CABINET ITEM COVERING SHEET PROFORMA

**AGENDA ITEM**

**REPORT TO CABINET**

**7 FEBRUARY 2013**

**REPORT OF ADULT SERVICES AND HEALTH SELECT COMMITTEE**

# CABINET DECISION

**Adult Services and Health –** Lead Cabinet Member – **Councillor Jim Beall**

**EFFICIENCY, IMPROVEMENT AND TRANSFORMATION (EIT) REVIEW OF ADULT MENTAL HEALTH SERVICES – INTERIM REPORT AND PROPOSALS FOR CONSULTATION**

1. Summary

The Adult Services and Health Select Committee is undertaking a EIT review of Mental Health adult social care services. This report outlines progress in the review to date, and details a number of proposals for changes to services. Cabinet is requested to approve the proposals for future service delivery in order for these to go forward for public consultation with all stakeholders particularly service users and carers.

The services being reviewed include: day services, rehabilitation, respite, link workers, community support workers, user and carer involvement, and commissioned residential 24 hour care. In-house day services are provided at 70 Norton Road, and Ware Street provides out of hours day services, rehabilitation and respite services.

2. Recommendations

The Committee recommend that Cabinet:

1. Note the progress of the review to date, and the development of proposals for future service delivery;

2. Approve the following proposals in principle for the future delivery of adult mental health social care services in order for these to be subject to a 12-week public consultation in conjunction with all stakeholders particularly service users and carers. The proposals are to:

    a) Engage and support providers including the voluntary sector to develop services that meet the assessed needs of service users and attract personal budgets;

b) Improve the provision of information, advice, and signposting services for service users to enable them to identify appropriate services;

c) Strengthen support to service users in taking personal budgets to access services that meet their assessed needs;

d) Support the development of alternative provision of day time activities in the third sector / independent sector, consider investment in Community Bridge Building as a key intervention and support service for adult mental health service users, and cease providing the in-house day services provided at Norton Road and Ware Street (the Links unit);

e) Develop alternative options for rehab, respite and short break services, to enable a more flexible approach to service provision and achieve better value for money, and cease provision of the in-house respite and rehabilitation beds at Ware Street;

f) Revise the community support service specification and eligibility criteria to become a short term intensive support service based on the recovery model (maximum period of 12 weeks);

g) Re-configure the current in-house community support service in order to meet the needs of the revised specification;

h) Ensure that any ongoing assessed needs beyond the 12-week period, are met through commissioned services or personal budgets;

i) Ensure that the service user and carer involvement functions are embedded into the wider adult social care arrangements for involvement and consultation, and cease provision of the dedicated service user and carer involvement posts.

3. Note and agree the proposed public consultation approach, subject to further work by the Adult Services and Health Select Committee on the detail of the consultation plan.

## 3. Reasons for the Recommendations/Decision(s)

As part of the Council's programme of EIT reviews, and as part of the agreed scrutiny work programme for 2012-13, the Select Committee is undertaking a review of Adult Mental Health Services. The Committee has made proposals for change and these are outlined in the report. Cabinet approval in principle is required before the proposals are put forward for public consultation.

## 4. Members' Interests

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in **paragraphs 9 and 11** of the Council's code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of **paragraphs 12 - 17** of the code**.**

Where a Member regards him/herself as having a personal interest, as described in **paragraph 16** of the code, in any business of the Council he/she must then**, in**

**accordance with paragraph 18** of the code, consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or

- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise **(paragraph 19** of the code**)**

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code**.**

**Disclosable Pecuniary Interests**

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code).

**AGENDA ITEM**

**REPORT TO CABINET**

**7 FEBRUARY 2013**

**REPORT OF ADULT SERVICES AND HEALTH SELECT COMMITTEE**

# CABINET DECISION

## EFFICIENCY, IMPROVEMENT AND TRANSFORMATION (EIT) REVIEW OF ADULT MENTAL HEALTH SERVICES – INTERIM REPORT AND PROPOSALS FOR CONSULTATION


## SUMMARY

The Adult Services and Health Select Committee is undertaking the EIT review of Mental Health adult social care services. This report outlines progress in the review to date, and details a number of proposals for changes to services. Cabinet is requested to approve the proposals for future service delivery in order for these to go forward for public consultation with all stakeholders particularly service users and carers.


## RECOMMENDATIONS

The Committee recommend that Cabinet:

1. Note the progress of the review to date, and the development of proposals for future service delivery;

2. Approve the following proposals in principle for the future delivery of adult mental health social care services in order for these to be subject to a 12-week public consultation in conjunction with all stakeholders particularly service users and carers. The proposals are to:

    a) Engage and support providers including the voluntary sector to develop services that meet the assessed needs of service users and attract personal budgets;

    b) Improve the provision of information, advice, and signposting services for service users to enable them to identify appropriate services;

    c) Strengthen support to service users in taking personal budgets to access services that meet their assessed needs;

d) Support the development of alternative provision of day time activities in the third sector / independent sector, consider investment in Community Bridge Building as a key intervention and support service for adult mental health service users, and cease providing the in-house day services provided at Norton Road and Ware Street (the Links unit);

e) Develop alternative options for rehab, respite and short break services, to enable a more flexible approach to service provision and achieve better value for money, and cease provision of the in-house respite and rehabilitation beds at Ware Street;

f) Revise the community support service specification and eligibility criteria to become a short term intensive support service based on the recovery model (maximum period of 12 weeks);

g) Re-configure the current in-house community support service in order to meet the needs of the revised specification;

h) Ensure that any ongoing assessed needs beyond the 12-week period, are met through commissioned services or personal budgets;

i) Ensure that the service user and carer involvement functions are embedded into the wider adult social care arrangements for involvement and consultation, and cease provision of the dedicated service user and carer involvement posts.

