EIT Review of Adult Mental Health Services

Adult Services and Health Select Committee

Final Report

July 2013

Adult Services and Health Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
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Contents

Appendices

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Staff and service users from Ware Street Resource Centre, 70 Norton Road, and the Edwardian Home, who welcomed the Committee on its site visits.

The Committee would particularly like to thank all service users, carers and interested parties, including Healthwatch Stockton-on- Tees, who responded to the consultations held to inform the review.

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Foreword [- to be inserted]

Original Brief

1. What services are included? In house residential care, community support, in house day service, user and carer involvement, respite, and commissioned services. The review will cover services for people within Adult Mental Health Services.
2. The Thematic Select Committee's / EIT Project Team overall aim / objectives in doing this work is: To identify options for future strategy / policy / service provision that will deliver efficiency savings and sustain / improve high quality outcomes for SBC residents.
3. Please give an initial indication how transformation will enable efficiencies and improvements to be delivered by this EIT review? Identification of good practice and development of non traditional services that are appropriate to the needs of clients within the borough to ensure that clients receive services that enable them to reach their full potential.

Executive Summary

1.1 The report presents the outcomes of the Efficiency, Improvement and Transformation (EIT) Review of Stockton Council's Adult Mental Health Social Care Services. The Council has a statutory obligation to meet identified need for those clients assessed as being eligible for services in line with the Council's eligibility criteria for adult social care. Services must meet identified need, however the Council must also ensure that they are providing value for money.

1.2 The Committee has examined working age adult mental health social care services. These included: day services, rehabilitation, respite, community support, user and carer involvement, usage of personal budgets, and commissioned residential 24 hour care. The Committee has found that there is scope to create more flexible and appropriate services, whilst producing savings, thereby improving the service area's overall value for money.

1.3 The proposals for change outlined in the Committee's recommendations have been subject to full 12-week public consultation. These proposals were agreed in principle at Cabinet on 7 February 2013, and this report contains a summary of the consultation results together with an account of the review as a whole.

1.4 The report outlines significant changes to some services and it is recognised that this will have an impact on current service users in particular. Supporting clients through this period a change will be essential and therefore recommendations 2-8 should be seen in the context of recommendation 1 which is that:

1. service users and carers should be involved in the design of the new services proposed in this report, and be supported throughout the transition period;

1.5 Personalisation is increasingly important in adult services. It means people should have more choice and control over the support and services they receive. Two major elements of personalisation are the development of a wider range of local services and activities for clients to choose from, and the use of personal budgets to enable clients to access such services.

1.6 The national agenda is to increase the numbers of people to take up personal budgets however for this to be achieved there needs to be increased choice for people locally. The Committee found that the range of services available to meet assessed needs was limited, and predominantly of a 'traditional', building based nature. There is genuine scope to develop a wider range of more flexible services that are more attractive to service users and appropriate to their needs. The Committee recommend that:

2. providers including the voluntary sector should be engaged and supported to develop services that meet the assessed needs of service users and attract personal budgets.

1.7 There is further work needed to develop the local approach to personal budgets in terms of supporting clients to use them, and a revised approach to providing

information on alternative services is seen as a key area for development. The Committee recommend that:

3. the provision of information, advice, and signposting services for service users be improved to enable them to identify appropriate services, and this should include working with existing advice and signposting services;

4. support to service users in taking personal budgets to access services that meet their assessed needs should be strengthened, and consideration be given to temporary additional resources in this area as part of the implementation plan;

1.8 In order to modernise services, this will entail ceasing the provision of a range of in-house services. These are currently provided on a traditional basis, and services need to be remodelled to better fit the needs of the recovery model and personalisation agenda, and improve value for money.

1.9 The Committee appreciate that current users of these services feel concerned about such changes and that they are grateful for the support received from staff. It is recognised that a transitional period may be necessary in order to ensure that users of existing services are fully supported into the proposed new arrangements. There would be no changes to individual client circumstances without appropriate re-assessment and care planning. The Committee recommends that:

5. the Council should support the development of alternative day time activities in the third sector / independent sector, invest 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 at Norton Road and Ware Street (the Links Unit);

6. alternative options for rehabilitation, respite and short break services, be developed to enable a more flexible approach to service provision and achieve better value for money, and the in-house respite and rehabilitation beds at Ware Street be ceased;

1.10 A key aim for the review is to promote the recovery model, and the review considered the current community support service in this context. It is recommended to focus the in-house community support on providing short term recovery support to individuals for up to a maximum period of 12 weeks. Any of the existing functions that are not appropriate for the new specification should be commissioned externally, and 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. This will need to be clearly communicated to service users and carers, in order to provide reassurance about any ongoing assessed needs. The Committee recommend that:

7. a) the community support service specification and eligibility criteria be revised so that it becomes a short term intensive support service based on the recovery model (up to a maximum period of 12 weeks);

b) the current in-house community support service be re-configured in order to meet the needs of the revised specification, and that any ongoing assessed needs beyond the 12-week period, are met through commissioned services or personal budgets.

1.11 The Adult Mental Health Service currently has dedicated posts for service user and carer involvement, unlike other areas of adult care. Whilst recognising the valuable role that has been provided to date by these posts, 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.

8. the Council should 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.

1.12 In order to raise awareness of mental health issues and to tackle stigma and discrimination a Mental Health Member Champion role should be created. This will support the local implementation of the national No Health Without Mental Health strategy, alongside the review as a whole. The Committee recommend that:

9. the Council should appoint a Mental Health Member champion in order to raise awareness of mental health issues across the Local Authority and with partners.

1.13 In order to successfully realise the aims of the review, engagement with clients, carers and families will be very important, particularly in relation to expanding the use of personal budgets and enabling people to use them effectivley to meet their assessed needs.

Introduction

2.1 The report presents Cabinet with the outcomes of the Efficiency, Improvement and Transformation (EIT) Review of Adult Mental Health Social Care Services undertaken by the Committee during the municipal years 2012-13, and 2013-14.

2.2 The review formed part of a programme of EIT reviews covering all services provided by the Council. The programme aims to ensure that all services are reviewed in a systematic way to ensure that they are provided in the most efficient manner, provide value for money and identify opportunities for service improvements and transformation. The review has also been linked to the implementation of the EIT Review of Independent Living and Commissioned Carers services.

2.3 The Committee has conducted an in depth review of the adult mental health care services provided by Stockton Council. The Council has a statutory obligation to meet identified need for those clients assessed as being eligible for services in line with the Council's eligibility criteria for adult social care. Services must meet identified need, however the Council must also ensure that they are providing value for money.

2.4 The Committee has examined working age adult mental health social care services. These included: day services, rehabilitation, respite, community support, user and carer involvement, usage of personal budgets, 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 open to social care staff who work within the Integrated Teams.

2.5 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) have not been covered by this review.

2.6 In order to inform the Committee's review, a project team of officers with representatives from operational teams (including TEWV), commissioners, and finance, has met regularly 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.

2.7 The Committee has visited services within the Borough, and this enabled Members to see the services provided at Ware Street, 70 Norton Road, and the commissioned residential care 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.

2.8 The proposals for change outlined in the Committee's recommendations have been subject to full 12-week public consultation. These proposals were agreed in principle

at Cabinet on 7 February 2013, and this report contains the consultation results together with an account of the review as a whole.

2.9 This report contains key messages from the consultation results, including the summary report at Appendix 1.

2.10 The Committee considered the results in full (including a breakdown of all comments received from the surveys) when considering its final recommendations, and they are available online at:
http://www.egenda.stockton.gov.uk/aksstockton/users/public/admin/kab14.pl?operation=SUBMIT&meet=33&cmte=AHS&grpid=public&arc=71

2.11 Healthwatch Stockton made a number of recommendations in its submission to the consultation and these are outlined at Appendix 2. The majority of these have been addressed in the recommendations, body of the report, and consultation summary. The request for more information on use of the recovery model will be provided to separately by the Integrated Mental Health Service.

2.12 Any changes to a particular service user's care package as a result of the review will only take place following a re-assessment of their needs, and dialogue with client, carer, and family as appropriate.

2.13 The Council will follow its Management of Organisational Change Policy in relation to the consultation with employees and the trade unions in respect of the employee related issues associated with the recommendations in this report.

Background

3.1 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. In 2011-12, 17.3% of the local population had depression compared to England average of 11.7%. More serious psychotic disorders are much less common, affecting approximately 4 per 1000 adults aged 16-64.

3.2 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 are more restricted for people with mental health problems and of those long term unemployed claiming incapacity benefit in our Borough, two thirds have a mental health problem (all data in this section from Stockton-on-Tees Joint Strategic Needs Assessment).

