



Executive – supplement: mental health day opportunities strategy

Monday, 13 June 2011 at 7.00 pm

Committee Rooms 1, 2 and 3, Brent Town Hall, Forty Lane, Wembley, HA9 9HD

Membership:

Lead Member Councillors:

Portfolio

John (Chair)	Leader/Lead Member for Corporate Strategy and Policy Co-ordination
Butt (Vice-Chair)	Deputy Leader/Lead Member for Resources
Arnold	Lead Member for Children and Families
Beswick	Lead Member for Crime and Public Safety
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Jones	Lead Member for Customers and Citizens
Long	Lead Member for Housing
J Moher	Lead Member for Highways and Transportation
R Moher	Lead Member for Adults and Health
Powney	Lead Member for Environment and Neighbourhoods

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www.brent.gov.uk/committees

The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

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In January 2011 the Executive agreed to consult with service users, carers and stakeholders on the proposed transformation of the directly-provided adult social care day services for Mental Health, also known as Community Networks. This proposal was framed within the Day Opportunities Strategy which had been refreshed to include people suffering with severe and enduring mental health problems. The consultation process is now complete and this report sets out the results of the consultation, the options for transformation and a recommended course of action.

Ward Affected:
All Wards;

Lead Member: Councillor R Moher
Contact Officer: Alison Elliott, Adult Social Care
Tel: 020 8937 4230 alison.elliott@brent.gov.uk

Date of the next meeting: Monday, 18 July 2011



- Please remember to **SWITCH OFF** your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.
 - Toilets are available on the second floor.
 - Catering facilities can be found on the first floor near The Paul Daisley Hall.
 - A public telephone is located in the foyer on the ground floor, opposite the Porters' Lodge



Appendix A

Day Opportunities Strategy
Mental Health

Consultation Process & Feedback Report

April 2011

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Contacts



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Executive summary – key messages



1. Service users

- It is a place to come and meet others who have similar problems
- It keeps me well

2. Carers

- Day services provide respite and support for carers too
- A base should be kept open as not all will be able to move onto community
- African & Caribbean and Asian communities benefit from having a service specific to their community as language and stigma can be issues
- Two workers will not be able to meet the demand

3. Staff and Community Services

- It is a bridge between acute services and the community
- There are not enough community resources out there
- Self directed support needs to be more established
- Direct payments/ personal budgets will not meet everyone's needs
- Day services work with wider community to reduce stigma

Introduction



- This report captures the responses received from service users, carers and staff to the refreshed Day Opportunities Strategy's (to include mental health services) and its plans to transform the day service provision for mental health (Community Networks Service)..
- In the refreshed Day Opportunities Strategy, Community Care proposes to decommission buildings-based services and to support people to access more mainstream and community-based activities in order to encourage greater independence, choice and control.
- The proposed change to the Community Networks Service is to replace the current service with two new Community Development Worker Posts (CDWs). These two workers will provide signposting and support service users to enable them to access local community resources.
- A series of consultation events were held between 22nd of February and the 25th of April at a variety of Council venues. This included the three sites where Community Networks are currently based. See Appendix 1 for summary list of consultation events.
- Representatives from Brent Council and Brent Mental Health Services management team were present at all of the events.

The Day Opportunities Strategy



- Brent Council wants to make it easy for vulnerable people to take part in more varied activities so that they can have more of a say in how they work, learn, practice their faith and enjoy leisure and social activities in their local community.
- The council believes that people who have a social care need have the right to lead their lives like everybody else, with the same opportunities and responsibilities, and to be treated with the same dignity and respect.
- Brent's Adult Social Care Day opportunities strategy has been refreshed to include Mental Health. It presents an overall vision for day services for people with Mental health needs.
- This consultation is a discussion with day service users, carers and staff on the council's proposal to transform the day service (Community Networks) it provides in partnership with Mental Health. The council wants to make sure that the day services meet the needs of service users, now and in the future.
- The proposal reflects national policy, which says that services for vulnerable people should be tailored to their individual needs and based in the community, rather than in day centres and similar buildings.
- These services will be delivered by the same organisations that everyone else uses and people can pay for them using their personal budgets. Personal budgets are paid to service users and their carers.

The Day Opportunities Strategy contd.



- Experience in other parts of the UK shows that this will improve services by promoting choice, control and independence. It also helps to make services more financially sustainable for the future as public spending becomes more tightly controlled.
- The current day centre services will need to change because they are delivered from and in specific buildings rather than in the community. This offers little choice for individual users or carers.
- To achieve this change, Brent Council intends to:
 - Improve access to colleges, employment services, leisure activities and other services as well as commissioning new ones
 - Engage and involve users, carers and staff in everything we do.

Consultation Process

- Eight consultation events were held, each for approximately 2 hours, with service users carers and or staff to hear their views on and concerns about the proposed service re-design outlined in the Day Opportunities Strategy.
- At each event there was a **presentation** of the proposed plans for by Alison Elliott. This was followed by a **facilitated discussion** on what was being proposed.
- The facilitators asked service users, carers and staff to express their views at the session and also answered any queries.
- All attendees were given the details of a designated lead for collating the feedback should they wish to submit verbal or written feedback outside consultation sessions.
- Copies of the Day Opportunities Strategy were available at the events.
- Service user, carers and staff responses were **captured** by scribes.
- In addition to translators, **advocates** were present to assist service users in expressing their views at some of the events.
- All of the feedback has been collated into this summary document. Please see Appendix 2 for a summary of all items of feedback received.
- Key themes have been pulled out and collated into the executive summary, those specific to services user, carers and staff. A more detailed summary of all feedback follows on from this.

1. Service users feedback

Key themes

- It is a place to come and meet others who have similar problems
- I would be lonely and stuck at home if I did not have this place to come to
- It keeps me well
- I get practical support like benefits advice and direct payments
- It is on my doorstep and with my own kind of people

2. Carers feedback

Key themes

- Day services provide respite and support
- Carers have needs too. These will be negatively affected if the service is closed
- A base should be kept open as not all will be able to move onto community. There is a quartile who need more intensive support.
- African & Caribbean and Asian communities benefit from having a service specific to their community as language and stigma can be issues.
- Current staffing levels are not enough as it is. So how will two workers be able to meet the demand?
- Is this really cost effective? People will relapse and this will cost more

3. Staff & Community Groups feedback

Key themes

- It is a bridge between acute services and the community.
- Two staff not enough as service users need intensive support given complexity of their needs.
- Need skilled staff like employment specialists and benefits advisors
- There are not enough community resources out there to replace Day services . Community services cannot do what CNS does. They are also being cut
- Self directed support needs to be more established to support this proposed change.
- Direct payments/ personal budgets will not meet everyone's needs
- There is still a lot of stigma in wider community. Day services work with agencies to reduce this

Consultation event for service users & carers

22.02.11



Key themes:

- Speed of Change – The changes proposed are happening too quickly in the context of the many other health and social care changes.
- Respite - Day services provide respite for service users and carers. This will be lost if the proposal goes ahead.
- Most vulnerable - A certain percentage of service users will be able to move onto the community. However, there is a core group too vulnerable for what is proposed. This group needs a base.
- Lack of alternatives - Where will people buy services from if Community Networks is decommissioned as many local resources are being cut?
- Relationships – There is a need for continuity of staff and services as service users have difficulty forming relationships.

Consultation event for staff



22.02.11

Key themes:

- Cost effectiveness – The savings generated by proposal will not be cost effective as it will cost more for council in the end as the impact is felt by wider community.
- Capacity - Two Community Development Workers is not enough to deal with the numbers.
- Gap in Services – There is a need for something in between for transition from acute inpatient to community Mental Health Services. Few organisations and or community facilities are capable or equipped to provide this.
- Carers – A reduction in service will have a negative Impact on carers and families and will increase pressure on families.
- Culturally sensitive provision -There is a need for locally based and culturally sensitive services.