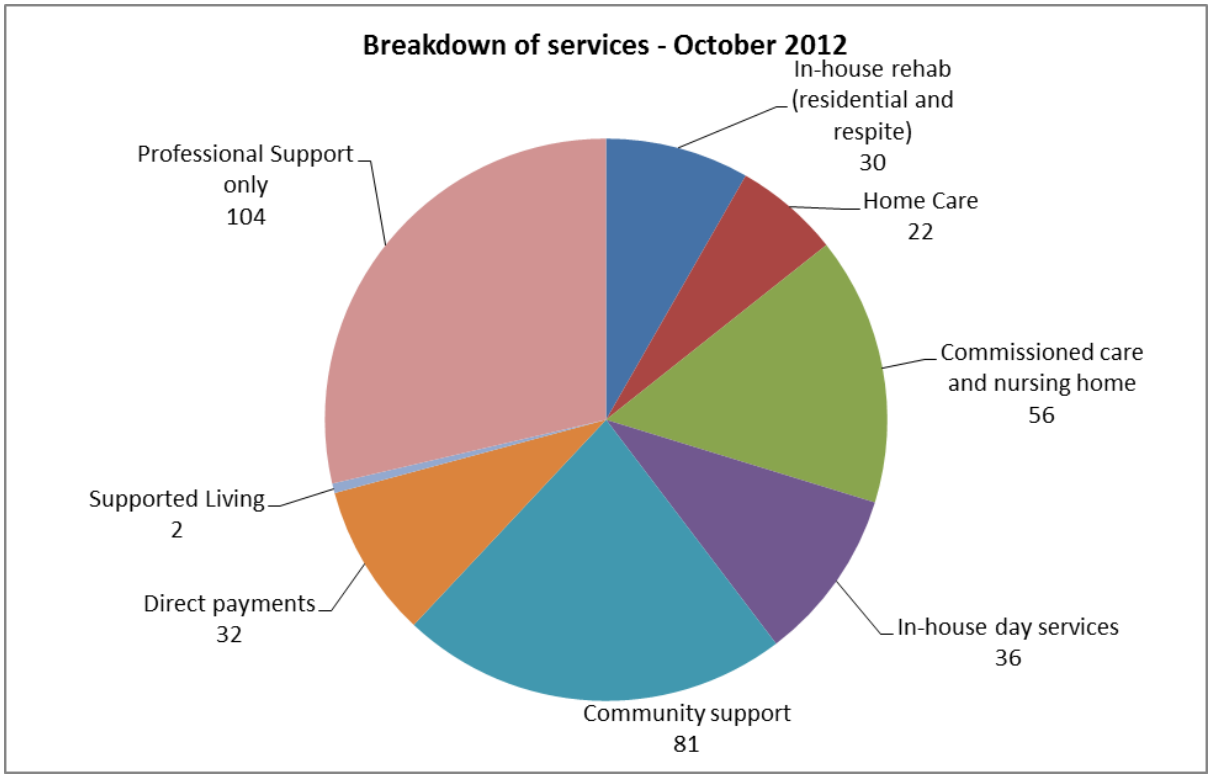
3. Note and agree the proposed public consultation approach, subject to further work by the Adult Services and Health Select Committee on the detail of the consultation plan.

**DETAIL**

**Background**

1. The Committee is reviewing the provision of working age adult mental health social care services.
2. The services being reviewed include: day services, rehabilitation, respite, link workers, community support workers, user and carer involvement, and commissioned residential 24 hour care. Day Services are provided at 70 Norton Road, and Ware Street provides out of hours day services, rehabilitation and respite services. There are c.300 service users in adult mental health services. A breakdown of the number of people able to access particular services is shown in the following chart.

   (Please note: supported living refers to specialist services for a small number of clients from Forensic services, and the number of people receiving home care is for illustrative purposes only. Home care has been reviewed separately).




3. Stockton Council is responsible for the services detailed above and people who have assessed needs that meet the FACS criteria (ie. Critical or Substantial) are eligible to access them. Those with Low or Moderate needs are provided with advice and signposting to other universal community and preventative services in order to ensure that their needs do not deteriorate to the point at which they would become eligible. Assessment is undertaken by the Access Team which includes social work, nurse and consultant input, and those with eligible needs are referred to either the Affective Disorder or Psychosis Teams for their care planning and ongoing care management. Care managers are qualified mental health practitioners and could be social workers, occupational therapists, nurses or medical staff, dependent on the case.

4. The services under review, although the responsibility of Stockton Council, are part of the Integrated Mental Health Service which is managed by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), under a partnership agreement with the Council. The specialist health services that are provided by TEWV (for example, acute in-patient beds, crisis teams, etc) are not part of this review.

5. The causes of mental disorder are extremely complex and include physical, social, environmental and psychological issues. It is widely accepted that one in four people will experience mental health problems however estimating the prevalence of mental health problems is not straightforward and relies upon estimates and modelling from a range of national studies such as the National Psychiatric Morbidity Survey. The estimates are that at any one time, 16% of adults aged 16-74 have a neurotic disorder such as depression, anxiety, panic disorder, phobias and obsessive compulsive disorders which translates as 1 person in 6. More serious psychotic disorders are much less common, affecting approximately 4 per 1000 adults aged 16-64.

6. Mental health conditions are strongly associated with socio-economic deprivation and the connection between rates of mental illness and other factors such as poverty, unemployment and social isolation is well established. Employment opportunities for

people with mental health problems in Stockton are very limited and of those long term unemployed claiming incapacity benefit, two thirds have a mental health problem.

7. Mental health needs in Stockton are higher than the national average and the promotion and development of good mental health is essential to the human, social and economic development of the Borough. Whilst the development of high quality mental health services is an important part of delivering this agenda, the potential to promote good mental health lies with a number of agencies such as those responsible for housing, regeneration, social care, employment, leisure and health.

8. The term mental health problem is used widely and covers a wide range of problems which affect the individual's ability to cope with their daily life. It also acknowledges that a problem is not necessarily an illness. Mental disorder is a clinically recognised disorder or disability of the mind.

9. The previous National Service Framework set out guidance to reduce the use of in-patient beds and increased care in the community. The white paper 'Our Health, Our Care, Our Say' increased the focus on providing both NHS and local authority services on a more flexible basis, with focus on individual needs and care closer to home. Generally speaking, services over the previous ten years have included a reduction in the amount of day centre type provision, and more focus on the community-based social inclusion model.

10. Current Government policy guidance from the Department of Health is set out in "No Health without Mental Health". It is a cross-government mental health outcomes strategy for people of all ages (DH 2011). The commitments in the strategy include the following:

    a) improve the mental health and well-being of the population
    b) keep people well
    c) ensure that more people with mental health problems regain a full quality of life as soon as possible.

11. In Stockton the Local Authority lead the Mental Health Strategy Group which brings together commissioners, operational staff, health staff and other stakeholders to implement both the strategy and best practise recommendations of the Department of Health. Within other best practise models, Stockton Council are promoting the use of the Mental Health Recovery Star Model, this is being included in contract specifications and is recognised as a good practice example in support planning for reablement. A description of the Recovery Star Model is included at Appendix 1.