3.3 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.

3.4 The term mental health problem is used widely and covers a wide range of issues 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.

3.5 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.

3.6 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:

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

3.7 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 3.

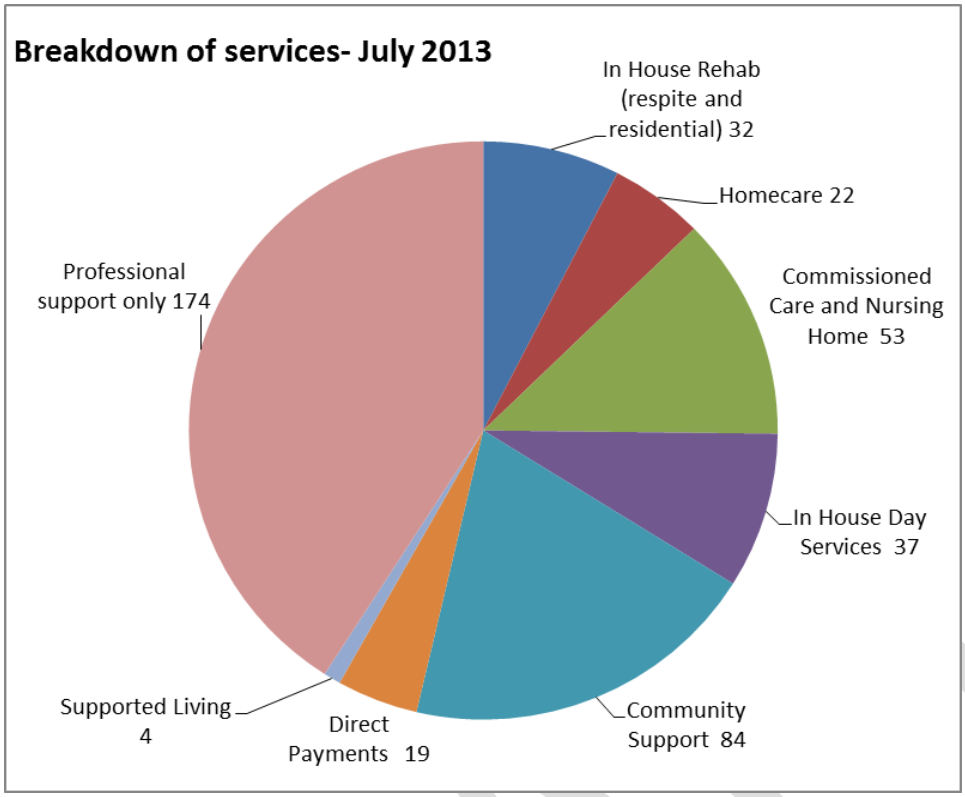
3.8 The Implementation Framework for the No Health Without Mental Health strategy highlights that commissioning should be focussed on recovery-oriented services, and that providers should focus on choice, recovery and personalisation. Personalisation features strongly throughout recent strategies and plans for the development of adult care and support as a whole.

3.9 The Joint Health and Wellbeing Strategy 2012-18 contains the objective to 'Maximise choice and control cross health and social care' (including the action aimed at increasing the update of personal budgets), in addition to the objective to 'Increase the number of people adopting healthy lifestyles including good mental health'.

3.10 Within this context, Stockton Council is responsible for providing services to people who have assessed needs that meet the FACS criteria (ie. Critical or Substantial). 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. Following assessment, service users may then access the services under review; the type of service they use will depend on their individual needs, which may change over time.

3.11 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).



3.12 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.

3.13 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.

3.14 Recent expenditure and the 2013-14 net budget for service users aged 18-64 is as follows:

Service Type	Outturn 2011/12	Budget 2012/13	Outturn 2012/13	Budget 2013/14
Direct Payments	121,000	139,000	97,000	115,000
External Residential and Nursing Placements	862,000	595,000	547,000	633,000
Supported Living	0	214,000	160,000	312,000
Community Support	193,000	250,000	200,000	242,000
In house Day Services	206,000	221,000	216,000	229,000
Other Services	51,000	141,000	126,000	142,000
In-house Residential	475,000	479,000	325,000	480,000
Total	1,792,000	2,039,000	1,671,000	2,153,000

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.

3.15 Since April 2013, Stockton Council has taken over responsibility for the commissioning of local public health services. These include services for the promotion of mental health, the prevention of mental ill-health, and suicide prevention. These services were 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 should be given to this area by the Health and Wellbeing Board when determining future strategy, particularly in the light of the welfare reform agenda which is putting additional financial strain on low income and benefit dependent households.

Findings and Recommendations

Consultation and engagement

4.1 An initial phase of consultation was held in October-November 2012 in order to gather views on existing services from current service users and carers. Overall, for service users, staffing, location, ease of access/referral/opening hours, and having a variety of activities were seen as being particularly important. The majority of respondents were very satisfied or satisfied with Stockton Council services.

4.2 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, advocacy, improved access to welfare benefits and financial advice. A number of examples of voluntary and community mental health services were provided in the survey 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.

4.3 The Committee has used this feedback when developing its proposals for change, together with an assessment of current practice, financial data, and consideration of alternatives. The Committee's proposals for change were then subject to the second 12-week phase of consultation that was held between 18 March and 7 June 2013.

4.4 In addition to feedback on specific proposals which is outlined below, it was clear from the consultation that there is a desire for ongoing engagement from carers and users in the general development of mental health services. This will be important in order to design appropriate and sustainable services for the future.

4.5 The report outlines significant changes to some services and it is recognised that this will have an impact on current service users in particular. Supporting clients through this period a change will be essential and therefore recommendations 2-8 should be seen in the context of recommendation 1 which is that:

1. service users and carers should be involved in the design of the new services proposed in this report, and be supported throughout the transition period;

Increasing choice of services and support for personalisation

4.6 Personalisation is increasingly important in adult services. It means people have more choice and control over the support and services they receive. Individuals should be in the position to 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.

4.7 By enabling greater access to alternative, community based services, the opportunity arises to breakdown mental health stigma and institutionalisation. Ultimately, personalisation is about respecting a person's human rights, dignity and autonomy,and their right to shape and determine the way they lead their life.' (No Health without Mental Health, 2011).

4.8 Two major elements of personalisation are the development of a wider range of local services and activities for clients to choose from, and the use of personal budgets to enable clients to access such services.

4.9 Personalisation is primarily delivered through self-directed support which includes the use of personal budgets. Personal Needs Questionnaires (PNQs) are a form of self-assessment, completed by clients in order to identify their needs as they perceive them, and also their strengths. PNQs lead to the allocation of an indicative budget. A Support Plan is then produced 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. Plans should show how they will, directly or indirectly, help the person meet the eligible outcomes identified through the PNQ.

4.10 Support plans are developed in conjunction with service users. These plans 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.

4.11 In Stockton, there is a weekly Personalisation Forum where support plans are discussed within the Council. The plans must be approved before the release of funds for the personal budget, which can be taken either through a direct payment, or managed on the service users behalf, for example by the Wilf Ward organisation, contracted in Stockton to undertake this work.

4.12 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. The Committee found that the range of services available to meet assessed needs was limited, and predominantly of a 'traditional', building based nature. This is discussed further later in the report, but there is genuine scope to develop a wider range of more flexible services that are more attractive to service users and appropriate to their needs.

4.13 The consultation sought views on whether they thought a better choice of flexible community based services should be made available to meet their assessed needs. The survey revealed very high levels of support for this proposal, including support for more flexible opening times and access, and recognition that services provided in the community would better support the aims of social inclusion. The importance of advice and guidance to make people aware of what alternatives may exist was highlighted.

4.14 As also noted by the Healthwatch Stockton submission, it will be important to develop a range of community services on a sustainable basis. During the period of the review, CHAT, a local drop-in service that many people found beneficial, ran into difficulty and ceased operating. However, with support from Catalyst and Adult Mental Health Services (SBC), assisted the group in providing alternative premises to enable them to continue to operating and the group have reformed under the name Our Place. A repeated theme throughout the various forms of feedback was the importance of having this type of service available locally, and another key issue was a desire to ensure that there were opportunities for social interaction.

4.15 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. The Committee recommend that:

2. providers including the voluntary sector should be engaged and supported to develop services that meet the assessed needs of service users and attract personal budgets.

4.16 The Committee found that there was more work needed to support clients to use personal budgets. 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 low and none was through a direct payment only. By the end of 2012 this had increased to 22%.

