Community Mental Health & Wellbeing Service
Public Consultation
May 2015

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1. Introduction & Methodology

Kent County Council (KCC) and Clinical Commissioning Groups (CCG's) across Kent are responsible for providing services to keep people well, prevent mental illness and support people who have experienced a mental health problem to recover and stay well. In the past services have been separately commissioned but in line with national guidance set out in the NHS Five Year Forward View they are working in partnership to commission an integrated offer of support. This will help to use current funding more effectively, offer equity of service across Kent and improve outcomes for residents.

The new service aims to improve mental health and wellbeing outcomes for the people of Kent by providing the right advice, information and assistance to support people across the spectrum of severity. (This will include the transition challenges faced by young people into adulthood). The model will be based on a Community Emotional Wellbeing, Mental Health and Recovery Model and deliver social interventions through the community.

This document provides an analysis of the results of a public consultation on the above proposals. The consultation ran from 23rd March – 30th April 2015, with those wishing to respond to the proposals invited to complete an online consultation questionnaire as the vehicle for submitting their views. Hard copy questionnaires were available on request and all of the consultation documents were publicly available at www.kent.gov.uk/consultations.

The main body of this report provides a summary of the key findings of the consultation.

2. Coverage

The consultation documents were publicly available at www.kent.gov.uk/consultations, and the consultation questionnaire offered in both online and hard copy formats. The consultation was promoted through a number of routes, including key stakeholders, clinical commissioning group websites, mental health action groups and to KCC staff.

Weekly monitoring of the profile of those responding to the consultation was conducted via the Questionnaire Volume Report. This allowed early identification of any key target groups not responding to the consultation, and the organisation of targeted activity aimed at these underrepresented groups. This led to targeted activity with young people during the consultation period.

A total of 335 responses were received, 238 from members of the public and 97 from professionals.
2.1 Geographical Coverage

The figure below shows the geographical distribution of the responses received from members of the public\(^1\).

Consultation Responses - By Postcode Sector

This demonstrates that all 7 CCGs are represented, but also shows postcode sectors from which no responses were received. In particular, Dartford and South/East Maidstone (ME15/ME17) are highlighted as having very little or no representation amongst the consultation responses, despite having relatively high populations\(^2\).

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\(^1\) Please note that this analysis covers only those responses from members of the public where a valid (Kent) postcode sector was provided (201 of the 238 responses from members of the public).

\(^2\) Please see Annex A for a population density map for Kent.
2.2 Response Profile

The figure below provides a summary of the profile of those responding to the consultation.

Total Questionnaires Received

<table>
<thead>
<tr>
<th></th>
<th>Public</th>
<th>Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>192</td>
<td>97</td>
</tr>
<tr>
<td>Public Current user</td>
<td>152</td>
<td>65%</td>
</tr>
<tr>
<td>Past user</td>
<td>42</td>
<td>18%</td>
</tr>
<tr>
<td>Future potential user</td>
<td>22</td>
<td>9%</td>
</tr>
<tr>
<td>Friend, relative or carer of a user</td>
<td>41</td>
<td>18%</td>
</tr>
<tr>
<td>None of these</td>
<td>19</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>238</td>
<td>97</td>
</tr>
</tbody>
</table>

Base: All (public) responding (233)

Users by Service

<table>
<thead>
<tr>
<th>Service</th>
<th>121</th>
<th>71%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal community support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment support</td>
<td>83</td>
<td>49%</td>
</tr>
<tr>
<td>Peer brokerage and service user expenses</td>
<td>14</td>
<td>8%</td>
</tr>
<tr>
<td>Service user forums</td>
<td>53</td>
<td>31%</td>
</tr>
<tr>
<td>Advocacy services</td>
<td>22</td>
<td>13%</td>
</tr>
<tr>
<td>Information, advice and guidance services</td>
<td>49</td>
<td>29%</td>
</tr>
<tr>
<td>Primary care link worker service</td>
<td>40</td>
<td>24%</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
<td>11%</td>
</tr>
</tbody>
</table>

Base: All (current and past users) responding (170)