12. From April 2013, Stockton Council will have responsibility for the commissioning of local public health services. These include services for the promotion of mental health issues, the prevention of mental ill-health, and suicide prevention. These services are currently commissioned by the NHS, and are not the subject of this review; however, a good approach to prevention in this area would have an impact on the level of services provided by the Integrated Service, including social care. Although a range of current generic public health programmes can be seen to support this agenda (for example financial wellbeing), the amount of spend on dedicated mental health programmes is relatively small in comparison to the total public health spending in Stockton, and consideration may wish to be given to this area by the Health and Wellbeing Board when determining future strategy.

13. Stockton Borough Council has a charging policy for non-residential clients which are governed by the "Fairer Contributions Policy" published by the Department of Health.

The council makes an assessment of ability to pay charges for non-residential social services. The assessments are carried out by staff in the Client Financial Services section within CESC Adult Services. Charging is based on the total cost of the package.

14. It is important to note that any client eligible for services under S.117 Mental Health Act 1983 (clients who have been detained under Section 3 of the Mental Health Act or certain hospital orders) do not pay contributions for any aftercare services that they receive following their detention.

15. Recent expenditure and the 2012-13 net budget for service users aged 18-64 is as follows:

| | **Outturn** | **Outturn** | **Outturn** | **Budget** |
|---|---|---|---|---|
| **Service Type** | **2009/10** | **2010/11** | **2011/12** | **2012/13** |
| Direct Payments | 115,000 | 118,000 | 121,000 | 164,000 |
| External Residential and Nursing Placements | 806,000 | 911,000 | 862,000 | 595,000 |
| Supported Living | 0 | 0 | 0 | 222,000 |
| Community Support | 171,000 | 206,000 | 193,000 | 232,000 |
| In house Day Services | 174,000 | 176,000 | 206,000 | 219,000 |
| Other Services | 51,000 | 153,000 | 134,000 | 152,000 |
| In-house Residential | 475,000 | 454,000 | 350,000 | 465,000 |
| **Total** | 1,792,000 | 2,018,000 | 1,866,000 | 2,052,000 |

Nb. Prior to the 2012/13 budget, the Supported Living clients were included within the External Residential and Nursing placements. The budget was set for 4 clients although currently there are only 2 in this area as noted above.

**Review to date**

16. In order to inform the Committee's review, a project team of officers with representatives from operational teams (including TEWV), commissioners, finance, and the PCT has been meeting fortnightly to consider each area of the service, and gather information. The Committee has considered detailed reports outlining the shape of current services and the development of options for change.

17. A number of Members from this Committee undertook site visits in October. Members visited 70 Norton Road, Ware Street and a commissioned residential service at the Edwardian Home on Yarm Road. At these visits Members were able to talk to staff and service users about the provision of services.

18. Due to the joint nature of the mental health services, there are two IT systems used namely PARIS for the NHS, and Care Director for SBC, and improvements are ongoing to ensure that information is consistent. This is being addressed through discussions with TEWV and the further roll-out of the Care Director system across Adult Care. In order to inform the review a database of assessed needs has been developed. This will inform the future commissioning priorities. In future Care Director will be the appropriate system to use to map trends and identify commissioning priorities.

19. Stage 1 consultation has been undertaken in order to gather views on the current services. This took place between 22 October and 16 November 2012. The approach included:
    - consultation documents including surveys mailed to service users and carers/supporters;
    - information on the SBC webpage including the facility to return the consultation;
    - five drop in sessions in Yarm, Stockton, Thornaby, Ingleby Barwick, and Billingham;
    - five focus groups for users of CHAT, Billingham Outreach, 70 Norton Road, S.U.R.G.E., and Thornaby Outreach.

20. There are currently three outreach groups which are located in Billingham, Thornaby and Stockton. The groups are supported by volunteers with support worker input, however, these groups are able to function independently.

21. A breakdown of the results is attached at **Appendix 2**. Sixty-eight service user surveys were returned out of 307 which is a response rate of 22%, and eight carer/supporter surveys were returned out of 43 which is a response rate of 19%. The detailed results of this consultation are described below in relation to each option.

22. Overall, for service users, staffing, location, ease of access/referral/opening hours, and having a variety of activities were seen as being particularly important when using services. 85.7% of respondents were very satisfied or satisfied with Stockton Council services. A number of comments were made in the surveys reflecting a range of positive and negative experiences. A range of examples of voluntary and community mental health services was provided to assess awareness of them; a clear majority of those who responded stated that they were not aware of them or had never used them. Comments included the need to raise awareness of what is available, and some expressed satisfaction with what they currently receive.

23. When asked to highlight what people would like to see more of from local services in future, comments included: flexible provision, variety and choice, greater support towards independence, prompt and timely support when needed, better awareness of existing provision, continuity and consistency, dedicated respite/short breaks units, and advocacy, welfare benefits and financial advice.

## Proposals for changes to services

### Personalisation

24. Personalisation is increasingly important for mental health social care services, and the Government has demanding targets for the take up of personal budgets.

25. Personalisation means thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences

and aspirations. They drive the process of identifying their needs and aspirations and making choices about how and when they are supported to live their life. It requires a significant transformation of all adult social care services, including mental health. For this to work, systems, processes, staff, providers and services need to be able to put people first and embrace change.

26. Personalisation is about giving people choice and control over their lives in all social care settings. It offers the opportunity to breakdown mental health stigma and institutionalisation. It is essential that personalisation is at the heart of service delivery within SBC so that recovery and reablement are driven forward. Service user and carer engagement is key to the success of personalisation together with staff and providers.

27. Personalisation is primarily delivered through self-directed support including the use of personal budgets. A Support Plan is the means by which the Council approves a Personal Budget and the release of funds. It is a way to highlight the lifestyle choices of individuals, rooted firmly in what works for them as an individual and demonstrates in practical terms how they will spend their budget in order to achieve their aims. The Support Plan reflects the decisions made by the individual, supported by whom they have chosen to assist them.

28. A Support Plan is needed to demonstrate how a person intends to spend their Indicative Personal Budget and it should detail how their eligible social care needs will be met. It should show how the plan will directly or indirectly help the person meet the eligible outcomes identified through the Personal Needs Questionnaire.

29. There is a weekly Personalisation Forum where support plans are discussed within the Council. The national agenda is for increasing the numbers of people to take up personal budgets however for this to be achieved there needs to be increased choice for people locally.