4.17 Take up of personalisation within the mental health client group has also varied amongst the region and nationally. As of March 2012, across the north east 15.3% of the 18-64 client group received their mental health support via self directed support, and this figure was 14.% for England. In the region the highest figure was 41%, and the lowest 4.4%.[1] However these figures should be viewed with some caution as recording methods can vary.

4.18 Locally there has been work to promote their usage but this has only had limited success. The aim is to significantly increase take up and there is a need to further develop the usage of personal budgets, raising awareness of the availability of local alternatives to in-house provision.

[1] Adult Social Care Outcomes Framework - England, 2011-12, Final, Feb 15th 2013,The Health and Social Care Information Centre, as contained in 'Chaos or empowerment?: The impact of personalisation', Mental Health NE, May 2013.

4.19 The first phase of consultation highlighted that awareness of personal budgets was low but that there was an appetite to understand more about the process. For many responding to the second phase of consultation, the key issue was the need for further information on what personal budgets could be used for, and also to ensure that professionals have enough knowledge when communicating with clients.

4.20 Some positive experiences of personal budgets were given in the consultation, and where negative experiences were given this was often due to a lack of information, or the fact the process had been slow. A key issue was to ensure that support was provided to use personal budgets as there were concerns about the negative effect the responsibility for managing personal budgets might have on the service user.

4.21 The survey showed that receiving information on personal budgets from care managers/social workers was most people's preferred option, and face to face conversations were the most preferred method of communication. This was also the preferred option for receiving advice and information on the range of services available to service users. Other options could also be explored, including taking advantage of digital media and the interface with health services.

4.22 Taking the feedback as a whole, it is clear that an improved approach to information on personal budgets and alternative services is seen as a key area for development. Information must be provided in accessible formats and through knowledgeable staff. The implementation plan resulting from this review will need to take account of this.

4.23 It will be important to consider not only the Council's own mechanisms for advice and signposting but also others that are available locally. These include the Service Navigator Project which is now hosted by Healtwatch Stockton-on-Tees. The project aims to provide signposting and support people in accessing services that benefit their health and wellbeing, as an alternative to more traditional health and care services, for example volunteering, advice and exercise. This could include support accessed via peronsal budgets where appropriate. It is also important to build on the work of the Adult Services Directory when creating a 'menu' of choice for clients to use when identifying services to access through their personal budgets.

4.24 Existing examples of usage of personal budgets include a service user who previously accessed traditional care now using their budget to go to a Bed and Breakfast in the Tees area with his wife the impact of which has been to greatly reduce his mental health relapses. Another example is of an individual discharged from prison who is using his budget to purchase support to help him learn to read and write, improving his ability to seek employment and improving his self-esteem and future wellbeing. The consultation feedback did contain some references to wanting greater flexibility in the services that people access. Further case examples can be found in the following *[boxes to insert].*

Joe has had mental health problems for many years. Whilst he is able to live independently, he has times when he becomes extremely paranoid and he isolates himself completely. Due to his isolation and paranoid thoughts he becomes so

withdrawn in himself that he cannot communicate and is unable to look after his own needs, stops eating, drinking and getting washed. This then necessitates him to be assessed for admission to a mental health hospital. However, with a personal budget he has been able to employ a personal assistant who helps him with his finances, household cleaning, food shopping and personal hygiene. He identified in his support plan that he needed support with his finances so that he could learn to organise his finances and not get into debt. To help him should he become withdrawn and isolated due to a decline in his mental health he purchased a safe box outside so that his personal assistant can get into his home (previously he wouldn't answer the door). Since the new arrangements came into place Joe has had no further admissions to hospital and is now keen to become a volunteer in a local charity shop. Joe is also learning new skills in budgeting, cooking and maintaining his home all of which have helped him maintain his own independence.

Mark has had a severe depression for many years. This followed the sudden death of his Mother and Father who he had lived with and cared for. One of Mark's interests was music and he had always wanted to learn to play the guitar. Through his support planning he was able to purchase music lessons with a local provider. This assisted Mark to learn a new skill and helped him cope with his depression. He is now providing support to others with mental health problems.

4.25 It will be important to use such case studies when describing the benefits of the personalisation approach to existing service users.

4.26 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. These staff will be facilitators both within the assessment and review process, ensuring that choice and control go together with the ability to transform support planning.

4.27 Support for care co-ordination is important. 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 and to establish 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 and in other local authorities. This group will be a key driver of 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.

4.28 Clearly from the consultation results there is further work needed to develop the local approach, and in order to ensure personalisation is integral to the implementation of this review, the Committee recommend that:

3. the provision of information, advice, and signposting services for service users be improved to enable them to identify appropriate services, **and this should include working with existing advice and signposting services;**

4. support to service users in taking personal budgets to access services that meet their assessed needs should be strengthened, and consideration be given to temporary additional resources in this area as part of the implementation plan;

Developing alternative ways of providing community 'day time' activities

4.29 Currently, Stockton Council provides two in-house day services; one at Norton Road, and the other based in the Links Unit at Ware Street. Both of these are near the centre of Stockton.

4.30 Norton Road is currently open Monday to Friday, 8.30am to 4.30pm and service users attend on a sessional basis. 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. Within the centre there are group based activities that take place, together with some more community focused activities to boost social inclusion and recovery. 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. During the site visit, Members were pleased to note the positive contribution made by long term volunteers to the project.

4.31 Usage at Norton Road varies but as of the beginning of October 2012, 47 people were open to the service, and usage was approximately 9 service users attending per session. Currently there are 27 people open to the service, with an average of 5-6 people attending per session. The unit cost is based on 30 places per session; this means the actual unit cost per session will be higher than charged. The majority of the cost of Norton Road is based on staffing.

4.32 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 an individual's circumstances. 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 utilisation rates were 42% during July-August 2012, with an actual attendance of 180 out of 432. Current usage is now 33%.

4.33 This information shows there is significant under-utilisation of both of the day services provided directly by the Council.

4.34 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. The direction of travel is for services to be focussed on people being integrated into the wider community by joining established community services. The Committee noted that Stockton is the only remaining provider of traditional-style in-house adult mental health day services in the Tees area.

4.35 There are a number of alternative local models for providing day time activities in the voluntary and community sector. These services have more flexible opening times and can be free to access. These include, for example, the Our Place service outlined above. Other alternatives currently include The Lighthouse, and Middlesbrough and Stockton MIND provide an Independent Mentoring Scheme in Stockton. Such services can provide the mutual support and socialisation that is important to many people in receipt of services.

4.36 A number of service users who meet the Council's eligibility criteria for adult social care are open to attend in-house day services but do not access them choosing to instead access services provided by the third sector. Currently the Council do not commission or fund the services outlined above. There is an opportunity to work with such providers to enable them to grow their offer, through providing services to those who could access them using personal budgets, thereby ensuring an income stream.

4.37 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 commenced 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 is focussed on the individuals' needs and provide the opportunity to explore further their personal aims and goals. The pilot is still ongoing. Six referrals were made for existing service users who attend Norton Road and early results are showing that from these referrals 2 have engaged, and we have identified a further 4 service users to take up the places.

4.38 The proposal put to consultation was to cease providing the in-house services, and to develop an alternative range of community services, accessible via personal budgets.

4.39 Overall there was a positive response, as many felt that an increased variety of services would be helpful and would be more attractive to them. However it is clear that for a significant minority of those who responded to both the survey, and also demonstrated by Healthwatch's work, that the current arrangement of day services had met their needs, and that they were confident in the level of care provided by them.

4.40 Conversely it was recognised by others that it was important to consider the effect of services in the round rather than focus on particular buildings. One individual response highlighted that certain aspects of the service at Norton Road were particularly important, for example the kitchen area and the levels of mutual support that clients had developed. It was suggested that these elements could be recreated elsewhere, without the need for the building itself.

4.41 The issue of the cost of services was noted by some, and that future services needed to be affordable for clients, and developed in conjunction with service users.

4.42 It was suggested by a few respondents that the services at Ware Street and Norton Road could be combined to make them more efficient. This has been considered but it is suggested should not be pursued because :-

- building based services do not fit with national service frameworks and government policy of providing a more community based-social inclusion model;
- increasing flexibility and choice of services available through the uptake of personal budgets will not be achieved;
- the service is not currently attracting all service users who have been referred to the in-house service;
- unit costs of an in-house provision will still be higher than the independent/third sector.

4.43 In-house provision will not enable flexibility and choice for service users to the same extent as developing a range of services from the independent / third sector as well as not representing value for money compared to an externally commissioned service, or services which could be accessed via personal budgets.