Consultation event for service users & carers

18.03.11



Key themes:

- Service users were not happy with the proposal. They need this service as people are vulnerable
- My son has not been seen for months by community services so losing this will make situation even worse
- People will be more isolated at home and then get depressed
- The service is the main route for people to access things like colleges
- The service provides support and respite for carers
- The service provides support and security for service users
- Signposting is not effective nor enough
- The motivation given by Community Networks is very much needed
- The community offers more for 60 plus adults
- Service users do not want to lose culture specific services. They are the only ones for mental health

Consultation event for service users & carers



02.04.11

Key themes:

- The numbers using this service show how important the service is. Brent has a high incidence of need and this will not reduce
- This is the last community place in the local area for the Gujarati community
- Community development workers are not enough. We need a base
- The proposal is not really saving money as Kingsbury Manor does not cost a lot to run. Has a cost benefit analysis being done? Or have other avenues of funding been explored?
- Not confident that Community development workers will have skills and knowledge needed to work with our relatives
- Some people are incapable of going out into community. They need a place to come to
- You need to provide more for carers. If Kingsbury Manor closes it will place an extra burden on them
- Direct payments may not pay for what is needed
- What services are there out there like Kingsbury manor for our relatives. We need a directory

Consultation event for service users & carers



02.04.11

Key themes:

- It provides carers with safety and support
- People will break down without outlet and hospital admissions will increase. These types of services are much cheaper than hospitals
- Without it I will fall sick again
- This is the only mental health centre for black people in Harlesden
- It is good to have something like this on the doorstep. Mixing with other cultures does not work as it creates clashes
- What evidence is there that this proposed change is more effective? Has there been any research done?
- What services are there out there in the community?

Consultation event for service users & carers



04.04.11

Key themes:

- The service helps me meet other with same problems. It is reassuring that I am not alone
- It keeps my daughter safe and reduces pressures on me
- I need a base as otherwise I have no where to go to meet with others. This is the only support I have
- Using transport can be an difficult for me so this suits me as in my local area
- Could we share a building with others?
- I need a place like this as it motivates me and helps build up my courage. There are also people available to advise me
- Lots of community activities are being cut so there is less to do in community
- When people come out of hospital there is no where to go if this is gone
- Who will help me with my direct payments and benefits?
- Two staff is not enough, we need a place like this

Consultation event for service users & carers

12.04.11



Key themes:

- If service users have no where to go carers will be overwhelmed
- Concerns were raised about the skills and abilities of the new workers being proposed
- We need a base – could we share services across boroughs?
- Carers will get burnt out. Community Networks provides a service not just for service users but also for carers
- Action is needed to change the stigma and society

Consultation event for service users & carers

25.04.11



Key themes:

- The bottom quarter of client group need more hand holding. They will not be able to access mainstream activities
- Carers cannot cope without community networks. They will need help if it is closed
- It is important not to forget people isolated at home – the forgotten ones
- There will be more demand on services in the future. Has this being factored in?
- Community networks is not valued by the Council
- There is a stigma in the community towards our relatives
- Employment posts are needed rather than community development posts

Feedback from Mr B.
Chair of Kingsbury Carers Group
(23.02.11 & 29.04.11)



Key Themes:-

- Consideration needs to be given to those in lower quartile because there are no facilities for them in the community.
- There is a need for a specific small community networks unit for five days a week that is needs led and culturally sensitive
- Due to the stigma community groups do not want to work with this group
- The financial burden needs to be spread evenly amongst community and not targeted at most vulnerable in society
- Compromise – support the most needy by combining services
- BACES is now going to charge for all disabled and learning difficulties courses used by service users. This needs to be highlighted as an additional cost

Feedback from Jane Rennison

Lead for OT & Social Inclusion for CNWL NHS Trust

(16.03.11)



Key Themes:-

- Disappointed as the proposal effectively removes service
- The proposal underpins recovery and social inclusion but falls short of support for service users to access and sustain engagement with the local community
- The day service also builds relationships and influences mainstream providers. Not enough to point in their direction
- Qualitative work is not possible with just two workers
- The proposal reduces the opportunity to sustain specialist functions i.e. employment

Feedback from Rita Ram Manager Asian Community Networks Team (17.03.11)



Key Themes:-

- All Brent Council employees, under Mental Health, should be considered as part of this consultation. Posts in other teams are similar in role and grade to community network workers

Feedback from Brent Employment Specialist Staff (26.03.11)

Key Themes:-

- Service users struggle to access and sustain paid employment. 50% of current service users in paid employment were supported by Employment specialists
- No employment specialist posts will lower the number of service users gaining paid employment
- These posts raise expectations and hope amongst other staff
- The loss of this specialist role will impact negatively on relationship between Mental Health Services and mainstream community

Feedback from Ms. VL Service User (31.03.11)



Key Themes:-

- The day service is extremely beneficial for service users who have just come out of hospital
- It helped me massively with reintegration back into community after being hospitalised
- I feel service users will struggle with transition without this service

Feedback from Mr. J RA Service User (13.04.11)



Key Themes:-

- Staff at community networks have been of great help to me. Making my illness more bearable
- I want to remind you that this is a front line service for people with chronic illnesses
- Please downsize and not suppress Community Networks

Feedback from Ms. B, Service User (13.04.11)



Key Themes:-

- Community networks have been a lifeline
- They have kept me well and motivated over the years
- Prior to attending I was at home for 10 years with no real outside contact and no proper Christmases and holidays
- I have made countless friends
- It provides one to one practical support
- Please think about the vulnerable. This is meant to be about inclusion but a move would exclude

Feedback from Brent User Group BU (18.04.11)

Key Themes:-

- Community networks has demonstrated considerable success in enabling individuals to access and use direct payment
- Intensive support is needed to support people in their recovery. Many have experienced low expectations and length periods in services
- People with mental health needs often experience social care provision as most helpful and practical aspect of their support
- Day service is a bridge between acute services and move towards recovery
- Brent does not have a robust self directed support system. This will make it difficult to access direct payments and personal budgets
- There is a lack of community and voluntary sector provision. This is also being affected by cuts
- Two staff is not enough
- There is a misunderstanding about use of direct payments to buy community services.
- A base provides practical support, somewhere to go for emotional support, information and signposting and contact with familiar/ similar people

Feedback from Sybil Brown

Community Networks Benefits Advisor

(19.04.11)



Key Themes:-

- 55 service users seen by benefits advisor over last 9 months. Income maximisation for this group is approximately £35k
- Work flexibly i.e. meet with them in their homes
- If monetary issues in order for service users this can lead to stability in their lives which in turn support families and council
- Without a welfare officer/benefits advisor service users miss out on full entitlement to state benefits. Ongoing changes in the system will lead to more demand for this type of support

Feedback from Judy Jones

Lead Social worker for Brent Mental Health

(28.04.11)



Key Themes:-

- Many users are too vulnerable to be 'directed ' into mainstream services
- People need support otherwise they become isolated, withdrawn and unwell
- Families get concerned and feel the burden of care is all on them
- Care coordinators would not be able to provide this support
- I do not think the community development workers are sufficiently user/user outcome focused .The focus is more on networks
- Self directed support is not yet sufficiently developed by staff nor in systems to enable access to funding
- Alternative culturally accepting activities would need to be in place if community networks, unique services, were to go
- Brokerage also needs to be in place

Feedback from Geoff Smith, Loud and Clear (email)

- This change could be ideal for those who are ready to take on roles and responsibilities by engaging with their communities but, for others, it might be more difficult.
- Centre based sessions can operate as springboards into the wider community and enable those more vulnerable individuals to develop their skills and gain confidence in a safe, supported environment.
- The prospect of accessing mainstream services could be a daunting one for some service users, especially to begin with. It is likely that on-going, regular support for the individual will be vital during these initial stages and beyond.
- It is also hard to envisage how one to one support can be maintained to an effective level given that the plan is to reduce a current staff compliment from twenty four to two.
- Will Community Mental Health Teams be offering more support via this process and, if so, do they have the current capacity to manage such a change? Are the plans to commission new services to support people to access mainstream and community services of significance in this instance?
- To ensure success, it is likely that time will be needed to invest in networking with and accessing resources from new agencies. Will this work commitment have implications for the CDW's remit and their availability for clients during the initial stages of this process?