Professionals

<table>
<thead>
<tr>
<th>Provider</th>
<th>62</th>
<th>65%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashford and District Volunteer Bureau</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Blackthorn Trust Ltd</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Cruse</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Deal Pathfinders Social Club</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Garden Gate Project</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Invicta Advocacy Network</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>KMPT</td>
<td>10</td>
<td>10%</td>
</tr>
<tr>
<td>MCCH</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>A MIND organisation</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Porchlight</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Rethink Thanet Way Project</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Richmond Fellowship</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Sahayak Information and Support - Rethink</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Shaw Trust</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Social Enterprise (Kent) Ltd</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Take Off</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>Together For Mental Health Wellbeing</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Tunbridge Wells Mental Health Resource</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>An Umbrella organisation</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Winfield</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
<td>34%</td>
</tr>
<tr>
<td>Potential future provider (but not an existing provider)</td>
<td>7</td>
<td>7%</td>
</tr>
<tr>
<td>Elected Member</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>None of these/Something else</td>
<td>27</td>
<td>28%</td>
</tr>
</tbody>
</table>

Base: All (professionals) responding (96)

Target/Equality Groups

<table>
<thead>
<tr>
<th>Category</th>
<th>84</th>
<th>35%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>84</td>
<td>35%</td>
</tr>
<tr>
<td>Teenagers (aged 20 or under)</td>
<td>9</td>
<td>4%</td>
</tr>
<tr>
<td>Young people (aged 25 or under)</td>
<td>14</td>
<td>6%</td>
</tr>
<tr>
<td>Older people (aged over 60)</td>
<td>43</td>
<td>18%</td>
</tr>
<tr>
<td>Minority ethnic groups*</td>
<td>16</td>
<td>7%</td>
</tr>
<tr>
<td>People with English as an Additional Language</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>People with a disability**</td>
<td>64</td>
<td>27%</td>
</tr>
<tr>
<td>Lesbian, Gay &amp; Transgender people</td>
<td>16</td>
<td>7%</td>
</tr>
<tr>
<td>Separated/Divorced/Widowed people</td>
<td>54</td>
<td>23%</td>
</tr>
<tr>
<td>Single people</td>
<td>74</td>
<td>31%</td>
</tr>
</tbody>
</table>

Base: All public (238)

*For the purposes of this analysis, minority ethnic groups are defined as all groups except White British.

**For the purposes of this analysis, people with a disability are defined as those stating that they day-to-day activities are ‘limited a lot’ by a health problem or disability.
3. The Proposal

3.1 Reactions to the Proposal

Those responding to the consultation were asked ‘To what extent do you agree or disagree with the proposal for KCC and the CCGs in Kent to end the current grant-funded projects and work together to commission more joined up support for community emotional wellbeing, mental health and recovery?’, with the following results.

**Extent of Agreement/Disagreement With The Proposals**

- **Strongly agree**: 15%
- **Agree**: 32%
- **Neither agree nor disagree**: 17%
- **Disagree**: 8%
- **Strongly Disagree**: 18%
- **Don’t know**: 11%

*Base: All responding (333)*

Overall, a larger proportion of those responding support the proposal (47%) than are against it (26%). However, levels of support do vary across sub-groups.

**Extent of Agreement/Disagreement – By Respondent Type**

- **All responding (333)**
  - **Disagree**: 26%
  - **Agree**: 47%

- **Professionals…Existing providers (62)**
  - **Disagree**: 29%
  - **Agree**: 69%

- **Professionals (97)**
  - **Disagree**: 21%
  - **Agree**: 68%

- **Professionals…Others (27)**
  - **Disagree**: 24%
  - **Agree**: 45%

- **Public…Friends/relatives/carers of users (41)**
  - **Disagree**: 14%
  - **Agree**: 43%

- **Online responses (287)**
  - **Disagree**: 13%
  - **Agree**: 41%

- **Marital status…Separated/Divorced/Widowed (53)**
  - **Disagree**: 29%
  - **Agree**: 66%

- **Gender…Women (137)**
  - **Disagree**: 39%
  - **Agree**: 39%

- **Ethnicity…BME (16)**
  - **Disagree**: 37%
  - **Agree**: 33%

- **Age group…Young people (aged 25 or under) (14)**
  - **Disagree**: 32%
  - **Agree**: 38%

- **Public…Future potential users (22)**
  - **Disagree**: 32%
  - **Agree**: 38%

- **Age group…People aged 26-60 (168)**
  - **Disagree**: 30%
  - **Agree**: 36%

- **Age group…Over 60 (41)**
  - **Disagree**: 29%
  - **Agree**: 31%

- **Ethnicity…White British (207)**
  - **Disagree**: 36%
  - **Agree**: 33%

- **Public (236)**
  - **Disagree**: 30%
  - **Agree**: 36%

- **Lesbian, Gay & Transgender people (16)**
  - **Disagree**: 32%
  - **Agree**: 38%

