accessibility of services in the evenings and weekends was raised as an important point.

Removing barriers for access was also a key issue, with a number of comments raised about support for parents and young people so that it is easier to access mental health services when they need to do so. The suggestion was also made to remove some perceived barriers to access by giving consideration to the labelling/naming of some services. This was due to the belief that some people do not use certain services due to the associated stigma of it being known as a ‘mental health service’. Some of the comments raised regarding access are shown below:

“Evenings after 5 openings”

“Good geographical spread- readily accessible, 24/7 (where appropriate), linked in to other services, no gaps”

“Accessibility/childcare provisions”

“Removing cost barriers, easy transport access”

The view that services should be based on an individual’s need was apparent among everyone at the public consultation events. Attendees felt that a good service should be person-centred and flexible to individual needs and that ‘recovery’ is a very individual term – with some individuals preferring structure and others not. Comments included the need for services to reflect the individual's journey and for consideration to be given for specific cultural needs.

Other notable response themes that came out of the consultation discussions for question 1 for things which stakeholders believed made a service a good service included: choice and flexibility; holistic; continuity of care; a welcoming environment and people; and skills/training (many of the comments made with the last two response themes were again closely linked with communication).
Discussion question 2: Is anything else needed to help people better manage their own mental health?

<table>
<thead>
<tr>
<th>No. of related comments</th>
<th>Education &amp; Training</th>
<th>GP focus on MH</th>
<th>Holistic - mental and physical</th>
<th>Support tailored to individuals needs</th>
<th>Consistency</th>
<th>Access</th>
<th>Housing</th>
<th>Socialising skills &amp; support</th>
<th>Peer support &amp; advocacy</th>
<th>Clear processes</th>
<th>Finance</th>
<th>Better communication</th>
<th>Integration</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>10</td>
<td>5</td>
<td>10</td>
<td>25</td>
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</tbody>
</table>

The most frequent comments raised about things that could help people better manage their own mental health were around the issue of education and training. Participants were keen that education on mental health issues should be a major area of development in order to both change attitudes and remove stigmatism and also to help with the prevention of mental health illness. In particular discussion included the need for education in the workplace - with employers and employment agencies - to help with prevention of mental health issues, as well as the wider general public. Some of the comments made during the consultation events related to this are shown below:

“Education – from an early age, schools and colleges, workplace, recruitment agencies, benefits agencies and families of mental health patients”

“Education for everyone, not just high risk groups”

“Educate employers on how to deal with mental health issues e.g. stress.”

“Education on what you need to keep you well”

The second most common response themes were comments related to integration. It was felt that in order to help people better manage their own mental health that services should be much more joined up. Attendees highlighted that not only
mental health services should be more joined up, but also that there should be more integration between mental health services and the wider community. In particular it was suggested that there should be close integration with services and groups that offer social activities to the general public as these were the types of activities that improve wellbeing and help keep people well. Some of the comments related to this are shown below:

“Integration between mental health and schools”
“Cross-communication between agencies very important”
“Service elements need to be joined”
“The services need to link on to other community services e.g. faith communities, activity groups, community based services i.e. college courses”

Other major themes included finance and better communication.

Concerns were raised about funding being cut for mental health service provision and the potential effects this could have – particularly for the mental health and recovery process of service users. Some of the comments related to this are shown below:

“Need geographic analysis of need and costings.”
“Needs money”

Comments were also made about the need for still more and improved communication with suggestions about how this could be done. Some of the comments related to this are shown below:

“Need to actively listen to the patient with a place dedicated to this.
“Mental health information packs for GP’s to give service users”

Other notable response themes that came out of the consultation discussions for question 2 for things which could help people better manage their own mental health included: peer support and advocacy; a holistic approach to mental health; a greater GP focus on mental health issues; housing; a focus on social activities and support and ensuring processes within mental health services are clear.
6.3 Prioritising responses

Each attendee was asked to prioritise the comments gathered during the discussion groups by highlighting the four most important points raised with a red sticker. Attendees were able to prioritise from both comments raised in their own discussion group and from comments raised in other discussion groups in the room.