4.44 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 and the staff that work there. However the Committee consider that this must be set against the need to develop more appropriate, flexible, and modernised services for the client group as a whole. Within the context of providing greater support for the usage of personal budgets, the Committee recommend that:

5. the Council should support the development of alternative day time activities in the third sector / independent sector, invest 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 at Norton Road and Ware Street (the Links Unit);

Developing alternative rehabilitation, respite and short break services

4.45 Stockton Council's Ware Street Resource Centre provides 15-beds for rehabilitation and short stay purposes. The aim is for gradual progression with integration back into the community as the ultimate goal. Adults who enter Ware Street must have an assessed need and referral is made by their care co-ordinator. All placements need to be agreed by the Local Authority and are approved by the Adult Mental Health Panel.

4.46 On entry, service users receive a care plan based on their individual needs; independence is maximised by using existing and developing new skills, and

users are expected to be responsible for their own room. 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.

4.47 There are two main elements to the services. The Larches unit comprises fully supported accommodation for rehabilitation. There are eight beds in total, five of these are used for rehabilitation, two for short stay respite breaks, and one bed is used for transitional (step down) care, used for exmaple for people leaving hospital. A 'crisis bed' is available when space permits; however this is not a dedicated bed for this purpose and is not always available.

4.48 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. Access to the Links day unit is negotiated in order to better reflect life in the community, unlike the Larches unit where access is unlimited. 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.

4.49 The utilisation levels at Ware Street at the time of the Committee's interim report are detailed as follows:

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 has 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 Ware St, and is on a programme of increasing overnight stays at Ware St from hospital.)

4.50 The most recent figures for April – June 2013, show the usage to be: beds occupied at 55% and nights occupied at 60%.

4.51 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 is often met in other ways. 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 2012.

4.52 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.

4.53 Based on actual utilisation in 2012/13 the unit cost per bed is £902 per week. As utlilsation has reduced again over the first quarter of this financial year unit actual unit costs are even higher now.

4.54 The consultation feedback showed an overall positive response, and the importance of rehabilitation care and the opportunity to develop more community based rehabilitation was highlighted by respondents as a positive move. Across the sources of feedback there was support for Ware Street as a service from many of those who had used it; for some it was important to ensure that any future providers met the same standards as Ware St. A number of people stated that they had not heard of Ware Street or that it was not promoted enough, however it should be noted that access to Ware Street is only be for those with a formal referral.

4.55 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.

4.56 The average market rate for equivalent service provision is significantly less than the in-house service and as such 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.

4.57 There is also an opportunity to strengthen the support provided to enable people to live independently, and this proposal links with recommendation 7 below in relation to community support services.

4.58 Two of the beds at Ware Street 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.

4.59 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 given a break from their caring role and is able to spend some time away.

4.60 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 allowing for more innovative short breaks to be explored. These alternative services are not dependent on a fixed venue and its availability. As a point of reassurance there is no specific requirement in legislation for respite care to be of a specific type.

4.61 The feedback showed that there was support for the proposal to change service provision, and this was particularly strong amongst carers who responded to the survey. Comments supported an increased range of choice including ideas for short breaks. The importance of respite was highlighted, particularly for carers, together with recognition that carers would need to be involved in the planning of respite, it would need to be flexible and on ocassions be able to be accessed at very short notice.

4.62 As with the proposal to develop alternatives to day services, there was a significant minority that disagreed with proposals to close Ware Street's respite service. However, this was also seen to be in the context of lack of awareness of suitable alternatives. Some people stated that they had been offered inappropriate respite provision through services more suitable for older people; this should be avoided, and any respite and short break provision should be in response to individual needs and be appropriate for the age group.

4.63 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. The Committee recommend that:

6. alternative options for rehabilitation, respite and short break services, be developed to enable a more flexible approach to service provision and achieve better value for money, and the in-house respite and rehabilitation beds at Ware Street be ceased;

Redesigning community support and a focus on recovery

4.64 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 and is provided without charge. The Community Support Service is provided by two different teams; these are Community Support Workers and Link Workers.

4.65 In line with the approach to day services and rehabilitation, an assessment was made of the capacity of the service compared to delivery. This showed that there was spare capacity within the service area which required addressing. In addition, 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.

4.66 A key principle behind all the proposals is to ensure that they are more in line with the recovery model of mental health services. This aims to reduce reliance on health and care services over time, through supporting service users to progress through various stages of recovery from their mental illness. An example of this is the Recovery Star Model and can be found at Appendix 3.

4.67 To meet the aim of the review as a whole, it was proposed to focus the in-house community support on providing short term recovery support to

individuals for up to a maximum period of 12 weeks. This would retain the skills developed by current staff. Any of the existing functions that were not appropriate for the new specification should be commissioned externally, and 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.

4.68 The service is different from commissioned home care provision, and similar, alternative 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.

4.69 In response to the proposal, views for and against were more evenly balanced than for all the other proposals. It was clear from the range of responses there was some concern about whether support would stop after the initial 12 weeks, and/or that people would spend a significant portion of that 12 week period worrying about what would happen beyond that.

4.70 There was concern that it was assumed that people could always recover within a 12 week period, and that there was work to do to further explain the recovery model and its use when arranging services; this was also a recommendation from Healthwatch Stockton. Therefore it will be important to ensure that the recovery model continues to inform service design and care management, and that this is consistently communicated to clients and carers, together with reassurance that support will be provide beyond 12 weeks, depending on needs.

4.71 Work has been done to model the requirements for the retained in-house services, and this show that there are approximately 55 new entrants into the service per year. Providing support for these clients for a period up to 12–weeks, and providing for any ongoing assessed needs beyond this period, will be feasible at the same time as producing savings.

4.72 On the basis that clear communication with clients and carers regarding the future nature of the service takes place, the Committee recommend that:

7. a) the community support service specification and eligibility criteria be revised so that it becomes a short term intensive support service based on the recovery model (up to a maximum period of 12 weeks);

b) the current in-house community support service be re-configured in order to meet the needs of the revised specification, and that any ongoing assessed needs beyond the 12-week period, are met through commissioned services or personal budgets.

Service User and Carer Involvement Function

4.73 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, both employed and funded by Stockton

Council. The roles were established in Stockton in line with the previous Government guidance including the National Service Framework for Mental Health (1999).

4.74 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.

4.75 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. The post currently supports SURGE (Service User Representational Group for Advocacy) as one of the duties. 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.

4.76 The role of the Carer Involvement Worker is to provide information & support to carers and other family members of people with mental health problems, 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.

4.77 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, although it is understood that this post is under review at this time.

4.78 It should be noted that within Stockton the posts of User Involvement Officer and Carer 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 looked at in this context, and consideration given to how such functions are delivered elsewhere across the Council and with partners.

4.79 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 was 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.

4.80 There was strong support in the survey to the proposal to provide alternative and more flexible support for carers, with various comments praising the work of carers. Suggestions were made in relation to the need for support being available in an emergency, through direct contact, and on a more flexible basis.

4.81 Although the title of the posts themselves were not always recognised by respondents, the key elements of the service user function were recognised as having been useful, and the most important were seen to be the advocacy support for clients and support for groups including SURGE. When it was asked how this type of involvement work could be taken forward in future, examples included: leaflets in community and health venues, meetings in these venues, surveys, and mutual support through mentor arrangements and other user-led groups, as well as well some suggestions to keep SURGE itself.

4.82 Although not dedicated purely to SURGE, the service user involvement post did support its work and work is ongoing with SURGE members to see how they could continue their work in future should the dedicated service user involvement post end.

4.83 There is also an ongoing role for care managers and their relationship with individuals to successfully develop their care packages, and there is a wider need for commissioning teams to take on board the views of the client group as a whole when designing services and encouraging new providers.

4.84 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 can access Independent Mental Health Advocacy, or Independent Mental Capacity Advocacy services.

4.85 In relation to carers, the Council has recently developed a new Joint Carers Strategy for both Adult and Young Carers in conjunction with the Hartlepool and Stockton-on-Tees Clinical Commissioning Group. Consultation with carers is complete and a procurement plan for carers' and young carers' services is being developed based on the wealth of information provided by carers themselves. The new strategy will ensure services deliver to seven local priorities, these are:-

- helping carers identify themselves as carers and seek support if they need it;
- involving carers in shaping the provision of local care services;
- involving carers in planning the care of the person they care for;
- keeping healthy and well as a carer;
- providing advice and information to carers;
- develop respite opportunities; and,
- accessing employment, education and work related training.