30. Service users have a choice as to whether they access a personal budget or not. As of March 2012, 4.5% of clients (15 people) in 18-64 Adult Mental Health services were using personal budgets, compared to 20% in the Physical Disability client group, 29% in Learning Disabilities, and 16% of Other Vulnerable People. At that time take up was very low and none was through a direct payment only. This has since increased to 22% as of December 2012. This is due to intensive work to promote their usage but the figures remain low and there appears to be a need to further develop the usage of personal budgets and raise awareness of the availability of local alternatives to in-house provision. Using the results of the service user survey, half of the respondents stated that they had not heard of personal budgets, and there was an appetite to understand more about the process, what a personal budget could be used for, and having more choice of services to use one for. Comments included references to how it would affect current care packages, and concerns over handling the finances.

31. Examples of innovative usage of personal budgets include a service user who regularly accessed traditional care now uses their budget to go to a Bed and Breakfast in the Tees area with his wife which has greatly reduced his mental health relapses, and another where a former individual discharged from prison is using his budget to purchase support to help him learn to read and write which is improving his ability to seek employment and therefore making improvements in his mental health. The consultation feedback did contain some references to wanting greater flexibility in the services that people access.

32. Two lead social work practitioners have now been identified to act as personalisation 'champions' and further support and embed this practice change within the workforce and to be facilitators both within the assessment and review process, ensuring that choice and control together with the ability to transform support planning.

33. All staff within Adult Mental Health have had training in personalisation together with service users and carers. Plans are for further training to be offered to the workforce within adult mental health, the establishment of a core mental health group which will have service user and carer representation - this group will share good practice but also be the driver to promote and market the benefits of personalisation through shared learning both from within SBC but also looking to other local authorities for good practice. This group will be a key driver to change within adult mental health. It is essential that personalisation is at the heart of service delivery within SBC so that recovery and reablement are driven forward. Service user and carer engagement is key to the success of personalisation together with staff and providers.

34. There will be a key role for the commissioning team in stimulating the market to ensure that local providers are aware of the opportunities through the use of personal budgets, and therefore increasing the amount of local choice. This will include engaging with providers including the voluntary sector to more fully understand what services are available, and the opportunities to develop these to attract personal budgets as an income stream. This will highlight to both the Council and service users the possible range of services that could be accessed. It is proposed that the second phase of consultation be used as an opportunity to explore these issues further.

35. The proposals for further consultation are to:

    **a) Engage and support providers including the voluntary sector to develop services that meet the assessed needs of service users and attract personal budgets;**

    **b) Improve the provision of information, advice and signposting services for service users to enable them to identify appropriate services;**

    **c) Strengthen support to service users in taking personal budgets to access services that meet their assessed needs;**

36. The following findings and proposals should be seen in the context of this overarching recommendation to improve the approach to personalisation for mental health service users.

**In-house Day Services**

37. The two in-house day services are both provided in SBC-owned buildings, at 70 Norton Road and at Ware Street. At Ware St the unit is known as the 'Links' and is part of a range of services provided at that location.

38. **70 Norton Road** is currently open Monday to Friday, 8.30am to 4.30pm and service users attend on a sessional basis. The budget for Norton Road is £219k. Stockton Council operates a charging policy and the current cost per session is £14.42 (a session is either a morning or afternoon). Clients are assessed for their ability to pay charges for non-residential social services, and the actual fee paid may be lower dependent on the client's financial circumstances.

39. Within the centre there are group based activities that take place together with some more community focused activities. There is a timetable of activities (for example, cookery, and photography), and other support provided to individuals by staff includes anxiety management and assistance with forms. All services are based on a recovery model with the aim of social inclusion in the community. On the day of the site visit there were a number of service users in the building, and Members were positive about the contribution made by long term volunteers to the project.

40. Usage at Norton Road varies but as of the beginning of October 2012, 47 people were open to the service. An average of 9 service users attends each session so there is currently under-utilisation of the sessions. The unit cost is based on 30 places per session; this means the actual unit cost per session will be higher than charged (£48.08 based on 9 attending). The majority of the cost of Norton Road is based on staffing.

41. The Links at Ware St operates on a Tuesday and Thursday evening between 5 and 9 pm and on a Saturday and Sunday 12 noon to 7pm. As with Norton Road this is a chargeable service at up to £14.42 per session depending on circumstances.

42. The service has capacity for 6 people per session in the evening and 9 places for the weekend sessions. The number of people attending varies, and recent utilisation rates are were 42% during July-August 2012, with an actual attendance of 180 out of 432.

43. Regular under-utilisation of services means that the actual unit costs for sessions are higher (£34.61 on 42% utilisation). The current cost of staffing for the service is circa £18,000.

44. Nationally there has been a significant change in the provision of mental health services, which has seen a move away from building based approaches towards social inclusion focussing on individual needs. Services are now focussed on a person centred approach looking to integrate individuals into the wider community by joining community established services. The Committee found that Stockton is the only remaining provider of traditional-style in-house adult mental health day services in the Tees area.

45. It is clear from the consultation that a number of longer-term service users value in-house services, and appreciate the staff and the family feel to the activities. During the discussion group held with clients at Norton Road, all present felt that the contribution of £14.42 per session that they may be charged was too high, and some had stopped attending or reduced their sessions due to the cost. A range of new activities were requested, including more community based activities.

46. There are a number of alternative models for providing day time activities locally in the voluntary and community sector. There are more flexible opening times and they are not chargeable. These include, for example, CHAT, a service run by New Horizons which provides a drop in service on a Tuesday 4 to 8 p.m. Wednesday 5 to 9 p.m. and Thursday 4 to 8 pm. Services provided include social activities, 1 to 1 listening support, low cost healthy meals and therapeutic groups and well as a resource centre for information and counselling on weekdays, evening and weekends. Other alternatives include The Lighthouse, and Independent MIND which is provided in Stockton by MIND.

47. It should be noted that some people felt uncomfortable attending third sector services due to the volunteer basis and perceived qualifications of their staff. Others who attended CHAT, Lighthouse and outreach groups felt that access was easy, services were free, and meals could be accessed at low cost.

48. A number of service users who meet the FACS criteria and can choose to attend in-house day services but do not access them choosing to instead access services provided by the third sector. Currently SBC do not commission or fund these services. There is an opportunity to work with such providers to enable them to grow their business, through providing services to those who could access them using personal budgets as an income stream.

49. There are other universal community services provided such as leisure, and cultural services etc. which are not available exclusively for people with mental health problems but would help facilitate further inclusion in the community. As part of the Learning Disability EIT Review consideration was given to the Community Bridge Building model which is designed to assist people to access a whole range of universal services with initial support as required. This could include for example work and training opportunities, leisure activities and faith based activities. This could be an option to develop further for mental health services, and would bolster the social inclusion approach, and support the use of personal budgets. To support the individuals within Norton Road, a pilot is to commence in January 2013 for 6 service users to be referred to the Community Bridge Building service which is run by the SBC STEPs Team. This will focus on the individuals needs and provide the opportunity to explore further their personal aims and goals. The feedback from this pilot will be used to inform final decision making in this review.

