Results of consultation on proposals to include the Mental Health Floating Support Service within the S75 with MPFT in January 2024

1. Background

MPFT currently provide the mental health floating support service under contract to SCC. It is proposed to incorporate the service into the S75 for Assessment and Case Management and Occupational Therapy Services by variation from 1 April 2024 and then to be included in the new S75 from April 2025 onwards.

The rationale for the proposal is that users will benefit from:

- MPFT's position as a provider of a range of mental health services means that users of those services can move between services as their needs fluctuate;

- Seamless support through integrated health and social care teams;

- Shared business continuity arrangements;

- Consistency of service provision across the County.

The consultation ran for a 2-week period from 8 January – 22 January 2024 on Let's Talk Staffordshire. It was a closed consultation. Support Staffordshire helped us to identify providers of community mental health services in Staffordshire and contacted them about the survey on our behalf with a direct email to each organisation.

We also informed Staffordshire and Stoke-on-Trent Integrated Care Board about the consultation.

In total 65 providers were notified about the consultation and invited to give their feedback.

2. Key findings and our response

We received 4 responses, all of which were from providers of mental health services and were submitted anonymously. We did not collect any demographic data.

Table 1: Please tell us your views on the proposed new way of working with MPFT

	Comment	Our response
1	Not fair and open to competition. How do we know what will give the best value for money?	When the service was previously tendered, it had to be split into 3 as no one provider was able to cover the whole geography. This led to inconsistent approaches to service delivery and performance measures and did not offer best value as each provider had separate management costs and overheads. MPFT have demonstrated good quality service provision with positive outcomes for service users, and that they can offer a consistent service across the County supported by direct links to other mental health services. The arrangement offers best value due to a single management structure which MPFT provide through the S75.
2	Feel beneficial, certainly need continuity of service opportunity that can be accessed across Staffordshire. I feel it would be good to embrace as wide a cohort of support services within this provision as possible ie. third sector.	MPFT have established links with the voluntary sector capacity building provider and network with them to identify available resources. MPFT make introductory referrals to voluntary sector providers according to a person's needs. If MPFT identify a gap in voluntary sector provision or community assets, they actively work with the sector, including community libraries, to meet need.
3	I think collaborative working is always the key to providing quality provision	As above.
4	Probably makes sense to bring all the provision under one roof	The rationale for the proposal includes that MPFT provide a range of mental health services and users of those services benefit from being able to move seamlessly between services as their needs fluctuate.

Table 2: Can you think of any risks with the proposals?

	Comment	Our response
1	Yes - risks would be in not exploring other offers or innovative ways of working. Provider Trusts are expensive and not always best value for money and it makes it harder for smaller organisations, charity or third sector organisations to demonstrate their offer. I would like to see and know a strong rationale why this would be the preferred option.	As a Foundation NHS Trust, MPFT keeps up to date with developments, practice and guidance through the social care pathway, and social work learning academy. Its practice includes strength-based working, and consideration of AT and technology. Please see comments about best value in Table 1. The rationale for the proposal is described in the Background section.
2	That the budget allocated does not allow it to be far reaching enough.	There has been no reduction in overall budget and the budget for the S75 agreement will be linked to inflation and NHS pay rises. The budget is continually monitored through the S75 governance boards and any budgetary issues would be addressed through this route. Including the service within the S75 would increase value for money as the management costs are absorbed by MPFT.
3	As a VCSE we are seeing increased number of people stranded and without services when they clearly require them and a tendency to minimise need in order to relinquish responsibility.	It is difficult to give a comprehensive response to this comment without more evidence and examples. However, we can say that the integrated pathway into this service enables people to be referred to the most appropriate mental health service, and if their needs change, they can move more easily between services to access the right level of support. MPFT do not have any waiting lists for the service.
4	I think the MPFT is already short-staffed, in common with most MH providers, and wonder whether this will put additional strain on resources	It is acknowledged that there is a competitive market for lower banded roles however staffing has not impacted on capacity as MPFT can deploy staff from other services to support and roles can be flexed if required due to the wide range of recruitment within the Trust. This is supported by robust management structure and escalation processes. The Social Work Learning Academy supports with recruitment where necessary.

Comment	Our response
	The Trust monitors sickness levels as part of its key performance indicators.

3. Conclusion

A small number of providers responded to the consultation.   Overall, the feedback is positive and supportive of the proposal, with some general comments about the need to ensure that voluntary sector provision continues to have a role in people's recovery.

Risks were raised about the approach to including the service within the S75, ensuring best value, sufficiency of funding and staffing. In tables 1 and 2 we have provided a detailed response to these risks which evidences the rationale for the proposal and mitigations.

Based on the feedback, we see no reason not to progress with the proposed S75 arrangement.