Discussion question 1: What makes a service a good service?
The top 3 prioritised comments for discussion question 1 (in order of priority) were:

<table>
<thead>
<tr>
<th>Top three prioritised comments</th>
<th>Theme</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. “Good geographical spread-readily accessible, 24/7 (where appropriate), linked in to other services, no gaps.”</td>
<td>Access</td>
<td>Witney</td>
</tr>
<tr>
<td>2. “Keep secure, durable services, constant funding, look for more even spread”</td>
<td>Consistency</td>
<td>Witney</td>
</tr>
<tr>
<td>3. “Developing a sense of belonging for the user so they don’t feel rushed through the system.”</td>
<td>Tailored to individual’s needs</td>
<td>Witney</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Top three prioritised comments</th>
<th>Theme</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. “Accessibility/childcare provisions.”</td>
<td>Access</td>
<td>Banbury</td>
</tr>
<tr>
<td>2. “To meet needs of people in the community.”</td>
<td>Tailored to individual’s needs</td>
<td>Banbury</td>
</tr>
<tr>
<td>3. “Offers desired choice of facilities.”</td>
<td>Choice and flexibility</td>
<td>Banbury</td>
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<thead>
<tr>
<th>Top three prioritised comments</th>
<th>Theme</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. “Good communication (what’s the next step, links to right services).”</td>
<td>Information/Communication</td>
<td>Didcot</td>
</tr>
<tr>
<td>2. “Person centred – focused on the individual’s need and wishes.”</td>
<td>Tailored to individual’s needs</td>
<td>Didcot</td>
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<table>
<thead>
<tr>
<th>Top three prioritised comments</th>
<th>Theme</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. “Services need to be local, nearby.”</td>
<td>Access</td>
<td>Oxford</td>
</tr>
</tbody>
</table>
2. “Crisis support out of hours 24/7.”

3. “Helping people help themselves.”

<table>
<thead>
<tr>
<th>2. “Crisis support out of hours 24/7.”</th>
<th>Access</th>
<th>Oxford</th>
</tr>
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<tbody>
<tr>
<td>3. “Helping people help themselves.”</td>
<td>Tailored to individual’s needs</td>
<td>Oxford</td>
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</table>

Access came out as the top priority for what makes a service a good service at three out of the four consultation events. This included the issue of access for parents, services being local with a good geographical spread and accessible 24/7. The exception was Didcot where good communication was highlighted as the most important issue for a good service.

Comments related to a service that is tailored to individual needs was also raised as one of the top three priorities at all four of the consultation events.
Discussion question 2: Is anything else needed to help people better manage their own mental health?

The top 3 prioritised comments for discussion question 2 (in order or priority) were:

<table>
<thead>
<tr>
<th>Top three prioritised comments</th>
<th>Theme</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. “Sense of community, constant relationships in same location to build patient’s confidence and trust.”</td>
<td>Other</td>
<td>Witney</td>
</tr>
<tr>
<td>2. “Education - from early ages, schools and colleges, workplace, recruitment agencies, benefits agencies, families of MH patients.”</td>
<td>Education</td>
<td>Witney</td>
</tr>
<tr>
<td>3. “Ensure provisions of MH Services for those with learning disabilities and other debilitations conditions.”</td>
<td>Holistic/ Tailored to individual’s needs</td>
<td>Witney</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top three prioritised comments</th>
<th>Theme</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. “Patient focused.”</td>
<td>Tailored to individual’s needs</td>
<td>Banbury</td>
</tr>
<tr>
<td>2. “Mental health information packs for GP’s to give service users, especially first episode.”</td>
<td>Communication</td>
<td>Banbury</td>
</tr>
<tr>
<td>3. “Supported Housing for university students with MH problems. Some have dropped out because of lack of this.”</td>
<td>Housing</td>
<td>Banbury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top three prioritised comments</th>
<th>Theme</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. “Cross-communication between agencies very important.”</td>
<td>Integration and communication</td>
<td>Didcot</td>
</tr>
<tr>
<td>2. “Education for everyone, not just high risk groups.”</td>
<td>Education</td>
<td>Didcot</td>
</tr>
<tr>
<td>3. “Crisis Houses/Emergency Houses”</td>
<td>Housing</td>
<td>Didcot</td>
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<table>
<thead>
<tr>
<th>Top three prioritised comments</th>
<th>Theme</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. “Build on what you have got”</td>
<td>Other</td>
<td>Oxford</td>
</tr>
<tr>
<td>2. “Intentional peer support running across all the services as part of a proper programme”</td>
<td>Peer support &amp; advocacy</td>
<td>Oxford</td>
</tr>
<tr>
<td>3. “Improved communication across all services.”</td>
<td>Communication</td>
<td>Oxford</td>
</tr>
</tbody>
</table>
The top priorities for responses to discussion question 2 were very mixed. This may be partly due to the fact that this discussion question asked people to come up with new ideas – and ideas are often very different due to individuals having very different approaches and thinking processes.

The top priorities across all events did however highlight a general theme of suggestions around communication, education and being tailored to individual’s needs.

One interesting comment that was a top priority at the Oxford consultation event in response to the discussion question about helping people better manage their own mental health was that instead of creating the five new proposed service areas, that NHS Oxfordshire should concentrate on building on existing services for mental health.

6.4 Q&A’s raised

The key questions and concerns raised during the consultation events were focused on a number of key points.

The most common issue raised was around the financing of this proposal and the related procurement process.

Another key issue was around confidentiality and the keeping of patient records for mental health services. The majority of these questions were raised at the Banbury consultation event and grew from one initial concern from an individual that people may stop using services if patient details were recorded.

Other questions raised included were related to self-directed support, the use of the voluntary sector versus services from NHS Oxfordshire, and clarification of the terminology used in the proposal. Interestingly only one concern was raised regarding the proposal and potential for redundancies.
7. Engagement Findings – Other methods

7.1 Online engagement - Responses

‘Talking Health’ website

Structured Document - responses

16 separate responses were received regarding the online structured document version of the draft proposal for ‘Keeping People Well’. These were all quite detailed, free text responses and highlighted concerns around funding, change, public attitudes to mental health and stigmatism, and the need to personalise care around an individual’s needs. Support was also given to the inclusion of a wellbeing service within ‘Keeping People Well’ to help with prevention of mental health problems.

A further 6 respondents responded to the specific questions contained within the structured document. All of these indicated that they agreed with the key principles of the draft service model for ‘Keeping People Well’. However concerns were also raised around co-ordination of services, patient confidentiality and access.

Respondents also all supported the need for preventative as well as recovery services; the need to support parents who wish to access mental health services; a good information service; and improved communication to reduce stigmatism.

Discussion Forum

The discussion forum was only used by one respondent to the consultation. However this response was again very detailed and highlighted various issues around the benefits of a holistic approach to mental health services.

Limitations

This is the first time that either a structured document or discussion forum has been included as a method of feedback in a public consultation for NHS Oxfordshire. It is a new approach that many people may be unfamiliar with and therefore not confident in using. This online feedback approach therefore had a relatively small number of responses compared to the public consultation events.

7.1 Written responses

In total 12 email responses and 4 letters were received to the consultation. These responses were all extremely detailed and included feedback from 7 individuals and responses on behalf of the following organisations:

Oxfordshire MIND
Banbury MIND
Bridewell Organic Gardens
Oxfordshire Mental Health Matters
The Archway Foundation
Response themes
Much of the detailed feedback from these organisations and individuals reflected the comments raised at the public consultation events.