- **Marital status…Married/Civil partnership/Cohabiting (83)**
  - **Disagree**: 36%
  - **Agree**: 34%

- **Marital status…Single (74)**
  - **Disagree**: 36%
  - **Agree**: 33%

- **Public…Current users (151)**
  - **Disagree**: 36%
  - **Agree**: 33%

- **Gender…Men (84)**
  - **Disagree**: 32%
  - **Agree**: 32%

- **Public…Past users (42)**
  - **Disagree**: 33%
  - **Agree**: 31%

- **People with a disability (64)**
  - **Disagree**: 25%
  - **Agree**: 23%

- **Paper responses (46)**
  - **Disagree**: 20%
  - **Agree**: 24%

Figures in brackets refer to the numbers of responses received.
This analysis shows that support for the proposal is strong amongst professionals (68%), but far weaker amongst the public, and particularly current service users (33%).

Levels of support are also weaker for some key target groups, and particularly people with a disability (23%) and men (32%).

It is also worth noting that a high proportion of the 46 responses received from members of the public via paper questionnaires (57%) disagreed with the proposals. A significant number of these paper-based questionnaires were collected on the same day at the same venue and returned en masse to the consultation return address.

### 3.2 Reasons for Supporting the Proposals

Those responding to the consultation were asked to say, in their own words, why they agreed or disagreed with the proposals. A summary is provided below.

Of those professionals agreeing with the proposals, many voiced support for a more joined up/holistic approach and/or criticised the current arrangements for being fragmented/disjointed/inequitable.

> “Support is currently disjointed and overlapping and not using resources effectively to deliver outcomes.”

> “…The current set up is too much of a patchwork. Each organisation puts up its own fence and people fall between them…”

> “Because it makes sense to work in a more holistic manner…”

> “A joined up approach stops duplication of services and provides better value for money to commissioners and better quality services to service users and their carers.”

> “The more joined up the services…the better for the patient.”

> “Joint commissioning should bring reduced costs and make services more equitable across the County.”
Many of the members of the public who support the proposals made similar comments.

“...The whole issue of mental illness is too fragmented.”

“At the moment, the help available is disjointed and I think people could benefit from a better integrated service.”

“There is a need for services to be better aligned and centrally coordinated.”

“More joined up and consistent approach to services regardless of where you live in Kent”

“If it means a more co-ordinated use of resources and the avoidance of overlapping then it would be good thing.”

“I would hope that a more joined up process which has clear outcomes and measures will be more effective in meeting people’s needs, reduce bureaucracy and red tape and make best use of available money.”

3.3 Reasons for Opposing the Proposals

Only a small proportion of professionals were against the proposals, but those who were often expressed reservations over commissioning as an approach.

“I fear that commissioning a large, overall service (likely with the use of a large prime) will lose the incredibly diverse, specialist knowledge and experience of the existing service providers.”

“The existing grant funded projects...may not be perfect, but it is presumptuous to decide to end supporting them because you believe you can commission something better, when you may not be able to do so...”

“I would hope that a more joined up process which has clear outcomes and measures will be more effective in meeting people’s needs, reduce bureaucracy and red tape and make best use of available money.”

“... We need to keep a mixture of the way services are funded...Commissioning has problems.”

“I believe that transferring the commissioning responsibilities to funded organisations, rather than the publicly accountable council, will be less democratic and lead to weaker monitoring and oversight.”
Those members of the public who indicated being against the proposals often voiced concerns over the impact the changes would have on the service they personally receive and value.

“*What happens if my group has to close, where do I stand?*”

“The system at the moment works for me and I am concerned that there may not be enough money to provide the help, care and support I now receive.”

“(It) makes me feel very anxious at the thought of services closing, having nobody there and nobody to talk to and nowhere to go, and being stuck indoors again.”

“...I am quite happy with the way umbrella is run, it’s the only place I can go to and get in because I am disabled, and I think the funding ought to be left as it is...”

“As a service user, the current format addresses my needs extremely well... I’m afraid that I have the possibly cynical view that this is just another cost-cutting exercise and I’ll end up worse off than I was before - not a very good place to be in a time of critical need.”

Others were concerned that the proposals were effectively cuts.