Appendix B

Summary list of feedback received:-

22.02.11 - feedback (notes) from Patidar House event for staff

22.02.11 - feedback (notes) from Patidar House event for service users & carers

23.02.11 – feedback (email) from Mr B. - Chair of Kingsbury Manor carers group

16.03.11 – feedback (email) from Jane Rennison, OT & Social Inclusion Lead for CNWL NHS Trust

17.03.11 – Feedback (email) from Rita Ram, Manager Asian Team, Kingsbury Manor

18.03.11 – feedback (notes) from Brent Town Hall event for service users and carers

26.03.11 - feedback (document) from employment specialist staff in Brent

31.03.11 – feedback (email) from Ms VL - Service User

02.04.11 - feedback (notes) from Asian Team, Kingsbury Manor, event for service users and carers

02.04.11 - feedback (notes) from African Caribbean Team, Design Works, event for service users & carers

04.04.11 - feedback (notes) from Kilburn team, Brondesbury Road, event for service users & carers

12.04.11 – feedback (notes) from Brent Town Hall event for service users & carers

13.04.11 – feedback (letter) from Mr J R-A, service user

13.04.11 – feedback (letter) from Ms. B, service user

18.04.11 – feedback (email) from Brent User Group - BUG

19.04.11 – feedback (document) from Sybil Brown Benefits worker for CNS

25.04.11 – feedback (notes) from Brent Town Hall event for service users & carers

28.04.11 – feedback (email) from Judy Jones, Lead Social Worker for Brent Mental health Service

29.04.11 – feedback (email) from Chair of Kingsbury Manor carers group

6.05.11 – feedback (email) from Geoff Smith, Loud and Clear

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BRENT ONE COUNCIL

DAY OPPORTUNITIES STRATEGY

(REFRESHED TO INCLUDE MENTAL HEALTH)

2010-2012

17/02/2011

Version: DRAFT v0.1

Draft

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Draft

Executive Summary

Brent Council Adult Social Care will enable vulnerable people to access more diverse community-based day activities so that they can choose more independently how they work, learn and enjoy leisure and social activities

Brent Council Adult Social Care believes that people who have a social care need have the right to lead their lives like everybody else, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. Brent's Adult Social Care transformation programme is designed to make this a reality for the people of Brent. This strategy presents an overarching vision for people with learning disabilities, physical disabilities, severe and enduring mental health problems and vulnerable older people.

Vision

National policy and local strategy advocate that services for vulnerable people should be personalised and community-based thereby promoting service user choice and control to help develop independence, and to build skills. The proposed new service model is consistent with this policy and will help to deliver improved outcomes for local vulnerable people by increasing their participation in mainstream and community-based services.

Benefits

Many services are currently delivered as a 'one size fits all', building-based model. These will need to change to ensure that a more flexible range of services are available to achieve outcomes for users and carers. These services will be delivered in the community as appropriate by a range of organisations and professionals, which individuals can access by using their personal budgets. This will deliver three core benefits: service quality improvements, financial sustainability as well as national and local policy alignment.

Delivering the vision and benefits

In order to deliver the vision and the benefits Brent Council will need to improve the customer journey, redesign current day services, stimulate the market and engage and involve service users and carers. Across client groups the successful implementation of the strategy will be achieved through the combined effects of:

- Improving assessments to determine the level of support needed;
- Delivering community-based day activities from resource centres as a base;
- Providing improved information, advice and signposting;
- Improving access to mainstream services and commissioning new ones; and
- Engaging and involving users, carers and other stakeholders in all of the above.

1. Introduction

1.1 Approach

Brent Council Adult Social Care believes that people who have a social care need have the right to lead their lives like everybody else, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. Brent's Adult Social Care transformation programme is designed to make this a reality for the people of Brent

This strategy is an important part of the adult social care transformation and has been drafted to frame the transformation of day opportunities services for:

- People with Learning Disabilities (LD);
- People with Physical Disabilities (PD);
- Older People (OP); and
- People with severe and enduring Mental Health problems (MH)*

*Mental Health services are confined to secondary mental health services commissioned by Brent Council and do not include acute services.

This document applies to everyone who uses day opportunity services, or requires additional support. Brent Council Adult Social Care provides services to people with a 'critical' or 'substantial' social care need, but is also committed to providing improved information and advice about social care support to everyone who can benefit from this information.

To identify the different levels of support people require we have used four levels of independence:

1. Highly independent;
2. Independent with some support;
3. Independent with support; and
4. Independent with significant support.

This strategy is not focused on eligible needs and services, but on people and outcomes such as:

- Having the opportunity to engage in meaningful activities;
- Improving and extending social networks;
- Being a part of a local faith community;
- Spending time in an integrated or mainstream setting; and
- Learning, and earning money.

Therefore, it is structured around the activities that underpin such outcomes:

- To enjoy leisure and social activities (leisure);

- To learn (education);
- To work (employment); and
- To practice your faith

The table below outlines how this focus can provide a different way of looking at the activities that should be available to everyone with a social care need and the support that different people might need to access those activities. Brent’s aim is to ensure that all these activities are open to all, and that the support required to access them is minimised to ensure people are as independent as possible.

	Leisure	Education	Employment**	Faith
1. Highly independent	<ul style="list-style-type: none"> •Independent access to full range of options •Brent Council to provide signposting, information and advice 	<ul style="list-style-type: none"> • Mainstream education • Brent Council to provide signposting, information and advice 	<ul style="list-style-type: none"> • Paid employment • Brent Council to provide signposting, information and advice 	<ul style="list-style-type: none"> •Independent access to full range of options • Brent Council to provide signposting, information and advice
2. Independent with some support	<ul style="list-style-type: none"> •Independent access to mainstream services •Brent Council to provide preparatory and organisational support 	<ul style="list-style-type: none"> •Community-based education with some support •Brent Council to provide preparatory and organisational support 	<ul style="list-style-type: none"> •Support to access either paid or unpaid employment •Brent Council to provide preparatory and organisational support 	<ul style="list-style-type: none"> •Independent access to faith resources •Brent Council to provide preparatory and organisational support
3. Independent with support	<ul style="list-style-type: none"> •Brent Council to support to access to full range of options recognising individual needs • Appropriate use of supported travel escorts 	<ul style="list-style-type: none"> •Mainstream and non-mainstream courses •Brent Council to support people to access these courses in the community 	<ul style="list-style-type: none"> •Work experience •Brent Council to provide support towards paid employment 	<ul style="list-style-type: none"> •Brent Council to support to access to full range of options recognising individual needs • Appropriate use of buddies, through direct payments
4. Independent with significant support	<ul style="list-style-type: none"> •Brent Council may provide intensive support for access to mainstream and specialist services •May require specialist transport 	<ul style="list-style-type: none"> •Brent Council to enable people to access courses delivered in resource centres as appropriate 	<ul style="list-style-type: none"> •Brent Council to enable people to access work-related activities 	<ul style="list-style-type: none"> •Brent Council may provide intensive support for access to mainstream and specialist services

*Education activities for Older People are usually not qualification oriented

** Employment activities for Older People are dependent on their preference and desire to engage in these activities, and are not part of the current activities offered to Older People

1.2 Drivers for change

Day opportunity services have been changing for the last 20 years. These changes have regularly been given fresh impetus by initiatives such as Direct Payments and *Putting People First*. However, the majority of day opportunity services in Brent are still traditional building-based services. This means that day opportunity services are still a barrier to achieving genuine choice and control for people in Brent.

Service user context

National and local consultation has shown that two significant changes are needed to improve outcomes for service users and carers and give people genuine choice and control. Firstly, people need a wider range of options to choose from and these options must

include both specialist (sometimes building-based) and mainstream (in and with the community) services. Secondly, in order to create this choice, Councils need to focus more on commissioning and developing new services in the community and less on delivering traditional building-based services themselves.

Currently, day services for vulnerable people in Brent focus on providing activities and support in specialist day centres on weekdays. In addition project-based services outside day centres have been developed for people with Learning Disabilities to enhance employment skills. Transport to and from these day centres is often provided free of charge through specially commissioned transport. Because these services are focused on special buildings and are often block contracted, they make it more difficult for people to make individual choices about what support and services would best meet their own need.

Local authority context

Brent Council Adult Social Care is committed, as part of the Adult Social Care Transformation, to providing the day opportunity services people need. For example, mental health services have been configured to meet a need for more diverse and community-based day services. This was the first step in moving towards greater independence for services users.

Brent Council is also committed, as part of the OneCouncil Improvement and Efficiency programme, to achieving service transformation. The aim of the programme is to ensure that the Council is a more efficient, effective and streamlined authority, capable of providing local people with excellent, innovative services that deliver improved outcomes even within the financial constraints of the current economic climate.

The number of people with profound physical and learning disabilities is expected to increase further in the future as medical advances mean that more people with a disability survive into adulthood. For example, a study by the Centre for Disability Research (2009) concludes that in an average area of England with 250,000 residents, the number of adults with profound multiple learning disabilities receiving health and social care services will rise from 78 in 2009 to 105 in 2026. These rates are expected to be higher in communities such as Brent that have a younger demographic profile, or contain a greater proportion of citizens from Pakistani and Bangladeshi communities as these tend to have higher prevalence rates.