The potential of cuts in funding and the affects that this could have on service users and staff were of particular concern to both the organisations and individuals that responded in writing. Strong support for existing services along with their benefits was also highlighted in these responses.

Good communication and promotion of mental health services to the wider public was again highlighted in order to help prevent mental illness as was the need for these services to be properly joined up in order to be effective. It was noted in the responses however that the integration of services needed proper planning and a decision needed to be made as to who should co-ordinate this.

Access was again a huge focus, with services needing to be local, welcoming and well distributed across the county. An additional issue regarding access that was also mentioned at one of the public consultation events but was again raised in the written responses, was the need for service users to easily re-access services when needed.

Mention was also made again in the written responses on the importance of access and integration with mainstream social/leisure activities for service users as an important aspect in prevention and recovery.

The written responses did indicate strong support for awareness of mental health issues and promotion of wellbeing to help prevention of health problems. However, it was also suggested that this would be relatively costly and therefore may “...result in loss of front line services to people who are already experiencing mental health problems”.

Peer support and service user involvement in developing services was again raised as providing an important role in helping those with mental health problems and ensuring services are appropriate and tailored to the user’s needs.

The approach to the procurement process was also highlighted in these responses with the suggestion made that NHS Oxfordshire should build on the strengths of existing service providers. This therefore re-iterated the comment that was top priority at the Oxford-based public consultation event.

New issues
New issues that were raised in the written responses included the need for work to be done to help current service users through this period of change and to articulate their views and if necessary to have resources allocated to this.

Also concerns were raised that with open access to services, re-referrals and no upper age limit that service providers will not have the capacity to manage this – particularly if funding is cut.
7.3 Responses from visits to individual organisations

The discussions held with the service users, staff and carers at the meetings held with individual organisations and projects again highlighted many recurrent themes. However it was also clear through these meetings that the issues raised were often very localised and specific to that particular organisation or project.

Some of the issues highlighted are shown below and were also themes common to those expressed at the consultation events:

- **Change** - There is a lot of concern regarding the impact of the procurement process and how that might impact on people’s health. There is a need for an effective transition plan.

- **Integration** - There is a sense that there are not good pathways into and between services and in many cases the voluntary sector organisations are the only or main support for people both in managing crisis but also in planning recovery. There are some good examples of links between GPs and voluntary organisations, but generally the links are poor.

- **Support** - There were many comments about the perceived lack of support available to people in primary care, and the impact that gap has on undermining the ability of people to manage their own health and prevent their illness worsening.

- **Access** - Services need to be accessible to the people who might use them, and in many cases that will mean local to where the person lives. It was also highlighted once again that there needs to be a range of services that reflect cultural needs to improve and increase access for those from Black and Minority Ethnic (BME) communities. Our attention was drawn to the success of some services (e.g. based around sport) to attract a more diverse group of service users.

- **Service user involvement** - The need for services to be developed, led and sometimes delivered by the people who use them. There was also a suggestion that public mental well-being messages might be delivered by service users.

- **Communication** - Throughout the engagement with individuals at organisations/projects we observed that it was striking how uninformed about service x the user of service y might be – the knowledge sharing and information about the variety of services that are available was minimal. It was also suggested that information is owned and managed by the person or organisation that is supporting the service user (this was felt particularly to be the case with GPs) and that people may have a higher need for independent information once they are exploring recovery.

- **Services tailored to individual’s needs** - Many people said that they liked being in a “work-like” environment and they can see how this might help them move on into other forms of activity. However many others also felt that for them work is not an option. This was dependent on individuals’ needs. In addition that some people may use more “structured” services for unstructured, therapeutic reasons and others may use more “open” services to enable them to follow a structured pathway of recovery. Again this was dependent on individual’s needs.
• **Funding** – It was felt that the public well-being service should not be funded at the expense of services for people directly affected by mental illness.

• **Environment** - The importance of a relaxed, supportive and non-judgemental environment in a pleasant, welcoming setting was highlighted. Individuals also expressed the need for a place of safety where people can engage with services and do not feel conspicuous.