“I don’t think funding should be cut for essential services that people rely on.”

“Shouldn’t be cutting funds you should be increasing funds...”

“There have been enough cuts already.”

“I’m very sceptical. The key fact seems to be that there will be less money.”

“...Since (the strategic partner) will have to cover its costs and, no doubt, profits, less funding will be available for the actual service providers.”

There were also concerns relating specifically to the proposed commissioning of services, in terms of both the impact on smaller providers and the perceived need for commercial providers to make a profit.

“I fear that you will give contracts to larger providers and lose the local support services people value.”

“I do not trust the commissioning process. I think small charities are experienced in delivering the support I appreciate.”

“Some smaller organisations deliver specific services very well”

“Because you are planning to outsource services to commercial providers whose goals are profit above anything else.”
4. Service Development

4.1 Access to Support

Those responding to the consultation were asked for their opinions on how access to emotional wellbeing and mental health recovery support should be organised.

![Support Should Be...](image)

Opinions are divided in this respect, with 25% of those responding to the consultation of the opinion that support should be open to everyone, 25% that it should be by referral only and 39% allocated based on need. A number of those selecting the ‘other’ response category talked about the need for mixture of approaches, and/or the need to maintain focus on early intervention whilst still ensuring that those with the greatest need are supported.

“A mixture - some universal information services and others through efficient referral systems. Allocating to highest needs can be incompatible with delivering a preventative services as people don’t get the help when they need it, only when they become sick enough to become eligible”

“...sometimes it can be just as good to help people with less need so that they get the help with problems before they become really bad.”

Professionals are particularly likely to feel that support should be allocated based on need, with around half of the professionals responding to the consultation (49%) indicating that support should be organised in this way. This compares with just 28% of service users (and 23% of users of informal community support, 24% of users of advocacy services\(^3\) and 24% of users of employment support).

\(^3\) Please note that this figures is based on only 21 users of this service responding to the consultation, and so should be interpreted with caution.
4.2 Service Delivery Channels

Those responding to the consultation were also asked for their opinions on the channels through which they felt that emotional wellbeing and mental health recovery support should be delivered.

Through Which Channels Should Support Be Delivered?

This provides clear evidence to support the perceived importance of one-to-one, face-to-face support. More than two-fifths (81%) of those responding to the online consultation indicated that they felt that this was the most important delivery channel, and 96% mentioned it when given the option to select all of the channels that they felt should be used. Whilst very few respondents felt that non face-to-face channels were the most important, there is certainly support for delivery through these channels in addition to face-to-face services. More than half felt that support should be delivered by telephone (54%), and around a third support virtual or video contact (35%).

Whilst face-to-face support is popular amongst all groups there are some clear differences of opinion for some of the other channels. Telephone, SMS/text and all forms of online delivery (including social media) are all more popular amongst professionals than service users. For example, 76% of professionals responding to the consultation feel that telephone delivery should be used compared with just 44% of the current service users responding to the consultation, whilst 51% of the professionals support virtual contact (e.g Facetime, Skype, online meeting rooms) compared with just 21% of the current service users.

There are also clear differences of opinion between men and women. Again, face-to-face support is popular across both genders, but the male members of the public responding to this consultation are less likely to be open to telephone, online information/websites and virtual contact than their female counterparts. For example, 53% of the female members of the public responding to the consultation feel that telephone delivery should be used compared with just 31% of the men, whilst 35% of the women support virtual contact (e.g Facetime, Skype, online meeting rooms) compared with just 17% of the men.
There is also a suggestion of some differences by age group, with online delivery less popular amongst older people. Whilst differences are not all statistically significant due to low base sizes in some age groups, this seems to apply to all forms of online delivery. For example, just 12% of members of the public aged over 60 responding to the consultation support virtual contact, increasing to 31% amongst those aged 26-60, and 6 of the 14 young people (aged 25 or under) responding. There are no differences evident for telephone, with levels of support similar across all age groups for this channel.

Those indicating that they felt that support should be delivered face-to-face were also asked where they felt it should be.