However, many young people with a disability choose not access day opportunities currently provided at Brent's day centres. They access a range of community-based provision at colleges, third sector organisations and mainstream activities with support (see case studies on page 10/11). Therefore, over time, a reduction in numbers attending the day centres and a drop in activity is expected.

Mental Health services in Brent have already begun the journey away from a building-based model and now successfully provide a socially inclusive 'community network' service.

Users mostly access mainstream services in the community with some activities, such as independent living skills, being provided in a centrally-located rented space. This is a big change from the previous building-based institutionalised model, and user satisfaction has improved significantly through participating in mainstream services, ranging from yoga to international scrabble competitions.

Key success factors in delivering the changes so far include a large-scale consultation process with users, carers and staff; the re-training of staff to focus on enabling independence; providing staff with clear new job descriptions; and offering users special classes on accessing mainstream services and a list of user-friendly places in Brent. Services are regularly reviewed on the degree of social inclusiveness achieved.

Once the services moved out of the buildings, the change really took hold. As people had the first positive experiences with community-based services, such as courses at the local college, this reinforced the enthusiasm of other initially more sceptical users. The mental health day services transformation has been cost neutral and the throughput of users has increased since the introduction of the new model. Staff levels have stayed the same.

National context

Recent social care policy has focused on the need to develop more personalised services for adults, which will provide greater choice for individuals, help to promote their independence and enable them to improve their quality of life.

Putting People First: a shared vision for the transformation of adult social care (2007) requires a move away from traditional building-based services and block contracts to a more personalised service delivery model, providing:

- Better access to mainstream services and a clearer focus on developing social capital to ensure social inclusion;
- Improved early intervention and prevention; and
- Greater choice and control which allows people to maximise their independence through services and support they choose.

The Putting People First personalisation agenda is also reflected in a wide range of other national strategy and policy documents for people with Learning and Physical Disabilities and Older People; for example, *Valuing People Now*; *Improving the Life Chances of Disabled people*; and *A new ambition for old age* respectively.

Improving the Life Chances of Disabled people (PMSU, 2005) aims to bring disabled people fully within the scope of the 'opportunity society'. By supporting disabled people to help themselves, a step change can be achieved in the participation and inclusion of disabled people, which is what this strategy aims to achieve.

A new ambition for old age (DH, 2006) sets out the policy direction for vulnerable older people, underlining the importance of increased choice and control over older people's day

activities. The aim is to ensure that older people and their families will have confidence that in all care settings, older people will be treated with respect for their dignity and their human rights. This includes increasing choice and independence in the type of day activities older people engage in.

New Horizons: A Shared Vision for Mental Health (DH, 2009) sets out a cross government programme of action to improve the mental health and well being of the population and the quality of accessibility of services for people with poor mental health, with a view to reducing risk factors and enabling Strategic Health Authorities to deliver their regional visions for mental Health. This programme focuses on early identification and treatment identifying the different types and levels of support that people can expect to enable them to run their own lives, participate in the life of their families and communities and work productively to earn their living and contribute to the economy, to varying degrees. The vision emphasises four key guiding values: equality and justice; reaching our full potential, being in control of our lives and valuing relationship.

Draft

2. Vision

Brent Council will ensure there are more diverse and community-based day activities for vulnerable people, so they have genuine choice about how they work, learn, and enjoy leisure and social activities.

2.1 Choice and control

For the majority of people in society, their days are characterised by the routines of either work or structured activity. This is equally valid for people with a learning or physical disability and vulnerable older people. For all of us, our lives are more meaningful if we have the ability to make choices and can achieve variety and change. Brent Council will, therefore, seek to ensure that as far as possible people plan their own days, using a mix of Council funds if they are eligible, and other financial resources available to them.

2.2 Mainstream and community based services

In order to work, learn and enjoy leisure and social activities alongside everybody else, while living their lives in safety, Brent Council will develop further opportunities for people to access mainstream services, such as adult education, leisure centres and public transport.

The starting point for any service user should always be to access mainstream activities. People with a higher level of dependence may be best served by specialist services, but there is no reason that these cannot be delivered by mainstream or independent providers in the community. Not only does this improve choice and independence, it also encourages vulnerable people to take part in the local community as equal citizens. For example, adult education for people with learning and physical disabilities is usually delivered in day centres. Yet many service users could attend college alongside other learners with the appropriate preparation or support.

2.3 Brent Adult Social Care's commitment

Brent Council will continue to ensure that people receive appropriate support to access mainstream and community-based services. This includes maintaining local bases from which people can access different community-based activities. In addition, we recognise that for some people, it will be important that a more stable and structured day service is provided to ensure safety and stimulation.

3. Benefits

Brent's day opportunities strategy will deliver service quality improvements, financial sustainability and policy alignment by 2012.



3.1 Service quality improvements

More diverse and community-based day services will drive quality improvements in Brent's day services for users, carers and staff.

Improved outcomes

People will be able to access a wider range of purposeful day services better aligned to their needs, which will lead to more fulfilling and independent lives in the community. Greater choice, independence and inclusion in the local community will achieve improved results on outcomes for service users as identified in *Putting People First*:

- Exercise maximum control over their own life and where appropriate the lives of their family members;
- Sustain a family unit which avoids children being required to take on inappropriate caring roles;
- Participate as active and equal citizens, both economically and socially;
- Have the best possible quality of life, irrespective of illness or disability; and
- Retain maximum dignity and respect.

"I am 19 years old and I live at home with my parents and my 2 younger sisters. I am autistic and have a moderate learning disability. I enjoy doing lots of things in the community. For me being an autistic person means that I need to be active and engaged most of the time, so having a busy and varied weekly plan is important to me.

During the week, I attend the college of North West London for four days a week. On Wednesdays I stay at home with my personal assistant to develop my independent living skills, such as housework and cooking. I also go swimming in the evening.

On the weekend, I like to go to swimming, drama, music, use computers and go shopping."

Staff motivation and performance are also expected to increase while delivering day services in a more effective way. An integrated team with increased skills and knowledge, trained in new ways of working is expected to drive service improvements. The CASS case study (see page 17) and the Mental Health community networks (see pages 6 and 7) show that employees are more engaged when a service model is in place that aims to support people to access mainstream and/or community-based activities.

Increased user satisfaction

Local user surveys and national best practice examples show that most users are keen to take part more in mainstream activities where possible.

User satisfaction is, therefore, likely to increase through a wider variety of activities which are conducted for example at mainstream facilities or with a wider group of people. Having a higher degree of ownership and choice of day activities is also likely to improve quality of life for day services users.

3.2 Financial sustainability

Providing more community-based day services will also allow the Council to provide financially sustainable services.

Increasing independence

This strategy is focused on giving people the support they need to lead more active and independent lives. Service users will be supported to access services provided within the community – leisure, employment, learning and social activities. Brent is committed to supporting people to become more independent and, therefore, reducing the amount of support they need.

The more independent the individual is the less support he or she will need to access mainstream or community-based activities. Highly independent users may be able to access mainstream services without much support, while others may need some organisational

“Steve is 20 years old and has Multiple Sclerosis. Previously he was in a residential school and he returned home to Brent to live with his very supportive family. He would like to live his life as normally as possible and has started his University course full-time in West London in September last year.

He receives Direct Payments which pay for 13 hours of learning support. He identified that it was important for him to do well at university and that he needs help and support to participate fully.

Steve likes to maintain his independence as much as possible, and employing his own support worker enables him to do this.”

“Meron is a 77 year old widow from Somalia who suffers from diabetes, hypertension and arthritis. She has been in England since 1999 after her husband was killed in the Civil War.

She receives Direct Payments and buys support with her medication, meals and personal care from Red Sea, an organisation that provides Somalian care workers.

Meron is delighted that she can have control over her support and speak Somalian with the care workers (as she does not speak English). She also prefers not to have to rely on her daughter anymore.”

and preparatory support. Less independent people can go out into the community as part of a supported group, while some will need one-to-one support. Independence levels for each service user will need to be assessed carefully to determine the appropriate level of support.

Estate consolidation

The proposed strategy brings opportunities to reduce the number of council-owned buildings and/or provide a wider variety of services from them. Increasing the community element of day services will mean fewer people will use the buildings, while in addition a wider range of activities could be offered from them across client groups and the wider population.