4.86 The Committee recommend that:

8. the Council should 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.

Care Homes

4.87 A number of clients are placed in care homes in order to meet their assessed needs. In 2012-13 there were 41 placements within Stockton Borough, and 15 outside of the Borough, including six placed at a specialist nursing provision in Redcar.

4.88 These have been reviewed to ensure that the fee for these placements provides value for money. On an ongoing basis, placements are reviewed to determine if individuals are appropriately placed or whether any service users would benefit from supported living.

General comments

4.89 Although there was strong support for the retention of in-house services from current users, they were either not attractive or necessarily appropriate for the client group as a whole. The consultation revealed that a range of people thought it was time to change what could be considered as a traditional model of provision. For example, those present at the Patient and Public Involvement Group discussion were in general agreement that the time was right to change how services were provided.

4.90 A number of comments in the consultation noted that there was a need for more integrated services and increased awareness/co-ordination between professional groupings, including GPs. Due to the integrated nature of this service area, clearly joint working with health partners will be important to the success of the aims of the review.

4.91 The Healthwatch Stockton response makes a number of associated recommendations, encouraging the Council to work with partners and the third sector to improve choice and the sustainability of services, and increased engagement in a number of areas, including the design of services. The need for market stimulation was also discussed in various meetings that were attended. These issues will need to be considered in relation to all the proposals outlined above and built into the implementation plan for this review.

4.92 The Implementation Framework for the No Health Without Mental Health Government Strategy outlines how key stakeholders should take forward its aims, including commissioners and providers. This review has identified a range of measures that are in line with the strategy. The Framework also includes suggested measures for local authorities, recognising their wider role in promoting the wellbeing of their local populatons. One of these is to appoint a

Member champion role to raise awareness of mental health issues and to tackle stigma and discrimination. The Committee recommend that:

9. the Council should appoint a Mental Health Member champion in order to raise awareness of mental health issues across the Local Authority and with partners.

Financial Implications

4.93 The overall impact of the review would achieve savings of a minimum of c. £470k, which represents a saving of 23% against the 2012-13 budget. This would be achieved through:

- ceasing the in-house rehabilitation at Ware Street, and re-commissioning alternative services as appropriate from the capacity that exists in the independent sector;
- ceasing the respite services at Ware Street and re-commissioning respite/short breaks, or ensuring they are accessed via personal budgets, as appropriate;
- ceasing the in-house day service at 70 Norton Road and at Ware Street, whilst ensuring that clients are supported to access day time activities through personal budgets;
- the reconfiguration of the community support service, with appropriate staffing to provide the 12-week recovery service, and ensuring personal budgets are provided for any ongoing care requirements;
- deletion of the service user and carer involvement posts.

4.94 These savings are based on client activity during 2012-13. These savings may be greater and would be dependent on a range of factors including income from the NHS.

4.95 Should the review recommendations be accepted, the Adult Social Care Programme Board will monitor the implementation of the review and achievement of financial savings as part of the wider review of Adult Services, in addition to the agreed arrangements for the monitoring of previously agreed recommendations through the Select Committee process.

Legal Implications

4.96 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).

4.97 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 Mental Health Act 1983 or certain hospital orders.

4.98 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.

4.99 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.

4.100 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.

4.101 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.

4.102 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.

4.103 An interim Equality Impact Assessment was developed in order to inform the development of the proposals and was considered when the proposals were agreed in principle in February 2012. This has now been updated with the results of the phase two consultation and has been given a scroe of 74 (positive impact).

Conclusion

5.1 The Committee have undertaken a detailed review of the adult mental health services provided by the Council as part of the Integrated Mental Health Service. It is a complicated area to review due to the variety of mental health conditions that people have and the close links with health services. However, ultimately the Committee recognise that the social care aspects of a person's support should be provided on a personalised basis that supports their recovery. With that in mind, the Committee have found that there is scope to create more flexible and appropriate services, whilst producing savings, thereby improving the service area's overall value for money.

5.2 The Committee was pleased with the response to the consultation and welcomed the broadly positive feedback on the proposals. Members would like to place on record their thanks to everyone who contributed to the review and took the time to share their views. The full results will be published online and are available on request.

5.3 In order to modernise services, this will entail ceasing the provision of a range of in-house services. The Committee appreciate that current users of these services feel concerned about such changes and that they are grateful for the support received from staff. It is recognised that a transitional period may be necessary in order to ensure that users of existing services are fully supported into the proposed new arrangements. There would be no changes to individual client circumstances without appropriate re-assessment and care planning.

5.4 In order to successfully realise the aims of the review, engagement with clients, carers and families will be very important, particularly in relation to expanding the use of personal budgets and enabling people to use them with confidence to meet their assessed needs.

Appendices

Appendix 1

Summary of Phase 2 Consultation Results

Method of consultation and type of feedback received

1. The consultation took place for 12 weeks between 18 March and 7 June 2013. A number of techniques were used in order to gather feedback from a range of interested parties including: services users (sometimes referred to as 'clients'), families and carers including young carers, service providers including SBC staff, interest groups, and the wider public.

2. The approach included:

- A consultation document including a survey which was mailed to all service users and carers and made available to stakeholders. 105 responses were received – 72 from service users, 23 from carers/supporters, and 10 from other interested persons;
- All service users and carers were informed of the opportunity to discuss the review and consultation with their care managers in a 1:1 setting;
- A dedicated webpage was created on the SBC website, including a link to the survey and copy of the consultation document;
- Awareness raising via Stockton News and press releases;
- Six public, facilitated consultation events were held in Stockton, Thornaby, Billingham and Yarm;
- Briefings for SBC staff, Members, trades union, and local MPs;
- A briefing was circulated to the following organisations with an offer of attendance where appropriate: Renaissance Board and Area Partnerships, Parish and Town Councils, Health and Wellbeing Board and Partnership, Hartlepool and Stockton-on-Tees CCG, Tees, Esk and Wear Valleys NHS Foundation Trust's Stockton Constituency Governors, Catalyst, BME and Faith Networks, and Disability Advisory Group. The information was re-circulated to the BME Network on request. No requests to attend meetings over and above those outlined in Appendix 3 were received;
- The following groups/sessions were attended: Central Area Partnership, Northern Area Partnership, Over 50s Assembly, Carers Group at Ideal

House, a session with carers organised by George Hardwick Foundation, the Mental Health Patient and Public Involvement Group, the independent voluntary group SURGE, and young carers support group Eastern Ravens.

3. Stockton LINk were involved in discussions on the planning of the consultation prior to the transition to Healthwatch. In advance of the transition in April 2013, Healthwatch Stockton were made aware of the consultation and chose to carry out a parallel consultation exercise. A report was subsequently developed in partnership with MIND – who in the course of the consultation - spoke to 43 users and carers (including representatives from Norton Road, Ware Street, New Horizons, and SURGE).

4. A small number of emails and telephone calls were also received.

5. The 12 week, phase 2 consultation, followed an initial phase 1 consultation that took place between 22 October and 16 November 2012, and this was designed to gather views from service users and carers on what they thought of the way services were currently provided. The feedback from phase 1 was used to shape the proposals for change and can be found via:

http://www.egenda.stockton.gov.uk/aksstockton/users/public/admin/kab10.pl?cmte=&operation=DETAIL&cdr_id=D130015&phase=two&arc=&meet=

6. This summary report outlines the key points from each of the above in relation to the proposals for change. The full set of results for transparency and a summary of the results will be made available to those who requested it during the consultation, and made available online, as well as to the Committee itself. This includes the full range of comments made in the survey, and each comment was briefly summarised for analysis purposes.

Overall summary of results

7. A brief summary of the main issues is as follows:

- Overall there was support for an increase in choice, focus on recovery and more flexible services, but it is clear that a number of current users of Ware Street and Norton Road do not wish to see any change;

- A key issue is the recognised need for more support for clients to effectively access and use personal budgets. It is evident there is work to do by commissioners to further stimulate provider interest in personal budgets, increasing the range of services available locally in the community and ensuring these are sustainable;

- The survey showed generally positive responses to most proposals, however slightly more people disagree than agree with the proposal to change the nature of community support. A number of people were concerned that at the end of the twelve week period they would no longer have support.

- At the public and stakeholder events, there was discussion about the need to raise awareness of personal budgets and the support that some would need to use them, support for existing services from current service users, emphasis on the importance of friendship groups/social interaction, and the benefits of greater choice and independence.

- The Healthwatch report presents a number of negative responses to the individual proposals, with limited understanding of personal budgets amongst service users and staff who were interviewed. These comments are made by existing users of services (and their carers) and reflect their concerns about proposed changes to services. The report contains a number of suggested recommendations for Stockton Council.