50. One option that has been considered was to continue with in-house services but aim to ensure much better value for money and reduced unit costs. However this would not be in line with the aim of social inclusion, and with few people attending it would be difficult to achieve value for money. In line with the recovery model, the type of care provided by in-house services is no longer recommended for many service users.

51. Due to the high costs and low utilisation, there is a clear service improvement case to change in-house day services. Not all of those who have been referred into in-house day services are attending them, and indeed are accessing a range of other services. Therefore in-house provision does not represent value for money compared to an externally commissioned service, and what could be accessed via personal budgets.

52. It is recognised that a number of service users have used the in-house day services for a considerable period of time, and they are closely attached to them; however it is important to consider that this is a small number of people when compared to the adult mental health client base as a whole.

53. The proposal outlined above to improve the approach to personalisation will be particularly relevant to support people to access alternatives to day services. As part of good practice, the care managers are working with service users to raise awareness of the benefits of taking up personal budgets. Therefore the following proposals are closely linked to proposal c) (to support existing service users to take-up personal budgets to access services that meets their assessed needs).

54. The proposals to be put forward for further consultation are to:

**d) Support the development of alternative provision of day time activities in the third sector / independent sector, consider investment in Community Bridge Building as a key intervention and support service for adult mental health service users, and cease providing the in-house day services provided at Norton Road and Ware Street (the Links unit).**

**In-house residential services (rehabilitation and respite)**

55. Ware Street Resource Centre provides 15-beds for rehabilitation and short stay purposes. The overall net budget is £465k and this includes the Links day care provision (this element is £18k). The building is based in the Norton area of Stockton and is an asset of SBC.

56. Adults who enter Ware Street must have an assessed need and referral is made by the care manager/care co-ordinator. Service users receive a care plan, daily schedule, risk assessment and action plan, based on an individual's needs. Independence is maximised by using existing and developing new skills, and users are expected to be responsible for their own room and person. Staff help develop service users' motivation, and encourage them to access resources outside the centre in line with their needs e.g. day centre, college, work. There are three units within the building totalling 15 beds, and of these, 12 are residential, 2 respite and 1 transitional. There are 20 staff at Ware Street including those who run the day service. The aim is for gradual progression between rehab units with integration back into the community the ultimate goal.

57. The Larches unit comprises fully supported accommodation for rehabilitation. There are 8 beds in total. There is unrestricted access to the Links day unit for users of the Larches. Within this are two beds for short stay breaks, which are booked in advance, and a transitional (step down) bed for placements up to six weeks- this is available for people leaving hospital, or who may have a simple issue to resolve e.g. waiting for housing to become available. A 'crisis bed' is available when space permits; however this is not a dedicated bed for this purpose and is not always available.

58. The Oaks and Beeches comprise two 4 and 3 bed units respectively, and these are designed for preparation for semi-independent living. Staff provide support (and night cover) but do not provide the 15hrs of client contact as happens in the Larches. It is expected that subject to sufficient progress being made users move from the Larches to the Oaks or Beeches. Access to the Links day unit is negotiated in order to better reflect life in the community. Discharge from the Oaks and Beeches is planned with the bed being held open for one month, and outreach in the community provided by Ware Street.

59. Full care placements are currently charged a fee following an individual financial assessment; the maximum charge is £845per week although few people would pay this full rate. Service users using the Oaks and Beeches units are charged the 'rent only' fee of £29.46, irrespective of level of benefits received, although those subject to s117 aftercare are not charged for the service.

60. The consultation feedback from those who have used Ware St was generally positive, and the comments included praise for the staff, although some expressed negative reactions to the care they received. There were some comments about needing to improve the range of activities but these may also have been from users of the Links day unit only.

61. On the site visit Members noted the apparent current under-utilisation of Ware Street. The recent utilisation levels at Ware Street are detailed as follows:

62. Residential activity levels for the last 4 quarters October 2011 – September 2012:

| | Beds occupied | Nights occupied |
|---|---|---|
| Oct-Dec 11 | 97% | 83% |
| Jan-Mar 12 | 96% | 81% |
| Apr-Jun 12 | 95% | 76% |
| Jul-Sept 12 | 75% | 66% |

(Beds occupied indicate the person have been accepted and admitted to a placement. Nights occupied indicate overnight leaves to friends/families/own property as part of social inclusion/integration back in to community, or when person is not fully admitted to WSRC, and is on a programme of increasing overnight stays at WSRC from hospital.)

63. All placements need to be agreed by the Local Authority and now involve seeking approval from the Adult Mental Health monthly panel. Since April 2012, there has been a trend for a higher turnover of short term placements (short stay and transitional placements with a maximum length of a week), and longer term rehabilitation needs are starting to be met in other ways.

64. Before the changes to the referral process were introduced the typical length of stay for someone requiring full rehabilitation was 15 months. For someone with less complex needs, it was 4-6 months. The average length of stay was 9 months before April this year.

65. The unit cost based on 15 beds based on 100% occupancy would be £845 per week. If beds are regularly under occupied, for example at the level 75% it would be £1,056 per week. Clearly there are significant fixed costs associated with Ware Street, and increasing under-use exacerbates this situation.

66. The overall aim of the recovery model in this context is to ensure that service users have a successful transition from needing intense support and/or hospital care, to being able to live in the community with or without support. With placements available up until two years in length, Ware Street had not been meeting the aims of this model, and now it is primarily used for much shorter stays, the utilisation rates are low.

67. There is recognition of the need to provide such re-enablement type care, however there are a number of external residential and independent living providers who offer commissioned support as part of a rehabilitation pathway. Ceasing in-house provision and commissioning the required services would address the requirement to achieve better value for money and also provide the Council and service users with greater flexibility and choice.

68. There is also an opportunity to strengthen the support provided to enable people to live independently, and this proposal links with proposals f) – h) below in relation to community support services.

69. Two of the beds provided at Ware St are for respite care. Respite care in mental health services has a dual purpose of enabling carers to have a break from caring, and to allow for service users to have a short break from their surroundings.

70. There are a range of ways in which this need can be met. These include:
    - residential settings
    - short holiday-style breaks
    - respite in the home where the carer is relieved from duties and is able to spend some time away.