Less independent people will continue to use day centres regularly, but more independent people will only use the centre as a base or meeting point to go out to community-based activities (if they use it at all). In addition, in the future the focus on community-based activities and a much wider range of options will mean buildings could be used by more than one or all client groups and the wider population.

3.3 Local and national policy alignment

Personalised and community-based day services are in line with local and national policy, focused on service quality improvements, financial sustainability and local planning.

National policy alignment

Brent's day services will offer more choice, control and independence for service users in line with *Putting People First* and specific policy for Learning Disabilities, Physical Disabilities, Mental Health and vulnerable Older People.

Introducing more diverse and community-based day activities as set out in this strategy meets priorities outlined in *Valuing People Now* (DH, 2007) for people with Learning Disabilities: Personalisation, and What People Do During the Day (and Evenings and Weekends).

The *Valuing People Now* Personalisation priority sets out that people should have real choice and control over their lives and services, which Brent Adult Social Care aims to achieve through offering more diverse activities through mainstream and community-based services. The What People Do During the Day priority sets out that people should be helped to be properly included in their communities, with a particular focus on paid work. This will be achieved through increasing the mainstream and community provision of day services.

Similar priorities are set out in *Improving the Life Chances of Disabled people* (PMSU, 2005), *A new ambition for old age* (DH, 2006) and *No health without mental health: a cross-government mental health outcomes strategy for people of all ages* (DH, 2011)

Local policy alignment

Whilst national policy has been a significant driver in shaping this change, local issues have been equally important in developing this new approach to the delivery of social care services.

The One Council Improvement Strategy and the need for Brent to make significant efficiency savings over the next three financial years have meant that Adult Social Care must develop excellent, innovative services for local people that deliver improved outcomes, whilst ensuring that this is done in an efficient, cost effective way. This strategy sets out to realise both aims as described in the sections above.

In addition, service provision is proposed to be moved to central Brent in line with the South Kilburn Master Plan which has the overall goal of the regeneration of South Kilburn. The proposed vacation of Albert Road day centre in particular will help realise this aim. The proposed new John Bilham Resource Centre will be purpose-built and conveniently located so that it is easily accessible across the borough.

Draft

4. Delivering the vision and benefits

In order to deliver the vision and the benefits Brent Council will need to improve the customer journey, redesign current day services, stimulate the market and engage and involve service users and carers

4.1 Improve the customer journey

Brent Adult Social Care's Personalisation – Customer Journey project is preparing to make a number of changes which will improve the customer journey for everyone with a social care need. These improvements will mean:

- People who do not have an eligible need will have improved access to information and advice about community-based and mainstream support in Brent; and
- People with an ongoing eligible social care need will have a Personal Budget (PB) with greater freedom to choose which services and support they use, and improved support to make those decisions.

In both cases the information, advice and support will not be focused on what have traditionally been described as 'day services', but on the activities, opportunities and support which will help people to meet their outcomes.

In addition, regular assessments will take place to determine the appropriate level of support for people eligible for Council support. This will ensure that people are enabled to contribute as much as possible to the local economy and their local communities.

4.2 Redesign current day services

Brent Adult Social Care directly provides a significant number of day opportunity services to vulnerable people. A wide range of day opportunity services are also provided in the private and voluntary sectors. All of these services will need to be reviewed to assess to what extent they meet the vision outlined in this strategy, so it is clear how they are meeting the needs of service users and carers and providing value for money. See Appendix for more details on the current service provision for Mental Health and how this model will be further redesigned to meet the outcomes of this strategy. Similar plans will be developed for Older People and Physical Disability services within the coming year.

The focus of the operating model of all internally provided day services for vulnerable people would be on providing additional support to people accessing community-based and mainstream opportunities. Service users attending the day centres will have further assessments of their needs relating to the services they would like to access in the future. The role of staff would change accordingly to support the delivery of more personalised services.

4.3 Stimulate the market

In addition to the redesign of existing services, work will also need to start on stimulating the broader market. The aim is to provide people with options to engage in meaningful

activities, spend time in integrated or mainstream setting, improve and extend social networks, and earn money and learn. This will mean undertaking specific initiatives to:

- *Improve access to mainstream services* – mainstream services offer a significant amount of choice already and also promote social inclusion and the development of social capital. In many cases, it is not that mainstream services cannot meet the needs of people with social care needs, but that there are barriers to accessing those services such as restricted access. Therefore, there must be a clear focus on removing those barriers working with public and private sector partners to ensure people can use these services; and
- *Commission new services* – there will still be a need for additional services, such as specialist services and services that enable users to make more use of mainstream and community services. Brent Adult Social Care will maintain its role in working with service users, carers and partners to identify these gaps in the market and find ways of filling them. In addition, we will engage with suppliers to discuss the potential for new and innovative service provision.

4.4 Engage and involve

Brent Adult Social Care cannot deliver this strategy alone. The vision and strategy needs to be owned by service users, carers, the public, staff, current providers and partners. Young people do not choose to attend traditional day services and some existing service users have indicated they would benefit from accessing more support within the community.

Although this would indicate positive initial support for the above service model, significantly more engagement and consultation will be required with service users and carers on the plans before implementation. Successful delivery, which means improved outcomes for the people who access this support and improved value for money for taxpayers, can only be achieved by engaging and involving all relevant stakeholders.

Consultation on this strategy with service users, carers and staff has already taken place in 2010 gathering feedback on the proposed changes to day services across three of the client groups (Older People, People with Learning Disabilities, and People with Physical Disabilities). This feedback was presented to the Executive of the Council and the strategy was approved in December 2010. This strategy has now been refreshed in order extend its scope to include direct day care provision to people with severe and enduring mental health problems. As a result of this refresh the strategy requires further engagement with affected stakeholders.

Appendix – Mental Health information sheet

Brent Adult Social Care will transform the current day opportunity services to provide greater choice and control for people with severe and enduring Mental Health problems to ensure they are able to achieve the outcomes they set for themselves in education, work, leisure and faith.

The proposed service model builds on the initial stage that started the move away from a building-based provision to a socially inclusive ‘community network’ service. This next stage aims to advance the service model in order to provide a service that focuses on further integrating people with mental health problems into the community through reducing their reliance on council day services and encouraging independence through greater choice and control.

Baseline

The purpose of the current Community Networks service is to promote social inclusion and recovery. This service was initially founded on 5 key principles of social inclusion:

1. Shifting practice from predominately group work to one to one
2. Shifting practice from delivering groups to courses (time limited)
3. Supporting service users to access personal budgets/ direct payments
4. Developing peer support or user run services / activities
5. Developing as a bridge building & brokerage service i.e. delivering projects that enable people with mental health issues to engage with their local community, supporting people to take on social roles & relationship in wider community alongside general public

The current service meets these principles by working with individuals to help them identify their current life goals and aspirations and plan how they would like to reach these goals. This involves providing support across a number of broad areas including:



The current service offers both centre-based sessions to users and support to access resources and opportunities in the community that they may not be able to access by themselves. The service is delivered across three resource centres (African and Caribbean Resource Centre, Asian Resource Centre and Kilburn House), each providing a person centred service for people with varying levels of need with a total budget of £1.27m in 2010/2011 and a staff complement of 24 (including 4 sessional staff). An individual can access the service by a referral from their Care Coordinator.

Delivering the change and benefits

1. Improve the Customer Journey

The new service will provide people with Mental Health problems with improved access to information and advice about mainstream and community activities. The service will continue to help a person access direct payments, where appropriate. This is distinct from a personal budget, as people with Mental Health do not receive personal budgets under the new customer journey. Whether the person is in receipt of a direct payment or is self-funding, the service will help them choose and access the services and support that they need.

All service users will continue to be regularly reviewed to ensure they receive the appropriate support to meet their needs and enable them to contribute as much as possible to the local economy and their local communities.