- A common theme was the need for greater communication with regard to future services and a request for involvement of service users and carers in the design of services.

- Feedback and other comments in relation to the consultation exercise itself are outlined below under 'General Comments'. All comments received during the review will be considered by Stockton Council's Adult Services, and actions taken forward where appropriate.

Summary of results by proposal

8. The rationale for each proposal was provided in the interim report considered by Committee and Cabinet (on 7 February 2013). In that report it was outlined that should any of the proposals be taken forward, service users will be at the heart of any decisions taken, and their rights under the European Convention on Human Rights will be respected.

Proposal 1 – Developing increased choice in local community services

We asked people whether they thought a better choice of flexible community based services should be made available to meet their assessed needs.

The survey revealed very high levels of support for this proposal. Comments included references to the need for more flexible opening times for example, and for working with a wider range of partners. Accessing more mainstream, community-based provision was recognised as being helpful in terms of improving inclusion for service users. Of

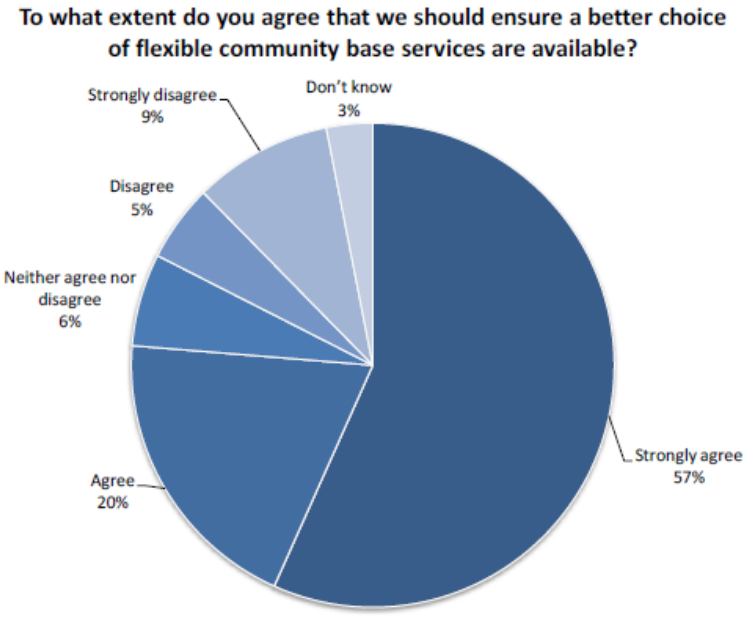
those who disagreed with the proposal, there was support for current services, as some felt that their needs had been met by them and they would not seek alternatives.

During the period of the review the drop-in service provided by New Horizons at CHAT ran into difficulty and closed ran into financial difficulty and ceased operating in March 2013. However, with keen volunteers, support from Catalyst and Adult Mental Health Services (SBC), alternative premises were provided for the group to continue in central Stockton and to date they continue operating but are now called Our Place. A repeated theme throughout the various forms of feedback was the importance of having this type of service (eg drop in, socialisation) available locally. Another key issue was a desire to ensure that there were opportunities for social interaction.

Some felt that other services were not appropriate for their needs, or that there would be ongoing uncertainty about their sustainability if in the voluntary sector. Healthwatch's response recommended further work with the voluntary sector to encourage sustainable approaches, and work with clients and carers in the design/commissioning of such services to improve confidence in the process and outcomes. This was emphasised by some survey responses and also in the discussions with carer representatives.

During consultation discussions, it was acknowledged that one size services do not fit all, and a wider range of choice would be welcome. However, as noted below, it was often stated that people would need guidance and greater awareness of the alternative services available to encourage them to be used. It was noted that the impact of unrelated changes to services provided by others (eg particular types of adult education courses) may affect the range of alternative services available and a holistic approach needed to be taken.

Results from the relevant question in the survey are shown in charts:



Proposal 2 – Increasing the take up of Personal Budgets

Personal budgets are a key part of personalisation and enable the service user to have greater control over the care that they receive and to access alternative community services. ***We know that take up could be improved in Mental Health Services and we asked for opinions on how to do this, and where people preferred to get their advice from.***

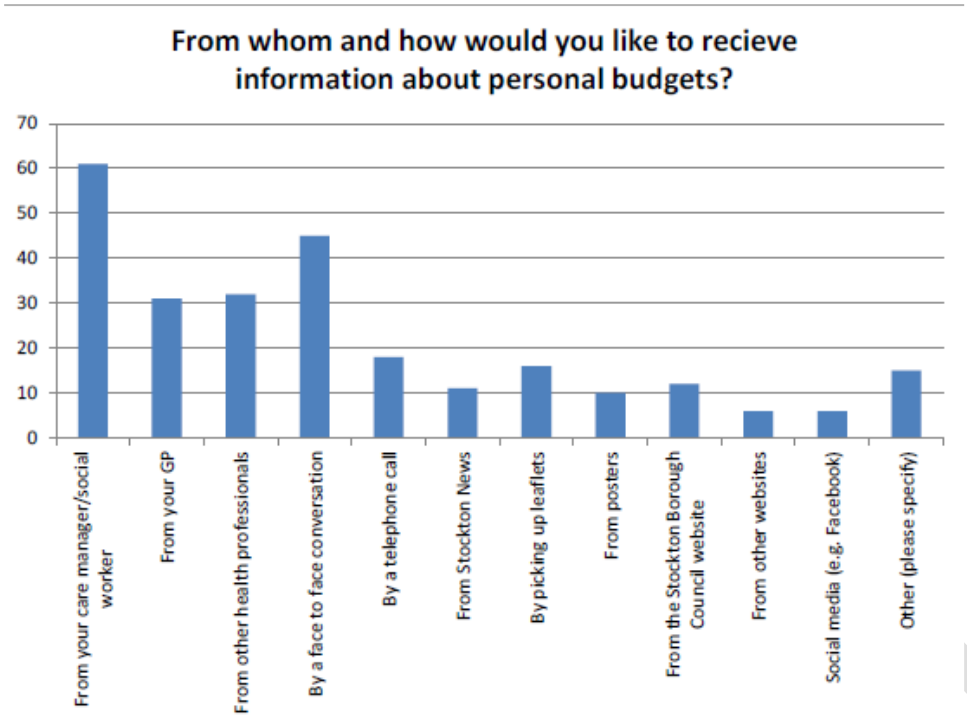
It was clear that the consultation revealed a desired for greater awareness about the opportunities for using personal budgets.

For many responding to the survey, the key issue was the need for further information on what personal budgets could be used for, and also to ensure that professionals have enough knowledge about them when communicating with clients. This was also reflected by Healthwatch. A range of suggestions were made about ways of raising awareness including: holding events/forums, having information in health venues, and to provide more easily understood information.

It should also be noted that a minority disagreed with the principle of personalisation, or did not believe that they were suitable for all service users. This may also reflect some statements to the effect that some clients were perceived as not being entitled to a personal budget.

Some examples of positive experiences of personal budgets although number of people, including in the Healthwatch response, reflected back poor experiences of personally budgets; either that they had been provided with no information to date, or they had applied but the process had been slow. A key issue was to ensure that support was provided to use personal budgets as there were concerns about the negative effect the responsibility for managing personal budgets might have on the service user.

The survey showed that receiving information on personal budgets from care managers/social workers was most people's preferred source, and face to face conversations were the most preferred method of communication. A key point was for a consistent message, from whatever source, to reduce confusion for clients and carers.



Proposal 3 – Improving the information provided on alternative community services

We asked how people would like to receive information on the range of community services available to them.

Perhaps unsurprisingly, the survey response mirrored the results for Proposal 2 in relation to from whom, and how, people wished to receive information on alternative types of services; receiving information from care managers/social workers was most people's preferred source, and face to face conversation the most preferred method of communication. A number of people suggested link workers or Community Psychiatric Nurses (CPNs).

Taking the feedback as a whole, it is clear that an improved approach to information on personal budgets and alternative services is seen as a key area for development. Information must be provided in accessible formats and through knowledgeable staff.

Proposal 4 – Develop alternative ways of providing community 'day time' activities and stop providing the services from Norton Road and the Links Unit at Ware Street

We asked whether service users would be willing to work with the Council to develop alternative community services.

The survey showed a positive response overall to the proposal. Those who agree highlighted how service users needed to be consulted on what they would like to see, and that increased variety of services would be helpful. There was a significant minority that 'strongly disagreed' with the proposal and comments showed that the current arrangement of day services had met their needs, and that they were confident in the level of care provided by them. It is important to note that those who had used these services valued the care provided to them by the staff.