71. Respite should be accessible when needed and more responsive to individual need. Some areas offer 'short break voucher' schemes that enable more control by service users, and the use of personal budgets takes this a step further and allows for more innovative short breaks to be explored, that are not dependent on a fixed venue and it availability. There is no specific requirement in legislation for respite care to be of a specific type.

72. The consultation showed positive feedback overall for the respite care provided at Ware Street, and it is clear that there will be an ongoing requirement to meet assessed need for short breaks. The review provides the opportunity to develop a range of more flexible and individualised approaches to respite and short breaks. As outlined above, it would provide improved value for money to explore alternative providers for this type of care, in line with the other types of bed at Ware Street.

73. The proposal for further consultation is to:

    **e) Develop alternative options for rehab, respite and short break services, to enable a more flexible approach to service provision and achieve better value for money, and cease provision of the in-house respite and rehabilitation beds at Ware Street.**

**Community Support Service**

74. Stockton Borough Council currently provides a resource for care managers/care coordinators to access an in-house 'community support service'. This provides identified interventions to service users who meet the FACS criteria, and is provided for no charge. The Community Support Service is provided by two different teams; these are Community Support Workers and Link Workers.

75. The actual cost of the service is £242k. There are currently 144 hours of Community Support Worker time available and 144.5 hours of support from Link Workers totaling 288.5hrs per week. The unit cost for this service based on full utilisation of the actual available hours is £14.62. However the hours are not fully utilized.

76. Support is currently provided on an ongoing basis, where it meets assessed need, free of charge to the service user; this is inconsistent with other social care services.

77. The consultation gathered very positive feedback on the work of these teams, and staff were praised for the practical support provided (for example form filling, advice and general help), and their social and psychological support as part of the individual's recovery.

78. Work has been undertaken to understand how this service differentiates from commissioned home care provision, and the conclusion is that similar floating support services exist such as those provided by the Richmond Fellowship, Mental Health Matters, and Stonham. This support is focussed on supporting people with mental health needs to maintain a tenancy and live independently in the community.

79. There is a recognition that this staff group has amassed a wide range of expertise and it is important to be able to offer this type of service to clients. It is proposed that it should be retained but focus in future on providing short term recovery support for up to a maximum period of 12 weeks. This would require a staffing re-structure and revised

specification. Any of the existing functions that are not appropriate for the new specification should be commissioned externally. Any requirement to meet assessed needs on an ongoing basis following the Service's short term intervention should be met in future by a commissioned service or the use of personal budgets.

80. The proposals in relation to this service area are to:

**f) Revise the community support service specification and eligibility criteria to become a short term intensive support service based on the recovery model (maximum period of 12 weeks);**

**g) Re-configure the current in-house community support service in order to meet the needs of the revised specification;**

**h) Ensure that any ongoing assessed needs beyond the 12-week period, are met through commissioned services or personal budgets.**

**Service User and Carer Involvement Function**

81. The Integrated Mental Health Service includes dedicated staff for service user and carer involvement. There is a Service User Involvement Worker post and a Carer Services Co-ordinator post, employed by Stockton Council at a total cost of £55,435.

82. Previous government guidance highlighted the need for meaningful involvement of users and carers to act as a lever for change. The roles were established in Stockton in line with the National Service Framework for Mental Health (1999) and Stockton Carers Strategy.

83. The current national policy No Health without Mental Health: a cross government mental health outcomes strategy for people of all ages (2011) does not specifically reference service user/carer involvement workers, although service users and carers are central to the strategy with one of the six shared mental health objectives being that 'more people will have a positive experience of care and support'. This includes a measure of the proportion of carers consulted with in discussions about the person they are caring for.

84. The purpose of the User Involvement Worker post is to develop and support service user involvement within the Adult Integrated Mental Health Service. This includes providing information and support to those who are or have experienced mental ill health, advocacy support for service users in meetings, encouraging effective consultation, engagement, and involvement in shaping services, and promoting positive mental health and tackle stigma surrounding the issue. A key area of work is to be involved in SURGE (Service User Representational Group for Advocacy). This is a user-led group representing the voice of local service users to help improve mental health services at a local, regional and national level), although not exclusively. This is a full-time post and is included in the mental health budget.

85. The role of the Carers Involvement Worker involves providing information & support to carers and other family members of people with mental health problems, participating in Carer Support plans upon request, working with Carers & Carer groups to ensure their active involvement & participation developing and improving local mental health services, and some participation in supporting Care Managers in completing Carers'

Assessments for complex cases. This is a full-time post and is included in the mental health budget.

86. Clearly there is a need to ensure effective involvement and representation, however there is no longer any requirement to host these dedicated posts. Comparisons with other Tees local authorities show that there is a variety of approaches taken. There are no similar posts at Hartlepool, Middlesbrough has engagement officers that are not allocated to a particular client group, and Redcar has service user representation on its Mental Health Partnership Board, with a funded Carers' Co-ordinator role that works across both Adult and Older People's mental health services.

87. It should be noted that within Stockton the posts of User Involvement Officer and Carers Services Co-ordinator are unique to Mental Health services, and comparable roles do not exist in other adult social care areas, for example learning disabilities and physical disabilities. Therefore these two posts have been considered in this context, and consideration given to how such functions are delivered elsewhere across the Council and with partners.

88. Advocacy for people with mental health needs is available through the service provided by Stockton and District Advice Service (SDAIS). In addition to the generic services offered by SDAIS, service users with an assessed need benefit from an independent mental health advocacy, and independent mental health capacity service. Currently the George Hardwick Foundation provides carer support services, although there is not currently a focus on mental health. Changes to carer support services need to be seen in the context of the implementation of the EIT review of Commissioned Carers Services, and ensure that the refreshed Carer's Strategy takes account of the needs of the client groups covered by this review.

89. The phase 1 consultation survey aimed at carers and supporters of clients with mental health needs received a low response rate of 8 replies (out of 43). It will be a key aim of the second phase consultation to increase engagement with this group. Given the low response, only a few comments were received, and these showed a spread of opinion on carer support services; references were made to services such as the Avalon sitting service and the George Hardwick Foundation, and requests for more information on what is available. There was a mix of positive and negative feedback on general support for carers, carer assessments, and how identified needs were being met.

90. Whilst recognising the valuable role that has been provided to date by these posts, given the specific nature of in-house service user and carer support functions it is proposed to cease providing these posts, and ensure that appropriate support for both clients and carers is met through other ways, including the commissioned carers and advocacy arrangements, in line with support offered to other client groups.