2. Service Re-design of directly provided day services

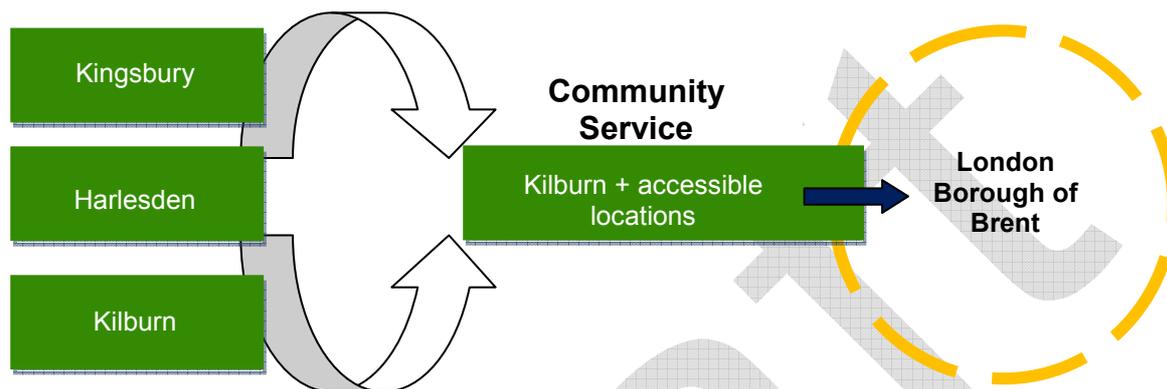
Over the past 12 months, the current service has made positive steps to encourage users to become more independent by offering a more time limited, goal orientated service. In order to embed this further, Brent Council Adult Social Care will implement a new service delivery model by moving away from centre-based sessions to a more flexible, specialist service that encourages users to be more self-reliant.

The service will be delivered by two expert Community Development Workers (CDWs) within Community Services (Employment, Welfare and Support Team). The CDWs will work across the Borough of Brent, from accessible locations, providing appointment based sessions which focus on providing information, advice and signposting to service users to enable them to access mainstream services and support. The CDWs will have an in-depth knowledge of the private and voluntary resources available within Brent to which service users requiring day activities can be signposted. The CDWs will work closely with the service users' Care Coordinators to help them achieve their goals and aspirations. Referrals to the service will be made by other Community Health Services.

Direct mental health day care provision (e.g. cooking classes) will no longer be provided. Reduced reliance on day services and more independence and choice will lead to an

increased level of user satisfaction as people feel they have more control over their daily activities.

Therefore, Council-owned buildings are proposed to be rationalised. Both the Kingsbury and Harlesden sites will be closed. The new service will be located at Brondesbury Road (Kilburn) and will deliver support from various accessible locations across Brent. Service users will be supported to access suitable private and voluntary services in the borough.



3. Stimulate the market

In addition to the redesign of existing services, work will also need to start on stimulating the broader market. The aim is to provide people with options to engage in meaningful activities, spend time in integrated or mainstream setting, improve and extend social networks, and earn money and learn. This will be achieved through improving access to mainstream services as well as commissioning new services, including supporting users to make more use of mainstream and community services.

4. Engage and involve

Service users, carers and other stakeholders will be consulted on the Day Opportunities Strategy and the Mental Health proposals in particular, to ensure a service model that is fit for the needs of current and future service users. We will work with service users, carers, staff, current providers and partners to identify new opportunities which will increase choice and meet the needs of people with Mental Health problems.

EQUALITIES IMPACT ASSESSMENT

DAY OPPORTUNITIES STRATEGY
Mental Health

Margo Fallon
18.05.11

Title of service being assessed

Community Networks

Department and Section

Mental Health

Impact Needs/Requirement Assessments

1. *What is the name of the service/policy/procedure/project etc to be assessed?*

This document details the Equality Impact Assessment for proposed changes to Community Networks/day services directly provided by the Brent Mental Health Service in partnership with (under section 75 agreement) with Housing and Community Care Department of London Borough of Brent for people. This Strategy is part of the wider Adult Social Care transformation of Day Services for all care groups across Brent Borough. The Strategy has been refreshed to include Mental Health. The aim of this report is to outline how the proposed changes will impact on day service users taking into account their race, gender, religion/belief, sexual orientation, age and level of disabilities. The proposed changes cover 3 directly provided day services:

- African & Caribbean Team - Based in Design Works in Harlesden
- Asian Team - Based in Kingsbury Manor in Kingsbury
- Kilburn Team - Based in Brondesbury Road in Kilburn

2. *Briefly describe the aim of the service/policy etc? What needs or duties is it designed to meet? How does it differ from an existing services/policies etc in this area?*

Brent Council Adult Social Care will enable vulnerable people to access more diverse community-based day activities so that they can choose more independently how they work learn and enjoy leisure and social activities.

Brent Council Adult Social Care believes that people who have a social care need have the right to lead their lives like everybody else, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. Brent's Adult Social Care transformation programme is designed to make this a reality for the people of Brent. This strategy presents an overarching vision for people with learning disabilities, physical disabilities, severe and enduring mental health problems and vulnerable older people.

Vision

National policy and local strategy advocate that services for vulnerable people should be personalised and community-based thereby promoting service user choice and control to help develop independence, and to build skills. The proposed new service model is consistent with this policy and will help to deliver improved outcomes for local vulnerable people by increasing their participation in mainstream and community-based services.

Benefits

Many services are currently delivered as a 'one size fits all', building-based model. These will need to change to ensure that a more flexible range of services are available to achieve outcomes for users and carers. These services will be delivered in the community as appropriate by a range of organisations and professionals, which individuals can access by using their personal budgets. This will deliver three core benefits: service quality improvements, financial sustainability as well as national and local policy alignment.

Drivers for change

Day opportunity services have been changing for the last 20 years. These changes have regularly been given fresh impetus by initiatives such as Direct Payments and *Putting People First*. However, the majority of day opportunity services in Brent are still provided by statutory bodies and some in the style of traditional building-based services. This means that day opportunity services are still a barrier to achieving genuine choice and control for people in Brent. Further s149 of the Equality Act 2010 requires that public authorities have 'due regard' to the need to eliminate discrimination, advance equality, and foster good relations and that this must form an integral part of the decision making process. The move away from specific building based services designed to meet the needs of specific disabilities or for those from specific ethnic backgrounds should enhance the local authority's ability to fulfil this duty.

Service user context

National and local consultation has shown that two significant changes are needed to improve outcomes for service users and carers and give people genuine choice and control. Firstly, people need a wider range of options to choose from and these options must include both specialist (sometimes building-based) and mainstream (in and with the community) services. Secondly, in order to create this choice, Councils need to focus more on commissioning and developing new services in the community and less on delivering traditional building-based services themselves.

Because these services are focused on special buildings and are often block contracted, they make it more difficult for people to make individual choices about what support and services would best meet their own need.

Local authority context

Brent Council Adult Social Care is committed, as part of the Adult Social Care Transformation, to providing the day opportunity services people need.

Mental Health services in Brent have already begun the journey away from a building-based model and now successfully provide a socially inclusive 'community network' service. Users mostly access mainstream services in the community with some activities, such as independent living skills, being provided in a centrally-located rented space. This is a big change from the previous building-based institutionalised model, and user satisfaction has improved significantly through participating in mainstream services, ranging from yoga to college courses.

The outcomes from the Day Opportunities Strategy Consultation for Mental Health are attached to this document as appendix 3 consultation and process and feedback report.

3. Are the aims consistent with the council's Comprehensive Equality Policy?

Central to the work of the Community Networks Service is the concept of dignity, respect, equality and fairness and the backbone of this work is the right to independence, choice and control for people with a serious mental health.

These concepts and the aims of the draft Day Opportunities Strategy fulfil the Council's Action Plan for disability and Race Equality. The promotion of greater personal choice and independence, employment and well-being is in line with the Council's policy.

4. Is there any evidence to suggest that this could affect some groups of people? Is there an adverse impact around race/gender/disability/faith/sexual/ orientation/age/health etc? What are the reasons for this adverse impact?

There is no evidence to suggest that there will be an adverse impact in terms of race/gender/disability/faith/sexual orientation/age or health because the approach is focused on addressing people's individual needs specifically. The consultation responses have identified concerns that those with a disability or from BME backgrounds may be adversely affected if the recommended option is accepted as it will involve the closure of one day centre service that currently caters specifically for mental health client with an Asian background and the closure of an administrative base for another services that supports BMHS clients from an afro- Caribbean background. Day centre provision will be available at an alternative site and alternative community based provision will be identified by CDWs with a specific remit to assist those with mental health conditions from BME backgrounds so to ensure services are tailored to these needs and minimise any impact that the move away from traditional building based provision may create. National evidence suggests that this approach has the capacity to bring significant improvements to people's quality of life by moving away from a limited selection of inflexible services to a diverse range of services and support that meet individual needs.