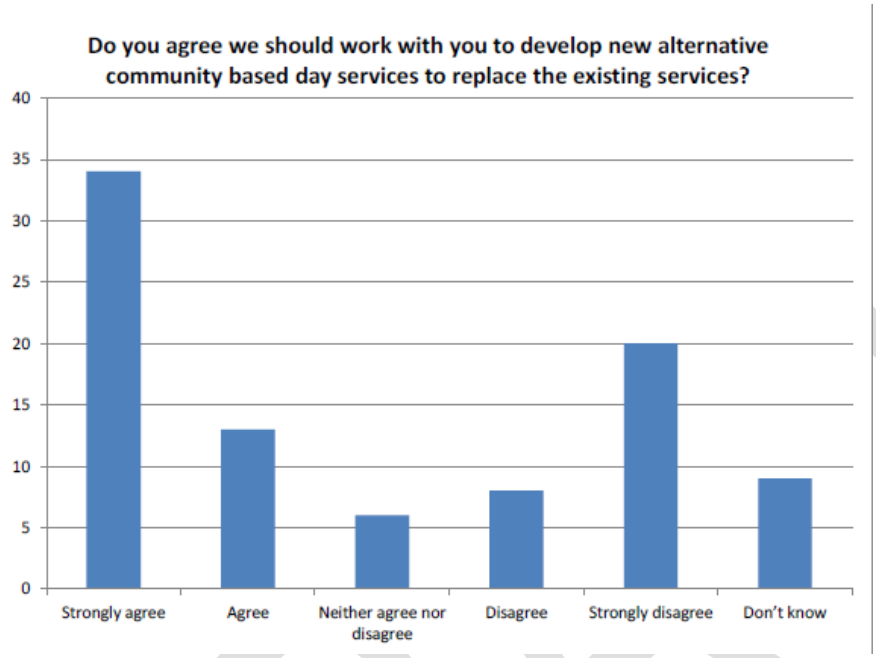
Those consulted directly by Healthwatch at the venues themselves were strongly against the proposed closure of Ware Street and Norton Road.

Comments were made in both the survey and the Healthwatch response suggesting that the services at Ware Street and Norton Road could be combined to make them more efficient. Other comments were similar to the response to Proposal 1, and in particular the need for services to provide social interaction and support as part of whatever is provided in future.

One individual response highlighted that certain aspects of the service at Norton Road were particularly important, for example the kitchen area and the levels of mutual support that clients had developed. It was suggested that these elements could be

recreated elsewhere, without the need for the building itself. The concept of Norton Road as a 'home from home' was raised several times and it is recognised that some service users are emotionally attached to particular buildings.

The issue of the cost of services was noted by some, and that future services needed to be affordable for clients.

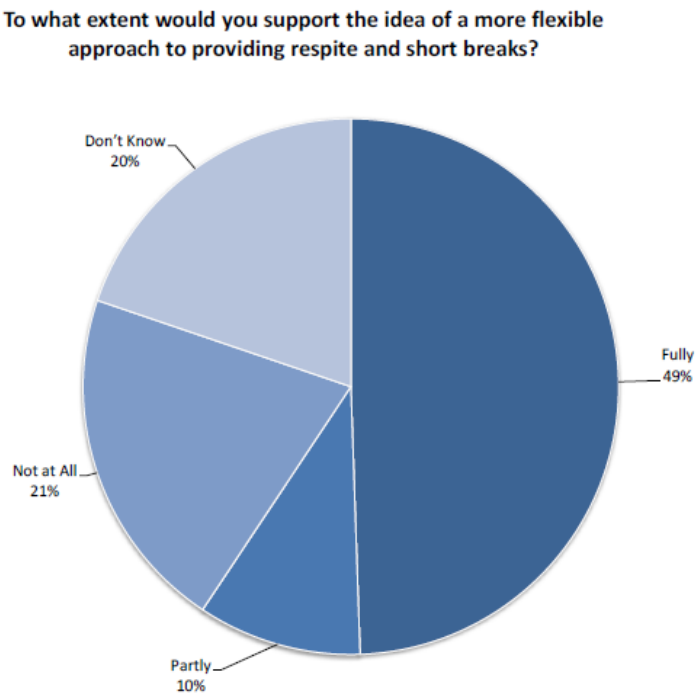


Proposal 5 – Develop a more flexible way of providing respite and short breaks and stop providing these services from Ware Street

A higher number of people supported this proposal than did not support it in the survey, and support was particularly strong amongst carers. Comments supported an increased range of choice including ideas for short breaks. The importance of respite was highlighted, particularly for carers, together with recognition that carers would need to be involved in the planning of respite, and it would need to be flexible. Discussion at the George Hardwick Foundation showed that whatever replaced Ware Street's respite service would need to be flexible enough to be available at very short notice.

As with the proposal to develop alternatives to day services, there was a significant minority in the survey that disagreed with proposals to close Ware Street's respite service, with comments suggesting that they preferred the current arrangements.

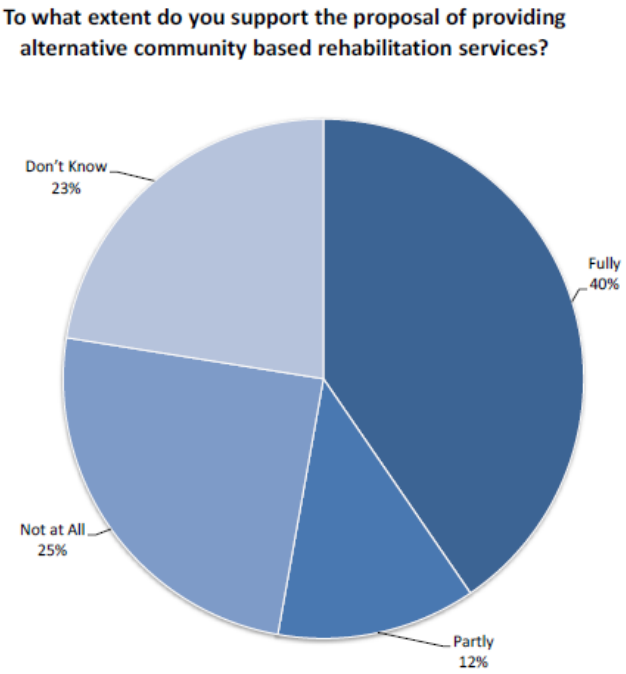
The response organised by Healthwatch shows that some people would be concerned about the possible loss of Ware Street for respite, although this was also in the context of not being aware of suitable alternatives. It was noted that some people had been offered inappropriate respite provision through services more suitable for older people, and this needed to be avoided.



Proposal 6 – Developing alternatives for rehabilitation care, and stop providing this care from Ware Street

The survey showed that more people **'**fully' or 'partly' supported the proposal than 'not at all', although seventeen of the service users selected 'don't know'. The importance of rehabilitation care and the opportunity to develop more community based rehabilitation was highlighted by respondents as a positive move. Of those that did not agree, there was concern that other service providers would not provide the same level of care. A number of other people stated that current services met their needs, and that changes were having a negative effect on clients.

Across the sources of feedback there was support for Ware Street as a service although it is important to note that some did not feel that it had met their needs. A number of people stated that they had not heard of Ware Street or that it was not promoted enough, however it should be noted that access to Ware Street would only be for those who would be referred into it.



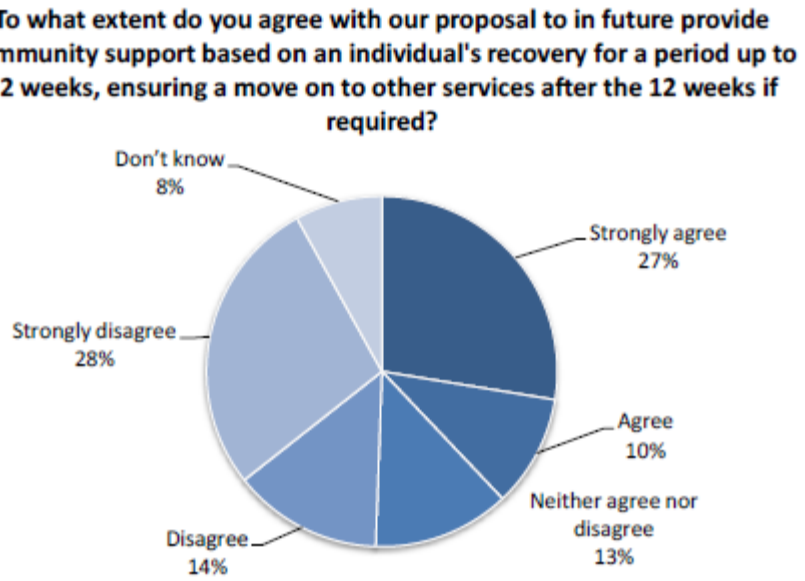
Proposal 7 – To focus Community Support services on supporting recovery for a period of up to 12 weeks and to meet any ongoing needs through personal budgets

In the survey we asked to what extent did people agree with this proposal. The results showed that views were sharply divided, with an almost even number of respondents agreeing and disagreeing (net score of -3), across both carers and service users.