• **Education and stigmatism** - There was a great deal of concern that the emphasis on helping people move into the mainstream might not work owing to the capacity of the mainstream to work with people living with mental health problems, possibly for reasons of stigma.

In addition some new themes were highlighted through these visits to organisations and projects.

• **Importance of group activity** - Many people expressed the opinion that people who use services often say they need 1:1 support but actually gained more from group activity and that service providers have a crucial role in developing this.

• **Wider support services** - A need was expressed for a wide variety of support services including “in work support”, out of hours services, in-reach services for people in hospital and services for particular groups, particularly parents and people who themselves have caring or other responsibilities. In addition it was felt there is a need to understand the pastoral role of services who support people who have no other carer. People may need to retain a relationship with services in some cases after they have moved on from using the service in a structured way.

• **Services for those with severe mental health problems** - There was quite a lot of feedback around the possible need for dedicated services for people with more severe illness. No one really wanted this, but there was a concern that the needs of people who were particularly unwell and/or heavily medicated should be accommodated within a service for a wider population of people living with mental health problems.
8. Limitations

8.1 Further considerations

Throughout the engagement process it has been noted that there has also been feedback from four individuals/organisations regarding the short length of this particular consultation and engagement exercise. Whilst NHS Oxfordshire makes every effort to follow the consultation duration guidance of 12 weeks laid out in the ‘Duty to Involve’ and would prefer to do so wherever possible, in this case the procurement process set restrictions on the time in which public engagement could take place.

8.2 Detail in the proposal

The draft proposal for ‘Keeping People Well’ is quite a lengthy and detailed document. The nature of this therefore may mean that some individuals or service users may not have responded if they did not feel compelled or able to examine and understand the entire proposal.

The public consultation events recognised this issue and therefore focused on discussion around just two key questions to bring out the things that the public, service users and staff of mental health services felt were most important for inclusion.

8.3 Timings of events

The public consultation events were all held during afternoons in mid-late January at various locations around Oxfordshire. This however did mean that some individuals or staff in employment may have had difficulty in attending as the events took place during standard working hours.

The Mental Health team at NHS Oxfordshire sought to address this by offering to visit in person any organisation that wished to discuss the consultation in more detail. Responses could also be fed back by phone or email from those individuals that were unable to attend.
9. Key recommendations

The findings from the consultation on the draft proposal for ‘Keeping People Well’ have highlighted the need for:

Communication and planning regarding funding
- Concerns were raised over the financing of ‘Keeping People Well’ and the potential effects that cuts in funding could have for service users and staff. Good communication, involvement and planning with service providers and service users is needed to ensure they are aware of the facts.

Manage Change
- Concerns were raised regarding change and the uncertainty this brings for both service users and staff. Consideration needs to be given to how this change is managed and what role NHS Oxfordshire should take in this.

Prevention
- Support was expressed for the inclusion of a preventative wellbeing service. Prevention of mental health services is clearly something that individuals and organisations want to see more of. The final proposal for ‘Keeping People Well’ should ensure this is included.

Improve Access
- The need for services to be local and easy to access for all was highlighted as a priority. The final proposal needs to consider how all issues regarding access, including removal of barriers to access, is included.

Improve communication
- The need for improved communication – both in the promotion of mental health services and in the communication skills of staff both within and across services. This therefore needs to be highlighted in the final proposal.

Integration
- The need for integration – both between service providers and greater integration with social activities and groups in the wider community was expressed. Consideration needs to be given to the co-ordination and planning of an integrated approach.

Address individual’s needs
- Individuals and organisations highlighted the need for services that are tailored to an individual’s mental health, cultural needs, communication preferences and local needs. Services that are tailored to individual’s needs is something that needs to continue to be a priority in the commissioning of mental health services.