However, there will be a range of barriers that will need to be specifically addressed in the transition through strategic commissioning and effective implementation of the new service which includes shaping the market of providers and understanding what is currently out there. Below is a summary of the issues that have been raised to date as part of the consultation:

- Respite - Day services provide respite for service users and carers. This will be lost if proposal goes ahead. Carers in particular will be negatively affected by this if their needs are not taken into consideration

- Most vulnerable - A percentage of service users will be able to move onto the community with support. However there is a core group too vulnerable for what is being proposed. This group will continue to need more intensive support. They are at risk of being isolated at home and may become unwell.
- Lack of alternatives – concern that there are not sufficient alternatives in the community once community networks gone. Many local resources being equally reduced due to national downturn in finances so options available for service users diminishing.
- Relationships – continuity of staff and services is important as service users have difficulty forming relationships. This need will not be met by accessing a variety of mainstream community services
 - Cost effectiveness - Savings generated by proposal are not felt to be cost effective. Concern raised by all groups that it will cost more for council ultimately as impact of supporting service users will need to be picked elsewhere in health and social system. As anxiety expressed that service users will break down more quickly in the community without this intensive support
- Capacity - Two Community Development Workers is not enough to deal with numbers of service users requiring support with their mental health needs. More workers are needed
- Gap in Services – there is a need for some service to support people with transition from acute inpatient to the community. Few organisations and or community facilities are capable or equipped to provide this. Staff in the wider community do not have the relevant skills to deal with mental health needs
- Carers - Reduction in service will have a negative Impact on carers and families and will increase pressure on families. Carers will suffer i.e. no respite, loss of employment and lack of support
- Culturally sensitive provision -There is a need for locally based and culturally sensitive services. Two groups have been identified as needing local culturally sensitive services – Asian community and African and Caribbean Communities

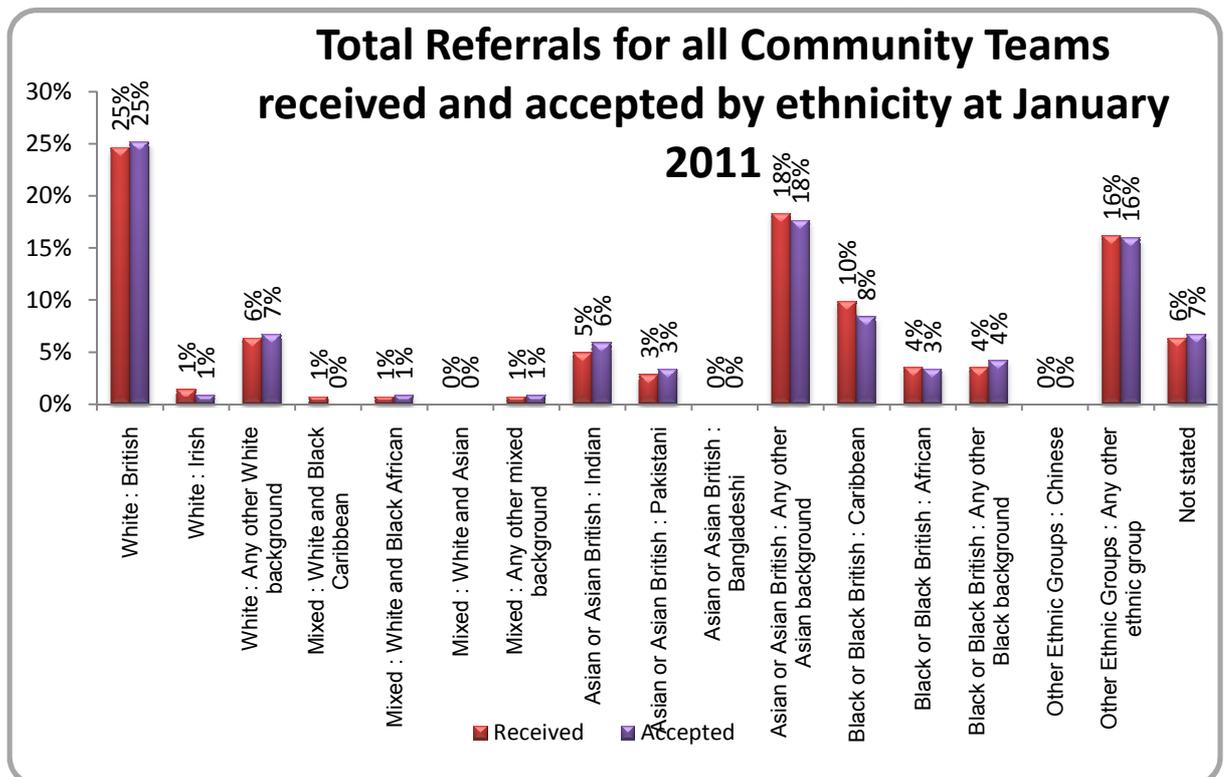
These issues will need to be tackled at three levels:

- *Social care commissioning* - identifying suitable community based solutions and working with those providers to ensure service users are supported and provided with day opportunities in their local community
- *Service redesign* - effective implementation of a suitable service to address some of the issues raised above.
- *Individual care and support planning* – enable people to actively participate in their own support planning or progress. Using self directed support Including direct payments and individual budgets

5. Please describe the evidence you have used to make your judgement. What existing data for example (qualitative or quantitative) have you used to form your judgement? Please supply us with the evidence you used to make your judgement separately (by race, gender and disability etc).

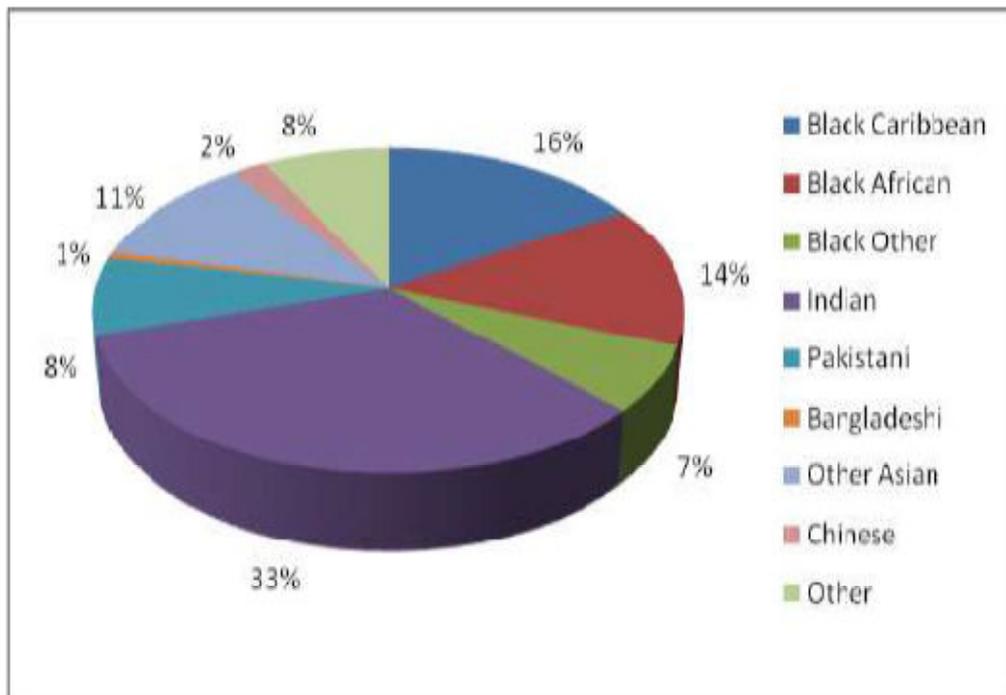
The evidence we have used to inform our judgements are the consultation, and previous service reviews and redesigns. The detail of the consultation is set out in the next section.

Current usage of Brent Mental Health Services Community based services



Source: Brent Mental Health Services

Profile of Brent’s Black and Minority Ethnic Population



Source: Brent Borough Profile updated January 2011

Information from previous reviews suggests a range of issues need to be addressed:

- Many service users have said that they want to try new things in the community. Some want to leave the mental health services completely whilst others would like to have a combination of community based opportunities and mental health provided day activities
- Some people from the Asian community would prefer a more cultural specific day centre environment. This in the main is because of language issues, sensitivity to culture and their desire to practice their faith together with other people from their own community

6. Are there any unmet needs/requirements that can be identified that affect specific groups? (Please refer to provisions of Disability Discrimination Act and the regulations on sexual orientation and faith if applicable)

Evidence from previous assessment and the consultation suggests a range of unmet needs/requirements:

- Some community provision is not geared up to support people with mental health needs e.g. they do not have the skills or understanding to deal with people with mental health needs.
- some people have difficulty in accessing college buildings and local colleges

- People can experience stigma in the local community and within their local BME communities

Again, individual reassessments and support planning for service users will identify any unmet need and requirements, and the process has been designed to record and address these issues wherever possible.