<table>
<thead>
<tr>
<th>Location (face-to-face)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a dedicated building (e.g. a Wellbeing Centre)</td>
<td>74%</td>
</tr>
<tr>
<td>In an existing community space (e.g. a library, Gateway, leisure centre)</td>
<td>48%</td>
</tr>
<tr>
<td>At home</td>
<td>45%</td>
</tr>
<tr>
<td>At a GP surgery</td>
<td>40%</td>
</tr>
<tr>
<td>At a pharmacy</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
</tr>
</tbody>
</table>

Base: All responding - All mentioning face-to-face & responding (329)

Whilst dedicated buildings (such as Wellbeing centres) were by far the most popular option, delivery in existing community spaces, at GP surgeries and in users’ own homes were all supported by 40-50% of those responding.

4.3 Additional Support and Advice

Opinions were also sought on whether the new emotional wellbeing and mental health support should provide additional support and advice, on things like debt, housing support, healthy living advice, signposting to local clubs and social activities.

Should Additional Support/Advice Be Provided?

- Yes - Definitely
- Yes - Probably
- No, probably not
- No, definitely not
- Don't know

Base: All responding (333)
Amongst those responding to the consultation there is widespread support for the provision of additional support and advice, with 91% of the professionals, and 92% of the members of public responding of the opinion that this should happen.

Those supporting the provision of additional support and advice were also asked to indicate which, of a list, of areas they would be most interested in (members of the public)/are most important to include in the new service (professionals).

**Areas Most Interested In**

<table>
<thead>
<tr>
<th>Areas Most Interested In</th>
<th>Professionals</th>
<th>Members of the Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tackling stigma</td>
<td>68%</td>
<td>67%</td>
</tr>
<tr>
<td>Information on clubs/groups</td>
<td>65%</td>
<td>64%</td>
</tr>
<tr>
<td>Healthy eating advice/support</td>
<td>64%</td>
<td>50%</td>
</tr>
<tr>
<td>Exercise advice/support</td>
<td>56%</td>
<td>48%</td>
</tr>
<tr>
<td>Housing advice</td>
<td>77%</td>
<td>42%</td>
</tr>
<tr>
<td>Debt counselling</td>
<td>74%</td>
<td>35%</td>
</tr>
<tr>
<td>Alcohol advice/support</td>
<td>65%</td>
<td>24%</td>
</tr>
<tr>
<td>Stop smoking support</td>
<td>40%</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>28%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Base: All agreeing & responding – Professionals (88), Members of the public (210)

Amongst members of the public, tackling the stigma surrounding attitudes towards mental health problems and information on joining local clubs/community groups are the areas that those responding to the consultation were most likely to express an interest in. Whilst similar proportions of professionals feel that these areas are important to include in the new service, housing advice and debt counselling were cited far more often (77% and 74% respectively) than by members of the public (42% and 35% respectively).

In fact, the professionals responding to the consultation were also far more likely feel that alcohol advice and support and stop smoking support should be included in the new service than members of the public, and to a lesser extent healthy eating advice and support, and exercise advice and support.
Amongst the minority who felt that additional support and advice should not be provided, a number mentioned feeling that the support should somehow remain specialised, and that other services already existed and could be signposted to.

“Mental health services require specially trained staff to deal with complex mental health issues. Support and assistance with debt, housing support etc can be provided by other local charities and organisations...”

“I think the new support should be able to signpost into and work closely with other services that can provide support with these issues, but that emotional wellbeing and mental health support should be the primary focus if this is what they are commissioned to deliver.”

“...I think the new service could include signposting to providers in the voluntary sector who can do the more detailed work. There is a risk of trying to take on too much.”

“Because there are those that are offering this service and these can be signposted. They are the experts in their field....”

“I believe this service needs to be specialised...”
5. Barriers

5.1 Barriers to Accessing Support

Those responding to the consultation were also asked what they felt the main thing was that prevents people from accessing emotional wellbeing or mental health support. Respondents were directed to select just one of a number of potential barriers.

**Main Barriers to Accessing Emotional Wellbeing or Mental Health Support**

- Knowing what is available: 35%
- Stigma: 29%
- Recognising the need for help/support: 19%
- Money/Cost: 3%
- Transport: 3%
- Caring responsibilities: 1%
- Poor physical health: 1%
- Time: 0%
- Other: 8%

Base: All responding (325)

Amongst those responding to the consultation, the feeling is that the key barriers to accessing support are knowing what support is available, stigma and people not recognising that they need help and support. In this respect, there appears to be broad agreement between professionals and members of the public.
Annex A – Population Density in Kent

Map 3: Mid-year 2013 Population density: persons per hectare in Kent and Medway wards

Annex B – Questionnaire

Consultation
Questionnaire - F1 - O