91. The proposal for further consultation is to:

**i) Ensure that the service user and carer involvement functions are embedded into the wider adult social care arrangements for involvement and consultation, and cease provision of the dedicated service user and carer involvement posts.**

**Review of Residential Placements**

92. There are 56 clients currently in residential provision, with a £676,346 net expenditure in 2011/12, and £594,417 net budget for 2012/13. The placements are as follows:

| **Within Stockton Borough** | |
|---|---|
| The Hollies | 14 |
| Windsor Lodge | 7 |
| The Edwardian | 5 |
| Elton Hall | 4 |
| Cranbourne House | 2 |
| Chestnut Lodge | 1 |
| Norton Court | 1 |
| Piper Court | 1 |
| Stockton Lodge | 1 |
| Miltoun House | 1 |
| Hadrian Park | 1 |
| Ashwood Lodge | 3 |
| **Total** | **41** |

| **Out of Borough** | |
|---|---|
| Mulroys Seaview, Redcar | 6 |
| Bramble Lodge, Redcar | 3 |
| Seymour House, Hartlepool | 2 |
| St Georges, Middleton St George | 1 |
| St Judes, Middlesbrough | 1 |
| Stainton Way, Middlesbrough | 1 |
| Sunningdale, Harrogate | 1 |
| **Total** | **15** |

The placements at Mulroys Seaview are for specialist nursing provision.

93. Work is ongoing for all the residential placements to determine if individuals are appropriately placed or whether any service users would benefit from supported living. A review has also been undertaken that has determined that current placements represent value for money.

## Other issues

94. The phase one consultation also sought the views of adult mental health service users in relation to care planning and housing. A number of views in relation to needing help to maintain their own home, and accessing social housing were made. Although most people responding had not encountered difficulty, a number of people currently were having trouble with their housing arrangements, or had done so in the past. Models of services to provide increased housing support are being explored.

95. A significant number of people stated that they had not seen their care plan; it is recognised that the term ‘care plan’ used in the survey may not have been fully understandable, and anecdotal evidence suggests that many people who do have their plan do not recognise it as such. However most stated that they knew what was contained within it, and a majority were either very satisfied or satisfied with their plan.

96. The Committee is conscious of the wider environment of changes to welfare that may particularly affect this client group. The Committee has noted the Council’s increased support to the Welfare Rights Team, and the specific targeted support for adults with mental health needs that will be provided as part of this package of support.

**Next Steps and Public Consultation Period**

97. The proposals for changes to services will be subject to public consultation. Consultation will last for 12 weeks and then a report will be presented back to Select Committee with consultation feedback in order to inform the Committee's final recommendations in relation to the review. It is anticipated that this phase of consultation will take place from 1 March with a view to presenting a final report to Cabinet in the summer.

98. The consultation will involve service users, carers and families, stakeholders, and the wider public. The proposed plan includes:
    - mailing a consultation document and survey to each service user and carer/supporter;
    - providing a webpage with information and the opportunity to complete the survey online;
    - consideration is being given to either drop in sessions or other methods of face to face consultation using appropriate venues;
    - promotion of the consultation using all available means including: Stockton News, press releases, and social media.

99. It is proposed that the final approach be considered further by the Adult Services and Health Select Committee.

**FINANCIAL IMPLICATIONS**

100. The review is aiming to achieve both service improvement and transformation, and deliver efficiencies. The proposals outlined in the report are subject to public consultation and future agreement. However it is clear that there are identified opportunities for efficiencies due to the poor utilisation of in-house services.

101. Savings may therefore be realised following a re-configuration of services, subject to client assessed needs being met in alternative ways for example through the increased provision of self-managed personal budgets.

**LEGAL IMPLICATIONS**

102. The NHS and Community Care Act 1990 sets out the need to ensure that people live safely in the community. It identifies that Councils with social care responsibilities should assess the needs of people and arrange provision of community care services to meet these needs. This can include arranging the provision of residential accommodation for persons with a mental disorder, or to prevent a mental disorder. Guidance on eligibility criteria was renewed in 2010 and is now called 'Prioritising Need in the context of Putting People First' (previously called 'Fair Access to Care Services' - FACS).

103. S.117 Mental Health Act 1983 places a duty on local authorities with social services functions, together with certain health bodies, to provide after-care services for mentally disordered patients who have ceased to be detained under S.3 Mentla Health Act 1983 or certain hospital orders.

104. When providing, and proposing changes to, services the local authority must have due regard to the general equality duty under s.149 of the Equality Act 2010. The Equality Act extends protected equality characteristics to include age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation, marriage and civil partnership status. People with those characteristics have protection under equality legislation. There is a legal duty on the local authority when carrying out its functions to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

105. Having 'due regard' means consciously thinking about the 3 aims of the Equality Duty as part of the process of decision making. This means that consideration of equality issues must influence the decisions reached by public bodies including the development and review of policy, service delivery, and commissioning and procurement.

106. Having “due regard” to the need to advance equality of opportunity involves:

- removing or minimising disadvantages suffered by people due to their protected characteristics;
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people;
- encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

107. The duty is a continuing one and “due regard” must be given before and at the time a particular decision is being considered which may affect people with protected characteristics.

108. In addition to any or all, of the other protected characteristics, people eligible for adult mental health services are covered by the Act as a protected group due to their disability.

**RISK ASSESSMENT**

109. This EIT review of Adult Mental Health Services is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

**SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS**

110. This review is particularly relevant to the following ambitions within the Healthier Communities and Adults theme: ‘Increase the independence of vulnerable people’, and ‘Increased choice and voice of service users’.

**EQUALITIES IMPACT ASSESSMENT**

111. A pre-consultation equality impact assessment has been developed in order to inform the options appraisals process for this review. The current proposals have been

scored as having a positive impact overall (score of 74). This is attached at Appendix 3.

112. Work to assess the equalities impact is ongoing and is integral to understanding the options for service changes, informing the consultation process, and then the final decisions on the review. When providing, and proposing changes to, services the local authority must have due regard to the general equality duty under s.149 of the Equality Act 2010, and the EIA will assist with this. The EIA will be revised to take into account the results of the consultation, and the revised version will be considered when final decisions in relation to the review are taken.

**CONSULTATION INCLUDING WARD/COUNCILLORS**

113. Stage 1 consultation has been undertaken and used to inform the proposals in this report. This consultation gathered views on current services in order to inform the development of options for change.