Discussions have been held between Southside Partnership (providers of 4 Community Development Workers (CDW) plus 1.5 CDW trainees in the borough) and Central and North West London Trust on developing access to Black and Minority Ethnic communities to improve access to culturally appropriate support and social inclusion. This will build on community links created by the Trust work as a part of the DH Delivering Race Equality Action Plan. This will support the development of more differentiated resources for people from black and ethnic minorities to include access to faith groups and responding to the specific issues within communities such as young South Asian people with mental health support needs. The more differentiated response will look to develop better links to key community groups covering areas not previously well served by existing day care, for example the Somali community and young Black men with a criminal and mental health history. Southside, Brent Council and CNWL will develop a joint work plan to support this development.

7. *Have you consulted externally as part of your assessment? Who have you consulted? What methods did you use? And what have you done with the results? How do you intend to use the information gathered as part of the consultation?*

There has been a comprehensive consultation process on the Day Opportunities Strategy (refreshed to include Mental Health) and the proposed changes to Community Networks.

Brent Council and Brent Mental Health staff spent approximately 2 hours at each event to listen to the views of key stakeholders on the proposed changes to Community Networks. After a presentation of the proposed plans by the Assistant Director for Community Care, there was a facilitated discussion on the proposed strategy and what impact it would have on individuals and service users groups. The facilitators asked service users to express their views to two themes:

1. What do you think about these changes?
2. What do you value about the Community Networks?

Service users, carers and staffs responses and questions were captured by scribes on flipcharts/ notes.

In addition to the participants advocates were present to assist service users and carers to express their views. Translators were also available when needed.

The above consultation commenced in January 2011. See Appendix 1 of Executive Report for a list of all consultation events

The above information has been collected and a summary report has been produced. See Appendix 3 of Executive report for this. Copies of the reports have been provided to carers and staff and all reports have been placed on the council's website

The information from the consultation meetings has been used to inform this report which will be presented to the Council's Executive Committee on 13th June 2011. Within the report a number of options will be put forward for implementing the Day Opportunities Strategy for Mental Health. The final decision on the future shape of the Community Networks will be for the members of the Executive committee to make at this meeting.

8. *Have you published the results of that consultation, if so, where?*

Copies of all consultation documents have been provided to staff, carers and service users as hard copies. Electronic copies have been distributed to these groups via email. Copies were made available on the Council's website. In addition, at each consultation event, key concerns and issues from the previous meeting and what other people have been saying were fed back.

Information has also been included in the Corporate Consultation Tracker.

A report to the Executive will be presented in June 2011 which will include detail and information from all the consultation events. The Executive report, and its appendices, will be made available on Brent's Website and hard copies will be available from the Council's Committee Services.

9. *Is there public concern (in media etc) that this function or policy is being operated in a discriminatory manner?*

Concerns have been raised about proposed changes to directly provided services, but these concerns are not related to the changes being discriminatory, and they have been set out and addressed in the Executive report. The national policy, local strategy and person centred planning which underpin these proposed changes should all ensure that support and services meet people's individual needs in the future.

10. *If in your judgement, the proposed service/policy etc does have an adverse impact can that impact be justified. You need to think about whether the proposed service/policy etc will have a positive or negative effect on the promotion of equality of opportunity. If it will help eliminate discrimination in any way, or encourage or hinder community relations.*

The proposed changes will not have an adverse impact on equalities if the issues raised in section 4 are addressed as described by the three levels of action. The

proposed changes will support reduced discrimination against people with mental health problems through promoting social inclusion. The proposed changes will also encourage persons with protected characteristic, particular race and disability, to participate in public life or in any other activity in which participation by such persons is disproportionately low thereby satisfying the objective set out in s149(3)(c) Equality Act 2010

11. If the Impact cannot be justified, how do you intend to deal with it?

N/A

12. What can be done to improve access to take up of services?

Access to day services funding (as with all social care services) will be on the basis of service users meeting the Eligibility Criteria as set by Brent Council in line with 'Priortising Need' Guidance issued by the Department of Health.

Increasing access to community based services will require strategic commissioning work with community based providers, for example:

- Colleges will need to adapt their curricula and offer improved access to their courses with the aim of users being able to study something that gives them a better chance of securing employment and becoming more independent in a mainstream classroom setting
- Specialist service providers and community providers ensuring their services are more culturally appropriate. Increasing access to services will also rely on flexible payment mechanisms, for example, a Direct Payment, a council managed fund or an Individual Service Fund. These options, and easy access to them, are being developed through a separate, but aligned project – Adult Social Care Customer Journey.

Access will be improved through ongoing education and training of staff in systems and principles of Self Directed Support.

13. What is the justification for taking these measures?

Improved outcomes

People will be able to access a wider range of purposeful day services better aligned to their needs, which will lead to more fulfilling and independent lives in the community. Greater choice, independence and inclusion in the local community will achieve improved results on outcomes for service users as identified in *Putting People First*

Increased Staff motivation

Staff motivation and performance are also expected to increase while delivering day services in a more effective way. An integrated team with increased skills and knowledge, trained in new ways of working is expected to drive service improvements.

Increased user satisfaction

Local user surveys and national best practice examples show that most users are keen to take part more in mainstream activities where possible. User satisfaction is, therefore, likely to increase through a wider variety of activities which are conducted for example at mainstream facilities or with a wider group of people. Having a higher degree of ownership and choice of day activities is also likely to improve quality of life for day services users.

Financial sustainability

Providing more community-based day services will also allow the Council to provide financially sustainable services.

Increasing independence

This strategy is focused on giving people the support they need to lead more active and independent lives. Service users will be supported to access services provided within the community – leisure, employment, learning and social activities. The more independent the individual is the less support he or she will need to access mainstream or community-based activities. Highly independent users may be able to access mainstream services without much support, while others may need some organisational and preparatory support. Less independent people can go out into the community as part of a supported group, while some will need one-to-one support.

Estate consolidation

The proposed strategy brings opportunities to reduce the number of council-owned buildings and/or provide a wider variety of services from them. Increasing the community element of day services will mean fewer people will use the buildings, while in addition a wider range of activities could be offered from them across client groups and the wider population. Buildings could be used by more than one or all client groups and the wider population.

Local and national policy alignment

Personalised and community-based day services are in line with local and national policy, focused on service quality improvements, financial sustainability and local planning.

Reduced mental health stigma

People with mental health problems should face reduced discrimination and social isolation through being supported in accessing mainstream education and employment opportunities and their subsequent gains in self-confidence will have beneficial effects on reducing the risk of relapse.

14. Please provide us with separate evidence of how you intend to monitor in the future. Please give the name of the person who will do this on the front page

The KPIs and reporting cycle will set a clear baseline against key indicators:

- Age
- Gender
- Language,

- Faith
- Monitor direct payments and take up of personalised budget by the above group
- % of users securing employment and type of employment
- % of users accessing cultural specific services through brokerage and market stimulation
- % of increase in women only service
- Improvement to quality of users lives
- Regular Reports to go to Mental Health Local Implementation Team will be produced as well as to the Council Disabilities Forum

This post will then be responsible for ensuring that where possible services and support is identified and developed to meet unmet needs.

15. What are your recommendations based on the conclusion and comments of this assessment?

Implementation of *Option four* as described in Executive report

Should you:

a. Take and immediate action?

Any actions that will be taken will be in line with the results from the consultation and Executive Decision in June 2011.

b. Develop equality objectives and targets based on the conclusions.

Reporting targets on equalities objectives are already in operation. However, this work needs to be extended to include targets around faith, transgender; sexual orientation and ethnic take up of services through the baseline. The information then needs to use for effective future planning of the service.

c. Carry out further research

As directed by Executive

16. If equality objectives and targets need to be develop, please list them here

In addition to the indicators that already exist:

- A key element of the Day Opportunities Strategy and the draft plan for Community Networks is to increase uptake of personalised budgets and improve access by people with mental health needs to community resources.

17. What will your resource allocation action comprise of:

- The strategic commissioning team will focus on supporting the development of new services
- The staff resource costs will go into supporting service users to use personalised budgets effectively to ensure that their individual needs and outcomes are met

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