Service user involvement
- The importance and value of services that are developed, led and sometimes delivered by the people who use them. Service users should continue to be central to development of any future services for ‘Keeping People Well’.

Education
- A focus on mental health education for all – including educational establishments, employers and employment agencies, and the general public was highlighted. This is an important issue in helping to reduce stigmatism and to improve attitudes around mental health issues in the general public.
10. Next steps

A copy of this consultation report will be made available to all those that participated in the consultation and will also be available for download on NHS Oxfordshire’s website.

Commissioning services for ‘Keeping People Well’ in the current economic climate in Oxfordshire is a challenge. Feedback from this consultation will be vital in helping NHS Oxfordshire and the County Council to understand what the requirements are for the future of mental health services in the county. This will then be used to determine the content of the service specification which will set out an outline for how mental health services might be provided from October 2010.

NHS Oxfordshire will then involve service users and carers in the procurement process for these new services through to assessing and awarding the contracts.

11. Thanks

Thanks to all those who responded to the draft proposal for ‘Keeping People Well’ and particularly to both service users, families and staff of charities, voluntary and community groups that engaged with us to share their feedback and suggestions on the future of ‘Keeping People Well’.
13. Supporting information

Definitions

Stakeholders
- A person or group with a direct interest, involvement, or investment in something.
- Stakeholders are individuals or organisations that have a direct interest in a service being provided.

Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>Facebook</td>
<td>Social networking website</td>
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<td>Twitter</td>
<td>Social networking website</td>
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<tr>
<td>CMHT</td>
<td>Community Mental Health Team</td>
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<tr>
<td>OBMH</td>
<td>Oxfordshire &amp; Buckinghamshire Mental Health Trust</td>
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14. Appendices

Appendix 1: Key Principles behind Keeping People Well

The Project Group agreed some key principles to govern their approach to this work and which they believed to be important in the design and delivery of the services themselves.

**Need**
Access to and support from services should be on the basis of needs rather than diagnosis or place on the clinical pathway at point of referral. People may have a diagnosis of mild illness but have significant support needs at the point of access. Needs should be kept under review and services tailored to them. Needs refer here to such social factors such as self care, isolation, planning and help with recovery, confidence building and enablement.

**Wellbeing**
Mental wellbeing is not just the management of symptoms of mental illness. Attention to the wider physical, psychological, emotional, social and spiritual needs of the individual and community will support and deepen recovery.

**Prevention**
Services should be designed to address the circumstances and impact of mental illness and where possible prevent deterioration of mental health.

**Recovery**
The process may sometimes be slow, not straightforward and involve setbacks and crisis but people can and should be supported to plan and manage their own recovery. Social inclusion and self management of care are integral to recovery.

**Planning and review**
Anyone seeking the support of services commissioned under Keeping People Well should be encouraged to develop a personal action plan around their recovery. This should include their relationship with the service provided under Keeping People Well. Where there are other agencies involved in the person's care, planning should be co-ordinated.

**Challenge**
Service providers should help people using services identify goals appropriate to their personal recovery and help people overcome their barriers to recovery.

**Moving on from services**
Recovery is personal and there is no fixed time scale within which someone can be expected to move from supported to self-managed care. Services should be provided which meet the needs of people at the point of access. However, people using services commissioned under Keeping People Well through planning and review should aim to reduce their reliance on specialist services as they build up their own support systems in the wider community. Where a person ceases to use a service, they should be able to re-enter on the basis of their needs at any time.

**Choice**
Service users should be enabled to exercise choice and not be restricted to specialist mental health services.

**Mainstream, community services**
People should be supported to use mainstream services in mainstream settings. By this we mean the full range of facilities and options available to anyone, not just services dedicated to the needs of people with mental health problems. Providers of
mainstream services may need support to be able to meet the needs of people living with mental illness.

**Peer support**

Users of services at all levels of recovery can help their peers through mentoring, informal support and championing recovery.

**Involvement**

The planning, development, monitoring and review of services should involve the people who use them.