114. The approach included:

- consultation documents and surveys mailed to service users and carers/supporters;
- a dedicated webpage including the online facility to return the consultation survey;
- five public drop-in sessions facilitated by the Head of Adult Services and Head of Housing, held in Yarm, Stockton, Thornaby, Ingleby Barwick, and Billingham;
- five focus groups facilitated by Adult Mental Health service staff at CHAT, Billingham Outreach, 70 Norton Road, SURGE, and Thornaby Outreach.

A summary of the results is included at Appendix 2.

115. The proposals in this report have been developed in consultation with the Cabinet Member for Adult Services and Health, and the Corporate Director of Children, Education and Social Care, in addition to support provided to a wider project team consisting of relevant Council officers, and partners including TEWV and NHS Tees, and led by the Head of Housing as independent lead officer for the review.

116. The proposals outlined in this report are subject to a period of consultation in order to inform the final decisions in relation to this review. Full consultation with service users, families, carers, stakeholders and the wider public will take place during the proposed consultation period.

**Report of Adult Services and Health Select Committee**

Chair: Cllr Mohammed Javed

Vice-Chair: Cllr Kevin Faulks

Cllr Paul Baker

Cllr Evaline Cunningham

Cllr Elliot Kennedy

Cllr Ray McCall

Cllr Mrs Sylvia Walmsley

Cllr Norma Wilburn

Cllr Mrs Mary Womphrey

**Name of Contact Officer:** Peter Mennear

**Post Title:** Scrutiny Officer

**Telephone No.** 01642 528957
**Email Address:** peter.mennear@stockton.gov.uk

Education related? No

Background Papers

None

Ward Councillors

Ware Street and 70 Norton Road are in Stockton Town Centre ward – Councillor David Coleman and Councillor Paul Kirton

Property

This review makes proposals in relation to Ware Street Resource Centre, and 70 Norton Road, both of which are owned by Stockton Council.

**Appendix 1**

**The Recovery Star Model**

The following is an excerpt from the 'Mental Health Recovery Star' document which was developed by the Mental Health Providers Forum.

'We are here to help you in your recovery from mental illness. Recovery usually means changing things in a number of areas of your life so that things work better for you. Making changes isn't easy but understanding how change works can help.

Many people who are recovering from mental illness have found it useful to think about recovery as a journey with different stages. They find it helps to think about which stage they are in and to get a picture of where they are on their journey. We use the Recovery Star to help in this.

How we change things that aren't working for us – the Ladder of Change

Everyone is different and it's important to understand each person's individual circumstances but the pattern of recovery is often similar. Consider the Ladder of Change. At one end of the ladder is the feeling of being stuck – of not feeling able to face the problem or accept help.

From stuck we move to accepting help. At this stage we want to get away from the problem and we hope that someone else can sort it out for us.

Then we start believing – that we can make a difference ourselves in our life. We look ahead towards what we want as well as away from the things we don't want. We start to do things ourselves to achieve our goal as well as accepting help from others.

The next step is learning how to make our recovery a reality. It's a trial and error process. Some things we do work, and some things don't, so we need support through this process.

As we learn, we gradually become more self-reliant until we get to the point when we can manage without help from a project.

Recovery isn't necessarily a case of moving from the first point, to the last. Different people will be at different points and may move forwards or backwards as their circumstances change. Wherever you are on this journey, placing yourself on the ladder can help you see where you have come from, what your next step is and how we can best help you.

For each of the following areas there is a ladder to help you work out where you are on your journey for that area of your life. Although all the ladders are different, they follow the same pattern with the same five stages.

These are the ten areas of the Recovery Star:

1. Managing mental health

This is about how you manage your mental health issues. This is not necessarily about not having any more symptoms or medication, though this may happen. It is about learning how to manage yourself and your symptoms and building a satisfying and meaningful life which is not defined or limited by them.

2. Physical health and self-care

This is about how well you look after yourself – taking care of your physical health, keeping clean, how you present yourself, being able to deal with stress and knowing how to keep yourself feeling well.

3. Living skills

This is about the practical side of being able to live independently – shop and cook for yourself, deal with neighbours and people who visit, keep your place clean and tidy and look after your money.

4. Social networks

This is about your social networks and being part of your community. It includes taking part in activities within this project and, as your recovery progresses, getting involved in things outside the project. This can include volunteering or classes, being part of your neighbourhood, a club or society, school or faith organisation, or groups of friends.

5. Work

This is about you and work – whether you want to work, knowing what it is you would like to do, having the skills and qualifications to get the work you want and finding and keeping a job. For some people, paid work may not be appropriate but volunteering or other work-like activity may be a goal, in which case, point seven would effectively be the top of the scale.

6. Relationships

This is about the important relationships in your life. We suggest you choose one relationship where you would like things to be different and find where you are on the ladder for that. This could be a member of your family, a close friend or an intimate relationship – one that you have, or finding a partner if you don't have one and would like one. It could be someone who is important to you but who you are not in touch with at the moment. Whoever you choose, it is about having the amount of closeness that you want, which is something that you decide.

7. Addictive behaviour

This is about any addictive behaviour you may have, such as drug or alcohol use, or other addictions, like gambling, food or shopping. It is about how aware you are of any problems you have in this area and whether you are working to reduce the harm they may cause you or others. If you do not have a problem with drugs, alcohol, gambling or other addictive behaviour, you do not need to discuss this area.

8. Responsibilities

This is about meeting your responsibilities in relation to the place where you live at the moment – whether it's a hospital, supported housing or your own place. Responsibilities include things like paying the rent, getting on with neighbours or fellow residents and, if you are living in your own place, taking responsibility for visitors. It also covers breaking the law or being in trouble with the police or courts. If you do not have difficulties with responsibilities, you do not need to discuss this area.

9. Identity and self-esteem

This is about how you feel about yourself and how you define who you are. It is about getting to the point where you have a sense of your own identity – your likes and dislikes, what you're good at and your weaknesses, and accepting and liking who you are. When looking at

this scale it might help to ask yourself, what am I good at? What do I value in myself? And how would I introduce myself to someone new?

10. Trust and hope

This is about your sense that there are people you can trust and there is hope for your future. It is about trusting in others, trusting in yourself and ultimately having faith in life and trusting that things will work out somehow. It might help to ask yourself who you trust when things get very tough? And do you have faith that, whatever happens, you or someone out there will find a way through?'

The Outcomes Star™

The Recovery Star is part of the family of Outcomes Star tools. Each tool includes a star chart, scales and guidance on implementation and some have visual and other resources. For other versions, good practice and further information see www.outcomesstar.org.uk.

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## Appendix 2

## Summary of First Phase Consultation Results