It was clear from the range of responses there was some concern about whether support would stop after the initial 12 weeks, and/or that people would spend a significant portion of that 12 week period worrying about what would happen beyond that. The HealthWatch response noted that people thought there would need to be good relationships between the staff involved.

Community support as a type of service was recognised as being important, as for example, sometime service users needed extra help 'just to leave the house'.

A key principle behind the proposals is to ensure that they are more in line with the recovery model of mental health services. This aims to reduce reliance on health and care services over time, through supporting service users to progress through various stages of recovery from their mental illness. An example of this is the Recovery Star Model. The recovery approach underpins all the proposals however it was particularly commented on in response to Proposal 7. There was concern that it was assumed that people could always recover within a 12 week period, and that there was work to do to further explain the recovery model and its use when arranging services. This was also a recommendation from Healthwatch Stockton.



Proposal 8 – To stop providing the dedicated posts for service user and carer involvement and support this work through alternative and existing means

There was strong support in the survey to the proposal to provide alternative and more flexible support for carers, with various comments praising the work of carers. Suggestions were made in relation to the need for support being available in an emergency, through direct contact, and on a more flexible basis.

Although Healthwatch reflected back that, when discussed, a number of people had not heard of either role, the key elements of the service user function were recognised as having been useful, and the most important were seen to be the advocacy support for clients and support for groups including SURGE. SURGE is the 'Stockton User Representative Group for Empowerment', an independent voluntary group that is supported by the service user involvement function.

The survey asked people to describe how they would like to be involved in services in future should the service user involvement post cease. Support was again expressed for the existing arrangements such as SURGE, and examples were put forward about how involvement could be taken forward in future including: leaflets in community and health venues, meetings in these venues, surveys, and mutual support through mentor arrangements and other user-led groups.

General comments

9. A number of additional comments were made including:

- It was noted that due to the nature of the client group that any proposals for change could lead to anxiety, and/or deterioration in their condition. Should there

be changes in services, it was highlighted that clients would need appropriate support to manage the process of transition.

- There was a clear request for ongoing engagement with service users and carers in the design of future services. The carers group that met at Ideal House reported that they were frustrated with previous experiences of having not having their 'rights' acknowledged.

- Those present at the Patient and Public involvement Group discussion were in general agreement that the time was right to change how services were provided.

- A number of comments noted that there was a need for more integrated services and increased awareness/co-ordination between professional groupings, including GPs. Some thought that NHS services would see an increase in demand due to the proposals under consideration.

- Some people were concerned that not everyone would be eligible for a personal budget and so were concerned as to whether they would receive care in the future. This will need to be addressed as part of further work to promote personalisation.

- The Healthwatch Stockton response makes a number of associated recommendations, encouraging the Council to work with partners and the third sector to improve choice and the sustainability of services, and increased engagement in a number of areas, including the design of services. The need for market stimulation was also discussed in various meetings that were attended.

Comments on the consultation

11. A number of comments were made in relation to the consultation process:

- A suggestion was made that for future consultations it may also be helpful to undertake focus group style discussions with an invited group of service users, in order to complement the drop in sessions and 1:1 offer. This will be considered in future.

- A few people stated that they did not find the survey easy to complete.

- A couple of survey comments stated that they did not believe that their views would be taken into account, and this view was also expressed by those responding to Healthwatch.

- Some comments appear counter-intuitive in that when analysing them, where respondents have indicated that they agree with a proposal, there is actually some disagreement within the comments and it is likely that the wording/rationale behind a proposal may not have been understood in some cases (for example in relation to changing day time activities - Proposal 4).

- The Healthwatch response outlined that some people felt uncomfortable with making contributions in the public consultation drop-in sessions and that these were not suitable for all. However it should be noted that, as was made clear in the consultation document, all service users and carers were offered the opportunity to take part in a 1 to 1 discussion should they feel that was more appropriate, although take up was limited.

- It was also stated that during the Council-organised events, note-takers were only writing down comments that supported the proposals. Although due to the nature of public events it can sometimes be difficult to record all comments made, it should be made clear that efforts were made to capture all comments made at these meetings, and all comments that have been recorded as part of the consultation have been published.

Appendix 2 – Recommendations contained in HealthWatch consultation submission

Recommendation 1.1
Stockton Borough Council need to consider the lack of support and negative impact the closure of these services would have on those that currently use Ware Street and Norton Road and demonstrate how this has been considered in any future decision making process.

Recommendation 1.2
Should Stockton Borough Council make the decision to close either of these services additional work needs to be carried out with existing service users and carers to explore what future service models could look like and the benefits to service users and carers affected.

Recommendation 1.3
Should Stockton Borough Council make the decision to close either of these services a clear timeline needs to be made available detailing a staged process including development of alternative services prior to closure. This staged process needs to be timely and consider the use of 'leading hand' support for existing service users to ensure development of trust and confidence.

Recommendation 1.4
In the final report of the Adult Mental Health Services EIT review Stockton Borough Council should demonstrate any consideration for amalgamation of Ware Street and Norton Road as part of the review process.

Recommendation 2.1
Commissioning of future short/medium projects needs to give consideration to the potential impact on service users and carers with an expectation on service providers to appropriately manage expectations of and support to service users and carers.

Recommendation 2.2
Stockton Borough Council needs to engage with other statutory and third sector partners to develop choice and sustainability of services for service users and carers.

Recommendation 2.3
Stockton Borough Council and other partners need to work collaboratively and with service users and carers to build confidence to encourage involvement in service design and development at a time that is right for the service user and carer. This could include individually or targeted groups.

Recommendation 2.4
Stockton Borough Council and other commissioners need to look to strengthen communications about how service users and carers have influenced both past and ongoing decision to encourage involvement in future service design and development.

Recommendation 2.5
Effective communications of what is available to service users and carers to help facilitate a 'menu approach' to choice of services.

Recommendation 3.1
Additional ongoing communication needs to take place with existing and new service users and carers. This communication needs to be clear, accurate and at a time that is appropriate for the service user and carer.

Recommendation 3.2
Awareness of personal budgets needs to be developed with professionals within the local authority and those that service users and carers come into contact with in trusted settings. This needs to ensure consistent messages regarding the benefits of personal budgets, the process, how long this may take, how the money can be used and who the appropriate point of contact is.

Recommendation 4.1
Service users need to know from professionals involved in their treatment how the 12 week recovery model works in practice and what happens following the week 12 period.

Request for information 4A
Healthwatch Stockton-on-Tees seeks further information from Stockton Borough Council as to how the recovery model is being integrated locally and with stakeholders as a viable treatment option for service users. Additional information is requested as to how this is intended to be communicated to service users and carers.

Recommendation 5.1
If the decision is made to cease the service user and carer involvement posts then service users and carers need to be given appropriate support and information on alternative ways they can continue to be involved in groups like SURGE or other involvement mechanisms including support and guidance in helping the groups be sustainable where possible.

Recommendation 5.2
If the decision is made to cease the service user and care involvement posts then those service users and/or carers who have looked to the roles for advocacy support will need signposting to other appropriate advocacy services. This needs to be explored with identified services to ensure capacity and communicated clearly to those affected.

Recommendation 6.1
In future consultation activity Stockton, Borough Council should consider alternative formats for managing public meetings particularly where a proposed service change has an impact on identified vulnerable groups who may struggle to be heard of those who are more confident in articulating their views.

Recommendation H1
Healthwatch Stockton-on-Tees needs to network with identified service user and carer groups both included in this study and others across the borough to ensure awareness of Healthwatch Stockton-on-Tees and how they can get involved.

Recommendation H2
Healthwatch Stockton-on-Tees needs to promote the information and signposting function with service user and carer groups so that people can be signposted to other services including advocacy support.

Appendix 3 - Example of 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?'

Appendix 4 - Equality Impact Assessment

Attached